AN APPRAISAL OF THE ROLE OF COMMUNITY RADIO IN HIV/AIDS PREVENTION IN GHANA

BY

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Ph.D/ARTS/15448/2011-2012

A THESIS SUBMITTED TO THE SCHOOL OF POSTGRADUATE STUDIES, AHMADU BELLO UNIVERSITY, ZARIA IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF A DOCTOR OF PHILOSOPHY (PhD) DEGREE IN DEVELOPMENT COMMUNICATION

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AUGUST, 2017

DECLARATION

I hereby declare that this thesis has been written by me and it is a record of my research work. It has not been submitted in any previous application for a higher degree. All quotations are indicated and the sources of information are suitably acknowledged by means of references.

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Oluseyi Adegboyega SOREMEKUN **Date**

CERTIFICATION

This is to certify that this thesis, entitled "**An appraisal of the role of community radio in HIV/AIDS prevention in Ghana**" written by Oluseyi Adegboyega, SOREMEKUN Ph.D/ARTS/15448/2011-2012, meets the regulations governing the award of a Doctor of Philosophy Degree in Development Communication, from the Department of Theatre and Performing Arts, Faculty of Arts, Ahmadu Bello University, Zaria and is approved for its contribution to knowledge.

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DEDICATION

This work is dedicated to the Almighty God whose enduring mercies and abundant grace have been the driving force behind this work.

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ABSTRACT

In spite of the huge conventional mass media campaign on HIV prevention in Ghana and its attendant high public awareness, there is low level adoption of some preventive measures by the public due to their limited involvement in the communication process as well as a knowledge gap about the disease as confirmed by Ghana Demography and Health Survey (GDHS) of 2014. This questioned the impact of conventional communication channels and shifted focus to community radio, regarded as a grassroots medium that accentuates the voices and participation of people in addressing issues that affect them. Of great interest is the role of community radio broadcasting in HIV/AIDS prevention campaign in Ghana. This study, therefore, is aimed at understanding the role of community radio as a health communication mechanism in preventing the spread of HIV/ AIDS among the rural and semi-urban population in Ghana. The study specifically examined the current state of HIV/AIDS communication and community radio HIV programming in Pokuase and Winneba communities in Ghana; and the extent to which knowledge, attitudes and practices relating to HIV/AIDS are influenced by community radio as well as identified how community radio can be deployed to strengthen communication and improve HIV preventive measures uptake by the community members. Based on the Democratic-Participant Media Theory with structured conceptual frameworks, the study established a strong nexus between the theory and the principles guiding community radio broadcasting with emphasis on community participation and horizontal communication process. The study adopted the triangulation methodology of both quantitative and qualitative tools like Structured Questionnaire, Key Informant Interview and Personal Observation on a sample size of 824 respondents and 12 interviewees from the two communities. Based on the data and information, the study revealed that there is a high-level awareness of HIV epidemic in the sampled communities based on their community radio (Radio Emashie, Pokuase and Radio Peace, Winneba) programming. The study also found that community radio is an effective medium for enhancing community participation in the discussion of health-related issues. However, funding challenges appeared to inhibit the high level of community involvement in radio programme production and presentation. The findings further revealed that based on the influence of the HIV-related programmes on Radio Emashie and Radio Peace, community members have adopted certain behaviours such as the use of condoms, faithfulness to partners and limited number of sexual partners in order to prevent HIV infection. Hence, to improve the effectiveness of community radio as a veritable tool for the prevention of HIV infection, the study recommended an increase in the number and consistency of HIV-related programmes on the radio stations; increased funding to enable more community participation in community radio programming; and an increase in the number of HIV-related youth-focused programmes to prevent new infections. The study highlighted the installation of Radio Peace transmitter on Vodafone telecom base-station to ensure uninterrupted broadcast, as a key lesson derived for sustainable community radio operation in Nigeria.

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CHAPTER ONE

GENERAL INTRODUCTION

1.1 Background to the Study

The maxim, 'health is wealth' underscores the importance of health to the people and governments all over the world so much that even at the family unit level, health issues remain a priority. With a population of over 820 million people in 51 countries that lie south of the Sahara Desert, the sub-Saharan Africa, is experiencing some challenges which include food insecurity, poverty, violence, nature induced disasters, poor sanitation and health challenges.

The health challenges include Malaria, Ebola virus, Tuberculosis, Maternal and Child mortality, Human Immunodeficiency Virus (HIV) and Acquired Immuno Deficiency Syndrome (AIDS), among others. The most advanced stage of HIV infection is Acquired Immunodeficiency Syndrome (AIDS), which takes from 2 to 15 years to develop depending on the individual. With global estimated 36.7 million people living with HIV in 2015 (UNAIDS Fact Sheet: 2016), HIV/AIDS ranks among the top health issues on the global development agenda, especially in sub-Saharan Africa where 25.6 million people live with HIV in 2015. Also, sub-Saharan Africa accounts for two-thirds of the global total of new HIV infections; and between 2000 and 2015, new HIV infections fell by 35%, AIDS-related deaths fell by 28% with some 8 million lives saved (WHO HIV/AIDS Factsheet: 2016:1).

However, as at December 2015, 17 million people were accessing antiretroviral therapy; 2.1 million became newly infected; 1.1 million people died from AIDS-related illnesses; 78 million have become infected with HIV since the start of the epidemic while 35 million people have died from AIDS-related illnesses since the start of the epidemic (UNAIDS Fact Sheet 2016:1).

In Western and Central Africa, according to UNAIDS (2016), there were 6.5 million people, of whom women accounted for nearly 60%, living with HIV. The sub-region also recorded 330,000 deaths related to AIDS in 2015. The scourge of HIV pandemic has a huge implication on the socio-economic sectors of affected nations. As noted by Dixon et al (2002:232), the macroeconomic effects of HIV/AIDS in Africa are substantial. HIV/ AIDS causes' job loss due to illness, low productivity and stigmatisation. As work force gets depleted, public services and governance deteriorate and productivity drops leading to humanitarian emergencies such as food insecurity and conflict. Dixon et al (2002:233) explain further three major effects of HIV/ AIDS on the society:

> The HIV/AIDS pandemic has an impact on labour supply, through increased mortality and morbidity. This is compounded by loss of skills in key sectors of the labour market; the long period of illness associated with AIDS reduces labour productivity. One review [Bollinger and Stover J. 1999] reported that the annual costs associated with sickness and reduced productivity as a result of HIV/AIDS ranged from $17 (£12; €19) per employee in a Kenyan car manufacturing firm to $300 in the Ugandan Railway Corporation; Lower domestic productivity reduces exports, while imports of expensive healthcare goods may increase. Consequently, the balance of payments (between export earnings and import expenditure) will come under pressure at the same time that government budgets come under pressure.

The implication of increased mortality and morbidity, long period of illness and lower domestic productivity because of HIV pandemic as stated by Dixon et al is that human development is impeded in those countries. The UNDP Human Development Report (2005:4) states that HIV is destroying the social and economic infrastructure on which recovery depends and the disease is not yet curable. It identifies AIDS as the factor inflicting the single greatest reversal in human development history. The report states further that between 1990 and 2003, many of the Continent's most severely affected by AIDS dropped sharply in the global ranking of countries on the Human Development Index. South Africa fell by 35 places, Zimbabwe by 23 and Botswana by 21(UNDP, 2005:22).

An explicit overview of the social and economic impact of HIV/ AIDS is further provided:

> HIV-affected households are trapped in a financial pincer as health costs rise and incomes fall. Costs can amount to more than one-third of household income, crowding out spending in other areas. In Namibia and Uganda studies have found households resorting to distress sales of food and livestock to cover medical costs, increasing their vulnerability. Meanwhile, HIV/AIDS erodes their most valuable asset: their labour. In Swaziland maize production falls on average by more than 50% following an adult death from HIV/AIDS. Beyond the household, HIV/AIDS is eroding the social and economic infrastructure. Health systems are suffering from a lethal interaction of two effects: attrition among workers and rising demand. In Côte d'Ivoire and Uganda patients with HIV-related conditions occupy more than half of all hospital beds. HIV/AIDS is eroding human capacity on a broad front. Zambia now loses two thirds of its trained teachers to HIV/AIDS, and in 2000 two in three agricultural extension workers in the country reported having lost a co-worker in the past year (UNDP, 2005:22).

UNESCO (1994:2) breaks down the impact of HIV/AIDS on the individuals, families, and communities at the micro-level of society as follows:

> People fall ill, cannot work, and lose income. Their families spend money on care and treatment and lose further income in taking time to care for them. People die; specialized workers, skilled artisans, and educated officials disappear and replacements are difficult to find; businesses close and farms lie fallow; current earnings are lost and future earnings, foregone; and time and money are spent on funerals and mourning. Thus, for example, in Zaire, a single hospitalization for a child with AIDS costs four times an average worker's monthly income; and funeral expenses 11 times a month's pay (F. Davachi et al, quoted in Panos Institute 1989:vii).

HIV/ AIDS is real. HIV/AIDS is incurable and its impact on the population is devastating. The disease, therefore, is not only a medical issue but also a social and economic issue. UNICEF December 2016 progress update reports that "13.4 million children under the age of 18 had lost one or both parents to AIDS. Millions more have been affected by the epidemic, through a heightened risk of poverty, homelessness, school dropout, discrimination and loss of opportunities."

Every country with HIV prevalence must respond consistently, effectively and efficiently. The state of HIV/AIDS in Ghana, based on WHO classification, is 'generalised

epidemic' (when the prevalence is 1% or greater in the general population). Ghana AIDS Commission explains:

> Ghana is experiencing a mature mixed epidemic comprising a low-level generalised epidemic (1.47% among the general population) coupled with a disproportionately high prevalence epidemic among Female Sex Worker (FSW) and Men who have Sex with Men (MSM). HIV prevalence among key populations is very high (Ghana AIDS Commission Status Report, 2014:1).

HIV/AIDS remains a major health problem in Ghana as it is in other countries in the sub-Sahara. The Ghana AIDS Commission Status Report (2014:xiv), further acknowledges that Ghana has 250,232 persons living with HIV (59% females and 41% males). Of this, 229,009 are adults (92%) and 21,223 (8%) are children. 11,356 new infections and 9,248 AIDS-related deaths were recorded in 2014 (Status Report, 2014: xiv). However, PEPFAR Ghana Country Operational Plan (2016:5) reports that in 2015, a total of 955,674 persons were tested for HIV with 45,863 (4.7%) testing positive. Pregnant women form 73% (694,329) of clients tested for HIV. Of the 694,329 pregnant women who tested for HIV, 12,236 (1.8%) tested positive.

The pandemic nature of HIV/AIDS in Ghana has expectedly attracted attention of public health experts, governments and multi-sectoral development partners. Funds are continuously being mobilised to arrest the spread, mitigate the impact and achieve a zero new infection. While public health specialists and medical scientists engross themselves in clinical studies of developing vaccines and search for a cure, public health communication and development communication experts are also retooling their strategies on how to harness communication and advocacy plans to tackle the spread of the disease, especially preventing new infections.

The global quest for effective health communication to curtail the spread of HIV has led to the development of several strategic frameworks and communication response approaches. These include Participatory Communication, Communication for

Development (C4D), Behavioural Change Communication (BCC), Information, Education and Communication (IEC), Social and Behavioural Change Communication (SBCC). In its 2014 Status Report, Ghana AIDS Commission notes that:

> Prevention of HIV in Ghana utilises universally accepted approaches such as behavioural change communication, condom distribution, prevention of mother-to-child transmission (PMTCT), HIV test and counselling (HTC), among the general and targeted sub-populations, Sexually Transmitted Infections (STIs) services as well as screening of blood and blood products (Ghana AIDS Commission Status Report, 2014:xiv).

In its National HIV and AIDS Behaviour Change and Communication Strategy II, the Commission listed the Mass Media, interpersonal communication, social and peer networks, associations, community theatre, community dialogue, religious venues, community outreach, social marketing, important ceremonial activities like festivals, funerals, education- entertainment, IEC materials and mobile Cinema as the key channels of communication to men and women aged 15 – 49 years.

Mass media also feature prominently in the key channels of communication to other target groups such as young adults aged 15-24 years, mobile populations, and Uniformed Service Personnel and their families. The general conception of the powerful influence of the mass media to bring about change runs through the strategic framework of development communication. The mass media according to Nwanwene (2008:98), has attracted the greatest interest because of the perception of its role as a powerful and influential tool.

The preponderance of the mass media amongst the tools for health communication in a way that suggests ‘one cap fits all’ needs further interrogation. Despite its strength of reach and frequency, there are some situations and locations that the effectiveness of the mass media may be called to question. Mass media are effective for creating the initial

awareness while their power to bring about behavioural change is still being called to question.

> Mass media is important in spreading awareness of new possibilities and practices, but at the stage where decisions are being made about whether to adopt or not to adopt, personal communication is far more likely to be influential. Therefore, the general conclusion of this line of thought is that mass communication is less likely than personal influence to have a direct effect on social behaviour (Servaes, 2008: 20).

Mass media are effective in creating public awareness of an issue but their effectiveness in changing attitudes is still an on-going discussion among media effects theorists.

Of course, no single medium, however potent and powerful, can singlehandedly stimulate attitudinal change. The same applies to the mass media whose effects on behaviour, attitude and beliefs could only be significant when operated among nexus of other variables and channels.

Elder et al. (2004:58) strengthen this position by noting that a mass media campaign cannot be effective unless the target audience is exposed to, attends to, and comprehends its message. However, exposure, attention and comprehension are difficult to achieve with the mass media because mass media access requires some level of financial wellbeing, their languages are elitist which also affects the comprehension of message context by the rural dwellers who constitute majority of the population.

Conventional mass media such as radio, television, newspapers and magazines are mostly controlled by powerful groups, leaders of industries and political power blocs in the society and therefore serve the interests of its promoters even at the detriment of the generality of the people. The saying that ‘he who pays the piper dictates the tune’ is attributable to the conventional mass media. News angles are slanted and skewed to primarily defend the interest of the owners more than the audience. This implies that conventional mass media contents are not necessarily people-centred but interest-centred as the ownership and control resides with the elites.

Martin (1995:1) also asserts that the mass media are inherently incompatible with a participatory society because of their mass character, not just because of government control or corporate influence. The mass media see the audience as a mass, therefore, specific audience-focused programming often suffers. The audience is wide and heterogeneous which makes culture-centred programming a challenge. The State-owned radio broadcasters, both federal and regional, have employed the Open Broadcasting Strategy, which follows "a shot-in-the-dark approach" to radio programming Mohammed (2013:1).

Unfortunately, development workers and humanitarian actors including some International Non-Governmental Organisations (INGOs) have misconceived the mass media as all powerful and potent enough to effectively bring about a change in the attitude and behaviour of its audience after exposure to certain messages. Even where the target audience of the development message is in the rural areas where the language of the conventional mass media is largely alien, they are still used as channels of communication despite the obvious lack of synergy between the audience profile and the channel positioning.

An instance of this scenario is the prominence of the mass media and conspicuous absence of 'community radio' in the communication channels listed by the Ghana AIDS Commission in its National HIV and AIDS Behaviour Change and Communication Strategy II. However, at the Municipal level (Local Government Area, as it is called in Nigeria), Health officials deploy community radio in the dissemination of information about HIV prevention.

Aside this, the mass media is dominated by elitist perspective of issues and health messages that have little linguistic affinity with the primary target audience. In his discussion of mainstream media as a tool in the hands of the establishment, MacMillan

(2013:1) notes that the mainstream media have long been used as a tool of a dominant minority who uses communication systems to influence and control the masses. This is obviously one of the disadvantages of the conventional mass media, especially public and private media. The downtrodden, who principally live in the rural and semi-rural areas constitute about 70% of the sub-Saharan population. They are marginalised in media content and access. They do not have a voice in the mass media.

Feedback is another issue. Mass media have low feedback and limited audience participatory mechanism in its contents. Gatheru (2011:3) notes that the mass media have produced only minimal, delayed feedback to its senders. Not only is the feedback mechanism delayed, low and slow, the communication flow is also largely linear. The semblance of feedback and audience participation that rules the airwaves are those that are facilitated by telephone calls, tweets, short messages, Facebook comments, etc. These feedback mechanisms are luxury to the rural population who constitutes about 70% of the entire population and to whom most of the development initiatives are targeted.

The rural dwellers do not have access to the Internet which even in the urban centres, is expensive, epileptic and largely unreliable. Apart from radio, most rural populations do not own television sets or buy newspapers or magazines. Again, commercialisation of conventional mass media has also inhibited rural population's access to the conventional radio. Their voices are hardly heard because they cannot afford to pay and be heard. Any development communication directed at the rural population must be through a channel to which they have access and voice, the one they trust, the one that speaks their language and with which they have close relationship.

Of the conventional mass media, radio is known to have the widest reach at the cheapest cost, a quality that endears the medium to development partners who crave to reach largest number of people across the societal strata. Providing an insight into the

power of the radio to reach wider audience, the Defence Information School, Fort George G. Meade, Maryland U.S.A, submits that "radio offers a wide range of audience reach as a mobile medium suited to a mobile people. It reaches the bedroom and breakfast table in the morning, rides to and from work in the car, goes along to the beach, and lulls us to sleep at night." In Africa, radio accompanies farmers to the farms and makes a good company to the nomads. While acknowledging the efficacy of radio as a medium of communication, Dagron (2001:30) cautions:

> At least radio, compared to television, makes a major effort to reach communities in their own local languages, but too often the contents of programming is detached from local needs and from local cultural identity overall. Many of the drama-based experiences that we know of in the world were established because the available media either were not accessible to the people, or were not responding to their needs for information and communication.

But the question is 'What type of radio broadcasting?' The African Charter on Broadcasting and the National Broadcasting Commission (NBC) recognise three types of radio broadcasting: Public, Private and Community. However, Ghana's National Communications Authority (NCA) acknowledges six types of radio broadcasting services: Institutional FM Radio Station - (Campus Radio); Community FM Radio Station; Experimental Radio Station; Commercial FM Radio Station Coverage Area: 45Km, and 25Km; AM Radio Broadcasting; and Satellite Radio Broadcasting Services. This gives credence to the importance of Community Radio as overtly stated in policy documents developed and approved by the authorities in Ghana, Nigeria and in the African continent hence its inclusion in the policy documents.

In 1935, broadcasting began in Ghana as a relay service of the BBC World Service. By 1936, a re-diffusion station was opened in Cape Coast. Broadcasting was solely government controlled in Ghana until 1995 when the space was opened for private ownership.

> In 1995 the Ghana Frequency Registration and Control Board (GFRCB) put out the first call for applicants to operate broadcasting services independent of Ghana Broadcasting Corporation (GBC). The first frequencies were assigned in July 1995 for ten commercial radio services to operate in Accra, Kumasi and Sekondi-Takoradi, though no community radio applications were accepted at that time. A further ten frequencies were assigned in May 1996 for rural areas including three community radio services' (Ghana Broadcasting Study, 2005:6).

Ghana has in place a National Media Commission whose policy objectives include to "enhance the capacity of the media for enhanced development communication, accountability and press freedom." Ghana's National Telecommunications Policy (2005) and the National Media Policy (2000) provide for three tiers of broadcasting: public, community and commercial radio and television stations.

Community radio broadcasting is sometimes referred to as community radio, rural radio or farmers' radio. The advocacy for the development of community radio is getting stronger by the day due to its seeming effectiveness in reaching and effectively engaging the rural dwellers. Community radio is owned, run and managed by the community and therefore, serves as the voice of the people. Its programmes are developed, produced and presented by community members to align with the needs and aspirations of the community. This view is strengthened by Oso (2003:39) when he confirms that "the community media is to serve as the voice of the community, serving to articulate their interests, in their own language and promoting a community in a dialogue with itself and the outside world." Community radio programming must articulate cultural, economic and social interests of the community. To ensure locally relevant programming, community members must be active participants in programme production. The process of programming and programme development should be participatory and community engaging.

In his discussion of community media, Musa (2003:70) identifies community participation in the production of symbolic goods as an important defining feature of

community media. Programme production in a community radio, he observes further, is largely handled by volunteers, rather than paid staff. The participatory nature of community radio programme production planning and active involvement in presentation sets it above the mainstream mass media when it comes to community development. Jegede (2013:280) also notes that community radio is characterised by access, public participation in production and decision making, and its operations rely mainly on the community resources. Having realised its strategic importance in communicating health, peace, livelihood information to the rural population, development workers have begun to use the medium as a development communication tool.

Even though community radio provides a veritable platform for socio-economic inclusion of the rural dwellers and semi-urban population, its potency for development communication leading to increased knowledge and behavioural change needs further examination. Most of the available studies like White, (2008), Ale (2010), Akingbulu (2010), Seidu Al-hassan and Abdulai, (2011), Garba (2010), and Jegede, (2013) establish the potency of community radio for promoting community activism, livelihood, commerce, democratic participation and conflict resolution, among others. Similarly, Chrommie (2004), Anarfi et al, (2012), McCombie, et. al., (2002) have also established a nexus between radio, including community radio and effective health communication.

UNICEF Ghana confirms the effectiveness of community radio: "Our national and local partnerships with community radio, civil society, government and mass media give us a wide yet deep reach into communities in the poorest regions of Ghana." Many studies have been conducted on communication channels for HIV/AIDS messages; as well as on the use of community radio to promote peace and enhance livelihood, but very few were based on community radio and HIV/AIDS prevention. This study, therefore, is motivated

by the need to appraise the role of community radio in preventing the spread of HIV/AIDS in Ghana.

Public health constitutes a major issue of concern to the various governments in the West coast as well as in the African region. The health issues range from Malaria, to Polio, Tuberculosis, Cholera, Laser fever and HIV/AIDS among others. Again, of the numerous health challenges, HIV/AIDS has consistently remained sticky and endemic in the sub-region. The HIV/AIDS situation in Ghana is so dynamic that prevalence by geographical locations changes over time.

The 2015 Country AIDS Progress Report for Ghana discloses that Agomanya has re-established its position as the site with the highest HIV prevalence (8.5%) in the 2014 survey following its momentary displacement by the Cape Coast site in 2011. The implication of this is that there is a possibility of relapse if certain intervention especially communication approaches is not well planned and implemented bearing in mind the cultural orientation, diversity and disposition of the target population.

This reality underscores the importance of effective Health Communication as a preventive approach to arresting the spread of the disease. Its effectiveness in communicating life-saving information based on its strategic framework has been established earlier. However, the area of contention has always been the packaging of Health Communication and the media vehicle components where conventional radio stations are being used to disseminate HIV/AIDS messages constructed in a foreign language and meant for both rural and urban population. This brings to the fore, the probably role community radio as the third level of radio broadcasting can play in effective health communication. Cultural consideration is as important as the channel and the message.

The success of HIV/AIDS preventive interventions through health communication is not in creating awareness but in ensuring understanding of the key messages to stimulate behavioural changes. According to 2014 Ghana Demographics and Health Survey (GDHS), "In general population, though awareness of HIV is almost universal (98% for women and 99% men), this has not translated into comprehensive knowledge and safe sexual behaviour." This position is further reinforced by Ghana National HIV & AIDS Strategic Plan 2016 -2020 (2016:4-5):

> Comprehensive knowledge about HIV among the general population had decreased (GDHS 2014). Knowledge decreased from 25% to 18% among women compared to response target of 55% for females and 59% for males in 2013 and 80% for both males and females in 2015. This was as a result of less programmatic efforts focused on the general population compared to key populations. This provides a good insight into the status of HIV in Ghana and the pathway to combating the disease.

The reduction in comprehensive knowledge about the disease means that health communication needs to move away from the realm of just creating awareness of the disease to the realm of well-crafted and comprehensive message disseminated through a channel that speaks the language of the majority and trusted by the people.

Ghana, formerly known as Gold Coast, is located in West African and shares borders with Cote D'Ivoire in the West, Burkina Faso in the North, Togo in the East and the Gulf of Guinea in the South as indicated in Figure 1. Ghana became the first sub-Saharan country in colonial Africa to gain independence in 1957.

Figure 1: Political Map of Ghana Highlighting the Research Communities



Source: emapsworld.com

Ghana has a population of over 28.3 million people (Ghana Statistical Services 2016 estimates) who come from eight major ethnic groups and speak many local languages, ten of which are major: Asante 16%, Ewe 14%, Fante 11.6%, Boron (Brong) 4.9%, Dagomba 4.4%, Dangme 4.2%, Dagarte (Dagaba) 3.9%, Kokomba 3.5%, Akyem 3.2%, Ga 3.1%, others 31.2%.

This research is domiciled in Pokusse and Winneba communities as encircled in the map of Ghana presented in Figure 1. Pokuase is a semi-urban community situated in the Greater Accra region. It is a community that is part of the Ga West Municipal. The predominant local language in Pokuase is Ga, spoken by 3.1% of the Ghanaian population (The World Factbook – CIA: 2016). According to the Country AIDS Response Progress Report: Ghana (2014:15), Greater Accra region has the third highest HIV prevalence of 2.7%. The radio broadcasting landscape in the Greater Accra region indicates that there are forty-seven authorised FM radio stations of which forty-six are functional as at March 2015 (National Communications Authority, 2015:2).

Winneba, the second research community, is a historic fishing port located in the Central Region of South Ghana. Winneba is in the Effutu Municipal District where the majority speak Fante language. Fante language speakers constitute 11.6% of Ghana's population (The World Factbook-CIA: 2016). During the New Year period, the town comes alive with a fancy-dress carnival and Aboakyer deer-hunting festival. There are two radio stations: Radio Peace (Community) and Radio Windy Bay 98.3 FM (Campus) in Winneba.

The community also has a University of Education which owns a campus radio, the Radio Windy Bay 98.3 FM. The Central region, of which Winneba is a part, boasts of thirty authorised radio stations comprising community, Campus, commercial and public radio stations. Both Pokuase and Winneba communities receive signals from Ghana's National Public Broadcaster, Ghana Television (GTV) run by the Ghana Broadcasting Corporation (GBC) and from a few other private channels.

In 2013, there were increases in HIV/ AIDS prevalence in all regions of Ghana but the huge rise in Central regional prevalence observed in 2011 dropped in 2013 and with a prevalence of 3.7%, the Eastern region regained the top position from the Central region.

(Country AIDS Response Progress Report: Ghana (2014:15). However, in 2016, the Volta Region and Brong Ahafo Region are joint top with 2.7% HIV prevalence while the Eastern Region and the Ashanti Region are joint second with 2.6% prevalence. With an insight into the HIV/ AIDS situations and the state of community radio development in Ghana, this research seeks to investigate the role of Radio Emashie, Pokuase and Radio Peace, Winneba in the prevention of HIV/ AIDS in Ghana.

A review of the ownership and control of Radio Peace, Winneba Community, Ghana revealed that Radio Peace was initiated by an individual, Mr David Ghartey-Tagoe, a former Director General of Ghana Broadcasting Corporation (GBC) to cater for the needs of the deprived and marginalized communities. However, Mr Ghartey-Tagoe engaged with the community through series of UNESCO-funded training and research aimed at carrying the community along and having their voice in the project. The name, 'Radio Peace' emanated from the community engagement. In line with requirements of the National Communications Authority (NCA), Radio Peace application for community radio licence was accompanied by a Letter of Commitment duly signed by the representatives of Winneba community that they shall abide by these Guidelines and all pertinent rules and regulations. The Station is currently managed by Mr Kwasi Ghartey-Tagoe, as the Director. The community radio licence terms and conditions in Ghana, especially as related to community representatives endorsing the application, serve as a check on the management of the station. An individual cannot claim complete ownership of a community radio station in Ghana. However, one cannot rule out the influence of the initiator. Despite Radio Peace being a product of an individual initiative, but its ownership and control lies largely with Winneba community. This was attested to by local chiefs and residents of Winneba.

Similarly, the emergence of Radio Emashie in Pokuase community was like that of Radio Peace because the registration process was initiated by an individual. Sometimes in 2000, when the Municipal Assembly (Local Government) approached the National Communications Authority (NCA), for community radio licence, they were informed that members of the community had already applied for the frequency. The Assembly had to collaborate with the initiator and they provided the building and furniture for the start-up of the station in 2004. According to the Station Manager, Ms Veronica McCarthy, "When the station was to be established, there was a community forum" and the community members discussed the proposed community radio station and community-preferred programme types. The Municipal Assembly retains membership of the Board of Radio Emashie.

Community ownership and control of the station was tested years after its establishment, when the initiator of Radio Emashie made move to relocate Radio Emashie away from Pokuase. Community members were said to have organised a demonstration with some carrying cudgels, and they proceeded to the Assembly insisting that Radio Emashie should not be relocated because it belonged to Pokuase community. Therefore, the initiator of Radio Emashie is no longer in the picture of how the station is managed.

However, the Municipal Assembly still holds some level of influence because one of its members is always on the Board of Radio Emashie. Besides, the station is still operating from the building provided by the Assembly.

1.2 Statement of the Research Problem

Development partners in Ghana, especially UNESCO, UNICEF and a few International Non-Governmental Organisations (INGOs) have initiated and supported the establishment and operations of Community radio stations as a tool for communicating development issues to the local communities. Prominent amongst the issues is public

health, especially malaria, HIV/AIDS and lately, bird flu and Ebola. Despite the huge expense that goes into health communication especially HIV/AIDS interventions, there is low level adoption of some preventive measures by the people just as there is a knowledge gap about the disease as confirmed by Ghana Demography and Health Survey (GDHS) of 2014. This disparity between public awareness and knowledge of the disease demands a re-examination of the media mix of HIV/ AIDS communication interventions.

The conventional mass media as exemplified by commercial radio, television, newspapers and billboards, play a major role in HIV communication in Ghana but they do not effectively target the rural and semi-rural population. Their contents are developed with little participation by the people; packaged in a foreign language (English) and mostly delivered with little or no cultural inclusion and sensitivity. Furthermore, the media mix of HIV/AIDS dissemination in Ghana is not strategically integrated and aligned as exemplified by National HIV and AIDS Behaviour Change and Communication Strategy II (2011-2015) which highlights conventional mass media, face-to-face communication and printed materials without a mention of 'Community Radio' in its list of channels of communication.

However, in practice, government health officials do engage community radio stations to disseminate HIV/AIDS information.

Despite the general decline in the past ten years, HIV prevalence in Ghana remains high and at epidemic level, by World Health Organisation (WHO) standards. The regional HIV prevalence level in the country is unstable, an indication of interplay of certain intervening variables. The preponderance of conventional mass media in the dissemination of HIV information in the country undermines the voices and participation of people in addressing issues that affect them. HIV/ AIDS problem and its socio-economic impacts on the society are too critical to be communicated by a distant media channel, alien to the

community culture. It is in this context that the role of community radio in the prevention of HIV/ AIDS is being examined.

1.3 Aim and Objectives of the Study

This study aims to gain an understanding of the role which community radio broadcasting plays in preventing the spread of HIV among the rural and semi-urban population in Ghana.

To realise the aim, this study explored the following key objectives:

a) To investigate the current state of HIV/ AIDS communication in Pokuase and Winneba communities in Ghana.
b) To examine the state of community radio HIV/AIDS programming in Pokuase and Winneba communities in Ghana.
c) To investigate the extent to which knowledge, attitudes and practices relating to HIV/AIDS among Pokuase and Winneba community members are influenced by community radio
d) To identify how community radio can be deployed to strengthen HIV/AIDS communication and improve preventive measures uptake by community members
e) To derive lessons from community radio operations in Ghana for the development of community radio in Nigeria

1.4 Research Questions

The research questions for this study are:

a) What is the current state of HIV/ AIDS communication in Pokuase and Winneba communities in Ghana?

b) What is the state of community radio HIV/AIDS programming in Pokuase and Winneba communities in Ghana?

c) To what extent are Knowledge, Attitudes and Practices relating to HIV/AIDS among Pokuase and Winneba community members influence by community radio programmes?

d) How can community radio be deployed to strengthen HIV/AIDS communication and improve preventive measures uptake by community members?

e) Can the lessons learnt from Community Radio operations in Ghana be of help to develop Community Radio in Nigeria?

1.5 Justification for the Study

For decades, conventional mass media have dominated the communication channels through which community based, development-oriented messages are delivered without regard to differences in audience's psychography, location, language and habits. The quest for strategic alignment of communication channels with the message and the primary target audience has informed the need for a participatory medium in which man, irrespective of his socio-economic status, has a say in his development and that of his society. Community radio, therefore, is believed to provide unfettered access to people for their participation in the process of community development, be it in health, peace and security or livelihood.

A channel through which life-saving health information is communicated to elicit behavioural change is worthy of further research and that is exactly what this study is about. The reference to community radio as 'our own' and the commercial radio stations as 'their own radio' by community members connotes trust in the medium and also makes this study needful, especially to ascertain the possible role the community radio plays.

Health communication is broad as it encompasses communication studies that are related to different diseases such as Malaria, Polio, Cancer, HIV/ AIDS, Tuberculosis, among others. Of these, HIV/ AIDS remains the only one that is incurable. It is endemic: HIV infection has spread across the continents of the world, but it constitutes a major health challenge in sub-Saharan Africa where it is most prevalent. Therefore, every research that focuses on how to prevent the spread is desirable.

The justification for the choice of Ghana is largely due to the state of community radio development in the country. Ghana started community radio broadcasting in 1998 and has a vibrant community radio network of fifty-seven (57) stations broadcasting in over 16 indigenous languages. Nigeria for instance, had the first set of seventeen community radio licences issued on 12 May 2015; of which only two, Lavun Radio Initiative in Niger State and Ekimogun Radio in Ondo State have started operations as at March 2017. Secondly, Ghana, is Nigeria's closest English speaking country that has a vibrant community radio industry. In addition, Ghana and Nigeria share similar socio-economic profiles.

This research would deepen intellectual discourse in the field of health communication especially with relation to community radio and HIV/AIDS prevention in Ghana. The challenges and opportunities of the Ghana experience as documented by this research, equally would serve as a guide for sustainable development of community radio operations in Nigeria. The researcher, through this study, expects this investigation to contribute to the existing body of knowledge on HIV/AIDS communication within the overall purview of development communication.

This researcher planned to make the research output available to Ghana AIDS Commission (GAC) to strengthen its communication strategy; the Ghana Community Radio Network (GCRN) to help its member-stations' HIV/AIDS programming; the

Nigerian Community Radio Coalition (NCRC) to strengthen its coordination of the new community radio stations and to the National Agency for the Control of AIDS (NACA) in Nigeria as lessons learnt, makes this study justifiable. This study, therefore, would aid an objective analysis of the role of community radio in the prevention of HIV/AIDS disease in Ghana and provide a guide for the development and sustainability of community radio in Nigeria.

1.6 Scope of the Study

This study is limited only to two of the fifty-seven community radio stations that are on air in Ghana. These are Radio Emashie in Pokuase community (Greater Accra region) and Radio Peace in Winneba community (Central region). The scope of this study is also limited to two (Greater Accra and Central) out of the ten regions in Ghana.

The study emphasises effective use of community radio for preventive HIV/AIDS communication strategy in Ghana, and it is limited to the period from 2011 to 2016. Due to paucity of funds and time constraints, the scope of this study is restricted to two communities, two community radio stations and two regions in Ghana.

1.7 Definition of Terms

a) **Health Communication:** This is a deliberate and planned dissemination of public health-related information (especially as related to HIV/AIDS) from an identifiable source through a channel to a pre-determined audience and in expectation of stated desired response. It is the use of communication strategies to inform and improve the health of individuals or communities. Health Communication relates to a public health (especially HIV/AIDS) message packaged and disseminated through face-to-face community engagement, Radio, Television, Newspapers, Billboards, Leaflets, or

through any other channel of communication, and which may lead to a positive change in the behaviour of the target audience/community.

b) **Community Radio:** This is a radio station established, owned and run by a community. It is a community-based non-commercial radio station that broadcasts in the local language and dialects of the host community. Its programmes are designed, produced and presented by the community members and in line with the cultural norms and values of the community.

c) **Conventional Mass Media:** These are mass media such as radio, television, newspaper and outdoor. This term is used in the study as reference to public and private media enterprises that are commercial in structure and operations. These include both privately owned and government-owned radio, television and newspapers.

c) **Sub-Saharan Africa:** This is a geographical region below the Sahara Desert region of the African continent. In political terms, it consists of all African countries excluding Sudan. The North African countries are also excluded from the sub-Sahara as they are regarded as part of Middle-East and North Africa (MENA) countries. There are two important characteristics of the sub-Sahara that are germane to this study. These are radio being the major source of information and the region being also noted for frequent outbreak of diseases such as Malaria, HIV/AIDS, Ebola, Cholera, etc. In 2011, Sub-Saharan Africa was reported to be home to 69% of all people living with HIV/AIDS worldwide. Therefore, sub-Saharan Africa is used in the context of African countries with the exclusion of the MENA countries.

d) **HIV/AIDS Pandemic**: This indicates that HIV/AIDS disease is prevalent in every region of the world and has impacted an exceptionally high proportion of the population. 119 countries reported to have tested 95 million people of HIV virus in 2010. Therefore, HIV/AIDS pandemic is used in the context of the global spread of the disease and its impact on a large population.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

To sharpen the research focus, this chapter attempts a review of recent literature related to Development Communication, Health Communication and HIV/AIDS issues, Principles of community radio and the state of community radio in Ghana. This Chapter further appraises, compares and correlates various scholarly books, journals, reports, and other relevant sources that are directly related to this study. As a first step, the chapter attempts to discuss Communication for Development and health communication as a conceptual framework which encapsulates the essence of this study. The discussion on health communication dovetails into community radio as a tool for community engagement in the prevention of HIV/ AIDS.

2.2 Communication for Development (C4D)

Communication is crucial to human development. In the past centuries, communication was used to promote trade and commerce as a development index. From the Babylonian clay tablet and the Egyptian Papyri which were used for communication, to the Greeks' town criers who used to announce the arrival of merchant ships with cargoes of wines, spice, and metals as well as the French's town criers who would blow the bugle, gather the people and offer samples of products (Russell et. al, 1988:3), today, the use of communication is not limited to trade and commerce. It has been extended across sectors: health, politics, governance, agriculture, and other areas of livelihood. Communication as a process is developed for multiple applications: marketing communication, corporate communication, public information, and development communication, among others.

Development Communication is a critical success factor for human development process in any community. It is a system of human communication linked to a society's planned transformation from a state no longer desirable to that which propels socio-economic growth that engenders equitable unfolding of individual potentials. Where human development is the purpose, effective communication with the target group must be at the core of activities. Development communication, according to Servaes (2008:15), is the sharing of knowledge aimed at reaching a consensus for action that takes into account the interests, needs and capacities of all concerned. The focus on Development Communication became stronger and greater attention was paid to communication tools and messaging that could trigger and galvanise development in the society. This led to the emergence of Communication for Development (C4D) which sometimes, is used interchangeably with Development Communication.

Article 6 of the United Nations General Assembly Resolution 51/172 of 1997, states that "Communication for development stresses the need to support two-way communication systems that enable dialogue and that allow communities to speak out, express their aspirations and concerns and participate in the decisions that relate to their development." Since 1997, other definitions that looked at C4D from broader perspectives have been advanced. The Rome Consensus from the World Congress on Communication for Development (2006:2) defined C4D as:

> A social process based on dialogue using a broad range of tools and methods. It is also about seeking change at different levels, including listening, building trust, sharing knowledge and skills, building policies, debating and learning for sustained and meaningful change. It is not public relations or corporate communication.

Communication for development, of which Health Communication is a part, is participatory in both principle and practice. The United Nations Children's Fund (UNICEF) explains further that C4D is:

> a systematic, planned and evidence-based process to promote positive and measurable behaviour and social change that is integral to development programmes, policy advocacy, humanitarian work and the creation of a culture that respects and helps realise human rights." C4D uses research and consultative processes to promote human rights, mobilise leadership and societies, influence attitudes and the support behaviours of those who have an impact on the well-being of children, women, their families and communities (UNICEF, 2011:40).

C4D is a two-way process that prioritises stakeholders' consultations and community participation in the development process and initiatives. It puts people at the centre of its concept and makes them the core of its activities. As UNICEF (2015) further espouses, C4D involves understanding people, their beliefs and values, the social and cultural norms that shape their lives. Explaining the C4D concept, Davies (2004:3) reaffirmed that it is a people-centred way of communicating development, which promotes and elaborates on people's own development needs, perspectives and aims.' C4D requires the people to be involved in the designing of the content meant for their community.

The grassroots, the marginalised, the tillers of the soil mainly in hard-to-reach communities project their voices and got engaged on health, governance, peace and security, among others, through C4D. The Food and Agricultural Organisation (FAO: 1989) Guidelines on Communication for Rural Development explains that:

> Development communication rests on the premise that successful rural development calls for the conscious and active participation of the intended beneficiaries at every stage of the development process; for in the final analysis, rural development cannot take place without changes in attitudes and behaviour among the people concerned. Development Communication is the planned and systematic use of communication through interpersonal channels, and audio-visual and mass media:
>
> i) to collect and exchange information among all those concerned in planning a development initiative, with the aim of reaching a consensus on the development problems being faced and the options for their solution.
>
> ii) to mobilize people for development action, and to assist in solving problems and misunderstandings that may arise during project implementation.

iii) to enhance the pedagogical and communication skills of development agents (at all levels) so that they may dialogue more effectively with their audiences.

iv) and last but, by no means least, to apply communication technology to training and extension programs, particularly at the grassroots level, in order to improve their quality and impact (1989:1).

The evolution of Communication for Development could be traced to the modernisation theory of the post-second World War era. At that period, mass media were viewed as so powerful to bring about a change in the lives of the people especially in the Less Developed Countries (LDC). The dominant paradigm at the period was the measurement of a country's development based on the level of her acquisition of physical infrastructure such as skyscrapers, tarred roads, western Architecture, automobiles, among to hers (Soremekun: 1990:4).

The mass media were viewed as potent in transferring new ideas and values from the developed countries to the developing nations; and from the urban areas to the rural areas. The mass media therefore, were regarded as powerful agents of change, that through the mass media, the values, the attitude and the lifestyle of the people change for the better. As noted by Huesca (2002:140), "Perhaps the most significant challenge to the dominant paradigm of development communication came from Latin American scholars who deconstructed and rejected the premises, objectives, and methods of modernization and its attendant communication approaches."

However, Fair and Shah (1997:10) observe that in the 1987-1996 period, Lerner's modernization model completely disappears. Before this period, the appeal of modernisation theory had started dwindling especially with the emerging theory of dependency. Modernisation theory gave way to dependency theory in the early 1970s

because of dissent voices from the Latin America who questioned the imbalance in the information flow from the developed world to the developing countries. Dependency theorists argued that the world was constituted into two: the 'Centre' and the 'Periphery'. The 'centre' comprised of developed countries and former colonial masters and then the 'periphery' which are the developing countries and former colonies. The 'centre' was perceived to have been developed at the expense of the 'periphery' (former colonies) whose main occupation was to supply raw materials and cheap labour to the centre.

However, by late 1970s, it was obvious that the dependency theory could not address the development challenges of the third world countries as its apostles later realised that the rate and level of development in the Less Developed Countries (LDC) was not significantly better than during the era of 'modernisation theory.' As a result, there began to emerge, a new perspective of engaging communication for development. People were beginning to be seen as central to the design and implementation of development initiatives. By 1980s, participatory development started gaining prominence alongside development communication. This developed into getting the poor communities involved in the process of defining their problems and proffering solutions, a practice that was and still is, popular among development workers.

Communication for Development has several approaches and tools: Community Theatre, Street Theatre, Theatre for Development, Community Consultative Forum, Festivals, Gongs and Dances, Community Radio, among others. Community radio is a medium of mass communication to which the rural dwellers have access without any inhibition of cost or ownership; contribute contents and have a say in its management and control. Therefore, if properly set up and managed, it offers a veritable channel for effective health communication because it makes people the focus of its operations.

2.3 Health Communication

Health communication is a unit within the larger communication spectrum. It simply means any human communication that deals with health issues and directed to specific individuals, community or the public. It is the dissemination of health-related information, ideas and values from an identified source through a channel to a receiver and with in-built capacity for feedback. In other words, Health communication is the use of communication strategies to improve the health of individuals and wellbeing of communities. According to O'Sullivan, et al. (2003:4), health communication is the "collaboratively designed, implemented, and evaluated communication strategies will help achieve the goal of improving health in a significant and lasting way by empowering people to change their behaviour and by facilitating social change." Communication in health can be defined in much the same way as communication has generally been defined: a transactional process. The main difference in communicating health is that the focus is not a general one but one specific to health information (Corcoran: 2007:8).

Health Communication encompasses the study and use of communication strategies to inform and influence individual and community decisions that enhance health. It links the domains of communication and health and is increasingly recognized as a necessary element of efforts to improve personal and public health. The art and technique of informing, influencing, and motivating individual, institutional, and public audiences about important health issues (Healthy People: 2010). No doubt, Health Communication is a strategic component of public health and general health care services. Acknowledging this, Berry (2010) observes that "effective communication is now generally acknowledged to be central to effective healthcare. It is no longer seen as an add-on extra; rather it is recognised by many as being at the heart of patient care – as playing a pivotal role."

Health Communication goes beyond being a process of disseminating health information. It is a solution to the problem of seeming disconnect between the target audience and the message due to the channel through which the Health Communication message is deployed. For Communication practitioners, it is important not only to look at the content of the information provided to adolescents on reproductive health but also its channels, sources, uses, perceptions, among others (Bashir and Gapsiso, 2008:61). In health communication, just as in strategic communication, the channels of communication should align with the target audience. The channels should be reach the primary target audience. Health Communication's target audience which might be a geographical location or a defined group of people, must be studied and well understood in terms of their profile, lifestyle, language, beliefs and media preference.

As noted by Nwodu (2008:3), one of the purposes of health communication message "is to encourage the seemingly super sexually active youths to abstain from pre-marital sex and by so doing, avoid contracting sexually transmitted diseases (including the most dreaded HIV/AIDS pandemic)…" The US Department of Health and Human Services further acknowledges the outcomes of a Health Communication to be the ability of individuals and community groups to make decisions about the health of their work place and their community. The Department submits that:

> Health communication is critical for people's exposure to, search for, and use of health information; individuals' ability to reduce or eliminate unhealthy behaviours and adopt healthy behaviours; and individuals' and community groups' ability to make decisions about the health of their workplace, their community, and our society (Healthy People, 2010:1).

However, it is important to note that the desired outcomes of health communication cannot materialise if the medium of health communication is not credible enough to build trust and understanding amongst the target audience. This probably accounts for Mitchel's (2014:1) opinion that health care providers must continuously work to understand the

needs of their community and share important health information with a culturally appropriate strategy. Culturally appropriate strategy also extends to culturally appropriate medium of communication.

This recognises that every group has some cultural norms and beliefs it holds dearly and any communication process that negates such beliefs and norms will not elicit desired feedback from the group. This brings to the fore, the issue of conventional radio with its elitist perspectives and community radio, believed to be people-oriented and culturally appropriate to address a public health challenge like HIV disease that thrives on the misconception about its existence and spread.

2.3.1 Effective Health Communication

The goal of every communication process is for the message to reach the target audience and for the target audience' attitude and behaviour to correlate with the communicator's desired response. Communication is regarded as effective if the feedback from the receiver aligns with the sender's desired response. In the context of communication targeting the rural communities, the message and the messenger must be such that conform with community norms, needs and aspirations. It is when this strategic alignment is achieved that communication can be said to be efficient and effective. Effective health communication is "generally acknowledged to be central to effective healthcare. It is no longer seen as an add-on extra; rather it is recognised by many as being at the heart of patient care – as playing a pivotal role" (Berry, 2007:3).

Within the context of health communication, Oosterman, and Jop de Vrieze (March 2008:10) observe that:

> To achieve effective communication, a culturally sensitive approach is required. Cultural sensitivity can be achieved by a combination of insight in the actual situation, up to date and reliable information about the health problem and knowledge of attractive and effective communication methods considering the subject and target group.

Because community radio is broadcasting at the grassroots level and speaking the same dialects with the people, its programming process is required to be culturally appropriate and its broadcasts, culturally sensitive. One of the major reasons for this is that its programme design, production and presentation are supposed to be done collaboratively with community members.

Active participation of beneficiaries and stakeholders in the communication is a critical success factor of any communication initiative. O'Sullivan et al. (2003:4) believe health communicators have come to realize that collaboratively designed, implemented, and evaluated health communication strategies will help achieve the goal of improving health in a significant and lasting way by empowering people to change their behaviour and by facilitating social change. Sound communication strategies provide coherence for a health program's activities and enhance the health program's power to succeed.

For a health communication initiative to be a success, health message dissemination should follow certain criteria. These include accurate and culturally appropriate message; accessible channels that can deliver maximum reach at the lowest cost and a strong feedback mechanism. In its quest for achieving an impactful health communication programme, the United States Office of Disease Prevention and Health Promotion identified the following criteria as the critical success factors:

i) **Accuracy**: The content is valid and without errors of fact, interpretation, or judgment.

ii) **Availability**: The content (whether targeted message or other information) is delivered or placed where the audience can access it. Placement varies

according to the audience, message complexity, and purpose, ranging from interpersonal and social networks to billboards and mass transit signs to prime-time TV or radio, to public kiosks (print or electronic), to the Internet.

iii) **Balance**: Where appropriate, the content presents the benefits and risks of potential actions or recognizes different and valid perspectives on the issue.

iv) **Consistency**: The content remains internally consistent over time and also is consistent with information from other sources (the latter is a problem when other widely available content is not accurate or reliable).

v) **Cultural Competence**: The design, implementation, and evaluation process that accounts for special issues for select population groups (for example, ethnic, racial, and linguistic) and also educational levels and disability.

vi) **Evidence-based**: Relevant scientific evidence that has undergone comprehensive review and rigorous analysis to formulate practice guidelines, performance measures, review criteria, and technology assessments for tele-health applications.

vii) **Reach:** The content gets to or is available to the largest possible number of people in the target population.

viii) **Reliability**: The source of the content is credible, and the content itself is kept up to date.

ix) **Repetition**: The delivery of/access to the content is continued or repeated over time, both to reinforce the impact with a given audience and to reach new generations.

Besides the issues of access, reach, message, culture and language, understanding the lifestyle of the target audience of health communication is

imperative. A knowledge of their lifestyle helps in media planning. The questions surrounding audience psychographics include when do people go to the farms, markets, river, etc.? At what time of the day are they available to be reached? Do they go about with transistor radio sets? Understanding the answers to these questions would enhance effectiveness of health communication in any community.

2.3.2 Challenges of Health Communication

In the sub-Sahara, a greater percentage of the population lives in the rural areas where there are no electricity, good roads and potable water. The Human Development Report (2014:3) indicated that three-quarters of the world's poor live in rural areas, where agricultural workers suffer the highest prevalence of poverty. Approximately two-thirds of the population of sub-Saharan Africa still live in rural areas and rely largely on near subsistence agriculture or traditional pastoralism for their livelihoods (United Nations: 2006). These infrastructural challenges also have ripple effects on other services, including public health delivery. Ilo and Adeyemi (2010:2), agreed that rural communities were seriously marginalized in terms of the requirements for development such as education, health care, and leisure activities.' As a result, communications within the public health sector often encounter challenges.

According to UNICEF, 'Reaching people with information in remote areas remains a challenge in Mozambique, where over half the population is illiterate and more than 55 per cent of households do not own a radio. In this context, interpersonal communication, community radio, drama and music are among the most effective forms of communication for development.' In terms of channels of communicating health information, especially in a rural Sub-Saharan Africa that is hard to reach and where most amenities are non-existent, 'availability' and 'reach' are very critical. The situation in the rural areas, which constitute the larger part of sub-Saharan Africa, requires a medium that is readily available to the

people and capable of reaching the largest number of the population. This reality, probably, has propelled the penetration of radio broadcasting, especially community radio and its use for development interventions in the sub-region.

In acknowledging the role of community radio in development, Al-Hassan et al (2011:2) notes:

> Community radio, to a large extent, if effectively organized, performs three main significant functions at the grass root level for rural development. Firstly, it promotes issues of agriculture, gender equality, education, trade and commerce, disaster, weather, natural calamities, poverty and social problems. Community radio is usually for the people, run by the people and owned by the people. Secondly, it enhances the capacities of local people to work together to tackle a range of social problems, including poverty and exclusion through radio. Lastly, it contributes to nurturing of the creative talents of the community and providing a forum for a diversity of opinions and information.

The above, of course, comes with some challenges including electricity, technical, administrative, and semantics. The transmitter and other equipment at the community radio are powered by electricity and so many community radio stations are in communities not connected to the national grid of public power supply. This places a huge financial burden of maintaining an alternative power source on the radio station that is required to be not-for-profit, for and by the community. Technical problems at community radio stations are not swiftly resolved due to lack of capacity and often, technician would have to come from the city to help. In the implementation of the strategic framework for health communication, especially in the rural sub-Saharan Africa, there are some socio-cultural and semantic challenges. Corcoran (2007:7) citing Pechmann and Reibling (2000), notes that using words from complex medical technology or abbreviating key terms can confuse messages and exclude the target audience, whereas using repetition has been positively found to influence communication.

As a health practitioner, the communication method will alter the importance of additional factors such as lexical content and body language (Corcoran: 2007). The goal of

health communication is to ensure health literacy which will in turn lead to well-being of the people. Therefore, lexical and semantic issues must be addressed ab initio to avoid creating fatal gap in the dissemination of life-saving messages. The use of medical terms or professional jargons during communication with the generality of the people be they in urban or rural areas must be discouraged.

There are occasions when some health-related messages are at variance with certain cultural norms in the target communities. Instances include some misconceptions about HIV/AIDS: In Somalia, it is seen as a non-Islamic, foreigner's disease (Wheeler, 2003:5). In sub-Saharan Africa Flanagan (2001), Meel (2003) and Groce (2004) acknowledge the prevalence of the myth that having sex with a virgin cures HIV infection. In some parts of Ghana, being a hugely religious society, there is a misconception that the infection is a punishment for sin.

