ASSESSING PARTICIPATORY RESEARCH FOR EFFECTIVE DESIGN OF HEALTH COMMUNICATION: A STUDY OF BBC RADIO PROGRAMME, *FLAVA*

BY

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BEING A THESIS PRESENTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE MASTER OF ARTS (M.A) IN DEVELOPMENT COMMUNICATION, AHMADU BELLO UNIVERSITY, ZARIA.

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DECLARATION

I,ANGULU VICTORIA TENI with registration number MA/ARTS/1463/2010-2011 hereby declare that this thesis titled **Assessing Participatory Research for Effective Design of Health Communication: A Study of BBC Radio Program *Flava***has been written by me in the Department of Theatre and Performing Arts under the supervision of Dr. Emmanuel Jegede and Dr. Victoria Lagwampa according to the guidelines of the post graduate school of Ahmadu Bello University, Zaria, the information derived from other literature has been duly acknowledged in the text by the list of references provided. There is no part of this thesis that was previously presented for another degree.

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Victoria Teni ANGULU, Date

CERTIFICATION

This project thesis titled**Assessing Participatory Research for Effective Design of Health Communication: A Study of BBC Radio Program *Flava*** meets the regulations governing the award of the degree of Master of Arts in Development Communication of Ahmadu Bello University, and is approved for its contribution to knowledge and literary presentation.

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ABSTRACT

The aim of this research is to determine the levels of participation in all the stages of the production of the radio program *Flava*. Health interventions are beginning to incorporate the use of audience participation in their research process although for some, participation is just a *talk* rather than a *walk.*The major objectives of this thesis are to assess participatory research in health interventions for effective communication and behaviour change; determine the extent to which the audience is involved in the research process of the radio programme *Flava* and establish how the participatory approach to research in the production of *Flava* can be used in radio programming. *Flava*tried to use participatory approaches in every aspect of production therefore this work attempts to look at how well the audience was involved and its corresponding effect in the overall output of the program. It also tried to find gaps in their research approaches and proffer solutions to the processes of health communication and research. The findings of this research imply that participation is key in any health intervention although it is hardly possible to involve all stakeholders in a community of a diverse nature. Young people who participate in any behaviour change intervention are more likely to change their behaviour rather than those who do not or who have no opportunity to participate.The recommendations revolve around empowerment of health communicators with expertise and skills to help them communicate better and more effectively

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CHAPTER ONE

GENERAL INTRODUCTION

1.0 Background to the Study

The concept of communication as an effective change tool for development has evolved over the last three decades. The conceptual framework for communication has since expanded considerably. The key elements of development communication for social change emphasise audience participation both as a social and an individual process (Baylis and Smith, 2001).

The end of World War II brought about drastic changes to economic systems around the world. The United States of America pushed for the creation of a group of governmental and non-governmental institutions tied innately to it in order to stop poverty, hunger and disease in the third world while fostering development and growth (Baylis and Smith, 2001). They further argued that the initial phase witnessed the dominant development paradigm based on the experiences of the industrial revolution in Europe and U.S.A and the emergence of a capital intensive technology era that are equated to economic growth. During this period, it was assumed that development could be achieved easily through transfer of western technology.

Development was thought to be triggered by the widescale diffusion and adoption of modern technologies. Such modernization was planned in the national capitals under the guidance and direction of experts broughtin from developed countries. Often, the people in the villages who are the "objects" of these plans would first learn that "development" was on the way when strangers from the city turnedup, frequently

unannounced, to survey land or look at project sites. In some instances, they simply brought services that they thought the people would need.

Mass communication played an important role in promoting "modernization" which then was perceived as development. Radio was one of the main media used. National leaders, bureaucrats, and experts broadcast passionately from the cities about the wonderful differences which the adoption of new and foreign ideas would bring to the lives of the people. They talked at length about methods of farming, cures for diseases, importance of sending children to school, advantages of having fewer children, desirability of having a stable government, and so on.

The radio was the first electronic device to allow for mass communication. It has enabled information to be transferred far and wide, not only nationally but internationally as well. The development of radio began in 1893 with Nikolai Tesla's demonstration of wireless radio communication in St. Louis, Missouri. The radio was a 'magic box' then. It allowed information to be moved to several places all at once. His work laid the foundation for those later scientists who worked to perfect the radio we now use. In similarvein, radio broadcasting was introduced to Nigeria by the British in 1932, when British Broadcasting Cooperation (BBC) signals were relayed to receivers through the re-diffusion system. In 1951, the Nigerian Broadcasting Corporation (NBC) was inaugurated but later dissolved and handed over twenty of its stations to state governments. This development birthed the use of mobile cinemavanswhich tooknew information closer to the people living at the suburbs.

