

An Assessment of HIV and AIDS Radio Campaign Messages in Botswana

Acknowledgements

This report was produced by PANOS Southern Africa (PSAf) as part of a regional Assessment of Radio Campaign Messages on HIV and AIDS in Southern Africa. It was researched and written by Ivor F. Williams, SMack Africa in Botswana, reviewed and edited by Lilian Chigona, PSAf Regional HIV and AIDS Manager with editorial support from Joseph Schatz, an independent consultant.

The Project was coordinated by Walter Otis Tapfumaneyi with assistance from Chilamo Sinkala Sikazwe

This Book was published with support from the Swedish International Development Cooperation Agency (SIDA)

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Panos Southern Africa exists to empower communities to drive their own development. Panos aims to ensure that information is effectively used to foster development. This is done through:

- Innovative communication approach.
- Working with mainstream and alternative media.
- Interfacing adult actors and local communities
- Providing Platforms for informed debates.

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Abbreviations

ACHAP	African Comprehensive HIV/AIDS Partnership
ARV	Antiretroviral
BNYC	Botswana National Youth Council
BOCONGO	Botswana Council of Non-Governmental Organisations
BONASO	Botswana Network of AIDS Service Organisations
BONELA	Botswana Network on Ethics, Law and HIV/AIDS
BONEPWA	Botswana Network of People Living with HIV/AIDS
BOPA	Botswana Press Agency
CEYOHO	Centre for Youth of Hope
FHD	Family Health Division
MASA	"New Dawn" Antiretroviral Therapy Programme
MISA	Media Institute of Southern Africa
MYAA	Month of Youth Against AIDS
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother-To-Child Transmission of HIV
PSI	Population Services International
RB1	Radio Botswana One
RB2	Radio Botswana Two
SARS	Severe Acute Respiratory Syndrome
UNFPA	United Nations Population Fund
UNPD	United Nations Development Programme
YOHO	Youth Health Organisation

Executive Summary

Objective of Study

Communicating HIV/AIDS in Southern Africa: HIV/AIDS radio campaign messages has four clear project aims. These are to:

- (i) Study the impact, if any, of HIV/AIDS radio messages on the targeted audiences
- (ii) Study the appeal of these messages to various target groups and determine whether they influence audience understanding of the pandemic, contribute to behavioural change, and/or promote and stimulate debate on poorly understood aspects of the pandemic
- (iii) Find if target groups feel messages are socially and culturally appropriate; and is there a systematic, structured and planned campaign; and
- (iv) Advise media organisations and HIV/AIDS organisations on how best to carry out campaigns to ensure maximum impact, stressing for full participation that is not based on financial benefit but a genuine need to contribute to the fight against HIV/AIDS.

Justification

In Botswana, like most of Southern Africa, radio is one of the most cost-effective forms of communicating. At present, radio and television are the prime forms of electronic communication available to the majority of Botswana (the people of Botswana). While internet access is growing, it is limited to urban population centres and major villages. In the face of any public health threat or disease outbreak, the first line of defence for any government is ensuring the delivery of accurate, credible information in a timely fashion to its populace. Botswana has experienced this in recent years with the resurfacing of polio. As with other countries in the region, Botswana faced diseases such as SARS and highly infectious TB and flu strains over the last few years. The time it takes to get medication and skilled personal to outlying areas to treat these outbreaks is often much longer than it would take to spread empowering messages into communities and help individuals take personal action to protect themselves. The argument for message delivery on HIV infection and protection is no different.

Studies in the region have assessed the extent to which the media covers gender issues and mainstreams these issues, along with HIV and AIDS, into its messages. These studies benefited both the media houses within the participating countries but also across the region with feedback that has contributed to their improving their coverage of such issues. This information is unfortunately not available for HIV&AIDS specific messages in Southern Africa, the geographical part of the world most severely affected by the pandemic, (UNAIDS, 2005).

Methodology

This study is based purely on a qualitative investigation of selected key players and stakeholders engaged in the delivery of HIV messages. Six distinct research and data collection functions were employed in the study. These consist of:-

- (a) **A Desk Review;**
 - (b) **Message Content Analysis;**
 - (c) **Focus Group Discussions;**
 - (d) **Major Stakeholders;**
 - (e) **Key Informant Interviews; and**
 - (f) **Benchmarking**
-

It was useful to approach the Botswana Network of AIDS Service Organisations (BONASO) as a platform from which to conduct the research. BONASO took it upon itself to fully endorse the process by communicating directly with several of its members on the scope and importance to the survey and urging their participation in the study.

The process commenced with a focus group discussion brain storming session that attempted to identify originators of AIDS messages in the media over the past year. The session resulted in a short list of the following originator, which were believed to have had some form of radio broadcast over the assessment period.

- YOHO (Youth Health Organisation)
- Population Service International (PSI-Botswana)
- Tebelopele Voluntary and Counselling Centre
- BONELA (Botswana Network on Ethics, Law and HIV/AIDS)
- Prevention of Mother To Child Transmission (PMTCT) (Government's Family Health Division)
- MASA (Government's ARV programme)
- AIDS/ STD UNIT (Ministry of Health)
- African Comprehensive HIV AIDS Partnerships (ACHAP) (Bill and Melinda Gates, Botswana Partnership)
- Lifeline Botswana
- BNYC (Botswana National Youth Council)
- MAKGABANENG (U.S. Centers for Disease Control (CDC)-initiated radio drama)
- CEYOHO (Centre for Youth of Hope)

Follow-up telephone calls and site visits either confirmed or negated the short list or, as in the case of government, referred the interviewer to the appropriate department.

Main findings

The qualitative analysis predominantly comes from the key informant interviews, discussions with stakeholders and the focus group discussions held with members of the public and people living with HIV (PLWHA). Details of some of these discussions have been captured in case study form so as not to lose the qualitative content of the feelings expressed by target audiences. Other information was also captured directly from scripts, written reports and published information provided by originators of AIDS messages and broadcast personnel. Findings on broadcasting messages on HIV in Botswana at the time of the survey were the following:

- AIDS messages largely take the form of activity specific discussion shows
- Radio Botswana is largely viewed by civil society as the premier station of choice for message placements on HIV (Focus Group Discussion with Civil Society).
- Only eight (8) HIV/AIDS civil society groups had some presence on radio in terms of the dissemination of AIDS messages in the six to nine months prior to the writing of this report.
- None of the civil society groups interviewed have a complete communication strategy in place.
- None of the survey participants felt that any of their messages were spurned or removed from the airways.
- Formal research and evaluation of specific radio programmes and message content is an area that presents a challenge to all of the civil society groups interviewed.
- Originators of messages depend solely on radio stations for information on audience reach.

- The cost of advertising on radio is seen as an inhibiting factor to the amount of coverage civil society can access on radio.
- Over the five months preceding the writing of this report (May to September) only two organisations placed HIV-related spot adverts on YA Rona FM. Gabz FM, meanwhile, confirmed that it did not have any AIDS-related messages in its system for the same period.
- RB2 was revealed as the most popular station by both target audience listener groups as well as by the originators of messages.
- Members of the public found health programme content to be generally shallow.
- Social acceptance of HIV messages was not raised as an issue of any significance

Conclusion

The survey produced several interesting findings; these are covered in more detail in the closing chapters. Among the most interesting and in some cases alarming of these findings is the low ranking of radio as a reliable source of information on HIV and AIDS due to a lack of feedback options, and the fact that sometimes the information given is not correct. The majority of those interviewed from the public or from PLWHA groups felt that radio is now amongst the media sources in Botswana that could be least trusted; citing presenter inadequacy as a fundamental reason for this drop in trust. Most people said that television, newspapers and people living positively with the virus are the most credible sources of information.

Regardless of some of the civil society groups' long-term presence on radio with health and HIV programmes, respondents generally did not know of these programmes and were hence unable to discuss programme specific issues.

Consistent, regular and strategic research on communication in general and radio in particular is grossly lacking. Rating and listenership information is limited to the public broadcaster's efforts.

Public radio in Botswana has an unwavering loyal listener following. For all intents and purposes it holds a "monopoly" over radio broadcasting.

Radio messages are felt to be low-key, repetitive and lacking in substance. It is also felt that messages target those who know their HIV status. There was hence a call for "aggressive" messages and/or the use of "scare tactics" from some to drive home the prevention messages. However, there was an appreciation for the cultural sensitivity with which radio has handled sexual matters to date.

Recommendations

- Originators of HIV/AIDS messages must take the information content to a new level.
- A concerted effort must be made to more actively and meaningfully include PLWHA in the development, production and disseminating of programmes and messages on HIV and AIDS.
- The duration of health programmes must be up to an hour. The topics under discussion must be handled with a depth and focus in line with the severity of the epidemic. Similarly, programmes have to "stand the test of time," meaning that producers must make invest long-term investments in the placement of programmes.
- Simple radio programme awareness campaigns must be initiated to let people know when health programmes will be on air. This must be through a mixture of

communication channels including, but not limited to, radio.

- Investment in radio-specific research is a must. This research must regularly and consistently inform all concerned; civil society producers, radio stations, donor agencies and the private sector as well as networking media institutions. Key information from such research should include audience demographic diversity, preferences in listening trends and content issues that resonate with target audiences.
- Training is required in the broadcasting sector as well as with civil society groups. In particular, stakeholders need to invest in and capitalise on PLWHA for to increase the effectiveness and reach of HIV/AIDS messages. Radio personnel, on the other hand, must be trained on both the social issues and sensitivities surrounding HIV as well as selected medical and health aspects of the virus.

Background

General Socio-Economic Information

To this day, Botswana remains a country that is fairly unknown, though its accomplishments over the forty years since its independence in 1966 outweigh those of most of its neighbours in many respects. One such achievement is that of a stable economy with a currency base that has remained firm and stronger than that of all its neighbours, including South Africa, over the last two decades. Unlike many of its neighbours who are faced with insurmountable debt and stringent Structural Adjustment Programme conditions, Botswana has run overall Balance of Payment and Current Account surpluses, announcing foreign exchange reserves of US\$5.68 billion in 2005 presentation (**Gaolathe B; 2005**).

In addition to its economic standing, there are several social indicators that are worth noting. The Human Development Report of 2005 shows that 90% of Botswana's rural population have access to improved drinking water, which in SADC Region is second only to Mauritius, while others, such as Namibia, South Africa and Zimbabwe all fall below the 75% mark (**Human Development Report; 2006**).

Several UN agencies report that the infant and maternal mortality rate in Botswana is 56 per 1,000 live births. This may not be impressive by Western standards is certainly commendable within the region. Educational statistics, such as literacy levels and primary school enrolment - particularly of girls - are also of interest. The adult literacy rate of 81% is on par with that of Botswana's counterparts in the region while primary school enrolment shows that more girls enter formal education in Botswana than boys (**Botswana Literacy Survey; 2003**).

While mineral wealth has resulted in a national grid of over 7,529 kilometres of tarred road, street lights in cities, towns and villages as well as a telecommunication system that covers most population centres, it has done little to offset income inequality and unemployment levels that are unofficially argued to be as high as 40%. As with most of Botswana's counterparts in the region, the population living on less than a dollar a day remains around the 37% mark while 70% of national wealth, including that of the national cattle herd, remains in the hands of 30% of the people (**Debswana; 2006**).

Population

Botswana covers a land mass of 584,000 km² which is equivalent to that of France or the state of Texas in the United States. The country is completely land locked and shares borders with Zambia and Zimbabwe to the north, South Africa to the east and south and Namibia to the west. Its population, a mere 1.68 million (**Population & Housing Census; CSO 2001**) is similar to that of neighbouring Namibia while presenting a population density which is as sparse as that of Australia. An equal spatial distribution would render a density of around 3.5 inhabitants per square kilometre.

Botswana traditionally are a cattle-rearing people. Immediately after independence, and for several years thereafter, agriculture was the mainstay of the country's economy. Though the first diamond was discovered just one year after independence, the beef industry remained a major source of export earning with preferential European Union markets being secured to develop this sector. The tables have turned remarkably of late with the traditional agriculture sector's contribution to GDP falling to a mere 2.4%, below that of mining, which now accounts for 35% of GDP, and tourism, which accounts for 12% (**Bureau of African Affairs; 2006**).

A population census in Botswana is carried out every ten years. In 1991 the population was 1.32 million, indicating an average annual growth rate of 2.4 percent over the previous 10 years (**Population & Housing Census; CSO 2001**). Over the last two decades Botswana has experienced a marked decrease in the average annual population growth rate. In the 1971 – 1981 period growth was 4.5% while the 1981 – 1991 rate dropped to 3.5%. The main reason for this drop is a decline in the rate of natural increase along with a noticeable drop in the total fertility rate from 6.6 in 1981 to 3.3 in 2001. Notwithstanding these factors, increases in mortality rates have also been noted and have cut life expectancy during the period by up to 10 years, this is a factor most likely attributable to the impact of HIV and AIDS (**Ministry of Finance and Development Planning; 2003**).

The Population-Age structure of Botswana is a very youthful one. The country defines youth as all those under the age of 30 years (**Ministry of Labour and Home Affairs; 1997**). The most recent census shows that 60% of the population falls into this category while only 5% of the population is more than 65 years old. The dependency implication of this for the remaining 35% of the population is quite catastrophic especially in light of unofficial unemployment figures. It is projected that deaths among this group will slow the population growth rate even further and change the population age structure leading to a dependency ratio of 20% per income earner, "tipping households below the poverty datum line into abject poverty," (**UNFPA, ICPD Country Report 2003**).

The majority of the population is settled on the eastern corridor, which links the countries only two cities - Gaborone (the capital) and Francistown. This route is also the oldest transport link, connecting South Africa and Zimbabwe. Prior to the construction of the Trans-Kalahari east-west route access to coastal ports was totally dependent on South Africa. As a result of this new route, Walvis Bay in Namibia and Maputo in Mozambique now provide additional trading links to the outside world. The low population settlement and facilities along this route however continue to leave this route underutilised. Notwithstanding these settlement variations there remains no significant difference in HIV prevalence between urban and rural districts (**Botswana Second Generation HIV/AIDS Surveillance, 2005**).

