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Original Research Article

THE EFFECTIVENESS OF MEDIA PROGRAMMES ON HIV AND AIDS IN SWAZILAND

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Abstract: Awareness creation through media campaigns has been part of key HIV interventions in the last twenty six years in Swaziland. This article is based on the findings of a mixed methods study that evaluated the coverage, preference and effectiveness of broadcast media campaigns on HIV and AIDS. A researcher-administered questionnaire was used to collect quantitativedata from 400 conveniently sampled respondents from sixteen chiefdoms in eight Tinkhundla (constituencies) from all four regions of the country, while qualitative data were collected through focus groups discussions using a topic guide. A majority were in the rural areas (94%), were females (76%) and were unemployed (73%). Most (66%) had radio only in their homes, while 27% had both television and radio. Among the 27%, most (96%) preferred watching television than listening to radio. Respondents (96%) were aware of the HIV and AIDS programmes and 98% liked the programmes. However, only half of the respondents reported being comfortable with current airing times of the programmes. The study revealed high coverage, listenership, awareness and appreciation of the HIV and AIDS. Improvement in awareness and knowledge has reportedly resulted in adoption of safer social and sexual behaviour as a result of the media campaigns among respondents. To increase reach and coverage, airing time need to be changed to primetime.

Key words: Awareness, Broadcast media, Coverage, HIV AND AIDS, Swaziland

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Introduction:

Mass media campaigns have been a key component of health promotion for a long time, particularly where behaviour change is desired. Since the mid-1980s mass media has been used as a primary intervention to prevent HIV through increasing awareness and knowledge about HIV transmission, adoption of safer

socio-sexual behaviours, and promotion of early utilization of health care services such as HIV counselling and testing (HTC) and antiretroviral therapy (ART)[1-4]. Mass media campaigns are considered very essential and cost effective because of the number of people reached in a short time, and the impact of the program on the individual and family, and by extension society[1-8].

The government of Swaziland through the Ministry of Health (MoH), Health Promotion Program (HPP) has run radio and television HIV and AIDS education campaigns since 1987, to create awareness about HIV, promote adoption of healthy social and sexual behaviour, reduce HIV transmission as well as increase utilization of available health resources to curb the spread of HIV infection[2]. However, despite that the media campaigns have been implemented for the past twenty six years, there has been no formal evaluation on their reach, coverage, and effectiveness. Hence, the MoH through the HPP commissioned the study.

Mass media programs are designed to fulfil two broad goals: first goal is to positively influence the health behaviour of the individuals exposed to the program; and second, is to affect health policy by influencing public opinion[3]. Changes in public attitudes and commitment against HIV and AIDS as a consequence of such programs may lead to policy changes in areas of voluntary testing, ARVs availability and other areas that could be viewed as important for policy development and reviewing[3].

Background:

Several empirical studies suggest that broadcast can be effective in achieving desired social and behavioural change in relation to HIV and AIDS awareness programmes globally [3-5]and in Southern Africa, [6,7]. These studies have reported mixed results with some finding an increase in HIV knowledge, change in risky sexual behaviour [6] and a positive attitude towards people living with HIV[7]. Others though found no association between exposure to mass media and some of the variables.

The Health Promotion Program (HPP) of the Ministry of Health is responsible for creating and disseminating messages aimed at promoting health of individuals, families and communities in Swaziland through broadcast media – radio and television. The radio and television is believed to be able to reach many people in a short period of time and is capable of making a meaningful impact on the subject intended for. Nonetheless, such impact requires repeat and consistent exposure to the messages over long periods of time[6, 7].

Countries, therefore, need to have long term strategic media plans including finances which, for resource limited settings such as Swaziland, could be costly. Thus it is important to consider how best to channel limited funding for maximum impact. It is also worth noting that the Ministry of Health and donors need to account for money spent on health promotion programs including radio and television media. This includes justification of HIV and AIDS programs; whether these programs are essential and (cost) effective. Therefore, evidence in terms of the impact of such services in alleviating HIV and AIDS related problems must be clearly reflected through monitoring and evaluation of the radio and television health promotion media programs.

These programs have been running for a number of years now. However, the HPP in not certain whether people do adequately access these media programs. Hence, the HPP sought to review the coverage in Swaziland.

Study Objectives:

The study had two primary objectives: the first was to investigate the extent of coverage of HIV and AIDS radio and television programs in Swaziland and second, to determine the effectiveness of the mass media HIV and AIDS programmes on behaviour change among the people of Swaziland.

