

Framing of HIV and AIDS messages of *Zokonda Amayi* phone-in radio programme in rural Malawi

Nthanda Jacqueline Kakhobwe¹, Tommy Kiilu (PhD)², Barnabas Githiora (PhD)³

^{1,2,3}Kenyatta University, Nairobi, Kenya

ABSTRACT

This study examines how female listeners of a phone-in radio programme called Zokonda Amayi respond to the content of the phone-in radio programme's HIV and AIDS awareness messages. The interrogation centered on female listeners residing in the grassroots locations of Lilongwe District in Malawi, central Africa. Zokonda Amayi phone-in radio programme is a weekly show which airs on Malawi Broadcasting Corporation (MBC), the national broadcasting station. Many women in Malawi are disproportionately affected by AIDS. A mixed approach model was used to shed light on the applicability of phone-in radio programmes in hosting HIV and AIDS broad-mindedness in rural Malawian ladies. Data was gathered in a standardized manner making use of questionnaires, interviews and focus group discussions on the research subjects. Results highlight the high appreciation that the targeted listeners have for the high quality and sufficient content of the phone-in radio programme, a demonstration of how much they have benefitted and are continuing to profit from framing of HIV and AIDS awareness messages on the phone-in radio programme. It is recommended that the producers of Zokonda Amayi phone-in radio programme should maintain the high standard of quality presentation on relevant and useful content which is positively impacting the women's lives.

Key Words: *Female Listeners, HIV and AIDS, Lilongwe, Phone-in Radio Programme*

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1.0 Background of the Study

Thirty years after HIV first appeared, the scourge continues to devastate the entire world. Africa and Malawi in particular have not been spared from this epidemic. In order to reinforce the expanding insistence on various interventions, there is need for re formulating the focus on HIV awareness and prevention messages to stimulate engagement in risk reduction activities. Research done in Southern parts of Africa found that media technologies combined with interpersonal involvement was connected with reducing the threat of HIV infection, multiple partners and usage of rubber sheaths (LoveLife Monitoring, 2004). Uganda which was a rapid success story in bringing down the epidemic from 35 % in the early nineties to as low as 6.4 % by 2004 recently registered a surge in HIV cases in 15 to 49 years age groups of around 7.2% (UNAIDS, 2014). This is one of the developments that has resuscitated the need for undivided attention in HIV awareness as well as nipping in the bud campaigns (Mathur, Romo, Rasmussen, Nakyanjo, Nalugoda and Santelli, 2016). Another survey carried out in Ethiopia explored the variables

affixed with ladies' exposure to media and established that youthful ladies, insufficient remuneration plus the fact that they were the lady of the manor were some of the detrimental characteristics for inadequate exposure of women to media (Gashu, Yismaw and Gassesse, 2016). Women who listen to radio programmes are more likely to voluntarily seek testing for the virus in order to learn about their health status than men in relationships, whether dating or married, but on the contrary, exposure to printed news is mostly attached to males being compelled to go for HIV examination affirms (Saro, Sedziafa, Amoyaw, Boateng, Kuuire, Boamah and Kwon, 2015). This study illustrated that it is of the essence for health advisors and radio producers to give out HIV affiliated content by way of print and electronic platforms in order to escalate the enlightenment of testing for HIV by both men and women in sexual relationships. Another investigation conducted in Africa pointed out that mass media campaigns relating to HIV can be of aid to lowering new HIV infections, cutting down on the number of individuals a person has intimate relations with as well as boosting the use of protection such as condoms in young people. Youthfulness in ladies, bottommost remuneration as well as mistress headed homes were some of the undesirable elements hindering favourable outcomes in mass media campaigns. The most likely effects for future research in use of radio is that additional attempts would be required with a view to enlightening discounted groupings in countless segments of Africa such as rural women about HIV and AIDS. The significance of this study to radio stations, programme planners and other stakeholders is that it will be best if they press on formulating radio programmes which feature information related to HIV and AIDS for heterogenous groupings of radio audiences. Many radio networks in different sections of Africa are persevering in the face of diverse stumbling blocks such as encroachment from the powers that be, bottommost or unavailable resources, adverse partnership arrangements in addition to impoverished infrastructure, reports (Ihechu, 2019). Such impediments render the broadcasting stations incompetent in getting through to pre-decided audiences, most of whom are living in rural settings. Lack of electricity exacerbates the situation. Ghana and Ivory Coast are reported to be some instances of low earning countries that are grappling with such obstacles (Ihechu, 2019). Communication techniques such as campaigns, drama, advertisements and road side billboards, posters and/ or banners have immensely contributed to the rapid spreading of information about the pandemic in many African states, reports (Odiwe, 2019). Be that as it may, fresh cases of HIV infections proceed to be posted in soaring statistics in countries such as Malawi, Namibia, Rwanda and Uganda. A great deal of uphill struggles interfere with successful broadcasting for instance, ritualistic medicine men and women who swear to be gifted to restore to robust health anyone agonizing with HIV and AIDS.