Political Situation

The above shows that at the macro level, there are several factors that should not be downplayed and for which government should be commended. These achievements are largely attributable to a continuous stable political environment, several years of peaceful multiparty elections and free and fair democratic rule. One of the major results of this has been the upgrading of Botswana from its Less Developed Country (LDC) status to that of a Middle Income Country. This grading however is not without problems as it still reduces Botswana's access to international aid and removes it from the priority list of countries in need of urgent economic assistance in the eyes of many global partners.

There are three main political parties and numerous smaller parties in the country. In the national 2004 elections, the Botswana Democratic Party (BDP) won 44 of 57 contested National Assembly seats, the Botswana National Front (BNF) won 12, and the Botswana Congress Party (BCP) won one seat. Ever since independence, general elections have been held on time and have been openly and freely contested. This process has seen the Botswana Democratic Party hold its grip on power over the last 40 years (**Bureau of African Affairs; October 2006**).

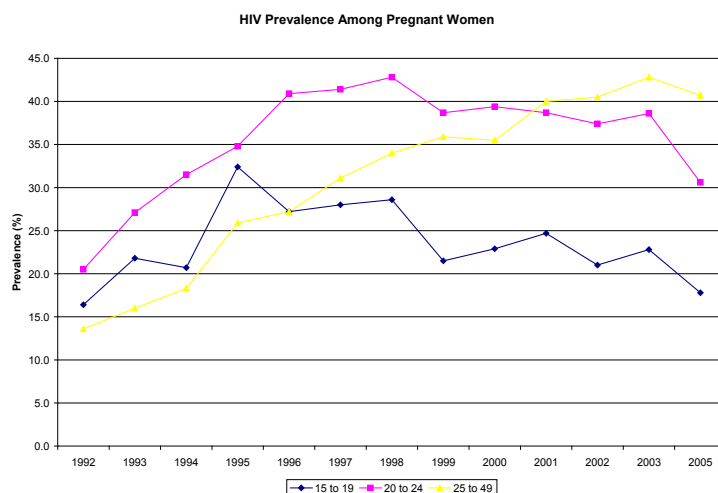
Introduction

HIV and AIDS Situation in the Country

There are two surveys that measure the level of HIV prevalence and incidence in Botswana - the long standing Sentinel Surveillance (and Second Generation Studies) that have been conducted since 1992, and the more recently introduced Botswana AIDS Impact Survey (BAIS 1, 2001 and BAIS 2, 2004). These reports, as well as civil society, international partners and government all confirm AIDS as a grave concern and the greatest challenge the country has had to face. The key methodological difference between these two surveys is that the Second Generation Surveillance samples pregnant women requesting antenatal care and, where possible, men presenting Sexually Transmitted Infections symptoms. Since 2002 the survey has been limited to pregnant women only, due to difficulties in getting adequate sample sizes from men with STIs (**Botswana Second Generation HIV/AIDS Surveillance; 2005**). The AIDS Impact Survey, meanwhile, measures behavioural, knowledge, attitudes and cultural influences that fuel the epidemic among the wider population (**Botswana AIDS Impact Survey II; 2004**).

Botswana has made several strides in the fight against AIDS at both the policy and implementation level. One of the main advances in this regard has been in knowledge and positive attitudes (to some extent) towards individuals who test positive for HIV. The main and very significant challenge, however, remains translating this high level of awareness (which approaches 90%) into practice (**UNFPA, ICPD Country Report 2003**). The only true measure of outcome and impact of nearly two decades of response to the epidemic will be from closely monitored surveillance data. Thankfully Botswana has kept a close watch and is able to demonstrate some trends.

In the 2001 to 2005 period, age-specific HIV prevalence among pregnant women aged 15 to 29 showed a significant statistical decline ($p < 0.05$). Trends for women aged 35 and above remained fairly stable during the same period, while the 30 to 34



year old age group continued to exhibit a significant increase. These figures support the notion that older men have been infecting women aged 15 to 29 and that efforts to curb this are beginning to take effect. As a result, as the 15 to 29 year old cohort become older and move into the 30 to 34 year group, infection rates progress with them (**Department of HIV/AIDS Prevention and Care; 2005**). This is more clearly observed in the adjacent figure.

Key player in HIV and AIDS

“There is a virtually universal consensus that political leadership is the single most important element of any effective HIV/AIDS strategy, and has been critical in most of the outstanding success stories of the pandemic,” (Scalway; 2003). At the policy level Botswana has established the National AIDS Council (NAC) as the highest policy making institution in the country after parliament and cabinet. The NAC is chaired by the President and draws membership from The House of Chiefs, private sector, civil society and People Living with HIV/AIDS. Other policy making bodies include a Parliamentary Select Committee on HIV/AIDS, which is drawn from members of the National Assembly. This group aims to ensure that HIV/AIDS remains a priority on the national political and economic agenda, (UNFPA, ICPD Country Report; 2003).

The National AIDS Coordinating Agency (NACA) was established in August 2000, growing out of lessons learned from the National AIDS Control Programme, which was established in 1987, just two years after the first HIV case was diagnosed in the country. NACA is accountable directly to Office of the President (OOP). A key distinction of NACA, as opposed to the National AIDS Control Programme (NACP), is that NACA is a coordinating body that promotes a multi-sectoral approach to the epidemic rather than the earlier health and epidemiological approach (NACA, Botswana National Strategic Framework for HIV/AIDS; 2003).

At the implementation level, still within the governing mechanisms of the country, District and Village Multi-sectoral AIDS Committees have been established. These committees are chaired and deputised by District Commissioners and Council Secretaries, government's most senior Chief Executives at the district level (UNFPA, ICPD Country Report; 2003).

Civil Society in Botswana, though not very aggressive, is fairly well structured so as to delineate organisational roles across various sectors. In the non-governmental sector for example, the Botswana Council on Non Governmental Organisations (BOCONGO) is recognised as the umbrella network of all civil society groups. Groups are encouraged to voluntarily affiliate themselves to BOCONGO either directly or through a hierarchical membership process. In the case of *Health and HIV* for example there are several networking groups that pay a membership and subscribe to BOCONGO.

These groups in turn have individual organisations that subscribe to them, creating a manageable and organised structure for information dissemination, capacity building, donor relations and an array of governance issues. Similarly other sectors in the economy, other than the health sector, also have mechanisms like this for affiliation to BOCONGO.

The private sector has ensured that it has not been left behind with some firms, like the Debswana Mining Company, taking a corporate social lead in the provision of free anti-retroviral therapy, treatment and care to its employees and immediate family members (Tembo; 2004). In addition, groups like the Botswana Confederation of Commerce Industry and Manpower and Botswana Business Coalition on AIDS have formed partnerships to facilitate coordination of HIV-related activities in this sector (UNFPA, ICPD Country Report 2003).

Key Producers of HIV messages

BOCONGO has more than eighty (80) members listed in its fold. Roughly half of these deal directly with issues relating to health, youth, culture, adolescents, human rights and the media. Out of this vibrant civil society network only eight (8) groups had some presence on radio, as regards dissemination of AIDS messages.

At the actual time of the survey (July to September 2006) there were no regular on-going holistic HIV-related campaigns on radio, except for those with a talk show format and a condom sale promotion. Schedules from YA Rona FM for the three-month period of May to July, for example, showed a total of eleven (11) commercials that could be linked to issues surrounding HIV and Human Rights. This, at most, translates to one 30-second spot per week. By August, even this had come to an end.

The eight organisations who have or had some presence on radio stated that these were either weekly talk shows, events to promote a specific activity that was taking place such as the *Month of Youth Against AIDS*, or an invitation to serve as a resource person on someone else's show (which could include an invitation from a radio station itself).

These organisations were identified as follows:

- (i) Tebelopele, a counselling and testing service organisation
- (ii) Population Services International, a social marketing group that promotes health communication
- (iii) The Youth, Health Organisation (YOHO), which specialises in drama and "edutainment" as a communication form
- (iv) The Ministry of Health's Family Health Division, which is responsible for the ministry's health education
- (v) The Botswana National Youth Council, which advocates for and promotes the involvement of youth in an array of health and social spheres
- (vi) Life Line Botswana, which deals with psycho social support, counselling and training
- (vii) ACHAP, the African Comprehensive HIV and AIDS Partnership, a donor under the Bill and Melinda Gates Foundation; and
- (viii) BONELA, the Botswana Network on Ethics, Law and HIV

Media situation in the country

Like BOCONGO and BONASO, MISA (the Media Institute of Southern Africa) is recognised as a strong membership-driven organisation in the country. More than 155 individual members and 20 media institutions subscribe to MISA through a formal payment subscription (MISA; 2006). MISA advocates for freedom of the press and freedom of information and provides a neutral platform for media houses in the country to advocate, confer and where necessary settle differences.

The National Director of MISA, Modise Maphanyane, acknowledges that radio is used widely throughout Botswana and cites *Makgabaneng*, a radio drama funded by the United States Centers for Disease Control (CDC) as an "influential behaviour change communication radio drama that utilises edutainment to deliver social and health messages." Maphanyane also explains that, over and above the four radio stations in the country, the two which are government-owned dominate the national air space under clear government ministry directorship. He stresses that like radio, the print media is also dominated by government circulating up to 75,000 copies of the Daily News and confronts the private print media with unfair competition given the financial clout that government is able to put behind its publication. In 2002 the government reported 57% readership for its daily as compared to the Mmegi's 69% (Department of Information and Broadcasting; 2002). An updated media study commissioned by the department has been completed recently but has not yet been released into the public domain.

MISA holds the opinion that the overall role of the media in Botswana is not exploited to its full potential on several fronts, including health. In 2006 alone, for example, 404

infants died in various locations around Botswana (predominantly central district) within a space of 10 weeks as a result of diarrhoeal infection (**BOPA; March 2006**). For a country with Botswana's economic standing, this is a major catastrophe that should have been used to hold government and policy makers accountable and serve as a safeguard against it happening again.

Legislation

The Draft National Broadcasting policy, which has been under consideration for several years, has been withdrawn. Private media across the board have been waiting with baited breath for the adoption and formalisation of the National Broadcasting Policy, as it would increase the use of radio and promote the development of community radio. The policy's withdrawal, according to MISA, is restraining citizen rights and is being done on baseless grounds that will simply result in perpetual delay.

One of the reasons for this decision forwarded by Parliament, he says, is the importance given to ensuring and upholding integration of society and the upholding of tribal harmony. For example certain sections of the country's constitution that refer to "8 major tribes" be removed to ensure a more tribal neutral constitution. Government argues that the introduction of community radio will go against these harmonisation objectives and point out examples from Rwanda and Democratic Republic of Congo where community and independent radio resulted in civil war.

A second point raised by government for withdrawing the policy is that it lacks provisions for a board that will run the operations of a public broadcaster. Earlier versions of the draft had these provisions and were removed as the process evolved. Notwithstanding, the National Broadcasting Board does have latitude to monitor content but has been very timid in exercising these powers.

MISA finds that *"there is a level of secrecy and double standard perpetuated by the government; nearly everything that comes out of government offices is stamped confidential, yet there are ample laws that suppress us as the media."* Government at present is very swiftly planning the introduction of an intelligence agency that will have powers to invade the privacy of individuals while Botswana continues not to have any Freedom of Information ACT. Public servants are hence protected from sharing information while avenues are being set up for government to gain information.

Maphanyane describes the government and its double standard with regard to the media as a chameleon both for its stride and its colour. *"Government always says they are not in the business of running a business."* Yet government argues that there is not sufficient market for independent and community radio. That is, if the private sector firms are given licenses their endeavours may fail from a viable business perspective. When it came to issuing private mobile telephone licenses government was proactive and did not let this thinking hamper the issuance of licenses. Similarly in 2005 government poured up to P50 million into citizen owned construction companies that were blatantly mismanaged. This was an example of "simple bad business being supported by government"; opportunities and considerations that would never be afforded to the media yet all that media activists are looking for is a conducive policy and operational environment.

Media Organisations

As mentioned above, and as supported by both the Department of Broadcasting Services and MISA, there are no community radio stations in Botswana. There are a total of four local stations and significant leakage of South African radio stations into parts of the country. These South African stations have some consistent listenership.

The country has one national television station (BTV) as well as a limited station to the capital city (GBC TV), *Gaborone Broadcasting Corporation*. In addition, paid satellite TV is available through *Multi-Choice* country wide.

The print media is wide, with up to twelve newspapers. Several of these are distributed nationally but only two publish daily, one of which is the government Daily News. The following is a universal listing of local print, television and significantly listened-to FM radio stations in the country.