As the mobile cinemavan became a common sight in the villages, the mass media served as agents and indices of modernization in the developing nations. Yoon (2004) explains that the micro level research in this tradition focused on social psychological

characteristics of individuals which were considered necessary for a successful transition from a traditional to modern society. It was one of the most popular diversions in rural communities because these vans commonly first screened cartoons and comic films so as to draw the crowd to watch the newsreels and agricultural extension productions which followed later. It was a powerful tool thatgraphically demonstrated the wonders of modern science. It showed the beautiful homes and carsof rich Western farmers, and projected the image, voice and charisma of aspiring political leaders. The private sector soon followed suit and sent their own vans to entertain with other cartoons and comedy shows, and most importantly for the companies to screen advertisements for their wares.

According to Baylis and Smith (2001), government extension workers trained in the towns became the frontline communicators repeating to farmers in their fields what they had just been taught in the towns. Posters, leaflets and other publications were important instrument used as a part of this approach. It became known as Development Support Communication; a term coined by Food and Agricultural Organisation (FAO) of the United Nations (UN). The approach had a wide following because much of the earlier development efforts in the South were aimed at farmers (Rogers, 1983).

Hence, the role of communication within this dominant paradigm was one directional. The mass media was assumed to have a powerful effect without a concordant analysis for the implication of exposure to it.The mass media is assumed to have the potential of blowing the wind of modernization into isolated traditional communities and replacing the structure of life, values and behaviours there with the ones seen in modern or western society. In this approach the mass media was considered as the ideal vehicles for transferring new ideas and models from developed nations to the third world and

from urban areas to rural country side. The mass media was entrusted with the task of preparing individuals in developing nations for rapid social change by establishing a climate of modernization. They were thought to have powerful, uniform and direct effects on individuals in the third world. Information therefore was considered to be the missing link in the development chain. The quality of information available and its wide dissemination was a key factor in the speed and smoothness of development (Schramm, 1964). Adequate mass media outlets and information would act as a spur to education, commerce and chain of other related development activities

After a number of trials, development was intangible and elusive in developing countries, the overall approach to modernizing the developing world eventually ran into problems. For participatory theorists and practitioners, development communication required sensitivity to cultural diversity and specific context that were ignored by modernization theories. The lack of such sensitivity accounted for the problems and failures of many projects. Experts learnt that development was not restricted to just building roads, piping water, and distributing electricity nor was it limited to increasing farm yields per hectare, or switching farmers over to cash crops. Modernisation was centred around diffusion of new innovations and was aimed at farmers.

Many of the agricultural extension projects failed because farmers were reluctant to abandon their timetested ways for strange new methods. They were also nervous about planting exotic crops which they could not eat but had to sell for money with which to buy food from the market. When pipe borne water arrived, it was frequently used for washing rather than drinking and cooking because the people disliked its taste (Mckee, 1992). Adopting the ‘alien’ information communicated to the people was a bigger problem. Because the development had been centrally planned without any consultation

with people, wrong solutions were often proffered to communities. Yoon (2004) laments that high yielding rice varieties were pushed when the real problem was the low price of the commodity. Farmers were given detailed instructions on improving soil of land that they did not own and in addition to that they were at constant risk of being evicted from the lands. Mothers were lectured on the bliss of two-child families when fathers were bent on having at least six or more children to help work the land and tend to the livestock. After the issues of agricultural communication had come a long way, issues around health communication however began to emerge, interest began to shift in this direction given the understanding that the wealth created by agriculture could not be sustained without the good health of the farmer and his family. The expensive failures of the top-down, mechanistic approach were noticed in the cities. Activists began to loudly criticize them as they focused on the symptoms, not root causes of poverty. They were appalled by the arrogant top-down communication which fractured fragile developing communities by under-mining indigenous knowledge, beliefs and social systems. They were also furious with development plans which catered more to the interests of the city elites than the people in the villages. The reaction against modernization (and to some extent the realization of global structural imbalances) gave birth to various participatory approaches. They shared the common intent of actively involving people who were the "subjects" of development in shaping the process (Yoon, 2004).

The emergence of participatory communication as a strategy contributed to the advancement of development for social change. This participatory model views ordinary people as key agents of change or participants for development. Hence, it is designed for or aimed at people’s liberation and emancipation with due respect and

careful thought to local cultures and basic needs. Participatory model also sees people as the nucleus of development where development focuses on education and the stimulation of people to be active in self and communal improvement with due consideration to their culture, intellect and maintenance of their environment (Yahaya, 2008).