Findings of a study executed by (Choja and Okorie, 2019) divulged that scores of radio stations in the sub-Saharan section are encountering numerous sorts of obstacles including impoverished infrastructure and insufficient finances. The likely ramifications on subsequent studies in use of radio is that answers are required for the problems numerous radio stations are undergoing to strengthen broadcasting services considering that radio accomplishes an out of the ordinary assignment of illuminating multitudes about HIV and AIDS. The gap in knowledge is that most of the research done in the region shows that phone-in radio programmes have not been utilized for studies in inspecting reception of HIV and AIDS messages among women. Using the health belief model in combination with the Entertainment Education theory, this paper examines how female listeners residing in the rural areas of Lilongwe in Malawi respond to the content of a phone-in radio programme called Zokonda Amayi. The messages of interest are those related to HIV and AIDS prevention. The Health Belief Model (HBM) asseverates that people's presumptions effect their health-related behaviours. Human beings will be inclined to take action when exposed with

a personal threat, nevertheless only with the condition that the profit of grabbing the action will exceed the obstacle/s (Rosenstock, 1990). Entertainment Education theory is a communication strategy whose direction is to take the sting out of social problems and enlighten the general masses through a specific type of entertainment such as for instance in this investigation, phone-in radio programmes (Singhal, Usdin, Scheepers, Goldstein and Japhet, 2004). It is guided by a set of tactics and methodologies that are all intent on working with different levels of mass media to broadcast social as well as behavioural change (Okigbo and Eribo, 2021).

1.1 Research Problem

A report published by (UNAIDS, 2019) discloses that HIV and AIDS is rearing its ugly head by causing many deaths in Malawi. The latest enumeration in the country indicates that fresh HIV and AIDS infections have emerged at notably elevated proportions even with government efforts. Some of the contributing factors to this development are reported to be intergenerational sex, having numerous sexual partners, gender-based violence, intimate partner violence, Illiteracy, dearth of self-reliance and inability to get hold of healthcare. Malawi has registered some progress but is still lagging behind in minimizing the incidence of HIV and AIDS particularly among women. One of the leading causes for the country's miniature advancement is gender imbalance. Gender imbalance is manifested through brutality towards women, illiteracy, lack of empowerment and failure to reach health facilities (Kum, 2019). The incidence of HIV is doubly inflated in women in contrast to men within five-year age categories from 20 to 39 (Population Health Impact Assessment, 2020). In Sub-Saharan Africa, the majority of new infections are reported in women of childbearing age (UNAIDS, 2010). Findings from a study done by (Chirwa, 2020) in Malawi exhibited the disparity between the poor and those who are better off financially. The study brought to light the discovery that suggested that HIV knowledge is condensed among educated opulent urban dwellers. This verdict makes this research all the more necessary and relevant as it is zooming in on women dwelling in grassroot settings of the country. A fair amount of mass media campaigns have been implemented, for instance, radio drama, and posters, however, no assessment has been undertaken to evaluate the effectuality of phone-in radio programmes such as Zokonda Amayi. This study was done to assess the effectiveness of "Zokonda Amayi phone-in radio programme in combating the spread of HIV and AIDS in Malawi through radio by examining the reception of HIV and AIDS messages among women in the rural parts of Lilongwe District in the central region of Malawi.

1.2 Purpose of the Study

The study was meant to comprehend how the listeners of Zokonda Amayi phone-in radio programme interpret the HIV and AIDS content and other relevant health related messages delivered in the phone-in radio show that touches on health as well as social cultural aspects.

This investigation sought to ascertain the impact of Zokonda Amayi phone-in radio programme in combating the spread of HIV and AIDS by assessing the content featured in the phone-in radio programme Zokonda Amayi and finding out how female listeners residing in rural areas respond to this communication. The messages of interest are those related with HIV and AIDS. The specific objectives steering this exploration were firstly, to investigate new information rural women have acquired from listening to Zokonda Amayi phone-in radio programme, and secondly, to evaluate how the content of Zokonda Amayi phone-in radio programme is influencing rural women.