Botswana Newspaper Readership Statistics – 2006

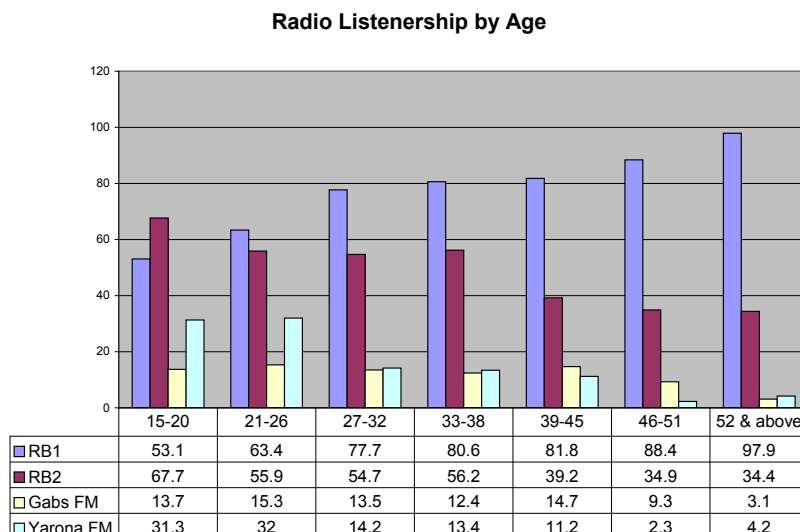
Name	Type	Circulation	Location
The Voice	Weekly	About 30,500	Gaborone & Francistown
Mmegi/The Reporter	Daily (Tuesday-Thursday Friday)	About 11000 About 18000	Gaborone & Francistown
Mmegi Monitor	Weekly	About 18000	Gaborone
Botswana Guardian	Weekly	About 20000	Gaborone & Francistown
Midweek Sun	Weekly	About 21000	Gaborone & Francistown
The Botswana Gazette	Weekly	About 25000	Gaborone
Sunday Tribune	Weekly	About 10000	Gaborone
Daily News	Daily/Government owned	-	Gaborone
Ngami Times	Weekly	About 7000	Maun
Sunday Standard	Weekly Broadsheet/English	About 15000	Gaborone
Echo	Weekly	About 10,000	Gaborone
Tswana Times	Weekly	About 5,000	Gaborone

Botswana Radio Listenership Statistics – 2006

Name	Type & area of coverage	Circulation	Location
Yarona FM	Daily/Private Radio Station in Gaborone with a radius of 50km outside the city	About 100000	Gaborone
GABZ FM	Daily/Private Radio Station Weekly in Gaborone with a radius of 50km outside the city	About 52000 About 145000	Gaborone
RB2	Government-owned and nationwide	-	Gaborone
RB 1	Government-owned and nationwide	-	Gaborone

Source: Circulation tables above supplied by MISA Botswana

Listener-ship Survey



Listener-ship surveys in Botswana are few and far between. The only broadcaster able to show and share completed and published surveys of this nature in Botswana are the state-owned public media. The Department of Broadcasting Services personnel exhibited key findings from listener-ship surveys and outline the importance of these to strategic decisions regarding transmitter quality and programme content. YA RONA FM of the private sector has been and remains actively engaged in listener group discussions on a quarterly basis to help inform its programming structure and content.

The Department of Broadcasting Services listener surveys are extremely valuable as they sample a host of media institutions and their reach in print and electronic, both in the public and private domain. The survey sampled over 1700 individuals in urban, rural and peri-urban Botswana, as well as the country's two cities. It picks up on key indicators including ownership of equipment - such as radio sets per household - as well as audience demographics relating to age, gender, language and education.

The five top rated stations, in descending order of preference, showed that Radio Botswana (72) was the most listened-to station followed by RB2 (54), Mostwedding FM (22) – a South African Station with powerful transmission leakage into Botswana - Ya Rona FM (21), Gabz FM (13) and other foreign stations. The listening trends by gender reinforce this finding while the breakdown by age supports this in all categories except the 15-to-20 year cohort, where RB2 takes precedence over RB1. This is by no means an unexpected finding, given the diverse national spread of the study participants and the youthful objectives of RB2 as a station (**Thapisa and Megwa, DBS; 2002**).

Role of media in disseminating HIV and AIDS information

Several reports highlight the diversity and dynamism of the media in reporting on HIV and AIDS. This diversity ranges from presence and frequencies of stories covered to more pertinent issues of quality content - stories that do not reduce HIV&AIDS issues to mere numbers and statistics (**Tapfumaneyi; 2004**). Journalists, editors and media houses in general have to be well informed and sensitised, therefore, on an array of issues that are inextricably linked to gender inequality, discrimination, poverty, and marginalisation (**Scalway, Missing the Message; 2003**).

Civil Society and government in Botswana, as well as elsewhere in the southern continental region, have demonstrated their understanding of HIV and the dynamics of the disease through several policy changes. In Botswana this was reflected in the move from the Medium Term Plan II on HIV/AIDS to the adoption of the National

Strategic Framework, which promotes a multi-sectoral approach to HIV. Two problems relating to the media were illustrated in this move. First, the media failed to keep up to speed with this move, and are still reporting on HIV only as a health issue. Secondly, some feel that Botswana's NSF makes limited mention of the media overall in what is seen as a national guiding tool (**Lessons for Today and Tomorrow Panos Southern Africa; 2004**).

Several agencies in Botswana have given recognition to the importance of the media in stemming the tide of HIV. These include some interviewed in this survey, such as ACHAP and the Family Health Division (FHD) of the Ministry of Health, as well as civil society members. ACHAP as recently as November 15, 2006, ran a two-day workshop for the media to sensitise journalists on HIV reporting while FHD, in conjunction with the Academy for Educational Development, undertook a similar exercise focused on PMTCT for both editors and journalists in 2004 (**Academy for Educational Development; 2004**).

The media, like many public health workers and politicians, have completely missed the message and fallen into the trap of viewing HIV simply as an emergency. By definition, an emergency is a situation that arises suddenly and can be expected to be alleviated by immediate, intense and urgent action. This suggests that HIV can be solved over a short timescale by pouring large sums of money into HIV programming. This could not be further from the truth, and has resulted in false hope among many, as HIV is a chronic crisis requiring a sustained long term commitment (**Scalway; 2003**).

Reports captured from the general public in this survey highlight the extent to which Botswana trust the media and are thirsty for detailed and well-explained information on HIV and AIDS. For instance, some people have questions about why anti-retroviral treatment is not administered to HIV-positive people until the 200 minimum CD4 count is reached. Individuals in this survey have faced this circumstance head-on and, like their counterparts in Zambia, say they read and listen to news on HIV and AIDS, but are not satisfied with the quality of stories (**Tapfumaneyi; 2004**). On the up side, the same report highlights some positive discoveries of people who say they have gone for HIV tests simply after reading an article in the newspaper.

While MISA notes the blatant lack of a Freedom of Information Act in Botswana, the Botswana Network on Law and Ethics is currently lobbying through the media and a public movement for the passing of anti-discriminatory laws. A petition to this effect is currently under going mass circulation and will be delivered to the State President on World AIDS Day. A public march in promotion of the same conducted on November 11th, 2006 commenced from the national stadium and ended at the main central Gaborone mall, drawing a multitude of individuals showing their support for advancement of the bill. This was seen to be a stepping stone towards the removal of widespread stigma in the country, which the Ministry of Health acknowledges as the single biggest impediment to fighting the pandemic.

Botswana's most forthright document on the national response to HIV outlines why the media must be part of the response and what its roles should be. The NSF acknowledges the contributions of the media in information sharing and as an advocacy tool. It stresses the role of the media in improving the understanding of issues and changing behaviours as well as making the national response to HIV and AIDS more accountable to the public. The NSF invites and challenges the media to publicise NACA advocacy material and technical- and policy-oriented documents in popularised versions suitable for public consumption. It further invites the media to undertake field visits with NACA staff and other stakeholders and urges the media to contribute to NACA's website so as to capture the attention of a wider international audience, all in recognition of the importance of the role of the media (**NACA, National Strategic Framework for HIV/AIDS; 2003**).

*Community women developing
HIV and AIDS radio programmes
through radio listening clubs*



Literature Review

Similar Researches

Specific work on the use of radio in disseminating information on HIV and AIDS in the region is limited, if not non-existent. A review of literature illustrates that the work done in this respect has been media-wide (**Tapfumaneyi; 2004**) and/or gender specific (**Sechele; 2005**).

The coverage of HIV in the media is extremely low:

Of the 37 001 items monitored in the region, only 3% focused on or mentioned HIV.

The fact

that in a country like South Africa, which faces a major HIV crisis, coverage of the pandemic is only 2% of the total is a deep source of concern. AIDS fatigue is often given as a reason for the low coverage. This requires training for journalists on how to write innovative HIV stories. The fact that one country (Lesotho) had as high as 19% HIV coverage and that some media houses went even higher than this shows that higher levels of coverage can be achieved.

HIV and AIDS is still not well mainstreamed into coverage:

Almost two thirds of all items monitored focused specifically on HIV and AIDS while the remaining 36% only mentioned HIV and or AIDS. This suggests that HIV is being covered mainly as a stand-alone health issue and that it is not being adequately mainstreamed in all coverage. But the fact that in some countries, like Botswana and Lesotho, more items mention that specifically focus on HIV and AIDS suggest that HIV and AIDS could be far more mainstreamed into coverage. (HIV and AIDS and Gender Baseline Study 2006)

A broader look into regional media studies confirms the lack of literature in this regard. Evidence from the United Kingdom, for example points to an increased use of media at the regional level. In the past year 16 new regional press titles were launched along with local, daily and weekly titles. This brings the UK's regional press total to more than 600 stand-alone niche publications, more than 800 websites, at least 28 radio stations and two television stations (**The Newspaper Society; 2006**). At the regional level this is a demonstration of the growth and diversification of the media, a lesson that Southern Africa could learn from but still not a critical addition to the body of knowledge available globally on how radio in particular is being used to distil messages on HIV into communities and across borders.

Contributors

In the region, Marie-Helene Bonin and Aida Opoku-Mensah's **What Is Community Radio? A Resource Guide** is a major contributor to the understanding of state broadcasting in six Southern African countries (Botswana, Mozambique, Namibia, South Africa, Zambia and Zimbabwe) (**Opoku-Mensah; 1998**). Some useful insights are provided herein, particularly for Botswana, given the non-existence of a Freedom of Information Act. This publication provides a unique analysis of the impact of liberalisation and deregulation on pluralism and freedom of expression, while specific case studies provide a comprehensive picture of the legal, regulatory and policy frameworks within the region.

The withdrawal of the Draft Broadcasting Policy by the Minister of Communication, Science and Technology (in Botswana) from Parliament was done on the basis of lack

of understanding – and to some extent, perhaps, ignorance and fear - of the possible consequences of the liberalisation of the airwaves. One argument put forward by the government holds that community broadcasting could promote tribalism. The Minister's view was supported by specially elected MP Ntuane, who asked, "How can we be sure that Community Radio stations won't peddle tribalism?" and his dismissal of positive examples from neighbouring South Africa and Namibia as inapplicable to the Botswana scenario. Instead he finds it more applicable to compare Botswana to negative examples from the countries in The Great Lakes region such as Rwanda, where community radio was purported to be the cause of tribalism, hatred and ethnic cleansing (**The MidWeek Sun, Nov 8th; 2006**).

Marie-Helene Bonin and Aida Opoku-Mensah in their booklet; **What Is Community Radio? A Resource Guide**, discuss the role of community radio stations in building participatory democracy and development in Africa. They offer ideas that may prove valuable to the ruling class in Botswana and allay the fears exhibited by Members of Parliament. The booklet goes further to offer ideas on how such stations can be established, this could prove helpful if Botswana is earnestly interested in moving forward with the policy and not playing a waiting game - as the current situation is felt to be by many, including Modise Maphanyane of Botswana's MISA Chapter. It provides an understanding of the popularity of community radio, as well as the reasons why it is controversial, and perhaps threatening, from the point of view of commercial and public broadcasters (**Bonin and Opoku-Mensah; 1998**).

This study will play a vital role not only in bringing out critical emerging issues at the local level but also in encapsulating regional experiences. The literature alone on this area of study can break down stereotypes and preconceptions on what is possible, what has been achieved and who has achieved it. Botswana who harbor negative attitudes towards Zimbabwe, for example, can learn from what has been published in that country. The stimulation of debate on various aspects of broadcasting in Zimbabwe has been documented, showing possible routes for restructuring. Zimbabwe has introduced models of community broadcasting and of establishing an independent regulatory authority, issues that Botswana is struggling with – and, on which it is perhaps reinventing the wheel (**Opening up the Airwaves: National forum on liberalising broadcasting; Feb 1997**).

Methodology

Qualitative Methodology

The research methodology used in this survey was entirely qualitative. Specific data collection tools were designed for engaging individuals who play a role in the production, carrying or receiving of HIV/AIDS messages. In addition, selected radio stations were monitored for their broadcast frequency and content while discussion and communication between researchers at the regional level provided a wealth of cross-country information sharing. The clearly defined investigation avenues of the survey, therefore, were:

- (a) **In-depth Interviews with major stakeholders** within the media, including radio personnel, presenters, editors or station managers and radio campaign originators - largely from civil society - who serve as clients to the radio stations;
- (b) A **Literature Review** of all relevant information both published and unpublished;
- (c) **Focus Group Discussions** to collect information from key target groups across five selected districts. The selected districts represent a fair mix of both urban and rural Botswana as well as geographical locations that are both close and distant enough to provide insight into the technical broadcasting limitations of some of the stations;
 - i. Discussions were also structured in a manner that gave a voice to PLWHA.
 - ii. Discussions also attempted to identify three particular health specific programmes around which to generate detailed discussion. Due to limitations in the current on-air broadcasts, only one radio programme-specific group discussion could take place.
 - iii. Member of the public from the following regions were identified and participated in discussions:

■ Gaborone Central	Urban
■ Gabane (Gaborone outlying area)	Peri - Urban
■ Mochudi (Kgatleng District)	Peri - Urban
■ Molepolole (Kweneng District)	Peri - Urban
■ Mahalapye (Central District)	Rural
■ Molapawabogang (South East District)	Rural
■ Kanye (Southern District)	Rural

(a) **Key Informants (Secondary stakeholders).** The survey assessed the extent to which secondary groups that neither run radio stations nor use radio programmes on a consistent level affect the major study areas. Individuals interviewed here may serve as resource people from time to time on radio shows belonging to other groups or be government departments or donors with a media role;

Strength of Methodology

The methodology employed by this survey provides significant checks and balances, ensuring that the final analyses are sound and well grounded. An example can be seen in the study's analysis of the "broadcasting footprint" of individual radio stations. For

marketing purposes it is in the best interest of stations to promote their reach; this study, through both the literature search and direct discussions with target audience, was able to verify the quality of reception in particular areas and determine whether or not there actually was an audience in the claimed footprint areas.

