

An effective community learning process on promotion of Integrated Management of Childhood Illness and Safe Motherhood - A case study of a participatory radio program (Phukusi la Moyo) – Mchinji district - Malawi

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The aim of this report is to describe a health education intervention involving a radio programme being implemented in Mchinji district, Malawi.

Phukusi la Moyo is a radio magazine program which combines formal radio listenership and face to face discussion by group members. The program is concerned with maternal and child health and started in 2009 as a community initiative through women groups which is one of Maimwana Research project intervention implemented to improve the lives of mothers and children in rural areas of the district. The aim of women / community groups is to identify their maternal and child health problems, analyze, identify solutions, implement and evaluate on sustainable base; Health education was identified as one of the effective strategies to help reduce maternal and child deaths, however health education information was not accessible to some groups due to shortage of health workers. The groups through Maimwana agreed to lobby for a health education program to be aired at the existing community radio station– Mudziwathu and Ministry of Health through Mchinji district hospital to enable groups share experiences with wider communities. The programme involves the listenership of 250 groups of men and women who listens for 30 minutes every week.

It is hypothesized that radio programme will encourage informational and attitudinal change to enhance motivation and risk reduction skills and self-efficacy to promote care and care seeking behaviours and other care practices in the community. The impact is being evaluated through a cluster qua sampling and results will be reported soon by end of 2013.

Introduction

Malawi has an infant mortality rate (IMR) of 76 per 1000 live births and an under-five mortality rate of 133 per 1000 live births (DHS, 2004). Malawi has a maternal mortality ratio of 984 per 100,000 live births (DHS, 2004). These rates are amongst the highest in the world. In the past a great deal of work to address the high mortality rates has been carried out at health facilities through training of staff, improving quality of services and provision of more resources. However, in Malawi only about half (57%) of women deliver in a health facility, only 57% of women attend the recommended 4 ANC sessions and only one third (31%) of women and children receive postnatal care (DHS, 2004). As a result, increasingly organisations are working at the community level to develop the capacities of communities to take control of their own health. It is accepted that it is only through a combination of facility and community based interventions that countries will be able to achieve their Millennium Development Goals (MDGs) 4 and 5 for maternal and child mortality respectively.

Mass media communication has become less and less rooted in geographically-based human interaction; however their normative roles – what media *should* do – for example in respect of democracy or education, are still grounded and tied up in face-to-face interaction. Habermas' idealised public sphere is a mediated dialogue in which both media content and face-to-face discussion are important. There is some evidence that mass media campaigns can change knowledge and behaviour. A 2001 Cochrane review concluded that “despite the limited information about the key aspects of mass media interventions and the poor quality of available primary research, there is evidence that these channels of communication may have an important role in influencing the use of health care interventions” (Grilli et al 2001).

Noar (2006) states “The overriding conclusion is the following: “the literature is beginning to amass evidence that targeted, well-executed health mass media campaigns can have small-to-moderate effects not only on health knowledge, beliefs, and attitudes, but

on behaviours as well, which can translate into major public health impact given the wide reach of mass media.” In addition this is evidenced by other successful implementation of previous health educational radio program such as Power of Radio in Gambia, Story Workshop in Malawi and HESAWA Project in Tanzania. Learning from these; and, more importantly, the explicitly expressed needs of communities in Mchinji, revealed the need for a more specific behaviour change communication strategy to supplement existing activities in the district. ODL through radio has the potential to reach communities with messages that can increase the awareness and change the attitudes of community members in relation to mother and child health

This report describes the design and implementation of a similar health education community – based learning process and face-to-face interaction radio program being implemented through a collaboration of partners in Mchinji district, Malawi. The program is being evaluated through a mixed qualitative and quantitative sub-studies conducted to help triangulate findings. These will include: a) in-depth semi-structured focus group discussions with radio listening clubs and in-depth interviews with implementation team members; b) pre-test and post-test structured questionnaires administered to listening clubs before and after they listen to Phukusi La Moyo radio programmes that they have not listened to before.

What is the aim of Phukusi la Moyo Radio program?

Phukusi la Moyo radio program aims at improving the health and reduce the mortality of mothers and children through high quality radio educational media.

Where is Phukusi la Moyo program being implemented?