It is imperative, in designing and implementing a Health Communication strategy, to mainstream the culture of target community and the social behaviour of target population into the communication plan. The UK government Choosing health: making healthy choices easier white paper (DOH, 2004) identifies one fundamental and important problem with health messages: that it is not a lack of information in health, but that it is 'inconsistent, uncoordinated and out of step' (DOH, 2004: 21) with the way the population live their lives. This suggests perhaps that despite efforts from health practitioners, some messages are not as effective as they could be (Corcoran, 2007: 5).

Ineffective health communication could lead to a wide range of negative outcomes which could be life threatening. As Berry (2007:4), stated that such negative outcomes 'include, patients not engaging with health service when they should, refusing to follow recommended health behaviours and undergo necessary treatment, failing to adhere to treatment regimens, or failing to cope with their own or another's illness. In extreme cases,

poor communication can lead to psychological damage, physical harm, litigation or, at worst, death.'

2.3.3 Benefits of Health Communication

Despite the challenges of health communication, there are several benefits that development workers could leverage on to achieve greater impact. Effective health communication improves the health of individuals and the community through increased access to information that improves healthy living. The Office of Disease Prevention and Health Promotion in the U.S. Department of Health and Human Services notes that:

> By strategically combining health IT tools and effective health communication processes, there is the potential to improve health care quality and safety; increase the efficiency of health care and public health service delivery; improve the public health information infrastructure; support care in the community and at home. Also, it facilitates clinical and consumer decision-making and build health skills and knowledge.

Building health skills and knowledge leads to attitudinal and behavioural changes which are the desired outcomes of effective health communication. Achalu, et. al., (2015:746) in their discussion observe that:

> Health communication assists the individual in passing from the state of awareness and interest to the final stage of decision-making and adoption of the new idea or programme. The expansion of communication channels and health issues on public agenda increase competition for people's time and attention. Now people have more opportunities to select information based on their personal interests and preferences.

Information is knowledge and knowledge is not only power but health. Health information and knowledge provide choices and greater opportunities to resolves health issues.

According to the National Cancer Institute of the United States, health communication can

> Increase the intended audience's knowledge and awareness of a health issue, problem, or solution; influence perceptions, beliefs, and attitudes that may change social norms; prompt action; demonstrate or illustrate healthy skills; reinforce

> knowledge, attitudes, or behaviour; show the benefit of behaviour change; advocate a position on a health issue or policy; increase demand or support for health services; refute myths and misconceptions; and strengthen organizational relationships (Making Health Communication Programs Work, 2001:3).

The above contexts of health promotion and disease prevention are quite instructive and reflective of the purpose of HIV/AIDS communication, especially in rural sub-Sahara.

The goal of a health communication process should be to first increase the level of awareness, highlight healthy behaviour and its benefits with a view to stimulating the adoption of such a healthy behaviour as demonstrated in the communication. Rim-Rukeh and Ogbemi (2008:29) argue that health communication can contribute to all aspects of disease prevention and health promotion. Health communication is broad. It involves public health information, strategic communication, health education, among others. It goes beyond communication through the mass media to include even communication between medical doctors and their patients. To appropriate the full benefits of health communication, the message, the messenger and the channel must be culturally sensitive and appropriate. The communication process must be participatory and engaging to amplify the voices of the affected and others in the community. Rim-Rukeh and Ogbemi (2008:34-35) in their study of environmental sanitation in Woji community in Port Harcourt Nigeria, propose that a beneficial health communication process must have accurate content and target audience; reach the target audience and be consistent over time, as well as be culturally relevant.

This is reinforced by Communication For Social Change (CFSC) which focuses on using communication to empower people, with an emphasis on: Social and political contexts; Amplifying voices of those most affected; Enabling people most affected to use communication to shape the health/development agenda; Internally driven change; Understanding and helping to shape empowered communication environments (UNAIDS:

2007). “Health communication can be used in conjunction with public health planning to increase levels of awareness of infectious disease in Ghana,” Prilutski (2010) points out.

2.4. HIV/ AIDS: From Millennium Development Goals (MDGs) to Sustainable Development Goals (SDGs)

On 18 September 2000, the 55th session of the United Nations General Assembly by Resolution 55/2, adopted the Millennium Declaration, which establishes a global partnership of countries and development partners committed to eight development goals, to be achieved by 2015. The declaration referred to as Millennium Development Goals (MDGs), represents ambitious goals and practical commitments which called for action to: (1) eradicate extreme poverty and hunger; (2) achieve universal primary education; (3) promote gender equality and empower women; (4) reduce child mortality; (5) improve maternal health; (6) combat HIV/AIDS, malaria and other diseases; (7) ensure environmental sustainability; and (8) develop a global partnership for development. Three of the eight MDGs: Goals four, five and six are focused on health. The explicit mention of HIV/ AIDS in Goal 6 acknowledges its threat and underscores its importance to development. Paragraph 19 of the Millennium Declaration of the UN General Assembly states the HIV/ AIDS related target for MDG 6 as “To have, by then [2015], halted, and begun to reverse, the spread of HIV/AIDS, …To provide special assistance to children orphaned by HIV/AIDS” (UN General Assembly Resolution – A/Res/55/2).

By the end of 2015, a lot of progress was made in arresting the spread of the disease through interventions that targeted curtailing new infections amongst the key populations. The MDG Report (2015:6) captures the progress recorded:

> New HIV infections fell by approximately 40 per cent between 2000 and 2013, from an estimated 3.5 million cases to 2.1 million. By June 2014, 13.6% million people living with HIV were receiving antiretroviral therapy (ART) globally, an immense increase from just 800,000 in 2003. ART averted 7.6 million deaths from AIDS between 1995 and 2013.

Similarly, WHO (2015:6) reports that globally, the HIV, TB and malaria MDG targets have been met. Despite the overall success of the MDGs, the framework did not achieve unanimous approval of all the countries. For example, WHO Health in 2015 Report (2015:7) observes that "Despite their pro-poor focus, the MDGs have, by employing almost exclusively aggregate targets and indicators, glossed over within-country inequalities, thereby undermining efforts required to improve conditions for the poorest and hardest-to-reach populations." The Report further notes that the MDGs have been applied as one-size-fits-all development planning instruments with targets that every country can meet, even though the MDGs were never meant as targets for individual countries. Global targets are less useful for countries with a low starting point or in conflict situations. With the challenges faced and the progress made between 2000 and 2015, HIV remains a global epidemic that still requires consistent and deliberate interventions by governments, private sector and the civil society. The African Human Development Report (AfHDR) (2016:41) corroborates that HIV prevalence rates have remained substantially unchanged since the early 1990s and that people are living longer due to improvements in treatment, but new infections are at much the same level as they were 30 years ago.

The acceptance of this reality informed a wider consultation in the development of the offshoot of the MDGs, that is, the Sustainable Development Goals (SDGs). The consultations led to the imperative of a development framework that must be inclusive, protective of the planet, catalyst to prosperity and protective of people's health and well-being. As noted in his Preface to 'MDG Gap Task Force Report 2015' the UN Secretary General at the time, Mr Ban Ki-moon, declares that the transition from the MDGs to the SDGs presents a once-in-a-generation opportunity to advance prosperity, secure the planet's sustainability for future generations, and unlock resources for investments in education, health, equitable growth and sustainable production and consumption.

On 25 September 2015, the 193 member states of the United Nations at the 70th session of the UN General Assembly through its Resolution A/RES/70/1, adopted the new development agenda "Transforming our world: the 2030 agenda for sustainable development". Paragraph 26 of the 2030 agenda for sustainable development addresses health and HIV/ AIDS as follows: To promote physical and mental health and wellbeing, and to extend life expectancy for all, we must achieve universal health coverage and access to quality health care. No one must be left behind…We will equally accelerate the pace of progress made in fighting… HIV/AIDS and other communicable diseases and epidemics, including by addressing growing antimicrobial resistance and the problem of unattended diseases affecting developing countries.

The Sustainable Development Goals (SDGs) are 17 with 169 targets. One of the 17 goals (SDG 3) is devoted to health, and is framed deliberately in broad terms that are relevant to all countries and all populations: "Ensure healthy lives and promote well-being for all at all ages". The health goal, which is number three amongst the SDGs, comprises of 13 targets of which one addresses the issue of HIV/ AIDS. Specifically, Target 3 stipulates that "By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, waterborne diseases and other communicable diseases" WHO Health in 2015 Report: (2015:9). All the 17 SDGs are interlinked, none exists in isolation of the other. They are a web of interrelated goals that must be delivered in synergy. Therefore, SDG 3 on health also have its related entities amongst other SDGs. UNAIDS 2016–2021 Strategy establishes that key AIDS-related SDGs for 2030 are SDG 3: Good health and well-being, SDG 5: Gender equality, SDG 10: Reduced inequalities, SDG 16: Peace, justice and strong institutions and SDG 17: Partnerships for the goals (UNAIDS, 2015:10).

2.5 HIV/AIDS Overview in Sub-Saharan Africa

When the world was notified of the existence of the HIV virus, it was in no time traced to Africa. "Acquired immunodeficiency syndrome (AIDS) of humans is caused by two lentiviruses, human immunodeficiency viruses types 1 and 2 (HIV-1 and HIV-2). Both HIVs are the result of multiple cross-species transmissions of simian immunodeficiency viruses (SIVs) naturally infecting African primates. Most of these transfers resulted in viruses that spread in humans to only a limited extent. However, one transmission event, involving SIVcpz from chimpanzees in South-Eastern Cameroon, gave rise to HIV-1 group M-the principal cause of the AIDS pandemic" (Sharp and Hahn: 2011:1). Nigeria's 'The Guardian' of 02 October 2014, quoted a team of scientists led by the universities of Oxford in Britain and Leuven in Belgium who claimed that HIV pandemic originated in Kinshasa in the 1920s. The disease might have originated from Europe or the America as there is no convergence of views about its origin.

The sub-Saharan Africa has been tagged by the Western world as a sub-region of diseases and unrest due to incessant conflicts and prevalence of diseases despite similar prevalence of diseases and conflicts in some parts of Asia and South America. Unfortunately however, the region still lives up to this unenviable ascription. Prilutski (2010:52) notes that Ghana, along with most African countries, has faced many infectious diseases for several centuries, including "malaria, syphilis, yaws, leprosy, spirillum fever, dysentery and worms, to which must be added such epidemic diseases as yellow fever, small pox and sleeping sickness and the new imports of tuberculosis and cholera". The region is also known for endless conflicts and unrests which threaten human development advances, with long-term repercussions for national progress, as noted in the Human Development Report (2014:4).

Apart from HIV infection origin being traced to Africa, majority of infected persons are known to live in the region. Roughly 70 percent of all people living with HIV live in sub-Saharan Africa, despite accounting for just 13 percent of the world's population (UNAIDS: 2013). According to UNICEF 'Current Status and Progress report of December 2016:1,

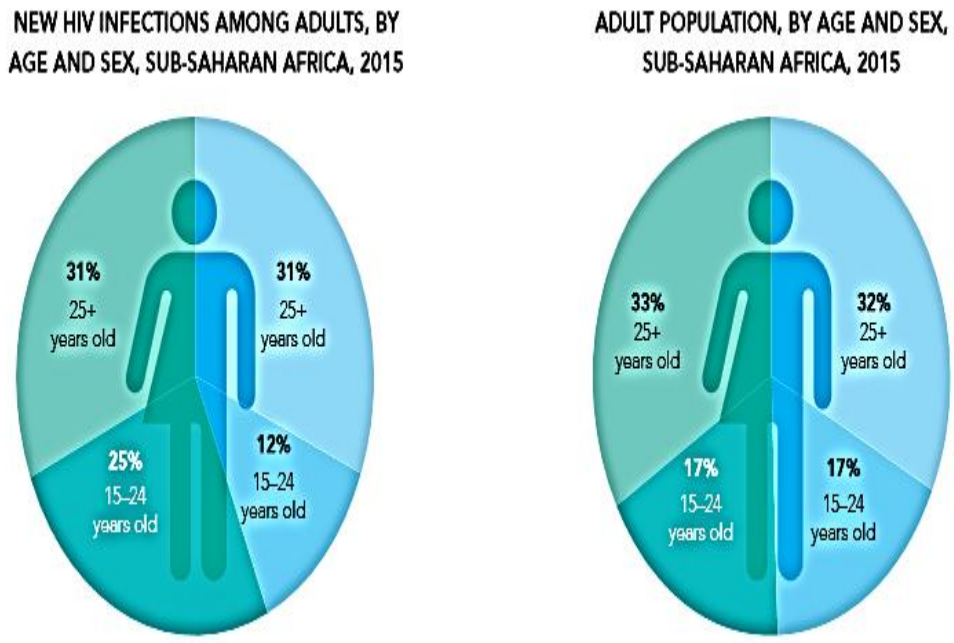
> The toll of HIV and AIDS continues to be harsh, especially in sub-Saharan Africa. In 2015, sub-Saharan Africa accounted for the vast majority of the world's people living with AIDS, new HIV infections and AIDS-related deaths. In that region, HIV is spread primarily through heterosexual sex. In 2015, nearly three times more adolescent girls in sub-Saharan Africa were newly infected with HIV than boys in the same age group (15 to 19 years).

In 22 countries, models indicated a decline in the incidence of HIV infection by 25 percent, including those in some of the countries with the largest epidemics: Ethiopia, Nigeria, Zambia, and Zimbabwe (USAID, 2012:1). However, the epidemic remains a major challenge to the health and development of many African countries. In its July 2016 estimates of regional trends of HIV, UNAIDS reports that Sub-Saharan Africa, particularly Southern Africa, remains the region most heavily affected by the epidemic. In 2014, sub-Saharan Africa accounted for approximately 70 per cent of people living with HIV worldwide, 73 per cent of new HIV infections, and 67 per cent of all AIDS-related deaths. HIV in sub-Saharan Africa, is mostly spread through heterosexual relationships, both in the context of transactional and commercial sex and in longer-term relationships, including marriage.

Those living with HIV apart, there were 2.5 million new infections in 2013 with three countries, Nigeria, South Africa and Uganda accounting for almost 48% of the new HIV infections in the region (UNAIDS: 2014). With adult population in the sub-Sahara being 50% women and 49% men in 2015, adolescent girls and young women account for a

25% of new HIV infections among adults, and women account for 56% and men 43% of new HIV infections among adults (UNAIDS, 2016:8), as indicated in Figure 2.

Figure 2: Distribution of new adult HIV infections and population by age and sex in sub-Saharan Africa, 2015



Source: UNAIDS 2016 estimates

Despite the huge burden of HIV infections on sub-Saharan Africa, the region is making progress along with the rest of the world in access to antiretroviral therapy. According to UNAIDS (2016:3), "Gains were greatest in the world's most affected region, eastern and southern Africa. Coverage increased from 24% [22–25%] in 2010 to 54% [50–58%] in 2015, reaching a regional total of 10.3 million people." This is an indication of possible future drop in the number of people who are likely to die from AIDS-related

ailments. The more people get on treatment, the better their well-being and the more likely they would contribute to social and economic development of their societies.

Western and Central Africa also made important gains but achieved lower levels of coverage of 28% in 2015 (UNAIDS 2016:4). This does not imply that HIV epidemic is over. In its "AIDS By The Numbers", UNAIDS (2016:3) declares, "Huge progress has been made since 2000 and millions of lives have been saved. But there are still important milestones to reach, barriers to break and frontiers to cross."

The resultant effect of the HIV/AIDS pandemic as reflected in Figure 1, is its widespread consequences on social and economic activities including agriculture, education, Trade and commerce. The affected population are stigmatised with decimated social and economic interaction thereby weakening their economic base and their contribution to community development.

2.6 HIV/AIDS Overview in Ghana

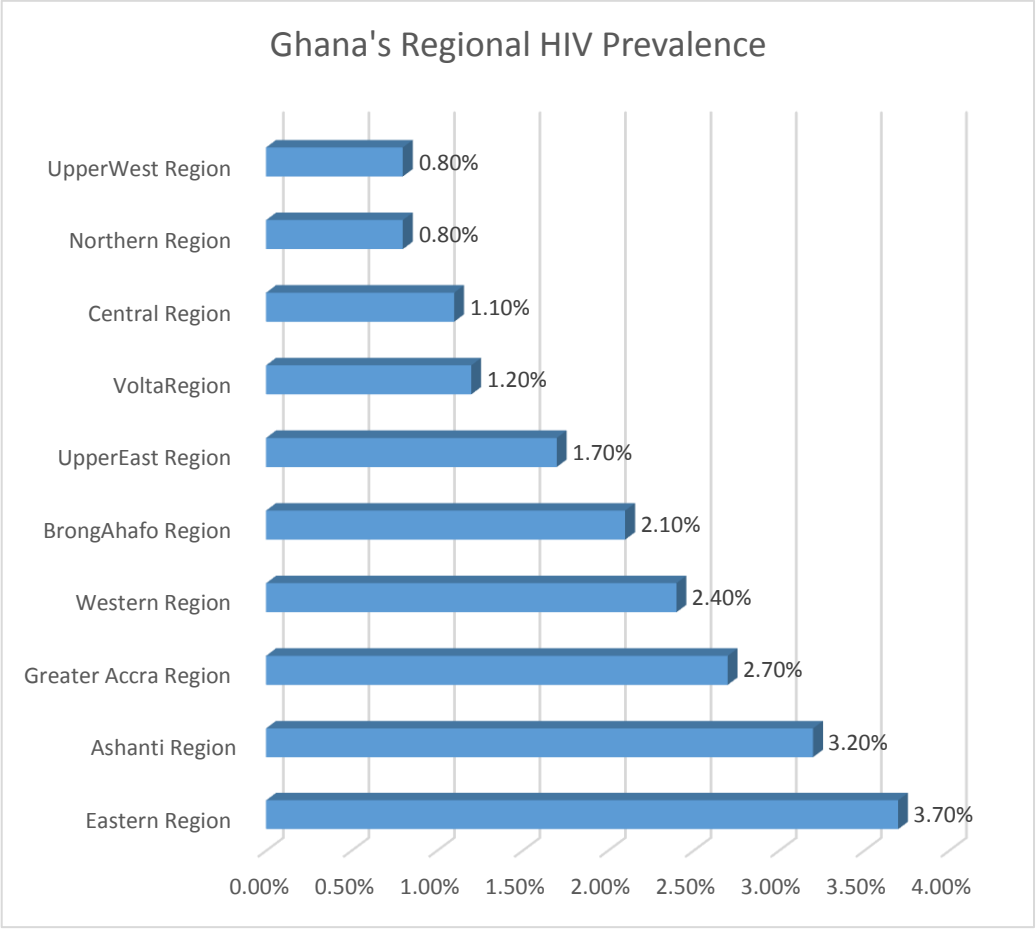
Ghana's HIV/ AIDS outlook is not different from the regional snapshot where the disease is at epidemic level. The Country AIDS Response Progress Report – Ghana (2014:13) indicates that the HIV epidemic in Ghana in 2013 continues to be a generalised epidemic with a prevalence of more than 1% in the general population (WHO definition for a generalised epidemic is when the prevalence is 1% or greater in the general population). The statistics of HIV prevalence in Ghana show variance in geographical locations, age and gender. This situation is explained by the Ghana AIDS Commission's Country AIDS Response Progress Report (2014:13):

> The HIV prevalence in Ghana varies with geographic areas, gender, age and residence. In 2011 the lowest was Adibo 0.0%, and the highest was Cape Coast with 9.6%. In 2012 the HIV site prevalence ranged from 0.2% in Nalerigu (Urban) to 10.1% in Agomanya (Urban). There were increases in prevalence all regions but the Central, Eastern, and the Brong-Ahafo regions. The Eastern and Brong-Ahafo regional prevalence remained the same, whilst the huge rise in

Central regional prevalence observed in 2011 reversed. Agomanya has re-established its position as the site with the highest HIV prevalence in the survey following its momentary displacement by the Cape Coast site in 2011. This with a prevalence of 3.6%, the Eastern region has regained the top position from the Central region which currently occupies the 8th position with a prevalence of 1.9%. Regional prevalence therefore ranged from 3.6% in the Eastern region to 0.9% in the Northern region.

In Figure 3, Ghana AIDS Commission's summary of the 2013 HIV Sentinel Survey Report states that the Eastern Region has the highest HIV prevalence of 3.7%, followed by Ashanti Region (3.2 %), Greater Accra Region (2.7%), Western Region (2.4%), Brong-Ahafo Region (2.1%), Upper East Region (1.7%), Volta Region (1.2%), Central Region (1.1%), Northern Region (0.8%), Upper West Region (0.8%). The above can be represented graphically as follow:

Figure 3: Ghana's HIV Regional Prevalence, 2013



Source: Ghana AIDS Commission's HIV Sentinel Survey Report 2013

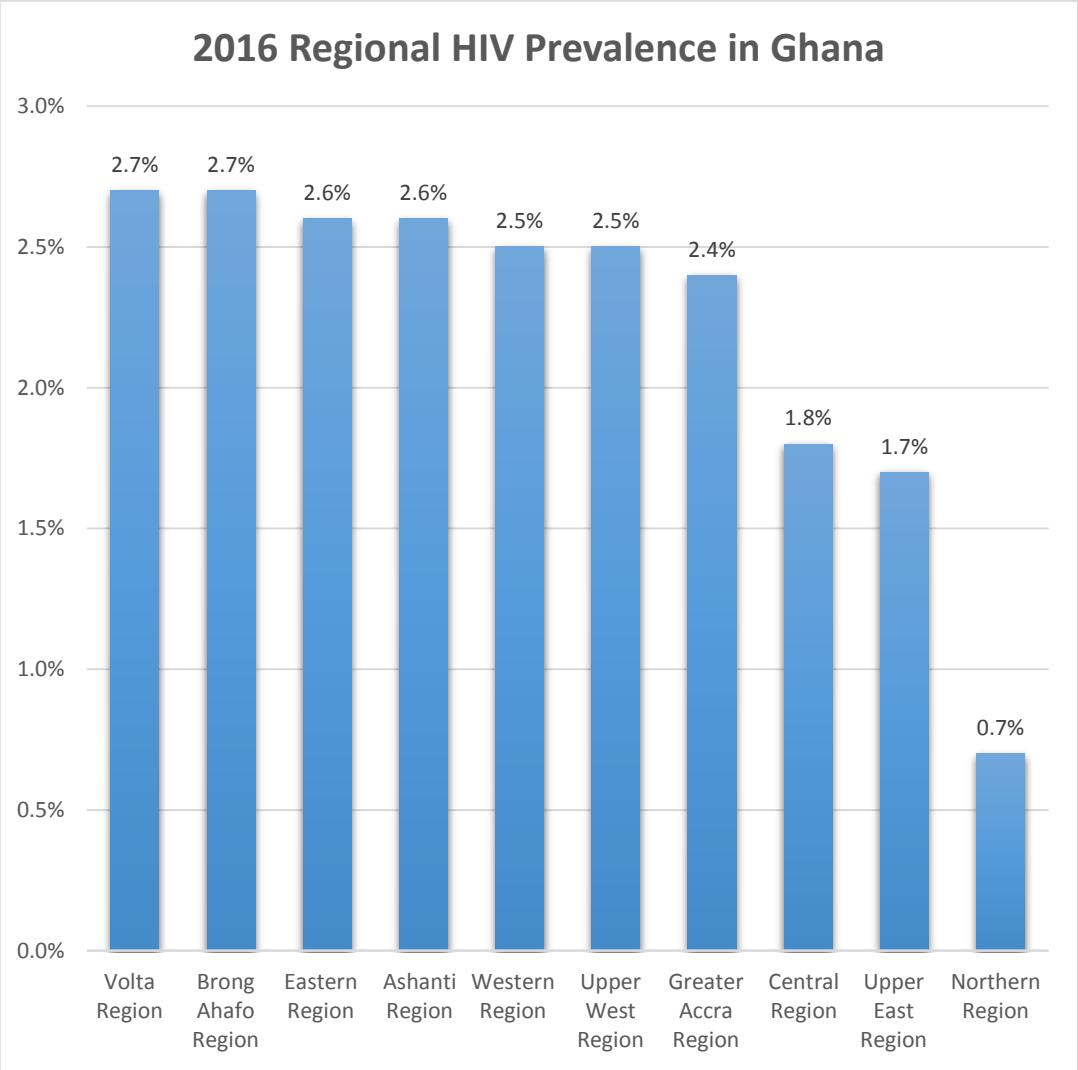
In 2014 Greater Accra region became the second highest with 3.1% prevalence and in 2015, it increased to 3.2% to become the region with the highest HIV prevalence in Ghana. The Central region in 2011, had the highest HIV prevalence of 4.7% in Ghana and in 2014, dropped to 8th with a prevalence of 1.4% (Ghana AIDS Commission).

According to the 2015 HIV Sentinel Survey (HSS) Report, the Western, Ashanti, Greater Accra and Eastern Regions have an HIV prevalence of more than 2% (HSS, 2015). The National AIDS Control Program (NACP:2017) provides a summary of regional prevalence in Ghana:

> The 2016 HIV Sentinel Survey results show that the National HIV Prevalence amongst pregnant women attending antenatal clinic in 2016 is 2.4%. HIV prevalence among the young population (15-24 years), a proxy for new infections remained unchanged at 1.1% while prevalence by age group 45-49 is highest at 5.6%, followed by 35-39 at 3.5% with 15-19 being the lowest at 0.6%. The regional HIV prevalence ranged from 2.7% in the Volta and Brong Ahafo regions as the regions with the highest prevalence to 0.7% in Northern region the lowest. The highest prevalence within urban sites was 4.2% in Agormanya and Sunyani followed by Wa 3.7%. Rural prevalence in 2016 ranged from 0.5% in Builsa, Kintampo and Salaga to 3.3% in Fanteakwa (NACP:2017).

The summary of the 2016 HIV sentinel survey results (NACP:2017) as presented in Figure 3, shows that both the Volta Region and Brong Ahafo Region have a prevalence of 2.7% making them joint highest in Ghana. The Eastern Region and the Ashanti Region are joint second highest with 2.6% prevalence while Western Region and Upper West Region are joint third highest with 2.5%. Others are Greater Accra Region (2.4%), Central Region (1.8%), Upper East Region (1.7%) and the Northern Region (0.7%) which has the least HIV prevalence in the country.

Figure 4: 2016 Regional HIV Prevalence in Ghana

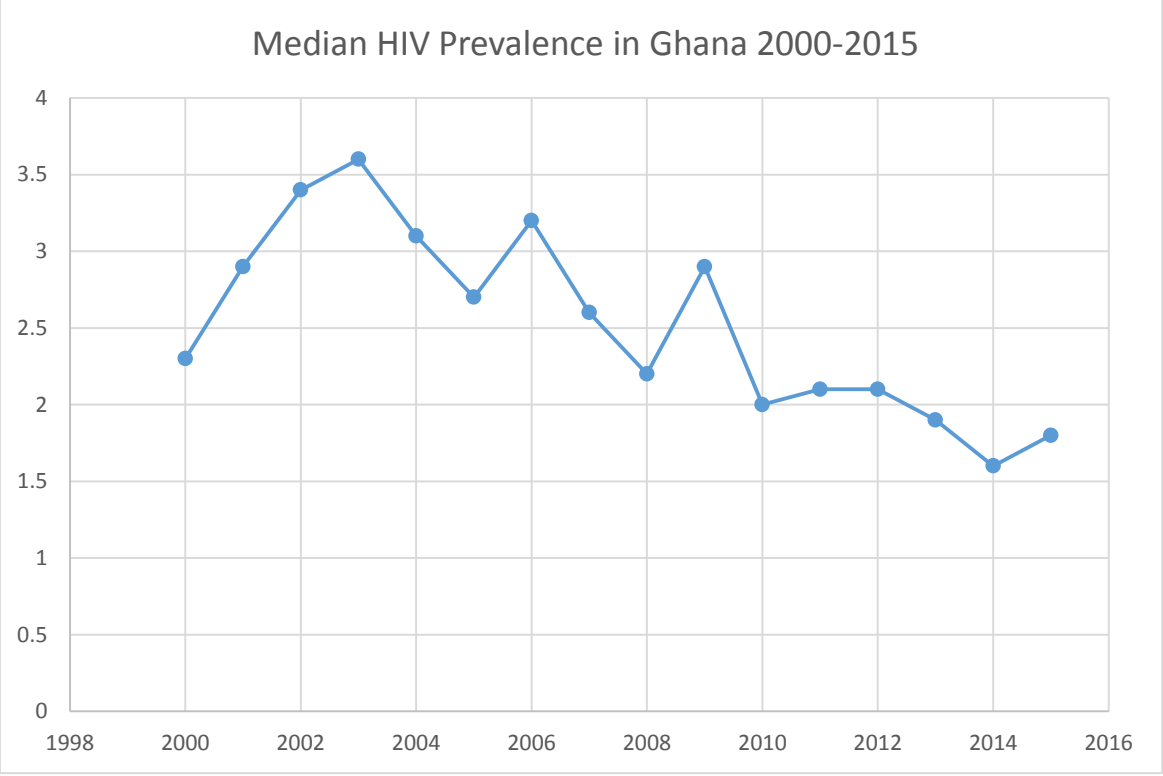


Source: National AIDS Control Program (NACP) 2017.

Concerning the number of people living with HIV, the 2015 HIV Sentinel Survey (HSS) Report discloses that by the end of 2015, there were 274,562 Persons Living with HIV (PLHIV), with women constituting about 60% and 89,113 people on antiretroviral treatment (ART) while new HIV infections stood at 12,635 persons. The report further puts the country's total annual AIDS deaths at 10,958 in the same year. HIV testing increased from 21% for women and 14% for men in 2008 to 43% for women and 20% for men in 2014. At the end of 2015, 2,335 testing sites had been set up nationwide (NSP, 2016:3).

The gradual reduction in the prevalence of HIV epidemic across the globe has made a few commentators to think the HIV scourge is less critical. But Ghana AIDS Commission reveals that even though Ghana is not among the top ten high HIV prevalence countries in the sub-Sahara, it remains a fact that HIV/AIDS is an epidemic in the country. As indicated in Figure 4, the median HIV prevalence in Ghana dropped from 2.9 in 2009 to 2 in 2010 and rose to 2.1 in 2011 and 2012. In 2013, it dropped to 1.9 and further slipped down to 1.6 in 2014. However, in 2015, the prevalence increased to 1.8. This trend shows that HIV epidemic in Ghana and its attendant socio-economic impact on the country still constitute a major public health challenge; and the mode of transmission in Ghana is not different from what obtains in other countries. The infection is known as primary through heterosexual intercourse and stigma to HIV/AIDS occurs because of family systems, ignorance, cultural values and so on (Adu-Takyi: 2011).

Figure 5: Median HIV Prevalence in Ghana 2000 - 2015



Source: Ghana National HIV & AIDS Strategic Plan 2016 – 2020

The prevalence statistics of HIV in Ghana show the criticality of the disease in the country. Sympathy International, a Ghana based Non-Governmental Organisation claims, "HIV/AIDS is extremely serious in Ghana. The epidemic is so serious that it will have a profound impact on the social and economic development of the country well into the future." HIV epidemic in Ghana is recognised as a threat to the country's socio-economic development of the country. To prevent the spread and mitigate the impact of HIV, governments and development experts must treat Strategic Communication as a critical success factor. Furthermore, in selecting the media vehicle components of the Strategic Communication Plan, close attention should be accorded media that are close to the heart of target audience. The choice of media varies from one locality to the other. Media choice in a development communication campaign is not a 'one cap fits all' approach. People must remain at the centre of interventions. Communities must be engaged constructively and sincerely to get their buy-in. In her remarks at the General Assembly Annual AIDS Review on 1 June 2017 at New York, the Deputy Secretary-General Ms Amina Muhammed, calls for people-centred and community-driven approach: "In recognizing the importance of community-driven solutions and the global commitment to people-centred systems for health, I encourage you to listen closely to what communities need and have to say. If we do that, we can end AIDS."

2.6.1 Determinants of HIV Epidemic in Ghana

Health challenges in people are driven by certain factors. Factors such as economic, social and environmental can determine people's vulnerability to diseases and sicknesses. To understand the determinants of HIV epidemics, it is important to examine the determinants of the general health of the population. The most prominent model in this field is the model

developed by Göran Dahlgren and Margaret Whitehead in 1991 which establishes the relationship between the people, their environment and health. The model tagged, 'rainbow-like layers of influence' (Dahlgren and Whitehead, 2007:20) places individuals at the centre, and surrounds them with four layers of influences on health: Individual lifestyle factors, Social and community influences, Living and working conditions, and General socio-economic, cultural and environmental conditions (Figure 5).

Figure 6: The Main Determinants of Health



Source: Dahlgren and Whitehead (1993)

Dahlgren and Whitehead (2007:20) explain the model as presented below:

> In the centre of the figure, individuals possess age, sex and constitutional characteristics that influence their health and that are largely fixed. Surrounding them, however, are influences that are theoretically modifiable by policy. First, there are personal behaviour factors, such as smoking habits and physical activity. Second, individuals interact with their peers and immediate community and are

> influenced by them, which is represented in the second layer. Next, a person's ability to maintain their health (in the third layer) is influenced by their living and working conditions, food supply, and access to essential goods and services. Finally, as mediator of population health, economic, cultural and environmental influences prevail in the overall society.

Figure 5 provides the framework of examining the determinants of HIV epidemics: The individuals at the centre may be HIV infected as a result of their individual lifestyles (second layer) such as unprotected sex, multiple sex partners, men having sex with men (MSM), among others. Similarly, their health status can be influenced by social and community factors (third layer) such as community practices that increase risk of HIV infection: polygamy and wife inheritance, child marriage, female circumcision, among others. The same can be said of the living and working conditions (fourth layer) as well as the general socio-economic environment (fifth layer).

The HIV epidemic in Ghana is driven by several factors ranging from economic, social, and institutional to cultural. This, Harrison (2010:11) classifies as structural factors such as physical, social, cultural, organizational, community, economic, legal, or policy aspects of the environment that impede or facilitate efforts to avoid HIV infection. These social or structural factors, according to him (2010:12), help shape a context of vulnerability that either contributes to increased individual risk of exposure to HIV and other STDs or compromises the ability to protect oneself from infection.

Ghana National HIV/ AIDS Strategic Plan (NSP) 2016-2022 identify five key drivers of the HIV epidemic in Ghana. They are (i) Sex-based drivers which include low personal risk perception of acquiring HIV and multiple concurrent sexual partnerships; (ii) Health System Drivers which are related to ineffective and inefficient services for sexually transmitted infections (STIs) and inadequate access to and poor quality of healthcare services; (iii) Gender-based drivers that support entrenched gender inequalities and inequities; (iv) Poverty-based drivers are those that are related to chronic and debilitating

poverty. Severe and prolonged poverty is a significant barrier to poor people accessing HIV prevention and treatment services; and (v) Stigma and discrimination against Key Populations which prevents them from utilising HIV prevention and treatment services, resulting in their continuing ability to acquire and transmit HIV (NSP 2016-2020:22).

The 2014 Modes of Transmission (MoT) Study in Ghana shows that greater efforts should be placed on heterosexual modes of transmitting the infection in a general population that has a low personal perception of the risk of HIV infection. The study further reveals the modes of transmission:

> Heterosexual sex (casual 39.3%), stable (24.2%), and partners of casual heterosexual sex (8.78%) is the commonest mode of transmission responsible for nearly (72%) of new HIV infections. Sex Work comprising partners of clients of sex workers (10.46%), clients of sex workers (4.90%), and sex workers (2.92%) is the second highest mode responsible for transmitting about (18%) of new infections (NCP 2016-2022:23).

The various modes of transmitting HIV have a far-reaching impact on the socio-economic development of Ghana.

2.7 HIV/ AIDS Snapshot for Nigeria

Nigeria recorded its first case of AIDS in 1986 after which the government of Nigeria, in line with guidelines from the World Health Organization (WHO), adopted Ante-Natal Clinics (ANC) sentinel surveillance as the system for assessing the epidemic.

> Sentinel survey data showed that the HIV prevalence increased from 1.2% in 1991 to 5.8% in 2001. After 2003 the prevalence declined to 4.4% in 2005 before slightly increasing to 4.6% in 2008. Results from the latest round of sentinel survey shows that the national prevalence was 4.1% in 2010. (FMOH, 2010) Trend analysis of HIV prevalence from sentinel surveillance in Nigeria indicates that the epidemic has halted and is showing signs of stabilizing at about 4% from 2005 till date (Nigeria GARPR 2014:13).

Despite the statistics showing signs of the epidemic slowing down, Nigeria just like Ghana and in fact, other countries in the sub-Sahara, still has a high prevalence of HIV infections. The HIV/ AIDS situation in Nigeria appears more critical compared to Ghana especially in

terms of the number of people who are living with HIV infection and the number of deaths claimed by AIDS-related complications. Nigeria GARPR (2015:ix) provides an insight:

> Nigeria still has the second highest HIV/AIDS burden in the world with an estimated 3,391,546 PLHIVs. However, estimates show that new infections have declined from an estimated 316,733 in 2003 to 239,155 a decade later in 2013. A total of 174,253 died from AIDS related cases in 2014 which is lower than 210,031 people in 2013. In 2014, the estimated number of persons in need of ART using the eligibility criteria of CD4 of 350/mm3 was 1,665,403 (1,454,565 adults and 210,838 children)

Nigeria is second to South Africa which has an estimated 5,600,000 infected persons. Of the top ten countries with high number of people living with HIV, seven are from the African continent, one from Asia (India), one from Eurasia (Russia) and one from North America (USA). HIV infections therefore, remains a challenge in Nigeria.

2.8 Understanding Radio Broadcasting

Radio broadcasting is one of the oldest mass media having emerged in the 19th century after the invention of the Moveable Type by Johannes Gutenberg in the 15th century. Radio was therefore, the first mass communication medium being the first to transmit from 'one to many' simultaneously. Radio broadcasting is the transmission of information, ideas, norms and culture from an identified source through electromagnetic waves to a heterogenous audience simultaneously. In other words, radio broadcasting involves sending of messages through the airwaves to many people at the same time. Idebi (2008:1) defines radio broadcasting as the process of sending and receiving messages through the air, using electromagnetic waves.

Beyond the technical description of radio broadcasting, understanding the medium can be approached from its functional attributes. As explained by D'Ecclesia (2013:12),

> "Radio is a means of communication based on music and words that entertains and informs the public. It is a means that broadcasts warmth, emotion and draws in the listeners." A radio builds its "image" through various elements: music, programming, sound effects, hosts, jingles, theme songs, etc.

Radio offers more than information, education and entertainment. It provides a tinge of psychological succour to the people.

Hendy (2000:3) notes that "We talk of radio's ability to 'stimulate the mind's eye'– that in giving us a sense of the world that is entirely lacking in any visual clues, it demands more, not less, audience participation (Crisell 1994; Shingler and Wieringa 1998).

The functionality of radio resonates more on the side of the audience than the broadcaster. As observed by Buckley et al (2008:iii),

> Radio broadcasting can be very accessible, even for illiterate and semiliterate people in remote locations. It can influence people's understanding of their context, interests, and view of themselves. In the many places where listening to the radio is a group activity, its content easily provokes comments and discussion. Often issues that previously could not be discussed become permissible as people refer to what they have heard. The social impacts can be pervasive and profound.

It is a worthy companion at peace time and even during conflicts and nature-induced disasters. Since its invention by Guglielmo Marconi in 1894, radio broadcasting has advanced in technology, exploded in spread and reach, and has become innovative in uses and gratification. From a tiny receiver that could transmit only sounds to a complex device with satellites in space and wireless systems in cars, the radio has seen tremendous development (Wyman, 2008). There are some 9,000 stations across Europe, another 11,000 or so in the USA, many thousands more in Latin America, and growing numbers in Asia, Africa and Australasia – perhaps somewhere in the region of 40,000 or more stations worldwide when various community stations and pirates are also taken into account (Hendy, 2000:3).

Of course, the radio landscape has changed drastically from the period of Hendy's estimates with more Frequency Modulation (FM) stations springing up every day. With regard to new stations going on the air, 2015 represented the biggest single-year leap forward for non-commercial and community radio in U.S. history. At the end of the year,

524 new low-power FM stations had been fully licensed during the year (Riismandel, 2016). The situation is not too different in the United Kingdom. Mitchell (2016:9) observes:

> In 2016, there are over 240 stations across Britain, including small-scale neighbourhood stations in rural and urban areas and community of interest stations set up by and for many diverse communities, including young people, minority ethnic, language and religious groups and cultural and sexual minorities.

However, in Africa, the development of radio broadcasting is not rapid. New licenses are in trickles.

2.9 Classification of Radio Broadcasting

Radio broadcasting can be classified according to ownership and control or based on operational focus. In terms of ownership classification, a radio station is either government-owned (State or Federal); privately owned or community owned. As regards the operational focus, radio broadcasting can be classified as public, commercial and not-for-profit (Community). It is pertinent to note that the concept of public broadcasting has been weakened by the advent of commercialisation and dwindling budgetary allocation as all radio stations canvass for advertisement, commercialise news and monetise programmes even those that are public interest.

The African Charter on broadcasting (2001) recognises three tiers of broadcasting as stated in its Part I Section 4, "The frequencies allocated to broadcasting should be shared equitably among the three tiers of broadcasting." However, the Charter in its Part II and Part III explicitly discusses two tiers from the functional perspectives: Public Broadcasting and Community Broadcasting. Part II (1) states:

> All State and government controlled broadcasters should be transformed into public service broadcasters, that are accountable to all strata of the people as represented by an independent board, and that serve the overall public interest, avoiding one-sided reporting and programming in regard to religion, political belief, culture, race and gender (p.2).

Whereas, Part III (1) notes that "Community broadcasting is broadcasting which is for, by and about the community, whose ownership and management is representative of the community, which pursues a social development agenda, and which is non-profit."

The African Charter on Broadcasting is less explicit on commercial broadcasting which is driven by the private sector or private individuals. In terms of media ownership, the three tiers of broadcasting are Government, Private and Community. In Nigeria, Chapter Two, Section 2.1 of the Nigeria Broadcasting Code (2010) stipulates three tiers of broadcasting: Public Broadcasting, Commercial Broadcasting (Free to air and Subscription broadcasting) and Community Broadcasting.

In Ghana, Section 2 of the Electronic Communications Act, 2008, Act 775 mandates the National Communications Authority (NCA) to regulate the radio spectrum designated or allocated for use by broadcasting organisations and providers of broadcasting services; and to issue guidelines for the operation of broadcasting organisations. In line with this mandate, NCA classified radio broadcasting into six categories: Institutional FM Radio Station - (Campus Radio); Community FM Radio Station; Experimental Radio Station; Commercial FM Radio Station Coverage Area: 45Km, and 25Km; AM Radio Broadcasting; and Satellite Radio Broadcasting Services. However, it further classifies the FM broadcasting stations "for the purpose of regulatory administration of the service towards the attainment of efficient use of frequency":

> (a) Public – all stations owned and operated by the Ghana Broadcasting Corporation (GBC) and/or any other station established by the Government of Ghana by a statutory enactment.
>
> (b) Public Foreign – stations established by Foreign Governments through diplomatic arrangements to rebroadcast/relay content from foreign countries e.g. BBC, RFI, VoA.
>
> (c) Commercial – those that are privately owned and operated for profit and controlled privately by independent commercial groups or individuals

(d) Community - a non-profit broadcasting service provided for a specific marginalised community by a radio or television station whose ownership and management are representative of the community for which the service is provided
(e) Campus – a station operated within the ambit of educational institutions (NCA, 2016:2).

Generally, classification of radio broadcasting provides an insight into how the station operates and its relationship with the audience.

Technically, the report of Ghana broadcasting regulatory body, NCA (2016:3) also provides an insight into the classification by coverage:

(a) Maximum coverage radius is 45km for Commercial and Public Foreign FM radio broadcasting stations.
(b) Maximum coverage radius for Community and Campus FM radio broadcasting stations is 5km. In cases where the definition of the community and the terrain require a variation, the Authority shall make extensions to the coverage area but this shall not exceed 25km in any case.
(c) There is no coverage limitation on the Public FM radio broadcasting stations.
(d) The signal strength at the periphery of the coverage circle/contour with the authorised radius shall not exceed 54 dB(μV/m). This does not mean the station cannot be heard beyond the circle/contour, because the ITU Recommendation BS.412-9 gives a field strength requirement of 34 dBμV/m for 'acceptable' service. The Geneva 1984 Agreement governing Sound Broadcasting services in the frequency band 87.5 – 108 MHz sets the field strength of 54 dB(□V/m) as the threshold for coordination of the FM radio broadcasting service in the frequency band.

In addition to the above classifications by purpose and coverage, radio broadcasting can also be further classified by location: urban, sub-urban and rural. Regardless of its category, radio does not change. It still maintains its generic characteristics.

2.10 Characteristics of Radio

In the late 1950s and early 1960s, Marshal McLuhan characterised radio as a 'hot' medium in his concept of 'hot' and 'cool' media. According to him, television is a 'cool' medium because the information it gives out is meagre because it gives 'low definition' of the world. The radio, he suggests, is a 'hot' medium because it 'extends one single sense in "high definition" just like a photograph. However, Hendy (2000:2) disagrees saying that

"nearly forty years on, the idea remains striking in its originality, but not entirely convincing," he continues:

> For a start, his classification now seems rather topsy-turvy. Today, though, it appears to many observers that it is television which gives us the world in 'high-definition', with its vivid images overpowering us, casting us into a role as passive observers of the world. The rhetoric surrounding radio, however, is suffused with the language of McLuhan's cool ambiguity.

Radio is a unique medium which has not only survived the advent of television in the 1930s but still waxing strong even in the face of emergence of new media. As observed by Hendy 2000:2), radio does not seem to be facing extinction at the hands of television. Radio has several characteristics a few of which it shares with other mass media like television and newspaper. However, radio could weather the storm of competing media due to its distinct characteristics which it shares with no other. Discussing the strengths and characteristics of radio, Muhammed (2013:6) notes that:

> Radio has its own strengths as well as weaknesses, like other mass media or for that matter like anything else in this world. It is from its strength that its potential emerges. In other words, radio's main strengths are the major sources of its potential. As a matter of fact, its distinct strengths make radio a very significant potential medium for social development.

Radio has many characteristics which endear it to billions of people around the world: Radio is affordable. It is cheap to acquire and maintain. After the initial cost of purchasing a transistor radio, it operates at almost zero cost except the cost of batteries in event of consistent operations in DC mode. Therefore, it is a cheaper source of information, education and entertainment. Fraser and Estrada (2001:1) asserts that radio is also "the prime electronic medium of the poor because it leaps the barriers of isolation and illiteracy, and it is the most affordable electronic medium to… receive in" (Mohammed, 2013:7).

Another important characteristic of radio is immediacy. Radio breaks the news faster than other mass media especially television and newspaper. Information is

disseminated faster and immediately while updates are provided by the minutes. Radio has also established itself as an emergency warning tool. Those living in the cities tune to radio to monitor the traffic flow to decide on their routes. In case of man-made or nature-induced disasters, the population turns to radio for updates. Similarly, announcements for interest groups' meetings find favour with radio for its immediacy.

> A leader of an 11,000-member women's organization in western Burkina Faso tells how the radio helped her in her work: We used to send out flyers to our members to announce our meetings. Some of them were never received. The lucky ones who got the invitations would arrive two or three days after the meeting. Thanks to the radio, we can make an announcement and everybody knows about it at the same time. This has greatly strengthened our organization and its credibility (Ouattara and Ouattara, (2006:123).

The power of the radio to break news as it is unfolding is unprecedented. The fact that organisations also find it veritable to communicate a change in date of meetings is endearing.

Flexibility is another major characteristic of radio. Radio operates by Programme Schedule that guides its programme transmission. However, there is inherent flexibility in its operations. At short notice, a scheduled programme can be dropped and replaced with a topical issue or breaking news.

Added to the flexibility attribute of radio is accessibility. Radio is a medium with mass appeal because it speaks to the situation of non-elites through language choice and programming. It is reputed for grassroots communication. Its appeal cuts across socio-economic strata and religious frontiers. Given that one-third of adults in the developing world are illiterate, and particularly those in Africa (44 percent), the broadcast media and principally radio have performed a major service in information dissemination (Coldevin, 2003: 11). Radio is in fact, a trusted companion of the poor. Buckley, et al (2008:33) explain further,

> Radio does not privilege the literate. This accessibility is a considerable asset, given that adult illiteracy is 38 percent in low-income countries, where 37 percent of the

> world's population live, and of course the incidence is much higher among the poorest in these countries.

The wide acceptability and unfettered accessibility of radio by people from diverse socio-economic strata make radio the voice of the voiceless.

Radio is also a transient medium. A listener who missed a part of a broadcast due to channel or semantic noise or due to the pace of the broadcaster, cannot ask the radio to repeat the part that was missed. The broadcast cannot be paused and listened to at one's convenient time unlike newspaper which can be read at any time. This attribute of radio remains one of its major weaknesses despite the possibility of a repeat broadcast. A repeat broadcast of the news or programme does not remove the transiency of radio medium.

Radio makes up for its weakness as a transient medium with portability as a major strength, thereby increasing the probability of getting to listen to the news or programme missed earlier. Radio is easy to move about. It comes in different sizes. In fact, there are sizes that are as small as a match-box or a pack of cigarettes. As observed by Muhammed (2013:8), "A radio receiver can easily suit with people's frequent mobility such as laborers, farmers and pastoralists. Because it is a portable medium, people can listen to a radio while they are walking on the tracks or working in the fields." This is one of the strengths of radio and that which makes it popular amongst the nomads, fishermen, farmers and other itinerant groups.

Muhammed (2013:6) in his modifications and rearrangement of McLeish's (1996) delineated characteristics of radio stated ten characteristics:

1) The Speed of Radio as Information Disseminator

2) Radio Speaks to Millions

3) Radio Speaks to the Individual

4) Radio Makes Mental Pictures

5) Radio Has No Boundaries

6) The Simplicity of Radio

7) Radio Is Cheap

8) The personality of Radio

9) Radio for change

10) Radio is Portable

The above are the general characteristics of radio irrespective of its type, be it public, private or community. Each of the types also has its peculiar characteristics.

2.11 Principles of Community Radio Broadcasting

In sub-Saharan Africa, radio has remained popular amongst the population especially those that live in the rural areas. The farmers, fishermen and nomads, are known to be ardent radio listeners. English (2008:1), notes that "many people in sub-Saharan Africa tell Gallup that radio is the most important medium they rely on to keep them informed about news events." She cites the Gallup Poll that "radio use in sub-Saharan Africa is high for several reasons. Low literacy levels and poor circulation make dependence on newspapers negligible, and the cost of purchasing a television is prohibitive to many in this region." Radio goes beyond just communicating to people, it is a part of people's lives and has become fashionable in some society to have it even on-the-move.

The strength of radio has provided Communication experts a veritable tool to reach and engage the generality of people, to help address development challenges such as conflicts, governance, health, including HIV/AIDS. Approaches to health communication and tools of disseminating health information have been developed and being deployed across the world. Prominent amongst the tools is the community broadcasting as exemplified by community/rural radio. Community radio is required to be owned and

controlled by the community; therefore, it is expected to be closer to the people. Ojebode (2010:9) explains further that "a community radio station is a station owned, staffed and managed by and for members of a community, a non-profit station that pursues a development agenda."

According to the African Charter on Broadcasting, community broadcasting is broadcasting which is for, by and about the community, whose ownership and management is representative of the community, which pursues a social development agenda, and which is non-profit. Ghana's National Communications Authority (NCA) in its 'Guidelines for the establishment and operation of Community Radio stations' defines community radio:

> Community Radio is radio that is about, for, by and of a specific marginalized community, whose ownership and management is representative of that community, which pursues a participatory social development agenda, and which is non-profit, non-sectarian and non-partisan (p.1).

It is interesting to note that community radio, which is sometimes referred to as rural radio, has been credited with potency in the delivery of information that would bring about improvement in the wellbeing of the rural dwellers and the development of the rural communities. Community radio is a community driven communication tool that helps in providing information that improves the health, enhances food security, improves literacy and supports rural voices through community airwaves. It is the voice of ordinary people who mostly are not able to determine policy direction. Community radio promotes cultural diversity and delivers strong local voices in an increasingly homogenous media environment.

The Zambia Community Media Forum (ZaCoMeF) broadly defines community radio as a participatory, non-profit making community owned and controlled medium, that should respond to the needs of its community and is accountable to community structures. In explaining community radio, Nigeria Community Radio Coalition (NCRC) says:

> ‘They are independent of government and of commercial organisation, serve specific communities which could be geographical or communities of interest; have ownership and management representative of that community; pursue strictly social development agenda; carry community-oriented programming also produced by participation of community members; and operate for purposes of social benefit rather than private financial profit. (Media Policy Briefings 01/01:4).

Mhagama (2015:2) states that Community radio is established to work for the benefit of the people in the community it is meant to serve both through providing programmes and information services and through the opportunity to participate in running the station and other activities. Community radio, according to Harvey (2011:35), “is well recognized as a powerful vehicle for advocacy and social change in Africa”. Community media is, therefore, “the media that gives the communities a voice, provides the communities with information on issues that they are interested to know. It is the media that discusses community issues using examples that are familiar to the general local community” (Nafiz, 2012:27).

Community radio has distinct characteristics, such as: they are owned and managed by communities; they carry community-oriented programming and produced by community members; they pursue strictly social development agenda; they use participatory methods in their activities (Akingbulu, 2010:67). This succinctly captures the essence of what community radio represents. However, Oso (2003:36) provides a more comprehensive features of Community media as stated by the South African National Community Media Forum (NCMF), and extracted by Guy Berger of Rhodes University in South Africa:

i) Ownership and Control – the community through its representatives
ii) Non-profit – ownership and purpose should be non-profit. This does not eliminate considerations for commercial viability to sustain operations
iii) Accessibility - to its community

iv) Type of community – geographical or interest group

v) Political criterion – to serve disadvantaged communities (geographical or interest groups).

