

## **PCF7: FULL PAPER**

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**Title:** A case study to demonstrate the role of community radio in Khayelitsha, South Africa, as a platform for ODL and the empowerment of mothers of children under the age of five.

**Track:** Girls and Women Education

### **1. Introduction**

In developing countries around the world, many individuals particularly women, do not make the link between access to education, information and basic services as a violation of their human rights. It is therefore critical that development organisations address this need through interventions which are easily accessible by those most in need and by engaging them in dialogue that will motivate them to advocate for change.

Community radio is widely recognised as a powerful platform to effect social change. It is a cost-effective tool that can be used to engage women and girls in discussions that directly impact on their lives, in the language of choice and at times that are convenient for them. Social inclusivity, being part of a support group and having access to information are major drivers in helping women to take the first steps in addressing key health issues.

In this paper the Media and Training for Health (MTC), based in Cape Town, South Africa, will share a case study and explore how the community radio sector can help to overcome communication barriers and can provide a support structure to women and girls requiring basic health information. I will attempt to show the scale and reach of community health programmes and how this can translate into meaningful behaviour change. I will also share some of the evaluation tools that MTC has implemented to help us monitor feedback and the practical outcomes that have been achieved.

## **2. Women as agents for social change**

Women, as the key agents of primary health care, play a critical role in maintaining family and community health. They are the ones who are most aware of sickness and suffering in the community because of their social role as nurturers and care-takers of the young, the old, the sick and the handicapped, and they exert an important influence on health behaviour both in their own families and communities at large. Although it is widely acknowledged that primary health care has to respond to the needs of people, and that women have the most extensive awareness of those needs, their opinion is hardly ever solicited when health care programmes are being formulated.

As far back as May 1988, in a statement to the ninth meeting of the Committee of Representatives Governments and Administrations, the South Pacific Commission (SPC), affirmed the notion that in order for communities to benefit from the knowledge which women possess, a renewed self-confidence of women has to be encouraged. They advocated that women have to learn to regard themselves as capable human beings with important contributions to make on the basis of their life experience and their accumulated wealth of knowledge and that a conscious effort has to be made to enable women to organize and to vocalize the information they have acquired. This call was made prior to 1988 by a wide range of development agencies and is still acknowledged as a corner stone to development, as reflected in Millennium Development Goal 3.

If this participation is to become a reality, women must penetrate all levels and all areas of the health care system. This should also include the participation of people at the grass-roots, including women and women's organizations, in the decisions affecting individual and community health. The creation of an enabling environment where women are equipped with the necessary knowledge and skills is essential. None of these results can be realised unless special efforts are made to organise education and vocational and professional training in such a way that more girls and women can take advantage of them. Primary health care activities should be fully integrated with the activities of other sectors involved in community development, and the local population should be actively involved in the formulation and implementation of these activities, so that health care can be brought into line with local needs and priorities. These priorities will be based on decisions resulting from

a continuous dialogue between the people and the services and where ordinary women are given a voice.

In this paper I would like to share a case study of how women living in Khayelitsha, a township in the Western Cape Province of South Africa have benefitted through an ODL programme using community radio as the platform for social change.

### **3. Contextual background to listener demographics in Khayelitsha**

Khayelitsha is a township situated approximately 40 kms away from Cape Town's city centre. Historically, townships were allocated to people of colour during the apartheid years and this legacy of low-cost housing together with a myriad of socio-economic challenges continues to plague South Africa post-1994. Khayelitsha is home to more than 1 million people who are predominantly Xhosa speaking. The majority of residents have not completed high school and there is an estimate of 30 % unemployment. Khayelitsha consists mostly of informal housing with a poor sanitation infra-structure. It has a very "fluid" population as a result of constant urban migration from the neighboring Eastern Cape Province. The combination of these factors results in unhygienic conditions which are further exacerbated by high temperatures during the summer months. Between November and March each year, unacceptably high numbers of children are admitted to hospital due to severe dehydration resulting from diarrhoea. Many of these children do not survive. Gastro-related illnesses are one of the major causes of death in children under the age of five who live in this area. This is fuelled by poor sanitation and inadequate access to clean water and has become a highly politicized issue in South Africa.