Phukusi la Moyo program is being implemented in all nine Traditional Authorities (TAs) in Mchinji District. Mchinji District is one of nine administrative districts in the Central Region of Malawi. Topographically, the Central Region of Malawi is mainly a plateau, over 1000 metres high, and is the country's main agricultural area. Mchinji District, lies to the west of Lilongwe, the capital city, and has international borders with Zambia and Mozambique. It covers an area of 3,356 square kilometres and has a population of about 500,000 (NSO, 2008). The district is divided into 9 TAs: Dambe; Mavwere; Mduwa; Mkanda; Mlonjeni; Nyoka; Simpasi; Kapondo and Zulu. The district centre is Mchinji Boma but about 80% of the population of Mchinji live in rural areas. The program is accessible to a total population of over 500 000 across the whole Mchinji district. Data suggest that over 80% of the households have access to the radio.

Who is involved in the implementation of Phukusi la Moyo program?

This program is collaboration between communities in Mchinji, Mchinji District Hospital (MDH), Mudzi Wathu Community Radio Station (MWCERS), Maimwana Project (MM) and the Commonwealth of Learning (COL). The role of the communities is to listen to the radio programmes and breakdown the messages into locally feasible actions that they can implement, support and encourage. The role of MDH is to bring their expert knowledge about mother and child health to help present the radio health programmes. The role of MWCERS is to assist in the production and broadcasting of the health radio programmes. The role of MM is to mobilize community groups to listen to the health programmes and facilitate discussions about the issues raised. The role of COL is to provide funding and technical advice to build the capacities of MWCERS, MDH and MM to develop and broadcast high quality and effective health programmes on the radio and of the communities to engage with the radio broadcasts.

What makes Phukusi la Moyo a participatory programme?

First is that women themselves articulated a demand for such a programme. In other words, they decided that an educational radio programme would be a good addition to the work they are already doing. The whole process has been participatory. The women’s group representatives have been involved in the programme design, including the key messages, the format and the name of the programme. Then beyond these initial decisions, the women group representatives have been involved in the ongoing management

through representation from the women's district Maimwana committee on what is called the core team, which meets once every three months.

Another important way the women participate is by being part of the content for the programme, which is generated from real-life stories — basically, the women's lived experiences of maternal and child health, both good and bad. Sixty to 80 per cent of the programme is the women's own stories and experiences. Women take the initiative and share the problems they face through their real-life stories. For example, a woman who has delivered a still-born baby talks about the experience and how it came about. There is a 20 per cent role for health experts, who give facts and make sure that people know where to get accurate information on health-related facts. However, the real "experts" are the women themselves.

The programme producers go to the people in their villages and to their homes to make the programme: it is *field-based*. One very important part of the programme and a unique type of participation is the use of traditional songs and poems, adapted for specific shows, that help the local community relate to the content easily.

The women decide what the programme should be based on and there is a system for them to participate through feedback for each programme as well. Since women listen to the programme together, they also discuss the programme as a group and with their families.

Who is intended to change as a result of Phukusi la Moyo program implementation?

Phukusi la Moyo program has potentially reach 28,000 women who participated in the women and about 15 000 who become pregnant in the district and 125,000 children who are aged under five.

What activities does the Phukusi la Moyo consist of?

Programme development

The program started with a design workshop in March 2009, the partners collaborated in a five-day design and content creation, facilitated by three representatives from Story Workshop. Two representatives from Mudzi Wathu Community Radio Station, two from the District Hospital, two from Maimwana Project and three representatives from communities in Mchinji participated in the workshop which was supported financially by the Commonwealth of Learning with major in-kind contributions from all parties.

The workshop stimulated the development of

- A list of maternal and child health issues on which to focus the programmes core messages
- A message matrix listing, in relation to each issue, 1) negative behaviours/practices; 2) possible consequences of the negative behaviours; 3) positive/expected behaviours; and 4) the benefits of practicing the positive/expected behaviours.
- A programme matrix listing each programme in the series including the theme or the issues under discussion; the communication objectives (expected outcomes); the target audience; and likely interviewees.
- A format for the programme, in this case a magazine featuring interviews, debates, vox pop, drama, listeners' letters, quizzes, poetry and human interest stories.
- A set of programme success factors, including the roles and responsibilities of each partner.
- A strategy for the role of listening groups in the programme.

Materials for the first four programmes were also recorded from nearby communities during the workshop and the pilot programme was fully developed and edited – ready for broadcast. A further 13 programmes were mapped out in detail. The programme team also decided on the name and the time of broadcast.