A broad and instructive perspective of the principles guiding community radio broadcasting is provided by Lopez (1997):

> When radio fosters the participation of citizens and defends their interests; when it reflects the tastes of the majority and makes good humour and hope its main purpose; when it truly informs; when it helps resolve the thousand and one problems of daily life; when all ideas are debated in its programs and all opinions are respected; when cultural diversity is stimulated over commercial homogeneity; when women are main players in communication and not simply a pretty voice or a publicity gimmick; when no type of dictatorship is tolerated, not even the musical dictatorship of the big recording studios; when everyone's words fly without discrimination or censorship, that is community radio.

Drawing from Girard (2007), and Fairbairn (2009), Lush and Urgoiti (2012:7), identify the key principles of community broadcasting as Community ownership and control; Community participation; Community service; Independence; and Not-for-profit business model. All other functions and purpose of community radio revolve around these principles.

On the main aim of community radio, 'One World Africa' writes that development of the community through information, education and entertainment remains paramount and that community broadcasters should ensure the following:

i) To keep the community informed and to revive, retain and sustain cultural heritage, traditions and norms;

ii) To empower the community by sharing skills and providing training;

iii) To operate an effective and sustainable community radio that will champion health care and other development and social challenges;

iv) To act as a mediator between government, organs of civil society and the people; and

v) To convey information and education about development related issues like water and sanitation, rural development, housing, health, how the local government works, legal issues, etc.

Communication is important in every area of human endeavour, but effective communication is more important because it involves a two-way process rather than top-down linear process. Two-way communication means 'speaking with' rather than 'speaking to'. It means engagement between the information source/the sender and the receiver. Community radio being a medium that is close to the community plays a critical role in community engagement for development. With community radio, community discourse and engagement is conducted in the native language of the community, and with strict adherence to community norms, culture and tradition.

The ownership and control of the community radio resides with the community, its programmes are generated from the community and by the community thereby making it the community voice. Al-Hassan (2011) observes that 'unlike in the case of the mainstream media, rather than merely talking about the community, the people themselves make the programmes. This strengthens local culture with the recognition that this is their station; it becomes a forum for a wide diversity of local opinions and views' The recurrent 'community' elements in the community radio operations as a medium makes it a veritable tool of engagement for community development.

Taiwo and Asmah (2012:2), citing Chapman et al (2003), and Quarmyne (2001), suggest that the community element of rural radio encourages the active participation of the audience, the engagement of the community's intellectual resources, and community ownership of the radio station; and that community radio stations are set up with the aim to "enable marginalised communities and groups to generate and share their knowledge and

experience". Community radio offers uninhibited access to community members to air their views on issues that affect them as individuals and as a community.

Community radio is not-for profit and provides a mechanism for facilitating individuals, groups, and communities to tell their own diverse stories, to share experiences, and in a media rich world to become active creators and contributors of media (Al-hassan et al: 2011:1). In their study of the contribution of Simli Community Radio in Ghana to the livelihood improvement of the people in the Tolon-Kumbungu and Savelugu-Nanton Districts of the Northern Region of Ghana, Al-hassan et al (2011) establish that Simli Radio has worked to improve awareness and knowledge of solutions to community development problems ranging from culture, rural development, education, hygiene and sanitation, agriculture to local governance.

Reinforcing the role of community radio in health, (Olakitan, 2012:1) explains that community radio is deployed in solving health problems, disseminates information faster, it promotes education, and eradicates ignorance and empowers people by giving voice to the voiceless. In his discussion of radio being committed to community participation and peoples' development aspirations, Larweh, (2006:191) notes that:

> Radio can be much more than a source of information. It can also be a powerful tool to facilitate consensus-building and decision-making at the community level, thus becoming a catalyst for change. This is precisely what Radio Ada set out to do when it decided to accompany the efforts of the people of Obane in the eastern part of Ghana. After four decades of watching their environment deteriorate, the inhabitants of that community rolled up their sleeves to restore the waterway, which used to be at the heart of their lifestyle, and regain their lost prosperity. Day in, day out, Radio Ada was by their side, voicing their concerns and acting as a morale booster. In the hands of the community, the radio also became a tool for advocacy and mobilization. The results are quite astonishing.

The World Association of Community Broadcasters – AMARC (1988), explains further that "community radio responds to the needs of the community it serves, contributing to its development with progressive perspectives in favour of social change. Community radio strives to democratise communication through community participation

in different forms in accordance with each specific social context." Disadvantaged people and rural communities face the challenge of media access necessitated by difficult terrain, cost, level of literacy and geographical location.

A strong characteristic of community radio is its in-built structure to provide access to rural dwellers that never would have had any kind of opportunity to be heard on radio. Community radio makes the community members not only radio consumers but also radio content producers. "Access to the media shall be ensured and promoted at all levels and in various forms. Access shall be taken to mean not only consumption of the media but also participation in the ownership, management, production and distribution" Ghana Media Policy (2001:28). Community radio strives to democratise communication through community participation in different forms in accordance with each specific social context.

> Radio broadcasting can be very accessible, even for illiterate and semiliterate people in remote locations. It can influence people's understanding of their context, interests, and view of themselves. In the many places where listening to the radio is a group activity, its content easily provokes comments and discussion. Often issues that previously could not be discussed become permissible as people refer to what they have heard. The social impacts can be pervasive and profound (Buckley et al, 2008:iii).

Disadvantaged people and rural communities face the challenge of media access necessitated by difficult terrain, cost, level of literacy and geographical location. Any development communication initiative directed at them, must be through a channel to which they have access and voice, the one they trust, and that which speaks their language. The participatory nature of community radio programming and broadcast, added to 'our own radio' mentality of community members, endears it to development communication experts, encourages inclusive participation of the community members and enhances behavioural changes. Understanding an issue does not lead to a change in behaviour and that awareness alone does not hold people responsible for their own health. Allowing people to have input on how health information is going to help them change by both

discussing different communication channels to be used and setting goals for desired change together provide such responsibility (Ford et al: 2005).

This, according to Prilutski (2010:53), means 'the closer a message is to the culture, expectations, and lifestyle of individuals and the more integrated a campaign is, the more effectively health communication information can be communicated to the Ghanaian people.' Communication that is rooted in the local culture and through a culturally appropriate channel like community radio is likely to be well received by the target community due to cultural affinity with the message and the channel.

> A specific case example of this situation was seen in the successful Stop Aids Love Life HIV/AIDS prevention campaign. This campaign used song and dance through multiple different media channels, including radio, to reach Ghanaians across the country. The song was sung in many different languages and the campaign achieved success through the use of "the ABCs of prevention (Abstinence, Being faithful, and Condom use), ... [increased] personal perception of HIV risk, and testimonies from Ghanaians living with HIV or AIDS" (Johns Hopkins, 2003). By using different tribal languages, appropriate media forms and creating a similarity between the persons giving testimony and those listening, this particular campaign is an example of successful health communication strategies (Prilutski: 2010:53).

In every communication activity, Feedback has been identified as a key component of the communication process without which the sender would not know if the message receiver understood the message and responded in line with the sender's expected desired response. Feedback drives the two-way communication process, and faster and more effective feedback mechanism makes Community Radio attractive to development workers.

> Community radio however, provides probably the most effective feedback channel for radio broadcasts in the sense that a community can respond to broadcast from other tiers of radio or from other community radios through their own community radio. They may not be reaching as wide an audience as the other tiers of radio, but at least they are responding to pertinent issues that concern them (probably in unique ways) and this response is available to the generality of those to whom it is relevant. Community radio therefore presents yet another level of media interactivity by which the people can apply necessary control on those who represent them (Adegbola, 2010:76).

Communities stand to gain a lot if community radio is deployed as a tool of empowerment and development. Information is power, goes a popular maxim. Such information could be on healthy living, improved seedlings for higher agricultural yields or even local commerce. Akingbulu (2010:67) stresses the potency of Community Radio in empowering the rural communities to galvanise development when he submits:

> The tested and credible discovery as empowerment and development tool is community radio, now being used by hitherto disadvantaged and marginalized communities in all parts of the world. Community radio has recommended itself and has been embraced worldwide because of its characteristics as the most accessible and effective medium of communication, particularly in societies where large numbers of citizens cannot read or write, but can speak and listen.

It is not only the communities that gain from the existence and optimal operations of community radio stations, the government as well as humanity reap bountifully from the strength of community radio.

Buckley et al (2008: iii-iv) provide an overview of how community radio promotes good governance:

> Community radio programs, for example, often involve the whole listening audience in discussing matters important to them, in their local languages. This in turn strengthens people's ability and confidence in framing and analyzing issues, engaging in informed debate, and pressing local officials for actions. This process helps people to identify and grasp opportunities, address collective problems, and resist manipulation. It also strengthens people's resolve to make their government accountable and strengthens their outspokenness against abuses. From Ghana to Indonesia, groups have gone "on the air" and named officials who have stolen public funds or not delivered a long promised road—and they have seen an active response. Such public condemnation makes officials change their calculus of their prerogatives and their responsibilities.

Community radio has been deployed in many communities to promote accountability and transparency, hold government accountable and at the same time promote the citizens' obligations to the government.

2.12 Challenges of Community Radio

Community radio, like other media of mass communication, has some challenges, ranging from personnel to technical, contents development and funding. As noted by Internews (2013), "They lack a recording studio with good acoustics. They lack transport to go to the field to interact with the community and collect stories. The station is often off the air due to inconsistent electrical power and a lack of a reliable backup." Harvey (2011:39) acknowledges that:

> Community radio also faces significant and persistent capacity challenges in terms of formal training and education (on the issues, on conducting research, and on broadcast production) of broadcasters, insufficient human and financial resources, and a heavy existing agenda of issues to cover amid these challenges.

The challenge of human resource capacity of community radio is overwhelming for many community radio stations due to their propensity to recruit volunteers from the community. The volunteers so recruited are trained and as they were getting to understand community broadcasting, they would leave; thereby, returning the community radio to ground zero in terms of capacity. This links to the challenge of high staff turnover.

A major and recurring challenge of community radio operations, especially in Africa, is the instability or non-existence of public power supply which is cheap to procure. While some community radio stations in the sub-region are not connected to the national grid, others are connected but are supplied once in a while. This places on them, a huge burden of alternative sources of power which are mostly expensive. Many community radio stations power their transmitters and other equipment with diesel or petrol-fuelled power generators with the attendant high cost of fuel. However, there are a few that attracted enough support to generate their electricity through installed solar panels.

Lack of financial sustainability is another problem faced by community broadcasting. This leads to inability to maintain equipment, weak logistics support for

production with overall adverse effect on programmes. However, the Center for International Media Assistance, Working Group Report (2007:13) cautions that:

> The issue of sustainability is not limited to the financial standing of a station. Alluding to a number of community radio stations in northern Uganda that sold airtime to humanitarian organizations, an implementer noted that only one of those stations managed to maintain editorial control and present the information while also preserving the identity of the station, as opposed to the other stations, which simply aired the material as provided to them.

Weak financial base affects the quality of contents and sustainability of good contents. It affects the capacity of the Station management to maintain broadcast equipment as and when due. It affects the ability of management to motivate and retain staff/ volunteers. These challenges are all linked to sustainability issues of community radio operations.

The challenge of getting people to render voluntary services to the community radio station is a huge challenge to many community radio stations. The culture of volunteerism is generally not imbibed while the concept is also not understood in the communities. This creates frequent rift between the community radio station management and the volunteers. As explained by Diedong and Naaikuur (2012:143):

> The concept of voluntarism seems not to have been well understood by many community members. Perhaps this accounts for the litany of complaints from volunteer producers, particularly about the small allowances they receive. It is important in recruiting staff that not only the basic principles of volunteerism should be taken into consideration but also that those who work as volunteers.

It takes a long time for the community to understand the principles of volunteerism and differentiate it from employment; and during this period, the community radio suffers.

2.13 The State of Community Radio in Ghana

Before the deregulation of the broadcast industry in 1992, the sector faced a myriad of problems which included dominance of English language, low uptake of indigenous language for broadcast, exclusion of majority in national discourse. Ghana Media Policy (2001:22) provides an insight into the challenges of the period:

> In terms of language, the media are characterised by the domination of the English language. GBC radio has had a local-language programme service dating back to the colonial days, but the multiplicity of languages against its highly centralised operation meant that only a smattering of air time could be allocated to only a few languages…The marginalisation of local languages results in the exclusion of the majority of the population from participating in the national discourse. Since language is one of the major instruments for expressing and nourishing the soul of a people, the marginalisation of local languages also contributes to the atrophy of local cultures.

This laid the foundation for community radio practice in Ghana. Section 6.2.3 of the Ghana Media Policy (2001:35) on community media states:

(i) The ownership and operation of the media and media services by communities shall be facilitated. Such community media shall have the objective of community empowerment and shall provide access to all members of the community.
(ii) District Assemblies shall be encouraged to establish community media centres that shall provide training and reading, listening and viewing facilities

Section 7.2.5 of the Ghana Media Policy (2001:48-49) provides some guidelines on the operation of community broadcasting in the country: It states:

(i) Community broadcasting Stations shall be established in remote areas, economically deprived or depressed geographical and social sectors and generally those areas that are not attractive to purely commercial interests.
(ii) Such community broadcasting stations shall be: (a) Not-for-profit (b) Non-sectarian, i.e. not exclusive to any particular religious sect or faith. (c) Non-partisan, i.e. not exclusive to any political party, either accessible to all political parties or absolutely closed to all at all times. (d) Independent of any political or economic authority or institution, national, local or traditional.
(iii) The distribution of community broadcasting stations shall be such that small linguistic communities as well as marginalised social groups are adequately served. Community broadcasting stations, particularly radio, shall provide maximum opportunity for community participation in all aspects of their operations.
(iv) At least 80% of programmes on community broadcasting stations shall be originated by the stations and their target audiences. They shall draw either on material from their community or, in the case of information, outside material expressly selected for the interests and needs of the target community. Any usic making up the local community requirement shall be Ghanaian or African and preferably traditional. The remaining 20% of programmes shall comprise material of national interest, for example rleays of GB news.
(v) At least 70% of programmes on community broadcasting stations shall be in the local languages of its target community
(vi) Commercial advertising shall be permissible on community broadcasting stations for purposes of sustainability and subject to internal codes that are in keeping with the overall policy ethos and the specific objectives of the station.

> Community broadcasting stations shall also be encouraged through priority access to paid announcements from public institutions.

In 1992, Ghana lifted the ban on the ownership and control of private media, allowing for the re-emergence of the private press in the early 1990s. However, the broadcast industry did not respond to the deregulation until July 1995, when 10 commercial radio applicants were granted frequencies by the Ghana Frequency Allocation and Board (GFAB), now known as the National Communication Authority (GCA).

> Subsequently, Radio Progress and Radio Peace also submitted applications for frequencies to operate Community Radio stations. These three stations, Radio Ada, Radio Peace and Radio Progress, would become the first three Community Radio stations to go on-air in Ghana. Radio Progress went on the air on 17 February 1997 as an "experimental" station and progressively upscaled to a full Community Radio station beginning 1998, broadcasting mainly in Dagaare. Radio Ada went on air on 01 February 1998 as a full-fledged Community Radio station broadcasting 17 hours a day exclusively in Dangme. Radio Peace started full-scale on-air operations on 01 September 1999, broadcasting predominantly in Mfantse (Fanti). (Ghana Community Radio Network- GCRN: 2015).

The application for a frequency submitted by Radio Ada on 15 March 1995 to the then Ghana Frequency Registration and Control Board (GFRCB) formally introduced the concept of Community Radio to Ghana (Ghana Community Radio Network- GCRN). Since 1998 when the first community radio started operations, the community broadcasting industry in Ghana has evolved and developed. According to the National Communication Authority (NCA), as at the end of December 2016, a total of 79 community radio stations were authorised but only 57 community radio stations were on air (Table I), and were broadcasting in over 16 indigenous languages. The ten regions in Ghana all have community radio stations. Appendix V further shows that the Northern region leads with eight community radio stations followed by Central, Eastern, and Volta regions with seven community radio stations each. Brong-Ahafo and Upper West regions have six community radio stations each while the Western region has got only five. However, Greater Accra

and Upper East regions each have four community radio stations while Ashanti has the least number with three stations.

The narratives of community radio in Ghana is incomplete without a mention of the Ghana Community Radio Network (GCRN) founded in December 1999 to "enhance the use and build the capacity of community radio to enable marginalized communities and groups to generate and share their knowledge and experience, to participate in discourse and decision-making at every level, to develop the richness of their culture, and to strengthen their communities as part of the national and global family" (GCRN:2015).

The GCRN has spearheaded training of members in line with one of its objectives to undertake advocacy, networking and training. Referring to a project involving Radio Ada, Radio Afram Plains, and Radio Tongu (all lie on the Volta River) Harvey (2011:42) attests to the contribution of GCRN:

> Radio Afram Plains went on the air in 2001 following a participatory design process facilitated by GCRN. Radio Tongu is the youngest GCRN member-station, having gone on the air in mid-February 2010, but it has benefitted from the full range of GCRN participatory training programs.

Community radio stations in Ghana have been contributing to the development of their host communities. In an extensive study of Ghana's experience in participatory community radio broadcasting, Diedong and Naaikuur (2012) sampled six out of ten community radio stations operating in the country at the time. The stations were Radio Progress, based in Wa in the upper west region; Radio Simli, based in Dalun in the northern region; Radio Royals, based in Wenchi and Radio Dormaa Ahenkro, in Dormaa in the Brong Ahafo region. Others included Radio Ada in Greater Accra and Radio Peace in the central region was chosen. Reporting the contributions of the sample community radio stations to the development of their communities, Diedong and Naaikuur (2012:129-139) state:

(a) Affirming people's right to ensure judicious exploitation of environment resources. The Community Participation in Natural Resource Management (CPNRM) project, which Royals FM implemented on timber, demonstrates vividly the power of community radio in mobilizing people for development education. Through the project, community members got to know their rights and responsibilities with respect to forest resources.

(b) Providing an even platform for political campaigns aimed at promoting transparency and accountability in Ghanaian politics. In the Tain re-run elections of 2009, Royals FM played a crucial role. As the only radio station in the area, it attracted the two main political parties – the New Patriotic Party (NPP) and the National Democratic Congress (NDC), including former heads of state Jerry John Rawlings and John Agyekum Kuffuor.

(c) Being an advocate of empowering physically challenged persons in society. Since 1998 Radio Progress introduced the 'Disability Programme' aimed at giving voice to members of the disabled association to express themselves about what they consider as attitudes of discrimination and stigmatization.

(d) Providing a forum for fostering a sense of community and social support networks. 'Friday Morning Toaster,' a relation-building and problem-solving social programme, can be said to be the most popular social programmes on Radio Progress. The programme is driven by letters written to the producer on very challenging social, personal or moral issues that confront individuals or small groups like families.

(e) Creating awareness among people to effect certain cultural changes to fit into the needs of contemporary society. Through a cultural programme that Dormaa FM designed, the Dormaa District Director of Education has reported the steadily falling standards of education in the district. This generated discussions which established that a major cause of the state of affairs was lack of parental care for children. This, in turn, was caused by too much time and money being spent on funerals. In response to this, the frequency of funeral ceremonies has been reduced to save money and time. Funerals are now held on the last week of the month as against the weekly celebrations in the Dormaa traditional area.

(f) Mainstreaming Gender Issues into Education. … In line with one of CR principles of giving voice to the voiceless, Radio Peace in Winneba gave the microphone to an old woman in a village known as Gomua Buasi in the central region to comment on the state of education in the village. She commended the teachers for the good work done but revealed that some of them impregnate some school girls.

> (g) A rallying ground for peace-building and conflict management. Radio Peace has helped to manage community conflicts. For example, a young man came from a village known as Apam claiming that the chief of the village sold a piece of land belonging to the community for GHC8,000 (about12,160 US dollars). He did not want to tell the story through the radio but indicated that out of anger, he had a bomb and wanted to bomb the village. The station called the police who arrested the young man.

Another study on "Climate Airwaves: Community Radio, Action Research, and Advocacy for Climate Justice in Ghana," involving three community radio stations, Radio Ada, Radio Afram Plains, and Radio Tongu, shows that:

> Some early outcomes are already beginning to emerge. These relate primarily to broadcasters' own appreciation of the current and potential impacts of climate change on their communities and other communities in the region; their growing awareness of the complexity of climate change as a phenomenon; and an increase in participants' capacity to, and interest in, exploring the question of climate change within their communities (Harvey, 2011:49).

Community radio broadcasting is active in Ghana and they have contributed to the nation's media landscape, providing a platform for participation by the people who are marginalised by State-owned and commercialised private media entities. Taiwo and Asmah (2012:3) provide further insight into the contribution of community radio in Ghana to food security and livelihood:

> In Ghana, rural radio has been used to promote the adoption of a high-yield rice seed named New Rice for Africa. The impact of this promotion, as documented by the Bill and Melinda Gates Foundation (2010), is a doubling of demand for the seed among farmers between 2008 and 2009. However, the report shows that the adoption of the seed variety is made possible by having farmers talk to themselves on the radio.

However, as largely successful as community radio operation is in Ghana, there are also serious sustainability-threatening challenges facing the industry. The challenges range from funding to electricity, staff turnover, programme irregularity and management. In their study of SIMLI community radio, Dalun, in the Tolon-Kumbungu District of the Northern Region of Ghana, Al-hassan et al (2011:5) provide a comprehensive overview of the challenges the station has faced in the past:

> The radio has faced leadership difficulties. It has remained a big challenge to get a Station Manager (SIMLI RADIO). The absence of such a figure has negatively affected service delivery and management of the station. Also, there is a high tendency of disappearance of radio programmes after individual presenters leave the organisation. This is a result of the error of building programmes around single individuals (e.g., Nafisah's programme on women issues ended soon after she left the radio). Happenings in the external environment have influenced Simli Radio tremendously. The station could not meet its target of the social programmes because of power outages. In 2008 the station was closed down due to political reasons. The mast was also brought down by storm leading to the closure of the station. The bad nature of the road network also affect accessibility of radio services in terms of sending announcements to the station. This is worsened by the absence of the CBPs in most parts of the area.

Ghana experience may probably hold the key to sustainable community radio operations in Nigeria and the West coast sub-region.

Despite the advanced state of community radio broadcasting development in the Ghana, the National HIV and AIDS Behaviour Change and Communication Strategy II (2011-201) does not list 'community radio' in its communication tools. It explains that "Key channels and target groups are based on the priorities of the GAC and the current situation regarding the status of key HIV and AIDS prevention, care and support interventions and behavioural determinants." It provides the details of the Ghana AIDS Commission's Communication tools and the strategic direction as presented in Table 1:

Table 1: Key Channels and Target Groups of Ghana AIDS Commission Communication Strategy

Targets	Secondary beneficiaries	Channels/Activities
Men and women, aged 15-49 years	Parents , parents of young adults, urban , rural men and women, adolescents	Mass Media, interpersonal communication, social and peer networks, associations, community theatre, community dialogue, religious venues, community outreach, social marketing, important ceremonial activities like festivals, funerals, education-entertainment, IEC materials and mobile Cinema
Young adults, aged 15-24 years	Parents of young adults, rural men and women, adolescents	Mass media, interpersonal communication, peer networks, associations, theatre, religious venues, community outreach, social marketing, education-entertainment, IEC materials
Prisoners	Prison wardens/guards, men and women, juveniles, prison authorities and policy makers	Interpersonal communication and counseling, peer networks, associations, IEC materials, Advocacy for the inclusion of HIV Counseling, Testing and Treatment for positive inmates.
PLHIV	Families of PLHIVs, Policy makers	Interpersonal communication and counseling, peer networks, associations, IEC materials, Advocacy for Social support for PLHIV and the families
Most at risk populations (MARPs)	Owners of meeting venues (bars, hotels, night clubs, guest houses, authorities (police, policy makers and government officials). Health workers and sexual partners of MARPs)	Interpersonal communication, peer networks and associations, IEC materials, mobile clinics and ongoing advocacy among peer leaders and authorities
Mobile populations	Driver/trader partners and/or clients	*Drivers:* peer networking, drivers associations, radio listening call-in shows, mobile clinics, social, marketing, strategically places multi-media *Traders:* positive deviants to promote peer networking, mobile clinics, social marketing, IEC materials, mobile cinema vans market-based education-entertainment
Uniformed Service Personnel and their families	Authorities of uniform services and policy makers	Strategically placed peer education during recruitment and training of service personnel, IEC materials, radio and TV programs, social marketing, annual campaigns and on-going advocacy among garrisons
Health care workers, others exposed to blood, needles, other ways of blood borne contact	General public, PLHIV, MARPs	IPC, workplace interventions, IEC materials, job aids and advocacy among leadership
People with disabilities	General public	Interpersonal communication and counseling, peer networks, associations, IEC materials, Advocacy for Social support for persons with disabilities and family

Source: National HIV and AIDS Behaviour Change and Communication Strategy II (2011-2015:19)

According to Table 1, communication channels for the dissemination of HIV/ AIDS messages in Ghana are "Mass Media, interpersonal communication, social and peer networks, associations, community theatre, community dialogue, religious venues, community outreach, social marketing, important ceremonial activities like festivals, funerals, education- entertainment, IEC materials and mobile Cinema." It should be noted that 'community theatre', 'community dialogue' and 'community outreach' are not the same as 'community radio'. For instance, community theatre can be recorded and broadcast on community radio for wider reach; community dialogue may be initiated to develop a community radio programme while a community outreach by a government agency could be recorded and broadcast on community radio.

However, despite the silence of the GAC Communication Strategy on the use of community radio, the public health officers at the Municipal level as well as development partners in Ghana are using community radio due to its importance in reaching people at the community level. As noted by Taiwo and Asmah (2012:2), 'In the Ghanaian context, the rural radio phenomenon has successfully moved the borders of social learning from the village to the range of radio broadcasts.' Similarly, in their study of the contribution of Simli Radio to the livelihood improvement of the people in the Tolon-Kumbungu and Savelugu-Nanton Districts of the Northern Region of Ghana, Al-hassan, et al (2011:5) observe that "Simli Radio has really served as one of the communication channels in Ghana that has encouraged target communities to participate in programme activities and replicate skills acquired." Such programme activities cut across thematic areas: health, peace building, education, livelihood, cultural festivals, and good governance, among others.

2.12 The State of Community Radio in Nigeria

The agitation for community broadcasting in Nigeria started early 2000 by community broadcasting advocates led by Nigeria's first Professor of Communication, the late Alfred Opubor. In the last Quarter of 2003 two international organizations, the Panos Institute West Africa (PIWA) and the World Association of Community Radio Broadcasters (AMARC), in partnership with the Institute for Media and Society (IMS-Nigeria), launched an "Initiative on Building Community Radio in Nigeria".

In April 2005, the initiative gave birth to the Nigeria Community Radio Coalition (NCRC), the umbrella body for community radio development activities in Nigeria. Before the turn of this century, what Nigerians regarded as Community Radio stations were community-based relay stations of urban-based commercial broadcast stations. Therefore, the language and contents of such relay stations were elitist and sometimes culturally insensitive. From 2004 when Nigeria's first Campus Radio station, UNILAG Radio hit the airwaves, broadcasting landscape started changing and new arguments about community broadcasting started emerging.

In fact, from 2004 till April 2015, the state of Community radio in Nigeria was characterised by frustrations of professionals and academic purists who stuck to the technical definition of 'Community Radio' as that of non-commercialised radio station owned and managed by the community; broadcast in the local dialect to engender community participation for development; and they therefore argued that Nigeria had no Community Radio. However, another school of thought, apparently motivated by political interests, emerged and argued that Campus Radio was a variant of community radio.

Their arguments, promoted by the then Engr. Yomi Bolarinwa leadership of the National Broadcasting Commission (NBC), obviously to serve political interests, were

hinged on the assumption that Campus Radio stations were community radio stations in the formal sector. Proponents of this thought also argued that Campus radio stations are radio stations for the academic community; therefore, they are community radio. The question at this point is 'Are campus radio stations Community Radio?

Writing on 'Community Radio Broadcasting in Nigeria: A Study of selected Campus Radio Stations in Southern Nigeria, Dunu (2012:1) submits:

> Campus radio stations in Nigeria do not democratize communication within their various communities and is also faced with the challenge of fully complying with the key principle of participation that will ensure that they become truly participatory media capable of engendering democracy of the airwaves. The study also found the quantity of educational and development programmes to be low compared to what is expected of a community radio station.

However, Dunu (2015:178) capitulated and submitted that:

> Community radio emerged in the Nigerian media landscape with the initial licensing of twelve campus community radio stations in tertiary institutions in the country in 2007 and another twenty seven in 2012. The advent of these initial community radio stations signaled in part the democratization of the media landscape in Nigeria.

Campus Radio stations are not and cannot be regarded as examples of Community Radio because they all broadcast in English language which is alien to the university host communities. In fact, those campus radio stations serve larger audience than the university community as their signals are received in many communities around the campus. Besides, many of them are run as commercial stations to the extent that a member of the host community does not have an unfettered access to the station. Simply put, campus radio does not amplify the voice and views of its host communities.

In 2008, a semblance of a true Community Radio appeared on the horizon when the United Nations Educational, Scientific and Cultural Organisation (UNESCO) funded the establishment of a rural radio, 'Smallholder Farmers rural radio' in Obitti, Imo state, aimed at building the agricultural capacity and knowhow of rural farmers in the disadvantaged

communities in Imo State. The station was owned by Smallholders Farmers Foundation but broadcasting under the licence of the Imo State Broadcasting Corporation (IBC).

The difference between this and the old relay stations is that the Farmers Radio has its own programme schedule as distinct from that of IBC and it can switch on and off without recourse to IBC. However, Okwori (2013) Development Communication experts argued that technically, the station was not a community radio station as there was no community radio licence in existence at the time in Nigeria. The Stakeholders' Charter on Road Map to building a sustainable Community Radio Sector in Nigeria notes that:

> From Mali, through Niger, to Senegal, indeed in all countries of the ECOWAS region, development experts are crediting rural empowerment efforts, female gender empowerment, and conflict resolution initiatives to the power of radio especially at the community level. Little wonder that Niger Republic, Nigeria's northern neighbour, has 98 Community radios, Mali has 88, Senegal has 14, Burkina Faso has 33, Guinea-Bissau has 14 and Ghana has 15. Nigeria remains the only country within the ECOWAS corridor without community radios, and without a clear policy/legislative mechanism to support its emergence and development. Guinea (Conakry), the other country which shared this profile in the sub-region moved swiftly and signed a policy/legislative framework for community radio in June 2005 (2012:5).

The above narrative was true up till April 2015 as the Federal Government of Nigeria in May 2015 granted the first 17 Community Radio Licences (Premium Times: 20 May 2015). However, as at 2 July 2016, only one, Lavun Radio Awareness Initiative Kutigi, Niger State, North-Central Nigeria is operative. According to the World Bank (2015), Lavun Radio 95.5 FM, commissioned in September 2015, was supported by the World Bank's Fadama II and III projects. "The World Bank included community radio in Fadama, a community-driven project, to enable farmers exchange ideas as well as have voice on development issues that affect them," said Adetunji Oredipe, World Bank task team leader for the Fadama projects.

World Bank (2015) records that the Lavun Radio is already having positive outcomes in the community:

> We are benefiting from the radio station in the area of shea butter processing and value addition,' said Amina Jibrin, a member of the Jipan Women Farmer's Community Association. 'We rely on the station for information on how to market our shea butter products that we produce in this village.' Hassan Sidi of Ruga Village, agreed. 'Our radio station will not just help us with information on farming activities but will also help revive our cultural heritage,' he said. 'I am very grateful to the World Bank and the Niger State government for helping us realize our dreams of having a community radio station. (World Bank: 2015).

The Coordinator of Nigerian Community Radio Coalition (NCRC), Mr Akin Akingbulu ascribed the slow start-up of community radio stations in Nigeria to the economic recession that set in around the second quarter of 2016 with the attendant crash of the exchange rate. The challenges of community radio start-up in Nigeria might have been aggravated by the economic recession, but the fact remains that licences were granted in May 2015 and for the seven months in 2015, no significant progress was made by all the licensees except Lavun Radio which commenced operations four months after obtaining the licence.

2.15 Communicating HIV/AIDS on Community Radio

At the onset of the scourge of HIV/AIDS infection across the world, and especially in the sub-Saharan Africa, there have been many communication interventions by governments and development workers. The various communication strategies have sought to prevent the spread of the disease, remove the stigmatisation of people living with HIV, to improve public knowledge of treatment including encouragement of Voluntary Counselling and Testing (VCT).

In the past ten years, communicating about HIV/AIDS has been approached from many platforms: Conventional media (Radio, Television, Press and Outdoor); Traditional media (Community theatre, Dances and Gongs, Folklores, etc.); and recently, Social media (Facebook, Twitter, Blackberry Messenger, LinkedIn, etc. In addition to the above,

community engagement through community-based sensitisation fora and community radio have been largely employed.

It is worthy of note that no single communication channel is capable of delivering desired impact in the society. Therefore, communication strategies have always been a multi-channel approach. The media of communication differ from one community to another because communication channels at the grassroots level are not one cap fits all. To target Youth and young adults, development practitioners may have the most success using a combination of radio and some new media (Murthy: 2010). However, there is a convergence of opinion on the relevance of community radio in effective health communication. Prilutski (2010:53) points out that:

> in a study on the implementation of a vitamin regimen in a Ghanaian village, a huge result of the research was the determination of the best manner to communicate with rural Ghanaians. Overall, it was determined that radio is the best way to communicate because, although many Ghanaians do not personally own a radio, most have access to one.

This view is further echoed by UNESCO (2012): Community media is particularly valued in rural and other local communities, giving it a unique role in promoting HIV/AIDS awareness. Such awareness is necessary for people to make informed decisions to help prevent the spread of the virus, protect themselves, and ensure proper care and treatment of people with HIV/AIDS.

Trust is an important element in community engagement. A community radio with good technical support in the area of health and with message packaged in the cultural codes of the community, will command the trust and respect of its listeners. Trust is a key issue in health communication. It is a critical success factor.

The concern about trust is further amplified by Murthy (2010:1) reference to an AudienceScapes survey, ‘One issue of great concern is how to communicate about health issues through conduits that audiences will trust and believe—ideally, enough to adopt

healthy behaviours…broadcast media rank at the top of trusted sources for health information.' In fact, the surveys confirm that 95% of respondents in Ghana and 96% in Kenya rank radio as the number one trusted source of information on HIV/AIDS.

Despite the fragmentation of audience across media channels, there is yet, a dominant medium: radio, that is. Radio as a medium of mass communication remains popular amongst the population due to its low cost, maintenance-free, operation without electricity and more importantly its portability. The farmers take their transistor radio sets to the farm while the nomads carry it about as they move their cattle from one location to the other looking for grazing lands.

According to UNESCO, Radio is seen as one of the most effective methods of communication, and many East Africans depend on community media for news and development-related knowledge for informed decision-making. Murthy (2010) referring to the 2009 AudienceScapes surveys in Ghana and Kenya, suggests that information about this serious disease (HIV/AIDS) is readily accessible to most people, particularly on the radio. Around three fourths of respondents in each survey said they have heard an HIV/AIDS message on the radio (Bowen and Goldstein: 2010).

Another AudienceScapes surveys in Mozambique confirm that radio has the most potential for reaching women, youth and young adults. However, Oosterman, and Jop de Vrieze (2008:4) sounded a note of warning that:

> Radio is a promising medium for health communication, but the results can be disappointing when it is used ineffectively (p.25). Radio is a suitable medium for the spread of information, exposing people to new and/or sensitive subjects and creating awareness among listeners.

Having reviewed many literatures pointing to the potency of radio in health communication, it is imperative to note that most of the arguments refer to radio in general terms. Radio has been analysed as a medium without considering the type of radio station.

As stated earlier, there are three types of radio broadcasting: Private, Public and Community. While the first two might have similarities in purpose and operations, the latter is completely different in purpose, ownership, control and operations.

Therefore, studies referring to radio broadcasting need to be specific on the type. The audience of a community radio is different from the audience of commercialised, urban-based radio stations whose ownership could be the government or an individual. At the community level, community radio stations engage the community members more in their programming and provide them uninhibited access to the microphone.

CHAPTER THREE

THEORETICAL FRAMEWORK

3.0 Introduction

This chapter discusses the theoretical underpinnings that will form the framework for analysis of the empirical findings. The guiding concepts in the theoretical framework require deeper understanding of definitions as well as contextualization and adoption for this study. The theoretical concepts of community radio, the democratic participant media theoretical propositions and the conceptual framework of this study are mapped and accounted for. To explain the empirical enquiry of this study and deepen the understanding of the role of community radio in HIV/ AIDS prevention, a few related theories were considered. These were Uses and Gratification Theory (Katz et al.:1974); Social Responsibility Theory (Siebert et al.: 1956), Public Sphere Theory (Habermas: 1962), Health Believe Model (Becker: 1974) and Democratic Participant's Media Theory (McQuail:1983).

Drawing from Noar and Zimmerman's (2005:276) exposition that 'within the study of health behaviour, theories have been proposed at a variety of levels, including the individual, interpersonal, group, organizational and community levels', the theories under consideration for this study either rely on individual behaviour, group or institutional disposition to messages and media channels at the centre of their propositions. Uses and Gratification theory and Health Believe Model focus on individual behaviours, Social Responsibility theory is institutional as it addresses the role of the media in the society while the Democratic Participant's Media Theory is both individual and group focused.

3.1 Uses and Gratification Theory

What communication scholars today refer to as the **Uses and Gratifications (U&G) Approach** is generally recognized to be a subtradition of media effects research (McQuail, 1994). Uses and Gratifications approach aligns audience's need gratifications with their media choice. This theoretical approach posits that the choice of media channel by the people is determined by their needs and the assumed gratifications a certain media channel is likely to give to them. It suggests that audience members are active rather than docile users of the media. In contrast to traditional media effects theories which focus on "what media do to people" and assume audiences are homogeneous, uses and gratifications approach is more concerned with "what people do with media" (Katz, 1959). Since 'people' are at the centre of community radio operations and U & G theory harps on the centrality of what people do with media messages, therefore, the U & G theory is worth considering as a framework of analysis in appraising the role of community radio in HIV/ AIDS prevention in Ghana. In fact, uses and gratifications theory has always provided a cutting-edge theoretical approach in the initial stages of each new mass communications medium: newspapers, radio and television, and now the Internet (Soremekun, 2011). As Wimmer and Dominick (2009:12) explain,

> The uses and gratifications perspective takes the view of the media consumer. It examines how people use the media and the gratifications they seek and receive from their media behaviours. Uses and gratifications researchers assume that audience members are aware of and can articulate their reasons for consuming various media content.

The main thrust of the U & G proposition, however, is stated by McQuail as follows:

i) The media have obligations to society, and media ownership is a public trust

ii) News media should be truthful, accurate, fair, objective and relevant

iii) The media should be free, but self-regulated

iv) The media should follow agreed codes of ethics and professional conduct

v) Under some circumstances, government may need to intervene to safeguard the public interest (McQuail, 2010:171).

As much as this theory enjoys wide citations amongst scholars from diverse disciplines, there are still some limitations.

According to Wimmer and Dominick (1994), much contemporary criticism of U&G challenges assumptions that include (a) media selection initiated by the individual; (b) expectations for media use that are produced from individual predispositions, social interaction, and environmental factors; and (c) active audiences with goal-directed media behaviour. McQuail (1994), is of the opinion that U & G theory has not provided much successful prediction or casual explanation of media choice and use. A more comprehensive criticism is provided by Severin and Tankard (1997:335). They list five points:

> U & G makes it difficult to explain or predict beyond the people studied or to consider societal implications of media use. Second, some studies are too compartmentalized, producing separate typologies of motives. This hinders conceptual development because separate research findings are not synthesized. Third, there still exists a lack of clarity among central concepts such as social and psychological backgrounds, needs, motives, behaviour, and consequences. Fourth, U&G researchers attach different meanings to concepts such as motives, uses, gratifications, and functional alternatives, contributing to fuzzy thinking and inquiry. Fifth, the cornerstones of U&G theory, the notion of an active audience and the validity of self-report data to determine motives, are assumed by researchers, and that assumption may be "a little simplistic or naive".

The approach, according to McQuail (1994), has not provided much successful prediction or casual explanation of media choice and use. U & G is too individualistic in its assumptions and the 'self-report' of why an individual chooses a media channel looks too mundane to have any significant relevance to this study. The causality of an individual choice of media is what the individual says and difficult to measure or validate. For this study, the U & G theory is, therefore, jettisoned as a framework of analysis.

3.2 The Public Sphere Theory

The Public Sphere Theory propounded in 1962 by Jürgen Habermas evolved from the gathering of citizens in public places like coffee shops, barber's shops and royal courts to discuss issues of public interest, especially those related to arts and governance, upon which a public opinion is formed. The underpinning principles of public sphere theory are freedom of expression and uninhibited flow of information leading to the formation of public opinion. It also promotes citizens' participation in public discourse.

Habermas, et al (1974:49) provide further explanation, "By 'the public sphere' we mean first of all a realm of our social life in which something approaching public opinion can be formed. Access is guaranteed to all citizens. A portion of the public sphere comes into being in every conversation in which private individuals assemble to form a public body." Susen (2011:43) notes that the public sphere is composed of private individuals whose societal interconnectedness transcend the boundaries of their personal lives. Similar view is expressed by Soremekun (2013: 30-31) that the public sphere "is an institution constituted by private individuals, to provide non-governmental opinion on public issues. The discussion and the emerged public opinion thereof, had no bearing with the social status of participants." The idea of public sphere started as a physical location of public discourse but it has over time transmuted to a participatory communication structure that interfaces between the governors and the governed. Habermas (1999:360) expatiates further:

> The public sphere can best be described as a network for communicating information and points of view (i.e., opinions expressing affirmative or negative attitudes); the streams of communication are, in the process, filtered and synthesized in such a way that they coalesce into bundles of topically specified public opinions.

According to Norris and Odugbemi (2010:6), "the democratic public sphere represents that space between the state and the household where free and equal citizens come together to share information, to deliberate upon common concerns, and to cooperate and collaborate on solutions to social problems."

The theoretical underpinning of the public sphere theory aligns with the participatory and audience access characteristics of the community radio. Community radio is representative of the public sphere which mediates between the State and the people; and where community members have access to express themselves without any inhibition. Besides, the theory lends itself more to analysing democratic governance and popular participation in the political process than analysing media role in health communication.

The typical public sphere process and assumptions are largely incongruous to the conceptual framework of this study. For instance, in the public sphere, utterances are sorted according to issue and contribution, whereas the contributions are weighted by the affirmative versus negative responses they receive. Information and arguments are thus worked into focused opinions (Habermas, 1999:362). This process is alien to health communication under which this study falls. Besides, Public Sphere theory is more relevant to the study of social media and the online community. Expectations concerning the role of the media in the public sphere have often been expressed in relation to new media (McQuail, 2010:182). Another area of divergence between the public sphere theory and this study is aptly stated by Habermas (1999:365):

> As both bearers of the political public sphere and as members of society, citizens occupy two positions at once. As members of society, they occupy the roles of employees and consumers, insured persons and patients, taxpayers and clients of bureaucracies, as well as the roles of students, tourists, commuters, and the like; in such complementary roles, they are especially exposed to the specific requirements and failures of the corresponding service systems.

Whilst the public sphere theory sees members of the public as consumers and employees in the public sphere, community radio philosophy regards community members as co-owners and content consumers and producers. It is in the light of this incongruity that this theory is discarded.

3.3 The Health Belief Model (HBM)

The Health Belief Model (HBM), developed in the 1950s by social psychologists Hochbaum, Rosenstock and Kegels attempts to explain and predict individual health behaviours. The Health Belief Model (HBM) proposes that a person's health-related behaviour is dependent on his perception of the seriousness of the potential illness; his vulnerability to that illness; the benefits of taking preventive measures and the barriers to taking that action. It postulates that the health-seeking behaviour of a person is determined and influenced by his perception of the threat posed by a health-related problem

The assumptions underpinning the HBM are captured under four constructs that revolve around the perceived threat and net benefits. These are perceived susceptibility, perceived severity, perceived benefits, and perceived barriers. Jones, et al (2015:566) note that the Health Belief Model (HBM) posits that messages will achieve optimal behaviour change if they successfully target perceived barriers, benefits, self-efficacy, and threat. Turner, et al (2004:37) explain further:

> The HBM addresses four major components for compliance with recommended health action: perceived barriers of recommended health action, perceived benefits of recommended health action, perceived susceptibility of the disease, and perceived severity of the disease. In addition, there are modifying factors that can affect behaviour compliance. Modifying factors would include media, health professionals, personal relationships, incentives, and self-efficacy of recommended health action.

In their discussion of the Health Belief Model, Rosenstock, et al. (1988:177) affirm that the HBM hypothesizes that health-related action depends upon the simultaneous occurrence of three classes of factors:

> The existence of sufficient motivation (or health concern) to make health issues salient or relevant; The belief that one is susceptible (vulnerable) to a serious health problem or to the sequelae of that illness or condition. This is often termed perceived threat; and the belief that following a particular health recommendation would be beneficial in reducing the perceived threat, and at a subjectively-acceptable cost. Cost refers to perceived barriers that must be overcome in order to follow the health recommendation; it includes, but is not restricted to, financial outlays.

This theory is considered because an individual perception of his vulnerability to HIV-related illness, for instance, may be due to his exposure to HIV/AIDS programmes on community radio. Similarly, his understanding of the preventive measures to take and probably the inherent barriers to taking such measures may be related to his exposure to community radio broadcast.

However, HBM has some limitations in its application to communication research. The major limitation is the flawed assumption that the variables or the modifying factors such as media, health professionals, personal relationships, incentives, and self-efficacy of recommended health action would happen simultaneously. The assumption of simultaneous interplay of those variables is ambitious and utopian. According to Jones, et al. (2015:566), variable ordering is currently undefined in the HBM and it is unclear whether constructs mediate relationships comparably (parallel mediation), in sequence (serial mediation), or in tandem with a moderator (moderated mediation).

As an explanatory framework, Jones, et al. (2015:566) explain further, the HBM has significant limitation:

> Notably, researchers have argued that the HBM fails to specify variable ordering (Champion & Skinner, 2008). This limitation is significant for researchers interested in utilizing the HBM to understand communication processes, as numerous process-oriented questions are raised by the model that currently have no answer. For example, it is possible that all six variables serve as equivalent

> mediators (parallel mediation; see Champion et al., 2008), that some variables form sequential or serial chains (serial mediation; see Janz & Becker, 1984), or that variables are hierarchically situated so that some moderate the mediational influence of others (moderated mediation; see Champion & Skinner, 2008). Unfortunately, these different models are rarely examined or compared in the literature (Champion & Skinner, 2008).

Since the modifying variables are not likely to operate simultaneously all the time in reality, and HBM stipulates that a person's behaviour is influenced when those mediating variables intervene as equivalent mediators, therefore, the integrity of the outcome of HBM application to research is questionable. Besides, the HBM is too individualistic. It places so much responsibilities on the individual and may lead people to develop self-guilt about their own health challenges. The inability of a person to conform with a certain predictable behaviour may also be due to other factors beyond his control. This study is not all about individual process but about institutional (community radio) procedure that could lead to changes in individual health-related behaviours (HIV/ AIDS prevention). The Health Believe Model is, therefore, jettisoned as a framework of analysis for this study.

3.4 Social Responsibility Theory

Social Responsibility Theory is one of the four normative theories of the press (Authoritarian, Libertarian, Social Responsibility and Soviet-Communist) propounded by Frederick S Siebert, Theodore Peterson and Wilbur Schramm (Siebert, et al:1956). The theory takes its roots from the works of the Hutchin Commission (1947) in the United States of America. "Social Responsibility theory holds that the government must not merely allow freedom; it must actively promote it…When necessary, therefore, the government should act to protect the freedom of its citizens" (Siebert, et al:1956, 95). It is an extension of the libertarian theory otherwise known as the Free Press. The major premise of the Social Responsibility theory is that the press has an obligation of responsibility to the public. It stipulates that the media is obligated to be socially

responsible to the public by ensuring that all sides are fairly presented. According to McQuail (2010:171), the main propositions of the Social Responsibility theory are:

- The media have obligations to society, and media ownership is a public trust
- News media should be truthful, accurate, fair, objective and relevant
- The media should be free, but self-regulated
- The media should follow agreed codes of ethics and professional conduct
- Under some circumstances, government may need to intervene to safeguard the public interest

However, the theory according to Baran and Davis (2013:80), values media responsibility, values audience responsibility, allows reasonable government control of media, values diversity and pluralism, and aids the powerless. The theory requires the media to accept and live up to their responsibility to promote human rights, freedom of expression and public opinion as a way of resolving societal conflict. The inherent freedom to publish is accompanied by obligations to the society. Baran and Davis (2013:114) explain that Social Responsibility theory:

> Emphasised the need for an independent press that scrutinises other social institutions and provides objective, accurate news reports. The most innovative feature of social responsibility theory was its call for media to be responsible for fostering productive and creative 'Great Communities'. It said that media should do this by prioritising cultural pluralism by becoming the voice of all the people, not just elite groups or groups that had dominated national, regional, or local culture in the past.

In recognition of the role of the media in the society, the theory acknowledges the sensitivity of culture and the imperative of media as a tool for fostering an inclusive community. Some philosophical underpinnings of community radio broadcasting such as indigenous language broadcasting, producing culturally appropriate programmes and providing access to community members correlate with some of the assumptions of the

Social Responsibility theory. Community radio programming assumes some responsibilities to ensure peace, well-being and development of host community using culture and language as a leverage.

Despite its popularity as a normative media theory, Social Responsibility proposition has some limitations that require further interrogation in relation to this study. An instance is its assumption of Press Freedom as basic in every society. This is flawed as it does not take into consideration the reality in most Third World countries where democracy is warped or non-existent and media freedom, a luxury. "Social responsibility comes before media rights and freedoms. In practice, many media systems in the developing world still qualify for the 'authoritarian' label (McQuail:2005,178). In his criticism of the theory, Nerone (2002:185) argues that:

> Rather than being a true communitarianism, and rather than posing a serious threat to class and corporate control of the media, social responsibility theory actually endorses the status quo by erecting standards of performance that can make monopoly media seem like the voice of the people, even as the media keep the people silent and stupid.

The indication of Nerone's argument is that the Social Responsibility theory is not particularly people oriented neither is it community focused as it portends. The self-regulatory aspect of the theory is more assumed than proven. If they wish, and they do, the media could deliberately abuse 'self-regulation' or inadvertently do so to the detriment of the public. In the final analysis, it tends to legitimise the status quo that community media seek to change.

Baran and Davis (2013:80) summarise the weaknesses of the Social Responsibility theory as being overly optimistic about media's willingness to meet responsibility; overly optimistic about individual responsibility; underestimates power of profit motivation and competition as well as legitimises the status quo. The status quo is the monopoly of the commercialised media channels which also protect and preserve the hegemonic tendency

of the powerful individuals while serving the interest of the government. This runs antithetical to the tenets of community radio and community engagement for development.

With the conviction that the classic four theories of the press which include the Social Responsibility, have failed to be flexible to be relevant to all parts of the world, McQuail (1987) propounded two additional theories: Development theory and the Democratic Participant Media Theory.

3.5 Democratic Participant Media Theory

This is one of the six normative theories of the press which primarily are reflective of the social and political structure of the society in which the media operate. As a reaction against other theory and experience and as a positive move towards new forms of media institutions, McQuail (1983:96) propounded the Democratic-Participant Media Theory. Explaining the motivation for the theory, he said, "A primary stimulus has been the reaction against the commercialisation and monopolisation of privately owned media and against the centralism and bureaucratisation of public broadcasting institutions, established according to the norm of social responsibility." In 1994, he claimed that his motivation for proposing the theory was "in recognition of new media developments and increasing criticism of the dominance of the main mass media" McQuail (1994:131).

Democratic-Participant Media Theory emphasises that mass communication recognises communication as a horizontal process between the sender and the receiver rather than top-down. Democratic-Participant Media Theory advocates equality between the sender and the receiver; and proposes 'association' structure rather than 'command' structure of the authoritarian theory of the press.

> Democratic-participant theory advocates media support for cultural pluralism at grassroots level. Media are to be used to stimulate and empower pluralistic groups. Democratic Participant theory calls for development of innovative 'small' media that can be directly controlled by group members. If they cannot afford such media,

> then the government subsidies should be provided to them (Baran and Davis: 2009,122).

The major proposition of the theory lies in its call for pluralistic media structure at the grassroots as exemplified by community media which brings along with it, cultural products, participatory content development, community access and control without the encumbrance of commercialisation and professionalism. The central point of the Democratic-participant Media theory, McQuail (1983:97) asserts that:

> It has to do with the right to relevant information, the right to answer back, the right to use the means of communication for interaction in small scale settings of community, interest group, and subculture. The theory rejects the necessity of uniform, centralised, high cost, highly professionalised, state-controlled media. It favours multiplicity, smallness of scale, locality, deinstitutionalisation, interchange of sender-receiver roles, horizontality of communication links at all levels of society, interaction.

The theory rejects marginalisation of any kind and upholds the principles of equity, inclusion and equal access. It sees the small media to be in a strong position to serve the local people while the community works for itself as social action.

Folarin (1998:29-30) explains that the main trust of the Democratic-Participant Media lies in its insistence that the existing bureaucracy as well as commercial and professional hegemony in media systems be broken down so as to guarantee easier media access for all potential users and consumers. He submits, "In the place of monopolisation, it calls for pluralism; in place of centralism it advocates decentralisation and localism. It insists that media conglomerates be replaced or at least juxtaposed with small-scale media enterprises."

Under the theory, a media entity is not privately owned, not commercialised and provides unfettered access to its host community and disadvantaged population. The theory requires popular participation in media content generation, production and to a large

extent, presentation. It is hinged on the centrality of people's needs and aspirations in media programming through their active engagement. Vatikiotis (2005:6) explains further:

> In this context, the democratic-participant paradigm points out the failure of the mass media to meet the needs that arise from the daily experience of citizens, to offer space to individual and minority expressions. Overall, the theory rejects both the centralism and bureaucratisation of public broadcasting ('elitist', 'paternalist') and the commercialisation and monopolization of privately owned media ('professionalized', 'monolithic') that prevent media systems from assisting 'in the long process of social improvement and democratic change'. Consequently, in the democratic-participant theory, media are ideally constituted in small-scale terms, favouring horizontal patterns of interaction, and facilitating the expression of citizens' needs.