The specific objectives are:

- To determine ownership of radio or television or both among respondents;
- To ascertain if respondents are aware of HIV and AIDS radio and television programs;
- To ascertain the preferred broadcast medium for HIV and AIDS information in Swaziland;

- To ascertain whether the HIV and AIDS radio and television programs created some changes in the lives of the respondents.
- To make recommendations for increasing effectiveness of HIV and AIDS radio and television programs

Methodological Approach

Study Design:

Methodological triangulation was used for the study to quantitatively and qualitatively explore and describe the reach, coverage, listenership, and viewership preference as well as the effectiveness of the HIV and AIDS programmes.

Study Setting:

The study was carried out in all four regions of Swaziland involving four hundred homesteads in sixteen chiefdoms from eight Tinkhundla centres. This was necessitated by the generalised HIV epidemic in the country, with all four regions having almost similar prevalence rates.

With a total population of approximately 1.2 million, one in four people are living with HIV in Swaziland, and one in three adults 18-49 years is HIV positive. Thus, Swaziland has the highest adult (18-49 years) HIV prevalence (31%) and incidence (2.4%) in the world, with marked gender and age disparities[9] (Bicego et. al., 2013). More than 94% of HIV among adults is transmitted heterosexually[10],making change in sexual behaviour one of the key primary intervention for reducing HIV transmission. Key drivers include high prevalence of intergenerational sexual relationships, gender and income inequality, unprotected sex, low and inconsistent condom use, high rural-urban-rural mobility and unemployment[10].

The country has both print and broadcast media which is used for disseminating health information amongst other things. There is one publicly owned radio station, two television stations (one public and one private), two newspapers and one privately owned magazine. In addition, the internet has gained popularity particularly among young urban population whose like of social media has gained popularity over the past few years. This variation is particularly critical when planning media campaigns for the different segments of the population segments.

Study Population:

The study focused on male and female adults aged 18 years and above who were found at home during the day of the survey, and were willing to respond to the questionnaire. In Swaziland the age of consent is 18 years. Among the quantitative respondents few who seemed knowledgeable and enthusiastic in sharing personal experiences were asked to take part in focus group discussions (FGDs) held each Tinkhundla centres.

Sampling of Respondents:

The multi-stage sampling technique was used for the study involving probability and non-probability criteria as described below.

Probability Sampling:

Firstly, all four administrative regions of the country were selected for the study. This was followed by a random sample of two Tinkhundla Centres from each region making a total of eight Tinkhundla Centres from the four regions of Swaziland. To sample we wrote all the name of each Inkhundla in a piece of paper and placed them in a plastic container representing the name of the region under which the inkhundla belongs. A blindfolded ten year old child was asked to randomly pick two papers from each of the containers. The selected Tinkhundla centres were thus chosen for the study. The same criteria were used for the chiefdoms under each of the selected Tinkhundla.

Non Probability Sampling:

The next stage was to sample homesteads per chiefdom. A non-probability convenience sampling was used to select twenty five homesteads per chiefdom (50 per inkhundla or 100 per region or 400 for the entire study) and one adult respondent in each homestead (50 per inkhundla or 100 per region or 400 for the entire study).

Inclusion/exclusion Criteria:

Respondents selected in each homestead had to be 18 years or more, be a member of, and also resided in the homestead, own a functional radio, television set or both, ability to consent and willingness to take part in the study.

Those who were below 18, did not own a radio or television or both, were not legally able to consent, were visitors in the selected homestead

and were not willing to take part in the study were excluded.

Data Collection and Management

Quantitative Data

Data were collected using a researcher administered questionnaire that had closed and open ended questions. The questionnaire was developed by the researchers based on the objectives of the study and reviewed literature. It had four main sections: section one collected socio-demographic characteristics of the respondents, section two focused on geographic coverage and reach, section three focused knowledge about HIV as a consequence of the exposure to media and the last section was on changes in socio-sexual behaviour due to knowledge derived from media.

Prior to data collection, questionnaire was pre-tested in Mangwaneni community (a semi-formal settlement near Mbabane) to ensure questions simplicity, ease of understanding and relevance to the objectives of the study. After the questionnaire was corrected following the pre-test it was then used to conduct face-to-face interviews with respondents.