Two particular strengths in the methodology came from the undertaking of:

- (i) **Content Analysis**, which entailed monitoring selected stations' on-air broadcasting to establish their social and cultural appropriateness, their appeal and impact on the target audiences; and
- (ii) **Benchmarking** of the experiences of Botswana with those of other Southern African nations to provide evidence and a practical tool to demonstrate where Botswana fits in the regional fold.

Justification of Methodology

One alternative data collection method that could have been employed would have been the collection of quantitative information from a large audience sampled from every district throughout the country. This would have been extremely costly and, by and large, would have duplicated at least two listener-ship surveys already undertaken in the country by the Department of Broadcasting Services. Quantitative studies also have a tendency to overlook critical quality information as well as in-depth and personal statements, such as those voiced by PLWHA interviewed as part of this study.

Pros and Cons of Methodology

In Botswana, like elsewhere in the region, there is a marked distinction and bias in terms of Gender and HIV and AIDS media coverage (**Sechele; 2005**). Questions in this survey were designed to investigate whether civil society or broadcasters were more likely to initiate stories relating to HIV and AIDS. This survey was also able to identify how PLWHA perceive and receive HIV/AIDS messages. No distinct effort within the methodology, however, promoted male or female specific reactions to the media, either through specific questions raised or through sex-specific focus group discussions.

Findings

Message development

Who is the developer?

Civil Society is the key initiator of HIV & AIDS messages in Botswana. Private sector and the media can also be credited with initiating the production of AIDS-related messages. This, however, is limited to promoting special workplace programmes such as Debswana's free drug therapy programme or the promotion of health insurance packages, or - as is the case with the media - to news stories (83%) (**Sechele; 2005**). Messages from non-civil society groups are therefore limited both in content and frequency. Tebelopele, PSI Botswana, YOHO, Family Health Division, BNYC, Life Line, ACHAP and BONELA were found to be the leading organisations contributing to and developing messages related to HIV and AIDS.

Factors influencing production of HIV and AIDS messages

Policy and Legislation

A lack of legislation is seen as the main barrier towards the effective use of radio as a campaign tool. Many feel that communication legislation in Botswana is not developed enough, and bemoan the lack of a Freedom of Information Act, noting that radio and news people have no supporting mechanism to acquire information. Some see this as a major stumbling block and note that in practice it means government officers and public servants are not obliged to tell the press anything they do not want to.

Media activists see a critical need for the state media to turn public. The state radio stations, television station and print media are all paid for with taxpayers' money but are largely government mouthpieces. This, in effect, is seen as giving government veto power over a large realm of information.

The above views and opinions have been expressed in news print (**Midweek Sun; November 6th, 2006**), by civil society media proponents and custodians of electronic broadcasting. These views tie in closely to the fact that the country still has no information or communication policy. Ya Rona Fm station manager stresses that the absence of a policy in the presence of an ACT is like having a car without wheels, while Gabz FM views the need for community radio stations as imperative. It feels that this will provide a more appropriate route to dealing with specific needs in a format that relates closely to that of individual communities around the country.

Censorship and External Environment

None of the civil society groups, key informants, broadcasters or stakeholders interviewed or consulted felt that any of their messages were spurned or removed from the airwaves as a result of being inappropriate, culturally insensitive or socially unacceptable.

A few interesting points were raised in this regard, however. BNYC said that it has had situations where YA Rona FM felt that messages were too low key and not aggressive enough to resonate with the youth audience. They would then help them "jazz" up the message and tone it up a bit.

A separate comment made by the Ministry of Health's Family Health Division was

that “we already know what can and can’t go out on air” so there may be some subconscious self-censorship internally. All the same, they have never had anything pulled or rejected for airing. Everything that goes onto RB1, according to FHD, is screened before airing. A final comment in this area came from PSI, which received what it referred to as a backlash from the public following a broadcast on prostitution and “dry sex.” Some dissatisfaction was expressed regarding the details and content that were covered, though the government media that was used appeared not to be as perturbed by this as the public.

Tebelopele, PSI, YOHO, BNYC and FHD all have regular weekly radio programmes. These programmes have existed for a minimum of one year and in some cases, as with Tebelopele, for up to five years. BONELA, ACHAP and Life Line do not have long standing programmes or access to extended time on air, as do the rest. The latter three are more inclined to place event- or campaign-specific spot announcements, jingles or press releases or to serve as resource people to existing on-air broadcasts. These three are also more inclined to promote their particular services while on the air rather than talk about generic health issues.

The only externality of note is one faced by Tebelopele, the Voluntary Counselling and Testing group for HIV. The law does not allow anyone under the age of 18 to take an HIV test without the consent of their parent. The “catch 22” for young people is how to explain to their parent that he or she needs to take an HIV test. There is, however, a legal loop hole where in certain cases counsellors can exercise “a professional judgement” that justifies proceeding with a test without parental consent. This is not easy and straightforward, however, and creates some an obstacle to Tebelopele’s effectiveness as an organisation.

Funding

Funding influences the broadcasting of HIV and AIDS messages in two particular ways. This survey found that organisations were limited both in the frequency of message placement as well as in the content of messages they placed. YOHO and PSI, for example, were placed in a position, at times, where message content had to reflect donor interests. Tebelopele has felt pressures of donor fatigue with regard to mass media efficacy.

Considered Issues

Market Niche & Audience Reach

The population of Botswana is relatively small (1.7 million) when compared to that of neighbouring Zambia, Zimbabwe or South Africa; (11, 12 and 44 million respectively) (CIA Fact Book; 2006). This bolsters the Botswana government’s position against the mushrooming of private and commercial radio stations on the grounds of insufficient market demand and hence poor business viability for these stations. The example of Namibia, however, which has a similar population size and numerous community and private stations, runs counter to this argument. In Namibia, community stations have been in operation for several years on an economically viable basis.

Each of the four stations in Botswana appears nonetheless to have a clearly identified audiences and target market. The primary demographic variable demarcating these stations is age. Gabz FM, however, takes the additional step of using economic standing (income) as an element for its intended target audience focus.

The station appeals predominantly to the contemporary adult aged 25 years and above. The programming is driven by compelling and thought-provoking talk

segments in addition to its broad array of music.

Gabz FM views itself as a statement on one's lifestyle. It describes a GABZ FM LISTENER AS AN UPWARDLY MOBILE GO-GETTER AND EPITOMIZES THE LIFESTYLE OF INDIVIDUALS WHO DRIVE THE ECONOMY THROUGH THEIR BUYING POWER. THE STATION'S NEWS AND FEATURES ATTEMPT TO BRING THE LISTENER UP TO SPEED ON LOCAL, REGIONAL AND INTERNATIONAL ISSUES.

More than 60% of Botswana's population is under the age of 29 years (**Ministry of Finance and Development Planning, NDP 9; 2003**). This provides a significant market to be shared amongst the three stations that each tap into this segment. RB2 and Ya Rona FM, for example, target audiences from the age of 16 years and upward, ending at 30 for Ya Rona and 60 years for RB2. For its part, Gabz FM states its target audience as those aged over 25 years, generally attracting most of its listeners from those earning monthly incomes of P3,000 or having short-term aspirations to purchase electrical goods valued over P1,500. RB1 makes comparatively little audience distinction, saying that it aims to target everyone in the general public but recognises its niche among the older segment.

An additional barrier or division in broadcast reach results from technical accessibility. RB2, which might be seen to be in direct competition with a sizable part of Ya Rona FM's market, for example, has the technical transmitter and legislative legitimacy to broadcast nationwide. Similarly, RB1, which focuses on an older segment of the population, as does GABZ Fm, has a nationwide edge provided by its broadcasting license. The audience reach and competition of private stations, as opposed to the public broadcaster, is limited to less than 15% of the national population.

Cultural & Political

BONELA has demonstrated its vision and intent to target various elements of society where laws and human rights are being violated. It targets workplace discrimination, discrimination in schools of young people as well as the male-female interplay resulting in gender imbalances.

PSI and BNYC, on the other hand, do not make an effort to address gender. Their mandate is that of a youth-focused approach to awareness and behaviour change. As such, their messages are tailored quite deliberately to reach adolescents and the youth.

Tebelopele for its part has a strong campaign that promotes the idea of couples taking HIV tests jointly. This campaign stems from the problem of women being subjected to violence when they take tests on their own and return home to report a positive result. YOHO, FHD, Life Line and ACHAP - through its implementing partners - conduct programmes or specific dramas that bring the gender aspect into play.

Three questions were asked around the topic of actual message production. These were:

- Who formulates packages and presents the programmes?
- Do you sometimes hire (use) experts to develop HIV and AIDS campaign messages for you?
- Who else plays a role in designing HIV and AIDS campaign messages?

Several responses, such as, "We all do as a team," "Me personally," "Dedicated Staff Member" or "Our Production House" were grouped into one category, and show a contrast with donor- or client-driven message formulation. In this regard, YOHO was the only organisation that felt that the content formulation of its messages was mainly

audience driven. This is the case with its Triple "E" (entertain, educate & empower) approach, YOHO rolls back skits and plays material from live dramas in their radio programme.

YOHO, like all the other groups, has a topical expert present in the studio when a given issue is being discussed on air or ensure that information from experts is sought before airing. Aside from specialists and internal controls, only Tebelopele and BNYC made reference to getting added input, in particular from YA Rona FM in the design and message delivery process. BNYC and FHD were self critical enough to identify a need within their organisations for capacity development in this area. ACHAP, as a donor, also felt that there was room for growth amongst its partners and beneficiaries with regards to the packaging, formulation and presentation of radio messages.

Audience Participation

YA Rona FM currently conducts focus group discussions on a quarterly basis. The last one was done 2 months prior to the implementation of this study. Group participants are from the station's core target audience cohort of 16 to 30 years of age.

Group discussions unearthed two major findings that have invalidated some of the current management thinking on altering its core musical genre. Firstly target audience members continue to reveal a strong preference for the original "Kwaito," music showing a consistency in the stations original market segmentation.

The second finding relates to prime time listener schedule ratings. Listener patterns in Botswana and elsewhere usually show morning and afternoon "drive time" segments as the prime broadcast times - this is when people are either home or on their way to work, often stuck in traffic. The finding confirmed this from the "Morning Drive" Show but did not hold for the afternoon. The second most popular time rating, according to the FGD for the station, was revealed as the "Mid Morning" show. The previous assumption was that only housewives had time to listen to the radio during this time slot.

A third statement made relating to the identification of need. Two distinct areas of need have been recognised, the first being for general educational topics and the next for health specific topics. These findings correspond with the results of this survey highlighting the lack of health specific programmes currently available on air.

Message Form

Most groups could outline their message development processes to a fairly detailed degree. BONELA stood out, as its process begins with a conceptualisation stage and includes careful script writing, the selection of voice artists, sample recording and re-recording if deemed necessary by their internal controls. Their message development process for a 30-second spot could take up to a month to develop. They use a professional recording studio with technical personnel to guide the process and direct artists throughout the entire production.

Like BONELA, Life Line, BNYC and Tebelopele initiate their own messages. Other than YOHO, which feels its work is largely donor driven, ACHAP, FHD and PSI develop their messages in tandem with their partners or clients. ACHAP, a donor, BONELA and Life Line spend most of their on-air time promoting their services. ACHAP also puts out a lot of event-specific press releases. This is also the case for BNYC. YOHO, PSI, Tebelopele and the Family Health Division of the Ministry feel that their messages are more health-specific, focusing on specific issues like prevention, testing or a disease outbreak if and when these arise.

ACHAP was the only organisation that could clearly and outright say that it does have a communication strategy. Tebelopele and PSI also alluded to having strategies, but noted that these were either in draft form or under development.

Though its strategy is in draft form, Tebelopele, the voluntary counselling and testing group, is able to articulate an all-encompassing communication strategy that highlights how its current weekly radio show fits into its print media, outdoor advertising and below-the-line print campaigns. This radio show, which is a half-hour talk show, uses a live call-in audience participation format and has been on-air for five years. The programme is constantly under development and is currently moving into a phase of using SMS text messaging to increase audience participation. This is also seen as a monitoring mechanism for how well the message content is being absorbed by target audiences.

The Botswana National Youth Council (BNYC), though not able to detail its message development process, is also active and upbeat about the use of media (including radio) in its information dissemination endeavours. The BNYC, though non-governmental, was set up as a result of an Act of Parliament to promote youth activities across the country. The group, therefore, receives government support and hence has long standing links and access to some media channels, such as RB1, to which most NGOs do not have access.

The communication and message development division of BNYC operates on a dynamic and somewhat volatile basis. This takes into account the ever-changing nature and aspirations of its youthful audience. Detailed message scripting and the consistent use of a particular recording house are not high on BNYC's agenda. Its message development process for example is largely based on conceptualisation of an idea while the production and recording is often entrusted to individuals who have the self determination and skill to show their delivery capabilities. This very often could be a young person who has never produced for either radio or television on any prior occasion.

For its part, Gabz FM takes it upon itself to formulate messages when the need arises, and sometimes air spot announcements at its own cost. This happened, for example, when the "ABC" HIV prevention campaign began showing signs of ineffectiveness. The station designed and aired messages to help revamp this campaign.

Still, during the current three-month period under surveillance, there was no HIV/AIDS spot message promotion on at Gabz FM. A review of the stations records in the month of August showed that out of 132 advertisers none were health or AIDS related (State Source). The situation in September was slightly better; out of 100 spot messages, two were NGO health related and one was a commercial health product.