It is instructive to note that this theory advocates for media pluralism and its attendant decentralisation of media structure and institution; two-way horizontal media engagement with the audience; elimination of bureaucratic red-tapism; audience participation in programming, production and presentation instead of being left in the hands of professionals. It postulates that media should address the needs of the community; media to be less elitist and be more people-centred in control and in operations. Groups, organisations and local communities should have their own media and in fact, "communication is too important to be left to professionals" (McQuail: 1987,121-123).

Ezeh and Enwereuzo (2016:216) provide further insight that the theory supports the right to relevant local information, the right to answer back and the right to use the new means of communication for interaction and social action in small-scale settings of community, interest groups or subculture. "This theory", they explain further, challenged the necessity for and desirability of uniform, centralized, high-cost, commercialized, professionalized or state-controlled media. In their place should be encouraged multiple, small-scale, local, and non-institutional, committed media which link senders to receivers and also favour horizontal patterns of interaction.

The Democratic-Participant Media Theory explains the role of the media audience in the communication process and incorporates the receiver's right to hear and be heard; the right to see and be seen; and the right to read and be read about in the public space. It emphasizes and supports media pluralism and horizontal media engagement. McQuail (1983:97-98) summarises the propositions of the Democratic-participant Media theory as follow:

i) Individual citizens and minority groups have rights of access to media (rights to communicate) and rights to be served by the media according to their own determination of need.

ii) The organisation and content of the media should not be subject to centralised political or state bureaucratic control.

iii) Media should exist primarily for their audiences and not for media organisations, professionals, or the clients of media.

iv) Groups, organisations and local communities should have their own media.

v) Small scale, interactive and participative media forms are better than large-scale, one-way, professional media.

vi) Certain social needs relating to the mass media are not adequately expressed through individual consumer demands, nor through the state and its major institutions.

The above theoretical assumptions of the Democratic-participant theory were further expanded by Mishra (2017:1) with a 10-point major feature:

i) Encourages horizontal and bottom up approach in media

ii) Supports democracy, existing political rule, national socio-economic development efforts and to implement policies

iii) Media has supportive rather than critical role

iv) Government controls some aspects if media does not act as it should by the process of registration, licensing, censorship, by preparing guidelines for media, monitoring, etc.

v) Self regulation of media is also encouraged

vi) More applicable to new media

vii) Development of creativity and innovation in small media

viii) Replacement of media from big media houses to small media

ix) Participation and interaction of media and audience (as both are from the same group of population)

x) Different communities, groups and organizations possessing their own media

A review of McQuail's proposition and Mishra's key features of Democratic-Participant Media Theory reveals five areas of convergence: Community ownership of the media; Audience' rights of access to the media; Decentralised media control structure; Advocacy for small and participative media forms; and people-centred media contents.

The first criticism of Democratic-Participant Media theoretical proposition comes from the theorist himself, Denis McQuail when he observes that it lacks full legitimation and incorporation into media institutions and partly because some of its tenets are already to be found in some of other theories. Thus, the case of its independence as a theory may be questioned (McQuail, 1983:96). An instance of overlap in the tenets of Democratic-Participant Media Theory and other theories could be found in the Development Media theory which emphasises horizontal as against the vertical communication. There is also a point of convergence with Social Responsibility theory, especially as regards media pluralism and access.

The weaknesses of Democratic-Participant Media Theory include the tokenisation of professionalism in media practice thereby glorifying amateurism with the resultant low quality of media contents; as well as the advocacy for small local media automatically puts such a media in a disadvantaged position when competing with bigger ones in the public space.

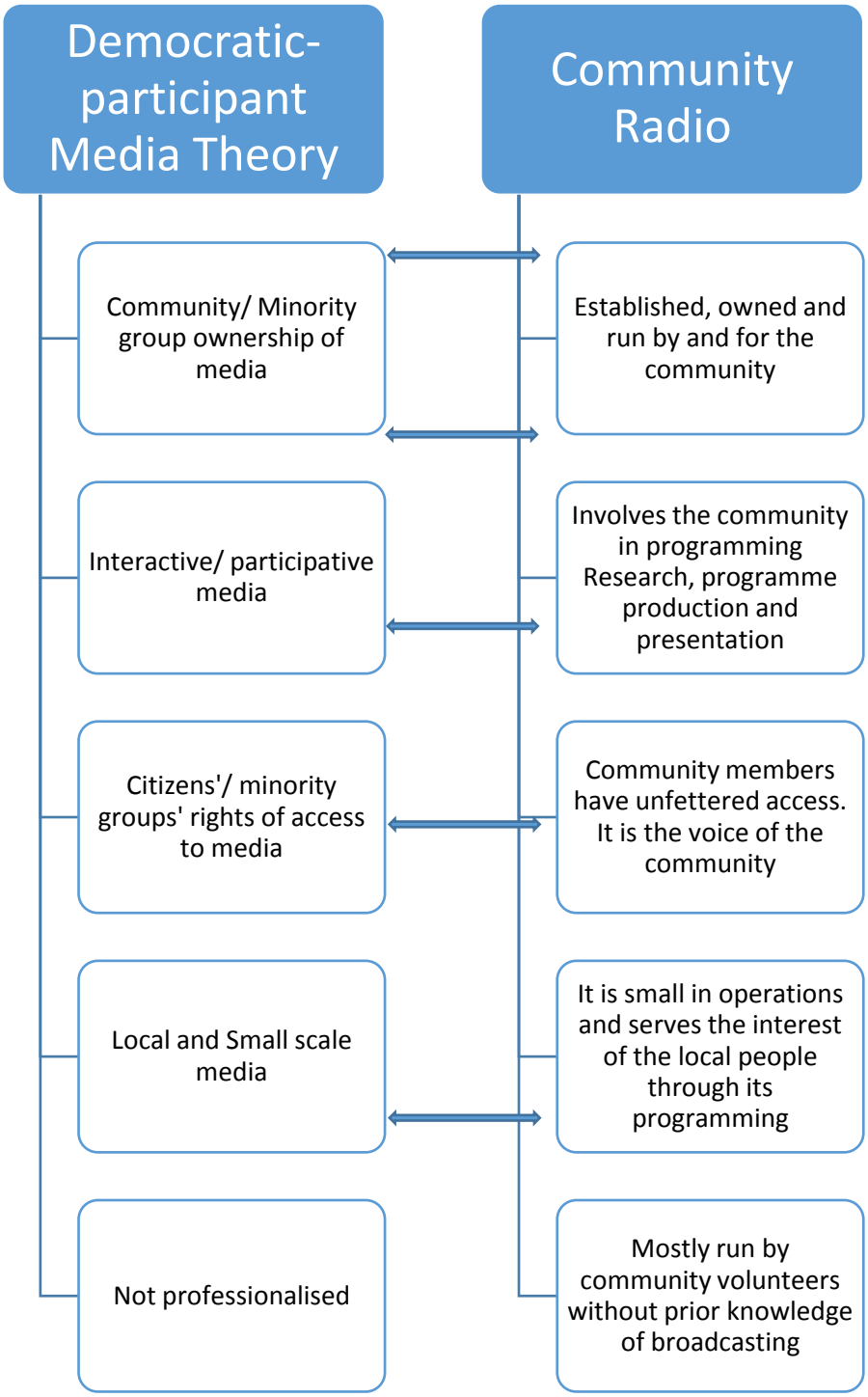
3.5.1 Democratic-Participant Theory – A Praxis

The practical expressions of the Democratic-participant theory are many and varied: from community radio to community viewing centre including the underground or alternative press which cater for the interest of minority groups. The principles of Democratic-Participant Media Theory as espoused by McQuail are indicative of a theoretical framework that is hinged on the participation of media consumers in the design and production of media products that are meant for them. The narratives about Democratic-participant Media theory are descriptive of community radio mode of operations especially as related to ownership and control; community participation in content production and presentation. In fact, Democratic-Participant Media Theory advocates for community radio by calling for community participation in and access to the media as well as down-playing commercialisation, bureaucracy and professionalism in media practice.

Mishra (2017) explicitly states that "The examples of Democratic-Participant Media Theory are the present concepts of community newspapers, community radios and televisions." Oso (2011:138) also shares the view that regards community radio as a practical expression of the democratic-participant media theory, "Our suggestions for the democratisation of the media and promotion of the establishment of community media are

in line with the basic principles of this theory." The application of Democratic-Participant Media Theory can be modelled as presented in Figure 7:

Figure 7: Model of Relationship between Democratic-Participant Media Theory and Community Radio Principles



Source: Researcher (2017)

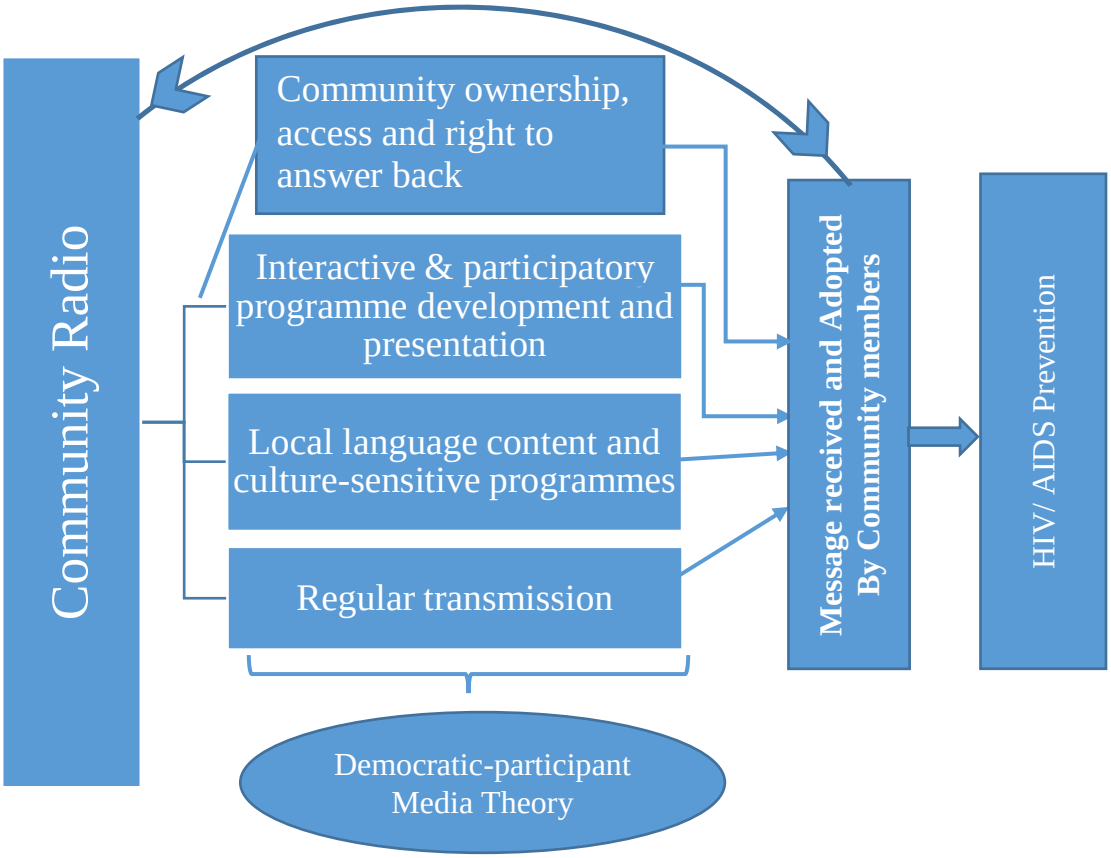
Figure 7 shows the nexus between the theoretical assumptions of Democratic-participant Media theory and the principles guiding community radio practice. The diagram indicates that community radio fulfils the key underpinnings of the theory.

For instance, the theory advocates for minority group and community ownership of the media, whereas, Community radio also indicates that the medium must be established, owned and run by and for the community. Community members do regard community radio as 'our own'. As regards the interactive and participatory component of the media as stipulated by the theory, community radio is largely participatory in programme development, production and presentation. Community radio operators do engage in community participatory research to develop contents for the station, the impact of which is felt when the programmes hit the community airwaves.

Similarly, the right of access to the media by minority groups and citizens as one of the assumptions of the theory aligns with the community radio characteristic of being the voice of the community. Community members have unfettered access to their community radio. In terms of size and staffing, community radio is far smaller in size and operations compared to conventional, commercialised, private media. This conforms with the provision of the democratic-participant theory. The size of the station is linked to the personnel who, in the case of community radio, are not trained professionals (and not supposed to be according to the theory) but community volunteers with interest in development through community broadcasting.

Having explained the synergy between the democratic-participant media theoretical framework and the principles guiding the operation of community radio, it is pertinent to discuss the place of this theory in the overall conceptual framework of this thesis.

Figure 8: Model of Interface between Democratic-Participant Media Theory and the Thesis' Conceptual Framework



Source: Researcher (2017)

Figure 8 captures the conceptual framework of this study from the lenses of the Democratic-Participant Media Theory. It shows the nexus between community radio as an independent variable and HIV/ AIDS prevention as a dependent variable. The objectives of this study address HIV/ AIDS communication, community radio programming and deployment in Pokuase and Winneba, Ghana. Figure 8 explains that if community radio is owned by the community and it provides access to the community to project their voices; If it involves the community in its program research, development and presentation; If it broadcasts HIV/ AIDS programmes in the local dialects and in conformity with community cultural practices; and if it transmits HIV/ AIDS programmes regularly; then the message is received by the community members and there is likelihood of adoption of the message

and the resultant change in behaviour. The ‘Ifs’ are largely the theoretical assumptions of the Democratic-participant theory which also align with the objectives of this study.

The theory helped this study to evaluate if community radio as a mass medium at the grassroots level fostered individual and disadvantaged groups’ rights of access; and helped provide the type of horizontal interaction between the sender and the receiver that engender community participation, access and control that shape its role in HIV/ AIDS prevention.

CHAPTER FOUR

RESEARCH METHODOLOGY

4.1 Introduction

This chapter presents the methodological discussion of this study. It highlights the design used for constructing the research; the sampling technique adopted and the rationale for arriving at the sample size. The chapter also discusses the sources of data, the research instruments and administration as well as validity and reliability of the questionnaire. The methods for the fieldwork and the techniques used to collect primary and secondary data including their analyses are presented in this chapter.

4.2 Research Design

This research is a community based cross-sectional descriptive study which lends itself to qualitative and quantitative methods of scientific enquiry. While qualitative method provides textual descriptions of how people perceive a given research issue, the quantitative method involves generation and analyses of data in a numerical form. This study adopted three scientific methods: Survey, Key Informant Interviews (KII) and Observation. Therefore, Questionnaire, Interview Guide and Observation Sheet constituted the research instruments for data gathering. Survey was adopted due to its being one of the means available for developing a representative picture of the attitudes and characteristics of a large population; and due to its efficiency in measuring many variables without increasing time and cost; and for (Check and Schutt, 2012:160).

Key Informant Interviews on the other hand was chosen because it provides an opportunity to gain an understanding of community radio operations in Pokuase and Winneba from those who have a first-hand knowledge and insight about it. Similarly, the choice of Observation was driven by reason that it does not require the consent or willingness of the people to provide information; and it provides for a reliable

measurement of actual behaviour of community members and the programmes running on the community radio stations in the two communities rather than self-report interviews.

To obtain qualitative data, twelve interviews were conducted and Observation carried out in Pokuase and Winneba communities. To gather qualitative data through survey, the researcher used a mixture of open-ended and close-ended questions filled by respondents or administered to non-literate respondents in face-to-face interviews by indigenous language-speaking research assistants.

The choice of the three methods is to gather a wide range of useful data from different sources to enrich this study and deepen discussion. Results of the three empirical approaches cumulatively would enhance credible inferences and deductions about health communication and the role of community radio in HIV/ AIDS prevention in Ghana.

4.3 Population of the Study

The population of this study includes inhabitants of Ghana's sub-urban and rural communities where community radio signals are received. There are 57 community radio stations on air in Ghana. This implies that people living in the host communities of those fifty-seven community radio stations and the adjoining settlements that receive the radio signals constitute the population of this study. In addition, Ghana AIDS Commission; managers and volunteers of community radio stations; and community leaders were engaged in appraising the role of community radio in HIV/AIDS prevention in Ghana.

The choice of the population is informed by the presence of community radio stations, a core variable under study. However, respondents are drawn from two of the fifty-seven host communities of the community radio stations. The two communities are located in two of the ten Regions in Ghana. The communities are Winneba in the Central Region and Pokuase in Greater Accra Region.

4.4 Sampling Technique

Gay (1987) defines sampling as a process of selecting a group of subjects for a study in such a way that the individuals represent the larger group from which they were selected. It is the method of drawing a sub-set of subjects that shares the same characteristics with the population. For this study, a combination of multi-stage random and convenience non-random sampling technique was adopted. This technique was favoured because members of the population are scattered in the ten regions of Ghana and they are homogeneous with similar characteristics which included living in rural/ sub-urban communities and accessibility to community radio signals.

The 57 community radio stations in Ghana were arranged according to the ten regions. Based on the number of community radio stations, the regions were grouped into two: Group One comprised of regions with less than six community radio stations, tagged, "Less Developed Community Radio Regions" while Group Two comprised of regions with six or more community radio stations, called. "Developed Community Radio Regions". In the first group were Ashanti region (3 community radio stations), Greater Accra (4), Upper East (4) and Western region (5). The second group had Brong-Ahafo region (6 community radio stations), Upper West (6), Central (7), Eastern (7), Volta (7) and the Northern region with the highest number (8). Therefore, Group One had a total of 16 stations while the second group had 41 stations.

The second stage of sampling adopted eight years of operation for a community radio to be selected at this stage. As a result, Group One had six stations from three regions (Greater Accra, Upper East and Western) as Ashanti had none. Group Two, on the other hand, had nineteen community radio stations spread across the six regions in the group. Using convenience sampling, Greater Accra region was selected from Group One and the Central region was selected from the second group. Furthermore, in Greater Accra region,

Radio Emashie was selected being the second youngest community radio station in the region while Radio Peace was selected from the Central region being the second oldest community radio station in the region.

A random probability sampling technique was challenging due to paucity of data, especially the Geographic Information System (GIS) map of Winneba and Pokuase communities. Besides, it was also challenging to get the list of all members of the communities with tabulated ages. Therefore, based on availability, samples were selected at commercial and residential buildings in Winneba and Pokuase communities being the Sampling unit.

4.5 Sample Size

In determining the sample size in an empirical research with definite population, there are a few methods, notable amongst which is the Krejcie & Morgan's (1970) which proposes a table for determining sample size for a defined population. The size of the population is noted by uppercase "N" and sample size by "S". That is, Random Sample Sizes (S) required for certain Population sizes (N) are indicated as reproduced in Table 2:

Table 2: Determining Sample Size for a Defined Population

N	*S*	*N*	*S*	*N*	*S*
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	1000000	384

Note.—*N* is population size. *S* is sample size.

Source: Krejcie & Morgan, 1970

Based on Winneba with a population of 60,331 and Pokuase, about 22,000 people, both adding up to a total sum of 82,331 total population, therefore, the above Krejcie & Morgan's table stipulates 384 (Three hundred and eighty-four) as sample size. However,

Yount (2006) in explaining sample size, notes that Dr. John Curry, a retired Professor of Educational Research, North Texas State University, provided his research students (Fall, 1984) with the "rule of thumb" (below) on sample size as stated in Table 3:

Table 3: Determining Sample Size by Percentage

Size of Population	Sampling Percentage
0 – 100	100%
101 – 1,000	10%
1,001 – 5,000	5%
5,001 – 10,000	3%
10,000 +	1%

In scientific research, the more the sample size the better the representativeness of the population and the more reliable the results. Based on the above, 1% of the total population of 82,331 is 823.31, approximately 824 (eight hundred and twenty-four). Therefore, 824 is the sample size. Since Dr Cury's formular has a higher sample size than Krejcie & Morgan's 384, therefore, 824 was used as sample size for this study. The distribution is 600 subjects drawn from Winneba and 224 from Pokuase. Distribution of samples was presented according to demography.

4.6 Sources of Data

The data that were used for this study were generated from two sources: Primary and secondary. Primary sources produce primary data; and data that have been collected from first-hand experiences are called primary data. In other words, primary data refer to data collected by the researchers themselves. They include interviews, questionnaires,

observation, case studies, among others. For both the survey and the KII, the primary data were collected through face-to-face engagement with members of Pokuase and Winneba communities; officials of Ghana AIDS Commission and managers of community radio stations in the two communities.

Secondary sources are data that already exist. According to Kothari (2004), 'Secondary data means data that are already available i.e., they refer to the data which have already been collected and analysed by someone else.' Secondary sources for this research include library, internet, previous research; several official Reports on HIV/AIDS situation in Ghana; the status of Community Radio in Ghana; web information; among others.

4.7 Research Instruments and Administration

Research instrument is the measurement device a researcher uses in a study. In other words, they are tools for data collection. A research instrument is a survey questionnaire, test, scale, rating, or tool designed to measure the variable(s), characteristic(s), or information of interest, often a behavioral or psychological characteristic (Pierce:2009:159). In view of the nature of this study, the data for this research were collected through the use of the following instruments:

i) Key Informant Interview (KII) Guide

ii) Questionnaire

iii) Observation Sheet and Checklist

i) **The KII**

This study used four KII guides to engage twelve KII subjects who included the Communication Officer of Ghana AIDS Commission and the Managers of the two Community radio stations and their volunteers. Others were immediate past Chair of Ghana Community Radio Network (GCRN) and the Coordinator of Nigerian Community

Radio Coalition (NCRC); and the Community leaders. The KII addresses HIV/AIDS policy issues including the Ghana's HIV/AIDS Communication Strategy and the place of Community Radio. On the part of Community Radio Managers and volunteers, the KII sought to establish the modus operandi of community radio stations, community participation in programme production and presentation, programming challenges, prospects and sustainability.

ii) Questionnaire

The questionnaire contained 22 items divided into three sections: A, B and C. Sections A primarily sought to elicit demographic information from the respondents. Section B which contained items 1 to 15, addressed the research questions one, two and three and appraised the current state of HIV/AIDS communication in Pokuase and Winneba; reviewed the state of community radio in Pokuase and Winneba communities to ascertain their HIV/AIDS programming; and investigated the extent to which knowledge, attitudes and practices relating to HIV/AIDS among Pokuase and Winneba community members were influenced by community radio.

Section C contained items 16 to 26 and addressed research question four and five which sought to determine how community radio could be deployed to strengthen HIV/AIDS communication towards improving preventive measures uptake by community members.

iii) Observation

There are two types of observation in research: Participant observation and non-participant (naturalistic) observation. Participant observation refers to the situation where the researcher without any suspicion, insert himself/herself as a member of a group, aimed

at observing behaviour that otherwise would not be accessible. Naturalistic (or non-participant) observation on the other hand, has no intervention by a researcher. It is simply studying behaviours that occur naturally in natural contexts.

This study, therefore, adopted the non-participant observation method. This afforded the researcher opportunity to gather data about the prevailing situation in and around the community radio environment. This included movement of community members to and from the community the radio stations, on-air programme monitoring to determine correlation with programme schedule, radio listening habit of community members, among others. Bricki and Green (2007:20) provides a summary of the rationale behind the adoption of this method: "Observational data is also very useful in overcoming discrepancies between what people say and what they actually do and might help you uncover behaviour of which the participants themselves may not be aware."

4.8 Validity and Reliability of the Questionnaire

The Questionnaire is drafted with the research questions in mind. The draft questionnaire was shared and agreed with my supervisors and some of my colleagues. Subsequently, it was subjected to a pre-test amongst eighty (80) people in Awutu Senya community, a rural community which hosts Enyidado FM 98.7, a community radio station. The pre-test community, Awutu Senya is different from Pokuase and Winneba communities selected for this study. Awutu Senya, though in Effutu Municipal District as Winneba but they are about 25 kilometres apart and it is about 60 kilometres to Pokuase community. This means that the pre-test respondents are not likely to be part of the research respondents. Besides, the signals of both Radio Peace, Winneba and Radio Emashie, Pokuase are not received in Awutu Senya.

This preliminary test is necessary in order to measure the pertinence of the questionnaire, and validate it; ascertain the understanding of the questions; verify the conformity of the answers with the questions; and reformulate the questions, if necessary. At the end of the pre-test, the respondents demonstrated a good understanding of the set of questions. The pre-test also established that each questionnaire would take between five and ten minutes to complete either directly by the respondent or through a research assistant.

4.9 Data Collection Procedure

The KII guide was used to conduct in-depth interviews with representatives of institutions relevant to this study which were stated earlier. The KII and Observation helped to gather qualitative data for the study. For the quantitative data collection, the questionnaire was used. In view of the nature of this study which requires that the respondents be living in a community that has a community radio, the sample was purposefully drawn from members of the following communities/ areas: Hospital Square/ Oyibi Road; Yennuah/ Low Cost Community; Sankor community; Roman School community; Abasraba; South Campus; Domeabra and Gomoa Okyereko (Winneba. Others were New Town; Jaaman; Ampax and Ayawaso (Pokuase). The questionnaire was administered on those who were available in residential buildings and business premises including markets, motor parks and restaurants. They were encouraged to fill the questionnaires. Respondents who did not understand English language were assisted by research assistants who understand the local language to fill the questionnaire.

4.10 Method of Data Analysis

The method of data analysis and presentation for this study is both qualitative and quantitative. Since three instruments were used to collect data from multiple sources (qualitative and quantitative), triangulation technique was also adopted to facilitate validation of data through cross verification from the sources. Data were collected, coded and entered into the computer.

The responses from community members were subjected to quantitative analysis for discovering meanings and pattern of relationship through numerical examination and interpretation of observations. The quantitative data are presented using frequency distribution and simple percentages to separate the variables into exclusive classes and number of respondents into each class. Data entry and analyses were done with Statistical Package for Social Sciences (SPSS) Version 22.0 to determine frequency distribution and simple percentages.

The KIIs were recorded with Olympus digital voice recorder WS-750M. The audio files obtained thereof were transcribed and a manuscript produced and content analysed.

CHAPTER FIVE

PRESENTATION OF DATA, ANALYSIS AND INTERPRETATION

5.1 Data Presentation

This chapter presents the result of the findings in the Key Informant Interviews, the Survey and the Observations. It also analyses and interprets the results. The respondents of this study comprised of members of Pokuase and Winneba communities (for the quantitative research); Managers and Volunteers of Radio Emashie and Radio Peace and Leaders of Pokuase and Winneba communities as well as officers of Ghana AIDS Commission (for the qualitative study).

For the purpose of this study and in line with the adopted methodology and multi-instruments design, a mixed method of data analysis was employed. Based on the objectives set out for this study, the quantitative data gathered through questionnaire were first analysed using frequency distribution and simple percentages while the qualitative data derived from the Key Informant Interview and the Observation were drawn to correlate the findings of the quantitative data.

The interpretation and analysis of the quantitative data gathered were hinged on the research objectives while inferences and deductions were drawn from the results of the investigation. The quantitative data presentation were in three sections: Section A dealt with the socio-demographic variables as recorded in section A. Section B addressed the research objectives one, two and three, while section C addressed objectives four and five. Therefore, the three sections of the questionnaire were meant to gather data on the following:

a) Section A - Respondents' socio-demographic data
b) Section B - The current state of HIV/AIDS communication in Winneba and Pokuase communities; the state of Community Radio and HIV/AIDS

prevention programming; as well as how attitude, behaviour and practices related to HIV can be influenced by Community Radio.

c) Section C - How community radio can be deployed to strengthen HIV/AIDS communication and improve preventive measures adoption by community members; as well as lessons learnt in Community Radio operations in Ghana to develop Community Radio in Nigeria.

The Key Informant Interview was recorded on digital audio and transcribed to produce a manuscript. The data generated by the KII and Observation were analysed using the research questions and were triangulated with those generated by the questionnaire. In the final analysis, the findings from both the quantitative and qualitative data were juxtaposed with existing evidence as cited in the review of literature to establish the integrity of this study.

5.2 Data Analysis

The questionnaire was analysed using frequency distribution and simple percentage to separate the variables into exclusive classes and number of respondents into each class. The population sample was made up of 824 respondents but only 811 copies of the questionnaire were completed and returned. The sample size breakdown was Pokuase (224) and Winneba (600). At the end of the field exercise, only 218 questionnaires were returned from Pokuase while Winneba returned 593 questionnaires only.

5.2.1 Socio-Demographic Characteristics of Respondents

Table 4: Frequency Distribution of Pokuase and Winneba Respondents by Gender

Gender	Pokuase		Winneba		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Male	100	45.9	285	48.1	385	47.5
Female	118	54.1	308	51.9	426	52.5
Total	218	100.0	593	100.0	811	100.0

Field survey in Ghana: June 2016

Table 4 shows that 218 copies of the questionnaire were returned completed. Of this, 100 respondents were males representing 45.9% while 118 were females representing 54.1% of total respondents in Pokuase community. There appeared a similarity in the pattern of gender distribution of respondents at Pokuase and Winneba which had 285 (48.1%) male respondents and 308 female respondents representing 51.9% of total respondents (593).

Cumulatively, of the 811 respondents, 385 (47.5%) were males while 426 (52.5%) were females.

Table 5: Frequency Distribution of Pokuase and Winneba Respondents by Age

Age	Pokuase		Winneba		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
18-23	75	34.4	224	37.8	299	36.9
24-30	70	32.1	139	23.4	209	25.8
31-40	46	21.1	113	19.1	159	19.6
40 and above	27	12.4	117	19.7	144	17.7
Total	218	100.0	593	100.0	811	100.0

Field survey in Ghana: June 2016.

Table 5 shows the distribution by age of respondents in Pokuase and Winneba communities. From the table, majority in Pokuase (34%) were between 18-23 years, followed by those between 24-30 years who constituted 32.1% of total respondents in the community. Respondents who were 31-40 years were 46 (21.1%) while 40 years and above were 27 (12.4%). The above also indicates that 66.5% of respondents in Pokuase were youths between 18 and 30 years of age.

The age distribution of respondents in Winneba community showed that 18-23 years of age were in the majority with 224 of the 593 respondents in the community, representing 37.8%. 139 (23.4%) respondents were 24-30 years while 113 (19.1%) were 31-40. Respondents who were 40 years and above were 117 (19.7%). However, there was a difference in the age patterns of older respondents. In Pokuase, respondents who were 40 years and above were the least (12.4%) whereas in Winneba, those who were 31-40 years were the fewest (19.1%).

The age distribution of respondents in Pokuase and Winneba, therefore, was similar. Just as youth (18 – 30) constituted the majority in Pokuase (66.5%), they were also in the majority in Winneba (61.2%). Figure 3 also shows that 299 respondents representing 36.9% of the total from both Pokuase and Winneba communities fell between 18 and 23 years of age; 209 (25.8%) were between 24 and 30 years; 159 (19.6%), between 31 and 40 years while respondents who were 40 years and above were 144 (17.7).

Table 6: Cross Tabulation of Gender and Age of Respondents in Pokuase and Winneba

			Age of respondents				Total
			18-23	24-30	31-40	40 and above	
Gender of respondents	**Male**	**Count**	**138**	**97**	**79**	**71**	**385**
		% within gender of respondents	35.8%	25.2%	20.5%	18.4%	100.0 %
		% within Age of respondent	46.2%	46.4%	49.7%	49.3%	47.5%
		% of Total	17.0%	12.0%	9.7%	8.8%	47.5%
	Female	**Count**	**161**	**112**	**80**	**73**	**426**
		% within gender of respondents	37.8%	26.3%	18.8%	17.1%	100.0 %
		% within Age of respondents	53.8%	53.6%	50.3%	50.7%	52.5%
		% of Total	19.9%	13.8%	9.9%	9.0%	52.5%
Total		**Count**	**299**	**209**	**159**	**144**	**811**
		% within gender of respondents	36.9%	25.8%	19.6%	17.8%	100.0 %
		% within Age of respondent	100.0 %	100.0 %	100.0 %	100.0%	100.0 %
		% of Total	**36.9%**	**25.8%**	**19.6%**	**17.8%**	**100.0 %**

Field survey in Ghana: June 2016

Table 6 shows the cross tabulation of respondents by age and gender in the two research communities. According to the table, majority of male respondents (138) representing 35.8% of the total male respondents (385) were within the age category of 18-23 years while "40 and above" age category had the least male respondents of 71 (18.4%) within the male gender. Similarly, of the 426 female respondents, 161 (37.8%) were within the age bracket of 18-23 years. The table further shows that across the age categories, the female gender was in the majority. The gap, it must be noted, appeared widest among respondents within the age category of 18-23 years: 138 male respondents (46.2%) and 161 female respondents (53.8%) while the gender distribution among the age category of 30-40 was closest at 79 (49.7%) for male and 80 (50.3%) for female respondents.

Table 7: Frequency Distribution of Pokuase and Winneba Respondents by Occupation

Occupation	**Pokuase**		**Winneba**		**Total**	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Trader	45	20.6	93	15.7	138	17.0
Farmer	22	10.1	25	4.2	47	5.8
Student	79	36.2	236	39.8	315	38.8
Employee	43	19.7	127	21.4	170	21.0
Self-employed	29	13.3	112	18.9	141	17.4
Total	218	100.0	593	100.0	811	100.0

Field survey in Ghana: June 2016

In Table 7, students (79) representing 36.2% of total respondent in Pokuase were in the majority. Next to the students were the traders (45) representing 20.6% of total respondents in the community. Employees were 43 (19.7%) and self-employed (13.3%). Occupation distribution data returned from Winneba community also reflected similar patterns as obtained in Pokuase. Respondents who were students were in the majority at 236 (39.8%). They were followed by employees, 127 (21.4%); self-employed, 112 (18.9%); and traders, 93 (15.7%).

The large number of students was reflective of the presence of University of Education, and a Nursing school in Winneba area. The institutions might also have employees just as those operating support services and small stores in the communities. The Station Manager, Radio Peace acknowledged this during the KII, "We have fishermen, artisans, farmers, cold stores etc." This probably explains the high number of respondents who are employees and self-employed.

However, a broad outlook of the two communities as presented in Table 5 shows that 315 (38.5%) respondents constituting the majority were students; followed by Employee (21%). Self-employed respondents were 17.4% while Traders constituted 17%. Respondents who were farmers formed the minority (5.8%).

Table 8: Frequency Distribution of Pokuase and Winneba Respondents by Education

Education	**Pokuase**		**Winneba**		**Total**	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Primary	48	22.0	100	16.9	148	18.2
Secondary	111	50.9	201	33.9	312	38.5
Tertiary	45	20.6	185	31.2	230	28.4
Noresponse	14	6.4	107	18.0	121	14.9
Total	218	100.0	593	100.0	811	100.0

Field survey in Ghana: June 2016

Table 8 above shows that most of the Pokuase respondents (111) were educated up to the secondary school level and they represented 50.9% of total respondents in the community. Forty-eight (48) respondents (22%) were educated up to the primary level while forty-five (45) representing 20.6% have had tertiary education. Interestingly, 14 (6.4%) respondents have never had any formal education.

Similarly, in Winneba those who were educated up to the secondary school level were in the majority (33.9). However, respondents with tertiary education remained 185 (31.2%), the second highest, whereas in Pokuase, they constituted 20.6%, just behind those without formal education. The high number of respondents with tertiary education was a manifestation of the two tertiary institutions in Winneba. The percentage of respondents in Pokuase and Winneba who had completed secondary and tertiary education was 66.9%. This implies that majority of the respondents are literate. It is important to note that 121 (14.9%) respondents failed to answer the question concerning their education.

From the findings, majority of respondents were educated up to the secondary school level. This would have an impact on their perception of health issues and their disposition to HIV/ AIDS preventive measures. Their understanding of the HIV prevention messaging would also be enhanced.

Table 9: Frequency Cross Tabulation of Education and Occupation of Respondents in Pokuase and Winneba Communities

			Occupation of respondents					Total
			Trader	**Farmer**	**Student**	**Employee**	**Self - employed**	
Education of respondents	**Primary**	**Count**	**62**	**20**	**29**	**12**	**25**	**148**
		% within Education	41.9%	13.5%	19.6%	8.1%	16.9%	100.0%
		% within occupation	44.9%	42.6%	9.2%	7.1%	17.7%	18.2%
		% of Total	7.6%	2.5%	3.6%	1.5%	3.1%	18.2%
	Secondary	**Count**	**31**	**10**	**174**	**65**	**32**	**312**
		% within Education	9.9%	3.2%	55.8%	20.8%	10.3%	100.0%
		% within occupation	22.5%	21.3%	55.2%	38.2%	22.7%	38.5%
		% of Total	3.8%	1.2%	21.5%	8.0%	3.9%	38.5%
	Tertiary	**Count**	**10**	**6**	**107**	**86**	**21**	**230**
		% within Education	4.3%	2.6%	46.5%	37.4%	9.1%	100.0%
		% within occupation	7.2%	12.8%	34.0%	50.6%	14.9%	28.4%
		% of Total	1.2%	0.7%	13.2%	10.6%	2.6%	28.4%
	None	**Count**	**35**	**11**	**5**	**7**	**63**	**121**
		% within Education	28.9%	9.1%	4.1%	5.8%	52.1%	100.0%
		% within occupation	25.4%	23.4%	1.6%	4.1%	44.7%	14.9%
		% of Total	4.3%	1.4%	0.6%	0.9%	7.8%	14.9%
Total		**Count**	**138**	**47**	**315**	**170**	**141**	**811**
		% within Education of respondent	17.0%	5.8%	38.8%	21.0%	17.4%	100.0%
		% within occupation of respondent	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	17.0%	5.8%	38.8%	21.0%	17.4%	100.0%

Field survey in Ghana: June 2016

The cross-tabulated Table 9 shows that of the 811 total respondents, 38.3% were students; 170 (21.0%) were employees; 141 (17.4%) were self-employed; 138 (17.0%), traders while 47 (5.8%) were farmers. It also reveals that the 148 respondents with education up to the primary level were traders 62 (41.9%) and in the majority; 29 (19.6%) were students; 25 (16.9%), self-employed; 20 (13.5%), farmers and 12 (8.1%) were employees.

As regards the 312 respondents with education up to secondary schools, 174 (55.8%) were students and in the majority; 65 (20.8%) were employees; 32 (10.3%), self-employed; 31 (9.9%), traders while 10 (3.2%) are farmers. The pattern of the tertiary education data of respondents looks similar to that of secondary education data recorded. Students constituted the majority with 107 (46.5%) respondents; followed by those who were employees (86) representing 37.4%; employed, 21 (9.1%); traders, 10 (4.3%) and farmers, 6 (2.6%).

Interestingly, of the 121 respondents without any formal education, 63 (52.1%) were self-employed and in the majority. Thirty-five (35) representing 28.9% of respondents under the education variable were traders. Next, were farmers, 11 (9.1%); 7 (5.8%) were employees while 5 (4.1%) were students. The self-employed included the artisans (grain millers, welders, mechanic, bricklayers, etc.), business centre operators, stores owners, among others. Traders on the other hand, included the market women, street hawkers, among others.

4.2.2. Data Presentation by Research Objectives

SECTION B

This section contains 26 questions aimed at determining the respondents' disposition to health communication, the role of community radio in HIV/ AIDS

prevention in Ghana and the implications for Nigeria. The 26 items based on the research objectives, address the five research questions earlier stated.

Objective 1: Appraise the current state of HIV/AIDS communication in Winneba and Pokuase communities

Table 10: Frequency Distribution of Respondents in Pokuase and Winneba by Awareness of Causes and Prevention of HIV/ AIDS

Awareness of causes & Prevention of HIV/ AIDS	Pokuase		Winneba		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Yes	217	99.5	568	95.8	785	96.8
No	1	0.5	25	4.2	26	3.2
Total	218	100.0	593	100.0	811	100.0

Field survey in Ghana: June 2016

Table 10 is the frequency distribution of respondents in response to the question on awareness of HIV/ AIDS causes and prevention. It shows that in the research communities, 785 respondents representing 96.8% of total respondents were aware of HIV/ AIDS causes and prevention while 26 (3.2%) respondents were not aware. The table also indicates that 99.5% of total respondents in Pokuase were aware about HIV/ AIDS. The situation was similar at Winneba as indicated in Table 8. According to the table, 95.8% of respondents in Winneba community were aware of HIV/ AIDS causes and prevention. Only 25 respondents (4.2%) claimed ignorant of the disease. This result correlates with the 2014 Ghana Demographics and Health Survey (GDHS) which reports that in general population, awareness of HIV is almost universal (98% for women and 99% men).

Table 11: Cross Tabulations of Pokuase and Winneba Respondents by Gender and Awareness of Causes & Prevention of HIV/ AIDS

			HIV/ AIDS causes & prevention awareness		Total
			Yes	no	
		Count	**374**	**11**	**385**
		% within gender of respondent	97.1%	2.9%	100.0%
	Male	% within HIV/ AIDS causes & prevention awareness	47.6%	42.3%	47.5%
Gender of		% of Total	46.1%	1.4%	47.5%
respondents		**Count**	**411**	**15**	**426**
		% within gender of respondent	96.5%	3.5%	100.0%
	Female	% within HIV/ AIDS causes & prevention awareness	52.4%	57.7%	52.5%
		% of Total	50.7%	1.8%	52.5%
		Count	**785**	**26**	**811**
		% within gender of respondents	96.8%	3.2%	100.0%
Total		% within HIV/ AIDS causes & prevention awareness	100.0%	100.0%	100.0%
		% of Total	96.8%	3.2%	100.0%

Field survey in Ghana: June 2016

A closer look at the gender distribution of the data presented in Table 11 reveals that out of the 785 respondents who were aware of the causes and prevention of the disease, 411 (52.4%) were females while 374 (47.6%) were males. Similarly, more females, 26 (3.2%) said they were not aware of HIV/ AIDS causes and prevention as against only 15 (3.5%) male respondents.

Table 12: Distribution of Pokuase and Winneba Respondents by Channels of Information through which they received HIV/AIDS messages

	Pokuase		Winneba		Total	
Channels of Information	**Frequency**	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
Face-to-face meetings	28	12.8	82	13.8	110	13.6
Television	78	35.8	205	34.6	283	34.9
Radio Emashie/ Radio Peace	94	43.1	244	41.1	338	41.7
Community town crier	10	4.6	13	2.2	23	2.8
Others	7	3.2	24	4.0	31	3.8
No response	1	0.5	25	4.2	26	3.2
Total	218	100.0	593	100.0	811	100.0

Field survey in Ghana: June 2016

Table 12 shows the pooled data of respondents according to the channels through which they received information about HIV/ AIDS. It reveals that community radio led with 41.7% of respondents, followed by television (34.9%), face-to-face meetings (13.6%), community town crier (2.8%) and other channels (3.8%). 3.2% of respondents did not answer the question. The emergence of television as a strong medium through which respondents were informed about HIV/ AIDS was partly due to the reception of television signals in the two communities. Besides, the results confirmed the multi-channels strategic approach to HIV/ AIDS communication as contained in Ghana's National HIV and AIDS Behaviour Change and Communication Strategy II, which listed the Mass Media,

interpersonal communication, social and peer networks, associations, community theatre, community dialogue, religious venues, community outreach, social marketing, important ceremonial activities like festivals, funerals, education- entertainment, IEC materials and mobile Cinema as the key channels of communication to men and women aged 15 – 49 years.

Further validation came from a Health Promotion Officer at Ga West Municipal Health Directorate in her response during the KII. Responding to the question on channels through which her office communicates information on HIV/ AIDS, she revealed that:

> We don't only use community radio, we use other radio and television stations as well. It depends on the group of people, that is the target audience we want to meet, if we want to meet the youth, they are always glue to the television set, so we have to send the messages to the television station (KII with Naa Afaale Sackley Dagadu at Pokuase: 2016).

Similarly, during observation in the Pokuase and Winneba communities, of the 100 business premises entered for observation, 32 (32%) had television sets while 84 (84%) had radio receivers. All the premises that had television sets also had radio sets. Concerning the radio listening habit of community members, only 15 people (4 in Pokuase and 11 in Winneba) were observed to be listening to a programme while on the move with their radio receivers.

It is worthy of note that in one business centre, the researcher observed that occupants were listening to a broadcast from a radio station whereas there was no radio set in sight. On enquiry, the occupant confirmed that the broadcast signals emanating from the computer was an online streaming. Radio Peace which is the community radio in Winneba does not have online streaming access function, therefore, the radio broadcast observed at the business centre, was not from Radio Peace, but Radio Windy, a campus radio station. The business centre was located opposite the University of Education, Winneba. This explained the access to a computer and the internet bandwidth for the online radio

streaming. The results that showed that 41.7% of respondents acknowledged they received HIV-related information through community radio was also validated by the KII: Dagadu (2016) confirmed:

> We also have group of people who listen to radio, the aged and the older people listen to radio a lot, so any information targeting them goes to the radio. So, it depends largely on your target audience, so we have community radio and other channels of disseminating information on HIV/AIDS to the people.

This view was corroborated by another KII subject, a Communication Officer at Ghana AIDS Commission, Accra. She explained:

> Normally we work with communities through our technical support unit, to send down information through community radio and our general BCC materials. So we talk of community outreach, interaction with policy formulation bodies, we do have interactions with opinion leaders in the community and we normally use our heart to heart ambassadors as well to disseminate information on HIV/AIDS at the community level (KII with Patricia Anum-Dorhuso at Accra: 2016).

A review of the data returned from individual communities revealed that in Pokuase, Radio Emashie topped the channels through which respondents were getting information about HIV/ AIDS. 94 respondents representing 43.1% of the total disclosed they got their information from Radio Emashie; Television was next with 78 (35.8%) respondents; face-to-face meetings, (28) 12.8%; and community town crier, 10 (4.6).

Similar pattern also appeared in Winneba where out of the 568 respondents, 244 (41.1%) affirmed that Radio Peace was their source of information on HIV/ AIDS; while a total of 205 respondents (34.6%) confirmed television as their source of information. Face-to-face meetings came a distant third with 13.8%; other channels, 24 (4.0%); community town crier, 13 (2.2%). The emergence of television in this study was partly due to access to television signals by community members and the huge students' population of whom 65.1% had completed secondary and tertiary education.

A rural community like Winneba with one university, a school of nursing and public electricity supply is not likely to relegate the power of sight and sound combined by

the television to the background. As validated by KII, public health officials do deploy television to reach communities where the TV signals are received. Winneba is an example of this.

Table 13: Distribution of Respondents by Language of HIV/ AIDS communication

Language used to communicate HIV/ AIDS message	**Pokuase**		**Winneba**		**Total**	
	Frequency	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
Local language	110	50.5	313	52.8	423	52.2
English	107	49.1	255	43.0	362	44.6
No response	1	.5	25	4.2	26	3.2
Total	218	100.0	593	100	811	100.0

Field survey in Ghana: June 2016

The statistics presented in Table 13 above indicate that 110 (50.5%) of respondents claimed they were informed about HIV/ AIDS in the local language while 107 (49.1%) confirmed it was in English language. One respondent representing 0.5% did not answer the question. In Winneba, the pattern was the same: 313 (55.1%) of respondents claimed they got informed in the local language while 255 (44.9%) acknowledged it was English language.

Pokuase is a sub- urban community at the outskirt of Accra. Therefore, there are multiple media channels accessible to community members. The language distribution was very close just as the respondents' channels of information were. However, this closeness was not reflected in the language structure of the community radio stations' programming.

A KII subject, the Acting Head of Station, Radio Emashie, Mrs Veronica MacCarthy provided a useful insight into the language structure of Radio Emashie's programming. According to her, Radio Emashie broadcast in two languages: "Ga", 75 percent and 25 percent in English. On Radio Peace, Director of Radio Peace,Winneba during the KII, stated:

> We broadcast mainly in the Fante language which takes about 80% of our broadcast because the whole of the central region are Fante, and then we broadcast in English which takes about 10% and also we broadcast in Effutu and Awutu. (KII with Ghartey-Tagoe at Winneba: 2016).

The comments made by another KII subject, Mrs Dagadu on the use of English language were also very instructive. She disclosed that "sometimes …you lack words to use, sometimes you are even forced to bring in English words to use." This might imply that a respondent could assume to have been informed in English, when a presenter ran short of local language translation of key HIV/ AIDS terminologies and situations; and therefore explained in English.

This challenge of resorting to English because of not having the right HIV/ AIDS terminologies in the local language was further confirmed by KII subject, a Technical Officer at the Ghana AIDS Commission. Referring to community radio, he pointed out that "some of them are still not getting the HIV/ AIDS terminologies right in their programme contents."

Some of the terminologies, according to him, included antiretroviral drugs (interpreted as drugs to stop AIDS, erroneously taken as a cure for AIDS); HIV/ AIDS is incurable (which is erroneously interpreted to imply a death sentence); Co-infection (when someone has more than one health condition at the same time. For example, when a person with HIV also develops tuberculosis (TB), this can make treatment for both infections more difficult) and comorbidity (someone who has two or more diseases or health

conditions at a time. For instance, a person with HIV may also have high blood pressure); among others.

The combined data from the research communities as presented in Table 11 also show that local language topped with 52.2% while English language was 44.6%. This did not come as a surprise since 41.7% of respondents noted that community radio was their primary source of HIV/ AIDS information and the community radio stations in the two research communities broadcast primarily in the local languages such as Ga, Fante and Ewutu. However, the local language differs from community to community.

In Pokuase, the predominant language is Ga. A Radio Emnashie Resource person and Health Promotion Officer at Ga West Municipal Health Directorate, in response to the KII question on language of broadcast on Radio Emashie, confirmed, "Its Ga, because Pokuase is a Ga community, majority of the people speak Ga." In Winneba, the predominant language is Fante. The Station Manager of Radio Peace during the KII, disclosed that "80% of our programmes are in Fante language; 10% in English language and 10% in Awutu language".

Table 14: Frequency Distribution of Respondents by Awareness of How to Communicate Back to Their Sources of HIV/ AIDS Information

Aware of how to communicate back to source of information	Pokuase		Winneba		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Yes	164	75.2	381	64.2	545	67.2
No	54	24.8	212	35.8	266	32.8
Total	218	100.0	593	100.0	811	100.0

Field survey in Ghana: June 2016

Table 14 shows the frequency distribution of respondents by their responses to the question on their awareness of how to communicate back to their sources of HIV/ AIDS

information. It shows that 545 respondents representing 67.2% of total respondents confirmed they knew how to communicate back to the media channels that gave them information about HIV/ AIDS. However, 266 (32.8%) agreed they did not know how to communicate back.

This result confirmed that majority of respondents in both Pokuase and Winneba communities were aware of the feedback mechanism of the channels of information about HIV/ AIDS. For instance, a volunteer and Head of Programmes, Radio Peace Winneba, explained one of the feedback mechanism of Radio peace:

> I am staying in the community, so at times, I do visit some areas of concern, like the hotspots, where we interact and discuss [programme ideas] with the people there. When I get the feedback from them, then I send [take] it to the radio station (KII with Esther Nyarkoh at Winneba: 2016).

The Health Promotion Officer at the Ga-West Municipal Directorate, under which Pokuase community falls, in her KII interview with the Researcher, provided a comprehensive explanation about Radio Emashie feedback mechanism:

> Actually, when we come on air, we talked at length about HIV/AIDS to our listeners. The only means of getting feedback is when the listeners call in or send text messages, so whenever calls and text messages comes in from listeners, then you know that the listeners are interested and are partaking in the HIV/AIDS awareness programme that is going on. Listeners sometimes ask certain questions and surprisingly, you get people who know about HIV/AIDS but there is a big stigma there. I don't know how, but they still have this previous information that they were getting, I don't know their source, but there is this serious misconception, I don't know where they get them from, so sometimes they call in with all sort of misconceptions, but when we are able to address their questions, they find out that ok this is not how it is but this is how is supposed to be (KII with Naa Dagadu at Pokuase: 2016).

The above explanation also received acknowledgement of another KII subject, Acting Head of Station, Radio Emashie, who pointed out that her health programme presenters did "involve the community by way of opening the phone lines, because as soon as you open the phone lines, for the community to call and give their opinions, it means you are engaging them."

Mr Nii Danso Mankattah, a volunteer and health programme producer/ presenter with Radio Emashie, confirmed the views expressed by Mrs MacCarthy. Mankattah explained, "We normally get feedback when we go the community to interact with the people, some of them also call sometimes to let us know that they could not get in touch with our station."

The description of the feedback mechanism of Peace Radio by its Director was instructive:

> We work out evaluation sheets that are produced in-house. The way we do this is, Let's say we go to community A and we do some series of activities, we would like to know whether community B that we didn't go to physically can see themselves in community A. So we often share the evaluation sheets to know if the community we have not been to, share common ideas with the ones we have been to and what they would want radio stations to do in future (KII with Kwasi Ghartey-Tagoe at Winneba: 2016).

It is clear from the data presented, that both Radio Emashie and Radio Peace did take audience feedback seriously. However, their feedback was largely dependent on telephone and contact with community members. Another volunteer and producer with Radio Peace, Winneba, corroborated her counterpart in Radio Emashie and noted:

> We normally do phone in, we bring in what we get from the community, you tell the public. We seek advice of the resource persons and getting to the end, we open the phone line for people to phone in and contribute, in that case, I hope we are involving them.

In his explanation of the feedback mechanism of community radio, Adegbola (2010:76) said:

> Community radio however, provides probably the most effective feedback channel for radio broadcasts in the sense that a community can respond to broadcast from other tiers of radio or from other community radios through their own community radio. They may not be reaching as wide an audience as the other tiers of radio, but at least they are responding to pertinent issues that concern them (probably in unique ways) and this response is available to the generality of those to whom it is relevant. Community radio therefore presents yet another level of media interactivity by which the people can apply necessary control on those who represent them.

The field observation research also recorded the visit of a few community members to the two stations on different occasions: Five times within nine days at Radio Peace and four times within nine days at Radio Emashie. This strengthened the feedback claimed by KII subjects and validated the data gathered with the questionnaire.