Also, for the first time development communication was no longer in the exclusive domain of the professionals. The question of who initiated a communication, how decisions were made leading-up to the communication became more important than what was being communicated. Communicators were no longer neutral movers of information but were intervening actively to trigger changes aimed at encouraging people's participation. In many ways the "techniques" of communication had not changed. What had changed profoundly were the ideologies and philosophies behind the practice of the techniques (Mody, 1991).

The emphasis on interpersonal and traditional methods encouraged the development and use of these communication methods which had been largely ignored until then. Street theatre, folk-songs, speech, and group activities became important and effective channels for participatory communication. Large scale national communication activities were set aside in favour of small localized and intimate programmes. The stress on interpersonal approaches at first suggested a small-scale, community-based approach to participatory communication. Speech, traditional folk media, and group activities were considered the most appropriate instruments for supporting the approach. This early thinking ignored the mass media by not suggesting any roles for them. Practitioners in the mass media responded by innovating their own approach towards participatory communication. Community radio scored some of the early

successes. The large, centralized model of the city-based station was replaced by small operations broadcasting on low-power transmitters owned by trade unions, churches and other communities. The people produced and voiced the programmes which were focused on local issues which were most current and important to them. Such innovations made way for participatory communication to be practised at both the community or village level and at the broader regional or sub-regional level (Yoon, 2004).

Participatory principle involves the strengthening of democratic processes and institutions at the community level and the distribution of power. This is with the hope that participation will result in redistribution of elite's power and ensure fully fledged democratic process at the community level.

1.1 Participatory Research

Pant (2004) explains that participatory research evolved as an alternative system of knowledge production by challenging the premise of conventional social science research methodology. The premise is that social science researchers can approach research sites in a neutral, objective, and value free manner. As an alternative, participatory research recognized average people as researchers themselves, in pursuit of answers to the questions of their daily struggle and survival. People engaged in participatory research do two things simultaneously - they enhance their understanding and knowledge of a particular situation and they take action to change it to their benefit. Knowledge for the sake of knowing is deemphasized; knowing is linked to a concrete action. This enhances the quality of knowledge and informs the basis for action. This is the starting point of Participatory Research, which is always 'collective' in nature whose process requires groups of people engaging together. The most important step in

this context is collective analysis of a given situation. This is a significant distinction from classical social science research, which is typically an individual's effort where he or she is seen as knowing the problems and having the solutions.

Pant (2004) furthers the concept of participatory research by submitting that those involved in participatory research make use of several concepts such as conscientization, indigenous knowledge, control and empowerment, action orientation and outsiders as facilitators. Participatory Research is instrumental in bringing about change at an individual level and it also emphasizes the importance of collectives of individuals in understanding and transforming social reality. The process of collective discovery and decision making enables individuals to accept change more readily. Participatory Research has promoted the use of mobilization and community organization strategies, particularly amongst oppressed sections of society. According to Pant (2004:95), in the early 1960s, Latin American social scientists, stimulated partly by the success of the Cuban revolution, began exploring more committed forms of research. Paulo Freire (1970) and his colleagues in Latin America developed widely influential concepts for education among the urban and rural poor. He developed a theoretical framework, which shared the basic premise of education that adults should have control over the content and form of their education. His dialogic approach to adult education engages individuals in critical analysis and organized action to improve their situations.

In these dialogues, educators and "students" move toward a critical consciousness of the forces of oppression and the possibilities for liberation. One of the most useful roles that Paulo Freire played was to bring some of the current ideas of Latin American scientists to the attention of people in other parts of the world. His work on Thematic

Investigation (1973), first in Brazil and later in Chile, was an expression of this search. In Paulo Freire's work on conscientization, Pant (2004:95) explains and reinforces the notion that socially marginalized people could be involved in the production of knowledge. Building on the premise that 'knowledge is power', the participatory research approach assisted socially marginalized people to critically investigate their reality, analyse it, and then undertake collective action to bring about constructive changes in their lives.

Participatory communication and research have a huge role to play in health communication. The lines that divide these concepts are blurred and together they perform exceptionally. Health communication has received global recognition and increasing importance following the rise in health concerns around the world. This concept is seen to have relevance for virtually every aspect of health and well-being, including disease prevention, health promotion and quality of life (WHO, 2009). This increase in the prominence of the field, externally, is happening side by side with important developments taking place; internally, one of which is the focus on the study of environmental, social and psychological influences on behaviour and health. Given the global challenges posed by major threats, health communication scholars and practitioners recognize the importance of prevention and, with it, the need to understand human behaviour through the prism of theory.