Qualitative Data

A few respondents from the quantitative interviews who were asked and agreed to take part in the qualitative component of the study participated in FGDs. The purpose of the FGDs was to explore the emerging issues from the quantitative data such as perceptions of media campaigns.Two FGDs were held per Inkhundla: one for males and one for females, and were made of between six and eleven people. The discussions were in the local language siSwati, and were audio-recorded after permission was sought and granted by participants. The discussions lasted between forty-five minutes and two hours. A standard topic guide was used but emerging relevant issues from the discussions were explored through probinguntil data saturation was reached. That is when there was no new information gathered from the subsequent cases during interviews.

All quantitative data was entered in an excel data screen that was protected with an encrypted password. Data cleaning was conducted prior to analysis. The audio-recorded data was transcribed verbatim by the first author and checked for consistency by all authors. Once satisfied, the transcripts were translated into English by a qualified translator. Consistency between the verbatim and translated transcripts was checked by all authors prior to analysis.

Data Analysis:

Quantitative data were analysed using Microsoft excel and presented as descriptive statistics in the form of proportions. Data synthesis was also done during discussion and interpretation of the findings.

Qualitative data was analysed by the use of Tesch[11] method of analysis in which only the identification of themes was done; categories and subcategories were not identified. Evidence provision for qualitative data in qualifying the themes during discussions was accomplished by direct citation of the responses (excerpts) of the respondents.

Ethical Considerations:

The ethical acceptability of the research should apply first to the people directly involved in it and also to the people involved in carrying out the research[12]. According to Polit and Hungler[13], the most fundamental ethical principles in research involve beneficence, maintenance of confidentiality and ensuring strictly voluntary participation. In adhering to these principles, respondents were not asked sensitive questions. Concerning the respect for human dignity, which is the right to self-determination and the right to full disclosure, respondents were given the right to voluntarily participate in the study and also to terminate their participation if they felt that conditions were no longer favourable to them. In addition they were given the right to refuse to give information if they felt uncomfortable to do so or ask clarification where they did not understand[13].Confidentiality was also maintained in the study de-identification of all data. That is, names and homesteads of respondents were not attached to the data collected.

Study Findings:

The discussions and interpretations of the research findings show the proportions and experiences of four hundred (400) respondents, with each respondent belonging to one

homestead in a selected Inkhundla centre in the four regions of Swaziland. The analysis on findings focused on the issue of coverage in terms of HIV and AIDS radio and television programs accessibility, awareness and effectiveness in the form of respondents' interest or preference in these HIV and AIDS programs as well as the impact of the programs on their everyday life.

Quantitative Results:

This part presents the quantitative results of the study. The results are presented in the form of proportions. The proportions and experiences of the respondents were categorized according to HIV and AIDS radio and television programs coverage. The coverage was in terms of radio and television availability, HIV and AIDS radio and television programs awareness and nature of listenership of these programs. The impact of the HIV and AIDS radio and television programs was determined through preference and personal experiences of the respondents. Since this survey was the first evaluation of the HIV and AIDS programs as well as other health media programs, the findings should therefore be informative to the Health Education Unit in the Ministry of Health, media houses and other relevant stakeholders. It is therefore the researcher's belief that this data provides an essential data base for Swaziland on issues of HIV and AIDS media programs.

Characteristics of Respondents:

As per the sampling method, the distribution of respondents per region was 100, each from a homestead in all the four regions. The educational level of the respondents was explored and the majority of the respondents had primary education (41%) while tertiary education was the least with 9% of respondents. The majority of the respondents were from rural areas (94%), were adults agedbetween 21and 47 years(63%), and were female (76%).Most had primary school education (41 %), and a majority were not formally employed (73%).

Radio and Television Ownership:

Among the 400 respondents 65.9% stated that they owned a radio only; 26.5 % owned both radio and television while 7.6% had a television only. Most of those who owned television were urban residents. These findings are similar to those reported by Mthembu (1995)[3] which showed that a great majority of the rural population owned radio and thus did not have access to other forms of media such as television and newspapers. With the rural population missing out on such media, they miss out on vital information as Swaziland only has two daily newspaper groups which are the Times of Swaziland and The Swazi Observer, which in instances report on HIV statistics in the country and elsewhere worldwide and on issues raised in Parliament pertaining to the epidemic. Other issues covered in these newspapers feature articles on social, economic and political threats posed by the disease in the country. In addition to this finding, FAO[16] reveal that radio remains the most powerful, and yet the cheapest, mass medium for reaching large numbers of people in isolated areas. This is attributed to the revolution of the transistor which enables even the remotest villages have access to rural radio station.