Table 15: Frequency Distribution of Respondents by HIV/ AIDS Communication Channel Preference

Communication Channel Preferences	Pokuase		Winneba		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Community radio	125	57.3	323	54.5	448	55.2
Television	59	27.1	183	30.9	242	29.8
Newspaper	13	6.0	24	4.0	37	4.6
Leaflets	7	3.2	26	4.4	33	4.1
Community Theatre	14	6.4	37	6.2	51	6.3
Total	218	100.0	593	100.0	811	100.0

Field survey in Ghana: June 2016

The data presented in Table 15 above show that majority of respondents (448) representing 55.2% of total respondents preferred community radio as a channel to carry any HIV-related message meant for them. A total of 242 (29.8%) respondents preferred the television; 51 (6.3%) preferred the medium of community theatre; 37 (4.6%) opted for newspapers and 33 (4.1%) preferred the leaflets.

A review of the segregated data revealed a similar pattern in the media channel preference in Pokuase and Winneba communities. In both communities, the order of preference was Community radio, Television and Community Theatre. However, in Pokuase, 13 (6%) of the respondents preferred Newspapers while only 7 (3.2%) preferred

the leaflets. The situation reversed in Winneba where 26 (4.4%) respondents preferred leaflets to Newspapers which only got the consent of 24 (4.0%) respondents.

The preference for community radio was supported by Murthy (2010) referring to the 2009 AudienceScapes surveys in Ghana and Kenya, that information about HIV/AIDS was readily accessible to most people-particularly on the radio. Around three fourths of respondents in each survey said they have heard an HIV/AIDS message on the radio (Bowen and Goldstein: 2010).

Objective 2: Review the state of community radio and HIV/ AIDS prevention programming

Table 16: Frequency Distribution of Respondents by their Community Radio Listening Choice

Do you listen to Radio Peace/ Emashie?	Pokuase		Winneba		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Yes	186	85.3	414	69.8	600	74.0
No	32	14.7	179	30.2	211	26.0
Total	218	100.0	593	100.0	811	100.0

Field survey in Ghana: June 2016

From Table 16, a total of 600 (74%) respondents acknowledged that they listened to Radio Emashie, Pokuase and Radio Peace, Winneba. Only 211 representing 26% of respondents said they did not listen to the two community radio stations. The KII with the Acting Head of Station of Radio Emashie validated the data presented above. She confirmed that "they [community members] think the station belongs to them, I can assure you, they prefer listening to Radio Emashie than any other radio station." Table 14 also shows that while 85.3% of respondents in Pokuase acknowledged listening to Radio Emashie (their community radio station), only 69.8% of respondents in Winneba acknowledged listening to Radio Peace.

Table 17: Frequency Distribution of Respondents by Reason Why They Listen (or not) to Radio Emashie or Radio Peace.

		Broadcasts in my dialect	Owned by my community	Programs about community events	Broadcasters are community members	None of the above	Total
Why do you listen to Radio peace/Radio Emashie	yes	231	73	192	47	57	600
	%	38.5%	12.2%	32.0%	7.8%	9.5%	100%
	No	13	5	15	15	163	211
	%	6.2%	2.4%	7.1%	7.1%	77.2 %	100%
Total		244	78	207	62	220	811

Field survey in Ghana: June 2016

Table 17 above shows that, out of the 600 respondents who answered 'Yes' to listening to Radio Emashie/ Radio Peace as recorded in Table 14, 231 (38.5%) listened to community radio because the stations broadcast in their local dialects; 192 (32%) disclosed that they listened to community radio because the programmes were about happenings in their communities; 73 (12.1%) respondents admitted listening because the community radio was owned by their community while 47 (7.8%) listened because the broadcasters were also community members.

However, 57 (9.5%) respondents insisted they listened to the community radio stations for reasons other than those stated above. The data presented here were validated by the qualitative data generated from the KII. For instance, one of the KII subjects, in response to why the Health Directorate added community radio to their channels of communication explained:

> We use community radio because that is what most of the people in the community listen to. We have other FM stations, they speak English but community radio, they use local dialect, imagine an old lady in the house or somebody who has no any formal education and wants to listen to radio and all they hear is English, it does not interest them, but community radio comes down to local dialect, so with that one you can reach the locals as well (KII with Dagadu at Pokuase: 2016).

Similarly, one of the volunteer producers/ presenters of Radio Peace, confirmed that she lived in the community, "I am staying in the community, so at times I do visit some areas of concern, like the hotspots, where we interact and discuss [programme ideas] with the people there." As observed by Majozi (2000:144), people "listen to community radio not because it is there but because it provides good quality, locally relevant programming which has definite community flavour."

Table 18: Frequency Distribution of Respondents by their Involvement in Programme Production/ Presentation on Radio Emashie, Radio Peace.

Involvement in production or presentation of any programme	Pokuase		Winneba		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Yes	108	49.5	165	27.8	273	33.7
No	110	50.5	428	72.2	538	66.3
Total	218	100.0	593	100.0	811	100.0

Field survey in Ghana: June 2016

Table 18 shows that majority of respondents had never at any time been involved in any programme transmitted on Radio Peace or Radio Emashie. According to the data, 66.3% of respondents confirmed they had not at any time been involved in the production or presentation of programmes. However, a sizeable number of respondents, 273 representing 33.7% acknowledged their involvement in production or presentation of programmes on the community radio.

The data presented in Table 16, though indicated that majority of community members were not involved in community radio programmme production or presentation; but the data extracted from the KII showed that community radio stations claimed to involve members of the communities. A Volunteer Senior Producer and Head of News, Radio Peace Winneba stated:

> In Radio Peace, programme… is participatory, we bring community members to also make their input where we have to seek their ideas, we go to the field, collect data on what we want to do, so in radio peace community radio, whatever we do is participatory (KII with Abdul Hameed Amponsah at Winneba: 2016).

These two data sets might look contradictory on the face value but when juxtaposed and with a closer look, they are complimentary. For instance, the quantitative data did not return zero involvement of community members, rather 33.7% of community members confirmed they had at one time or the other got involved in programme production or presentation. This was reconfirmed in a KII at Radio Emashie:

> [for] the production, we normally get somebody on the field who will go to the community and interact with them and ask them questions, on air too, when we are doing it, we activate the phone line so community members also call in, and tell us what they know about HIV/AIDS or about any topic we are discussing on the health segment (KII with Mankattah at Pokuase: 2016).

This agreed with Musa (2003:70) that community participation in the production of symbolic goods was often said to be an important defining feature of community media. Programme production in a community radio, he observed further, was largely handled by volunteers, rather than paid staff.

Similarly, data records from Observation also corroborated the involvement of community members in live programmes through phone-in during the presentation of 'Lunch Time (Health)' on Radio Emashie. The issue of stigmatisation of HIV-positive people was discussed. However, no direct face-to-face community engagement on programming was observed during the study. Another KII subject while responding to a question on the focus of Radio Emashie community radio programming, declared, "It is

determined by the community, it is the community members who come up with the kind of programme they want run at the station." Speaking on the process of programme production, the Acting Station Manager at Radio Emashie stated:

> … and in some of our programmes too, we invite some of the community members to be part of the programme, so that is how we do our processing…in terms of presentation, it is the volunteers, the staff of the station that do much of the presentation but the community members [get involved] once a while (KII with MacCarthy at Pokuase: 2016).

The KII qualitative data have validated the quantitative data generated by the survey and this correlated with the view of Jegede (2013:280) that community radio is characterised by access, public participation in production and decision making, and its operations rely mainly on the community resources. Oosterman and Jop de Vrieze (February 2008:7) also noted that:

> As a responsible community radio maker you do not decide about the content of your programmes all by yourself. You need to actively search for ideas and suggestions in your community. What do people think, feel, and what are their actions in their daily lives? If you are able to connect with the people, you will reach the community with your radio message.

Table 19: Frequency Distribution of Respondents by HIV/AIDS related programme ever listened to on Radio Peace Winneba/ Radio Emashie, Pokuase

Listened	Pokuase		Winneba		Total	
	Frequency	Percent	Frequency	Winneba	Frequency	Percent
Yes	192	88.1	404	68.1	596	73.5
No	26	11.9	189	31.9	215	26.5
Total	218	100.0	593	100.0	811	100.0

Field survey in Ghana: June 2016

From the above Table 19, a total of 596 (73.5%) respondents confirmed that they had listened to HIV/ AIDS on Radio Emashie and Radio Peace while 215 (26.5%) said they had not heard any on the two stations. Of the 596 respondents that had listened, 305 (51.2%) were females while 291 (48.8%) were males. This results correspond with data

gathered through KII. According to a KII subject volunteer at Radio Peace, there was a health programme titled, "Wo apow mu E" meaning "How is your health?"

In her response during the KII, Acting Station Manager of Radio Emashie also confirmed that "Radio Emashie is in collaboration with Ghana health care service. We have been running programmes with the health service officials." This was further reinforced by a Volunteer Senior Producer and Head of News, Radio Peace Winneba:

> We do have health programmes [Wo apow mu E], that run on Tuesdays between the hours of 10 to 11 a. m. and we also have sanitation programmes where they also discuss health issues on Thursdays between the hours of 10 to 11am as well, aside that we also have other health talk shows (KII with Abdul Hameed Amponsah at Winneba: 2016).

Similarly, a KII at Radio Emashie also confirmed the name of the health programme as 'Healthy living' which in Ga language means 'Hewale Kpakpanamo'."
Data from observation also strengthened the data gathered through the questionnaire and that of the KII. The two community radio stations were observed to have run their health programmes as stated on the programme schedule. It was also observed that on each of the stations, HIV issues were discussed.

On Radio Peace Winneba, the health programme, "Wo apow mu E" meaning "How is your health?" ran as scheduled on Tuesday, 14 June 2016 and the importance of voluntary testing and counselling as a preventive measure for HIV/ AIDS infection was discussed. Similarly, another health programme, 'Ereye ho den' meaning 'What are you doing about it?' was also observed to have run on schedule on Thursday, 16 June 2016 by Radio Peace. On this programme, the presenter discussed HIV and polio; and emphasised the need to seek medical help instead of herbal self-help. On Sunday, 12 June, the programme, 'Healthy living' was monitored on Radio Emashie, Pokuase and mother-to-child transmission of HIV was discussed.

Table 20: Cross Tabulations of Respondents' Gender and HIV/ AIDS Topics heard on Radio Emashie/ Radio Peace

			If yes, which of the following topics do you remember hearing						Total
			Avoid unprotected sex	Mother to child transmission	Blood transmission of HIV	Sharing needles, syringes, etc.	All of the above	None of the above	
Gender of respondents	Male	Count	102	19	16	30	84	40	291
		% within gender of respondent	35.1%	6.5%	5.5%	10.3%	28.9%	13.7%	100.0%
		% within topics heard	47.2%	51.4%	61.5%	39.5%	49.7%	55.6%	48.8%
		% of Total	17.1%	3.2%	2.7%	5.0%	14.1%	6.7%	48.8%
	Female	Count	114	18	10	46	85	32	305
		% within gender of respondent	37.4%	5.9%	3.3%	15.1%	27.9%	10.5%	100.0%
		% within topics heard	52.8%	48.6%	38.5%	60.5%	50.3%	44.4%	51.2%
		% of Total	19.1%	3.0%	1.7%	7.7%	14.3%	5.4%	51.2%
Total		Count	216	37	26	76	169	72	596
		% within gender of respondent	36.2%	6.2%	4.4%	12.8%	28.4%	12.1%	100.0%
		% within topics heard	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	36.2%	6.2%	4.4%	12.8%	28.4%	12.1%	100.0%

Field survey in Ghana: June 2016

The frequency distribution shown in Table 20 indicates that majority of respondents (216) representing 36.2% of total respondents could remember the message, "Avoid unprotected sex with casual partners (Use a condom if you must)". Of those respondents, 114 (52.8%) were women while 102 (47.2%) were men. This also implied that women were more likely to avoid unprotected sex with casual partners.

Interestingly, 169 (28.4%) respondents confirmed "All of the above" meaning that they could remember hearing "Avoid unprotected sex with casual partners (Use a condom if you must); Mother-to-Child transmission of HIV; Blood transfusion and HIV; and Sharing needles, syringes, razors and toothbrushes." The implication of this was the record of high level of awareness amongst the community members. Not only that, it meant that community members did get information on how to prevent HIV infection from their

community radio stations. The results presented in Table 18 were further confirmed by the KII data. Ms Esther Nyarkoh, a producer/ presenter of health programme on Radio Peace in confirming the information disseminated to the community about HIV/ AIDS stated:

> We told them that having unprotected sex can lead you to get HIV and also sleeping with different partners will also lead to HIV infection. We also talk about using sharp object that has been used by persons infected with HIV/AIDS can also lead to HIV/AIDS infection (KII with Esther Nyarkoh at Winneba: 2016).

The Director of Radio Peace, Winneba, corroborated the message on HIV/ AIDS disseminated to the community:

> We have also shared this in some of the community works we do. Take for example, don't share needles, mind what you have cuts, we talk about sex but we don't hammer so much on sex so that people don't think that is the only thing. We talk about condom use. There are other areas…blood transfusion…if you have a cut…we talk about incubation period (KII with Kwasi Ghartey-Tagoe at Winneba: 2016).

Research Objective 3: Investigate the extent to which knowledge, attitudes and practices relating to HIV/AIDS among Pokuase and Winneba community members are influenced by community radio

Table 21: Frequency Distribution of Respondents by Radio Emashie/ Radio Peace Programmes Encouraging Precautions against HIV Infection.

Answer	Pokuase		Winneba		Total	
	Frequency	Percent	Frequency	Winneba	Frequency	Percent
Yes	171	78.4	439	74.0	610	75.2
No	47	21.6	154	26.0	201	24.8
Total	218	100.0	593	100.0	811	100.0

Field survey in Ghana: June 2016

According to Table 21, a total of 610 (75.2%) respondents believed that HIV/ AIDS programmes on Radio Peace Winneba and Radio Emashie, Pokuase had encouraged them and their family members to take precautions against HIV infection. Only 25% thought otherwise. This data showed that HIV/ AIDS programmes on Radio Emashie and

Radio Peace were stimulating attitudinal change amongst community members. In a Key Informant Interview, the Communication Officer of Ghana AIDS Commission, explained:

> For information education, we have gotten somewhere, but all has to do with attitudinal change. If I tell you don't drink and you accept it, but you letter went back and drink again, at least I communicated the risk regarding alcohol intake to you and you still go back and drink, so is more of attitudinal. So we are really targeting that and I believe this stigma issues boils down to education and also attitudinal change. If we are able to win the battle of education, if people have increase knowledge of HIV/AIDS, I don't think you will decide not to eat with an HIV/AIDS person (KII with Patricia Anum-Dorhuso: 2016).

Table 22: Frequency Distribution of Respondents by their Behaviours being influenced by HIV/ AIDS Messages heard on Radio Emashie/ Radio Peace

Answer	Pokuase		Winneba		Total	
	Frequency	Percent	Frequency	Winneba	Frequency	Percent
Yes	176	80.7	461	77.7	637	78.5
No	42	19.3	132	22.3	174	21.5
Total	218	100.0	593	100.0	811	100.0

Field survey in Ghana: June 2016

In Table 22, majority of respondents, 637 (78.5%) accepted that their behaviours had been influenced by HIV/ AIDS message heard on their community radio stations. This result reconfirmed and reinforced the result in Table 19 where 75.2% acknowledged that HIV/ AIDS had encouraged them and their families to take precautions against HIV infections. However, 21.5% of respondents felt that their behaviours had not been influenced by HIV/ AIDS information heard on the community radio.

Table 23: Cross Tabulations of Respondents' Gender and Behaviour adopted by them as a result of HIV/ AIDS Message heard on Radio Emashie/ Radio Peace

Which of the following behaviours have you adopted as a result of the HIV / AIDS message you heard on the radio			own a clipper/ manicure, kits	use of condom	faithful partner	voluntary counselling	none of the above	Total
Gender of respondents	Male	Count	47	115	88	17	41	308
		% within gender of respondent	15.3%	37.3%	28.6%	5.5%	13.3%	100.0 %
		% within behaviours adopted	48.5%	54.8%	42.1%	41.5%	51.3%	48.4%
		% of Total	7.4%	18.1%	13.8%	2.7%	6.4%	48.4%
	Female	Count	50	95	121	24	39	329
		% within gender of respondent	15.2%	28.9%	36.8%	7.3%	11.9%	100.0 %
		% within behaviours adopted	51.5%	45.2%	57.9%	58.5%	48.8%	51.6%
		% of Total	7.8%	14.9%	19.0%	3.8%	6.1%	51.6%
Total		Count	97	210	209	41	80	637
		% within gender of respondent	15.2%	33.0%	32.8%	6.4%	12.6%	100.0 %
		% within behaviours adopted	100.0%	100.0%	100.0%	100.0%	100.0%	100.0 %
		% of Total	15.2%	33.0%	32.8%	6.4%	12.6%	100.0 %

Field survey in Ghana: June 2016

Table 23 indicates that the most adopted preventive behaviour by the respondents was the use of condom. 210 of total respondents representing 33% confirmed they had adopted the use of condom because of HIV/ AIDS information they heard on both Radio Emashie and Radio Peace. The second most adopted behaviour among the respondents was "Faithful to partner/ Limited number of sexual partners". 209 (32.8%) of them were in this category. However, only 97 (15%) of respondents owned a clipper and manicure/ pedicure kits while the least behaviour adopted amongst the respondents was voluntary counselling and testing as a preventive measure against the spread of HIV virus. 41 (6.4%) respondents are in this category.

Furthermore, respondents who adopted none of the preventive behaviours were 12.6%. The flip side of this was that 87.4% (cumulative) of respondents had adopted one behaviour or the other against HIV infection. It is, therefore, instructive to note from the data presented in the Table 21 that more women, 50 (51.5%) owned their personal kits for hair-cut, manicure, pedicure, etc. while more men, 115 (54.8%) used condom as against 95 (45.2%) women who claimed they have adopted the use of condom. It implies that the women were using female condom or were insisting that their men used condom whenever they had need for sex. Another revelation from the data was that women were more faithful to one partner than men. The statistics showed that 121 (57.9%) women disclosed they had adopted the behaviour of being faithful to their partners while only 88 (42.1%) men had adopted that behaviour.

Table 24: Cross Tabulations of Respondents by Gender and Sharing of Information on HIV/ AIDS Prevention heard on Radio Emashie/ Radio Peace with friends/ family

Have you at any time shared any HIV / AIDS preventive information heard on radio with your friends or family?			**Yes**	**No**	**Total**
Gender of respondent	Male	Count	214	94	308
		% within gender of respondent	69.5%	30.5%	100.0%
		% % within shared information on HIV prevention heard on radio with friends or family	48.5%	48.0%	48.4%
		% of Total	33.6%	14.8%	48.4%
	Female	Count	227	102	329
		% within gender of respondent	69.0%	31.0%	100.0%
		% within shared information on HIV prevention heard on radio with friends or family	51.5%	52.0%	51.6%
		% of Total	35.6%	16.0%	51.6%
Total		Count	441	196	637
		% within gender of respondent	69.2%	30.8%	100.0%
		% within shared information on HIV prevention heard on radio with friends or family	100.0%	100.0%	100.0%
		% of Total	69.2%	30.8%	100.0%

Field survey in Ghana: June 2016

The statistics in Table 24 indicate that 441 (69.2%) respondents had at one time or the other shared information on HIV/ AIDS prevention heard on Radio Emashie and Radio Peace with their friends or families. Only 196 representing 30.8% had not shared such an information. Of the total number of respondents who had shared such an information, 227 (51.5%) were women while men were 214 (48.5%).

This implies that women were more likely to discuss health issues and healthy living with friends and families. It also conformed with the conventional wisdom that women were of softer emotion and were more caring than men.

Table 25: Frequency Distribution of Respondents by their Feeling at Risk of Getting HIV as a Result of Listening to Programmes on Radio Emashie/ Radio Peace

Answer	Pokuase		Winneba		Total	
	Frequency	Percent	Frequency	Winneba	Frequency	Percent
Yes	99	45.4	138	23.3	237	29.2
No	77	35.3	323	54.5	400	49.3
No response	42	19.3	132	22.3	174	21.5
Total	218	100.0	593	100.0	811	100.0

Field survey in Ghana: June 2016

Table 25 shows that 400 (49.3%) community members making up the majority of respondents, did not feel at risk of getting HIV as a result of listening to a programme on Radio Emashie and Radio Peace; while 237 (29.2%) felt they were at risk. The high number of those who did not feel at risk correspond with 87.4% of respondents who had adopted one behaviour or the other against HIV infection as stated in the analysis of Table 21.

This implies that there were less risky behaviours among the respondents due to programmes aired by Radio Emashie and Radio Peace on HIV prevention. On the contrary,

it could also be deducted that the 174 respondents (21.5%) who refrained from answering this question might have realised from the programmes that they were engaging in risky behaviours and therefore, opted not to answer the question.

Research Objective 4: Determine how community radio can be deployed to strengthen HIV/AIDS communication and improve preventive measures uptake by community members

Table 26: Frequency Distribution of Respondents by Consistency of Community Radio Programmes on HIV prevention.

Level of agreement	Pokuase		Winneba		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Strongly agree	136	62.4	276	46.5	412	50.8
Agree	35	16.1	161	27.2	196	24.2
Undecided	4	1.8	16	2.7	20	2.5
Disagree	1	0.5	5	0.8	6	0.7
Strongly disagree	1	0.5	3	0.5	4	0.5
No response	41	18.8	132	22.3	173	21.3
Total	218	100.0	593	100.0	811	100.0

Field survey in Ghana: June 2016

According to the data presented in Table 26, a total of 412 (50.8%) respondents constituting the majority, strongly agreed that consistent programmes on HIV prevention by community radio would prevent HIV infection among community members. Similarly, 196 (24.2%) respondents agreed to the proposition. However, 6 (0.7%) disagreed and 4 (0.5%) strongly disagreed. 20 respondents representing 2.5% of the total respondents, were undecided.

Cumulatively, the sum of those who strongly agreed and those who agreed was an overwhelming 75%.

Therefore, the proposition that consistent programmes on HIV prevention by community radio would prevent HIV infection among community members was valid. Further validation was found in the data gathered through the KII. Nyarkoh (2016) speaking on the consistency of the health programme titled, 'Wo apow mu E' (Fante language) which translates to "How is your health?" on Radio Peace, said "The programme is run every Tuesday, is a weekly programme and we also have other health programmes."

Similarly, in another KII, Amponsah (2016), underscored the importance of regular programmes on HIV prevention to halt the spread of the disease:

> There is an adage in my language that says,' if you do not put a soup on fire frequently it will go bad'. So that is the nature of human being too, if you don't give them information frequently, the person may forget and go back to his old ways. But if they continue to get information, it will go a long way in minimizing the spread of HIV/AIDS (KII with Abdul Hameed Amponsah at Winneba: 2016*).*

According to Mankattah (2016), a KII subject, Pokuase community members had complained that weekly was not frequent enough for the health programme on Radio Emashie titled, 'Hewale Kpakpanamo' (Ga language) which means "Healthy living". He explained:

> 'Hewale Kpakpanamo' is run weekly, every Wednesday from 2pm to 3pm. Resource persons come in to discuss different issues on health. But it seems we need to do it more frequently, because when we do it on Wednesday till another Wednesday again, so the people complain of not getting more information. Although they get, but they are yearning for more (KII with Nii Danso Mankattah at Pokuase: 2016).

From the above, data gathered through the questionnaire and those collected through the KII were complimentary, therefore, frequency and consistency of programmes on the prevention of HIV/ AIDS run on community radio would help in arresting the spread of the disease in the communities.

Table 27: Frequency Distribution of Respondents by Increase in the Number of Programmes on HIV Infection to Improve Listener's Ability to Recall the Message and Adopt the Preventive Measures

Level of agreement	Pokuase		Winneba		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Strongly agree	114	52.3	233	39.3	347	42.8
Agree	54	24.8	187	31.5	241	29.7
Undecided	6	2.8	33	5.6	39	4.8
Disagree	2	0.9	5	.8	7	0.9
Strongly disagree	0	0.0	3	.5	3	0.4
No response	42	19.3	132	22.3	174	21.5
Total	218	100.0	593	100.0	811	100.0

Field survey in Ghana: June 2016

Table 27 above indicates that 347 (42.8%) respondents strongly agreed that increase in the number of programmes on HIV infection would improve listeners' ability to recall the message and adopt preventive measures; 241 (29.7%) also agreed while 7 (0.9%) respondents disagreed and another 3 (0.4%) strongly disagreed. However, 39 (4.8%) other respondents were undecided. It is worthy of note that a high number of respondents (174) constituting 21.5% did not answer this particular question.

However, this would not alter the implication of the result because if the number of those who did not answer the question (174) was added to the sum of 'Disagree' (7) and 'Strongly disagree', (3), the total number of respondents in disagreement would be 184, which would be less than the number of respondents in strong agreement (347) or the number of those in agreement (241). Therefore, the data returned by this questionnaire item was valid.

Table 28: Frequency Distribution of Respondents by Stable Community Radio Transmission to strengthen audience loyalty and exposure to HIV/ AIDS programmes

Stable transmission by community radio station strengthens audience loyalty and exposure to HIV/ AIDS programmes		Strongly agree	Agree	Undecided	Disagree	Strongly disagree	Total
	Count	296	270	43	18	10	637
Total	% of Total	46.5%	42.4%	6.8%	2.8%	1.6%	100.0%

Field survey in Ghana: June 2016

The data presented in Table 28 show that 296 (46.5%) respondents strongly agreed that stable transmission by Community radio stations would strengthen audience loyalty and increase audience exposure to its HIV/ AIDS programmes. Another 270 (42.4%) also agreed to the proposition bringing the sum of respondents in agreement to 566 (88.9%) respondents. On the other hand, 18 (2.8%) respondents disagreed while 10 (1.6%) were in strong disagreement with the statement. Only 43 (6.8%) remained undecided.

The above data were validated by the researcher's observation data which noted that both Radio Emashie and Radio Peace were consistently on air for the nine days of observation. The researcher also observed that solar panels were mounted on the roof of Radio Peace for electricity supply. The Director of Radio Peace underscored the importance of stable transmission and confirmed that

> For now, our transmitter has not been shut down for about four years at all and we have not had any problem. We entered into agreement…some kind of collaboration with Vodafone. They are housing our transmitter at their base. Now its constantly on and not having problem…[challenge of] electricity, it has gone down a bit because I also have this collaboration with a community radio in Germany called Laurel Radio. I went there to visit them…I brought up the problem of electricity, I thought that I could go for Generator, later they suggested solar…eventually they gave me Solar, they came and fix solar… I'm using solar. Solar is our primary

source of power. If that goes, electricity [public] takes over (KII with Kwasi Ghartey-Tagoe at Winneba: 2016)

Therefore, the data gathered with the questionnaire were validated by the data collected through observation and Key Informant Interviews.

Table 29: Frequency Distribution of Respondents by Transmission of Culturally Appropriate HIV/AIDS Programmes in the Local Languages to Improve Adoption of Preventive Measures by Members of Pokuase and Winneba Communities.

Transmission of culturally appropriate HIV / AIDS programme in the local language will improve adoption of preventive measures by members of Pokuase and Winneba communities		**No response**	**Strongly agree**	**Agree**	**Undecided**	**Disagree**	**Strongly disagree**	**Total**
Total	Count	174	327	243	35	20	12	811
	% of Total	21.5%	40.3%	30.0%	4.3%	2.5%	1.5%	100.0 %

Field survey in Ghana: June 2016

A review of data presented in Table 29 revealed that a total of 327 (40.3%) respondents strongly agreed that transmission of culturally appropriate HIV/AIDS programmes in the local language would improve adoption of preventive measures by members of Pokuase and Winneba communities. Another 243 (30%) respondents also agreed with the statement while 20 (2.55) disagreed and 12 (1.5%) strongly disagreed. 35 (1.3%) respondents were undecided. Of noteworthy were the 174 (21.5%) respondents who opted not to answer this question. However, their number would not alter this result as the sum of respondents who strongly agreed (327) and those who agreed (243) with the statement was 570, a figure that is well above 174.

Table 30: Frequency Distribution of Respondents by Gender and Increased Community Participation in HIV/AIDS Programme Production and Presentation in Winneba/ Pokuase Communities.

Increased community participation in HIV/AIDS programme production and presentation would prevent the spread of HIV infection among Winneba / Pokuase community members		Strongly agree	Agree	Undecided	Disagree	Strongly disagree	Total
Total	Count	341	211	56	24	5	637
	% of Total	53.5%	33.1%	8.8%	3.8%	0.8%	100.0 %

Field survey in Ghana: June 2016

Table 30 shows that a total of 341 (53.5%) respondents strongly agreed that 'Increased community participation in HIV/AIDS programme production and presentation would prevent the spread of HIV infection among Winneba/ Pokuase community members.' Another 211 (33.1%) respondents also agreed with the statement while a total of 24 (3.8%) disagreed and only 5 (0.8%) strongly disagreed. A total of 56 (8.8%) were undecided.

Similarly, in their study of the contribution of Simli Radio to the livelihood improvement of the people in the Tolon-Kumbungu and Savelugu-Nanton Districts of the Northern Region of Ghana, Al-hassan, et al (2011:5) observed that "Simli Radio has really served as one of the communication channels in Ghana that has encouraged target communities to participate in programme activities and replicate skills acquired."

Table 31: Frequency Distribution of Respondents by their Disposition to 'Challenges of Community Radio in Ghana are lessons learnt for developing Nigeria's Community Radio sector'

Challenges of community radio in Ghana are lessons learnt for developing Nigerian Community Radio sector		Strongly agree	Agree	Undecided	Disagree	Strongly disagree	Total
Total	Count	192	276	191	98	54	811
	% of Total	23.7%	34.0%	23.6%	12.1%	6.7%	100.0 %

Field survey in Ghana: June 2016

The data presented in Table 31 show that a total of 276 (34%) respondents agree that 'Challenges of Community Radio in Ghana are lessons learnt for developing Nigeria's Community Radio sector'; while 192 (23.7%) are in strong agreement. On the other hand, 98 (12.1%) disagree while 54 (6.7%) strongly disagree. There is a huge number (191) of respondents who are undecided. They constitute 23.6% of total respondents for this study. The data above are also corroborated by one of the KII subjects, who explains the challenges of power in the context of community radio operations and how the station surmounted those challenges:

> First [challenge], electricity, power supply. It is not regular and the tariff is high. It was so high that what we used to do was to shut down at one point in the day, and come back. We later got to know that that was even worse than letting it stay on to pay the high tariff, because shutting down and coming back was affecting the transmitter. Now, our transmitter has not been shut down for about 4 years, at all. We entered into agreement…some kind of collaboration with Vodafone. They are housing our transmitter at their base. Now its constantly on and not having problem… I'm using solar. Solar is our primary source of power. If that goes down, electricity [public] takes over (*KII with Kwasi Ghartey-Tagoe at Winneba: 2016*).

The challenges of operating community radio in Ghana are also articulated by another KII subject at Radio Emashie. She says:

> It's about the frequent power outage, then the funding and maybe sometimes our transmitter too develops some kind of problem. We have to work on it; and without

> the transmitter we cannot go on air. So, we are planning to get a standby transmitter but the funding is not there. It's not easy (*KII with Veronica MacCarthy at Pokuase: 2016).*

Having identified through KII, a few challenges facing community radio operations in Ghana: instability of public power supply (where it is available) with its associated high tariff; frequent breakdown of transmitter as a result of power outages; and inadequate funding; high cost of power generator maintenance; another KII subject at Winneba provides insight into other challenges that can be lessons learnt for Nigeria:

> Initially it was very tough. Tough because people didn't understand…they thought it is a radio station, so I am coming to look for appointment, a full time job. It became a problem. But as time went on, people understood. Now people come in not to really look for employment, but to come and give a helping hand. Now we have a lot of people working with electricity …working with hospital and other institutions coming in to help… For us, volunteerism initially didn't seem to work out at all. Those who are coming for job, they come, two days they are gone; three days they've gone. We came up with this strategy…we tried to do a kind of a broadcasting school. People come in to train… they stay on two months to do further internship work. By the time they leave, another set comes in. It resolved the matter of volunteerism (KII with Kwasi Ghartey-Tagoe at Winneba: 2016).

It is worthy of note that the data gathered through Observation confirmed one power outage at Radio Emashie, Pokuase. However, as stated earlier, Radio Peace was observed to be permanently on Solar power.

Table 32: Frequency Distribution of Respondents by their Disposition to 'Prospective Nigerian Community Radio managers should understudy Ghana's community radio operations.

Prospective Nigerian community radio managers should understudy Ghana's community radio operations		Strongly agree	Agree	Undecided	Disagree	Strongly disagree	Total
Total	Count	217	267	180	97	50	811
	% of Total	26.8%	32.9%	22.2%	12.0%	6.2%	100.0%

Field survey in Ghana: June 2016

Table 32 shows that a total of 267 (32.9%) respondents agree that 'Nigerian Community Radio managers should understudy Ghana's community radio operations for at least 3

months'; while 217 (26.8%) strongly agree. However, 97 (12%) disagree while 50 (6.2%) strongly disagree. Interestingly, a total of 180 (22.2%) respondents are undecided but this will not alter the implication of the results because the sum of 'undecided', 'strongly disagree' and 'agree' (327 respondents) is less than the sum of 'strongly agree' and 'agree' (484 respondents).

Table 33: Frequency Distribution of Respondents by their Disposition to 'There is Nothing for Nigeria to learn from Ghana in Community Broadcasting'.

There is nothing for Nigeria to learn from Ghana in community broadcasting		Strongly agree	Agree	Undecided	Disagree	Strongly disagree	Total
Total	Count	138	151	119	234	169	811
	% of Total	17.0%	18.6%	14.7%	28.9%	20.8%	100.0 %

Field survey in Ghana: June 2016

The statistics presented in Table 33 show that 234 (28.9%) of respondents disagree with the statement that 'There is nothing for Nigeria to learn from Ghana in community broadcasting' while 169 (20.8%) respondents also strongly disagree. However, 151 (18.6%) agree while 138 (17%) strongly agree. 119 (14.87%) respondents are undecided.

The above data are validated by data gathered through the KII:

> Well, I think in terms of programmes… we can syndicate, that is, you [Nigeria] come up with some programmes that will be beneficial to our [Ghana] community members; we can also come up with some of ours, then we are in partnership, in collaboration, we can work together effectively. (Veronica MacCarthy, Radio Emashie, Pokuase).

As regards community radio start-up, Mr Kwasi Ghartey-Tagoe believes Nigeria can learn from Ghana. He explains:

> [There is] need to understand the communities in Nigeria. Each community is unique… It depends on where the community radio station too will be situated…For instance, here, our community is basically farmers, we have

fishermen, artisans, and we have main farmers. we have the coastal and we have the interiors. That actually determines how things work. If I come to Nigeria and … I know what the terrain is, probably, I'm going to start off by engaging the communities…It's all about communication, engaging the communities to understand what is going to happen. And how their contribution towards the radio will be like (KII with Kwasi Ghartey-Tagoe at Winneba: 2016).

Table 34: Frequency Distribution of Respondents by their Disposition to 'Ghana's experience in the use of Community Radio for HIV/AIDS communication will be of use to Nigerian AIDS Control Agency'.

Ghana's experience in the use of community radio for HIV/AIDS communication will be of use to Nigerian AIDS control agency		Strongly agree	Agree	Undecided	Disagree	Strongly disagree	Total
Total	Count	294	289	118	61	49	811
	% of Total	36.3%	35.6%	14.5%	7.5%	6.0%	100.0 %

Field survey in Ghana: June 2016

Table 33 above shows that 294 (36.3%) of the 811 respondents strongly agree that Ghana's experience in the use of Community Radio for HIV/AIDS communication will be of use to Nigerian AIDS Control Agency. Another 289 (35.6%) respondents also agree. However, 61

(7.5%) respondents disagree while another 49 (6.0%) in fact, strongly disagree. A total of 118 (14.5%) respondents are undecided.

However, Questions 25 and 26 are qualitative in structure seeking suggestions from respondents on programming. Therefore, data gathered in this respect were collated and summarised as follows:

On the issue of how to make community radio programmes more valuable, the respondents called for knowledgeable resource persons as presenters. This suggestion requires more efforts on the part of Community Radio managers to ensure that knowledgeable resource persons are invited to enrich discussion on programmes. The

volunteers should not assume they were subject matter experts because they knew something about everything. Reading about a subject preparatory to a programme production does not make one an expert. The programme producer must understand that an expert would effortlessly put the issue in context and with local examples that resonate with community members.

The respondents also advocated for health programmes to be allocated more time on the broadcast schedule. By this suggestion, respondents put premium on their health and that of the communities. The suggestion also implies that community members were happy with health programmes on their community radio stations but were desirous of longer duration or increased frequency of the health contents.

On the type of programmes they desire on the community radio, the respondents said programmes should be in the local languages and should be more interactive. This reconfirms earlier data that underscored the importance of indigenous languages in community broadcasting. Currently, Radio Emashie, Pokuase broadcasts in Ga and English languages. According to McCarthy (2016), a KII subject, the station broadcasts 75% of its programmes in Ga language and 25% in English and Ewe languages. Radio Peace, Winneba on the other hand, broadcasts predominantly in Fante language. But also have small contents in English, Efuttu and Awutu languages. Confirming this, Ghartey-Tagoe (2016) noted that Fante language took 80% of the station's broadcast; English language, 10% while Efuttu and Awutu shared the remaining 10%. This suggestion, in fact, indicates that respondents did not want to hear programmes in any language other than the local ones.

Funding is another suggestion by the respondents. They said community radio should be better resourced**.** This indicates that the challenges of funding community radio have overtly manifested in programming to the extent that they were noticeable by

listeners and community members. However, on the flip side, it might also imply that community members truly owned and were involved in the running of the community radio stations; therefore, they were aware of the financial status and funding challenges as stated by McCarthy (2016) and Ghartey-Tagoe (2016) in the KII sessions.

Lastly, the respondents called for the introduction of youth oriented programmes on community radio stations. This is probably informed by the demographic data returned by the questionnaire which put the majority of respondents (34%) within the 18 – 23 years' age bracket while another 32.1% were within 24 - 30 years of age. At this age, music, drama, sports and entertainment were found attractive. An analysis of Radio Peace Programme Schedule revealed that the station had 40 musical programmes that ran weekly. The shortest of the programmes ran for 15 minutes while the longest was one hour. The cumulative total of hours devoted to music on Radio Peace was 21 hours, an average of 3 hours of music daily and 20.9% of broadcast contents as the station transmits for 14 hours 30 minutes daily.

On Radio Emashie, there were 21 musical programmes running weekly. A content analysis of the Station's Programme Schedule showed that those 21 musical programmes cumulatively took 23 hours of the total weekly broadcast hours. Radio Emashie transmits for 14 hours daily. This shows that the two stations devoted enough time for music. But what kind of music? On Radio Emashie, it was traditional music in Ga language, highlife, reggae and gospel genres. On Radio Peace' the genre of music was described by the station as classical, old tunes and gospel.

It is worthy of note that only Radio Emashie had "Radio drama" on its schedule and it ran on Saturdays from 11:00 a.m to 12 noon. However, Radio Peace had Sports programme every day except Sunday. Whereas, Radio Emashie had Sports programme on Saturdays only. It is also instructive to observe that while Radio Peace had a youth

programme, 'Youth Avenue', Radio Emashie did not have a single youth programme on its schedule.

5.3 Discussion and Implications of Findings

This study, conducted in two communities, Pokuase in Greater Accra region and Winneba, Central region both in Ghana, deployed three research instruments: Questionnaire, Key Informant Interview (KII) Guide and Observation Methods. Having analysed the data returned by the three instruments, the discussion of the findings was hinged on the research questions. The state of HIV/ AIDS communication in Pokuase and Winneba, from the findings of this research, is that of a community that has high level of awareness of HIV/ AIDS. This outcome further validates Ghana's Demographic and Health survey (DHS) of 2008 which notes that in the general population, awareness of HIV is almost universal (98% for women and 99% for men).

Bowen and Goldstein (2010) in their 2009 'AudienceScapes surveys in Ghana and Kenya,' also confirmed the high rate of awareness. The surveys suggest that information about HIV/AIDS is readily accessible to most people-particularly on the radio, and that around three fourths of respondents in each survey said they have heard an HIV/AIDS message on the radio. Having established that members of Pokuase and Winneba communities were aware of the causes and prevention of HIV infection, the research findings further determined the channel of communication through which community members got their information.

The findings established television as the number one with a marginal lead of 39.7% over community radio's 36.9%. Face-to-face meetings came a distant third (13.65%). The findings were further validated by the KII. In her response to the channels

of communication her office used, the Health Promotion Officer of Ga west Municipal Health Directorate pointed out:

> We don't only use community radio, we use other radio and television stations as well. It depends on the group of people, that is the target audience we want to meet, if we want to meet the youth, they are always glued to the television set, so we have to send the messages to the television station (KII with Naa Afaale Sackley Dagadu at Pokuase: 2016).

Television would remain a major medium wherever its signals are received. Since health communication in Ghana adopted a multi-channel approach to communicating HIV/ AIDS which trickled down to the community level, then it was understandable why Winneba and Pokuase with television signals, would record marginally higher percentage of respondents who got their information on television.

The audio-visual attributes of television and the dominance of youth and students among the respondents, probably explain the choice of television. The mass media as exemplified by television, are still potent in raising awareness in communities where signals are received and electricity stable, a luxury in the sub-Sahara. Wellings and Macdowall (2000: 23), drawing on Tones et al. (1990) reinforce this view that "the strength of the mass media . . . lies in helping to put issues on the public agenda, in reinforcing local efforts, in raising consciousness about . . . issues and in conveying simple information . . ." The strength of television, however, does not weaken the influence of community radio as a culturally inclined and community-centred medium. In fact, the community radio of Pokuase community, Radio Emashie is the leading source of information with 43.1% of respondents. These results reinforce existing literature (Prilutski: 2010, UNESCO: 2012, Akingbulu: 2010, Adegbola: 2010, Oosterman, and Jop de Vrieze: 2008, among others) on the strength of community radio. The scholars have drawn conclusions about the lead role of radio in creating awareness about HIV/ AIDS. Prilutski (2010) particularly noted that:

> In a study on the implementation of a vitamin regimen in a Ghanaian village, it was determined that radio is the best way to communicate because, although many Ghanaians do not personally own a radio, most have access to one.

Therefore, regardless of the influence of television on youths and students, community radio remains the choice of the community.

Respondents who got their HIV-related information in English language were in the majority (52.5%) while 47.5% confirmed their information was in the local language. This correlates with 39.7% of respondents who said that television was their primary source of HIV/ AIDS information. Television stations in Ghana transmits largely in English language.

To put this result in perspective, majority (55.8%) of the respondents that said they were being informed in English language were students. Traders (26.3%) were in the majority of respondents that said they were being informed in the local languages. Self-employed, 90 (24.1%); Students, 80 (21.4%); Employees, 76 (20.4%) and Farmers, 29 (7.8%). From the KII, Radio Emashie broadcasts 25% of its programme in English language (MacCarthy: 2016), while Radio Peace broadcasts 10% of its programmes in English language (Ghartey-Tagoe: 2016).

This research found out that community radio presenters sometimes struggled with the right local translations for some HIV/ AIDS words and terminologies and in the process, they switched to English to drive home the point. This implies that the percentage of English language contents on the sample community radio stations may be higher than stated by the managers of both stations.

On the other hand, 55.2% of respondents preferred the community radio as a channel to carry any HIV-related message meant for them while only 29.8% preferred the television channel. 74.3% of respondents within the age category of 40 years and above preferred the community radio as a channel of information about HIV/ AIDS. The data for

18 – 23 years category of respondents also showed that 42.1% of them preferred the community radio while 41.8% preferred the television.

The implication of the above situation where the majority got their information from television but preferred the community radio to be the channel of communication is that the community radio stations were not broadcasting enough programmes on HIV/ AIDS. This further correlates the respondent's call for programmes to be in the local languages when asked to provide suggestions on what would make health programming on Radio Emashie and Radio Peace valuable to them. The call for more broadcast in the local languages aligns with media content localisation and decentralisation demanded by the democratic-participant media theory. Folarin (1998:29-30) explained that the democratic-participant media theory demands of the media that "In the place of monopolisation, it calls for pluralism; in place of centralism it advocates decentralisation and localism."

Another feasible reason why the majority got their information from television but preferred the community radio to be the channel of communication perhaps was that the programmes are not regular and consistent or the transmission is not stable as acknowledged by one of the KII subjects, the Acting Head of Station, Radio Emashie, "It is about the frequent power outage, then the funding and maybe sometimes our transmitter too develops some kinds of problem." The situation described by the KII subject has the high probability of ceding the media terrain and the airwaves to the television.

On the other hand, it might imply less frequency of HIV-related programmes on the community radio than the television. This may not be too far from the truth as the Director of Radio Peace in the KII, disclosed that direct HIV/ AIDS programmes they broadcast on the station were those syndicated by the Ghana Community Radio Network (GCRN) to all community radio stations in Ghana sometimes ago. In response to the question on whether

Radio Peace currently runs a programme on HIV, he responded, "At the moment, not directly but at times, we have it as episodes on our other health programmes."

One of the attributes that differentiate community radio from the conventional radio is the language of broadcast and the feedback mechanism, which is the awareness of the audience on how to communicate back to the station. The analysis of data gathered for this research established that majority of the respondents were aware of the feedback mechanism of their community radio stations. The statistics analysed showed that 67.2% of respondents confirmed that they knew how to communicate back to the media channels through which they got their information about HIV prevention. This was confirmed by all the volunteers and the Station Managers interviewed as stated in the data analysis.

It also reinforces the central point of the democratic-participant Media theory, which according to McQuail (1983:97), "has to do with the right to relevant information, the right to answer back, the right to use the means of communication for interaction in small scale settings of community, interest group, subculture." The KII subjects all highlighted 'phone-in' facility during programmes; face-to-face engagement with members of the community and visit of community members to the stations as three key feedback mechanisms in place. Adegbola (2010:76) further acknowledged the effectiveness of feedback at the community radio level of broadcast industry:

> Community radio however, provides probably the most effective feedback channel for radio broadcasts in the sense that a community can respond to broadcast from other tiers of radio or from other community radios through their own community radio. They may not be reaching as wide an audience as the other tiers of radio, but at least they are responding to pertinent issues that concern them (probably in unique ways) and this response is available to the generality of those to whom it is relevant. Community radio therefore presents yet another level of media interactivity by which the people can apply necessary control on those who represent them.

One of the KII subjects Radio Peace provided an explicit story of feedback:

> There was a story of a woman who was rejected by her family because she was suspected to have AIDS, she fell ill and was abandoned in a room, she was being

> fed but the food was thrown to her. Anyway, she got better and has been telling her story. We gathered that in telling her story she has gotten some level of acceptance in the community. She was given a spot on the radio here to tell her story and we believe the station partly attributed to her success story (KII with Kwasi Ghartey-Tagoe at Winneba: 2016).

Having established the state of health (HIV/AIDS) communication in Pokuase and Winneba communities, this research further sought to determine the state of community radio HIV/AIDS programming in the two communities. From the data analysed, 600 (74%) of total respondents acknowledged that they listened to Radio Emashie, Pokuase and Radio Peace, Winneba. This was confirmed during the KII by MacCarthy (2016), Ghartey-Tagoe (2016), Nyarkoh (2016), Mankattah (2016). Majozi (2000:144) also confirmed the popularity of community radio when he noted that people "listen to community radio not because it is there but because it provides good quality, locally relevant programming which has definite community flavour." McQuail (1983:97-98) in his democratic-participant media theory proposition, noted that "Media should exist primarily for their audiences and not for media organisations, professionals, or the clients of media." This explains the reasons why they listened (or not) to community radio and this conforms with the theoretical underpinnings of democratic-participant media theory upon which this study is based.

Interestingly, out of the 600 respondents who say 'Yes' to listening to Radio Emashie/ Radio Peace as stated above, 38.5% listen to community radio because the stations broadcast in their local dialect; 32% listen because the programmes are about happenings in their communities; 12.1% listen because the community radio is owned by their community while 7.8% listen because the broadcasters are community members.

The implication of this analysis which was also validated by the KII, is that community radio is maximising its area of comparative advantage over the mass media. The area includes broadcasting in local languages; community ownership and control;

community members as presenters/ producers and dominance of local contents in programming. All these formed parts of the principles guiding the democratic-participant media theory and further corroborated by Mishra (2017:1) in his 10-point major features of democratic-participant media theory, “Participation and interaction of media and audience (as both are from the same group of population).

A brief recall of some KII excerpts reinforced this view: Nyarkoh (2016), a volunteer presenter at Radio Peace said, “I am staying in the community, so at times I do visit…hotspots, … interact and discuss [programme ideas] with the people there.” Dagadu (2016), a Health Promotion Officer at the Municipal Health District noted, “We use community radio because that is what most of the people in the community listen to… community radio… comes down to local dialect, so with that, one you can reach the locals as well.”

A local Chief of Sankor, Winneba, Neeyi (Chief) Kojo Tetteh III of Sankor community simply put it, “Any education that comes out of Radio Peace is well noted by community members. Some of my community members contribute to what they do.” According to an opinion leader of Pokuase who is also an Assembly member, Gad Yeboah, “The radio (Radio Emashie) is for the community…it is for us.” The above narratives are captured in the theoretical framework hinged on the democratic-participant media theory.

From the context of community sense of ownership and belonging, the ritualistic patronage of community radio by community audience because “it is our own. It belongs to our community” was noted by McQuail (1983:97-98) that “Groups, organisations and local communities should have their own media.” Mishra (2017:1) also expressed similar view: "Different communities, groups and organizations possessing their own media”.

Community participation in programme development, production and presentation is another key attribute of community radio investigated by this study. The results show

that 62% of respondents had never, at any time, been involved in the production or presentation of programmes on the two community radio stations under study. However, 34% of respondents claimed to have been involved in programme production or presentation on the two community radio stations.

These results were validated by KII: Mr Abdul Hameed Amponsah, a Volunteer Senior Producer and Head of News, Radio Peace Winneba stated: "In radio peace's programme, it is participatory, we bring community members to also make their input…we have to seek their ideas…whatever we do is participatory." This validates the existing literature such as Chapman et al (2003), Taiwo and Asmah (2012:2) which suggest that the community element of rural radio encourages active participation of the audience; engagement of community's intellectual resources; and community ownership of the radio station.

This literature is further corroborated by Mankattah of Radio Emashie:

> [for] the production, we normally get somebody on the field who will go to the community and interact with them and ask them questions, on air too, when we are doing it, we activate the phone line so community members also call in, and tell us what they know about HIV/AIDS or about any topic we are discussing on the health segment (KII with Nii Danso Mankattah at Pokuase: 2016).

MacCarthy also of Radio Emashie observed that "it is the community members who come up with the kind of programme they want run at the station… and in some of our programmes too, we invite some of the community members to be part of the programme." More validation of this results includes: Oso (2003:39`) who noted that "the community media is to serve as the voice of the community, serving to articulate their interests, in their own language and promoting a community in a dialogue with itself and the outside world."; and Jegede (2013:280) who affirmed that community radio is characterised by access, public participation in production and decision making, and its operations rely mainly on the community resources.

Similarly, Quarmyne (2001) expressed the opinion that community radio stations are set up with the aim to "enable marginalised communities and groups to generate and share their knowledge and experience", a view that aligns with the postulations of the Democratic Participant Media theory. The results of this research as informed by the quantitative and qualitative data collected, strongly validate Servaes (1999:88) narratives of content normative perspective to participatory communication model like Democratic Participant Media Theory:

> [The participatory model] stresses the importance of the cultural identity of local communities and of democratisation and participation at all levels – international, national, local, and individual. It points to a strategy that is not merely inclusive of but largely emanates from the traditional receivers' (Servaes, 1999: 88).

According to McQuail (1983:97-98), highlights of the principles of the Democratic-Participant Media Theory include individual citizens and minority groups' rights of access to media (right to communicate) and rights to be served by the media according to their own determination of need. This postulation was further validated by both quantitative and qualitative data gathered, presented and analysed earlier by the researcher.

Furthermore, this research established that 73.5% of respondents have listened to HIV/ AIDS-related programmes on both Radio Emashie and Radio Peace. Interestingly, the majority, representing 36.2% of respondents could recollect hearing the message, "Avoid unprotected sex with casual partners (Use a condom if you must)". Another 28.4% respondents confirmed "All of the above"' meaning that they could remember hearing "Avoid unprotected sex with casual partners (Use a condom if you must); Mother-to-Child transmission of HIV; Blood transfusion and HIV; and Sharing needles, syringes, razors and toothbrushes."

This implies that there is high-level of awareness amongst the community members. Not only that, it means that community members did receive information from the community radio station, on how to prevent HIV infection, a view that got confirmed also by the KII: Nyarkoh (2016) and Ghartey-Tagoe (2016). The implication of these results is that community radio stations in Pokuase and Winneba, Ghana are open in access, to an extent, participatory in programming and largely inclusive in ownership and control.

In HIV/ AIDS communication, health education leading to behavioural and attitudinal changes is a key objective of the communication process. According to the data analysis, 75.2% of respondents said that HIV/ AIDS programmes on Radio Peace Winneba and Radio Emashie, Pokuase encouraged them and their families to take precautions against HIV infection. Similarly, 78.5% accepted that their behaviours had been influenced by HIV/ AIDS messages received through their community radio stations; while 69.2% of respondents said they had at one time or the other shared information on HIV/ AIDS prevention heard on Radio Emashie and Radio Peace, with their friends and families. Interestingly, 62.8% did not feel at risk of getting HIV as a result of listening to a programme on Radio Emashie or Radio Peace.

This is in line with Behavioural Change Communication (BCC) which primarily focuses on changing individual behaviours. Many health programmes are designed based on the concept of Behavioural Change Communication (BCC). The Communication Officer at the Ghana AIDS Commission, Patricia Anum-Dorhuso in her KII confirmed that "currently we are focusing more on Behavoural Change Communication (BCC), that is prevention." The above implies that there were less risky behaviours among the respondents due to programme aired on the community radio stations. It also implies that

community radio was stimulating behavioural changes towards healthy living among community members.