Intervention efforts to change behaviours are communicative acts. By focusing mostly on the transmission function of information exchange, such efforts often neglect ritualistic processes that are automatically engaged through communication(Rimal, R, 2009). In adopting the transmission view of communication, it is reasonable to think carefully about the channels through which intervention messages are disseminated, to

whom the message is attributed, how audience members respond and the features of messages that have the greatest impact. These considerations reflect the essential components of the communication process: channel, source, receiver and message, respectively. In the ritual view, however, target audiences are conceptualized as members of social networks who interact with one another, engage in social ceremony and derive meaning from the depiction of habitual behaviours. Communication is a dynamic process in which sources and receivers of information continuously interchange their roles. One of the central tenets of health communication interventions is the need to conduct extensive formative evaluation, audience needs assessment and message pretesting.

Use of these health communication principles in public health presents challenges. First, the evaluation of communication interventions, especially those using national mass media (e.g. radio), does not usually lend itself to randomized trials. Hence, innovative methodological and statistical techniques are required for attributing observed outcomes to intervention efforts. The responsive and transactional nature of health communication interventions also means that adjustment in intervention messages may occur, adding an additional challenge to the evaluation process. Second, the recognition among behavioural scientists – that causes of human behaviour reside at multiple levels that reinforce each other – poses difficulties in designing and testing multilevel interventions. This difficulty of health behaviour factors also requires a multidisciplinary approach for effectively promoting change, which further means that interventions need to incorporate expertise from a variety of professional backgrounds.

Finally, because of the rapidly changing communication channels, health communication interventions need to make extra efforts to meet their audiences at their

level of technology use.Health communication has much to celebrate and contribute. The field is gaining recognition in part because of its emphasis on combining theory and practice in understanding communication processes and changing human behaviour. This approach is relevant at a time when many of the threats to global public health (through diseases and environmental calamities) are rooted in human behaviour. By bringing together researchers and practitioners from diverse disciplines and adopting multilevel theoretical approaches, health communicators have a unique opportunity to provide meaningful input in improving and saving lives.

1.2 Statement of the Research Problem

Essential to any health communication effort is strategic research to find out what is most important. Dialogue is very important for communication to be effective. Health interventions are carried out without the effective and proper involvement of the receivers. Improvement in health is not achieved because most of the time health communication is not backed up by adequate research and most importantly, participation. The problem in most cases is not the channel, but the content of the messages and how well audience members or stakeholders can relate with the messages being passed. There is hardly any reasonable dialogue with stakeholders before health intervention messages are developed. People are slow to change their attitudes and traditions and with good reason, they are true to what they believe is right which must be respected hence the need for dialogue as to what should be as opposed to what is.

Benefits are meant to be communicated before a corresponding change of behaviour can be achieved. There is also a need to stimulate health communication practitioners to come up with ideas that involve participation for effective behaviour change. Health

communicators need to get rid of old traditional systems where the source is considered more important than the destination. This is the problem this research aims to address.

Media production skills have their place, but to put them in first is to mistake the lesser (talking) for the greater (listening). No matter how much money an organization may spend to hire the best trained producers of broadcast program or no matter how much foreign exchange equipment and trainers, any organization that excludes the audience from the message design process is destined to be merely an information distribution organization. It will have no capability to reach an identity of meaning with the audience. And this is what is still often experienced in some health communications programming for the mass media in Nigeria. The program invariably is not of the people and by the people.

1.3 Aim and Objectives of the Study

The aim of this study is to explore the use of participatory research to transform the audience from being passive receivers to active participants in health communication especially in radio production process.

The specific objectives of this study include:

i. To assess participatory research in health interventions for effectivecommunication and behaviour change;
ii. To determine the extent to which the audience is involved in all stages ofproduction of the radioprogram *Flava*.
iii. To establish how participatory approaches to research can be deployed to enhance radio programming especially on health issues.

iv. To explore the origin of*Flava* and determine its strength to communicate health.

1.4 Justification for the Study

Nigeria, as the most populous country in Africa, has received many collaborative supports from international donors, government agencies and organizations for its public health communication programmes. Positive results are expected to follow such programs in almost all fields of public health such as family planning, HIV/AIDS and others. This research points to the shortcomings of some of the health communication approaches and discovers that a number of the population live in the rural areas and still uphold old health beliefs. It is not enough to send forth information to correct such beliefs; therefore the best approach is considered through participation which engages the audience directly.The methodology of *Flava*offers that new approach of creating contents for radio programmes instead of radio creating programmes for its consumers.

