

THE ROLE OF RADIO PROGRAMMES IN MITIGATING HIV AND AIDS AMONG FEMALE SEX WORKERS IN BLANTYRE

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Abstract: In Malawi, the prevalence of HIV among Female Sex Workers (FSWs) is high, with 49.9% of them infected. Various interventions, such as using radio to disseminate behavioral change messages to the group, have been implemented. However, there is limited data on the role of radio programmes in HIV and AIDS prevention among FSWs. The purpose of this study was to investigate the role of radio programs in the prevention of HIV and AIDS among FSWs. The study employed mixed methods, with quantitative and qualitative data collected concurrently through questionnaires and focus group discussions. Convenient and Snowballing techniques were employed to acquire numeric data, while purposeful sampling was used to obtain qualitative data. The study's ethical standards were followed. Quantitative and qualitative data were analyzed using excel, SPSS version 20 and theme analysis, respectively. The majority of the participants 47/76 (61.8%) get HIV information from the hospital when they go for medication assistance. Four participants (5.3%) listen to the radio. The study findings show that the majority of the FSWs do not listen to behavioural change radio programmes that are aired on various radio stations in Malawi as only 5 percent listen to the radio. The majority listen when they bump into the programmes. Radio might be regarded as a powerful tool in disseminating messages but not all health communication programmes are effective as also established by (Scalway, 2010). The majority of the participants (57.9 percent) stated that the role of behaviour change communication is to convey messages of HIV prevention and to avoid transmitting/contracting the virus. On factors that contribute towards behaviour change of FSWs, the study found that most FSWs earn a living through commercial sex work. This is in agreement with findings by Brents and Sanders (2010) who reported that financial drivers often push people into sex work. By implication, there is a need for initiatives that can empower FSWs economically.

Keywords: radio programmes, FSWs, key population, behaviour change communication.

Introduction

HIV remains a public health problem in Malawi with a prevalence of 10.6 percent among adults' ages 15 to 64 years which is one of the highest in the world. (MPHIA, 2016). The prevalence is much higher among Female Sex Workers (FSWs) in Malawi as it is estimated at 62 percent (Project SOAR, 2019). In addition, the number of FSWs is also on the increase; UNAIDS (2018) puts the figure at 31, 200 while the Malawi Place Study (2018) estimates show that Malawi has 36, 700 FSWs. In Blantyre where this study was conducted, the prevalence estimate of HIV and AIDS among the general population is 17.7% (MPHIA, 2016) while that of FSWs is at 49.9 (MPHIA, 2020). If FSWs are

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targeted in the fight against the pandemic, Malawi can reduce the rate of HIV transmission, which could help to deal with the disease at the national level.

One of the interventions is the use of radio by government and non-governmental organizations to disseminate behavioral change messages targeting the public including FSWs. Radio is regarded as one of the commonest communication channel as statistics show that 96 percent of people in Malawi listen to radio. (National Statistical Office, 2014). This is so because radio is, among other reasons, affordable and overcomes the communication barrier of illiteracy when compared to other channels such as print media. Radio plays a significant role in informing, educating and enlightening the everyday public life. (Ullah & Khan., 2017).

However, regardless of these benefits, the use of radio programs to disseminate HIV and AIDS-related messages to FSWs, particularly in Malawi, raises some fundamental communication questions, given the high prevalence of HIV among them. Despite the high prevalence estimate, the Malawi government and Non-Governmental Organizations have been using radio to spread HIV and AIDS messages to FSWs. As a result, this study was conducted to determine whether radio programs play a role in the prevention of HIV and AIDS among female sex workers guided by the theory of planned behaviour.

Materials and Methods

Qualitative and quantitative data were collected and analysed separately and triangulated. Qualitative data were collected using topic guides for Focus Group Discussions (n=20) while quantitative data were collected using a structured questionnaire (n=76). Description and inferential statistics were used to analyse the following: communication channels, radio ownership, type of radio station participants listen to, programmes they listen to, what that programme is, the importance of HIV and AIDS programmes to FSWs, messages that help to change behaviour, behavioural beliefs, normative beliefs and control beliefs. Qualitative data obtained in this research through focus group discussions was analysed using thematic content analysis.

Sampling

A total of 76 participants were involved and the sample size was calculated using Slovincs formula due to its level of accuracy.

The first five (5) FSWs were identified through convenient sampling from the FSWs Association of Malawi. Others were identified through a snowballing technique where participants were requested to identify their counterparts. This type of sampling was suitable for this research because it is not easy

to identify FSWs (Goodman, 1961). To obtain qualitative data, a combination of judgmental sampling and snowball sampling was adopted to identify participants for focus group discussions.

Data analysis

Descriptive and inferential statistics have been used to analyse quantitative data while qualitative data obtained in this research through focus group discussions was analysed using thematic content analysis.