Another focus area of this research was determining how community radio could be deployed to strengthen HIV/AIDS communication and improve adoption of preventive measures by community members. The effectiveness of community radio in HIV/ AIDS communication is dependent on a number of factors: regularity of programme on HIV/ AIDS; the number of programmes on HIV/ AIDS that is running on the station; the stability of transmission; as well as cultural sensitivity of programme contents.

To underscore the criticality of regular programmes on HIV prevention by community radio, 64.7% of respondents strongly agreed that it would prevent HIV infection among community members, 30.8% also agree while 0.9% disagree and 0.5% strongly disagree. This result was further validated by KII. The implication of this is that when an HIV-related broadcast programme is irregular and inconsistent, its efficiency and effectiveness in driving any attitudinal change is compromised.

In other words, for community radio to be an effective tool for HIV/ AIDS communication, the content devoted for such must be consistent. Regularity (daily, weekly, etc.) of broadcast of a particular programme drives consistent exposure of community members to such a programme. One of the KII subjects, aptly put it,

> There is an adage in my language that says,' if you do not put a soup on fire frequently it will go bad'. So, that is the nature of human being too, if you don't give them information frequently, the person may forget and go back to his old ways (KII with Abdul Hameed Amponsah at Winneba: 2016).

Connected to programme consistency is the number of HIV-related programmes that a community radio station carries on its schedule. The higher the number of HIV-related programmes that run on a station, the higher the impact of the programme on the audience. This view was supported by 42.8% of respondents who strongly agreed that

increase in the number of programmes on HIV infection would improve listeners' ability to recall the message and to adopt preventive measures against infection. Similarly, another 29.7% agreed to the above statement. The implication of this is that the higher the number of programmes on HIV prevention by a community radio, the higher the audience's capacity to recall the message of the broadcast, and the more likely they are to adopt the preventive measures against HIV infection as encouraged by the programme.

Another critical issue in deploying community radio for effective health communication is transmission stability which is a technical function but with overwhelming impact on every other thing the station does or plans to do. This research returned the data that confirmed that 46.5% strongly agreed and another 42.4% of respondents agreed that stable transmission by community radio strengthens audience' loyalty and increase audience' exposure to its programmes. This sumed up to 88.9% of respondents agreeing to the statement.

One of the KII subjects at Radio Peace apparently identified this as his critical success factor when he confirmed that "we entered into agreement…some kinds of collaboration with Vodafone. They are housing our transmitter at their base. Now its constantly on and not having problem…". When the "down time" of a community radio is almost zero, then the station is consistently on air. This leads to audience loyalty because they are assured that whenever they tune to the station, the station would be on air.

Due to these steps to achieve consistency, the KII subject, said further that "For now, our transmitter has not been shut down for about four years at all and we have not had any problem…solar is our primary source of power." Therefore, the quantitative data was validated by the KII and the researcher's observation data on stable transmission. The consequence of this is that the higher the 'up time' of a community radio transmission, the stronger the audience loyalty to the station and the higher the exposure of the audience to

its programmes. Therefore, for community radio to be effective in health communication, it must be consistently on air.

Other critical factors worthy of consideration in making community radio effective in disseminating HIV/ AIDS-related information is cultural appropriateness of its contents as well as increased community participation in programme production and presentation. As stated earlier, 40.3% of respondents strongly agreed and another 30% agreed that transmission of culturally appropriate HIV/ AIDS programmes in the local language would improve adoption of preventive measures by members of Pokuase and Winneba communities.

Prilutski (2010), aptly explains that 'the closer a message is to the culture, expectations, and lifestyle of individuals and the more integrated a campaign is, the more effectively health communication information can be communicated to the Ghanaian people.' This suggests that community radio audience would listen to a community radio station to satisfy their desire to be informed in their own language, which would in turn stimulate greater participation as required in the democratic-participant media theory.

In the same vein, participation of audience in programming can drive media usage. When the audience is part of the production process, they tune-in to the station and encourage families and friends to do so frequently. Members of Pokuase and Winneba communities, Ghana are very much interested in being involved in the production and presentation of programmes on Radio Emashie and Radio Peace as revealed by this research. 53.5% of the respondents strongly agree that increased community participation in HIV/ AIDS programme production and presentation would prevent the spread of HIV infection among members of Pokuase and Winneba communities. Another 33.1% agree, summing up total agreement to 86.6% of respondents.

The implication of these findings is that community radio stations would lose their major source of legitimacy if they do not strengthen the community engagement aspect of their operations. Maintaining the status quo is obviously no longer acceptable to the audience. Improving the status quo is the demand by the members of the community. They desired more active roles in programming. They wanted their voices heard louder; and demanded to be more involved.

This research conducted in Ghana has provided insights into health communication and the role of community radio in HIV/ AIDS prevention in Ghana and has also derived some lessons for the development of community radio in Nigeria and other countries. The challenges of community radio in Ghana, according to one of the KII subjects, is "Frequent power outage, then the funding and maybe sometimes our transmitter too develops some kinds of problem. We have to work on it; and without the transmitter we cannot go on air."

Another challenge is "Volunteerism… because people didn't understand…they thought it is a radio station, so I am coming to look for appointment, a full time job. It became a problem" Ghartey-Tagoe (2016). He said further:

> The big challenge normally comes with the support or Logistics, when I say logistics, I mean finances, transportation and all because most of those things that we do, it's in the community… So sometimes when the logistics are few we won't be able to cover bigger areas… And also in terms of management, we really do not have very qualified personnel, every morning for instance, we meet as a group to discuss what happened a day before, also, we do a lot of trainings and they eventually learn on the job (KII with Kwasi Ghartey-Tagoe at Winneba: 2016).

These findings noted that 57.7% of respondents either strongly agreed or just agreed that challenges of community radio in Ghana were guides for developing Nigeria's emerging community radio industry. However, 49.7% constituting the majority of respondents, disagreed or strongly disagreed that there was nothing for Nigeria or any other country to learn from Ghana in community broadcasting. The challenges and

solutions templates of Radio Peace as stated earlier would be very useful to other countries Nigeria's community radio operators.

According to the Coordinator of Nigerian Community Radio Coalition (NCRC), Mr Akin Akingbulu, a KII subject in this study:

> Nigeria seeks to have an improved model and for any country to have that one, that is to say when a country has developed something ahead of you, when your own is coming up, you want to improve on what they have done. So you have to know their challenges and successes. This is why, as you probably know, during the time of advocacy, Nigeria sent delegates to Ghana: Radio Peace, Radio Ada… (KII with Akin Akingbulu at Lagos: 2016).

The period of advocacy is over in Nigeria. The Nigerian community radio stakeholders did well to visit Ghana at the time of struggle and advocacy to get the government to grant licences, but that should not be the end of learning. In fact, they need the visit now more than ever. It is imperative to embark on a study visit to selected community radio stations in Ghana to carefully understudy their sustainability model which includes programming, funding, staffing and technical issues (power, transmission).

CHAPTER SIX

SUMMARY, RECOMMENDATIONS AND CONCLUSION

This chapter presents the summary of this study, the key findings, recommendations, conclusion and suggestions for further studies.

6.1 Summary

With global estimated 36.7 million people living with HIV in 2015 (UNAIDS Fact Sheet: 2016), HIV/AIDS ranks among the top health issues on the global development agenda, especially in sub-Saharan Africa where 24.7 million people are living with HIV, and accounting for nearly 71% of global total (UNAIDS Gap Report 2014). In Ghana, the state of HIV/AIDS based on WHO classification, is 'generalised epidemic' (when the prevalence is 1% or greater in the general population). HIV prevalence among key populations in Ghana is very high (Ghana AIDS Commission 2014 Status Report).

The magnitude of challenges presented by HIV epidemic has attracted the attention of experts from various fields including development, humanitarian, public health and communication among others. Communication specialists, however, sometimes differ in their approaches to using communication to solve health related problems such as the spread of HIV infection. While some maximise the use of the conventional mass media (radio, television, newspaper, cinema) because of their wide reach, some concentrate on other channels that may be limited in reach but targeting specific population. Such channels include traditional media (dances, festivals, folklore, town crier, etc.); community media (community radio, community newspaper).

A lot of literature have been written on the strengths and weaknesses of all these channels of communication. The conception of the conventional mass media as being 'powerful' and the attendant preponderance of hinging health (HIV/ AIDS) communication strategy on the mass media without any mention of community radio, as exemplified by

the Communication Strategy of Ghana AIDS Commission, calls for investigation. Defined as a community-based radio station, run and owned by the community to serve the interest of its host community and provide unfettered access for community members to express their views through uninhibited inclusion in the production process, community radio has been attributed with so much powers, which also need a re-examination especially in the context of HIV/ AIDS communication. This research, therefore, focused on health communication and the role of community radio in HIV/ AIDS prevention in Ghana and its implications for Nigeria.

Chapter One of this study presents the background to health communication and the role of community radio in HIV/ AIDS prevention in Ghana; aim and objectives of the study; justification for this study as well as research questions and definition of terms. Chapter Two presents a review of related literatures which is divided into sections such as health communication, HIV/ AIDS overview in Ghana, and community radio as a tool for community engagement.

Chapter Three presents the theoretical framework which briefly examines the Public Sphere theory, Health Believe Model and the Social Responsibility theory as partially related theories to this study; but extensively discusses the Democratic-Participant Media Theory as the theoretical underpinning of this study. The chapter features a model of relationship between democratic-participant theory and community radio philosophy; and another model of interface between democratic-participant theory and the concept of this thesis.

Chapter Four of this study discusses the research design and methodology. The chapter describes the population of the study; explains the sampling technique, the sources of data, research instruments and administration, validity and reliability of questionnaire, the data collection procedure as well as method of data analysis.

Chapter Five deals with presentation of data, analysis and interpretation. The quantitative and qualitative data collected from the sample population are discussed and analysed by the researcher. The data from the questionnaire were analysed based on research objectives while data from the Key Informant Interview and Observation are integrated to strengthen the study. From the five chapters, a seamless flow of the research process is established. It is on the strength of this that the following findings and conclusions are made:

6.2 Key Findings

Based on the data analysis earlier presented, the following key findings, therefore, emerged:

i) Pokuase in Greater Accra region and Winneba in Central region of Ghana have the awareness of HIV/ AIDS as evident in the results of this study which indicated a high-level awareness of causes and prevention of HIV infection in both communities. 96.8% of the total respondents stated they were aware of HIV/ AIDS disease. This outcome corresponds with Ghana's Demographic and Health Survey (DHS) of 2008 which notes that in the general population, awareness of HIV is almost universal (98% for women and 99% for men). Awareness cannot be created through one medium. The high level of awareness is a product of multi-channels awareness campaign by the government, the civil society and other stakeholders in Ghana.

ii) Notwithstanding the strength of community radio as a grassroots medium that promotes community aspiration and nurtures community participation in development, television has continued to wield its power of sight and sound even at the community level. The study found that wherever community radio

and television signals are received, the overwhelming power of community radio is weakened by television's combination of sight and sound. This was evident in this research as 39.7% of total respondents in Pokuase and Winneba communities claimed to have got information about HIV/ AIDS from the community radio while television claimed 36.9%. Despite this, majority (55.2%) prefer community radio to carry any HIV-related information meant for them and they are ardent listeners of community radio stations. They listen to these community radio stations for many reasons ranging from broadcast in the local dialects, local contents, community ownership, and community-based broadcasters. These are some of the attributes that make community radio the station at the heart of the community, for the community and by the community, and that which builds mutual trust with the community.

iii) Radio Emashie, Pokuase and Radio Peace, Winneba have contributed to the high-level awareness of HIV/AIDS in their host communities. They were found to have developed and were running programmes on HIV/ AIDS prevention and stigmatisation as part of their regular health programmes. There is community radio audience feedback at Pokuase and Winneba as majority of respondents claimed to know how to communicate back to the community radio stations through which they were getting informed about HIV/ AIDS. The quantitative data returned a 67.2% majority and the KII validated with highlights of feedback mechanism: Studio telephone lines, community members' visit to the stations, community consultations and station's evaluation forms.

iv) The participation of community members in community radio programme production and presentation was found to be limited in Pokuase and Winneba

due to challenges of funding. Majority (66.3%) of the respondents claim they have not at any time been involved in programme production or presentation on their community radio stations. This has an implication on community access component of community broadcasting which community radio symbolises. In spite of this, 33.7% of community participation in programme is sizeable and a modest achievement for community radio in Pokuase and Winneba. Interestingly, a total of 86.7% respondents felt that increased community participation in community radio programming will prevent the spread of HIV disease. This indicates that Radio Emashie, Pokuasie and Radio Peace, Winneba need to involve community members more in their programme production process.

v) Community radio engenders HIV message recall by community members. The majority of community members of Pokuase and Winneba who have listened to HIV/ AIDS-related programmes on Radio Emashie and Radio Peace could remember the message, 'Avoid unprotected sex with casual partners (Use a condom if you must)' while only 28.4% of respondents confirmed hearing all these: "Avoid unprotected sex with casual partners (Use a condom if you must); Mother-to-Child transmission of HIV; Blood transfusion and HIV; and Sharing needles, syringes, razors and toothbrushes." This reconfirms the high level of awareness.

vi) Community members have, because of HIV-related programmes on Radio Emashie and Radio Peace, adopted certain behaviours to prevent HIV infection. Majority (75.0%) including their family and friends, have been encouraged by community radio to take precautions against HIV infections. The most adopted behaviour among the community members was the use of condom (33%);

followed by ‘Faithful to partner/ limited number of sexual partners (32.8%); and ownership of barber’s clipper, manicure/pedicure kits (15%).

vii) The frequency and consistency of HIV-related programmes on Radio Emashie and Radio Peace were inadequate to strengthen HIV/AIDS communication and improve preventive measure uptake by community members. However, stable transmission of broadcast signals and transmission of culturally appropriate programmes on HIV/ AIDS in the local languages were established in the communities.

Despite the high percentage of respondents who were listeners of HIV-related programmes on the two community radio stations, majority of them yet believed that regular programmes and increase in the number of programmes on HIV prevention by community radio stations would further improve listeners’ recall of key messages and prevent the spread of HIV among community members.

Similarly, stable transmission of broadcast signals by community radio stations was established and this has the tendency to increase community exposure to radio programmes and strengthen audience’s loyalty to the community stations. The KII validated the importance of stable transmission and presence on the airwaves as returned by both quantitative and qualitative data. The Director of Radio Peace, Winneba gleefully claimed, “For now, our transmitter has not been shut down for about four years.”

Respondents have suggested, in response to open-ended questions at the end of the questionnaire, that more time should be allocated to health programme with possibility of repeat within the week; that community radio stations should

introduce youth-oriented programme and make their programmes more interactive.

viii) Lessons derived from community radio broadcasting in Ghana that could be useful to develop sustainable operation of community radio in Nigeria include:

- Collaboration with telecom operators for co-location of community radio transmitter with the telecom base station to ensure uninterrupted power supply.
- Solar energy as power source. Where fuel-powered generator is to be used, not bigger than 2KVA engine should be used to bring down cost of fuel and maintenance
- Youths in the community should be trained as volunteer-broadcasters and encouraged to serve for a long time.
- Programme sponsorship on community radio should be centralised through the community radio association which will distribute the content and also equitably share the sponsorship fund amongst community radio stations in such a way that every station is involved and gets remunerated.

6.3 Recommendations

i) HIV/AIDS Communication focus should move from awareness creation to knowledge building. Community radio stations in Ghana should intensify communication that focuses on enhancing the knowledge of HIV/ AIDS among the general population. Comprehensive knowledge about HIV among the general population had decreased (GDHS2014). Knowledge decreased from 25% to 18% among women compared to 33% among men from 2008 to 2014. This was as a result of less programmatic efforts focused on the general population compared to key populations (NSP 2016-2020:4-5). For instance, the

only message majority of respondents could remember was 'Avoid unprotected sex with casual partners (Use a condom if you must)'; whereas, only 28.4% of respondents confirmed hearing these on community radio stations: "Avoid unprotected sex with casual partners (Use a condom if you must); Mother-to-Child transmission of HIV; Blood transfusion and HIV; and Sharing needles, syringes, razors and toothbrushes." Community radio has a huge role to play in increasing people's knowledge about HIV, and the message has to be repeated for emphasis and attention.

ii) Community radio should remain unwavering in operating as a community radio. They should be wary of the temptation to operate like the conventional radio station. In an environment where the community radio shares the air space with a conventional radio or television station, the community must adhere to its principles which would be its Unique Selling Proposition (USP), otherwise, it would be consumed by the conventional broadcast stations. To retain the listenership of their audience, community radio stations should be committed to their traditional roles of broadcasting in the local dialects; transmitting community-based contents anchored by community-based presenters. They must also be inclusive in ownership and control.

iii) Community radio stations should strengthen community participation in programme development, production and presentation to retain their relevance in the communities while ensuring transmission of culturally appropriate programmes on HIV/ AIDS in the local languages. Appropriate language and analogies to explain key HIV/ AIDS-related concepts in local languages should be developed. Producers/ presenters of health programmes on community radio should be properly trained in the local languages to have a masterly grasp of

correct translations of words and terminologies of HIV/ AIDS disease. This eliminates the situation where health programme presenters in the local language struggle to explain terminologies in the local dialect, and would have to switch to English language to explain better. The major path to ensuring community access component of community broadcasting and community radio sustainability lies in community participation and access as well as broadcasting in the local dialects.

iv) The frequency and consistency of HIV-related programmes on community radio stations should be increased to further strengthen existing positive behaviours and discourage the negative ones in the community. To ensure stable transmission of broadcast signals, community radio stations need to innovate through bilateral collaborations, to generate power outside the national grid. Community radio stations should look beyond the use of fuel-powered electricity generators for the stations as these come with huge running cost especially the recurrent cost of fuel. They should consider investing in solar as an energy source, irrespective of cost.

v) Youth-oriented programmes should be increased in community radio schedules. Many community radio stations come across to the youth as station for the aged due to youth programme tokenism. Youth are attracted to music, drama, sports and entertainment. These can be provided by community radio without compromising on the language of broadcast.

vi) Community radio operators in Nigeria should understudy, through industrial attachment, the operations of community radio in Ghana with a view to developing the Nigerian model that would take into account, the challenges and achievements of community radio operation in Ghana.

6.4 Conclusion

The Human Immunodeficiency Virus (HIV) and its offshoot, the Acquired Immuned Deficiency Syndrome (AIDS) remain incurable and an epidemic. The seriousness of the impact of this disease on the social and economic sectors of various countries, especially those in the sub-Sahara, has made the United Nations and its member States to pay closer attention and channel resources to arrest the scourge. To curtail the spread of HIV, communication must be strategic with efficient and effective media tools ranging from conventional mass media to community radio and face-to-face engagements. However, the medium of communication and the message must align with the target audience. At the community level, a community-based medium such as the community radio would have a role to play.

This study has established a high-level awareness of HIV/AIDS in Ghana and the need to change communication focus from "creating awareness" to "building knowledge" in the country. Community radio HIV-related programmes should also be refocused on the knowledge aspect of prevention rather than the awareness side.

Aside the strength of community radio as a grassroots medium that promotes community aspiration and nurtures community participation in development, television has continued to wield its power of sight and sound even at the community level. In a community where television and community radio signals are received by the people, the power of community radio is weakened by television's advantage of sight and sound.

However, despite the influence of television with its power of sights and sounds, community radio still has a marginal edge as a medium of disseminating information about HIV/ AIDS prevention at the community level due to dominance of local content and language; community ownership of the radio station; as well as the use of community members as presenters. On the other hand, it can be inferred that the power of the

television to influence behavioural change at the community level is decimated by its limitation of language of broadcast which is predominantly English language.

One of the key attributes of community radio is the participatory method of its operations and programming. From this study, the participation of sub-urban and rural community members in community radio programme production and presentation is limited due to factors that are directly linked to funding. Therefore, consistencies in programme transmission, increased community participation in HIV/ AIDS programme production and presentation would improve HIV message recall, adoption of positive behaviours and therefore, prevent the spread of HIV infections in the community.

This study has been able to establish that exposure to community radio's programming on HIV/ AIDS prevention has influenced the attitude and behaviour of sub-urban and rural dwellers in Ghana. The most adopted behaviour by community members of Ghana's sub-urban and rural areas due to exposure to community radio HIV-related programmes, is the use of condom (33%), followed closely by faithfulness to one's partner/ limited number of sexual partners (32.8%).

In the final analysis, the challenges and successes of community radio broadcasting in Ghana provide a veritable resource and guide for the development of Nigeria's community radio operations. Highlights of these include Ghana's model of volunteerism and training; stability of transmitter through co-habitation with GSM base station; sustainable power source through solar energy; sponsored programme syndication to all community radio stations through Ghana Community Radio Network and participatory programming approach which makes community members active in the production process.

6.5 Suggestions for Further Studies

i. This study should be replicated with wider scope. At least four additional community radio stations in four other regions of Ghana's ten regions should be added to make six radio stations. This will allow for a stronger generalisation of conclusions due to possible differences in community context and media landscape.

ii. There is need to further study the effects of community radio on the community as against individuals in the community. Such studies would focus on changes in community practices rather than individual behaviour. This further research will establish if community radio reinforces community practices (whether good or bad).

iii. Further studies are also needed in the area of policy and strategy for effective health communication in the rural communities

References

Books

Adegbola, T. (2010). *Appropriating Media Interactivity for A Transition from Representative to Participatory Democracy in Nigeria* in Akingbulu (Ed.) Rooting for Community Radio in Nigeria. Institute for Media and Society. Lagos: Panos Institute West Africa.

Akingbulu, A. (2010*). Community Radio as a Tool for Empowerment of Citizens in Nigeria* in Akingbulu (Ed.*). Rooting for Community Radio in Nigeria*. Published by Institute for Media and Society, Lagos and Panos Institute West Africa, Senegal.

Ale, A. (2010). *How Community Radio Aids Developmen*t in Akingbulu (Ed). *Rooting for Community Radio in Nigeria*. Lagos: Institute for Media and Society and Panos Institute.

Anaeto, S. G., Onabajo, O. S., & Osifeso, J. B. (2008). *Models and Theories of Communication.* U.S.A: African Renaissance Books Incorporated.

Anafi, P., Asiamah, E., Agyepong I., Oduro, G. Y., & Owusu-Danso, T. (2012). *Using Appropriate Communication Strategies for HIV Prevention Education in Rural Communities in Ghana.*

Babbie, E. (1990). *Survey Research methods* (2nd Ed.). Belmont, CA: Wadsworth Publishing Company.

Baran, S. J. and Davis, D. K. (2009). *Mass Communication Theory: Foundations, Ferment and Future.* Fifth Edition, Cengage Learning.

Baran, S. J. and Davis, D. K. (2013). *Mass Communication Theory: Foundations, Ferment and Future*. Seventh Edition, Cengage Learning.

Barbie, E. (2013). *The Practice of Social Research (13th Ed.).* USA: Wadsworth, Cengage Learning.

Berelson, B., and Steiner, G. A. (2008). *Human Behavior: An Inventory of Scientific Findings* in Anaeto, S.G., Onabajo, O.S., and Osifeso, J.B. (Eds). *Models and Theories of Communication*. Maryland, U.S.A: African Renaissance Books Incorporated.

Berry, D. (2007). Health Communication: Theory and Practice. Berkshire, England: Open University Press.

Buckley, S., Duer, K., Mendel, T., and ´O Siochrú, S. (2008). *Broadcasting, Voice, and Accountability A Public Interest Approach to Policy, Law, and Regulation. Published in the United States of America.* Washington, D.C: The World Bank Group.

Burton, L. (2007). *Survey Research: Choice of Instrument, Sample*. Johns Hopkins University: Bloomberg School of Public Health.

Chapman R., Blench, R., Kranjac-Berisavljevic', G., and Zakariah, A.B.T. (2003). *Rural Radio in Agricultural Extension: the Example of Vernacular Radio Programmes on Soil and Water Conservation in Northern Ghana*. Accra: Agricultural Research & Extension Network; Network Paper No. 127 January.

Check, J., & Schutt, R. (2012). *Research Methods in Education*. New York: Sage Publications Inc.

Christians, C. J., Glasser, T., McQuail, D., Nordenstreng, K., & White, R. A. (2009). *Normative Theories of the Media: Journalism in Democratic Societies*. Urbana and Chicago: University of Illinois Press.

Coldevin, G. (2003). *Participatory Communication: A Key to Rural Learning Systems*. Rome: the Extension, Education and Communication Service Research, Extension and Training Division Sustainable Development Department: Food and Agriculture Organisation of the United Nations.

Creswell, J. W. (2003). *Research design: Qualitative, Quantitative, and Mixed Methods approaches* (Second Ed.). Thousand Oaks, CA: Sage Publications

Dagron, A. G. (2001). *Making Waves - Stories of Participatory Communication for Social Change: A Report to the Rockefeller Foundation*. New York: The Rockefeller Foundation.

Dana Lynn Driscoll, D. L. (2011). *Introduction to Primary Research: Observations, Surveys, and Interviews*. Library of Congress Cataloguing-in-Publication Data Writing Spaces: Readings On Writing, 1.

Ezeh, N. C., & Enwereuzo, N. V. (2016). *Internet Mediatization: New Opportunity for Women in Politic*s? In Wilson, J. & Gapsiso, N. D. (Eds): Overcoming Gender Inequalities through Technology Integration.Published in the U.S.A. by Information Science Reference-an imprint of IGI Global.

Flanagan, J. (2001). South African Men Rape Babies as 'Cure' for Aids". London: *Telegraph.*

Garba, K. A. (2010) In Liberia, Community Radio Rules the Air Waves in Akingbulu (Ed),

Gay, L. R. (1987*). Educational Research: Competencies for Analysis and Application*, 3rd Edition. Columbus, Ohio: Merrill Publishing Company.

Habermas, J. (1999). *Between Facts and Norms: Contributions to a Discourse Theory of Law and Democracy*. Cambridge, Massachusetts: The MIT Press,

Huesca, R. (2002). *Tracing the History of Participatory Communication Approaches to Development: A Critical Appraisal* in Servaes J. (Ed.) (2002), Approaches to Development Communication. Paris: UNESCO.

Idebi, S.K.O. (2008). *Fundamentals of Radio Production*. Ibadan: Impact Motion Pictures and Media Koncept Nigeria.

Jegede, E. (2013). *Community Radio as Panacea for Community Development: Mexican Radio 'Huayacocotla' and Zimbabwe's Radio Listening Clubs as Paradigms* In Kafelwo, S. A., Iorapuu, T. J. and Dandaura, E. S. Eds. *Theatre Unbound: Reflections on Theatre for Development and Social Change*. Zaria: Society of Nigeria Theatre Artists (SONTA) in collaboration with the Centre of Excellence on Development Communication, Ahmadu Bello University, Zaria and National Orientation Agency, Abuja. June

Katz, E. (1987). Communication research since Lazarsfeld. Public Opinion Quarterly, 51, 525–545. In Ruggiero, T. (2000). Uses and Gratifications Theory in the 21st Century.

Keller, P. A. and Lehmann, D. R. (2008). Designing Effective Health Communications: A Meta-Analysis. 2008, American Marketing Association. ISSN: 0743-9156 (print), 1547-7207 (electronic)

Kothari, C. R. (2004), Research Methodology – Methods and Techniques. New Age International (P) Ltd., Publishers

Lopez Vigil, J. I. (1997). Manual urgente para Radialistas Apasionados in World Association of Community Radio Broadcasters Community Radio Information Pages.

Majozi, M. (2000*). The development of Community Media in South Africa*" in Boafo, K (ed.) cited in Oso, L. (2003), *Community Media: Voices of Challenge and Resistance From Below*. In Oso, L. (ed) Community Media: Voices of the oppressed. Jedididah Publishers, Abeokuta Nigeria.

Marshall, C. and Rossman, G. B. (2005). *Designing Qualitative Research* in Kawulich, B. (2005). *Participant Observation as a Data Collection Method*. Newbury Park, CA: Sage.

McCall, E. (2011), *Communication For Development: Strengthening the effectiveness of the United Nations*. Published jointly by the FAO, ILO, UNAIDS, UNICEF, UNESCO, UNDP and WHO.

McCombie, S.; Hornik, R.C.& Anarfi, JH. (2002). *Effects of a mass media campaign to prevent AIDS among young people in Ghana* in Anafi, P., Asiamah, E., Agyepong I., Oduro G. Y. & Owusu-Danso, T. (2012). *Using Appropriate Communication Strategies for HIV Prevention Education in Rural Communities in Ghana.*

McQuail, D. (1994). *The Rise of Media of Mass Communication* in D. McQuail (Ed.*), Mass Communication Theory: An Introduction*. London: Sage. Pp. 1–29

McQuail, D. (2005). *McQuail's Mass Communication Theory. 5th Edition*. London: Sage Publications.

McQuail, D. (2010). *McQuail's Mass Communication Theory. 6th Edition*. London: Sage Publications.

Mhagama, P. M. (2015). *Community Radio as a Tool for Development: A Case Study of Community Radio Stations in Malawi*. Leicester: Department of Media and Communication, University of Leicester (Unpublished Thesis Submitted for the Degree of Doctor of Philosophy, May).

Musa, M. (2003). Globalisation and Community Media. In Oso, L. Ed. (2003): Community Media: Voices of the oppressed. Abeokuta: Jedididah Publishers.

Nafiz, A. Z. (2012). *Reaching the Community Through Community Radio: Readjusting to the New Realities. A Case Study Investigating the Changing Nature of Community Access and Participation in Three Community Radio Stations in Three Countries New Zealand, Nepal and Sri Lanka*. Canterbury: University of Canterbury (Unpublished Thesis for Degree of Doctor of Philosophy)

Nerone, J. C. (2002). *Social Responsibility Theory* in McQuail, D. (Ed.) *McQuail's Reader in Mass Communication Theory*. London, California & New Delhi: Sage Publication

Norris, P. and Odugbemi, S. (2010). *Evaluating Media Performance*. In Norris, P (Ed.). *Public Sentinel: News Media & Governance Reform*. Washington DC.: The International Bank for Reconstruction and Development / The World Bank,

Northouse, P. G., & Northouse, L. L. *(*1985, 2014*).* Health communication*:* A handbook for health professionals. In Ratzan, Scott C. (Ed.) Aids: Effective Health Communication for the 90s. Published by Routledge. ISBN 1135911827, 9781135911829.

Nwanwene, T. A. (2008). *Functions of Communication in the Prevention and Management of HIV/ AIDS* in Mojaye, E. M.; Oyewo, O. O.; M'Bayo, R. and Sobowale, I. A. Eds. *Health Communication, Gender Violence and ICTs in Nigeria*. Ibadan University Press.

O'Sullivan, G.A., Yonkler, J.A., Morgan, W., and Merritt, A. P. A. (2003). *Field Guide to Designing a Health Communication Strategy*. Baltimore, MD: Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, March.

Ojebode, A. (2010), Ding Community Radio – A Toolkit for Nigerian Communities. Published by Nigeria Community Radio Coalition. ISBN: 978-32710-8-9.

Oso, L. (2003). *Community Media: Voices of Challenge and Resistance From Below* in Oso, L. (Ed). *Community Media: Voices of the oppressed*. Abeokuta Nigeria: Jedididah Publishers.

Padhy, M. K. (2011), Advertising Management: Theory & Practice. *Laxmi Publications*, 1

Ratzan, S. C. (Ed.) (2014) Aids: Effective Health Communication For The 90s. Published by Routledge. ISBN 1135911827, 9781135911829.

Rim-Rukeh, A. and Ogbemi, O. B. (2008). Multi-Dimensional Health Communication: A Tool for Improved Environmental Sanitation. In Mojaye, E. M., Oyewo, O. O., M'Bayo, R. and Sobowale, I. A. (Eds) (2008). Health Communication, Gneder Violence and ICTs in Nigeria. Ibadan University Press

Rogers, E. M. (1995). Diffusion of Innovations (4th ed.). New York: Free Press.

Rogers, E. M. (2003). Diffusion of innovations (5th ed.). New York: Free Press.

Rooting for Community Radio in Nigeria. Published by Institute for Media and Society, Lagos and Panos Institute West Africa, Senegal.

Russell, J. T., Verrill, G. and Lane, W. R. (1988). Kleppner's Advertising Procedure, Tenth edition. Prentice-Hall International edition, ISBN 0-13-516485-0 01.

Servaes J. (Ed.) (2002), Approaches to Development Communication. Paris: UNESCO

Servaes J. (Ed.) (2008), Communication for Development and Social Change. Published by SAGE Publications by arrangement with UNESCO and Jan Servaes

Siebert, F. S., Peterson, T. and Schramm, W. (1956). Four Theories of the Press: The Authoritarian, Libertarian, Social Responsibility and Soviet Communist Concepts of What the Press Should Be and Do. University of Illinois Press, Urbana and Chicago.

UNESCO, (2001). Community Radio in the Broadcasting Scene. Paris: UNESCO Community Radio Handbook.

Yount, R. (2006) 4th ed. Research Design and Statistical Analysis for Christian Ministry

Journals

Achalu, D. I., Obumneke-Okeke, I. M. and Bosah, I. P. (2015). The Role of Communication for Health Development: Implications for Child Development. *International Journal of Scientific Research – IJSR, 4(7): 7 July.. ISSN No 2277 - 8179*

Anderson, J. A. (2000). *Communication theory: Epistemological foundations.* New York: Guilford. In Ruggiero, Thomas E. (2000), Uses and Gratifications Theory in the 21st Century. *Mass Communication and Society*, *3*(1):3–37.

Bashir, A. S. and Gapsiso N. D. (2008). Adolescent's Sources of Information and Perception of Reproductive Health in Adamawa State. *The Nigerian Journal of Communications, African Council for Communication Education (ACCE), Nigerian Chapter, 6(1,2).*

Bertrand, J. T. (2004). Diffusion of Innovations and HIV/AIDS. *Journal of Health Communication*, Taylor & Francis Inc, 9: 113–121.

Chrommie, M. (2004). Radio to Prevent Diarrhoea-Afrghanistan Communication Initiative in Sofowora, O. (Ed.). An assessment of the effectiveness of radio theatre in promoting good healthy living among rural communities in Osun State, Nigeria. *International Journal of Education and Development using Information and Communication Technology (IJEDICT*), 4(2): 78-88.

Damanpour, F (1996). Organizational Complexity and Innovation: Developing and Testing Multiple Contingency Models. *Management Science*, 42 (5): 693–716.

DeFleur, M. L., & Ball-Rokeach, S. (2000). Theories of Mass Communication in Ruggiero, T. (Ed.) Uses and Gratifications Theory in the 21st Century (4th Ed.) New York: Longman. *Mass Communication & Society, 3(1): 3-37.*

Driscoll, D. L. (2011). Introduction to Primary Research: Observations, Surveys, and Interviews. *Writing Spaces: Readings on Writing,* 2:153-174.

Dunu, I. V. (2015). Women Participation in Community Radio in Nigeria: Towards Marginalization or Exclusion? Analysis of Selected Campus Community Radio Stations. *European Scientific Journal*, 11(20):187 – 188.

Elder, R. W., Shults, R. A., Sleet, D. A., Nichols, J. L., Thompson, R. S., & Warda Rajab, M. S, (2004). Effectiveness of Mass Media Campaigns for Reducing Drinking and Driving and Alcohol-Involved Crashes - A Systematic Review. *American Journal Preventive Medicine*, 27(1):57– 65.

Fair, J.E. and Shah, H. (1997). Continuities and Discontinuities in Communication and Development Research since 1958. *Journal of International Communication*, 4(2):3-23.

Ford, N., Williams, R., Renshaw, M., & Nkum, J. (2005). Communication Strategy for Implementing Community IMCI. Journal of Health Communication 10 (5), 379-401. In Prilutski, M. A. (2010). A Brief Look at Effective Health Communication Strategies in Ghana. *The Elon Journal of Undergraduate Research in Communications, 1(2)* Fall.

Ford, N., Williams, R., Renshaw, M., & Nkum, J. (2005). Communication Strategy for Implementing Community IMCI. *Journal of Health Communication*, 10 (5), 379-401.

Groce, N. E., & Trasi, R. (2004). Rape of Individuals with disability: AIDS and the Folk Belief of Virgin Cleansing". *Lancet* 363 (9422): 1663–1664.

Habermas, J. Lennox, S. and Lennox, F. (1964, 1974). The Public Sphere: An Encyclopedia Article. *New German Critique*, 3: 49-55. Published by: Duke University Press.

Harvey, B. (2011). Climate Airwaves: Community Radio, Action Research, and Advocacy for Climate Justice in Ghana. *International Journal of Communication 5:2035–2058* Doi 1932–8036/20112035

MacVaugh, J. and Schiavone, F. (2010). Limits to the Diffusion of Innovation - A Literature Review and Integrative Model. *European Journal of Innovation Management*, 13(2): 197-221. Emerald Group Publishing Limited 1460-1060. Doi 10.1108/14601061011040258

Martin, B. (2000). Beyond mass media. Published in *Metro*, number 101, 1995, pp. 17-23. *Mass Communication & Society*, 3 (1), 3–37.

Meel, B.L. (2003). "The myth of child rape as a cure for HIV/AIDS in Transkei: a case report". *Medical Science Law,* 43 (1): 85–88.

Nwodu, L. C. (2008). Securing the Future: An Empirical Examination of the Influence of 'Zip Up' Campaign on Students' Sexual Behaviour. *The Nigerian Journal of Communications, 6(1 & 2).* African Council for Communication Education (ACCE), Nigerian Chapter

Okwuchukwu, O. G. (2014). The Influence of Media Ownership and Control on Media Agenda Setting in Nigeria. *International Journal of Humanities Social Sciences and Education (IJHSSE)*, 1(7):36-45 July.

Okwuchukwu, O. G. (2014). The Influence of Media Ownership and Control on Media Agenda Setting in Nigeria. International Journal of Humanities Social Sciences and Education (IJHSSE), 1 (7)36-45 July. ISSN 2349-0373 (Print) & ISSN 2349-0381 (Online) www.arcjournals.org

Pierce, L. L. (2009). Twelve Steps for Success In The Nursing Research Journey. *Journal of Continuing Education in Nursing 40(4), 154-162*

Plsek, P; Greenhalgh, T (2001). "The challenge of complexity in health care". *Complexity Science* 323: 625–628.

Prilutski, M. A. (2010). A Brief Look at Effective Health Communication Strategies in Ghana. The Elon Journal of Undergraduate Research in Communications, 1(2). 2, Fall.

Ruggiero, T. (2000). Uses and Gratifications Theory in the 21st Century. Mass Communication & Society, 2000, 3 (1), 3–37.

Severin, W. J. & Tankard, J. W. (1997). *Communication theories: Origins, methods, and uses in the mass media* (4th ed.). New York: Longman. In Ruggiero, Thomas E. (2000), Uses and Gratifications Theory in the 21st Century: *Mass Communication and Society, 3*(1), 3–37.

Sharp, P. M. and Hahn, B. H. (2011), Origins of HIV and the AIDS Pandemic. *Cold Spring Harbor Perspectives in Medicine*, 1(1). September. a006841. doi: 10.1101/cshperspect.a006841

Sofowora, O. (2008). An assessment of the effectiveness of radio theatre in promoting good healthy living among rural communities in Osun State, Nigeria. *International Journal of Education and Development using Information and Communication Technology* (IJEDICT), 4(2): 78-88.

Wimmer, R. D., & Dominick, J. R. (1994). Mass media research: An introduction. Belmont, CA: Wadsworth. In Ruggiero, Thomas E. (2000), Uses and Gratifications Theory in the 21st Century: Mass Communication and Society, *3*(1), 3–37.

Internet Sources

Adu-Takyi, G. B. (2011). *Reducing HIV/AIDS Stigma and Discrimination in Ghana*. Keba Retrieved from http://www.kebaafrica.org/2011/08/reducing-hivaids-stigma-discrmination-in-ghana/ on 23rd May, 2015.

Agbaje, A., and Alarape, A. I. (2010). Introductory Lectures on Research Methodology. Abuja: National Defence College. Retrieved from https://www.ndc.gov.ng/Lectures/Research-Methodology.pdf

Al-hassan, S., Andani, A., and Abdl-Malik, A. (2011). The Role of Community Radio in Livelihood Improvement: The Case of Simli Radio. *The Journal of Field Actions. Field Actions Science Reports. 5.* Retrieved from http://factsreports.revues.org/869 on 28th May, 2015.

Annun, G. (2015). *Research Instruments for Data Collection*. Retrieved from http://campus.educadium.com/newmediart/file.php/1/giilmadstore/UgradResearch/ThesisWrit4all/files/notes/resInstr.pdf on 8th October, 2015.

Averting HIV and AIDS (2014), Sub-Saharan Africa: 2012 Statistics. Retrieved on 22 May 2015 from http://www.avert.org/hiv-aids-sub-saharanafrica.htm#sthash.LdI813vi.dpuf

Bowen, H. and Goldstein, P. (2010). Communicating About HIV/AIDS: Where Information Is Flowing. AudienceScapes: Africa Development Reasearch Brief. Retrieved on 15 October, 2014 from http://www.audiencescapes.org/sites/default/files/Ascapes%20Briefs_Health_Final.pdf

Bricki, N. and Green, J. (2007). A Guide to Using Qualitative Research Methodology. MSF Field Research. Retrieved on 8 October 2015 from http://hdl.handle.net/10144/84230

CDC. Gateway to health communication and social marketing practice. Retrieved from www.cdc.gov/healthcommunication.

CIA World Factbook, (2016). Ghana. Retrieved from https://www.cia.gov/library/publications/the-world-factbook/geos/print/country/countrypdf_gh.pdf

Communication guideline for Jimare, community radio in the Jimma zone. February 2008. Retrieved 10 July 2016 from http://www.jopinie.nl/communication_guideline_definitive.pdf.

Corcoran, N. (2007). *Theories and Models in Communicating Health Messages*. Retrieved from http://www.corwin.com/upm_data/13975_Corcoran___Chapter_1.pdf on 12th November, 2014.

Dahlgren, G. and Whitehead, M (2007). European strategies for tackling social inequities in health: Levelling up Part 2. Word Health Organisation. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0018/103824/E89384.pdf on 13 May 2017 at 9:27 p.m.

Davies, J. (Ed.) (2004). *Communication for Development Concept. Consultancy Report* Prepared for SDC by OneWorld Network. Retrieved from http://www.communicationforsocialchange.org/pdf/comm4devconceptpapermdgmeetingnov04.pdf on 25th January, 2016

D'Ecclesia, G. (2013), Theories and Techniques of Radio Broadcasting. ISBN: 978-1-291-53428-3. Retrieved on 15 November 2016 from http://www.radiospeaker.it/ftp/preview/radio-broadcasting-preview.pdf

D'Ecclesia, G. (2013). *Theories and Techniques of Radio Broadcasting*. Retrieved from http://www.radiospeaker.it/ftp/preview/radio-broadcasting-preview.pdf on 15th November, 2016

Diedong, A. L. and Naaikuur, L. (2012). Ghana's Experience in Participatory Community Radio Broadcasting. *Global Media Journal African Edition, 6 (2).* Retrieved from http://globalmedia.journals.ac.za/pub/article/viewFile/106/110 on 01 June 2017.

Dixon, S., McDonald, S. and Roberts, J. (2002). The impact of HIV and AIDS on Africa's economic development. BMJ VOLUME 324 26 JANUARY 2002. Retrieved from https://www.researchgate.net/publication/11549052_The_impact_of_HIV_and_AIDS_on_Africa%27s_economic_development on 23 February 2016.

Dunu, I. V. (2012) C*ommunity Radio Broadcasting in Nigeria: A Study of Selected Campus Radio Stations in Southern Nigeria*. Nsukka: Nnamdi Azikiwe Digital Library.

Effective Health Communication Strategies (Knowledge for Health). Retrieved from https://www.k4health.org/topics/effective-health-communication-strategies on 5th January, 2015.

English, C. (2008). *Radio the Chief Medium for News in Sub-Saharan Africa*. Gallup Poll. Retrieved from http://www.gallup.com/poll/108235/Radio-Chief-Medium-News-SubSaharan-Africa.aspx on 12th March 2013.

Gatheru, C. (2011). The role of print media in facilitating community education and child abuse prevention strategies: a case of nation media. A research project for the award

of a Master of Arts degree in Communication studies of the University of Nairobi. Retrieved on from http://erepository.uonbi.ac.ke/xmlui/bitstream/handle/11295/58509/Gatheru_The%20Role%20of%20Print%20Media%20in%20Facilitating%20Community%20Education%20and%20Child%20Abuse%20Prevention%20Strategies-a%20Case%20of%20Nation%20Media..pdf?sequence=3&isAllowed=y on 31st August, 2015.

Harrison, K. M. (2010). Addressing Social Determinants of HIV/AIDS, Viral Hepatitis, STD, and TB. PACHA Meeting, Washington, D.C. October 1, 2010. Retrieved from https://www.aids.gov/federal-resources/pacha/meetings/2010/mcdavidharrison-sdh-for-pacha-30sept2010.pdf on 12 May 2017 at 3:42 p.m.

Hchima (2013). Appraisal of Democratic-Participant Theory and Development Media Learning and Farm Productivity in Ghana. Retrieved on 28 May 2015 from http://www.brookings.edu/research/papers/2012/04/learning-community-ghana-taiwo

Healthy People 2010: Health Communication. Retrieved 25 May 2015 from http://www.healthypeople.gov/2010/Document/HTML/Volume1/11HealthCom.htm

Hendy, D. (2000), Radio in the Global Age. ISBN 0-7456-2068-X—ISBN 0-7456-2069-8 (paper). Retrieved 15 November 2016 from http://download.e-bookshelf.de/download/0003/8550/28/L-G-0003855028-0002286061.pdf

Hendy, D. (2000), Radio in the Global Age. ISBN 0-7456-2068-X—ISBN 0-7456-2069-8 (paper). Retrieved 15 November 2016 from http://download.e-bookshelf.de/download/0003/8550/28/L-G-0003855028-0002286061.pdf

Hendy, D. (2000). *Radio in the Global Age*. Retrieved from http://download.e-bookshelf.de/download/0003/8550/28/L-G-0003855028-0002286061.pdf on 15th November, 2016.

Ilo, P. I. and Adeyemi, A. (2010). HIV/AIDS Information Awareness among Market Women: A Study of Olofimuyin Market, Sango-Ota, Ogun State, Nigeria. Library Philosophy and Practice 2010 (March) 1 Library Philosophy and Practice 2010 ISSN 1522-0222. Retrieved 12 February 2015 from http://www.learningace.com/doc/4545725/ab639802cd2c204001e6d33a1e6c0122/ilo-adeyemi

Internews (2013) https://www.internews.org/updates/despite-challenges-community-radio-station-kenya-provides-valuable-information-hiv

Jones, C. L., Jensen, J. D., Scherr, C. L., Brown, N. R., Christy, K., & Weaver, J. (2015). The Health Belief Model as an Explanatory Framework in Communication Research: Exploring Parallel, Serial, and Moderated Mediation. Health Communication, 30(6), 566–576. http://doi.org/10.1080/10410236.2013.873363

Krejcie, R. V. and Morgan, D.W. (1970) Determining sample size for research activities. Educational and Psychological Measurements, 30, 607-610. In Kenya Projects Organization (KENPRO) page, Retrieved on 20 January 2016 from http://www.kenpro.org/sample-size-determination-using-krejcie-and-morgan-table/

Kumar, K (1989), Conducting Key Informant Interviews in the developing countries. Agency For International Development (A.I.D) Program Design And Evaluation Methodology Report No. 13. Retrieved on 09 October 2015 from http://pdf.usaid.gov/pdf_docs/PNAAX226.PDF

Larweh, K (2006). And Our 'Perk' Was a Crocodile: Radio Ada and Participatory Natural Resource Management in Obane, Ghana. In Bessette, G (Ed) People, Land and Water, Participatory Development Communication for Natural Resource Management. Published by by Earthscan and the International Development Research Centre (IDRC). Retrieved 12 October 2016 from https://www.idrc.ca/sites/default/files/openebooks/224-4/index.html#page_175

Lush, D. and Urgoiti, G. (2012). Participation Pays The Sustainability of Community Broadcasting in Perspective. fesmedia Africa Series 2012. Friedrich-ebert-Stiftung. Retrieved from http://www.fesmedia-africa.org/fileadmin/user_upload/pdf/fesmedia_Africa_series/PP_pays_online.pdf on 10 May 2017.

MacMillan, S. (2013). The Analyst Report. Retrieved 23 July 2016 from http://www.theanalystreport.net/2014/07/09/the-mainstream-media-has-always-been-a-propaganda-tool-of-the-establishment/

Making History: Nigeria's First Community Radio Station Hits the Airwaves. Retrieved from http://www.worldbank.org/en/news/feature/2015/09/29/making-history-nigerias-first-community-radio-station-hits-the-airwaves, on July 2, 2016.

McQuail, D. (1994). *Mass Communication: An Introduction* (3rd ed.). London, Thousand Oaks, New Delhi: Sage Publications. In Wikibooks: Communication Theory/Uses and Gratifications retrieved on the 10th April, 2011 from http://en.wikibooks.org/wiki/Communication_Theory/Uses_and_Gratifications.

Mishra, S. (2017). Democratic Participant Theory of Mass Communication. Businesstopia. Retrieved from https://www.businesstopia.net/mass-communication/democratic-participant-theory-mass-communication on 22 April 2017 at 4:15 pm.

Mitchel, R. L. (2014). Customized approach is key to addressing global health challenges.

Mitchell, C. A. (2016). Women and radio - airing differences. On the importance of community radio as a space for women's representation, participation and resistance. A thesis submitted in partial fulfilment of the requirements of the University of Sunderland for the degree of PhD by Existing Published or Creative Works. October 2016. Retrieved from https://core.ac.uk/download/pdf/74369206.pdf on 30 April 2017.

Mohammed, J. (2013): Challenges and Opportunities in the Use of Radio Broadcast for Development in Ethiopia: Secondary Data Analysis. Online Journal of Communication and Media Technologies, 3(2). Retrieved on 03 January 2015 from http://www.ojcmt.net/articles/32/321.pdf

Murthy, G. (2010). The HIV/AIDS Challenge in Mozambique: Who is Most at Risk and How We Can Get More Information to Them. Retrieved on 14 October 2014 from http://www.audiencescapes.org/sites/default/files/AScapes%20Briefs%20HIV_MOZ_Final_0.pdf

Nigeria Community Radio Coalition, (2009). *Communique Issued At The End Of A Policy Dialogue On Community Radio Development In Nigeria*. **Retrieved from** http://nigeriacommunityradio.org/abuja_comm.php

Premium Times, (2015). Nigeria Grants Provisional Licences to 17 community broadcast organisations. Premium Times News Online, May 20. Retrieved from http://www.premiumtimesng.com/business/183335-nigeria-grants-provisional-licences-to-17-community-broadcast-organisations.html, on December 10, 2015

Noar, S. & Zimmerman, R. (2005). Health Behavior Theory and cumulative knowledge regarding health behaviors: are we moving in the right direction? *Health Educ. Res. (June 2005) 20 (3): 275-290. doi: 10.1093/her/cyg113* First published online: January 4, 2005. Retrieved on 23 January 2015 from http://her.oxfordjournals.org/content/20/3/275.full.

O'Sullivan, G.A., Yonkler, J.A., Morgan, W., and Merritt, A.P. A Field Guide to Designing a Health Communication Strategy , Baltimore, MD: Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, March 2003.

Olakitan, Y. (2012). A Closer Look at community Radio in Nigeria . Retrieved 12/01/2013 from http://www.brandcrunch.com.ng/bnrch/index.php/bc-scholars/164-a-closer-look-at-community-radio-in-nigeria

Oosterman, and Jop de Vrieze (2008a). Research based community radio for health promotion - A case study on HIV/AIDS prevention among Ethiopian high school students in the Jimma zone. September 2007 – March 2008. Retrieved on 12 April 2015 from http://www.jopinie.nl/Report_Definitive_Final%20version.pdf

Oosterman, and Jop de Vrieze (February 2008b). Community radio for health promotion – Retrieved on 22 May 2015, from https://news.tamhsc.edu/?post=customized-approach-is-key-to-addressing-global-health-challenges

Ouattara, S., & Ouattara, K. (2006). From Information to Communication in Burkina Faso: The Brave New World of Radio. In Bessette, G (Ed) People, Land and Water, Participatory Development Communication for Natural Resource Management. Published by by Earthscan and the International Development Research Centre

(IDRC). Retrieved 12 October 2016 from https://www.idrc.ca/sites/default/files/openebooks/224-4/index.html#page_175

Quebral, N. C. (1972/73). What Do We Mean by 'Development Communication'?". *International Development Review* 15 (2): 25–28 retrieve on November 16, 2012 from http://en.wikipedia.org/wiki/Development_communication

Riismandel, P. (2016). 2015 in Review: LPFM Made it Community Radio's Biggest Leap Forward. Retrieved on 25 November 2016 from http://www.radiosurvivor.com/2016/01/07/2015-in-review-lpfm-made-it-community-radios-biggest-leap-forward/

Rosenstock, I. M., Strecher, V. J. and Becker, M. H. (1988). Social Learning Theory and the Health Belief Model. *Health Education Quarterly*, Vol. 15(2): 175-183 (Summer 1988). Published by John Wiley & Sons, Inc. Retrieved from https://www.iccwa.org.au/useruploads/files/soyf/2013_resources_videos/health_belief_model.pdf on 3 May 2017 at 9:47 p.m.

Seidu Al-hassan, A. A. and Abdulai, A. (2011). The Role of Community Radio in Livelihood Improvement: The Case of Simli Radio, *Field Actions Science Reports* [Online], 5. Retrieved on 13 June 2016 from http://factsreports.revues.org/869

Susen, S. (2011). Critical Notes on Habermas's Theory of the Public Sphere. Sociological Analysis, 5(1), pp. 37-62. City University London. Retrieved from http://openaccess.city.ac.uk/1101/ on 12 April 2017.