The communication approach of the health programme, *Flava*is redefining the whole concept of radio programming. It raises serious questions and debate over who should write or generate the content of radio programmes, who should edit its contents and what could serve as information or news. Is information on health communication what editors think they are? How accurate is the information gathered by the reporter and edited by the editor? Could the unedited information given by the population be informative without gatekeeping? Who writes the script for health communication in radio broadcast? These are some of the concerns that *Flava*addresses.

It is believed that poor communities would begin to live better as a result of information capsules distributed promptly through communication pipelines covering the country

because it is fast, easy and low cost. Such methods seem preferable to the labour – intensive, time consuming job of visiting each community to resolve their problems. The media are channels for information delivery; the availability of such hard-ware does not guarantee that the information delivered gives audience what they need, when they need it and in the form they need it. The idea of using mass media in health communication is a good beginning but alone, it may not lead to national development anywhere. Mass media organizations usually have some form of strong audience research mechanism. This may not always be in the form of letters from listeners or readers, quizzers or phone-ins. The feedback and feed-forward come through people interacting face to face with media workers and the people sharing their views on media. Feed forward is considered more important than feedback among some media workers because feedback is when people react to stories or programs conceived independently by media workers while feed forward is when people tell media workers what is important for media coverage and discussion which is what this thesis advocates.

1.5 Scope of the Study

This study focuses on the effects of participatory research on health communication approaches using the BBC radio programme,*FLAVA*as a case study. It explores the strategies for generating content for health research on radio and examines the communication research design of *Flava*. The work addresses typical concepts such as "participation", "participatory research", "participatory approach", "communication", "healthcommunication""radio" and "radio programme" These concepts are explored in order to give solid foundation to the work under study.

The study also examined the radio program *Flava* in three stages of production; the baseline research at pre-production stage of *Flava*, the production stage and the post production stage. At the production stage, the program was analysed using formats. There are several episodes that make up a format. Not all episodes can be captured in a format therefore the episodes that most captures the topic of discourse shall be addressed as a representation of a format.This study did not go outside the frame or contents of *Flava*. Hence, issues on health communication relating to agriculture, gender mainstreaming and other emerging areas of health communicationwere not discussed.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.0 Introduction

The intent of this review is to provide a critical overview and review of key concepts and related materials. It also examines the relationship between participatory research and health communication from the perspective of both the health consumer and the health communication professional.

2.1 Health Communication in Relation to Participatory Research

Health communication is defined by Healthy People (2010) as the study that encompasses the use of communication strategies to inform and influence individual and community decisions that enhance health. It links the domains of communication and health and is increasingly recognised as a necessary element of efforts to improve personal and public health.

The scope of health communication includes disease prevention, health promotion, health care policy, and the business of health care, as well as the enhancement of the quality of life and health of individuals within the community which may also include reproductive and sexual health concerns. Disease prevention is cheaper given the huge cost involved in obtaining quality health care which is almost non-existent especially in third world countries. Therefore to realize disease prevention and health promotion it is important to know the behaviours and practices that mitigate healthy living and to do this it is imperative to involve such people since it is their lives at stake. This is where participatory research comes in to play.

No general definition exists for the concept of Participatory research. Rather, several scholars have tried to define and redefine it. Nair and White (1993) submits that

participatory research in communication is “The opening of dialogue, source and receiver interacting continuously, thinking constructively about the situation, identifying developmental needs and problems, deciding what is needed to improve the situation, and acting upon that”. Servaes (1999:33) also describes the process of participatory research communication as ‘an activity that no longer attempts to create a need for the information one is disseminating, but rather disseminates information for which there is need’.

The researcher agrees with the definition by Nair and white (1993) which reaches a decision that not only does participatory research involves opening a communication channel between sender and receiver, there is also thinking constructively about situation and deciding what needs to be done and beyond that, doing also what need to be done.

Jacobson and Kolluri’s (1999) idea of participatory research focuses on communication among local community members engaged in development efforts. It has also been used to refer to communication between community members and outside experts, academics, and field workers, but in such instances information transfer is de-emphasized and the process of dialogue among participants is instead emphasized.

Although the range and type of participatory research has expanded over the 30 years, the defining characteristic of this research process is still involvement of relevant stakeholders. The function of participatory research is to generate new knowledge that can be used in the context of development process to bring about desirable outcomes. According to DFID(2006), participation can change the nature of research, reducing the need for high levels of human and financial resources which can be channelled towards other aspects of development. The need for research in health communication cannot be

overemphasised for example in a rural community stricken by cholera it is not enough to send medical personnel to treat infected persons but researchers should also be involved to figure out the root cause of the problem and tackle the problem. That being said it may not be possible to effectively engage all community members in participatory research processes for several reasons for example heterogeneous, mobile or even disjointed communities. Many development projects or interventions using participatory projects often encounter the problem of unrealistic expectations. This is because asking stakeholders to define their problems and participate in finding a solution can raise expectations about the possible outcomes.