Results

Qualitative data was collected after the survey in order to give the participants an opportunity to explain their experiences.

Demographic data

The mean age of the 76 participants involved in the study was 22.5 years. Five participants out of the 76 representing 6.6 percent reported that they did not know their age. 80.3% (61) of the FSWs are Christians while 17.1% were Muslims. 44.7 % (34) participants had completed primary education whilst 40.8 % (31) completed secondary education. The majority of participants (72.4%) were single while (17.7 % were divorced. 6.6 % married while 3.9% are widowed. The majority of FSWs (81.6%) earn a living through commercial sex work, 7.9 % employed while 10.5 % were doing business.

Table 1: The demographic information of the respondents

+		
N=76		
Category	Frequency	Percent
Age		
15-19	21	27.6
20-24	20	26.3
Above 25	30	39.5
Unknown	5	6.6

Communication channels

Participants in the FGDs indicated that their major source of information is the hospital. They get HIV and AIDS messages when they go to the hospital to seek medical services. Maliya (not her real name) who participated in this study had this to say, “When you visit any hospital to seek medical services, before they assist you, they teach you about HIV and AIDS and how you can prevent it. If you have never gone for HIV testing, they advise you to do so”.

Table 2 shows study findings on participants radio ownership, communication channels and types of radio stations FSWs listen to. Out of the 76 participants in this study, 49 participants (64.5 %) owned radio while 27 participants did not. Hospital was found to be the source of HIV and Aids information for 47 participants (61.8 %). Twenty-one participants reportedly got HIV and Aids messages from their friends, 4 on the phone and the remaining four on the radio.

Table 2: Gives the results of the quantitative data on communication channels

N=76		
Category	Frequency	Percent
Radio Ownership		
Yes	49	64.5
No	27	35.5
Communication Channels		
Hospital	47	61.8
Friends	21	27.6
Phone	4	5.3
Radio	4	5.3
Type of radio station listened to		
State owned	54	71.1
Private	17	22.4
Religious	4	5.3

The role of behaviour change communication messages among FSWs

Findings through FGDs showed that FSWs accessed BCC messages through HIV and AIDS programmes when they bump into the programmes. Some participants indicated that they like listening to Youth Alert Programme because the presenters talk about the importance of correct and consistent use of condoms. Faith (not her real name) had this to say, “The producers feature people that contracted HIV, the virus that causes AIDS”.

The findings of the survey further stress what was also found through FGDs. Figure 2 below shows that the majority of the participants (57.9 percent) stated that the role of BCC is to convey messages of HIV prevention and to avoid transmitting the virus to their clients. The weighted mean was 3.2 implying that overall the responses were slightly towards agreeing that the role of behaviour change communication is conveying messages of HIV and AIDS prevention and avoiding transmitting the virus. The standard deviation of 3.38 indicating that the responses were clustered around the mean.

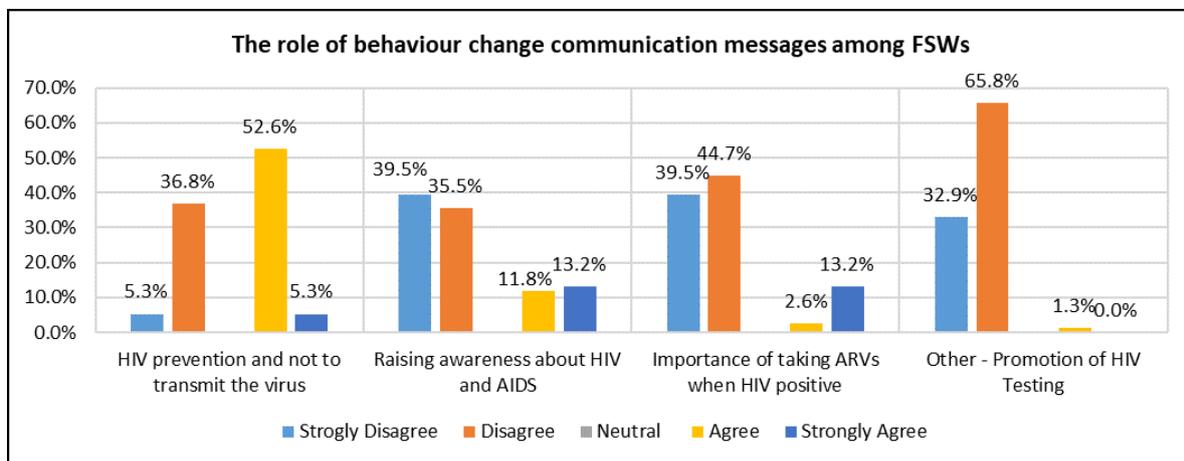


Figure 1: The role of BCC messages among FSWs

Figure 1 displays results on the role of BCC messages among FSWs with regards to HIV and Aids behaviour change. The majority of the participants (57.9 percent) stated that the role of behaviour change communication is to convey messages of HIV prevention and to avoid transmitting the virus to their clients.