The study research questions were:

- i. What new information have women attained from listening to Zokonda Amayi phone-in radio programme?
- ii. How is the content aired in Zokonda Amayi phone-in radio programme influencing women?

2.0 Literature Review

2.1 Health Belief Model (HBM)

In the above findings (eight percent mentioned HIV and AIDS prevention methods and the importance of going for HIV testing early. Seven percent indicated how to avoid HIV if married to a reckless husband,) are concepts representing the health belief model which reveal the passion to avert HIV and AIDS in the respondents. The clear-cut feasible health step that the respondents can take is to access HIV testing early as well as adopting HIV and AIDS prevention measures such as sticking to only one sexual partner and using a condom consistently every time they want to engage in sexual activity. This also shows that the respondents have realised that they have a high perceived susceptibility to HIV and AIDS which in the HBM is regarded as a factor that can persuade an individual to be proactive in protecting themselves from AIDS infection. The second concept in the HBM is Perceived severity which in this investigation can be interpreted as being that the respondents have realized that HIV and AIDS poses a serious threat that must be avoided at all costs. It also shows that the respondents trust the efficacy of the recommended plan (perceived benefits) to avert AIDS. This strong conviction has motivated them to overcome all perceived barriers such as cost and transportation challenges of going to the health centre to have the test. They are mentally and psychologically prepared to defeat all the roadblocks in their path to getting tested despite the overwhelming challenges glaring at them. Regarding how to avoid a reckless promiscuous partner, (seven percent indicated how to avoid HIV if married to a reckless husband,). This according to the HBM requires self- esteem and inner drive to persuade a promiscuous partner to use a condom every time they must have sexual relations.

2.2 Entertainment Education Theory (EE)

The discussions above and below, is consistent with the Entertainment Education Theory in the following ways: Role modelling by the radio presenters and competent female guest speakers invited onto the show to lecture on various subjects such as HIV and AIDS prevention, management and care and other health related technical issues is helping the listeners to realise that condom use can be positively pursued if they are aware of their partner's promiscuity to protect themselves. Participants had learnt new skills such as how to cook nutritious food for an HIV positive person and how to persuade a promiscuous partner to adopt condom use. Adoption of positive behaviours was noted in the majority of the respondents for instance practising hygiene, going for testing as early as they learnt about this message from the phone-in radio programme, improved relationship, communication skills with other members of their communities, speaking up about HIV and AIDS, starting small scale businesses within their localities, enhanced self-confidence and increased sense of individual efficacy to avoid HIV and AIDS.

3.0 Methodology

A cross-sectional study was carried out in the rural outskirts of Lilongwe, Malawi which has 22 National Assembly constituencies and a total of 5,928 villages. Lilongwe rural was estimated to have a population of 1,346,360 people in 2018 and 714,930 (53%) women (Malawi Population

and Housing Census, 2018). In most rural areas, daily lives of women is guided by tradition and local customs. Women's functions focus on marriage, custody of children, family members and those who are ill. Usually, it is the men who are supposed to bring in finances (though this is gradually changing as women are getting to realise that men are not reliable) and some of them tend to have multiple women in addition to their legally wedded spouse. Celibacy is demanded of women. Such practices place women in a vulnerable position and limit their ability to actively contribute to the family and society's wellbeing. This investigation utilized three field instruments that is, questionnaires, focus group discussions and interviews. The questionnaires and focus group discussions were designed to evaluate pertinent beliefs, attitudes and practices during the interactions with the study participants. All the field instruments were tested on a pilot group different from the participants in the ultimate analysis. The questionnaires were written in English but translated into Chichewa during the interviews and focus group discussions.

The participants were composed of 380 women starting from the age of 18 up to 70 years. All the participants were purposely chosen to take part in this study. This study deliberately chose to work with women exclusively. The reasons for this are: the HIV prevalence rate among women is much higher than that of men in Malawi. One reason for this, according to (Shisana, Rehle, Simbayi, Zuma, Jooste, Zungu, 2014) is that some women sometimes engage in intergenerational relationships with men who are senior to them whilst they themselves are too young to realize the long-term consequences of their choices. A study revealed that 33.6 % of youthful ladies disclosed that they had been in a love relationship with a man who was reportedly close to five years older than they were. In addition, a lot of youths particularly, girls begin sexual relations at an age when they are least knowledgeable about their bodies and sexual reproductive health issues and this renders them most vulnerable. By deciding to experiment on women only, the researchers also desired to rule out mixed gender dyads in this investigational survey. The main reason for this is that issues regarding the subject of sex usually tend to be considered private and confidential in most African settings particularly rural areas. This can become even trickier when holding such discussions between men and women of disparate age categories (Baxen and Breidlid, 2009). The prerequisite for one to take part in this study was that they had to be regular listeners of the phone-in radio programme, Zokonda Amayi. In addition, they had to be female residents in the rural areas of Lilongwe District.