Programme

Duration

The primary data collected from five of the ten administrative districts in Botswana, coupled with secondary analysis of the Department for Information and Broadcasting's listener-ship survey, which sampled 1,720 respondents across urban and rural Botswana, confirms the magnitude of the authority held by Radio Botswana (RB1) across the length and breadth of the country (57.1% in cities) (Ramorogo and Kumar; 2002). Qualitative findings from this survey suggest that even for areas in and around the capital city, where competition for broadcasting air space is the highest, the onset

of private commercial radio has done little to upset the loyal following that RB1 holds over all other stations, even among the youth.

In Gaborone, for example, even though middle class youth aged 20 to 25 with secondary and tertiary education critiqued RB1 as a propaganda tool for the ruling party, they also made statements such as: "RB1 tells us what we need to know," "RB1 is factual, natural and homely and not prone to western influences," and "RB1 is doing a really good job, it should stay."

Notwithstanding the complements paid to RB1, the broadcasting mix and youth target intended by the creation of RB2 is not without merit. RB2 was developed with the goal of creating a source of revenue for the broadcaster while drawing a youth appeal. Both the listener-ship survey and this report show that government has been successful in this regard. The 15-to-20 year old age group dominates RB2 listener-ship at 67.7% while RB1 is more popular with the higher age groups, with over 80% listener-ship in all age groups over 30 years (**Ramorogo and Kumar; 2002**). These findings are confirmed across the board by civil society, members of the public, owners of the private media and senior broadcasting officials in the government.

The actual programming of health-related issues and the amount of time made available to the broadcasting of health content on Radio Botswana raises some alarm. Deputy Head of Programmes for Radio Botswana, Margaret Modise, and the Principle Technical Officer in the Health Ministry's Family Health Division, Basego Ramokhutswane, highlight the inadequacies in the broadcaster's health-specific programming. On its main channel the broadcaster has several programmes that feature health issues. These include *Makgabaneng*, *Letlhabile*, *Masa-A-Sele*, *A Re Bueng*, *Banana* and *Kwalapeng*. Aside from *Letlhabile* ("The Sun has Risen"), which is broadcast on Sunday evenings at 7:15 pm, all the other programmes are not core health programmes and can be briefly described as follows:

Makgabaneng, a thirty-minute drama, covers all the aspects of health and HIV including PMTCT, prevention, care and treatment. At its core, it is an entertaining drama that brings these issues to light in the broader realm of life's journey, which is filled with ups and downs;

Banana, a ten-to- fifteen minute programme – the title means "youth" – that looks at life issues as they pertain to the youth. This includes issues of HIV but stretches all the way to issues of environment and waste disposal, such as how we dispose of baby nappies;

Kwalapeng (at home), a thirty minute Friday evening show, according to Modise, is another programme that deals with a lot of HIV issues. It is a gender-based programme that grew out of an earlier programme titled *Tsa Bo Mme* (for women);

Masa-A-Sele, originally an early morning general health and hygiene programme, is now shared with more social and educational content. The time (15 minutes) is divided between these issues, often leaving not more than seven minutes for health issues;

Maokaneng and *Live Line* are discussion-heavy call-in shows that cover issues of the day. These shows do from time to time pick up on health and HIV related issues, and have the potential to do so, but are not dedicated health programmes. (Two 45 minute slots with a news break.);

Letlhabile and *A o tsogile* are radio health programmes on Radio Botswana.

Ya Rona FM views itself as an urban contemporary broadcaster with an extensive youth audience. When it started out seven years ago the station mainly focused on the “Kwaito” musical genre. Recently, management has felt that this strategy has burned out, and has considered the idea that a broader contemporary genre would serve the station better.

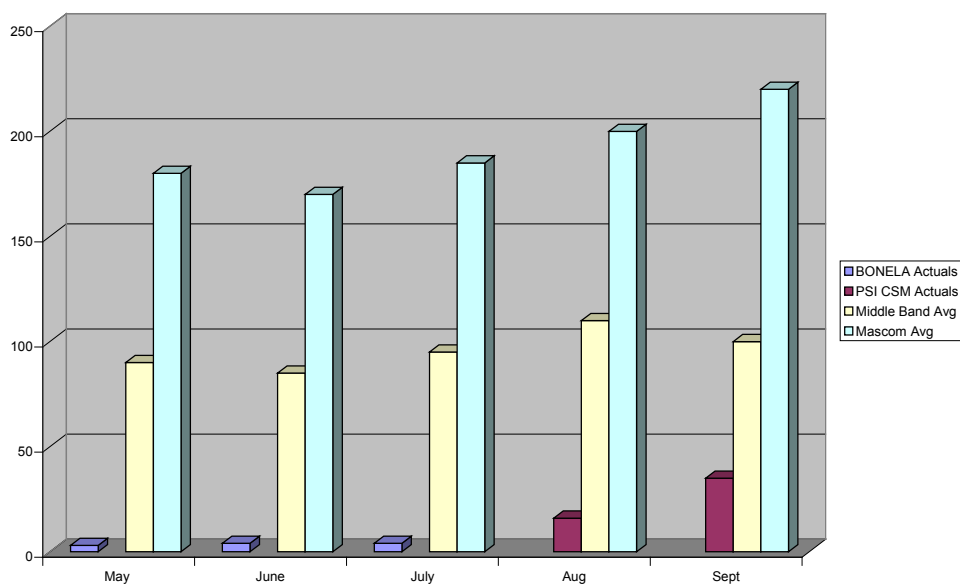
The station is on the air for 16 live hours a day during the week except Fridays and Saturdays when it does an additional four hours into the early morning. The remaining “graveyard shift” hours are covered by an automated 100% music content.

Its core broadcast area geographically covers Gaborone and the southeastern district of the country. The broadcast languages are Setswana, English and a colloquial mix of the two. The station specifically targets the 16-to-30 year age group, reaching between 240,000 to 250,000 listeners.

The station appears to have a fair mix of health- and HIV-specific programmes stemming from a two-way relationship between the station and originators of messages, who are predominantly in civil society.

The health and HIV-specific programmes are *Men on Monday*, *Women on Wednesday* and *Seboza Talk*, the latter being the most HIV- and AIDS-related. While the others may cover AIDS-related topics from time to time, they are largely general health programmes that attempt to provide a gender balance as regards time allocation to each of the sexes. The station does not have specific presenters for health-related issues but, as is the case with *Seboza Talk*, topical experts are drawn in either during the presentation or programme compilation stage.

HIV versus Private Sector Jingles on YA Rona



Ya Rona has up to four programmes per week that can be linked to health-related

issues; these more often than not include an aspect of HIV and AIDS. These are extended programmes, usually more than 20 minutes in length, with a free-flowing discussion and question-and-answer format. These programmes are all broadcast live, are never screened and have never had any formal rebuke or condemnation either internally or externally. It is, however, recognised that more can be done and learned in terms of message content and specific targeting of messages.

Adverts or HIV-specific jingles are few and far between. Between May and September, only two organisations placed HIV-related spot adverts. Of these, one had a heavy human rights approach (BONELA), while the other was a purely commercial-type condom sales promotion (PSI Botswana). During the same period commercial products displayed a much more vigorous picture in terms of their advertising spending per month. This, according to radio marketing personnel, is largely the norm. This demonstrates a lack of either financial clout or commitment on behalf of originators of HIV messages towards radio use as compared to the private sector. The table above shows that on the high end, for a mobile phone advertiser in September, up to 220 spots were purchased while only 35 spots were placed by the condom social marketing promoter; lower down the line in July, BONELA had as few as four spots.

Gabz FM sets aside time for the programming of health and social issues. It holds the view that HIV is a "social disease" due to the interaction between people that ultimately leads to "conducive situations" from which high risk behaviour emanates. The prime time morning show, "*The Daily Grind*" sets Wednesdays aside to deal with issues such as this. However, it is an element of a programme dedicated to health and not a health programme as such.

In addition, Monday evenings are set aside for a health programme. This programme is hosted by a local medical doctor. The doctor researches and presents the programme based on what he identifies as the population need. According to Thebe Mogapi, the station's News Editor at the time, this is based on what the doctor's experience, what he is talking about with patients or what he is seeing in terms of frequent cases. Questions and issues that are raised through other programmes such as the "*Daily Grind*" are also from time to time clarified by the doctor. There is often a close connection between what the doctor covers in his programme and what callers ask for through the web site and call-in shows such as "*Free Friday*."

The sales and marketing team make a deliberate effort to solicit for HIV programming material. They approach NGOs and organisations like the Infectious Disease Control Centre and UN agencies to either hold programmes or to serve as experts or panel members on discussion programmes.

The programmes that deal with these issues are always live. There is hence no editing, which requires that those holding the discussion must be well-versed in the topic. Listeners are always free to call in; a deliberate effort is made to keep the phone lines open. This is believed to allow for immediate clarification of any doubts, questions or queries raised.

Aside from these health and social-related programmes, all the presenters on the station at some point discuss HIV and issues related to AIDS. They have not had any training on reporting HIV/AIDS and it is not clear whether the station sees this as a need. Still, the station does view research skills as an imperative; all presenters are hired based on whether they have this skill or not.

Schedule

Though RB1 is on the air twenty four hours a day, it has its official open at 5 am with a Christian prayer - illustrating the dominance of this religion in the country. *Masa-A-Sele*, the general hygiene and health programme, features daily throughout the week for 5 to 10 minutes around opening time. The broadcasting style and programme lineup

used by RB1 is free of frills and commercial-type input such as adverts and product promotion.

On any given day the schedule includes up to 16 newscasts either in brief or in full, covering both local and international stories. In addition to these, it features current affairs programmes such as *Around the World Today* and *Newsreel (Tatediso Ya Dikgang)* that air in the evening for up to 30 minutes. These programmes have a committed following, dominated by but not limited to the older population. Their popularity is due to the consistency and longevity of the programmes. Also, the freshness and accuracy of the reporting cannot be underplayed in this regard. Radio Botswana has the best linkages and spread of radio reporters across the continent, helping it maintain this stature.

Music and Announcements form a large part of Radio Botswana's entertainment segment along with *Schools Broadcasting*, a programme that delivers an array of curriculum, such as English and Social Studies, for various grades over the airwaves. Special programmes such as *Parliament* and key topics from various government ministries are also broadcast on this service. This is also the station that broadcasts health, social and general topical issue programmes, including *Makgabaneng*, as noted earlier in this study, in the Duration section.

RB2, the government's commercial station, promotes itself as "The Station for Continuous Music." This is reflected in the programme lineup, which from 9 am to 6 am on weekdays could include as much as 90% music. The three remaining hours, 6 am to 9 am, are where more talk is mixed into the programming, dropping the music content to around 60% or 70%, based on a researcher's subjective monitoring analysis. This 6 am to 9 am weekday morning show ("Morning Glory") is hosted by a duo that discusses several current affairs issues and includes a segment titled "Orange Straight Talk." This is a sponsored feature that covers general issues including, but not limited to, health.

Unlike the private stations, the services of Radio Botswana truly broadcast on a 24 hour basis. That is to say the stations for the national broadcaster do not switch to an automated output after 10 pm or midnight.

Weekday broadcasting on Ya Rona FM starts off with the "Big Kahuna Breakfast" at 6 am. The show has a 40/60 talk-music ratio presented in one of the most risqué styles imaginable. The eloquence and humour employed by the host leaves little to the imagination, and often focuses on current affairs and social events with a constant dash of sexual innuendo. On a more serious note, there are two full news bulletins at 7 am and 8 am along with financial and weather reports, commuter information, sports updates and regular interviews.

The "Mid-Morning Air" follows at 10 am, hosted by one of the most vibrant female voices on radio. Some of the features on this show strive to highlight the uniqueness of Gaborone as a city as well as a "back to basic" segment, which covers a mixed bag of information, facts and announcements. This is also the show where two special health features take place: "Women on Wednesdays" and "Men on Mondays."

"Metro" is a four-hour prime time show from 2 pm to 6 pm with up to 60% musical content. The show features live musical mixes daily along with a combination of hit based music, DJ personality news, information updates and interviews. Two 5-minute news bulletins, traffic information and sports updates are also featured. The station's premier evening show follows "Metro" and runs until 10 pm. A feature on this show is the weekly "Late Great Top Five" that airs on Wednesdays. It features five all-time favorites by artists who have since passed on. The show also has a Monday feature that interviews celebrities and "people of note" from yester-year.

A major part of the station's Social Corporate Responsibility effort, *Seboza Talk* takes up the 7:40 to 8:20 pm segment on Thursdays. *Seboza Talk* is described as the late night show that covers all the hot topics amongst young people - sex, drugs, alcohol abuse, employment and educational opportunities. The station winds down for the day with a 90 percent musical format intertwined with some of the most controversial comments and opinions on radio today.

Gabz FM is an adult commercial radio station that broadcasts primarily in English and has an 80% music and 20% talk format. The station's play list reflects the diversity of the listener-ship, and includes jazz, Afro rhythms, soul and an array of world music. Its geographical reach covers Gaborone and its major surrounding population centres. The broadcast catchment area represents the most densely populated, developed and economically active area of Botswana.

Target Audience

The most significant challenge faced in undertaking this survey was the recruitment of members of the public to participate in the focus group discussions. This challenge was further complicated when attempting to get individuals to participate in group discussions based purely on an HIV-positive status. The study aimed to achieve a minimum group discussion complement of eight individuals; this was possible for all general public groups except PLWHA. To mitigate this challenge, two separate purely PLWHA group discussions along with some mixed PLWHA and general public group discussion were sampled into the group participant composition. This yielded PLWHA input from a cross-section of society and districts ensuring that the voices of PLWHA in the capital city, Central District, Southern and South East Districts were all heard.

Without a doubt, the views of these groups proved to be some of the most valuable findings of the entire survey. The first and most prominent finding being a resounding "No" to the question of whether the content of radio programmes is sufficient to the needs of people affected and living with HIV and AIDS. These responses ranged from a simple, "No not really, they just generalise" to a firm, "No!, presenters are not well trained or capable to deal with this topic."