Factors that contribute to behaviour change among FSWs

Findings through focus group discussions showed that FSWs can stop commercial sex if they get support from family members, employment and behaviour change messages. Mary not her real name stated “I engage in commercial sex work due to poverty, I can stop if I get employment). This assertion was supported by some findings of the survey”.

Figure 3 below shows that overall 34% of the participant (n = 76) agreed that they can stop commercial sex work if they got employment whereas in total 66% disagreed (11% strongly disagreed and 55% disagreed). The results also shows that overall 32% of the participant (n = 76) agreed that they can stop commercial sex work if they got family support whereas in total 68% disagreed (39% strongly disagreed and 29% disagreed). The weighted mean was 2.4 (about 2) implying that collectively the participants disagreed that if they got family support they would stop sex work.

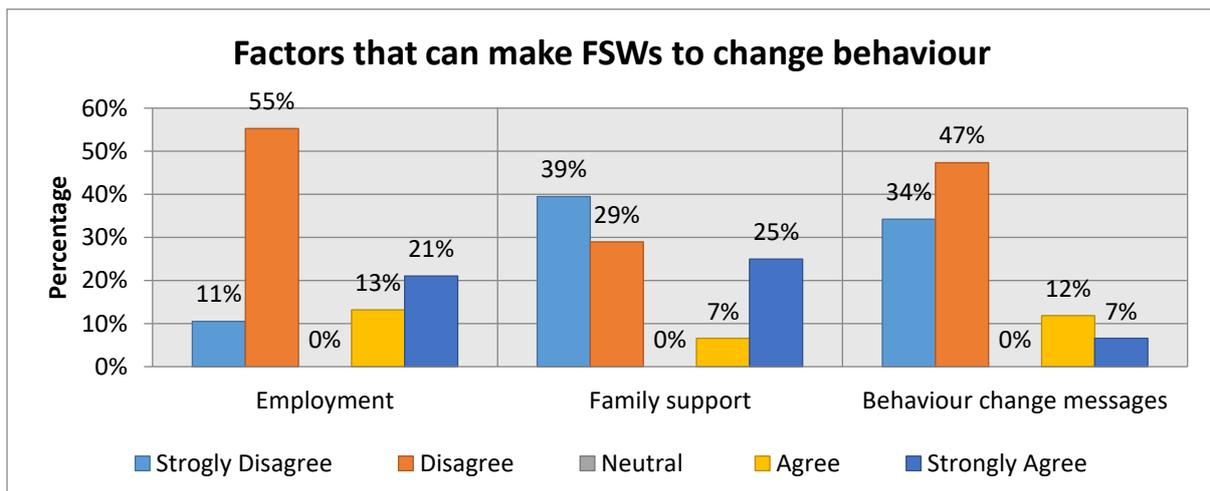


Figure 2: Factors that can make FSWs change behaviour

Figure 2 shows that overall 34% of the participant (n = 76) agreed that they can stop commercial sex work if they got employment whereas in total 66% disagreed (11% strongly disagreed and 55% disagreed). Figure 5 also shows that overall 32% of the participant (n = 76) agreed that they can stop commercial sex work if they got family support whereas in total 68% disagreed (39% strongly disagreed and 29% disagreed).

Table 3: Chi-square contingency for factors influencing behavioural change in FSWs

	Disagree	Agree	Total
Lack of alternative employment	66	34	100
Inadequate family support	68	32	100
Insufficient behaviour change messages	82	18	100
Total	216	84	300

The table below is the Chi-square calculations used for calculating the test statistic for results on factors influencing behavioural change among FSWs in Blantyre.

As illustrated in the calculations of the test value in the Table above, $X^2 = 7.72059 > 5.99146$, the critical value determining the rejection region. Therefore, the null hypothesis was rejected since there was insufficient evidence to accept it based on findings from data analysis.

Table 4: Chi-square for factors influencing behavioural change among FSWs

f_0	f_e	$f_0 - f_e$	$(f_0 - f_e)^2$	$\frac{(f_0 - f_e)^2}{f_e}$
66	72	-6	37.70	0.52418
68	72	-4	12.31	0.17116
82	72	10	93.11	1.29439
34	28	6	37.70	1.34320
32	28	4	12.31	0.43860
18	28	-10	93.11	3.31689
300	300	0	286.24	7.08841

Discussion

The main objective of this study was to investigate the role of radio programmes in HIV and AIDS prevention among FSWs of Kachere Township in the city of Blantyre. The three specific objectives of the study were (1) to establish how FSWs get HIV and Aids information; (2) to identify the perceived roles of BCC messages in helping FSWs change behaviour: and (3) to find out the factors that FSWs perceive to contribute towards a change of behaviour.