Taiwo, O. and Asmah, E. (2012). Extending the Learning Community: Rural Radio, Social Theory. Retrieved on 30 May 2015 from http://www.studymode.com/essays/Appraisal-Of-Democratic-Participant-Theory-And-Development-1567605.html

Turner, L. W., Hunt, S. B., DiBrezzo, R., & Jones, C. (2004). Design and implementation of an osteoporosis prevention program using the health belief model. *American Journal of Health Studies, 19*(2), 115-121. Retrieved from http://www.jblearning.com/samples/0763743836/chapter%204.pdf on 1 May 2017 at 10:55 p. m.

UNAIDS (2016). Global AIDS Update 2016.

UNICEF (2016). Current Status and Progress report of December 2016, https://data.unicef.org/topic/hivaids/global-regional-trends/

UNICEF Ghana: Retrieved on 09 June 2016 from http://www.unicef.org/ghana/communication_7539.html

USAID (2012). HIV/ AIDS Health Profile, sub-Saharan Africa. http://pdf.usaid.gov/pdf_docs/pdacu659.pdf

Vatikiotis, P. (2005). Communication Theory and Alternative Media. Westminster Paper in Communication and Culture. London: University of Westminster, 2(1):4-29. ISSN

1744-6708 (Print); 1744-6716 (Online) retrieved on 25 May 2015 from https://www.westminster.ac.uk/__data/assets/pdf_file/0018/20187/002WPCC-Vol2-No1-Pantelis_Vatikiotis.pdf

Wyman, L. (2008). The History of Communication Technology Radio. Retrieved on 10 November 2016 from http://www.personal.psu.edu/jtk187/art2/radio.htm

Weinstein, Neil D. (1993), "Testing Four Competing Theories of Health-Protective Behavior,"

Wheeler, Tisha (2003). Somalia HIV/AIDS Prevention, Advocacy & Communication Framework August 2003.

Wyman, L. (2008). The History of Communication Technology Radio. Retrieved from http://www.personal.psu.edu/jtk187/art2/radio.htm on 10 November 2016.

Additional Internet Sources

http://africa.oneworld.net/editorchoice/community-radio-the-cradle-of-information-technology

http://www.unesco.org/new/en/communication-and-information/resources/news-and-in-focus-articles/all-news/news/east_african_community_radios_trained_to_combat_hivaids/#.U48d1zNOWP9

http://healthcommunication.bu.edu/health-communication-defined/

http://www.afro.who.int/en/clusters-a-programmes/dpc/acquired-immune-deficiency-syndrome/overview.html

http://www.healthypeople.gov/2010/data/midcourse/pdf/fa11.pdf

http://www.jopinie.nl/Report_Definitive_Final%20version.pdf

http://www.undp.org/content/undp/en/home/ourwork/hiv-aids/overview.html

http://www.unicef.org/cbsc/

https://www.k4health.org/topics/effective-health-communication-strategies

http://www.urc-chs.com/health_communication_and_behavior_change

http://www.audiencescapes.org/sites/default/files/Ascapes%20Briefs_Health_Final.pdf

http://www.unesco.org/new/en/communication-and-information/resources/news-and-in-focus-articles/all-news/news/east_african_community_radios_trained_to_combat_hivaids/#.U48d1zNOWP9

http://data.unaids.org/pub/Presentation/2007/broad-challenges-in-health-communication_en.pdf

http://www.womenempowerment.org/learn/other-partners/106-womenstrust

Unpublished Works

Soremekun, O. A. (1990). *Mass Media and National Development – A Critique of the Dominant Paradigm*. Abeokuta, Ogun State: African Council for Communication Education conference in.

Soremekun, O. A. (2011). The *Uses of New Media Among Youth.* Ago-Iwoye, Ogun State: Olabisi Onabanjo University. (An Unpublished Master of Arts in Mass Communication degree dissertation).

Reports

African Charter on Broadcasting - Final Report "Ten Years On: Assessment, Challenges and Prospects" 3- 5 May 2001 Windhoek. Retrieved on 11 July 2016 from http://portal.unesco.org/ci/en/files/5628/10343523830african_charter.pdf/african%2Bcharter.pdf

Ghana AIDS Commission 2014 Status Report. Retrieved from http://www.ghanaids.gov.gh/gac1/pubs/2014%20STATUS%20REPORT.pdf on 11 December 2015

Ghana Broadcasting Study (2005) - A Report for the Government of Ghana and the World Bank. Retrieved from http://siteresources.worldbank.org/INTCEERD/Resources/WBIGhanaBroadcasting.pdf on 23 January 2017

Ghana Political Map. Retrieved from http://www.emapsworld.com/ghana-political-map.html on 09 May 2017.

Ghana Statistical Service (2016): Projected population by sex, 2010 – 2016. Retrieved from http://statsghana.gov.gh/docfiles/2010phc/Projected%20population%20by%20sex%202010%20-%202016.pdf on 21 January 2017.

Ghana National HIV & AIDS Strategic Plan 2016 – 2020 published July 2016.

Healthy People 2010: Understanding and Improving Health. Washington, DC: US Department of Health and Human Services, Office of Disease Prevention and Health Promotion; 2000.

Humanitarian Response Index 2011: Addressing the Gender Challenge *International Development Review* 15 (2): 25–28

Making Health Communication Programs Work. Bethesda, Md: National Cancer Institute; 2001

National Communications Authority: List Of Authorised Vhf-Fm Radio Stations In Ghana as at Fourth Quarter, 2016. Retrieved from http://www.nca.org.gh/assets/Uploads/FM-LIST-FOURTH-QUARTER.pdf on 13 May 2016.

National Media Commission: Program Based Budget (PBB) Pilot For 2012-2014.

Nigeria Broadcasting Code 5th Edition (2010). A publication of National Broadcasting Commission

PEPFAR Ghana Country Operational Plan (COP) 2016. Strategic Direction Summary. June 15, 2016

UNAIDS (2007), Broad Challenges in Health Communication. Retrieved on 3 November 2014 from http://data.unaids.org/pub/Presentation/2007/broad-challenges-in-health-communication_en.pdf

UNAIDS (2013), Global Report: UNAIDS Report on the Global AIDS Epidemic 2013. ISBN 978-92-9253-032-7 (NLM classification: WC 503.6).

UNDP (2016a). Africa Human Development Report 2016: Accelerating Gender Equality and Women's Empowerment in Africa.

UNDP (2016b). Human Development Report 2016: Human Development for Everyone.

UNDP (2011). Human Development Index (HDI) – 2011

UNDP (2014). Human Development Report 2014 - Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience. Published by the United Nations Development Programmes (UNDP).

UNESCO (2012). East African community radios trained to combat HIV/AIDS (A news report on a 5-day training workshop organised by UNESCO, in collaboration with Sengerema Community Radio and the East Africa Community Media Network (EACOMNET), in the Sengerema District, Tanzania for nine community radios on promoting awareness of HIV/AIDS) retrieved 23 August 2014 from http://www.unesco.org/new/en/communication-and-information/resources/news-and-in-focus-articles/all-news/news/east_african_community_radios_trained_to_combat_hivaids/#.U48d1zNOWP9

UNICEF, (2011). Communication For Development – Strengthening the effectiveness of the United Nations. United Nations Development Programme (UNDP), Bureau for Development Policy, Democratic Governance Group, New York.

United Nations General Assembly Resolution 51/172 of 1997. Retrieved 10 November 2014 from http://www.un.org/documents/ga/res/51/ares51-172.htm.

United Nations General Assembly Resolution (A/Res/55/2). United Nations Millennium Declaration. Retrieved from http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/55/2 on 10 May 2017 at 12:45 a.m.

United Nations (2015). MDG Gap Task Force Report 2015. Millennium Development Goal 8: Taking Stock of the Global Partnership for Development. United Nations, New York.

United Nations (2015). The Millennium Development Goals Report 2015. United Nations, New York.

USAID: HIV/AIDS Profile – Sub-Saharan Africa (July 2012) retrieved on March 5, 2013 from http://transition.usaid.gov/our_work/global_health/aids/Countries/africa/hiv_summary_africa.pdf

World Health Organization (2015). Health in 2015: from MDGs, Millennium Development Goals to SDGs, Sustainable Development Goals.

World Health Organisation (2014), The Global Health Sector Strategy on HIV/AIDS 2011 –2015: An Interim Review of Progress - Abridged Report May 2014. World Health Organisation (WHO). ISBN 978 92 4 150729 5 (NLM classification: WC 503.6).

World Health Organisation (2013), HIV Treatment: Global Update on HIV Treatment 2013:
Results, Impact and Opportunities. WHO Report in partnership with UNICEF and UNAIDS: June 2013. ISBN 978 92 4 150573 4 (NLM classification: WC 503.2).

Interviewees

Akingbulu, A. (2016). Coordinator, Nigeria Community Radio Coalition (NCRC). KII at Lagos, Nigeria.

Amponsah, A. H. (2016). Volunteer/ Senior Producer and Head of News, Radio Peace Winneba. KII at Winneba, Ghana.

Anum-Dorhuso, P. (2016). Communication Officer, Ghana AIDS Commission, Accra. KII at Accra, Ghana

Dagadu, N. A. S. (2016). Health Promotion Officer, Ga West Municipal Health Directorate. KII at Pokuase, Ghana.

Ghartey-Tagoe, K. (2016). Director of Radio Peace, Winneba. KII at Winneba, Ghana.

Ghartey-Tagoe, K. (2016). Immediate past Chair of Ghana Community Radio Network (GCRN). KII at Winneba, Ghana.

Mankattah, N. D. (2016). Volunteer/ Health Programme Producer at Radio Emashie, Pokuase. KII at Pokuase, Ghana.

McCarthy, V. (2016). Acting Head of Station, Radio Emasie, Pokuase. KII at Pokuase, Ghana.

Nyarkoh, E. (2016). Volunteer/ Head of Programmes, Radio Peace, Winneba. KII at Winneba, Ghana.

Sackitey, R. (2016). Technical Officer, Ghana AIDS Commission, Accra. KII at Accra, Ghana.

Yeboah, Gad (2016). Assembly member and opinion Leader. KII at Pokuase, Ghana.

APPENDIX I

AHMADU BELLO UNIVERSITY
Department of Theatre and Performing Arts

QUESTIONNAIRE FOR APPRAISING THE ROLE OF COMMUNITY RADIO IN HIV/AIDS PREVENTION IN GHANA

Dear Respondent,

The study for which this questionnaire is produced is strictly for academic purposes and all responses shall be treated in confidence. So, please respond to each item as objectively as possible. By answering these questions, you will be helping to strengthen Health Communication mechanism for effective HIV/AIDS prevention among the rural and semi-urban population in Ghana, but you will not be receiving any direct payments for your participation. Your participation is voluntary, and you may withdraw for this exercise at any time. This study is being conducted by Oluseyi Soremekun who can be reached on +234 803 3030 002 or by email at seyishow@hotmail.com.

Thank you.

SECTION A

INSTRUCTION
Please tick (/) only one response category for each item.

SEX: MALE ( ) FEMALE ( )

AGE: ( ) 18– 23 years ( ) 24 –30 years ( ) 30 - 40years ( ) 40 years & above

OCCUPATION (a) Trader (b) Farmer (c) Student (d) Employee (e) Others

EDUCATION (a) Primary (b) Secondary (c) Tertiary (d) None

SECTION B

Beside each of the statements listed below, please tick ( ) to indicate Yes or No. Also tick as appropriate between the options (a) to (e).

Appraise the current state of HIV/AIDS communication in Winneba and Pokuase communities

1. Are you aware of the causes of HIV/AIDS and how to prevent its spread? Yes ( ) No ( )
2. If your answer to (1) above is 'Yes', Through what channels are you getting your information?

   (a) Face-to-face meetings

   (b) Television

   (c) Radio Emashie/ Radio Peace

   (d) Community Town crier

   (e) Other (Mention)
3. In what language is the message being communicated? (a) English (b) Local language (Mention)
4. Do you know how to communicate back to your source of HIV/IDS information? Yes ( ) No ( )
5. Which communication channel would you prefer to carry any HIV-related message meant for you?

   (a) Community Radio (Radio Peace/ Radio Emashie)

   (b) Television

   (c) Newspaper

   (d) Leaflets/ Posters

   (e) Community Theatre

Review the state of Community Radio and HIV/AIDS prevention programming

6. Do you listen to Radio Peace, Winneba/ Radio Emashie, Pokuase? Yes ( ) No ( )

7. Why do you (or do not) listen to Radio Peace, Winneba/ Radio Emashie, Pokuase?

   (a) It broadcasts in my dialect/ mother tongue

   (b) It is owned by my community

   (c) Its programmes are about happenings in my community

   (d) The broadcasters are community members

   (e) None of the above

8. Were you at any time involved in the production or presentation of any programme transmitted on Radio Peace, Winneba/ Radio Emashie, Pokuase? Yes ( ) No ( )

9. Have you ever listened to any HIV/AIDS related programme on Radio Peace Winneba/ Radio Emashie, Pokuase? Yes ( ) No ( )

10. If yes, which of the following topics do you remember hearing?

    (a) Avoid unprotected sex with casual partners (Use a condom if you must)

    (b) Mother-to-Child transmission of HIV

    (c) Blood transfusion and HIV

    (d) Sharing needles, syringes, razors and toothbrushes

    (e) All of the above

    (f) None of the above

Investigate how attitude, behaviour and practices related to HIV can be influenced by Community Radio

11. Do you think HIV/ AIDS programmes on Radio Peace Winneba/ Radio Emashie, Pokuase have encouraged you and your family members to take precautions against HIV infection? Yes ( ) No ( )

12. Have your behaviours been influenced as a result of HIV/AIDS message you heard on Radio Peace, Winneba/ Radio Emashie, Pokuase? If 'No' go to question (21) if 'Yes' go to the next question.

13. Which of the following behaviours have you adopted as a result of HIV/AIDS message you heard on Radio Peace, Winneba/ Radio Emashie, Pokuase?

    a. Own a clipper/ barber's kit/ manicure/ pedicure kit

    b. Use of condom

    c. Faithful to partner/ Limited number of sexual partners

    d. Go for voluntary counselling and test

    e. None of the above

14. Have you at any time shared any HIV/AIDS preventive information heard on Radio Peace, Winneba/ Radio Emashie, Pokuase with any friend or family member? Yes ( ) No ( )

15. Do you feel like you are at risk for getting HIV as a result of listening to a programme on Radio Peace, Winneba/ Radio Emashie, Pokuase? Yes ( ) No ( )

SECTION C

INSTRUCTION

Beside each of the statements listed below, please tick ( ) to indicate whether you Strongly Agree (SA), Agree (A), Disagree (D), or Strongly Disagree (SD) with the Statement. You can tick ( ) Undecided (UN) if you have not yet decided.

		SA	A	UN	D	SD
	Determine how community radio can be deployed to strengthen HIV/AIDS communication and improve preventive measures adoption by community members					
16	Regular programmes on HIV prevention by Community radio will prevent the spread of HIV infection among community members					
17	Increase in the number of programmes on HIV infection will improve listeners' ability to recall the message and adopt the preventive measures					
18	Stable transmission by Community radio station strengthens audience loyalty and increase audience exposure to HIV/AIDS programmes					
19	Transmission of culturally appropriate HIV/AIDS programmes in the local languages will improve adoption of preventive measures by members of Pokuase and Winneba communities					
20	Increased community participation in HIV/AIDS programme production and presentation would reduce the spread of HIV infection among Winneba/ Pokuase community members					
	Derive lessons from community radio operations in Ghana for the development of community radio in Nigeria					
21	Challenges of Community Radio in Ghana are lessons learnt for developing Nigeria's Community Radio sector					
22	Prospective Nigerian Community Radio Managers should understudy Ghana's community radio operations					
23	There is nothing for Nigeria to learn from Ghana in community broadcasting					
24	Ghana's experience in the use of Community Radio for HIV/AIDS communication will be of use to Nigerian AIDS Control Agency					

25. Do you have any suggestions that you think might make the health programming or programming in general on Radio Peace, Winneba/ Radio Emashie, Pokuase more valuable to you?

_____

_____

_____

26. Do you have any suggestion for programme that you might be interested in hearing on Winneba/ Radio Emashie, Pokuase?

_____

_____

APPENDIX II

AHMADU BELLO UNIVERSITY, ZARIA NIGERIA
Department of Theatre and Performing Arts

KEY INFORMANT INTERVIEW (KII) GUIDE FOR DETERMINING THE ROLE OF COMMUNITY RADIO IN HIV/AIDS PREVENTION IN GHANA

Name _____

Position:_____

Date:_____Time: _____

My name is _____ from Ahmadu Bello University, Zaria Nigeria. This is a PhD research and I hope you will be willing to answer a few questions. Anything you tell me is confidential. Nothing you say will be personally attributed to you in any reports that result from this interview. The research reports will be written in a manner that no individual comment can be attributed to a particular person**.** Are you willing to answer my questions? Do you have any questions before we begin?

OBJECTIVE 1: Appraise the current state of HIV/AIDS communication in Pokuase and Winneba, Ghana

LEADERSHIP OF GHANA AIDS CONTROL AGENCY

1. Does Ghana have a Health Communication Policy?
2. What is the main thrust of the Health Communication Policy if any?
3. Is there a Health Communication Strategy for HIV/AIDS control in Ghana?
4. What are the strategic tools deployed for disseminating HIV/AIDS information in Ghana? And why the choice of the stated media tools.
5. Do you think community radio has a role to play in the prevention of HIV/AIDS in Ghana? And why?
6. How have community radio stations been communicating HIV/AIDS in Ghana?

7. Do you have any ideas about programs or strategies that you think would be particularly effective for communicating HIV/ AIDS?

OBJECTIVE 2: Review the state of community radio in Pokuase and Winneba communities in Ghana to ascertain their HIV/AIDS programming

COMMUNITY RADIO MANAGERS/ COMMUNITY RADIO VOLUNTEERS

1. What is the name and frequency of your community radio station?
2. When was your community radio established?
3. Who owns the community radio you run?
4. How long have you been with this station?
5. How many hours do you transmit daily?
6. How would you classify the focus of your community radio programmes?
   a) Peace and security (b) Politics/ Governance (c) Health (d) Agriculture (e) Others (Mention)
7. Do you have regular health programmes on your schedule? Yes ( ) No ( ).
8. If question 7 is 'Yes', name the programme(s):…….
9. How frequently do you run the programme mentioned in question 8 above?
   a) Daily (b) Twice weekly (c) Weekly (d) Monthly (e) Only when there is a sponsor
10. If question 7 is 'No', when last did your community radio station run a health programme?
    a) 1- 6 months ago (b) 7-12 months ago (c) 1-2 years ago (d) 3-4 years ago (e) Can't remember
11. Does your station currently run a programme on HIV/AIDS? Yes ( ) No ( )
12. If question 11 is 'Yes', name the programme(s):……

13. How frequently do you run the programme mentioned in question 10 above?

    b) Daily (b) Twice weekly (c) Weekly (d) Monthly (e) Only when there is a sponsor

14. If question 11 is 'NO', when last did your community radio station run a programme on HIV/AIDS prevention?

    b) 1- 6 months ago (b) 7-12 months ago (c) 1-2 years ago (d) about 3-4 years ago (e) Can't remember

15. How important do you believe HIV/ AIDS information is to the community?

OBJECTIVE 3: Investigate how knowledge, attitudes and practices relating to HIV/AIDS among Pokuase and Winneba community members can be influenced by community radio

1. Do you believe people in Winneba/ Pokuase trust Radio Peace/ Radio Emashie? Why do you believe so?
2. What information on HIV prevention do you disseminate on your station?
3. How effective are your health programmes, especially those on HIV/AIDS in changing the attitude and behaviour of community members towards healthy living?
4. To what extent do you think, if at all, your programmes have helped people to adopt some preventive measures against HIV infection?

TRADITIONAL CHIEF/ COMMUNITY LEADER

5. Do you listen to Radio Emashie, Pokuase/ Radio Peace, Winneba?
6. Do you trust Radio Emashie, Pokuase/ Radio Peace, Winneba? Why?
7. Are your community members involved in the running of the station? Are they involved in Programme production and presentation?

8. What health programme do you listen to on Radio Emashie, Pokuase/ Radio Peace, Winneba?

9. How effective are their HIV/AIDS programmes in influencing the attitude and behaviour of your community members?

10. What does Radio Emashie, Pokuase/ Radio Peace, Winneba tell them to do in order to prevent HIV infection?

11. In your opinion, Is the community radio working well?

OBJECTIVE 4: Determine how community radio can be deployed to strengthen HIV/AIDS communication and improve preventive measures uptake by community members

COMMUNITY RADIO MANAGERS/ LEADERSHIP OF GHANA COMMUNITY RADIO NETWORK (GCRN)

1. In what language(s) do you broadcast?
2. Please explain your staffing/ recruitment model (volunteers? Interns? Etc.)
3. Please explain the process of programme production in your station
4. To what extent do the community get involved in programme planning and presentation
5. How is HIV/ AIDS programmes presented and evaluated
6. What role does your community radio play in the prevention of HIV/AIDS in this community?
7. In your opinion, how can community radio be more effectively used to prevent HIV infection in the community?
8. What are the challenges facing your community radio in promoting HIV/AIDS in Pokuase/ Winneba community?

9. Please explain your station's programme feedback mechanism if any
10. Who determines what programme goes on air?
11. Do you have any thoughts or ideas about programs, strategies, or activities that you think would be particularly effective for communicating HIV/ AIDS prevention messages?

OBJECTIVE 5: Provide lessons learnt in Community Radio operations in Ghana to develop Community Radio in Nigeria

COMMUNITY RADIO MANAGERS/ COMMUNITY RADIO COALITION LEADERSHIP

1. How long does it take to process a community radio licence in Ghana?
2. What is the process of obtaining community radio licence in Ghana?
3. In your experience as a Community Radio operator, what major lessons have you learnt on the job?
4. If you are to start a new community radio station in Nigeria for instance, what would you do differently
5. What are the things that have worked well for Community Radio operations in Ghana?
6. What advice would you give to your Nigerian counterparts who are just starting Community Radio in their country?
7. How can effective community radio station operations be replicated in Nigeria?
8. In what ways can Nigeria and Ghana collaborate for the development of community radio broadcasting?

APPENDIX III

KII AUDIO TRANSCRIPTS

1. Interview with Ms Naa Afaale Sackley Dagadu (Health Promotion Officer, Ga West Municipal Health Directorate)

Interviewer: ***What is your name, your organization and your position?***

Interviewee: I am Naa Afaale Dagadu, I work with the Ga-West Municipal Directorate. I am a Health Promotion Officer.

Interviewer: ***To what extent do you use community radio to promote HIV/AIDS prevention in this municipality?***

Interviewee: Actually when we come on air, we talked at length about HIV/AIDS to our listeners. The only means of getting feedback is when the listeners call in or send text messages, so whenever calls and text messages comes in from listeners, then you know that the listeners are interested and are partaking in the HIV/AIDS awareness programme that is going on. Listeners sometimes ask certain questions and surprisingly, you get people who know about HIV/AIDS but there is a big stigma there. I don't know how, but they still have this previous information that they were getting, I don't know their source, but there is this serious misconception, I don't know where they get them from, so sometimes they call in with all sort of misconceptions, but when we are able to address their questions, they find out that ok this is not how it is but this is how is supposed to be. So community radio is helping anyway, but we cannot measure the limit of their awareness but as for the education and few feedbacks, it goes well to say that yes there are people listening, so at least you know that there few people listening because those who call are not the representative of the entire population of Ga west. But from those few people who call in, you know that people are really listening to the programme on radio.

Interviewer: ***In what language do you transmit on this radio Emashie?***

Interviewee: In Ga, because Pokuase is a Ga community, majority of the people speak Ga, but we have people who speak other languages around Pokuase but majority speak Ga.

Interviewer: ***Why do you decide to adopt local language in the dissemination of HIV/AID information?***

Interviewee: We use local language so that those who don't have any formal education in English language can benefit. Ga is their native language so when you say it in Ga, they know what it means and they can to take care of their selves.

Interviewer: ***Why have you decided to add community radio to the channels of your awareness campaign, why community radio?***

Interviewee: We use community radio because that is what most of the people in the community listen to. We have other FM stations, they speak English but community radio, they use local dialect, imagine an old lady in the house or somebody who has no any formal education and wants to listen to radio and all they hear is English, it does not interest them, but community radio comes down to local dialect, so with that one you can reach the locals as well.

Interviewer: ***How much of the HIV/AIDS terminologies have you been able to translate correctly into Ga dialect, how have you been able to surmount the challenges of over exaggeration of words in the local dialect?***

Interviewee: Sometimes, but not with the fear per say, because sometimes you lack words to use, sometimes you are even forced to bring in English words to use. But we do have presenters who translate, (their specialties) to the Ga language, because they have in-depth knowledge into the local Ga dialect, you per say cannot do that, that is why we bring them on board, we give them the synopsis in English and they translate it into Ga dialect for us. In the translation when you read, there are some words that do not sound polite, so there are other synonyms in the local dialect used. In the local dialect, we have the profane words and the polished words, so instead of using the profane words like the youth, they

used the polished one in writing for the radio programme. But if it were to be me, the polish one will be difficult because am not use to the polished one. That is how it is.

Interviewer: ***Is the community radio officially captioned in your behavoural change communication strategy, is it listed there?***

Interviewee: Yes, it's part of it, we don't only use community radio, we use other radio and television stations as well. It depends on the group of people, that is the target audience we want to meet, if we want to meet the youth, they are always glue to the television set, so we have to send the messages to the television station. We also have group of people who listen to radio, the aged and the older people listen to radio a lot, so any information targeting them goes to the radio. So it depends largely on your target audience, so we have community radio and other channels of disseminating information on HIV/AIDS to the people.

Interviewer: In your opinion, what are the advantages of community radio?

Interviewee: Community radio helps a lot; to me it helps in a local setting. What we cannot do as people who have gone for formal knowledge, and have information about this things, the local community radios help us to understand the locals, the way they do their things. There is need to understand the kind of people you are approaching, their culture, what they want, and what they do. So we also learn from community radio, we get to know the culture, the activities of the native of that community because they are always together with the community radio.

Interviewer: To what extent do you carry the community members along in the programme planning and production, are they involved in the process of production?

Interviewee: Yes, we do involve the community members a lot, what we do is sometime we form health clubs in schools and in various community, we have volunteers, we use them, we work together with them when we are planning our programmes, because we have to plan well because, we don't leave in the community ourselves so we don't know

what goes on there, these volunteers are those who help us so that our activities will go on well. And if we are coming to radio, sometimes we come as a group; we come with them to do the programme.

2. **Interview with Mrs Patricia Anum-Dorhuso (Communication Officer, Ghana AIDS Commission, Accra) and Mr Raphael Sackitey (Technical Officer, Ghana AIDS Commission, Accra) on 13 June 2016 at 9:00 a.m.**

Interviewer: ***Does Ghana have a health communication policy?***

Mrs. Patricia Anum-Dorhuso: Yes, we do.

Interviewer: ***What is the main thrust of the health communication policy?***

Mr. Raphael Sackitey: We have different thematic areas, we have the prevention, we have the BCC, we have treatment, care and support, we have strategic information, and we have home base care and mitigation. These are the six thematic groups. But currently we are focusing more on behavioural change communication (BCC) that is prevention.

Interviewer: ***Ok, so there is a health communication strategy for HIV/AID control in Ghana?***

Mr. Raphael Sackitey: Yes, there is.

Interviewer: ***You said you are leveraging on the BCC or the SBCC, how are you doing this?***

Mrs. Patricia Anum-Dorhuso: When we talk of BCC, normally we work with communities through our technical support unit, to send down information through community radio and our general BCC materials. So we talk of community outreach, interaction with policy formulation bodies, we do have interactions with opinion leaders in the community and we normally use our heart to heart ambassadors as well to disseminate information on HIV/AIDS at the community level.

Interviewer: ***What is the heart to heart campaign all about?***

Mrs. Patricia Anum-Dorhuso: By heart to heart campaign we are basically talking about anti- stigma campaign, in Ghana stigmatization is high when it comes to HIV/AIDS. Our heart to heart ambassadors are four persons living with HIV/AIDS, who have dedicated themselves, they come up publicly to disclose their HIV status so as to add human face to HIVAIDS. When people talk about HIV/AIDS, they only have these mental pictures of people who are skinning, people who are not healthy, but these are healthy people who are on antiretroviral and are really reaching out to the communities to let them know that HIV/AIDS is not a death sentence, but you can still leave with HIV/AIDS and go about your normal duties. So this is basically what the heart to heart campaign is all about, to drive down stigma and to really tell people to adopt the attitude of accepting people living with HIV/AIDS. So they are four persons living with HIV/AID, one handles the issues with couple support, the other talks more on prevention of mother to child transmition, another lady talks about stigma at the work place, because she has experience stigmatization in her place of work, so she drives the message of stigmatization at work place.

Interviewer: ***How do you engage with the community radio in disseminating HIV/AIDS information to the people, aside community theatre and community engagement?***

Mrs. Patricia Anum-Dorhuso: Currently we work with the regional level, district level and the community level. basically we have our support unit in all the regions who liaise with the community radio in the area they are, they try and get a list of the radio stations within each community and then they feed us in, then we select the communities and their radio stations and give them contracts to run adverts and messages and educations on the various radio station there. So we look at their reach, we also look at their capacity before we engage them. But basically we deepen more of community engage programmes, by

having public programmes, taking advantage of festivals and diverse community activities and then we compliment it with a radio education.

Interviewer: ***Do you use community radio in disseminating information and educating the people on HIV/AIDS?***

Mrs. Patricia Anum-Dorhuso: Yes, we do.

Interviewer: ***Why community radio?***

Mrs. Patricia Anum-Dorhuso: Because they are at the grass root level, they are able to get to the hinterlands where we cannot get to. So what we normally do is, we invite media personnel from all the regions for training. The participants are not all contracted to handle HIV/AIDS activities, but when it comes to training, it covers all of them. For example, if we have invited twenty media persons for training, we might not use the twenty radio station but at least we have others taking the message down to where they are. So basically we also thrive on educating them (media personnel) on HIV/AIDS stigma and it related courses.

Interviewer: ***You made mention of mass media, community theatre, community engagement, radio listening and call in programmes as part of your communication plan, but you did not mention community radio specifically. Does that mean that most of these community engagements and community theatre are packaged and put on the community radio?***

Mrs. Patricia Anum-Dorhuso: Not necessarily, but it has to do with broader perspectives, when you look at the community itself, how do you get to them, you could get to them through radio, one on one interaction is another channel, so we combine both to get to them, and we also have peer educators in the various communities working to drive home the message of HIV.

Mr. Raphael: We founded an organization, Ghana Community Radio Network as a civil society organization. They were working in **Apa** East that is the (**Busa** district) and these are community radio. They have peer educators, but they were using basically the radio in that area. We rely mostly on Ghana Broadcasting Communication (GBC) because in the

hinterlands; they are the only radio station you can listen to there. We rely on them in most cases and sometime we visit them and discuss with them on issues relating to HIV/AIDS.

Interviewer: ***How do you think community radio has been communicating HIV/AIDS information, how has the GCRN and the GBC] been cooperating in terms of message dissemination?***

Mr. Raphael: We have a technical communication group, is a multi-sectorial group, so they decide on the messages. We try to do these messages in the various languages not only in English, so we share with our regional representatives and from there; they also move it to their district level where most of these community radio stations are. During the training section as earlier mentioned we share this messages and posters with them so that they can also run it on their station. Whenever there is any issue, they call on the technical persons in the region or the head office for assistance or for better explanation.

Interviewer: ***Do you have any ideas about programmes or strategies that you think will be particularly effective for communicating HIV/AIDS?***

Mr. Raphael: Yes, it still boils down to the training, because some of them are still not getting the HIV/AIDS terminologies right in their programme contents.

Mrs. Patricia Anum-Dorhuso: Sometimes instead of driving the message of stigma, their choice of words rather deepens (worsen) stigma, so we are really looking at getting them to understand HIV/AIDS terminologies and to use contemporary language so that it will not deepen the plight of the persons living with HIV in the communities. Especially in our local dialect, sometimes the choice of words used over exaggerates, thereby demoralizing the persons living with HIV/AIDS rather than encouraging them in accessing the services. So we are trying to really increase the awareness and training when it comes to HIV/AIDS terminologies.

Interviewer: ***How is the training in the local language been addressed in order to avoid over exaggeration in the local dialect?***

Mrs. Patricia Anum-Dorhuso: We are actually trying to descend down to the local dialect in our training sections so that they can grasp and take it to their communities, because previously the training section is centered in English basically. But I believe if we deepen our local language training, it will really help in that direction, because when they come, they listen to the English aspects but when they go back, English, they don't work with the English language so it becomes difficult for them to get the actual meaning and translation of the HIV/AIDS terminologies is used during the training in our local dialect. So we are working at getting the trainings done in our local dialect when we meet with our local radio stations so that we can handle it locally.

Interviewer: ***What advice will you like to give to the community radio stations when it comes to HIV/AIDS?***

Mrs. Patricia Anum-Dorhuso: They are doing a good job, and I think with them, they are able to reach the masses when it comes to our rural area; the urban dwellers are more when it comes to Ghana population. I believe they are doing a good job and we encourage them to be learning and upgrading their knowledge on HIV/AIDS. Currently when it comes to HIV/AIDS I believe they should do more to increase their knowledge on HIV/AIDS, sometimes when you meet some of them and talk about PMTCT, they ask you so many questions that you wonder whether they have been reading current issues on HIV/AIDS. I believe we can work hand in hand with them to have a good knowledge base when it comes to HIV/AIDS.

Mr. Raphael: When we have strategic plans, we don't do it only at the national level, we go to regional level, from regional to district level, so we try to engage all of them at the various levels.

Mr. Patricia Anum-Dorhuso: We have over 216 districts where we operate. We work with district focal persons, we work with regional focal persons and we also have technical support unit in all the regions.

Interviewer: ***How is the Social Behavoural Change Communication (SBCC) going****?*

Mrs. Patricia Anum-Dorhuso: Currently that is what we need to deepen because for information education, we have gotten somewhere, but all has to do with attitudinal change. If I tell you don't drink and you accept it, but you letter went back and drink again, at least I communicated the risk regarding alcohol intake to you and you still go back and drink, so is more of attitudinal. So we are really targeting that and I believe this stigma issues boils down to education and also attitudinal change. If we are able to win the battle of education, if people have increase knowledge of HIV/AIDS, I don't think you will decide not to eat with an HIV/AIDS person. But if you have no knowledge, that is where the stigma rises. So I believe education should go hand in hand with behavoural change.

Interviewer: ***Community radio stations don't have the reach, so they cannot compete with the conventional radio station, but they have the trust of the community members because it is closer to them. Will you like to work more with the community radio?***

Mrs. Patricia Anum-Dorhuso: That is exactly what we are looking at, we are trying to work more with the community radio to really get down the message. I think that is what we are looking at, basically from last year on our media list, we have been looking more on the community radio to really do the work.

3. Interview with Ms Esther Nyarkoh, a volunteer and Head of Programmes, Radio Peace, Winneba on 13 June 2016 at 3:40 p.m.

Interviewer: ***Who owns this community radio from your experience?***

Interviewee: I came to know the ownership of community radio through the man who opens the station as well as the community and radio network office at Accra. The concept

of community radio is that it has to be owned by the community that it is serving. So the ownership of the community radio is the community themselves.

Interviewer: ***How many hours does radio peace transmit daily?***

Interviewee: When I first came here, we are operating 24/7, but due to some challenges especially the utility bills like electricity issue, we had to cut it down, so current we transmit from 5am to 9:30pm or at most 10pm.

Interviewer: ***Does the station run programme on HIV/AIDS?***

Interviewee: Yes

Interviewer: ***What is the name of the programme?***

Interviewee: We have a health programme titled "Wo apow mu E" meaning "**What is it about your health?"**

Interviewer: ***How frequently is the programme run?***

Interviewee: The programme is run every Tuesday, is a weekly programme and we also have other health programmes. We have other health programmes, but this is the particular one I run.

Interviewer: ***Do you talk about HIV on the programme?***

Interviewee: Yes, about three weeks ago we treated sexually transmitted diseases from gonorrhea syphilis and HIV and other sexually transmitted diseases.

Interviewer: ***What did you tell them about HIV?***

Interviewee: We told them that having unprotected sex can lead you to get HIV and also sleeping with different partners will also lead to HIV infection. We also talk about using sharp object that has been used by persons infected with HIV/AIDS can also lead to HIV/AIDS infection.

Interviewer: ***How important is the HIV information to the Winneba community?***

Interviewee: Yes, it is important because the way some people are living their lives is a threat to the entire community member because some people are having more than one sexual partner which is unfair and can lead to what we are discussing right now in terms of HIV/AIDS infection. So I think is good we sent message to them on HIV/AIDS so that they will abstain from what they are doing.

Interviewer: ***In your programme production, to what extent do you carry community members along especially when you are planning your health programmes or HIV talk?***

Interviewee: I am staying in the community, so at times I do visit some areas of concern, like the hotspots, where we interact and discuss with the people there. When I get the feedback from them, then I send it to the radio station where we also invite health directorate to help us with the technical aspect of it. Because when we discuss with them, some think because they are financially handicapped especially ladies, they feel sleeping around is the only way they can get their source of livelihood and on the other hand, the men feel like the ladies are bluffing, so they cannot stay with only one lady and so they go about doing all sort of things thereby risking their lives.

Interviewer: ***What role do you think community radio can play in preventing the spread of HIV/AIDS virus?***

Interviewee: What I have come realized during the programme is that, we have to hammer on the stigmatization aspect of it, because some people feel, once they have that disease that is the end of their life, because of that they are afraid to go closer to people and other members of their family and community too don't want to go close to them. They stigmatized them and because of that some people have the perception that, if people will stay away from me, I have to also get someone infected so that the same thing happening to me will happen to the person too. So there is need for community radio to get this information to them more, but sometimes we want to do more than we are doing but

getting to the people are part of our challenges because of financial constraint. We can't do what we wish to do because we are financially handicapped.

Interviewer: ***How much do you get the people involved in presentation?***

Interviewee: In presentation, we normally do phone in, we bring in what we get from the community, you tell the public. We seek advice of the resource persons and getting to the end, we open the phone line for people to phone in and contribute, in that case, I hope we are involving them.

4. **Interview with the Mr Abdul Hameed Amponsah (Volunteer Senior Producer and Head of News, Radio Peace Winneba) on 13 June 2016 at 4:00 p.m.**

Interviewer: ***What is your name, and your position****?*

Interviewee: My name is Abdul Hameed Amponsah and I am the senior producer of radio peace and head of news.

Interviewer: ***How long have you been with the radio station?***

Interviewee: I have been with radio peace since 2009.

Interviewer: ***How many hours does the station transmit daily?***

Interviewee: It depends; the radio station begin transmission either from 5am to 9:30pm or 5:30am to 10pm.

Interviewer: ***Do you have any health programme going on?***

Interviewee: Yes, we do have health programmes that run on Tuesdays between the hours of 10 to 11 am, and we also have sanitation programmes where they also discuss health issues on Thursdays between the hours of 10 to 11am as well, aside that we also have other health talk shows.

Interviewer: ***How frequently do these programmes run?***

Interviewee: The programmes are weekly programmes and they are run for one hour each.

Interviewer: ***Do you currently run a programme on HIV/AIDS?***

Interviewee: Not HIV/AIDS per say, but the health personnel do come around and when there is the need to talk about HIV/AIDS, they talk about it. Recently, the Winneba Municipal hospital held its annual performance review and there was the case of HIV/AIDS, and there was a case of HIV, and the health officers talked about at length.

Interviewer: ***How important do you believe HIV/AIDS information is to this community?***

Interviewee: HIV/AIDS information is quite needed, because the stigma alone kills the persons living with HIV/AID more than the disease itself. and if they should get information daily or weekly, I think the stigma associated with the disease will die down and the people will also learn how to take care of themselves, though they know, but there is an adage in my language that says,**' if you do not put a soup on fire frequently it will go bad'.** So that is the nature of human being too, if you don't give them information frequently, the person may forget and go back to his old ways. But if they continue to get information, it will go a long way in minimizing the spread of HIV/AIDS.

Interviewer: ***To what extend are the community members carried along in the programme, production and presentation?***

Interviewee: In radio peace's programme, it is participatory, we bring community members to also make their input where we have to seek their ideas, we go to the field collect data on what we want to do, so in radio peace because we community radio, so whatever we do is participatory. We do not seat at the station here and do everything on our own, but we bring in the people, we factor them into our programming.

5. **Interview with Mr. Nii Danso Mankattah (Volunteer/ Health Programme Producer at Radio Emashie, Pokuase) on 14 June 2016 at 2:10 p.m.**

Interviewer: ***Good afternoon, can you introduce yourself?***

Interviewee: My name is Nii Danso Mankattah, I live in Pokuase, I really associate myself with most of the workers here, been a community member, I do associate myself with the community stations, and the volunteers in the town.

Interviewer: ***You are one of the volunteers at radio Emashie?***

Interviewee: Yes, am one of the volunteers at radio Emashie.

Interviewer: ***In your own opinion, who owns radio Emashie?***

Interviewee: In my own opinion, we have come to know that radio Emashie being a community radio, is for the community. The elders in the community are those who owns the radio, currently as I got here, I got to know that the one who is now in charge of the community is an Assembly (Local Government) man.

Interviewer: ***How long have you been with the station?***

Interviewee: I have been with the station for two years now.

Interviewer: ***How will you reconcile radio Emashie been a community radio, and is been managed by an assembly man****?*

Interviewee: Yes, we can reconcile the two, because the assembly man is also from the community, we see him as the leader of the community. He stands for the community, so anything that the community need, or if there is an account to be given to the community, it is through the assembly man.

Interviewer: ***Do you have regular Health programme on your station schedule?***

Interviewee: Yes, we have a health programme which we do.

Interviewer: ***Can you name some of the health programmes?***

Interviewee: The main health programme is called "Healthy living", in "Ga", we call it "Hewale Kpakpanamo", aside that, there is other programmes too that we do, like the week

day “Drive times”, we have a health segment on the ‘drive times’ which is usually run every 4: 30, where we give out health information.

Interviewer: ***How frequent do you run ‘Hewale Kpakpanamo’?***

Interviewee: Hewale Kpakpanamo is run weekly, every Wednesday from 2pm to 3pm. Resource persons come in to discuss different issues on health. But it seems we need to do it more frequently, because when we do it on Wednesday till another Wednesday again, so the people complain of not getting more information. Although they get, but they are yearning for more, because now we have more resource persons coming in, and they also call to have more time for the health programme.

Interviewer: ***You said the people are asking for more information, how do you get this feedback from them?***

Interviewee: We normally get feedbacks when we go the community to interact with the people, some of them also call sometimes to let us know that they could not get in touch with our station today, what was the problem, and let them know that it could be as a result of bad network coverage or electrical power outage, we also interact with them through phone in and when they meet us in town, they tell us the problems they are facing in getting our station.

Interviewer: ***Do you currently run a programme on HIV/AIDS on your station?***

Interviewee: Yes, we did a programme last year on HIV/AIDS, we even went to the town to engage people of the communities too about HIV/AIDS.

Interviewer: ***In the ‘Drive time’, the segment where you treat all manner of diseases, do you treat HIV too on that programme?***

Interviewee: Yes, we do, last year when we finish the community programme, in order to get feedback from the community member, we continue with the talk on the drive time every 4:30, whenever we go to the community, we tell them to tune in and listen to us at this time because there will be a pre discussion o maybe a rebroadcast on drive time at 4:30

every day. Every day at 4:30pm, we use to have a life talk on the drive time. Within this year, we had the information daily about the agenda 90/90 with the government, so that also call our attention say oh if the Government is bringing out something than we must revisit our programme so that we draw the attention of people because when we went out to people, most people are asking if HIV real, if is still there. So it means there is getting out off from it. So we tell them is still there. So this research has call our attention back to the programme.

Interviewer: ***What language do you use to broadcast your message?***

Interviewee: We use Ga and Twi

Interviewer: ***Why do have do that, why not English?***

Interviewee: We normally use English in the drive times programme, but mostly on the health programme, we do it in Twi and in Ga because of the resource persons that we use are mostly fluent in the Ga and the Twi language. We also use Ga and Twi for the community members too to understand what we are saying more, that is why we use that language.

Interviewer: ***How do you get community members involved in your production, and do they also get involved in presentation****?*

Interviewee: The production, we normally get somebody on the field who will go to the community and interact with them and ask them questions, on air too, when we are doing it, we activate the phone line so community members also call in, and tell us what they know about HIV/AIDS or about any topic we are discussing on the health segment.

6. Interview with the immediate past Chair of Ghana Community Radio Network (GCRN) on 13 June 2016 at 3:10 p.m.

Interviewee: As for the National Communications Authority, in terms of their list of the media. We have about sixty community radio stations in Ghana, but in term of working of GCRN, trying to make sure that we have true community radio in our own guide lines, we

have twenty community radio stations on air. Basically we work with twenty community radios but we also have about twelve other initiatives. That is, community radios which are yet to go on air. They are yet to receive their frequency

Interviewer: What do you mean by initiatives?

Interviewee: The initiatives are community radios which are yet to go on air because they have not received their frequency yet, but they have all the structures in place and they have put in their application awaiting frequency. Those are the once we refer to as initiatives.

7. **Interview with Acting Head of Station, Radio Emasie, Pokuase, Mrs Veronica McCarthy on 13 June 2016 at 10:45 a.m.**

Researcher: ***Good afternoon ma***

Interviewee: Good afternoon

Researcher*: Can I meet you once again ma*

Interviewee: My name is Veronica McCarthy, I work for Radio Emashie, Pokuase. Pokuase, is under Ga West Municipality, I'm now the Acting Head of Station

Researcher: ***What is the frequency of the radio station?***

Interviewee: 105.1

Researcher*: when was the station established?*

Interviewee*:* 2004

Researcher*: Who owns the community radio?*

Interviewee*:* It is the community members who own the radio station, it is not owned by an individual

Researcher*: when you say community members what do you mean?*

Interviewee*:* when I say the community member what I mean is the people of the community, that is the indigenes of Pokuase and its environment, yeah so it does not

belong to Pokuase alone, even though it is situated in Pokuase, that means it belongs to the entire municipality of the Ga West.

Researcher*: Does the station cover the whole municipality*

Interviewee: It is supposed to cover all the community, but NCA has limited the station which community radio stations at the radius of 5 kilometer, so now we are not able to cover all the communities within the west

Researcher: ***How long have you been in this as the acting head***

Interviewee*:* For 2 years now

Researcher*: How many hours do you transmit daily?*

Interviewee*:* 17 hours

Researcher*: How would you classify the focus of your programmes, do you have a specific focus?*

Interviewee: I would it is determined by the community, it is the community members who come up with the kind of programme, they want to run at the station , and the particular one is the traditional one , of which the community members are showing much intrest in, and that one is carried on on Sundays , though we have that on our programme, what is called house life, aside that the community members are also intrested in traditional music, apart from that we run programmes, developmental programmes that would be much of interest to the community members too as well, in terms of quality our programme is broad, very broad that we are not focusing on a particular thing, because it is a community radio, it is very broad so we have different kind of programmes, one of them is the health programme like we mentioned, the social programmes and all that, we also engage some of the department from the assembly, they also come here to run their programmes

Researcher*: Assembly how?*

Interviewee*:* The Municipal Assembly, they also come here to run their programmes, because this place was actually given to us by the assembly because it is a community radio station, the assembly is a stake holder.

Researcher*: So, the office infrastructure was donated by the assembly?*

Interviewee*:* Yes, it belongs to the assembly, the municipal assembly

Researcher*: Which is like the local government?*

Interviewee*:* Exactly, it is the local government

Researcher*: Do they have influence on what goes on in the radio?*

Interviewee: Not really, I would explain that, they don't have influence as to dictating to the station as to what we have to do, but the influence they have is, they are sisters when they are in need, yes so that is the influence they have on the station

Researcher*: Do you have a regular health programmes?*

Interviewee: Yes

Researcher*: Which one can you mention?*

Interviewee: It depends on the kind of topic the health officials want to treat, so they come with their topic, but for now we have been playing jingles for UNICEF on health issues , but one is polio

Researcher: ***What is the name of the programme***

Interviewee*:* The name of the programme is healthy living

Researcher*: Is that what you call it in your schedule?*

Yes, in our local language, if you want it in our local language, its Hewale Kpakpanamo

Researcher: ***What is the language of broadcast?***

Interviewee*:* Ga, 75 percent and 25 percent english

Researcher*: Is that for all your programmes or this particular programme?*

Interviewee*:* For this particular programme

Researcher*: How frequently do you run the programme?*

Interviewee*:* It is weekly

Researcher*: Do you currently run any programme on HIV?*

Interviewee: Not at the moment, but before, I remember in 2010 we had a programme on HIV we engaged some community members in the form of fund

Researcher: ***That's about 1 to 2 years ago***

Interviewee*:* Yes, since we have programmes for health, we treat different topics, and HIV is one of the topics we are planning to chip in one of our health programmes

Researcher: ***How important do you believe HIV/AIDS information is to be crossing community***

Interviewee*:* Well, I would say it is very important, because since the disease is on the rise, there are people within this community who feel there has to be much education on that, in order not for people to get involved in the disease , the people of Pokuase they feel radio has to give much education to the community members to abstain from casual sex

Researcher*: Is Radio Emashie really doing that?*

Interviewee: That is what I'm saying, radio Emashie is in collaboration with Ghana health care service, we have been running programmes with the health service officials, but like I said they come with the kind of topic they want us to discuss

Researcher*: Does that mean that what you initially meant was that was the last time you held a regular programme in your health programme*

Interviewee: Yes, for now

Researcher*: Have they treated HIV this year on your health programme?*

Interviewee: I cannot assure you that, since I am not running that programme, I cannot give a concrete answer since I am not hosting the health programme, but what I know is

they come with different topics, but as to whether they have treated the topic of HIV, I cannot tell you.

Researcher*: The host, Is he a volunteer*

Interviewee*:* He is a volunteer, and he is in a better position to tell us if they have treated the topic of HIV

Researcher*: Who is the person?*

Interviewee: Nii Mankattah

Researcher*: I will speak to him, thank you very much, do you believe people in Pokuase trust radio Emashie?*

Interviewee: Very much

Researcher: ***Why?***

Interviewee: Because they think the station belongs to them, so that one I can assure you, they prefer listening to radio Emashie than any other radio station

Researcher*: Have you tried to find out why?*

Interviewee: I have not tried to find out why, but what we have been doing is we invite some of them here, to have a chat with them, and they cherish the radio station very much, you know why/ there was a time the initiator wanted to relocate the station to Awasaba, and it was something else, the community members were in weapons, they embarked on a demonstration, they went straight to the assembly that they do not want the station to be relocated, to any other place, so that is a clear indication, and even the assembly cherish the radio station very much, the assembly refers to the station as its baby, so as for Pokuase, I don't want to talk about how much they cherish the station

Researcher*: On few occasions you have talked about HIV what preventive information do you tell them?*

Interviewee: What we have been telling them is that, we advise them to abstain from casual sex, that is what we normally do

Researcher*:* H***ow effective are those health programmes, especially those on HIV how effective in changing the attitude and behave of the people***

Interviewee: I think this kind of information or data, I would not be able to say, the health officials, because apart from the host the health officials have been going round and monitoring, so they will be in a better position to tell you how effective the education has been and how it has changed the life of the people of Pokuase, they have the data

Researcher: ***Do you think somehow the health programmes especially those on HIV/AIDS must have at one time or the other helped the community members adopt some preventive measures?***

Interviewee: Yes, that is what I am said early on, that we have been giving then education on HIV/AIDS and other health related issues, with regard to that must have changed their attitude, because when they listen to the programme they call to give their contribution they share their views, when someone is calling you to contribute it tell you that he/she is in agreement with what you are saying, definitely the person has to make changes in his/her life

Researcher*:* ***In what language do you broadcast generally?***

Interviewee: The entire station 75% gar 25% English, in this head station it is Ga, it is supposed to be a Ga radio station, and it is, but since there are other people so we just want to reach them too.