Other responses included:

- "Nurses can lie about side effects."
- A person living with HIV is the right person at the right time with the right information to target and deliver appropriate HIV messages.

These PLWHA sentiments were echoed by each of the other focus group participants, who said it is *not enough for PLWHA* and *messages do not cover those who are affected*.

Radio messages are believed to be targeted to those who know their HIV status - those who have been tested and know whether they are HIV-negative or positive. The message structure encourages people who are HIV-negative to stay negative and use a condom, and encourages people who are HIV-positive to prevent re-infection and use a condom.

The messages do not appear to be group-specific in any demographic sense. "We see children in early primary [school] coming home from school with condoms while those in standard 6 and 7 fall pregnant," was the view put forward by one HIV-positive group member. The group advised that a programme such as the "Ringing The Bell" project - a BONEPWA initiative to deliver AIDS education in schools as low as the primary level - has the right information for schools.

Participants stressed that PLWHA are not used in the formulation of programmes or messages and that their level of representation is therefore unfairly low. Their concerns, however, are not simply focused on seeing more about HIV and AIDS on air, but also on

the need to take into account all the content and targeting issues raised earlier.

Several other questions related to message improvement, radio being more effective in their campaigns, the topics people thought needed to be covered and whether radio has done anything to demystify myths. The questions all revealed answers that pointed in one direction - a need for the greater involvement of PLWHA. A discussion group from the South East District pointed out how in some instances radio has made people think that ARVs are a cure for HIV/AIDS. This was demonstrated by the annoyance among the general public in the Kgatleng District with Voluntary Counselling and Testing (VCT) efforts in the area. The Kgatleng group said,

“We fail to see the point of testing for HIV only to be told you do not qualify for ARV treatment. If this is the case then why are we testing? If I test positive then I want medicine immediately, not to wait for my CD4 cell count to whatever, whatever...that they always say.”

Respondents were therefore clear on several points:

- (i) The only way to improve quality and content of radio messages is by the greater involvement of PLWHA.
- (ii) Treatment, care, support and adherence are topics that must be covered; at present prevention dominates radio messages and.
- (iii) Programme duration must be extended to at least one hour.

The Youth, the Very Young and the Rural

Botswana has a very young population, and some of the most vulnerable groups for new infections of HIV have been identified among adolescents. Rural settlements are often excluded or sidelined when it comes to social amenities and development initiatives. These deprivations cover many sectors and services, including access to clean drinking water, tarred roads, environment and waste collection and simple access to information. The following case highlights the views of 12-to-15 year olds males and females, currently in school but living on the outskirts of Gaborone's capital city.

GROUP COMPOSITION

LOCATION:	GABANE VILLAGE
DESCRIPTION:	IN SCHOOL ADOLESCENTS
SEX:	MIXED
COHORT:	12 TO 15
EDUCATION:	JUNIOR SECONDARY
ECONOMIC STATUS:	MIDDLE INCOME

Messages and Health Information

Knowledge and information on HIV among this group was fairly high. They were quite competent in citing all the “right things” they felt researchers needed to know, listing misconceptions about sharing toilets and sleeping next to someone without sexual contact as well as preventative measures of wearing gloves when taking care of the affected.

Station Preference

The two government radio stations emerged as the preferred channels to listen to. When probed and pressured to settle on just one station, the group after some deliberation settled on RB1. This is an interesting finding for this age group given the age of the participants and the broadcast format of RB1, the major state broadcaster.

The ensuing discussions, and the participants' knowledge of the broadcast environment, helps to clarify their preference. For example, the programme cited as the most liked show on radio was *Makgabaneng*. This drama serial focuses on everyday issues, covering the ups and downs faced by people as they go through life using humour and serious messages that encapsulate general health issues including HIV and AIDS. Characters such as *Sparks* in this show resonate with the young audience; his use of colloquial *Tsotsitaal* for example is a major draw. *A re bueng – Maitseo a Banana* (behaviour of teens) is another show from RB1 that appeals to this group. These two shows constitute all the radio health programmes of which the group was aware.

This was the first group to bring up Motsweding FM as a station to which they have access. *Motsweding* is a South African station that broadcasts in Setswana and a lively and youth-friendly broadcast.

When looking at the participants' preference for RB1, it is important to note that this could be a learned preference developed due to parental choice. Given that most households have one radio set, and parents will often not listen to YA Rona or Gabz FM, the habit and “choice” of listening to RB1 becomes more apparent.

Health Programme Content

This group felt that, for their needs, all the areas of prevention, care and support are adequately covered. It must be stressed that the area of treatment, for example, may not really be well understood by the group. Their knowledge, as shown above, would be limited to wearing of gloves, while they displayed no knowledge of PMTCT, ARV treatment or government programmes.

Participants felt that the most effective way to improve HIV and AIDS information through the radio would be by having more dramas. They feel that messages at present are targeted at everyone, in a general sense. Some discussions veered towards singling out teenagers and adults in campaigns and messages. When asked, participants felt that the content was sufficient for people affected and those living with AIDS.

Other Information Sources

Other than radio, Botswana Television (BTV) and news print form a significant influence on their knowledge of HIV. This group felt that all the sources cited are trustworthy, accessible and clearly understood. Interestingly, they did not cite friends as a source of information; hence there was no need to discuss the trustworthiness of information from friends. Chatter and jokes from within the group and side discussions show that there are comments and myths that float about, none of which they cared to elaborate on when probed.

Media Relationships

RB2, Radio Botswana's commercial service, broadcasts country-wide in English and Setswana, the official languages of the country. The station has time available for, and hence sells and broadcasts messages related to, HIV and AIDS. These take the form of 30-second commercial adverts, live reads, 15-to-30 minute call-in discussion programmes or promotional discussion programmes. Health programmes at RB2 include: *The Power Show*, which is focused on Voluntary Counselling and Testing for

HIV; the *Young and Vibrant*, a show that covers youth issues related to behaviour and the changing of their sexual choices; *Choose Life*, a show that helps young people make the right choices in life on several fronts; and *Makgabaneng*, the same programme as described above under RB1, according to Lesole Obonye, Programmes Manager at RB2. These programmes generally appear on air on a weekly basis.

The station does not actively solicit HIV programming material but neither is it clear to what extent it goes out to solicit advertising and programming material in general for other products or services. Several stakeholders surveyed in this study view RB2 as holding a monopoly over the national sale of advertising and promotional air time.

Service & Price

Some civil society groups have expressed dissatisfaction with the attitude relayed in both the pricing and service delivery of RB2 as a result of this “monopoly” status. It is felt that no effort is made by the station to be accommodating to the financial situation of various groups and their ability to pay even if the services being delivered are of a social and non-profitable nature.

Commercial Radio Station			
Advertising Space	RB 2	Ya Rona	Gabz FM
Thirty Seconds	233.00	175.00	250.00
Fifteen Minute Promotional Discussion	582.50	500.00	700.00 (per 5 minute feature as max slot duration)
Half Hour Programme	873.75	750.00	N/A

For its part, the station revealed “value added packages” for advertisers based on the volume of air space purchased. This has the potential of giving customers up to 25% value-added on their purchases. A comparative analysis of the advertising rate cards of the three commercial stations show the following for weekday 6 am to 9 am prime time air space:

These figures suggest that for advertisers who are able to negotiate or purchase sufficient airtime, so as to secure 25% discount, the rates payable would either equate to or be less than the listed rate of the cheapest commercial competitor. Additionally the advertiser would reap the benefit of having their message delivered nationwide on RB2 for a better rate than that of the private competitor, unless the private stations offer a discount.

Tebelopele, PSI and the BNYC feel that the cost of advertising or broadcasting their messages on radio is an inhibiting factor to the amount of coverage they can get. These three groups are also among those who currently purchase the highest number of broadcast hours per annum. It is therefore understandable that they may see the cost as unaffordable. Groups who have been able to benefit from free broadcast times hold a similar view. This is so because in addition to the slots that they get, it would benefit these groups, for instance, to have promotions and spot announcements at other times. In most cases, however, they are unable to make such a purchase.

Corporate Social Responsibility

Ya Rona FM employs a corporate social responsibility policy that seeks to ensure that there is HIV-related coverage on the air. From time to time it initiates and produces its own AIDS awareness messages while presenters often take it upon themselves to make ad-hoc statements that encourage safer sex practices.

The station has developed its a "Smart Student Campaign" based on in-school visits where social talks are delivered in conjunction with the guidance and counselling curriculum. To date, more than 50 schools have been visited with topics around peer pressure, drugs, alcohol, health and education dominating the discussions on a peer approach basis, moving away from the teacher-parent top-down approach that has largely failed to bring about sustained behaviour change, (*See Annex: Smart Student Campaign*).

The station recognises its limitations in dealing professionally with this diverse array of social issues. In view of this they have set up relevant support structures such as linkages with Life Line Botswana and other civil society groups. One particular link that has been on the air for the last three years is with the Youth Health Organisation (YOHO). YOHO goes on air for 30 minutes every Thursday evening with the *Seboza Talk* programme as described above. The content and programme makeup is solely the responsibility of YOHO with the station merely providing the platform for delivery.

Funding

Life Line and YOHO are the only two implementing partners covered in this survey that do not pay for their radio broadcasts. YA Rona FM has taken it upon itself to introduce a Social Responsibility Programme through which it ensures that a given amount of air time is allocated to programming that is in the best interest of the public. YOHO has been able to demonstrate an ability to fully supply - on a regular basis - credible programme content to all part of the Social Responsibility Programme time.

Life Line has been able to get one-hour slots on Gabz FM and some other shorter length slots on both Gabz and YA RONA FM for free. Its working relationship with Gabz FM was quite strong making on-air appearances more likely on this station than any other.

ACHAP for its part is strictly a funding organisation, and as a result does not have much direct input into radio programming. This donor works across areas of prevention, capacity building, counselling and testing, antiretroviral therapy and treatment as well as community mobilisation with PLWHA. To this end they have a communication strategy and media-related work geared towards publicising their services.

Sources of Messages

Three additional organisations were identified to serve as stakeholders to inform the process. These were: UNICEF, an international development partner and donor; MASA, which is the government department responsible for the Antiretroviral Programme and CEHOYO (Centre for Youth of Hope) a civil society group that promotes positive living.

Stakeholder Information

Each of these groups appears on radio in some way or another but do not have their own radio programmes or features.

MASA

MASA, the ARV treatment programme, has taken the approach of carefully managing and focusing its programme marketing efforts. The programme deals with very sensitive and technical issues that include blood screening for CD4 counts and issues of careful patient adherence to treatment regimens. For this reason, most of its communication efforts have been restricted to below-the-line advertising and patient-doctor communication. Radio appearances were not, however, completely ruled out as they did carry out some promotion through the Family Health Division's health and education programmes.

UNICEF

UNICEF, one of the donor organisations, does not fund any radio programmes at the moment but instead appears on radio itself on an event-specific, ad-hoc basis. They use existing programmes such as the current affairs discussion programme (*Maokaneng*) on RB1 or serve as a resource on programmes run by other groups, including NGOs. As a donor, UNICEF is normally approached to support projects that support orphans and vulnerable children, pre-schools and day care centres. They had not yet been asked to fund any radio shows.

CEYOHO

CEYOHO also did not have a show as of yet but recalled appearing on shows with the Department of Youth and Culture and PSI. CEYOHO had plans, however, to design a programme along the lines of a regional initiative called "Positive Voices." This was very much in the conceptualisation stage requiring planning, identification of volunteer speakers and a willing sponsor.

Obstacles & Strategy

While CEYOHO focused on targeting the infected and affected and presenting messages in this regard, UNICEF has made attempts to take "Children's Day of Broadcasting" to the radio. Its success however, has been greater with BTV as "radio as a medium do not fully appreciate giving children a platform to air and present programmes," said Kutloano Leshomo, Communications Officer at UNICEF. The amount of ground covered with BTV is comparatively advanced under a Memorandum of Understanding that awards them free screen time. BTV has a couple of programmes that are anchored by young people and children.

None of these groups have spot jingle announcements. They participate in programmes that could be as short as five minutes to some that may run for up to an hour.

As with majority of the civil society groups interviewed, message content could take the shape of service marketing or include details such as motivating patients on antiretroviral therapy (ART) to adhere to the drug treatment.

The stakeholder groups are not in a position to detail the message development process as they are only involved in live broadcasts. In addition, long-term strategic communication plans are not written for either of these groups.

UNICEF annually reviews all programme activities scheduled for a given year and develops a media plan based on that. One radio programme of note aired by UNICEF in May of 2006 was an eleven year old child talking about his experience as a child living with HIV. The child shared challenges faced with treatment and support and narrated how he came to learn of his HIV-positive status.

Both UNICEF and CEYOHO as stakeholders consulted for this report made it quite clear that they do not think that there is enough HIV-related broadcasting on radio, both in terms of content and frequency. These organisations do not necessarily have a pool of experts to draw on for content and neither feels that they have an immediate need for such. CEYOHO, for example, believes it has all the information at hand regarding nutrition, living positively, mother-to-child transmission of HIV and ART. This will enable it to run a highly informative radio broadcast for an extended time frame that goes beyond the current mainstay of messages which just focus on abstinence and condom use.

Similarly UNICEF sees room for in-depth material to be presented on radio. In particular it singles out topics on male involvement, side effects of treatment, the availability of syrup versus tablets and how these issues relate or appeal to children.

Monitoring and Evaluation

Formal research and evaluation of specific radio programmes and message content is an area that presents a challenge to all of the civil society groups interviewed. Tebelopele, PSI and YOHO said their messages are informed by research. Given that the programmes are lengthy 30-minute shows with constantly evolving topics, the research is required that informs programme content over the long run.