HIV and AIDS Media Programs Listening and Viewing:

Out of the 400 research respondents, 345 (86%) stated that they listening to the radio only, 27 (6.8%) watched television only while 28 (7 %) watched television as well as listened to the radio, though at different times. Their reasons for radio preference was that television was expensive for some people, while for others who could afford to buy a television set, television signal were not easily accessible in certain areas in Swaziland and therefore discouraging. Thisfinding was similar to Mthembu's (1995)[3] finding whereby he revealed that in the country, radio was the mostly accessed type of media as compared to television more especially in the rural areas. This is because the radio is the most affordable and the radio accessible mode of media compared to television. In addition to the cost, the majority of the Swazi population is poor 63%) and live in rural areas (79%) where the television signal is very poor and thus discouraging.[14] Hence, the majority of the Swazi population cannot access television even if they preferred it to radio.

HIV and AIDS Media Programs Awareness and Preferences:

Among the 391 respondents who answered the question on radio health programs awareness, 353 (90.3%) agreed that they were aware of HIV radio programs while 38 (9.7%) were not aware. Regarding the HIV and AIDS television programs, out of 269 respondents, 57 (21.2%) indicated that they were aware of the HIV and AIDS television programs while 212 (78.8%) were not aware. This shows that television programs coverage is not satisfactory. The reason may be due to lack of affordability and accessibility as already discussed in the sub-section 3.1.2 above. According to Mthembu (1995)[3], television allows the use of audio-visuals thus making it a powerful mean in changing attitude. However, according to a study conducted by Odoemelam and Nwachukwu(2011)[6], respondents had 16% increases in level of awareness of HIV control after a television intervention. Another reason for preference of radio over television could be the language used: in most cases television broadcast uses English which most people in the rural areas may not be familiar with. This reveals that even after viewing television program, the awareness level is not optimum because at times even if people pay attention to a television programme, they may not understand the context of what is being communicated because the audience may not be familiar with the language and terminology that is used or do not have the pre-existing knowledge that is assumed.It can therefore conclude that the television alone may not be an effective media in creating awareness and increasing knowledge on HIV and AIDS in the rural communities. The findings concur with that of Odoemelam and Nwachukwu[6]where there was minimum (6%) increase in knowledge on HIV and AIDS in the rural areas as a result of television programme. However, it is encouraging to note that the HIV and AIDS radio programs awareness is high and this should be a sign of good coverage and efforts must be made to ensure wider geographic coverage and reach of radio waves.

Furthermore, when comparing the radio programs, paying attention to the *Temphilo*[i] and Talk shows by asking respondents who had answered to the affirmative that they were aware of the HIV radio programmes which radio program they preferred, 372 (95.2%) indicated that they preferred the *Temphilo* programme and 19 (4.8%) preferred the Talk-shows. This was an indication that the *Temphilo* should be used to disseminate HIV and AIDS related health information to members of the public not only the Talk-shows. This programme *(Temphilo)* is a programme whereby experts from the different health departments are invited to educate the public on current health issues and more often than not the HIV and AIDS issues are normally discussed in depth. On the other hand Talk shows is when the health expert briefly present the topic of discussion and the public calls to ask question or voice out their comments with regard to the topic of interest. In communication, feedback is important to ascertain if the message was interpreted in an intended manner[15]. Therefore, the talk shows enable the sender of the message to unearth if the receiver got the intended message yet with programmes like *Temphilo,* there is no feedback. However, the study findings reveal that the public preferred programmes where there was no feedback to ascertain if they really got the message. Therefore, for significant knowledge gain, respondents require more exposure to messages which in this case the programme provided experts to present all the fact about the health issue[6].

TelevisionStations HIV and AIDS Programs Viewing:

A total of 30 (55%) respondents (from those who said they preferred watching programme on television) watched programs from the publicly-owned Swaziland Television Broadcasting Corporation (STBC), while 25 (45%) of the respondents watched the programs from the privately-owned Channel S. The difference between the two TV stations was not significant because the lower limits of the intervals were overlapping. Therefore, it is important to note that even though the study shows high coverage of viewership amongst respondents, the awareness level might be low due to cost and

language barriers amongst other barriers, as already discussed.