### **4. Training and mentorship provided by MTC as part of CoL's *Healthy Communities* initiative**



With the support of the Commonwealth of Learning (CoL) the Media and Training Centre for Health (MTC) has implemented a health promotion campaign that focuses on mothers and care-givers living in Khayelitsha. Using community radio, as the platform for Open and Distance Learning, MTC has partnered with Zibonele Community Radio to execute a series of health education programmes that address infant mortality in Khayelitsha. Zibonele broadcasts in Xhosa and has an average daily listenership of 180 000. The programmes have been designed based on a community needs assessment using a message matrix methodology that takes into account both the needs and sustainable solutions identified by mothers and collaborating stakeholder partners operating in the area. The project goal was to increase the knowledge and skills of mothers in order to address the high rate of gastro-related illnesses in children under five and ultimately to reduce infant and child mortality in Khayelitsha.

In order to derive the maximum benefit from the partnership with Radio Zibonele, MTC embarked on a rigorous training and mentorship programme with the production team at the radio station in order to improve the quality of their programming and to ensure that health messaging was accurate and relevant to the primary target group. A reference group consisting of stakeholder partners collaborated on the content development process and also helped us to identify women in the community who would form part of a targeted learner group. Through a process of face-to-face training workshops combined with an online learning programme, programme content was regularly evaluated using a specific quality criteria assessment tool.

Topics covered as part the radio series included:

- An awareness of the major causes of infant mortality in Khayelitsha.
- The causes of gastro-related illnesses.
- Prevention strategies including regular hand-washing and clean cooking utensils.
- Safe water storage
- Symptoms of gastro-related illnesses
- The dangers of dehydration and the promotion of a home-made solution
- The importance of early medical intervention
- Promotion of community health services and hospitals available to residents of Khayelitsha
- Community mobilisation to promote regular clean-up campaigns
- The importance of stakeholder partnerships
- The promotion of peer support groups for mothers and care-givers

As a parallel process, MTC contracted a team of three unemployed women living in Khayelitsha, who were trained as health promoters to implement a door-to-door campaign. The core function of this team was to encourage mothers and other care-givers of children under the age of five, to listen to the weekly radio programmes, to clarify any issues that were misunderstood by listeners and to provide constant feedback to the production team at Radio Zibonele. The health promoters also helped to identify additional issues that had been overlooked during the design phase. The team of three women interacted with mothers in the community, completed a needs assessment questionnaire and gathered data which helped to provide a detailed profile of the listening audience. The team also coordinated listening groups and provided regular feedback using the quality criteria assessment guideline provided by MTC. Over and above this the health promoters helped to source community members who were able to share personal stories in respect of the key health issues i.e. infant and child mortality and thus helped the production team at Radio Zibonele to make the programmes more interactive and participatory.

## **5. Post -Evaluation of the community learning programme**

As part of our evaluation of this blended approach to ODL, which was implemented between November 2012 and June 2013, MTC conducted focus group discussions with a random selection of women who represented the primary target audience. One group represented women had regularly listened to the programme while a second group were selected randomly from women living in the area. The focus group discussions were designed to assess the women's perceptions of the radio programmes, whether they perceived an improvement in the quality of the content, whether they found the information relevant and whether they had learnt any new information and skills.

A baseline study was conducted to determine perceptions of the first programme produced and broadcast by Radio Zibonele. This was followed by a second one mid-way through the campaign and a final one on conclusion of the series of programmes. Audio recordings of each programme were played to the groups whereupon the responses from participants were documented.

Key questions (translated from Xhosa) included:

- What was your favourite part of the programme that you have just listened to?
- What did you dislike about the programme?
- What do you think was the key message of the programme?
- Did you learn anything new from the programme? If so what was that?
- How could the programme be improved?
- Do you think that Radio Zibonele should continue with this type of programme?
- Would you recommend this programme to other women in your community? Why?