Permission to go ahead and interview their subjects freely was given by the chiefs. On the agreed date of the start of the field work, the research team was warmly welcomed by each of the six chiefs, their administrators and villagers who were interested to participate in the exercise. The participants were told verbally as well as in writing about the study and their liberty to not participate or discontinue in the data collection process at any point. All the participants took part in the entire exercise. A pilot study was carried out in five different locations to assess the viability of the developed research tools for gathering data. The pilot studies were carried out in areas different from the locations where the main research assignment was done. The main purpose for conducting pilot studies was to give each one of the researchers and research assistants a chance to try out on their own the field instruments, assess how much time it took to interact with a single respondent, take note of any problem areas or questions that were proving difficult for respondents to understand or answer, and to verify if all members of the research team could competently and adequately translate all the questions into Chichewa, which was the language of communication with the villagers. All members of the research team were provided with a small notebook and requested to take note of any of these problem areas and if so, bring them up at the follow-up meeting for all the researchers and research assistants and then discuss how to address these

mishaps in order for the instruments to be revised and improved. After the pilot studies were completed, it was found that the instrument took about 20 to 30 minutes to work with one respondent. All respondents were informed before the exercise commenced that the data collection process would be anonymous, however, they were kindly asked to sign the form as proof that they had agreed to take part in the survey willingly. Respondents who could not write were politely asked to print their finger on the blank space provided for participants to fill in their signature. Data collection was starting early in the morning from about 8:00 to 17:00 Hrs (5:00p.m). This exercise was mostly taking place outdoors, under a tree or on the veranda of the respondent's homes. At two of the six communities, the research members were assigned classroom blocks in which to conduct the interviews.

For the focus group discussions which involved having discussions with 50 women, the exercise took place outdoors. A total of five (5) focus group discussions were carried out with women of various categories such as farmers, housewives and those involved in various types of small-scale businesses. Each focus group was made up of ten participants. These focus group discussions were held in five of the chosen communities. The principal investigator, researchers and research assistants introduced themselves to the respondents and provided oral and written guidelines about the exercise they were to be involved in. The respondents were advised to raise up their hand whenever they wanted to answer a question for orderliness and to give the researchers sufficient time to jot down their responses before another person started speaking. They were also asked to wait for an individual responding to complete what she was saying before raising up their hand to share their contribution. At the end of both exercises, the researchers thanked the respondents for their time, patience, enthusiasm and willingness to answer the questions. Assembling of data was done in Chichewa, the main vernacular language spoken in the rural areas of Lilongwe. The interviews were recorded on tape, written out and then interpreted from Chichewa to English. The evidence for each focus group discussion as well as self-administered questionnaires consisted of documentation and summary outlines from the researchers/ respondent's dialog. Data entry and all statistical analyses was carried out using a scientific software package called scientific package for the social sciences (SPSS) and qualitative data was analysed using thematic content analysis. Descriptive statistical analysis was applied to interpret the socio-demographic elements as well as the occupation of the respondents.

4.0 Study Results

This study's first objective was to investigate new information listeners have acquired from listening to Zokonda Amayi phone-in radio programme. Nine percent of the respondents mentioned improved nutrition, for 8%, it was HIV and AIDS prevention methods and the importance of going for HIV testing early. Seven percent indicated how to avoid HIV if married to a reckless husband, 6 % uttered that an HIV positive woman can bear a healthy HIV negative child. Five percent learnt how to avoid stigmatizing an HIV positive person. The second objective was to evaluate how the content of the phone-in radio programme is influencing the lives of the listeners of Zokonda Amayi phone-in radio programme. Fifty one percent of the respondents announced that they have learnt new and different cooking methods. Nineteen percent confessed that their behaviour had improved from bad to good. Sixteen percent admitted that they had learnt how to relate with other people better. Fourteen percent uttered that they were gradually getting to know about more and more behaviours that contribute to the spread of HIV. Thirteen percent acknowledged that it's about time they started engaging in economic activities such as for instance, small scale businesses in order to improve their lives. Ten percent disclosed that their hygienic

practices had improved for the better. Nine percent shared that they had learnt how to care for an HIV positive person even though they were HIV negative. Eight percent stated that they are more confident than before. Seven percent divulged that they now had a vision for their future. Six percent told that they now live positively with HIV.