Places Where Radio Programs Listened and TV Programs are Watched:

A total of 360 (90%) of respondents listened to HIV and AIDS radio programs and watched TV programs at home. However, it was revealed that respondents watch TV programs at school although the percentage was small considering the population of students who are at school. This finding justifies the need to tailor some of the programs for school going children so that they grow up with essential facts about HIV and means of protecting themselves from infection or maintaining a healthy status even if infected.

Media Presentation Time Preference:

Repeat and consistent exposure (or dose of messages) to broadcast messages is essential achieving change in attitudes and adoption of safer behaviour against HIV and AIDS. This may be affected by the timing of the broadcast. We asked respondents if they were satisfied with the current airing time of the programmes in both radio and television.For both radio and TV, only half (50%) were satisfied with HIV and AIDS programs current time of presentation. Respondents stated that they preferred the evening time for presentation when they would be at home and relaxing because other times such as the morning or during the day were disrupted by various activities and thus not convenient. This finding is similar to FAO[16] (undated) findings whereby it was revealed that study respondents preferred programmes in the evening after finishing their daily chores. This is because if the programmes are slotted during the day, very few if any will be able to listen or view that programme due to daily commitment and thus the programme will not be effective.

Qualitative Findings:

HIV and AIDS Media Programs Impact to Respondents:

The impact of the programs was explored through qualitative inquiry so as to get the lived experiences of the respondents on the HIV and AIDS radio and television programs. Respondents were then asked as to how these media programs were helpful to them. Following the analysis of responses using the steps of Tesch[11], themes were identified. These themes were then synthesized and detailed in a narrative description of the feelings and perception of respondents.

Theme 1: Growth and Development Due to HIV and AIDS Media Programs.

The growth and development in this case relates to nature of understanding and the ability to act responsibly on issues related to HIV and AIDS attained due to the HIV and AIDS radio and television programs execution. A systematic review of effectiveness of mass media messages revealed that there were seven possible outcomes of mass media messages[17]. There are two of the seven outcomes that have shown a positive impact of mass media that have been reported in at least half of similar studies. These outcomes are; knowledge of HIV transmission pathways and reduced high-risk sexual behaviour. In the current study, the respondents voiced out how the media messages and programs benefitted them. A selection of individuals' responses related to growth and development attainment due to HIV and AIDS media programs interventions are provided;

"The HIV and AIDS media programs have assisted me change my way of thinking about HIV and AIDS. As a result I take a lot of precautions concerning it".

"It has been difficult for me to go for testing. But the radio lessons have changed my attitude. I now go for testing regularly can prevent being infected by the disease accordingly".

"The HIV and AIDS radio sessions make us avoid bad habits. Before these talks, I did not mind changing partners without fear of getting AIDS."

"Well as much as it is too late for me to change the situation am already in. It is encouraging to me to realize that I understand this situation and I am in a position to help myself or seek for help when need be. This is because the HIV and AIDS programs are encouraging to do such things. I have even developed a belief that having HIV and AIDS is not a death sentence but life continues".

"The programs have motivated me to take the issue of using a condom seriously so that I can

prevent the disease and help others who are sick due to the disease".

"It has answered my curiosity as to why I should use a condom when having sex with someone so that I protect myself".

"Since I started listening to the media programs, my knowledge and protective skills have increased. I even sometimes feel that I need to reach out and help others".

Exposure to mass media HIV and AIDS programmes do not only increases the awareness level but also impact on the overall behavioural aspect of the public[5]. In their study conducted in Nigeria which aimed at evaluating the effectiveness of mass media in HIV awareness and prevention mass media programmes, there was a 15.8% increase in condom usage compared to prior the mass media program amongst respondents.

Theme 2: Motivation to Help Others Related to HIV and AIDS Radio and Television Programs Influence:

Describing the flow of information from media programs used the Diffusion of Innovations theory[19], Valente and Myers[18]stated that information from media reaches opinion leaders who in turn influence others. In this study, respondents expressing their feelings on helping others stated:

"The media programs have made me talk freely to my children about HIV and AIDS, a thing that I had some difficulty with".

"The radio talks create the spirit of helping others more especially those who are now ill due to the disease but still protect myself from getting the disease. My family has also benefited from my understanding of the disease because now I can confidently discuss such issues with members of my family".

"The HIV and AIDS radio and television programs are educative, informative, enlightening and attitude changing. Therefore, they are worthy listening to and watching".