The study findings show that the majority of the FSWs do not listen to behavioural change radio programmes that are aired on various radio stations in Malawi as only 5 percent listen to the radio. The majority listen when they bump into the programmes. Thus overall, the study found that the source of information for most of the FSWs is the hospital. These findings are consistent with Wen et al (2015) These findings are consistent with Wen et al (2015) who also found that women acquire HIV and Aids information through attendance at health centres for obstetric and maternity care. Thus this study validates the finding of Wen and others

Radio might be regarded as a powerful tool in disseminating messages but not all health communication programmes are effective as also established by (Scalway, 2010). For example, Malawi is one of the poorest countries in the world (World Bank, 2019). Due to poverty, radio could be regarded as the cheapest means of mass communication. This is affirmed by Myer (2010) who reported that radio sets are portable and affordable and they overcome the problem of illiteracy and electrification. The study established that the majority of FSWs own a radio. NSO (2014) states that 96 per cent of Malawians listen to the radio. Probably people can own a radio but not all have time to listen to programmes that aim at changing behaviour. Siphepho J. et al. (2016) reported that 65.9 percent of the participants in a research that was done in Swaziland, owned a radio, and further indicated that mass media programmes are crucial. Siphepho (Ibid), however, stated that the programmes are only effective when the targeted audience can listen. For radio messages to be effective, they need to reflect the real situation of the target audience (Godwyll and Ngumbi, 2009). In this study, some respondents reported that they made a decision of going for HIV testing after listening by chance to an HIV and Aids radio programme.

Behavioural Change messages play a pivotal role in FSWs according to the findings of this study. Focus group discussions showed that FSWs accessed BCC messages through HIV and AIDS programmes when they bump into the programmes. Some participants indicated that they like listening to Youth Alert Programme because the presenters talk about the importance of correct and consistent use of condoms. The findings of the focus group discussions further stress what was also found through the survey. The respondents of the survey were asked to state the role of behaviour-change communication messages that carry HIV/AIDS messages.

The majority of the participants (57.9 percent) stated that the role of behaviour change communication is to convey messages of HIV prevention and to avoid transmitting/contracting the virus to/from their clients. The weighted mean was 3.2 implying that overall, the responses were slightly towards agreeing that the role of behaviour change communication is conveying messages of HIV and Aids prevention and avoiding transmitting the virus. The standard deviation of 3.38 indicating that the responses were clustered around the mean, in agreement with findings from

Marum et al. (2008) who established that one of the roles of behaviour change communication is to convey messages of HIV prevention, and how to avoid transmitting the virus to others just as well as behavioural change.

On factors that contribute towards behaviour change of FSWs, the study found that most FSWs earn a living through commercial sex work. This is in agreement with findings by Brents and Sanders (2010) who reported that financial drivers often push people into sex work. By implication, there is a need for initiatives that can empower FSWs economically. Though other FSWs indicated that they can change behaviour if they are targeted with behaviour change messages, the majority ventured into commercial sex work to earn a living. There is a need to find sustainable means of empowering the FSWs economically. (Global Network of Sex Work Report, 2013, p.5)

The network reported that the Family Planning Association of Malawi embarked on the Economic Empowerment Project for sex workers, whose aim was to rehabilitate sex workers through training them in tailoring, salon management, mushroom production, and restaurant management, to give them an alternative to sex work, but the businesses collapsed after three months. Some of the reasons that led to the failure of the project, according to the report include the failure to consult the sex workers to establish the type of training they were interested in. Therefore, for organisations that are interested in the economic empowerment of FSWs, it is important to consult them and know the type of business they can ably do and also tackle the issue of sustainability. The study also established that factors that can make FSWs change behaviour are: employment or capital for business. Others mentioned behaviour change messages and family support. Chi-square calculations imply that the factors such as lack of alternative employment, obtaining family support and getting sufficient behavioural change messages significantly influence the change in behaviour of FSWs in the city of Blantyre at a 5% level of significance.

This study found that most of the FSWs have an intention to change behaviour like either quitting sex work or use condoms consistently and correctly to avoid contracting HIV or transmitting/contracting it if they hear HIV and Aids messages. Scalway (2010) reports that communication programmes have a positive and measurable effect on the knowledge, attitudes and beliefs that are contributory to HIV prevention. The study findings also show that there is a favourable attitude towards behaviour change. The majority of the study participants indicated that they can quit commercial sex work if they find an alternative means of earning a living.

Conclusion

Study findings show that radio is not the right channel to reach out to FSWs with BCC messages as most FSWs get HIV/AIDS information from the hospital. However, the messages are very important

for behavioural change in the face of HIV and AIDS if the right channel is identified. In addition, family support, economic empowerment and behavioural change messages play a role in behaviour change of FSWs.

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