Table 1: What new information have you learnt that you were not aware of before?

Value	Frequency	Percentage
Improved nutrition	37	9
HIV prevention methods	31	8
The importance of going for HIV testing early	32	8
How to prevent HIV if husband is reckless	25	7
How to interact with those who are HIV positive	19	5
Ways of contracting HIV	18	5
That HIV is real	17	5
How to overcome problems in my marriage	20	5
That cheating and unfaithfulness is leading to the spread of HIV and AIDS	21	6
That HIV is a very dangerous disease and it needs to be prevented	17	4
How to take care of HIV patients	18	5
That those taking ARV's should follow procedures for taking the medication	16	4
How the choices we make as women affect our future and lives and also how we can think and grow to develop our lives	15	4
That an HIV positive woman can give birth to a healthy HIV negative child	22	6
I used to go to traditional doctors but after listening to this programme, I stopped	16	4
The importance of good sanitation/hygiene to avoid further infections	17	4
One can still be healthy after been found HIV positive	21	6
Avoid stigmatizing HIV infected persons	19	5
Total	380	100

Table 1 reveals that much of the new knowledge acquired by the women was related to HIV and AIDS prevention and management. This demonstrates that the phone-in radio programme content is commensurate with the information needs of the women on various aspects of HIV and AIDS thereby strengthening their readiness to evade and survive HIV in the interest of robust health.

Table 2: Because of what I have learnt from Zokonda Amayi phone-in radio programme, I can address a group of fellow women and educate them on various aspects of HIV/AIDS e.g prevention/ care and management.

Value	Frequency	Percentage
Agree	279	73
Strongly agree	69	18
Disagree	23	6

Value	Frequency	Percentage
Am not sure	8	2
Strongly disagree	1	0.3
Total	380	100

Table 2 above is one of the ways in which the participants experiences were assessed. The table shows that seventy three percent of the respondents are testifying that their interaction with the programme has helped them to develop confidence in themselves and be able to address a group of fellow women about HIV and AIDS subjects for instance, prevention.

Concerning new information acquired, almost all of the respondents interviewed professed to have learnt something new from Zokonda Amayi phone-in radio programme. The responses from the respondents showed that the new knowledge derived from Zokonda Amayi phone-in radio programme had become vital to their existence. Many of the lessons articulated by the respondents hinged on prevention of HIV and AIDS for instance, 9% of the respondents talked about how they had learnt to prepare better and more nutritious meals with locally available foods and resources found within their fingertips. When asked what she would eat that day for lunch or supper, one respondent confidently outlined how she would pluck some vegetables from her backyard garden, and prepare them by adding ground nut powder hence creating a simple but sumptuous vegetable dish to be served with locally made mgaiwa (roughly processed whole grain) maize meal flour. Nsima is one of the main foods that most people in the rural parts of Lilongwe eat. It is made from maize (corn) flour. It is prepared by mixing maize (corn) flour and water in a pot, placing it on fire and then stirring continuously until it thickens into a porridge. It is allowed to boil for about 15 to 20 minutes and then more maize (corn) flour is added into this porridge and stirred with a wooden stick until it is smoothly mixed and thickened. The hardness depends on an individual's preference. Some like it soft and others very hard. Nsima can be eaten with any available relish such as beans, fish, vegetables or meat.