Face-to-face learner support

One of the partners' objectives is to move beyond "messaging" and a one-way "pushing content" approach towards more interactive and engaged models for local educational programming. The Phukusi la Moyo programme has trained three representatives from 250 existing women's groups in the skills necessary to become effective listening and learning clubs. The training drew on the experience of both Mudzi Wathu and Maimwana Project. The participants from 250 groups were trained in the skills necessary to facilitate discussions about the programmes; facilitate the application of what women are learning to their own situations; and to facilitate group-based learning activities and skills development.

This network of groups covers approximately 350 villages and a total population of 145 000 people across the whole district. The groups were established by Maimwana in 2005 and have been engaging in a community mobilization action cycle in relation to mother and child health. This has involved meeting on a regular basis to: identify mother and child health problems; explore the causes of these problems and the ways to prevent and manage them; develop locally feasible strategies to address these problems; implement these strategies; and evaluate the results of these strategies on mother and child health. The activities are facilitated by trained local women who use visual aids such as picture cards and Participatory Rural Appraisal (PRA) methods to stimulate discussions. The groups are now finishing fourth phase of the second cycle where they are evaluating the impact of solutions employed to eradicate the identified problems.. The radio programmes provide information to these discussions and are further supported by the visual tools that the groups are using.

Quarterly core team meetings

The program involves quarterly core team meetings where by collaborative partners meet to discuss progress on program development and management which include; development of messages and program matrix, getting feedback from community representatives on programs listened and editing of upcoming programs by Mudziwathu program producers

Program broadcasting

Phukusi la Moyo is a 30 minutes weekly program aired very Tuesday and repeated every Friday. 112 programs since inception in 2009. Two volunteer producers work hand in hand with Maimwana staff, community representatives and hospital representatives in the production and broadcasting of the program episodes. This involves recording of program materials from community groups, meeting experts from the health office as well as community mobilisation for listenership.

What resources are required to implement Phukusi la Moyo program?

To ensure policy relevance and enhance potential for sustainability, the program is kept as low cost as possible and being implemented by local team which includes the hospital, community members, Mudziwathu radio station and Maimwana Project. This is enhanced by listening clubs which are locally organized groups who focuses on maternal and child health discussions; listens to the program, feed in their ideas on what is to be in a particular program and share their real life experiences on maternal and child health issues through program messages. The listening clubs received a three days training on the on set of the program to help them on how they can facilitate discussion on the program listened and to encourage fellow community members to listen and use the program messages. Group members' participation in the listening clubs is voluntary and they spare time and personal resources to manage and run the program at community level. Incentives are given in form of prizes during program competitions like t – shirts and small radios. Their interest is motivated through featuring their voices in programs which help boost their moral of continual listening.

What are the challenges faced in the implementation of the CLP (Phukusi la Moyo)?

Though the implementation sounds to be smooth the program is facing some problems which include frequent break down of the station, no reception in other parts of targeted areas and break down of radios for listeners. These contributes high to low listenership because once the listener's gathered to listen and the program is not coming or the station cannot be found they lose interest and it took some time to come back. Again the radios they are using were distributed long time in 2009 and are prone to break down as they fix a problem after a problem.

Conclusion

The radio program described in this paper seeks to improve the health of mothers and children and reduce maternal and child mortality and morbidity in Mchinji District, Malawi, through delivery of health messages using a high quality media communication to wider community. The program has been listened by a large rural population in the district and has been running since April 2009

It has been hypothesized that running the radio programme will encourage informational and attitudinal change to enhance motivation and risk reduction skills and self-efficacy to promote care and care seeking behaviours and other care practices in the community. As a result, it is through radio listening and message use that behavior change is triggered and which may help to increase health care seeking and care practices, behaviour change and reduce maternal and child morbidity and mortality. The impact of the participatory radio program on mortality and behaviour will be published early 2014.

Funding

The Phukusi la Moyo radio program is funded by two grants from Commonwealth of Learning - Canada (March 2009 to February 2010 and February 2012 to June 2012), Women group contributions – (July 2012 – November 2012) Currently the program is being funded from Maimwana main grant from Welcome Trust - Uk.

Competing interests

The author declares that has no competing interest.

Acknowledgements

The radio program funding was initially provided by Commonwealth of Learning with later contributions from group members and the Welcome Trust; I thank the many individuals in Mchinji District without whom the program would not have been possible. I particularly wish to thank members of all communities in the listening clubs (Maimwana women groups) which the project is working; the Mchinji district Health, Mudziwathu Community Radio station, the Maimwana office and field staff involved in running, monitoring and implementing the program; for their ongoing support, the Mchinji District Executive Committee, traditional leaders and other non-governmental organizations working in the district.

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