Researcher: ***How many people do you have on your staff?***

Interviewee: 50

Researcher*: okay, what is your recruitment model, permanent staff, volunteers, interns, or social workers?*

Interviewee: Everyone here is a volunteer, so everyone is working on per time bases, because nobody is being paid

Researcher*: The other time you said the programmes you run is determined by the community, that some of them, you call them in, explain further the process of programme production in your station*

Interviewee: what we do is, we sit down and discuss about the kind of programme we bring on air

Researcher*: when you say we, who are the we?*

Interviewee: I and the staff, and in some of our programmes too we invite some of the community members, to be part of the programme, so that is how we do our processing, but like I said we sit down and have our discussion before we go and open the phone lines, we activate our phone for the community members to give their contribution to the programme we are having

Researcher*: So during your programme planning process, the community is carried along*

Interviewee: Yes

Researcher*: So by that you are sure, your programme aligns with the interest of the community*

Interviewee: Exactly, even sometimes they walk into this place to tell us what they want us to do, and it is accepted because since it is a community radio, we have to involve the community members to what we are doing, so that the interest we have will not die

Researcher*: I have established that they get involved in production, but what about presentation?*

Interviewee: In presentation, you don't get them all the time, but they give us their moral support, because they have other activities that they are doing, so in terms of presentation it is the volunteers, the staff of the station that do much of the presentation but the community members once a while, for example, Nii Danso has one programme that he has been running of which he invites the some community members to be part, so they come to the studio, they come and join the studio

Researcher*: How is HIV programme presented or evaluated, you know some of these things when you do the programme, do you have any feedback mechanism you check?*

Interviewee: yes, it's a phone in programme, yes but I cannot tell you how many people share their views, yes except the one who has been hosting the programme, it is a phone in programme of which members of the community give their contributions, some of them commend the station for running such programmes

Researcher: ***What role does your community radio play in prevention of HIV/AIDS discriminating***

Interviewee: The role that we play is, we engage the health officials to come on air, to educate the community members, that is what we do, sometimes like I told you earlier we go to communities, we hold programmes with them, focus group discussions in the community forum,

Researcher*: Is there any other way you think community radio can be more effectively used in the prevention of HIV*

Interviewee: Well for now I think this is what I can say that one way of doing that is to go on air to educate the community member, the other one is to go to the community ,go there engage them, talk to them , with the health officials ,we do not do that alone, because we

are not experts, so anytime we want to do such (the programmes) we go with the health officials

Researcher:*: How do you handle research of HIV/AIDS before the programme?*

Interviewee: What we normally do is, the health officials themselves go on the net to look for more information before they come , so we can not do without them

Researcher*: How participating is the health officials do they involve the community, how?*

Interviewee: Yes they involve the community by the way of opening the phone lines, because as soon as you open the phone lines, for the community to call and give their opinions, it means you are engaging them, it is not for us alone

Researcher: ***What are the challenges that radio emashie is facing in terms of running an HIV/AIDS programme, promoting HIV/AID prevention***

Interviewee: I have not experienced any challenge in terms of that because if you want to educate someone on your air waves, I don't think it has to be a challenge, because all you are doing is that you are giving them education about what is happening, so you are telling them they must be careful of themselves and they also call to show their appreciation for what you are doing for them

Researcher*: How long did it take you to process your licence?*

Interviewee: It took us four years

Researcher*: Four years? What where the issues?*

Interviewee: You know community radio is quite different from the commercial an state broadcast and I don't know if I should be saying this, you see community radio is for non-profits and commercial ones are for profits, that makes the difference, and we are talking about money, you see when two people come here, one has money and the other does not

have, as human beings as we are, we will choose the one that has money first before you consider the one who doesn't have money, so that is the issue

Researcher: ***What is actually the process?***

Interviewee: I did not do the processing so it was there already before I also came in

Researcher: **From your experience, what lessons do you think you have learnt from this job?**

Interviewee: Even though it is a sacrifice, you see in community radio, there is this philosophy you do what you love, you love what you do, I have not been to any journalism school before, you wouldn't believe it, so the question is how come am able to work as a media person, although have undergone some training GCRN (Ghana Community Radio Network) to be precise, my interest as a media person developed just like that I can't even tell you how, but the experience I have now is, because of the job I have been able to come in contact with some prominent people which I think is very good, even though I am not paid for what I am doing

Researcher*: If you were to start a new community radio, what would you do differently?*

Interviewee: You know there is something about community radio, In Ghana ,there are initiatives, or let me say they are initiates, some people initiate the community radio, but somewhere along the line you see people say the station belongs to me, but that happens when you don't get the community members fully involved, so when you want to start a community radio you have to engage some opinion leaders, traditional leaders of the community, when this radio was to start it was the municipal assembly , who wanted to apply for the frequency, for community radio station, so they went to NCA they were told that member of the community had already applied for the frequency , so the assembly has to collaborate with whoever took the initiative to do that, do that is why the station is in partnership with the assembly, so you have to engage the community members, when the

station was to be established, there was a community forum, so the community members were told that this is the planning, what are the programmes they would like us to run at the station, they came up with their opinions, so I don't think there is anything about it, but what don't have to do is claim the station, as your bonafide property, you have to engage the community members, since it is community radio station

Researcher: ***Your advice is that even the regulatory body should not give licence to an individual, so that is what you are saying, an applicant should not be an invader?***

Interviewee: Yes, an applicant should not be an invader, even NCA will not accept that

Researcher: ***So it's mostly the name of the community, but the initiator somebody will just sign for it***

Interviewee: Exactly, it still remains a community radio station

Researcher: ***What do you think would have worked well for community radio stations in Ghana?***

Interviewee: Well what has actually worked well for community radio stations, guess by way of engaging the community members to participate in what is going on at the community radio station, so maybe if you are selecting some people for your executive council, you have to come from the community not only the community where the station is located but its environment nearby its communities too

Researcher: ***What about the cooperation between radio stations? Is there any cooperation among community radio stations in Ghana***

Interviewee: All the community radio stations? Yes we have the Network that is, Ghana Community Radio Network, there are about 21 community radios in that network, we have information, so when there is workshop, all the members go for the workshop

Researcher: ***Do they have any say in the programmes?***

Interviewee: Well not really because they cannot dictate to us even though we are on the network, what the network normally does is that there is a project, the network share the project, amongst all the stations, so that all the stations in their different buildings will take part, so that they will also benefit from whatever is going on, but as to how, sometimes they give us the guidelines other one is different but they do not dictate to us full

Researcher: *That means some with the most developing partners now, if they want to use the community radio channel they go to the network?*

Interviewee: Exactly

Researcher: **So what advice will you give to the Nigerians who are just starting community radio, because Ghana is ahead in community radio broadcasting.**

Interviewee: Okay what I would advise them to do is, in case you want to establish a community radio network go underground and get the community members, I mean the traditional leaders yeah, discuss that with them, involve them In whatever you are doing, be transparent, it will work

Researcher: ***How do you fund the community radio station?***

Interviewee: The community members are supposed to assist the station

Researcher: ***How? Is it by grants or donation?***

Interviewee: Yes anyway at all they want to

Researcher: ***How do you fund currently?***

Interviewee: For now because of the network, let me say most of our funding comes from the network, like I said when they are projects sponsored by NGO's, then it is distributed amongst all the, what it's called, a typical example is the workshop we went for last week, we arrived just yesterday, about 7 of stations were there, and today another batch has

started so when we return to our various station, there is a project we have to run on our airwaves so they come with supports, so that is how we are able to sustain

Researcher: ***So the little fund rom that you also use it to develop other programmes?***

Interviewee: Yes, so what we do is we use some to pay our electricity bill, that is killing us

Researcher*: So electricity is now stable but they tarry*

Interviewee: Yes now it is stable but they tarry, we have a standby generator which has developed a little problem, which we are trying to work on, but for now the power is a bit stable, I think , but today for instance, its about twelve , sometimes what they do is that before 11 o clock the light is off but today its almost 1 o clock and its still on, but what happened at that time is that there was a problem with the transformer, so they were working on the transformer

Researcher:***: So if you were to mention 3 pressing challenges for your operation which ones will you mention***

Interviewee: Its about the frequent power outage, then the funding and maybe sometimes our transmitter too develops some kind of problem we have to work on and without the transmitter we cannot go on air so we are planning to get a stand by transmitter but the funding is not there, its not easy

Researcher: ***What do you think Nigeria and Ghana can collaborate on community radio***

Interviewee: Well I think in terms of programmes we will be running we can syndicate, that is you come up with some programmes that will be beneficial to our community members, we can also come up with some ours, then we are in partnership, in collaboration, we can work together effectively

Researcher: ***Thank you very much Mrs MacCarthy, thank you so much for your time, its been a pleasure, thanks so much for your time.***

8. Interview with the Director of Radio Peace, Winneba, Mr Kwasi Ghartey-Tagoe on 13 June 2016 at 2:15 pm

Researcher*: Can I meet you sir*

Interviewee*:* My name is Ghartey-Tagoe. I am the Director for Radio Peace in Winneba. Radio Peace is a rural community radio and our signals are received in six districts within the Central Region

Researcher: *What frequency are you on?*

Interviewee: We broadcast on 88.5

Researcher*: When was the station established?*

Interviewee*:* Actually come to think of it, in terms of establishment, let me begin from registration we acquired our registration in 1996 but we came on air in 1999 because we had to put a good structure in place and also we actually got our equipment to Winneba, cannot remember the exact date but it was in April, it was on second Saturday in May 1999 we opened the boxes because we had to wait for the engineers to come from the UK, Roy persons. By the 2nd of May, all the equipment started to take shape and then first June 1999, we had our first test run and then we test transmitted from 1st June to 1st September 1999 afterwards we started full broadcast.

Researcher*: Who owns the radio?*

Interviewee*:* Technically the radio was initiated by individuals but we would say it is owned by the community. Let me talk about ownership. First, the idea was by David Ghartey-Tagoe, former UN broadcast expert who retired as the director General of GBC, he needed to start a rural community radio to actually address the needs of deprived and marginalized communities and he initiated it but before the radio could come to be, we had some funding from UNESCO so we undertook series of training and research in the

communities to see the viability of a radio station and how the community would welcome such a thing.

So it was the community through the training that even the name Radio Peace was accepted, shaped and the form that the radio was going to take in terms of the training to explain how different it was going to be from commercial radio and what its intention were and all that. In terms of our registration we needed some other community members to testify. If you registering a non-profit organization as limited by grantee you needed other people to really be part of the process. So improperly, the radio is owned by the community because one, the frequency that we are holding is a community based frequency so we cannot take that frequency and sell it just like commercial radios do if for some reason we cannot make use of the frequency we have to leave it for the community to take over even though it was initiated by an individual it is basically a collective thing.

And ownership does not necessary imply like say to someone who has spent his money but the radio exists because of programming and the radio exists because of the people. So most of the programmes that are produced here are produced in the community. The community members actually set the agenda of the programme. At the end you realise that the community would own the programmes that they do because sometimes you do a programme and they come up with certain questions about how the programme was delivered and the things like that and changes are made appropriately.

Researcher*: So have you being with the station since inception?*

Interviewee*:* Yes I have, in fact am a co-founder of the station.

Researcher*: So how many hours do you transmit daily?*

Interviewee*:* For now, we are transmitting about 17 hours

Researcher*: From?*

Interviewee: Actually we start broadcast from 5:30 in the morning and shut down around 9:30 sometimes 10pm

Researcher*:* How would you classify your community radio programmes, is it more of peace building, Health or is it a mixture?

Interviewee*:* We have more of participatory programmes...Even though we mix up entertainment the core programmes that we do is war participatory involving communities to shape up some of these programme.

Researcher*: Do you have any health programmes on schedule?*

Interviewee*:* Yes we do have health programmes

Researcher*: Can you mention any of them?*

Interviewee*:* The programme titles are all in the local language. There is one programme we call "simply" means "How are faring" or "what are you doing to yourself" in direct translation. The programme starts off with sanitation issue then moves into your own environment. We have another one which actually involves the senior public health officer and her team; it picks specific areas on health like malaria, HIV. It is done in English Language.

Researcher*: How frequently do you run the programme?*

Interviewee*:* Each of the programmes comes once a week but repeated within the work.

Researcher*: So you have two health related programmes?*

Interviewee*:* Yes, direct health related programmes but we have other ones which are quite indirect. Right now we are working on a project with UNICEF, we call it Community participation in Children welfare, so that it affects children in general but then there is this health part of the whole process and then in the past we have had a direct health programming in collaboration with an NGO on a HIV programming.

Researcher*: Are the Health programmes currently running?*

Interviewee*:* Yes, they are currently running.

Researcher*: Does your station run HIV/AIDS programme?*

Interviewee*:* At the moment not directly but at times we have it as episodes on our other health programmes.

Researcher*: When was the last time you ran a direct programme on HIV prevention?*

Interviewee*:* About six months ago on the health programme they spoke extensively on HIIV.

Researcher*: How important do you believe HIV/AIDS information is, to this community?*

Interviewee*:* It is quite important because, even though the statistics available here are not readily available it is difficult to get those statistics at the district assembly but if you look at the national scale and you go region by region, in fact we find it to be very important in our catchment area because it is something communities would not readily talk about unless it gets to the worse point, so sometimes we believe that in doing programmes we are still giving some information out that people would find useful and probably go about it the right way.

Researcher*: What kind of AIDS preventive information do you disseminate?*

Interviewee*:* We take information from experts. Information such as don't share needles, be mindful of cuts and what you do with your cut. As for sex, it is a main thing but later in our programming we realize that if we hammered so much on the sex, people will think that, that is what it takes to contact HIV but we know there are other areas, people should also know that HIV can be contacted especially when it's all about blood transfusion and we also talk about the incubation period and other things.

Researcher*: How effective do you think your health programmes have helped community members in changing their behaviour towards HIV?*

Interviewee*:* We've not done any major research but if the call-ins that come into the programmes are anything to go by then you get the sense that people are becoming aware of some of these things. Because they also want to cheep in their contribution in terms of preventions. There was this idea here, that you can pick it out on public seats because in this environment, they tend to use public toilets a lot. The community members would call to tell how the public toilet should be treated. And so for us, this alone is an indication of some awareness been created.

Researcher*: From the feedback, do you have a sense that some of them must have adopted some preventive measures as a result of listening to some of your programme?*

Interviewee*:* Yes. There was a story of a woman who was rejected by her family because she was suspected to have AIDS, she fell ill and was abandoned in a room, she was been feed but the food was thrown to her. Anyway, she got better and has been telling her story. We gathered that in telling her story she has gotten some level of acceptance in the community. She was given a spot on the radio here to tell her story and we believe the station partly attributed to her success story.

Researcher*: In what language do you broadcast?*

Interviewee*:* We broadcast mainly in the Fante language which takes about eighty percent of our broadcast because the whole of the central region are Fante, and then we broadcast in English which takes about ten percent and also we broadcast in Effutu and Awutu. The people who live in Winneba speak the Effutu and Awutu is spoken just at the outskirt of Winneba.

Researcher*: Can you explain a bit about your staffing*

Interviewee*:* We have about twenty regular staff, most of them are volunteers but we have about seven core staff. When I say core staff they are people who receive salaries.

Researcher*: How do the Volunteers get rewarded?*

Interviewee*:* We call it reimbursement but it is technically more than reimbursement, because reimbursement means the cost of transport to get here and how they get back. Here we don't have any strict policy in terms of national policy on how volunteers should be treated so it lies solely on us but once in a while when we see things are okay we give something out especially during the Christmas period.

Researcher*: Can you explain more about the process of your programme production?*

Interviewee: When we started we needed to work with the community, we did some research and gathered that some of the issues coming up really had to do with governance issues like lack of health facilities because the structures of the governance were not so clear. So we set out to do a programme we call Community participation in Local Governance. What we did was we initially trained people in-house and that training was to give them a sense of what a decentralization system looks like that is the local governance structure and also to try and pair that with our traditional system of governance and with that kind of understanding to see how the two can merge to bring about development in this people.

So what we did was to go out to communities and ask them about their structure. And so in our training of six groups we did the focus growth discussion with all members of the community, men women, Elders, Youth, chiefs and then assembly members and unit committees well represented. Each team had the same kind of check list and were told to go through it.

For instance, what we did was to find out from them what was the most important thing they wanted in the community, For instance, the women will say a market or some will say farm implement when the discussion comes we use a tool called the ranking and scoring metrics, whatever they say we list and score. Then they would all come to a consensus and agree that it is a market that is needed, that would be the basis of our subsequent discussion. Again, we use a Venn diagram, we draw a circle on the ground representing the community and then we use the subject like how do we get the market into the community you will hear some of them say the chiefs can help us, so where do we place the chief in the community, then they will place the chief at the centre and then we discuss who else, then most of the discussion sometimes go around other people who are outside the community who do not live in the community.

Invariably, when we began most of them would not mention their assembly members, or the unit committee or the members of the parliament then we ask why are they not mentioning specific people then they say they do not know them, they did not know they are supposed to do something for them. Then we come to a conclusion that modern system of government is not existence within that community. So when we gathered all the various information from all the groups, we came back to the situation to do a synthesis of all the issues that have appeared. Then we begin to list the issues within those things that have appeared in there. The issues we go back to verify whether these are the issues, then this time we have a plenary, that is, a forum to find out whether these are the things they've talked about.

When we are going for the forum this time we try to go with the executives, we try to appeal to the members of the parliament to be there and all the assembly men. Invariably, we get them, some we couldn't get them to come and then we discuss and when they've accepted the issues then our two producers who are on the program will then begin to

devise radio programs around those issues using the voice of their community members to address those issues.

Researcher*: In fact, you have taken us to my next question. To what extent do community members get involved in both the production and presentation?*

Interviewee*:* They are totally involved in the process. It's their voices the people hear. Sometimes even in the production, it is what they are saying that they want to hear. Let me tell you a story we did one community work not very far to Accra from Winneba. There's a town there called "Gom man pur" where we did that program. At that time, this was the time when NPP were in power so it was before 2008, when we did that, issues were raised. And when we went for the community forum they all agreed on the program. The thing was member of Parliament of the place, Mr Khom had gone there to do a lot of promises and they did not even know it was their right to get certain things so when they got to know they let out their dissatisfactions.

And so, we did a program. In terms of producing the program, they told us what to do and then the program was aired in their voices. it was a series of programs we did, so one morning I come to work and received a call saying a number of chiefs and some elders were waiting for me and they thought that the program they did was going to go against them because people talked about the member of Parliament in a negative light so they were worried that the member of Parliament could mark them as a small community so that morning I told them not to worry and that I would try and get hold of Mr Khom. So we went to see Mr Khom, apparently he had not heard the program but of course they won't believe him but these things people who take the story take it in a different way.

We spoke to Mr Khom who told them not to worry at all and said that the promise he made is because of one or two reasons he has not been able to fulfil it. Eventually he went and

fulfilled it. So we believe strongly that it is the program that pushed him to go and do that because they did not know what their rights really were

Researcher*: Was there any kind of research done on HIV on any of your health programmes?*

Interviewee*:* The direct HIV program we did it was with a NGO We only facilitated some of the community work and then some other things. We didn't end up writing any report on the HIV outing but what have is some documentation about the prevalence within the community and other things unfortunately I don't have it here.

Researcher*: Was there any evaluation after some time after the program?*

Interviewee*:* We do a lot of evaluation on our programs but with this very one, we did not do any evaluation.

Researcher*: So how do you think community radio can be effectively deployed for HIV potentials?*

Interviewee*:* For me, honestly, I think we need to do more work in that particular area not even just HIV but in other areas. But I think that what we can do is to understand and to know where the prevalence is and then just like we do with specific programs engage the communities and try to solicit and facilitate a process where the community members can discuss what HIV is about and to share on radio and to talk about what it is about. I believe that if the actors themselves can talk about it more, it would help us better as we keep dishing out information about it all the time.

The only way community radio can do this is to go down and engage the communities in discussing this.

Researcher*: What are the challenges you can identify facing Radio Peace in disseminating HIV information?*

Interviewee*:* For us, moving into the community and in terms of training and taking out other things and using human resource, there is no problem but you see the big challenge normally comes with the support or Logistics, when I say logistics I mean finances like transportation and all because most of these things that we do its community members that we do it and the initial training, because they understand the community better, So sometimes when the logistics are few we won't be able to cover bigger areas. So our big challenge mostly is support or logistics

Researcher*: As regards your feedback mechanism, you mentioned Telephone and also community members coming to the station, Is there any other feedback mechanism you want to share with us?*

Interviewee: We work out evaluation sheets that is produced in-house, the way we do this is, Let say we go to community A and we do some series of activities, we would like to know whether community B that we didn't go to physically can see themselves in community A. So we often share the evaluation sheets to know if the community we have not been to, share common ideas with the ones we have been to and what they would want radio stations to do in future.

Researcher*: Who determines what programme goes on air?*

Interviewee*:* It is the community because the issues they raise is what we are dealing with.

Researcher*: How long did it take you to process your license?*

Interviewee*:* It didn't take us so long because at that time it was new but now it takes so long, I know some people who have applied now close to ten years and yet haven't gotten their license.

Researcher*: What is the process like?*

GUEST: In terms of the process, it looks simple, all you need to do is to fill out the form and put together a project document in terms of what your intention were. As at our time, it wasn't too strict but now you need to have the community endorsement that indeed they want such a thing in their community.

Researcher: Any fee?

Interviewee: Yes, there is a license fee but now I don't know how much they pay.

Researcher: In your experience as a community radio manager and director, what major lessons have you learnt?

Interviewee: For me, I am a trained journalist, a broadcaster and I was more in the commercial sector, I used to do a lot of tv programme and radio station programme so when we were to start community radio, I personally did not know what it was all about but since I got it from my father I still did not see the head and tail about it. I can remember saying well, it's a radio I will bring in my skills from commercial and all to it but as we started,I started to see what it was. It was something different. Something different like it's more academic because a lot of training takes place here. So far, people who started with us and have moved out from this place have become very good broadcasters because when they pass through this place it's more like a training ground. For me, Community Radio has really shaped the community; you will hear people call in and say we want to thank the initiators of this radio because without them our voices may have never been heard. For them when they talk people now listen

Researcher: If you are to start a new community radio in Nigeria, what would you do differently?

Interviewee: Well, I wouldn't know what I would do differently until I have known the community. I need to understand what the community is like because each community is

unique. It also depends on where the community radio station would be situated For instance, here; we have lots of farmers, fishermen and artisans, so that actually helps how things work around here, So if I move to a petroleum area, it's basically to understand how things are at that community and how their contribution to the radio would be like. It would definitely not be confrontational just simply communication. So I will definitely do things differently because every community is unique.

Researcher: What are the things that have worked well for community radio operations in Ghana?

Interviewee: One, I think the environment has helped in terms of the media landscape even though we don't have any broadcasting law at the moment we are not having an autocratic law in the system within the environment, so we are at liberty to say so many things so it has given us room to make mistakes and correct our mistakes. And also, it worked because we have the personnel to work with. Initially it was hard because people did not really understand what a community radio was about, so they came here looking for full time jobs.

Then other thing I realize was that the volunteerism initiative didn't work at all while some from institution were working those who had come in for jobs were gone in two to three days. So we came up with this strategy, a lot of people come here knowing nothing about broadcasting, so we try to do a kind of a broadcasting school, so people come in to train and we give them the best of training that are very practical and they stay on two months to do further internship. For the two months they stay they become part of the system and by the time they leave another set comes through so it resolves the volunteerism issue we had.

And also in terms of management, we really do not have very qualified personnel, every morning for instance, we meet as a group to discuss what happened a day before, also, we do a lot of trainings and they eventually learn on the job.

Researcher: In what way can Nigeria community radio collaborate with Ghana Community radio?

Interviewee: I think we have started collaborating; we used to have series of workshops that some of their members came to understand what community radio was about and how to get started. And I remember when the final proposal was written, Akin sent the whole document to me to look at it and put some input. And also when the world bank were trying to push for the Nigeria thing , a lot of Nigeria community radio initiatives were brought to Ghana and we had a lot of sessions with them and we've had some members of the Ghana Community radio network coming to Nigeria to kick start the whole process in Nigeria

We could collaborate in terms of ideas of programme development and programme design and also in terms of engaging communities to do most of these things.

Researcher: How do you fund Radio Peace?

Interviewee: Different sources, we have this internal generated fund. It is where we have announcement made and charge a little for it. We have also been working with the Ghana Health Service and National Health insurance gives us some announcements to do.

For external, we have the Ghana Community Radio Network, we all team up and put together proposals sometimes to UNICEF, so then UNICEF would give the network some money to work then the network would apportion the money to members and then members would work on a particular project. There is money attached to each project depending on how you deliver because network would also have to account to UNICEF and therefore delivery is very important and when you do you will get the little money that will come and that also helps us.

We also have individual station also soliciting for their own funds from somewhere. Recently, we were able to get some funding from UNESCO to do some projects. So that's

how we run. But the danger is we are heavily relied on external funding which one day if it all cuts then it becomes much tougher.

Researcher: If you are to mention three topmost challenges facing the station?

Interviewee: First, Power supply tariff is high and the electricity is not regular. Power Supply rates were so high that we used to shut down our transmitter from time to time but we were able to collaborate with Vodafone, so they are housing our transmitter and I can tell you we haven't shut down our transmitter in about four years. Also, we have collaboration with a Germany Community Radio and through that; we were able to get solar installation. So we run the whole building on solar.

The other major challenge is we have so many programmes we want to tackle. For example, we used to have programme for children and women but now they've all become studio work which is not our style of participatory programme because we can't go to the community all the time.

Researcher: Why?

Interviewee: Funding is the problem because we have to pay for all the logistics. Even if we won't pay them, we have to feed them, transport them and all. So at the moment, things which used to be a community affair have become studio work.

9. Interview with the Coordinator of the Nigerian Community Radio Coalition (NCRC), Mr Akin Akingbulu, (a KII subject in this study) on 01 July 2016 at 1:45 p.m.

Researcher: ***In what way will the challenges and successes of community radio in Ghana be useful to Nigeria?***

Interviewee: Of course, for any country to build a good model, Nigeria seeks to have an improved model and for any country to have that one, that is to say when a country has developed something ahead of you, when your own is coming up, you want to improve on

what they have done. So you have to know their challenges and successes. This is why, as you probably know, during the time of advocacy, Nigeria sent delegates to Ghana: Radio Peace, Radio Ada… We sent up to two delegations: Delegations of the CSO, and communities that were planning to set up community radio to see those models, those successes and challenges. We also sent journalists to go and see those successes and challenges and they came back to report in their various organisations. So, going forward, now that we are even establishing, yes, it's very very important. Each country that establishes its own model, there are characteristics and there challenges they face.

It is very important. It is good for us, especially at times like this… after licencing were granted in Nigeria, exchange rate jumped by about 100%, we couldn't get broadcasting equipment, so we must look at how the other countries handle power supply for example, how they handled equipment procurement for example, what were the challenge they had there. Even in management recruitment and management of volunteers is, it looks simple, but not that simple. Because when you put volunteers in place and the framework of recruitment and management, if the framework is not good enough, they will go haywire at some point. Some will be bad-mouthing the station in the community especially when they have turned to stars. So, several things have to be learnt.

One of the things we saw then … one of the Ghana community radio had a World Bank and FADAMA support, they were given a 45 KVA. They observed that the way the generator was consuming diesel would wipe away their revenue for the month. That is the area of sustainability…the kind of equipment to put in place; power supply, how they deal with this kind of thing in other countries; Every area, human resource, non-human resource, every area … it is important to know the successes and challenges in [Ghana]. It'll be very useful for Nigeria.

Researcher: ***Thank you sir.***

Interviewee: My dear brother, thank you.

10. **Interview with Neeyi (Chief) Kojo Tetteh III of Sankor community, Winneba, (a Community Leader/ Local Chief) on 01 July 2016 at 3:15 p.m.**

Interviewee: Radio Peace particularly focuses on health… They have time schedule for health education. Our people, some of them, almost all of them take interest and listen to Radio Peace.

Researcher: ***In what language do they broadcast mostly?***

Interviewee: The language they usually use is Akan language. That is Fante language.

Researcher: ***Do your community members trust Radio Peace?***

Interviewee: They particularly trust it. Because every education programme that comes out of Radio Peace is more productive and well noted.

Researcher: ***Can you say that radio peace has helped members of your community to change their attitude positively?***

Interviewee: Exactly. That's what they rely upon.

Researcher: ***Have you heard of any HIV/ AIDS programme on Radio Peace before?***

Interviewee: Oh Yes! Atimes, when they want to produce it they come here.

Researcher: ***The people that speak on Radio Peace, Are they your community members?***

Interviewee: Yeah, some of my community members contribute, they ask question. They even get vibrant explanations

Researcher: ***Is the community radio useful?***

Interviewee: Yeah, It is very important. Community radio is very important.

11. Interview with Mr Gad Yeboah, an Assembly member and opinion leader of Pokuase on 17 June 2016 at 6:15 p.m.

Researcher: ***Who owns Radio Emashie?***

Interviewee: The radio is for the community. But it is the Assembly that has the right and do everything on the radio. It is for Pokuase community but the Assembly also has share responsibility in the radio.

Researcher: ***Is the Assembly the local government?***

Interviewee: Yes, Yes.

Researcher: ***Are the community members involved in the running of the station?***

Interviewee: Yes. I am the Assembly man here. My predecessor also a former Assembly man, was a member of the Board of Radio Emashie and I am also a member of the Board. We have a Board of Directors that manage the radio.

Researcher: ***Does that mean when another Assembly person comes on board, that one also automatically becomes a member of the Board of Radio Emashie?***

Interviewee: Yes, that is how it works. The whole thing is that whenever you want to partner with the radio, you go through the Board and the Board tells you what to do.

Researcher: ***Are the community member involved in programme production and presentation?***

Interviewee: Yes, they are. Mostly, the radio is 95% Ga language speaking.

APPENDIX IV

OBSERVATION CHECKLIST FOR DETERMINING THE ROLE OF COMMUNITY RADIO IN HIV/AIDS PREVENTION IN GHANA

COMMUNITY…….
PLACE……DATE……
TIME…….

APPENDIX E

In the community	Yes	Somewhat	Not at all	Comments
Business premises have functional radio sets				
Community members move about with radio sets				
Availability of other media (Television, commercial radio, Newspaper, etc.)				
Community members listen to Radio Emashie, Pokuase/ Radio Peace, Winneba				
Radio Emashie, Pokuase/ Radio Peace, Winneba is on air				
Community members appear engaged with the programme on air				
Common language of interaction in the community				
At the Community Radio Station				
All volunteers demonstrate a high level of enthusiasm and love				
There is public power supply				
Station's source of electricity at the time (Generator, Sola, Public power supply)				
The station environment is conducive for learning				
There is a Programme Schedule for the station				
Health programmes run on schedule				
Any staff/ Volunteers' meeting?				
Community members are sighted at the station				

APPENDIX V

GHANA'S COMMUNITY RADIO DISTRIBUTION BY REGIONS

S/N	REGION	COMMUNITY RADIO	YEAR OF AUTHORISATION
1	**Central**	Radio Breezy	11/09/2007
2	Central	Radio Arise	04/06/2008
3	Central	Asafo Besoun organisation	24/03/2009
4	Central	Awutu Emessa Community	22/09/2012
5	Central	Hope FM	11/04/2008
6	Central	Live FM	13/10/2011
7	Central	Radio Peace	08/08/1996
8	**Greater Accra**	Radio Emashie	30/07/2007
9	Greater Accra	Radio Ada	03/05/1996
10	Greater Accra	Radio LaTeNu	21/07/2011
11	Greater Accra	Amanie FM	21/07/2011
12	**Eastern**	Radio Afram Plains	22/03/2005
13	Eastern	Radio Asuogyaman	08/02/2012
14	Eastern	Radio FAWE	05/01/2003
15	Eastern	Rap FM	22/03/2005
16	Eastern	Radio Mountains	22/08/2008
17	Eastern	Thank U FM	04/08/2011
18	Eastern	Nopras FM	14/07/2014
19	**Volta**	Radio Dayi	24/04/2008
20	Volta	Tongu FM	24/03/2009
21	Volta	Dela Radio	20/07/2010
22	Volta	Radio Heritage	04/03/2008
23	Volta	Beyond FM	16/06/2011
24	Volta	Dzigbordi Radio	22/05/2013
25	Volta	K FM	11/05/2015
26	**Brong-Ahafo**	Royal FM	23/08/1999
27	Brong-Ahafo	Alive FM	13/03/2012
28	Brong-Ahafo	Voice of Sene	11/04/2012
29	Brong-Ahafo	Atoobu FM	12/11/2012
30	Brong-Ahafo	High FM	04/02/2016
31	Brong-Ahafo	Dormaa FM	
32	**Northern**	Radio Simili	11/11/2005
33	Northern	Day Break	01/06/2011
34	Northern	Radio for Preace & Development	17/09/2008

35	Northern	Radio Gaakii	06/01/2009
36	Northern	Yagbon Radio	14/11/2012
37	Northern	Gmantambu Radio	05/03/2013
38	Northern	Tizaa Radio	23/07/2014
39	Northern	Tawasul Community Radio	21/07/2011
40	**Upper West**	Radio Progress	03/05/1996
41	Upper West	Radio RADFORD	13/12/2007
42	Upper West	Sung Maamle Community FM	22/12/2011
43	Upper West	Radio FREED	04/12/2003
44	Upper West	Lawra Community RADIO	14/02/2013
45	Upper West	Bugli Sesew Duoho	19/10/2013
46	**Upper East**	Grunnie FM	28/02/2002
47	Upper East	Radio Builsa	08/01/2008
48	Upper East	Word FM	19/03/2009
49	Upper East	Nabiina Radio	15/05/2006
50	**Ashanti**	Cruz FM	03/12/2012
51	Ashanti	Edubeaseman FM	28/01/2013
52	Ashanti	Okese FM	20/02/2013
53	**Western**	Ankobra FM	12/02/2002
54	Western	Radio Shama	10/08/2011
55	Western	Kasapreko FM	21/07/2011
56	Western	Anyindamanli Community Radio	17/09/2012
57	Western	Trinity FM	15/08/2012

Constructed by the researcher from data extracted from National Communications Authority List of Authorised VHF-FM Radio Stations in GHANA as at Fourth Quarter, 2016

APPENDIX VI

RADIO EMASHIE, POKUASE

PROGRAMME SCHEDULE

MONDAY

TIME	PROGRAMME	PROGRAMME TITLE	PRESENTER
5:00am to 6:00 am	OPENING AND DEVOTION	KANYAMO BAE	NII DANSU/ QUARSHIE
6:00am to 6:30 am	NEWS BULLETING	SHIEMOO	
6:30am to 8:00 am	HEAD LINES		
8:00am to 10:00 am	BREAKFAST SHOW	ODUKOO	AKU LARYEA
10:00am to 12:00 pm	MUSIC IN GA	GAA MASHIE	
12:00pm to 12:30 pm	NEWS IN EWE AND GA		
12:30pm to 2:00 pm	LUNCH TIME		
2:00pm to 3:00 pm	YOUTH PROGRAMME	OBLANTAE ABAE	
3:00pm to 6:00 pm	DRIVE TIME		KUMODZIE
6:00pm to 6:30pm	NEWS BULLETING		
6:30pm to 7:00pm	MUSIC IN GA		CASHIER
7:00pm to 8:00 pm	NEKE MON [REPEAT]	NEKE MON	CASH MAN
8:00pm to 9:00pm	GOSPEL/ PREACHING		CASH MAN

TUESDAY

TIME	PROGRAMME	PROGRAMME TITLE	PRESENTER
5:00am to 6:00 am	OPENING AND DEVOTION	KANYAMO BAE	NII DANSU/ QUARSHIE
6:00am to 6:30 am	NEWS BULLETING	SHIEMOO	
6:30am to 8:00 am	HEAD LINES		
8:00am to 10:00 am	BREAKFAST SHOW	ODUKOO	AKU LARYEA
10:00am to 11:00am	MUSIC IN GA	GAA MASHIE	CASHIER
11:00am to 12:00pm	RADIO LAWYER	RADIO LAWYER	
12:00pm to 12:30 pm	NEWS IN EWE AND GA		
12:30pm to 2:30 pm	LUNCH TIME [REGGAE]		DANIEL YEBOAH [OY]
2:30pm to 3:00pm			
3:00pm to 6:00pm	DRIVE TIME		KUMODZIE
6:00pm to 6:30pm	NEWS BULLETING		
6:30pm to 7:00 pm			
7:00pm to 7:30 pm	TRADITIONAL MUSIC		
7:30pm to 9:00pm	MUSIC IN GA		

WEDNESDAY

TIME	PROGRAMME	PROGRAMME TITLE	PRESENTER
5:00am to 6:00 am	OPENING AND DEVOTION	KANYAMO BAE	NII DANSU/ QUARSHIE
6:00am to 6:30 am	NEWS BULLETING	SHIEMOO	
6:30am to 8:00 am	HEAD LINES		
8:00am to 10:00 am	BREAKFAST SHOW	ODUKOO	AKU LARYEA
10:00am to 11:00am	MUSIC IN GA	GAA MASHIE	CASHIER
11:00am to 12:00pm	YOU NEED TO KNOW	ESAAKE OLE	
12:00pm to 12:30 pm	NEWS IN EWE AND GA		
12:30pm to 2:00 pm	LUNCH TIME [HEALTH]		
2:00pm to 2:30 pm			
2:30pm to 3:00pm			
3:00pm to 6:00pm	DRIVE TIME		
6:00pm to 6:30pm	NEWS BULLETING		
6:30pm to 7:30 pm	NEKE MON [REPEAT]	NEKE MON	
7:30pm to 9:00pm	WHAT IS YOUR CONCERN	MINI GYI ONAGBA	CASHIER

THURSDAY

TIME	PROGRAMME	PROGRAMME TITLE	PRESENTER
5:00am to 6:00 am	OPENING AND DEVOTION	KANYAMO BAE	NII DANSU/ QUARSHIE
6:00am to 6:30 am	NEWS BULLETING	SHIEMOO	
6:30am to 8:00 am	HEAD LINES		
8:00am to 10:00 am	BREAKFAST SHOW	ODUKOO	AKU LARYEA
10:00am to 11:00am	MUSIC IN GA	GAA MASHIE	CASHIER
11:00am to 12:00pm	PERSONALITY PROFILE	AYEKOO	KUMODZI/ CHERKEY
12:00pm to 12:30 pm	NEWS IN EWE AND GA		
12:30pm to 2:00 pm	LUNCH TIME		
2:00pm to 2:30 pm	ROAD SAFETY		
2:30pm to 3:00pm			
3:00pm to 6:00pm	DRIVE TIME		KUMODZI
6:00pm to 6:30pm	NEWS BULLETING		
6:30pm to 7:00pm			
7:00pm to 7:30 pm			
7:30pm to 9:00pm	MUSIC		

FRIDAY

TIME	PROGRAMME	PROGRAMME TITLE	PRESENTER
5:00am to 6:00 am	OPENING AND DEVOTION	KANYAMO BAE	NII DANSU/ QUARSHIE
6:00am to 6:30 am	NEWS BULLETING	SHIEMOO	
6:30am to 8:00 am	HEAD LINES		
8:00am to 10:00 am	BREAKFAST SHOW	ODUKOO	AKU LARYEA
10:00am to 10:30am	KIDS HOUR		
10:30am to 11:00am	MUSIC IN GA	GAA MASHIE	CASHIER
11:00am to 12:00 pm	FAMILY LIFE		
12:30pm to 2:00 pm	NEWS IN EWE AND GA		UNITY DORIS
2:00pm to 2:30 pm	LUNCH TIME [HI LIFE MUSIC]		
2:30pm to 3:00pm			
2:30pm to 3:00pm	GA JOKES AND GRAMMER	SASANSOR BAE	UNITY VERO
3:00pm to 6:00pm	DRIVE TIME		KUMODZI
6:00pm to 6:30pm	NEWS BULLETING		
6:30pm to 7:30pm	TRADITIONAL MUSIC IN EWE		
7:30pm to 8:00 pm	TRADITIONAL COUNCIL		
8:00pm to 9:00pm	MUSIC		

SATURDAY

TIME	PROGRAMME	PROGRAMME TITLE	PRESENTER
5:00am to 6:00 am	OPENING AND DEVOTION		
6:00am to 6:30 am	NEWS BULLETING		
6:30am to 7:00 am	MUSIC		
7:00am to 8:00 am	ENVIRONMENT ISSUES		
8:00am to 9:00am	SPORTS		
9:00am to 10:00am	SPORTS		
10:00am to 11:00 am	THE ASSEMBLY		
11:00am to 12:00 pm	RADIO DRAMA		
12:00pm to 1:00 pm	TIME WITH OUR CHILDREN		
1:00pm to 2:00pm	COMMUNITY INTERACTIONS		
2:00pm to :00pm	REGGAE TIME		
:00pm to 6:00pm	LET US ARISE		
6:00pm to 6:30pm	NEWS BULLETING		
6:30pm to 7:00pm	FASHION		
7:00pm to 7:30 pm			
7:30pm to 9:00pm	MUSIC		

SUNDAY

TIME	PROGRAMME	PROGRAMME TITLE	PRESENTER
5:00am to 6:00 am	OPENING AND DEVOTION		
6:00am to 6:30 am	NEWS BULLETING		
6:30am to 7:00 am	THE CHOIR		
7:00am to 7:30 am	SHOW APPRECIATION		JASPER
7:30am to 9:00am	MUSIC		JASPER
9:00am to 9:30am	WASTE MANAGEMENT		JASPER
9:30am to 10:30 am	TRADITIONAL MUSIC		
10:30am to 11:00am	THE CHURCH		
11:00am to 12:00 pm	PERSONALITY PROFILE REPEATS		
12:00pm to 12:30pm	HEALTH		
12:30pm to 3:00pm	MUSIC		
3:00pm to 5:00pm	DRIVE TIME		
5:00pm to 5:30pm	MUSIC		
5:30pm to 6:00pm	SPORTS TIT BEATS		
6:00pm to 7:00pm	BORBORBOR		AMEWUGAH
7:00pm to 8:30 pm	NEKE MON		NII ANKRAA
8:30pm to 9:00pm	MUSIC		CASH MAN

APPENDIX VII

RADIO PEACE 88.9 MHZ, WINNEBA
PROGRAMME SCHEDULE

SUNDAY

5:30 - 5:35	CHURCHBELLS AND COCKCROW
5:35 - 5:40	PROGRAMME PARADE
5:40 - 5:53	EBIBI NDWOM
5:53 - 6:00	RADIO PEACE ANTHEM
6:00 - 6:30	G.B.C. NEWS
6:30 -7:00	AYEYI NA MPAABO
7:00 - 7:15	DEVOTION/MPAABO
7:15 - 8:00	BEIBLE DISCUSSION BY REV. ADENTWI
8:00 - 8:30	SONGS OF PRAISES
8:30 - 9:00	CLASSICALS
9:00 - 12:00	PPP (PEACE POWER PRAISES)
12:00 -12:15	DEVOTION/MPAABO
12:15 - 1:00	SANKU NDWOM
1:00 - 1:30	G.B.C. NEWS
1:30 - 2:00	NSANKU NDWOM/PROGAMME JINGLES
2:00 - 3:00	ANAPA NYEWBO PART 1 - RPT
3:00 - 3:30	MUSI
3:30 -4:00	BIBLE STUDY BY PETER PRYCE
4:00 -5:00	ANAPA NYEWBO PART 2 - RPT
5:00 - 6:00	AFTER CHURCH
6:00 - 6:30	G.B.C. NEWS
6:30 - 7:00	CLASSICAL MUSIC
7:00 - 7:30	SONGS OF PRAISES
7:30 - 8:00	DEEPERLIFE
8:00 - 8:30	GOSPLE MUSIC
8:30 - 9:25	MUSIC
9:25 - 9:30	HYMN AND CLOSE DOWN

MONDAY

5:00 - 5:30	
5:30 - 5:35	CHURCH BELL AND COCKCROW
5:35 - 5:45	DEVOTION
5:45 - 5:53	PROGRAMME PARADE
5:53 - 6:00	DAILY APPELATION
6:00 - 6:30	NEWS IN FANTSE
6:30 -7:30	ANAPA HYWBO
7: 30 - 7:45	MUSIC
7:45 - 8:00	SPORTS
8:00 - 8:30	ANNOUNCEMENT
8:30 - 8:45	HEADLINES/DISCUSSION
8:45 - 9:00	PAPER REVIEW
9:00 - 10:00	KWANDO-E
10:00 - 11:00	MUSIC
11:00 - 11:30	FANTSE NEWS
11:30 - 12:00	OLD TUNES
12:00 - 12:15	SIREN AND DEVOTION (MAPAABO)
12:15 - 1:00	SOFT MUSIC (FANTSE) PROVERB
1:00 - 2:00	G. B. C. NEWS
2:00 - 3:30	PEACE DRIVE
3:30 - 4:00	BIBLE STUDY (DR PRYCE)
4:00 - 4:05	NEWS IN BRIEF
4:05 - 4:30	MUSIC
4:30 - 5:00	ANNOUNCEMENT
5:00 - 6:00	MUSIC
6:00 -6;30	MFATANSE NEWS
6:30 - 6:45	SKULL MFANTSE
6:45 - 7:00	SPORTS ARENA (AGRO PRAMADO NSEM)
7:00 - 8:00	FIE NSIESIE
8:00 - 8:15	MUSIC
8:15 - 9:00	REV. ADENWI (REPEAT)
9:00 - 9:15	FANTSE NEWS
9:15 - 9:30	MUSIC
9:30 - 9:35	NEWS IN BREF AND CLOSE DOWN

TUESDAY

5:00 - 5:30	REV ENTSIE
5:30 - 5:35	CHURCH BELL AND COCKCROW
5:35 - 5:45	DEVOTION (MPAABO)
5:45 - 5:53	PROGRAMME PARADE
5:53 - 6:00	DAILY APPELATION
6:00 - 6:30	NEWS IN FANTSE
6:30 -7:30	ANAPA HYWBO
7: 30 - 7:45	AKENKAN MU MFASO
7:45 - 8:00	SPORTS ARENA (AGRO PRAMADO NSEM)
8:00 - 8:30	ANNOUNCEMENT
8:30 - 8:45	MUSIC
8:45 - 9:00	PAPER REVIEW
9:00 - 9:05	NEWS IN BRIER
9:05 - 10:00	KWANDO-E
10:00 - 10:30	MUSIC
10:30 -11:00	HEALTH DISCUSSION WOAPOW MU E
11:00 - 11:30	NEWS IN FANTSE
11:30 - 12:00	OLD TUNES (C4C HEALTH DISCUSSION
12:00 - 12:15	DEVOTION
12:15 - 1:00	SOFT MUSIC (FANTSE
1:00 -2:00	GBC NEW
2:00 - 3:00	EFFUTU PROGRAMM
3:00 - 3:15	MUSIC
3:15 - 4:00	REV. YAWSON RPT
4:00 - 4:15	NEWS IN BRIEF (JINGULES)
4:15 - 4:30	MUSIC
4:30 - 5:00	ANNOUNCEMENT
5:00 - 6:00	AWARE MU NSEM
6:00 - 6:30	NEWS IN FANTSE
6:30 - 7:30	APROBO MU NSEM
7:30 - 7: 35	NEWS IN BRIEF
7:35 - 9:30	AMANDZEE HO NKOMBO TWETWE & CLOSE DOWN

WEDNESSDAY

5:00 - 5:30	
5:30 - 5:35	CHURCH BELL AND COCKCROW
5:35 - 5:45	DEVOTION (MPAABO)
5:45 - 5:53	PROGRAMME PARADE
5:53 - 6:00	DAILY APPELATION
6:00 - 6:30	NEWS IN FANTSE
6:30 -7:30	ANAPA HYWBO
7: 30 - 7:45	SKULL MFANTSE
7:45 - 8:00	SPORTS ARENA (AGRO PRAMADO NSEM)
8:00 - 8:30	ANNOUNCEMENT
8:30 - 8:45	HEADLINES/DISCUSSION
8:45 - 9:00	PAPER REVIEW
9:00 - 9:05	NEWS IN BRIER
9:00 - 10:00	KWANDO-E
10:00 - 11:00	MUSIC
11:00 - 11:30	FANTSE NEWS
11:30 - 12:00	OLD TUNES
12:00 -12:15	SIREN AND DEVOTIONA (MAPAABO)
12:15 - 1:00	SOFT MUSIC (FANTSE) PROVERB
1:00 - 2:00	G. B. C. NEWS
2:00 - 3:00	PEACE DRIVE
3:00 - 4:00	OBRA WOGUM
4:00 - 4:05	NEWS IN BREIF
4:05 - 4:30	MUSIC
4:30 - 5:00	ANNOUNCEMENT
5:00 -6:00	FAR MPONTUBER
6:00 - 6:30	NEWS IN FANTSE
6:30 - 7:30	PREACHING/SPORTS
7:30 - 8:30	AGRIC. (EKUAYE NO NYIMDZEE)
8:30 - 9:15	METHODIST HOUR
9:15 - 9:25	CLASSICALS
9:25 - 9:30	NEWS IN BRIED AND CLOSE DOWN

THURSDAY

5:00 - 5:30	DEEPER LIFE
5:30 - 5:35	CHURCH BELL AND COCKCROW
5:35 - 5:45	DEVOTION (MPAABO)
5:45 - 5:53	PROGRAMME PARADE
5:53 - 6:00	DAILY APPELATION
6:00 - 6:30	NEWS IN FANTSE
6:30 -7:30	ANAPA HYWBO
7: 30 - 7:45	MUSIC
7:45 - 8:00	SPORTS ARENA (AGRO PRAMADO NSEM)
8:00 - 8:30	ANNOUNCEMENT
8:30 - 9:00	HEADLINES/DISCUSSION
9:00 - 9:05	NEWS IN BREIEF
9:05 - 10:00	TIME WITH THE ASSEMLY
10:00 - 10:15	MUSIC
10:15 - 11:00	EREYE HO DEN
11:00 - 11:30	NEWS IN FANTSE
11:30 - 12:00	DEVOTION
12:00 -12:15	SIREN AND DEVOTIONA (MAPAABO)
12:15 - 1:00	SOFT MUSIC (ENGLISH)
1:00 - 2:00	G. B. C. NEWS
2:00 - 3:30	PEACE DRIVE
3:30 - 4:00	MUSIC
4:00 - 4:05	NEWS IN BREIF
4:05 - 4:30	MUSIC
4:30 - 5:00	ANNOUNCEMENT
5:00 -6:00	WOSO KABI
6:00 - 6:30	NEWS
6:30 - 7:15	MAATSE MAATSE ASE
7:15 - 7:30	MUSIC
730 - 7:35	NEWS IN BRIEF
7:35 - 9:30	AMANDZE HO NKOMBO TWETWE/CLOSE DOWN

FRIDAY

5:00 - 5:30	
5:30 - 5:35	CHURCH BELL AND COCKCROW
5:35 - 5:45	DEVOTION (MPAABO)
5:45 - 5:53	PROGRAMME PARADE
5:53 - 6:00	DAILY APPELATION
6:00 - 6:30	NEWS IN FANTSE
6:30 -7:30	ANAPA HYWBO
7:30 - 8:15	MAATSE MAATSE ASE RPT
8:15 - 8:40	ANNOUNCEMENT
8:40 -9:00	PAPER REVIEW
9:00 -9:05	NEWS IN BRIED
9:05 - 10:00	KWANDO-E
10:00 - 11:00	MUSIC & JINGLES
11:00 -11:30	NEWS
11:30 - 12:00	OLD TUNES
12:00 - 12:15	SIREN AND DEVOTION (MAPAABO)
12:15 - 1:00	SOFT MUSIC
1:00 - 2:00	G. B. C. NEWS
2:00 - 3:30	PEACE DRIVE
3:30 - 4:00	C4C HEALTH DISCUSSION
4:00 - 4:05	NEWS IN BRIEF
4:05 -4:30	SPORTS
4:30 -5:00	ANNOUNCEMENT
5:00 - 6:00	KYERE WO ADWEN
6:00 - 6:30	MFANTSE NEWS
6:30 - 7:30	FAITH MATTERS BY AHMADIYYA
7:30 - 8:00	AKENKAN MU MFASO
8:00 - 9:00	PREACHING BRA SAMMY
9:00 - 9:30	MUSIC
9:30 - 9:35	NEWS IN BRIED AND CLOSE DOWN

SATURDAY

5:00 - 5:30	DR PRYCE
5:30 - 5:35	CHURCH BELL AND COCKCROW
5:35 - 5:45	DEVOTION (MPAABO)
5:45 - 5:53	PROGRAMME PARADE
5:53 - 6:00	DAILY APPELATION/THE PLEDGE
6:00 - 6:30	G.B.C. NEWS
6:30 -7:15	BIBLE DISCUSSION BY REV. M. YAWSON
7:15 - 8:15	APRABO MU NSEM BY MK ATO BROWN
8:15 - 8:45	ANNOUNCEMENT
8:45 - 10:00	WO SO KABI
10:00 - 11:00	SPORTS ARENA/AGRO PROMADO NSEM
11:00 - 11:45	MAJOR NEWS ITEM OF THE WEEK
11:45 - 12:00	MUSIC AND PROGRAMME JINGLES
12:00 - 12:15	SIREN AND DEVOTION (MAPAABO)
12:15 - 12:30	MUSIC
12:30 - 1:00	FOOD AND NUTRITION
1:00 - 1:30	G. B. C. NEWS
1:30 - 2:30	ENTERTAINMENT PROGRAMME (LYM LYT ENT)
2:30 - 3:30	TOOLY MASHI
3:30 - 4:30	MBOFRA DAAKYE
4:30 - 5:00	ANNOUNCEMENT
5:00 - 6:00	AWAR MU NSEM RPT
6:00 - 6:30	G. B. C. NEWS
6:30 - 7:30	MUSIC
7:30 - 8:30	YOUTH AVENUE
8:30 - 8:45	MUSIC
8:45 - 9:45	METHODIST HOUR RPT/CLOSE DOWN
8:00 - 9:00	MUSIC
9:00 - 9:30	NEWS IN BRIED AND CLOSE DOWN

APPENDIX VIII

FIELD PHOTOGRAPHS

AT GHANA AIDS COMMISSION, ACCRA



Researcher, Oluseyi Soremekun (Left) and an officer of the Ghana AIDS Commission, Mr Raphael Sackitey (KII subject).



The Researcher (Left) with Mrs Patricia Anum-Dorhuso (Communication Officer, Ghana AIDS Commission, Accra) and Mr Raphael Sackitey (Technical Officer, Ghana AIDS Commission, Accra) during the KII.

Broadcasting House (BH) of Radio Peace, Winneba Ghana



Solar Panel on the roof of Radio Peace, Winneba.



L-R: Director, Radio Peace and Immediate Past Chair of Ghana Community Radio Network (GCRN), Mr Kwasi Ghartey-Tagoe; the Researcher, Oluseyi Soremekun; Volunteer Senior Producer and Head of News, Radio Peace Winneba, Mr Abdul Hameed Amponsah; and Volunteer Producer & Head of Programmes, RADIO Peace, Winneba, Ms Esther Nyarkoh. They are all KII subjects.



The Researcher (right) interviewing Director, Radio Peace and Immediate Past Chair of Ghana Community Radio Network (GCRN), Mr Kwasi Ghartey-Tagoe.



Researcher (2nd left) and three of the Research Assistants in Winneba

Training of Research Assistants on how to administer the questionnaire at Winneba, Ghana



Researcher (2nd right) trains the Research Assistants



Researcher (Standing) briefs the Research Assistants



Broadcasting House (BH) of Radio Emashie, Pokuase Ghana





Training of Research Assistants on how to administer the questionnaire at Pokuase, Ghana



Researcher (Right) trains Research Assistant on the administration of the Questionnaire



The Researcher (Left) conducting KII with the Acting Head of Radio Emashie, Mrs Veronica MacCarthy at Pokuase.