Many health experts advise that a good balanced diet is the key to a healthy life. (Marsman, Belsky, Gregory, Johnson, Dog, Low, Meydan, Pigat, Sadana, Shao and Griffins, 2018) advise that individuals who eat healthily have stronger immunity. Furthermore, it is recommended that people who have HIV should observe a healthy eating pattern to avert complications and manage their condition. (Dzinamarira, Pierre, Habtu and Okova, 2019) found that the eating practices of respondents in their study were mainly illuminated by their knowledge on nourishment, food at one's disposal, their household appetites, as well as their tendencies. Eight percent bringing up HIV prevention and the importance of seeking early voluntary testing is an indicator that the respondents have come to realise that they could be in danger of getting HIV and consequently have seen the value of their lives and therefore see it necessary to go for HIV testing as early as possible in order to aggressively prevent HIV. It is also a strong forewarning that the listeners are gaining in maturity from absorbing the messages on HIV prevention and going for HIV testing that are being disseminated in the phone-in radio programme, Zokonda Amayi. This also signals that the listeners' ability to make decisions regarding their lives as well as sustained good health is also being reinforced and exercised. (Apanga, Akparibo and Awoonor- Williams, 2015) assert that HIV and AIDS education programmes should be intensely provided while stressing on the advantages of going early for HIV testing. Seven percent % indicated how to avoid HIV if married to a reckless husband. In most rural areas of Malawi, some women continue to live with their

unfaithful husband even after discovering that he is continuously promiscuous because they are not economically empowered and lack self-confidence (Flax, Yourkavitch, Okello, Elialilia, Kadzandira and Ruhweza (2017).

It is particularly hard for a woman to leave a reckless husband when she has many children with him for fear of depriving them of support. Those who are optionless, instead try to persuade their man to use condoms. One respondent said “My husband has another woman; Zokonda Amayi phone-in radio programme has taught me to take charge of my life and that of my children”. Six percent learnt that an HIV positive woman can bear a healthy HIV negative child. (UNAIDS, 2010) (Awiti, Ekstrom, Ilako, Indalo and Rubenson, 2010), (Brubaker, Bukusi, Odoyo, Achando, Okumu and Cohen, 2011) document various reports of studies done in the United States, Europe and Sub-Saharan Africa that show that 20 – 50% of HIV positive people strongly wish for offspring. Childbearing is paramount to most HIV affected families in rural areas of Malawi established (Kawale, Mindry, Stramotas, Chilikh, Phoya, Henry, Elashoff, Jansen and Hoffman, 2013). Zokonda Amayi phone-in radio programme is therefore playing a very pertinent role by providing information and guidance on how willing couples can safely conceive while simultaneously reducing the peril of sexual and perinatal transference of HIV.

The listeners are therefore easily getting information about sound practices of conception at their fingertips without having to travel long distances to a health facility to learn about this. Five percent of the respondents divulged they were enlightened about how to avoid stigmatizing an HIV positive person. It was also noted that women who professed to be Christians displayed a sympathetic attitude towards persons who were found to be HIV positive. This outcome buttresses the applicability of the need for women to be empowered, educated as well as encouraged to access Zokonda Amayi phone-in radio programme especially in the remote locations of Malawi. It also highlights the need to eradicate divergent misbeliefs and castigation of persons existing with HIV and AIDS as documented by (Iqbar, Maqsood, Zafar, Zakaria Zafar and Fischer, 2019). A study reported by (Vorasane, Jimba, Kikuchi, Yasuoka, Nanishi, Durham and Sychareun, 2017) found that altering stigmatizing attitudes as well as actions demand involvement dealing with emotional, logical and social features of stigma. Furthermore, this finding implies that listeners of Zokonda Amayi phone-in radio programme are getting empowered to achieve all-round precautions and intercept functional spreading of HIV. Such listener testimonies show that Zokonda Amayi phone-in radio programme is dispelling the fears associated with HIV infected, affected persons.

5.0 Conclusions and Recommendations

5.1 Conclusion

This investigation has accumulated affirmations to propose that Zokonda Amayi phone-in radio programme is contributing to increased uptake of HIV messages among women in the rural areas of Lilongwe. The gathered cues further exhibit an abundance of love for Zokonda Amayi phone in radio programme content featured in the radio programme. Furthermore, the respondents strongly verbalised their appreciation for the adequacy of the messages shared in Zokonda Amayi phone-in radio programme. Radio programmers, radio programmes and radio stations should continue in their efforts to increase awareness about HIV and AIDS, the benefits of testing early as well as the importance of prevention because not everyone in the rural areas knows these things.

5.2 Recommendations

It is recommended that the producers of Zokonda Amayi phone-in radio programme should continue to maintain the high standard of high-quality production and presentation on relevant and

useful content which is positively impacting the women's lives. The directors of the phone-in radio programme should ensure that after the subject has been tackled on air, listeners should be encouraged to meet in their groups to go over what was discussed in the programme session and take note of any misunderstandings or questions and send them to the producers of the programme for clarification in the next episode. This will result in the empowerment of rural women through the information and education derived from Zokonda Amayi phone-in radio programme.

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