"Since I started listening to the media programs, my knowledge and protective skills have increased. I even sometimes feel that I need to reach out and help others".

It has been further observed that after the mass media exposure, the respondents became confident in discussing condom use with their partners[5]. Furthermore, the researchers observed a 40% increase in respondents who had discussed HIV prevention with their partners[5]. Therefore, this indicates that mass media programme assist the listeners or viewers gain the confidence in discussing HIV and AIDS issues thereby helping them prevent themselves from contracting or even living a much healthier life either infected or not by the virus.

Limitations of the Study:

The study, due to financial constraints, focussed on rural areas where access of media programmes is limited. Hence, the sample population was not statistically big enough for generalisation to the entire Swazi population. It is recommended that in future, efforts to sample from rural, peri-urban and urban settings aremade in order to get views from the entire population strata.

Conclusion:

Mass media programmes on HIV and AIDS play a crucial role in the raising of awareness to the public. However, they are only effective when the persons they intended for are able to listen and or view them. Therefore availability of these programmes on the media does not essentially mean they are effective. Their effectiveness is measured by the public who access them and gain knowledge on the issues being discussed. In Swaziland, the mass media programmes available are being accessed by the public. This is because 90.3% of the respondents were aware of these programmes and 98.3% liked the programmes. It is also important to note that as a country, these programmes are really reaching a high number of people as 96% of the respondents had radio and or television. In addition to this, the public had gained significant knowledge on the subject even though it is important to note that they preferred a non-interactive type of a programme. This could however be associated with the cost of calling the studio as the Kingdom's population is mostly situated in the rural areas (79%) and the country has a high unemployment rate estimated to be 40%[14]. In addition to these, the issue of repeats cannot be ignored as programmes are normally repeated thus listeners normally miss the live

programme only to get the repeat whereby they are no longer able to call making it difficult to follow the discussion. This therefore makes it impossible for the programmes slotting also play an important role as respondents preferred them to be slotted in the evening when they are relaxing so they can have time to listen without disruptions or disturbances. Finally respondents were confident of themselves such that they were sharing the knowledge they had gained on HIV and AIDS as a result of this media programmes.

Recommendations:

The recommendations for the study were divided into two parts. Part one included recommendations as made by respondents on HIV and AIDS for both radio and television stations. Part two included recommendations by the researchers.

Recommendations for the HIV and AIDS radio programs.

Respondents recommended that there should be stimulating announcements in preparation for the HIV and AIDS radio programs. They also felt that presenters should not mix English and SiSwati when presenting and also allow more time for listeners to respond to the topic under discussion. These programs must run at convenient times for listeners especially when they are at home in the evening. An example made was that of live Talk shows are conducted during the day or in the morning when they are busy with their chores and in the evening there is a repeat of the Talk show. According to the respondents, this was not convenient for them to follow as the time was short in the mornings and in the evening was the repeat of the programme. There was also a recommendation on involving youth panellists frequently when doing HIV and AIDS radio programs. Regarding TV programmes; the recommendation on increase of time for viewers to respond to the topics recurred. Respondents also felt, presenters should also utilize role plays to stimulate behaviour change during the viewing of the programmes. There was also a recommendation on the need for improvement of transmission quality and power for STBC and Channel S in the rural areas because in some areas, the STBC transmission was weak and therefore de-motivating. Respondents also recommended that there should be no viewing of one topic repeatedly for a long period and there should be good preparation of topics mix that run proportionately.

Recommendations by the researchers on HIV and AIDS radio and television programs:

The researchers recommend that since the coverage on HIV and AIDS television programs was low due to poor reception, as reported by respondents, the television transmission/reception should be improved in the rural areas for proper dissemination of HIV and AIDS information through TV. Dissemination of information on HIV and AIDS through the media houses (radio and television stations) should continue, since people stated that they were benefiting from these programs. There should be an annual monitoring and evaluation of HIV and AIDS media programs to ascertain whether people are still benefiting from these programs and whether the programs are improving or not. Similar recommendations were made in Malawi that the duration of health programmes must be up to an hour and the topics under discussion must be handled with a depth and focus in line with the severity of the epidemic [20].

With increasing access to new technologies such as internet and social media, further research is needed to explore the possibility of using such media as platforms for disseminating health information including HIV and AIDS.

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[i]Tempilo is an educational broadcast that covers a variety of health topics presented by an expert in the chosen topic. Tempilo literally means "health".