According to White (1999), authentic participation of grassroots people may still be more of an ideal than a reality. Individuals and agencies actively engaged in development are conscientiously struggling to move beyond theorization to achieving this ideal. Based on White's observation and inquiry, there seems to be an ever increasing overt recognition of the need to involve oppressed and disadvantaged people in the flow of decision making and action required for decision development. But it is not as though that recognition will facilitate participation of the people and make it happen. It would not be appropriate for a development professional to talk about participation as being pretty simple. But to "walk the talk" with a commitment to make communication happen is not easy.

White (1994) points out different types of participation that can be found during projects which may include either development projects or health interventions projects; these include:

a) **Passive Participation**: People participate by being told what is going to happen or has already happened. It is a unilateral announcement by an administration or

a project management without any listening to people's responses. This has been the usual approach of bringing development to the people. It is assumed they know what the people want.

b) **Participation by Consultation**: People participate by being consulted, and external agents listen to views. These external agents define both problems and solutions, and may modify these in the light of people's responses. Such consultative process does not concede any share in decision making, and professionals are under no obligation to take on board people's views.

c) **Participation for Material Benefit**: People participate by providing resources such as labour, in return for food, cash or other material incentives. Much on farm research falls in this category, as farmers provide the fields but are not involved in experimentation or the process of learning. It is very common to refer to this as participation yet; people have no stake in prolonging activities when incentives end.

d) **Interactive Participation**: People participate in joint analysis, which leads to action and the formation of new local institutions or the strengthening of existing ones. It tends to involve interdisciplinary methodologies that seek multiple objectives and make use of systematic and structural processes. These groups take control/ownership over local decisions and so people have a stake in maintaining structures or practices.

e) **Self-Mobilization**: People participate by taking initiative independent of external institutions to change systems. Such self-initiated mobilization and collective action may or may not challenge existing inequitable distribution of wealth and power.

f) **Functional Participation:** People participate by forming groups to meet predetermined objectives related to the project which can involve the development or promotion of external initiated social organization. Such involvement tends not to be at early stages of project cycles or planning, but rather after major decisions have already been made. These institutions tend to be dependent on external initiators and facilitators, but may become self-dependent.

g) **Participation in Information Giving**: The information being shared belongs to the external professionals. People participate by answering questions posed by extractive research using questionnaires, surveys of such similar approaches. People do not have the opportunity to influence proceedings, as the findings of the research are neither shared nor checked for accuracy.

If health communication is to be effective, it is important that the level of participation by stakeholders is complete and not forced. Those who design interventions to improve health behaviours are faced with a number of decision points when developing interventions. These decisions include the primary goal of the intervention, its target population, and the selection of messages for the intervention. Fishbein and Cappella (2006:39) explain that information and education play vital roles in promoting health including preventing, managing, and coping with disease, and in supporting appropriate decisions across the spectrum of health care. For individuals, effective health communication can help raise awareness of health risks, provide motivation and skills to reduce them, bring helpful connections to others in similar situations, and offer information about difficult choices, such as health plans and providers, treatments, and long-term care. For the wider community, health communication can set the public and

social agenda, advocate for healthy policies and programs, promote positive changes in the socioeconomic environment and health infrastructure, and encourage social norms that benefit health and quality of life.

Health communication encompasses the study and use of communication strategies to inform and influence individual and community decisions that enhance health. It links the domains of communication and health and is increasingly recognized as a necessary element of efforts to improve personal and public health. Health communication can contribute to all aspects of disease prevention and health promotion and is relevant in a number of contexts (Fishbein and Cappella, 2006).

To date, audiences in Nigeria have been swamped by a message culture which within the context of health tends to tell people what is good for them, and generally has been rather moralistic in nature. Educational and communication channels are filled with radio jingles, public service advertisement, soap operas, brochures, posters and health talks: all produced to sensitize and inform people which should result in increased awareness and knowledge. The assumption is that if people know about risk factors for disease and about ways to minimize the risk of illness, they will take desired action. Although that may not be entirely precise because there is need to communicate a benefit for behaviour change to happen.