As far as the owners of media are concerned, the government's Department of Broadcasting Services (Botswana Television, Radio Botswana and RB2) has taken the lead role with regard to monitoring of broadcasting in the country. YA Rona FM has also shown strides through its undertaking of quarterly focus group discussions. These discussions provide the station with useful qualitative information that helps inform programme content. It leaves them, however, wanting in terms of broad reach and rating information across demographic variables such as age, sex, income and education levels. A complete void remains in terms of monitoring and evaluation for Gabz FM both in qualitative and quantitative terms.

Message Developers

PSI has an elaborate research process that covers a wide range of its work. This includes sales, pricing and distribution information. The information that it gets aids in the development of message briefs that can be developed into larger communication deliverables, be it for print ad campaigns or overall promotions, including radio.

Tebelopele also collect a host of information. This information is collected through actual needs assessment and market profiling exercises, as well as from client intake sheets that are filled out at clinic centres when clients come for HIV testing. This information mainly feeds into the formulation of print campaigns. The process is rigorous as it goes back and forth to all their centres across the country for checking and evaluation of comprehension.

The PSI research sometimes continues for multiple years. The Tebelopele research is largely focused on print media and the content research that feeds into on-air information. The YOHO research strives to ensure that accurate and current information is sent to the station so that its "Life Skills Facilitator" runs a well informed

show.

The challenge presented to these groups is that their radio programmes are live broadcasts, very often with telephone call-ins, where it is almost impossible to predict what will be asked, and what the best response would be. It is then equally challenging for these groups to identify an audience with whom to research the shows and then to take these findings into account and roll them into a follow-on broadcast within a weekly cycle.

All the other groups interviewed simply felt that they did not undertake any formal research to guide their message development and similarly were not in a position to evaluate any of their broadcasts. Originators of these programmes therefore largely depend on what radio stations tell them about audience reach and comprehension. The authenticity of such information must however be very carefully gauged as only YA Rona FM was able to confirm regular consumer-level focus group discussions that take place quarterly. Without such consumer-level discussions it would not be possible to verify the depth of message comprehension within target audiences.

Radio Stations

YA Rona FM acknowledges that it had, in the distant past, undertaken one comprehensive listener-ship survey. The station unfortunately did not have a copy of the survey or any of the key findings to share. Several of the findings are recalled to have been favourable to the station. It fears that as this was an internally undertaken study several biases maybe assumed to have crept in, perhaps suggesting a need for a further independent survey. Currently, bi-annual focus groups are undertaken to inform the station's programming as indicated in the section above on audience participation.

It was also not possible to source any listener survey information from Gabz FM even though it is public knowledge that at least one such survey has been conducted by the station during its seven-year history.

The only substantial monitoring information was published in 2002 by the Government's Department of Information and Broadcasting. Additionally, the department has an updated version (2005/06) of a similar study that had yet to be published at the time of this study. Available studies have been cited in this report as they comprehensively cover all the broadcasting and publishing media in Botswana, making useful comparisons to the primary findings unearthed herein.

Investigation of ratings and actual quantitative analysis is beyond the scope of this survey. This study was, however, able to capture several qualitative perspectives of various groups on what they prefer and why, and what they feel radio stations are doing and have achieved in terms of content and programmes. One example comes from the heart of central Gaborone, where the study obtained the views of the higher educated, middle income segment of society. Their thought processes, views and opinions are related herein:

Station Preference

An interesting finding about this group, given their youthfulness and school/college demographic, is that none of the participants picked YA Rona FM as their outright favored radio station. The discussion later found that some members do indeed listen to YA Rona, but that there is not evidence of loyal listener-ship.

RB2 emerged as the most popular station. Also, Gabz FM and RB1 each had firm supporters. RB1, the traditional mouth piece of the government, was applauded for its

maturity, and its upholding of Setswana as a language and the national unity of the country, along with its rich local musical content. The station was also commended for its regular newscast throughout the day. RB2 drew support, on the other hand, simply because it “is young and funky.”

Several statements were made both for and against RB1 in particular, including:

- It is s a government station, it tells us what we *need* to know, things like who is running the country and *who's dead!*
- It is very factual.
- It's homely, natural and has no western influences.
- It's a propaganda tool for the ruling party.
- Currently it's just about independence and the roving torch.

One subjective view on RB1 was: “RB1 has its purpose and function. I appreciate that it is doing a good job. It must stay, but as the youth of today we look for different things.”

Some ignorance about RB1 was also portrayed. Non-RB1 listeners, for example, felt that the station had no English content. Those loyal to RB1 promptly corrected this statement.

General discussion about the programme content of the other stations was not as detailed as that about RB1. Some participants alluded to the view that other stations reach out better to issues in the “West,” like whether or not Tony Blair would be resigning or tackling issues such as the effect of rising global fuel prices on the cost of local consumer goods.

Listening Time

The focus group discussions almost immediately agreed that morning time, from as early as 4 am through 7 am, was prime time listening for the group. The preference for this time was based on the discussion and early morning talk content of the participants' preferred radio stations.

The group participants found it hard to surmise whether their preferred time of listening would hold true for the general public, friends or people other than themselves. Participants firstly considered employment and stated that a lot fewer people are employed (high unemployment level), resulting in more opportunity to listen to the radio. This theory was thrown off a bit when they considered the age ratio and the high numbers of youth. Many felt that given Botswana's young population age structure, many people would be in school, making it hard for them to have access to radio during the day. Additionally, people who are employed would not be allowed to turn on radio sets at work making day-time radio listening hard for most. The discussion resulted in a consensus that most people, like themselves, listened to the radio in the morning, and then depending on what was on TV and individuals' ability to own TV sets, some listening would occur in the evening too.

Health Programmes

According to the group, all the stations have some form of health programme content, but this is not necessarily HIV-related nor in the form of any campaign. Participants brainstormed a variety of programme names: *Seboza Talk* on Ya Rona FM; *Moalebe* and *Kalolamato* on RB1; and the *Young & Vibrant* and the *Tebelopele Power Show* on RB2. Participants were careful to note that they were not themselves too certain of the current validity of these programmes.

No one in the group was able to pinpoint a particular health programme on Gabz FM.

The RB1 programme was described as a general hygiene programme. It is aired before 8 o'clock and provides useful information about family care (*Mosadi ke Thari ya Sechaba*).

Makgabaneng was another health specific programme attributed to RB1. It was brought up in the context of a programme that deals with prevention, care and support of HIV. It was also felt that RB1 has "a lot of messages."

Seboza Talk on YA Rona FM is an extended evening time slot from 7:30 pm onwards. This show talks at length about an array of interesting issues. The group highlighted dating, masturbation, the Month of Youth Against AIDS, condoms, sex and counselling as some of the issues covered by *Seboza Talk*. The show, it was said, "breaks it down for you" - it tells listeners about all of these issues and also which organisations are responsible for which elements.

Health Programme Content

Health programme content was felt to be generally lacking in detail and incomplete. One female participant said, "there's just too much talk about AIDS, I am actually sick of it," but agreed that in-depth content was lacking.

The group was able to raise several issues about lifestyle choices and health practices that are not addressed by programme content. At the most simple level, with condom use for example, omissions were cited in terms of how condoms should be stored, recommended temperatures, checking of the expiration date and ensuring that condoms are rolled on the right way.

An example in terms of lack of behavioural content was given with regard to being faithful. Many asked, what is being faithful? "I can be faithful for a month and would be deemed to have followed this advice," one participant said. Message and campaign information, participants said, do not take cognisance of the fact that "people sit people in."

DJs and the public should be more involved in HIV programming. It was felt that HIV is not dealt with a passion. "DJ's should test themselves live," as have some politicians and other prominent figures, one participant said. Participants encouraged the use of scare tactics and a real sense of seriousness. It was commented that YA Rona FM is too comical and that there is a jingle on the subject that is more of a joke. "We need the truth," and "We need hard hitting stuff," participants said. Presently, participants said, people are actually desensitised to messages on HIV.

The public are not involved in the formulation of messages. Evidence for this was shown recently where a 78-year old woman administering home based care became infected. People know about gloves but will not use them when handling family members. This is a message content and social factor that messages should address.

"People choose death" was a statement made to emphasise the need for communication scare tactics. Consensus in the group held that myths and misconceptions about HIV are generally on the decrease. This, however, does not take away from the "death choices" that people make, participants said. These are described as choices such as using the "withdrawal" method or paying higher prices to sex workers for sex without a condom. Messages are too socially acceptable hence the lack of impact or affect.

"Death choices," according to the group, are possibly also encouraged by the ARV

programme. This was a subject of much discussion. The argument is based on the current economic difficulties faced by Botswana. With high and rising unemployment, people are hungry and starving. The ARV programme offers a food basket; this, according to the group, includes nutritious fruit, vegetables, a 12.5kg bag of maize meal and brown bread. When faced with hunger or the prospects of this food basket, PLWHA see this as an option for survival.

External Influences

External influences come in many forms. Variation in literacy levels and employer commitment was cited as one such an influence. One example highlighted was the difference between the impact and prevalence of HIV at Debswana, the country's major diamond mining venture between DeBeers and the government, versus BCL mines, the copper mining operation at Selebi Phikwe. The participants believed that Debswana invests heavily in education, prevention and drug treatment programmes for its employees. They feel that literacy levels are generally higher among Debswana workers and an effort is made to ensure the production of communication material that is appropriate to the workers skills.

Television soap operas are cited as another source of external influence. This, they say, is why "Passions" was scrapped from the airwaves. Soap dramas never show condoms being used regardless of the many love scenes featured in them.

There are no church-specific campaigns or programmes on HIV. Messages, for example, focus on the uninfected, and keeping one's status negative. There are no messages to build the self worth of people who are already HIV-positive. Billboards do not show where ARVs can be obtained; the media in general marginalises HIV-positive individuals.

The PMTCT programme was also critiqued. Participants used the statement "save the innocent, let the thief die" in referring to this programme. It was felt that the programme focuses on saving the child with no focus on the mother. PMTCT must be linked to ART so as to keep both mother and child alive, participants said. These programmes, as well as their communication and promotion through the media, need to be bolstered.

Other Information Sources

In addition to television, which was already discussed in terms of soap operas, participants listed billboards, books, brochures, magazines and the internet as media channels through which they obtained information on HIV and AIDS.

On the whole it was agreed that radio definitely remains the best channel and source of information, even if there are pockets around the country where there is no radio signal. A stronger synergy is required between government, NGOs and those responsible for managing AIDS programmes. Participants felt that there is a power struggle between these groups, which has resulted in the public and communities losing the full benefit of public health interventions. The struggle is not over, as some said. "The candle is still burning."

Impact of radio messages

Trust

The significance or value of any product or service depends entirely on how it is received or valued by the intended target audience. This measure holds true for radio in much the same way as it does for all other "normal" goods and services. At the audience level, this survey reached a maximum of nine (9) groups for focused discussions across five (5) districts and a city council area, excluding stakeholders, key

informants, the originators of messages and media owners.

Individuals surveyed received information on HIV and AIDS from numerous sources including radio. Newspapers, television, books and magazines, pamphlets, workshops, health workers, teachers and people infected and affected were all cited as information sources. When individuals were asked to highlight which sources they thought they could trust most, radio fell to the bottom of the list. Television, print material and PLWHA were the most trusted sources on HIV and AIDS information. Among PLWHA, there was a bias towards other PLWHA as preferred information sources over other sources. Individuals supported their choice of television with the argument “seeing is believing.” Radio lost its credibility on the basis of DJs not being serious or well-researched, and the argument that nothing new has come out of radio in the last two or three years - it’s all repetitive, participants said. When asked if respondents would like to hear more HIV-related content on the radio, the responses leaned towards the negative – people said that unless the content is new or an answer to the whole HIV/AIDS problem, it is pointless to simply air more of the “same old stuff.”

Radio was credited by several groups with raising general awareness about HIV, how it is spread, what one should do to stop the spread, the introduction of PMTCT and an understanding that even if you are not infected you are certainly affected. At the same time, radio also received rebukes because of the stigma and discrimination that some feel radio has created, through the government. This dates back to the “AIDS Kills” campaigns of the late 1980s and ongoing discrimination in some quarters due to ignorance or lack of knowledge displayed by some presenters.

A distinct weakness raised by discussants from the Central District focused on the inconsistency of a particular PMTCT message transmitted through the radio. According to the participants, this message initially said medication must be taken for six months. “At a later stage an apology was made and we were told to take it for nine months,” a discussant said. “If one did not hear the latter message you would have made a mistake and suffered the consequences.” From the discussion it appears that this was change was the fault of a health or government institution, but that radio was blamed for delivering the message.

Programme Recall

Regardless of the widespread availability of the RB2 signal and the presence of civil society health-related programmes – which in some instances have run for up to 30 minutes - no group was able to strike up a conversation about any of these health- or HIV-specific programmes.

Masa-A-Sele and *Makgabaneng* were the only two programmes that individuals were able to recall and receive confirmation on from other group members. That is, in any given group discussion a participant or two would mention a programme name and look to others for support in explaining what the programme was about, its station and its timing. For example, on some occasions group members attempted to name a PSI programme, saying “something Vibrant” but could not elaborate in any way. As a result, discussion of this programme would fall by the wayside and either *Masa-A-Sele* or *Makgabaneng* would be talked about instead.

As a result, no civil society NGO programme could be recalled and discussed at length by any of the groups surveyed in this study. *Masa-A-Sele*, for its part, is not entirely a health programme while *Makgabaneng* is a drama, and also not particularly health-specific. Efforts to discuss *Makgabaneng* in-depth drew some results, limited as they may be:

Programme Specific Discussion (Makgabaneng)

Participants felt that *Makgabaneng* teaches the youth about HIV, rape, PMTCT and peer pressure while it teaches older people about delinquency. "It talks about life in general and helps teenagers deal with peer pressure," a participant said.

There are particular characters that group discussants name and talk about. *Lame*, for example, is a teenage girl who is said to have good behaviour that serves as a role model to other teenagers.