### **The results of the focus group discussions revealed the following:**

- From the baseline programme and throughout the series, all respondents attached value to the educational programmes.
- Participants identified with and could relate to the personal stories that were shared by other mothers.
- They appreciated the fact that the radio station had solicited the opinions of mothers.
- Participants found the information to be credible because of the involvement of key stakeholder partners such as the Health Department and placed value on the partnerships between the community radio station and "health experts".
- As the series of programmes progressed messaging became clearer which resulted in a better understanding of health information.
- The programmes dispelled a number of myths relating to the causes and treatment of diarrhoeal related illnesses.
- Participants felt better equipped to treat or seek treatment for diarrhoeal related illnesses.

- As the series progressed there were fewer “dislikes” of the programmes.
- Initial dislikes pertained mainly to programmes where presenters appeared unsure of their information and where medical jargon was not fully explained.
- Participants were in agreement that health education programmes of this nature covering a wider range of health topics should be continued.
- Participants were in agreement that they would encourage other members of their community to listen to programmes of this nature.

## **6. Impact of intervention**

### **6.1 Impact on radio programme quality**

As a result of the training intervention, programme quality at Radio Zibonele improved significantly. Using various online methodologies which included the integration of ICTs such as Soundcloud, We Transfer and Dropbox, MTC guided the production process by evaluating scripts and making recommendations relating to innovative programme designs that included gender and age representation. MTC provided regular feedback to the radio station from learner groups and through this helped the production team gain better insight into the needs of their listeners and ultimately to produce meaningful and relevant programming that could easily be sustained. Through this process the radio station management also began to understand that good quality programming was not necessarily dependant on state-of-the-art resources but rather on the collective inputs of various role-players. Through the use of mobile technology, listeners were encouraged to actively participate in the programmes by asking questions, sharing personal testimonies and lobbying for improved health service delivery. This model of content development has subsequently been replicated at the radio station and will be used as a guide for future programming.

### **6.2 Impact on health pertaining to infant mortality in Khayelitsha**

Unfortunately due to the highly politicised issue of housing and sanitation infrastructure in the build up to the national elections in 2014, health authorities have been reluctant to reveal official statistics relating to infant mortality in Khayelitsha. It is therefore difficult to do an accurate assessment of the impact of the community radio project on health status in this community. It would also be difficult to measure short-term results given that the duration of the project was only 10 months and that the annual outbreak of gastro-related illnesses is between November and March, essentially the start of the MTC campaign.

Anecdotally we have learnt from the nursing staff at the community health centres operating in Khayelitsha, that more mothers are presenting their infants and young children at the onset of diarrhoeal episodes and are thus averting the need for hospitalisation relating to dehydration. Since Khayelitsha also has the highest prevalence of HIV and AIDS in the Western Cape, and since the link between suppressed immune systems and the risk of gastro-related illnesses is well documented, the benefits of an intervention of this nature are undisputed.

### **6.3 Impact on stakeholder partnerships**

As a result of this project MTC has also been able to garner support from a major corporate company in South Africa, to continue the health education programme in Khayelitsha. It is anticipated that this project will be up-scaled and replicated in additional sites, pending the acquisition of additional financial support.

The lessons learnt from this campaign in Khayelitsha, have been shared with other community radio stations in South Africa as well as international CoL partners as part of the “Healthy Communities “ initiative in an online training toolkit.

Most importantly health, development and media partners have begun to share resources and expertise in an effort to work together more collaboratively to identify key health issues and to address them in cost-effective ways that are sustainable.

### **7. Conclusion**

In, *“I Know Why The Caged Bird Sings”* by Maya Angelou she says *“Can't do is like Don't Care. Neither of them have a home.”*

Through this partnership with the Commonwealth of Learning, MTC has tried to create a home for women’s empowerment programmes that will ultimately impact on the overall health of the community of Khayelitsha. However there is much that still needs to be done before 2015 and before we can say that we have made a contribution towards the achievement of the Millennium Development Goals. It is my sincere hope that this project can be sustained with the collective contributions of all role -players both nationally and internationally.