In reality, these approaches have not been sufficiently targeted to their audiences and their needs and have suffered from insufficient resources and/or professional engagement about the choice of communication vehicles to use and its actual impact. This is because of the absence of research. Awareness and increased knowledge does not necessarily translate into behaviour change. The extent to which an individual or

community is ‘empowered’ to make decision to change their behaviour is determined by social factors such as gender, resources, class and education. What research does is

to stratify these social factors and find ways to tackle them individually.

All communication is contextual; it does not happen in isolation and depends on whom and where people are, and their cultural and societal relationship to each other. Complex health care challenges increasingly call upon a more holistic response. In order to catalyse behavioural changes at a societal scale, health communication programs must also address the cultural and social dimensions of health care challenge. When working in a new cultural environment, health workers cannot assume that other cultures readily share, or are ready to submit to, their philosophies and belief systems. Instead, they must engage with other cultures in a respectful manner in order to understand how different cultures approach and think about various aspects of healthcare. Perceptions about what is important to loved ones and peer, and fear of stigma or consequences are key factors taken into account before people change the way they act.

The implications for health and health seeking behaviour are clear; messages will only be effective if they are relevant to audience members’ lives, if they define a key benefit of the action being promoted and if the recipients of the information have the authority to take decision. This is where research comes into play. The interplay between research and health communication make it easy for behaviour change to be achieved because there exists a focus which is brought about by research therefore health communicators can take it up from there. Health communicators now know from which angle to tackle a health problem and how best to communicate.

The researcher therefore argues that for health communication the researcher is concerned that the key element of participatory research is not in the methods but rather the attitude of the researcher which in turn determine how and by whom it is conceptualised and conducted. The key difference between participatory and other research methodologies lies in the location of power in the various stages of the research process.

According to Cornwal(1995), one of their key strengths resides in exploring local knowledge and perceptions. Some conventional research methodologies require researchers to continually adapt their approaches, learn cumulatively from their informants and use the categories or concepts informants provide them with. He also presents the argument that the difference between conventional research and participatory research is the alignment of power. While Cornwall and Jewkes (1995:1667) are of the opinion that there are challenges and contradictions to participatory research in practice, they also believe that participatory research methods can be used not only to enable local people to seek their own solution according to their priorities, but also to secure funding to co-opt local people into the agenda of others or to justify short-cut research within a top-down process.

One of their argument is that since all researchers are by definition also participants in research activities, what makes research participatory? Servaes (1995:80) sees participatory research as democratic. Thematic investigation thus becomes a common stirring towards awareness of reality and towards self-awareness. Paulo Freire's ideas on education, conscientization and participatory development have assumed the status of external and universal truths which can be applied in any developing society. From a 'Freirian' point of view, it is an educational process in which the role of the educator

and the educated are constantly reversed and the common search unites all those engaged in the endeavours. It immerses the exogenous ‘researcher’ in the setting on an equal basis.

In problematizing participatory research, we draw attention to some of the potential pitfalls. Yet this does not devalue the important part a participatory attitude and approach can play as a force for empowerment and development. Ultimately, participatory research is about respecting and understanding the people with and for whom researchers work. It is about realizing that local people are knowledgeable and that they, together with researchers can work towards analysis and solutions. It involves recognizing the rights of those whom research concerns, enabling people to set their own agenda for research and development and so giving them ownership over the process. Not only can insights of local people improve the quality of research and ensure face validity, their involvement has important implications for the sustainability and appropriateness of interventions (Servaes, 1995:80).

Although Servaes acknowledges the strong points of participatory research, it is safe to say that not every situation requires local knowledge or giving power to the people especially when it comes to health communication, there could be myths and misconceptions which are harmful to one’s health. In such cases local knowledge should be re-addressed. When health communicators are dealing with issues such as HIV/AIDS, local knowledge can be gathered and myths rectified.For example, some people believe that an infected person can be cured when they have intercourse with a young virgin. Such myths are popular in Southern Africa and called ‘the virgin cleansing myth’.

Furthermore, under-informed communities often believe that certain illnesses cannot be cured, and so they give up before seeking help. Such misconceptions, which actually intensify the health crisis, must be rectified through effective health communication. In such cases, local knowledge are better readdressed and placed in the right perspective. One of the major challenges to the designing, implementing, and evaluating public health programs that address private behaviour is the traditional beliefs of people in health behaviour towards issues that affect their lives and that of the public such as family planning and sexual behaviour. There are implicit power relations at work in many cultures that can hinder effective health care delivery if they are not taken into account during program planning. Notable among these unprofitable practices as pointed out by Adejimola (2010) are: the tenacious hold unto polygamy as a way of life, test of manhood as yard stick for social status; multiple child bearing, un-spaced child bearing, and consolatory pregnancies and of course apathy to family planning. To such people who still live in the past, polygamy is part of their cultural identity which cannot be discarded or allowed to be supplanted by what they believe to be "western monogamous nonsense". To them, the size of a man's harem is a testimony to his maturity, manhood and virility.