Most characters are entertaining, like the old man *Raboramane* who refused to take an HIV test even though his wife is HIV-positive. *Raboramane* believes that HIV is for young people. He is clearly seen as a joke and a fool to some extent, showing that the programme has relayed the correct message to the audience through highlighting a negative behaviour.

Moses is another character that the group recalls. He finds the courage to go for an HIV test. He tests positive and decides to use his energy to encourage others in his village to go for HIV testing too. *Moses* is hailed as being a stimulus for getting people to see HIV from a different perspective and breaking down stigma as a result. A support group is formed in the drama, an activity that was emulated in real life in the village under study.

The story of *Mary*, another character in *Makgabaneng*, is recalled as very sad. *Mary* learned to stop being ignorant too late. She refused to go for a test even though she was pregnant. As a result her newborn was infected, "teaching us the PMTCT message." Unfortunately both *Mary* and her baby die.

Makgabaneng has been on air, according to the group, for about five years. There is evidence in the village of youth going for HIV testing and pregnant women enrolling in the PMTCT programme. The group feels that *Makgabaneng* should be developed into a TV drama, supporting the sentiments from a separate location under study that "seeing is believing."

The programme length is another issue of concern, it is felt to be too short. The frequency, it is also argued, could be made daily. *Makgabaneng*, like all the other programmes broadcast on health and HIV, was said to be very polite; the issues discussed and the language used were deemed to be culturally acceptable.

Conclusion



Radio producers and community women in a participatory content development session

Summary of findings

This study set out to investigate the impact, appeal and influence of HIV and AIDS messages transmitted via radio on various target audiences and to gain a deeper understanding of whether radio is contributing to audience knowledge and discussion of issues around the AIDS pandemic.

A particular focus is placed on which radio messages are socially and culturally accepted and whether these messages conform to a structured and planned communication strategy.

In addition to the knowledge factors investigated, the study also explored whether radio messages actually contribute to behaviour change among message recipients and strived to advise media organisations and HIV/AIDS organisations on how best to carry out campaigns.

The study found that radio messages on HIV and AIDS were generally felt to be flat, repetitive and so culturally acceptable that they run the risk of misinforming people on sensitive issues. Respondents were tired with the boring repetitive messages. At the same time, however, they felt that in terms of language and cultural correctness, there is just no other way to handle sensitive issues. "In Setswana it is just not possible to call a spade a spade," one discussant noted.

Regardless of the Tebelopele, PSI, YOHO, BNYC and FHD radio programme presence that, in most cases, had existed for more than a year, and in some cases up to five years, the overall picture shows that these programmes are unknown to both the general populace and PLWHA in the districts surveyed.

The use of audiences in message development by civil society is limited to YOHO's "Triple E" feedback formula and PSI's long-term general surveys that are not necessarily message-specific and that do not provide timely responses or call-in information from

listeners while live on the air.

In addition to experts and specialists on discussion programmes, and professional production houses as highlighted by BONELA, Ya Rona FM was singled out by Tebelopele and BNYC as the station that provides the most additional input into the message development process. Particular reference was made to assistance with getting messages youth focused and “jazzed up.”

Formal qualitative research has helped Ya Rona FM to maintain its audience appeal.

During the three month surveillance period, Gabz Fm aired no paid AIDS-related spot announcements or promotional discussions. Marketing staff could confirm this both from institutional memory and through the on-air data base.

Radio Botswana (RB1) and RB2 respectively hold an unwavering loyal listener following which the private sector has done little to upset. This is true even in and around Gaborone central, both among the affluent and the young.

The study revealed that the answer to the question of whether the needs of PLWHA are remotely taken into consideration by the originators of HIV&AIDS messages is a resounding “no.” Furthermore presenters, are said to be ill-equipped to deal with issues relating to this topic. These points, though raised by PLWHA, were upheld by both the general public and one of the civil society groups. PLWHA were said to be “the right people, with the right information, at the right time to deliver appropriate HIV messages.”

Messages are felt to be directed to those who know their HIV status, be it positive or negative; that is, if a person is negative the messages tell them to stay negative and if positive they warn the person against re-infection. This gives little information to those who do not know where they stand.

CEYOHO as a stakeholder in this survey with no regular presence on radio is convincing in its opinion to have all the necessary information required by PLWHA relating to nutrition, positive living, PMTCT and ART; all this including the PLWHA perspective that earlier findings point so heavily toward.

Listener-ship and rating information is limited to what has been collected by the Department of Broadcasting Services.

Group participants advocated strongly for the use of scare tactics in messages, with comments like, “We need the truth; we need hard hitting stuff. At the moment people are desensitised to the AIDS messages.”

The general public feels that myths are on the decline while PLWHA feel that DJs are risky custodians of the airwaves who have the potential to perpetuate misconceptions.

Aside from the one central urban group, radio, as a trusted source of information on HIV and AIDS, was at the bottom of the list for just about all of the groups. Television, print material and PLWHA are the sources people say they can trust. PLWHA are seen as a good source because they have first hand knowledge. Television is seen as a good source because of the general feeling that “seeing is believing.” The print media appears to have good standing with the public in general.

Recommendations

Radio Stations

All radio stations need to have weekly, or at least fortnightly, updated rating information about their coverage and audience appeal. Notwithstanding the efforts and strides made by the government-owned media in carrying out listener-ship surveys, both government and private radio need to improve the timeliness and reporting of both qualitative and quantitative information pertaining to their service delivery. Credible mechanisms should therefore be set in place from which professional rating information can be captured. This will improve the stations ability to market themselves not only to civil society organisations but also directly to multinational donor agencies that fund development and HIV initiatives.

Private commercial radio stations should carve out a more active and aggressive role with a view to advocating for media policy change. Mere affiliation to an institution such as MISA is not enough, a close collaborative working relationship and networking with the institution and other media houses is needed. At present it appears that private radio stations have the most to gain from the passing of a broadcasting policy. Their interest in achieving this should be reflected through partnerships with community based groups, other media entities, non-governmental networks and influential members of the "ruling class."

Civil Society

Originators of health messages should utilise media-wide publicity and marketing drives to promote their programmes. There are several health programmes, particularly on the private stations, that are just not being heard. Television and print news media have taken the lead as trusted information sources. Civil society must therefore develop holistic communication strategies that use television and news print to popularise their health programmes.

Both targeting and message focus needs to be improved. There is very poor isolation of topics focusing on prevention, treatment, care and support as specific areas of information dissemination. Organisations should use their areas of "territorial" strength to develop focused messages and programmes. With the correct rating and listener-ship information at hand, radio stations can play a key role in improving the targeting of these messages. That is to say, they can provide guidance as to what the ideal time would be for particular messages to be placed on air.

Government

Government, both through its broadcasting services and ministerial health structures, needs to step up health-specific programming in terms of content, frequency and duration. One programme or time slot that can be capitalised upon for more health-specific information is *Masa-A-Sile*.

The Department of HIV/AIDS Prevention and Care in the Ministry of Health has a leading role to play in the provision of radio specific content. The general populace surveyed herein display a yearning for detailed information on government's ARV programme, the PMTCT programme, and Home Based Care information - more so than on preventative methods.

People Living with HIV&AIDS

The role of PLWHA was exemplified in this study. Both radio and civil society groups that serve as originators of HIV and AIDS messages must take serious cognisance of this. PLWHA should not be sidelined to the positions of being mere resource people. Rather, they should be on the centre stage with regard to message delivery. Donors and Civil Society should therefore integrate PLWHA into their long-term training plans to empower and position PLWHA as media savvy spokespeople.

In tandem with the above, CEYOHO is an organisation sitting on a pool of information - particularly from the PLWHA perspective - and has personnel that support the PLWHA profile. This constitutes a clear opportunity for a radio station-CEHOYO partnership to approach a donor or sponsor to support a PLWHA-driven radio programme.

Private Sector & Donors

Donors should not be thought of exclusively in terms of global funding agencies. There is a lucrative role for the local private sector to play in supporting radio programming. Civil Society should take a leading role in developing this opportunity.

Donors need to develop a deeper understanding of the complex nature of behaviour change communication. This survey picked up on a decline in donor interest in the use of mass media and a demand for quantifiable results based on unit of cost spent. Funding agencies therefore need to be consistently reminded of the complex nature of behaviour change in general and how this is further complicated by the secretive nature of human sexual behaviour.

Producing a good HIV and AIDS Radio programme

The production of a good radio programme requires the originators of the messages, who are the producers, and the radio stations, who are the custodians of the airwaves, to play key roles. This survey shows the importance of having these two groups see each other as partners in a symbiotic relationship if they are both to benefit from good quality radio programming, and if they expect to appeal to the target audience. Notwithstanding the distinct roles of both these groups, there will be a significant amount of overlap in the skilful execution of these messages.

Radio stations

In order for radio stations to survive they need to have and display a sound listener-ship base. The strength of RB2 and its so called monopoly power clearly illustrates this point. Stations therefore have to invest more consistently in data collection and rating exercises in order to appropriately inform civil society producers of listener-ship trends. This is a fundamental activity in establishing the right stage for audience appeal.

Radio stations survive on income earned from advertisers and producers. It is therefore unrealistic to expect stations to turn a blind eye to aggressive costing and pricing structures. It is, however, equally possible for radio, like any other business, to be open and exposed to its role and potential benefit in developing and growing new business areas. Civil Society and the health message delivery phenomenon should be seen as a new, emerging market as opposed to the private sector, which has established brands that are sold at a profit, providing a steady stream of cash to reinvest into advertising. Radio stations should hence provide concessions to NGOs and Community Based Organisations.

Station managers and marketing staff can help put producers in touch with commercial brands to support HIV and AIDS programmes on air. Cell phone companies for example, with corporate social responsibility initiatives, can sponsor the training of PLWHA in radio presentation and take credit for this during on-air time. Similarly, stations can help target international donor agencies in partnership with NGOs to develop programme content. This could be done, for example, through a donor agency paying for listener-ship audience surveillance.

Radio stations and producers need to significantly increase investment into programme-specific research. This can then be used as a basis for the development of well-defined communication strategies that inform message content, programme presentation or delivery style as well as marketing plans.

Target audiences want credible and trustworthy productions. The HIV/AIDS pandemic has reached a stage where the target audience in Botswana is already well informed and cannot and will not be fooled by unsophisticated or untruthful statements or presenters. The research hence needs to inform topic selection and provide on air personalities with scripts or clearly written content specific guidelines for each radio show put to air. The same holds true for the production of adverts or pre-recorded commercials, as was demonstrated by the BONELA discrimination campaign development process.

Producers

The most forthright role of producers is perhaps in the selection of which station holds the right platform for launching each of their messages. This survey illustrates, in terms of plain numbers, the "monopoly power" held by RB2. This does not mean, however,

that there are no niches, like that carved out by YA Rona FM for the urban youth.

Producers therefore need to have a clear picture of exactly who they are “talking” to each time they go on air. This survey highlights, in both the Kweneng and South East District, the importance of a peer approach to radio presentation. The youth in Kweneng argued that people like them should be the ones presenting programmes while the PLWHA support group in South East emphasized the role of PLWHA in broadcasting.

Given the number of programmes that are on the air yet not known to the public, the communication strategy of any radio programme must include an awareness-raising component. This could include trainers or teasers that highlight what will be discussed, when it will be aired, and who will serve as an authority figure on the subject. These can be produced through the same type of campaign development process as any other fully fledged radio campaign. It will hence have newsprint coverage as highlighted in the recommendation section of this report.

The *Masa-A-Sele* example and public comment shows that a good radio needs “presence and duration.” The implication of this is that programmes must be placed on radio with a long term view; producers must enter into contracts, with radio stations, for example, that extend to periods of not less than one year. NGOs readily sign office rental leases of not less than two years - why should they fail to do the same for some key communication deliverables?

Duration refers to the length of any given time slot purchased. Audiences do not want five or ten minute programmes. Listeners want programme lengths of up to one hour so as to ensure that issues are thoroughly covered and nothing is left hanging. “When the radio show ends, I want to know what the real action is that I can take. Where do I go or who do I call?” was one of the sentiments raised.

Producers have to be careful and skilful regarding how they respond to this comment. Audiences are likely to get bored if programmes continue for too long at a time. Together with input from the radio station, programmes can be designed with plausible breaks and intervals as well as panel cross-questioning and audience call-in participation, in order to reduce the likelihood of listeners becoming bored.

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Annexes

List of key informants and people interviewed

Organisation	Informant	Position
ACHAP	Lame Ramokate	Communication & PRO
BNYC	Thatayaone Gabositwe	ASRH Manager
BONELA	Cynthia Lee	Media & Advocacy Officer
Broadcasting Services	Hannah Ramorogo	Sales and Marketing Manager
CEYOHO	Kesego Basha	Director
Department of Broadcasting Services (RB2)	Lesole Obonye	Programmes Manager
Department of Broadcasting Services (RB2)	Kenosi Radiporo	Marketing Officer
Family Health Division	Basego Ramokhutswane	Principle Technical Officer
Gabz FM	Thebe Mogapi	News Editor
Information and Broadcasting	Margaret Modise	Deputy Head of Programmes
Lifeline Botswana	Vicky Mosau	Acting Director
MASA	Mrs. Mpele	IEC Coordinator
MISA Botswana	Modise Maphanyane	National Director
Population Services International (PSI)	Lillian Pule Chilu Simukoko	BCC Coordinator CSM Coordinator
Tebelopele Voluntary and Counselling Centre	Thandi Tumelo	Marketing Manager
UNICEF	Kutloano Leshomo	Communications Officer
Ya Rona FM	Dumi Lopang	Station Manager
Ya Rona FM	Teigo O.	Marketing Officer
YOHO	Tryphinah Majuta	PRO & Operations Manager

Lists of Identified Radio Programmes

Makgabaneng
Masa-A-Sile