Consequently there is no check and balance to child bearing. On the liberal side of the argument, it is the private decision of some people, as regards the number of children one should have. On the conservative side however, it is only God or the gods as the case may be, that has or have the sole mandate of deciding the number of children a family should have. Other unhealthy practices which need intervention are numerous such as unethical and unsafe activities of local midwives in child delivery, unhygienic

methods of child care, termination of unwanted pregnancies, female genital mutilation, family planning, early marriage and so on.

In view of many impediments to healthy life, what is needed is systematic health communication strategy in the view to reorienting and conscientizing people (Adejimola, 2010:117). Essentially, communication is a tested and trusted process of enhancing change in knowledge. However, communication especially one that pertains to a person's health should convey advantages and disadvantages, and present a positive behaviour with rewarding consequences. In functional terms, according to Piotrow et al, 1997:112, systematic communication strategy must make provisions for the following to be effective - an assessment of the communication needs of the society; relevant training, communication skills and management; specific materials like posters, videos, brochures and others; technical assistance to communication strategies and campaigns; evaluation of communication interventions. Often, especially when working in a different cultural and social context, it is necessary to engage with a community "from within" in order to build an environment of trust. Understanding the cultural practices of a given community can shape the problem-solving approach in crucial ways. To engage strategically with culture in developing healthcare programs is to look at the way in which culture influences lifestyles, in particular their attitudes towards health, and using the knowledge thus acquired to develop a culturally-relevant intervention program.

It is expected according to (Kincai, 1988; Kiragu *et al*, 1996; Piotrow*et al*, 1997:112) that the challenge for health communication, in the face of rapid developments is that it will have to adapt to new changes in different areas. This could include audiences, channels of communication to suite kind of audience, behavioural science theory, and

research, values and mandates, organizational structure and political environments and resources.

2.1.1 Changing Audiences

There are expected changes in population especially in three areas of size, age, structure and location. These are variables and they alter with varying conditions and issues.

a) **Size:** To reach and serve an audience as large as that of Nigeria, will require massive new communication programs, a whole array of additional and new mass media programming community's activities and training programs to meet the need of the large audience will be required.
b) **Age structure:** The challenge in this area is how to segment the potential audience. In fact, programs will need to create messages that adults find acceptable and young people find relevant. To further segment this, then the sexes would need to be put into consideration with the peculiarities therein.
c) **Location:** as Nigeria experiences migration from rural to urban and peri-urban areas, change in population distribution will pose challenge for health communication programs as mobile populations are hard to reach and hard to provide with continuing services.

2.1.2 Changing Channels of Communication

Certainly, among the most obvious challenges to health communication, in the twenty first century, will be in channels of communications themselves. Evidently, the world is undergoing a communication revolution that has produced a 'global village'. Databases, accessible *via* the internet or on CD-ROM, expectedly, may replace libraries or reach out to places where libraries moved considerably from print space to air space and to cyberspace within a few decades. This new access to information revolutionises the

way many people communicate, forging direct links among groups and individuals on a scale never before imagined. As new technologies and approaches to communication create new expectation, mass media and health communication will essentially need to become more participatory. The Nigerian audience of the future will want and expect health communication to be a dialogue rather than a lecture.

2.1.3 Changing Behavioural patterns in Communication through Entertainment

Entertainment has been acclaimed as a good approach for health education and a good way to communicate social messages (Yahaya, 2008). This opinion is based on various scholarly view points; from historic and pre-historic reliance of African cultures on storytelling and performance arts to transmit social values, to experiment evidence that, release of adrenaline and non-adrenalin, triggered by emotional events in a story, enhance memory of those events. It is expected that better synthesis of these varying viewpoints would improve the ability to communicate messages that will help most people to adopt a healthier behaviour.

2.1.4 Changing Values and Mandates

In the 1980's, the emphasis of health communication was mainly on family planning (Hornik, 1989). However new concerns over other health issues such as HIV/AIDS in the 1990's created new demand for health communication to encourage sex responsibility. More changes in values continue to influence emphasis on other health issues such as quality health care, safe motherhood, and protection from sexually transmitted diseases, environmental health began to crop up.

2.1.5 Changing Organization Structures

A global wave of decentralization and privatization is in progress. In the face of this trend, the first requirement of the Nigerian government would rationally be to build an effective local advocacy for health communication. A second requirement would be

more training for grass root and private sector workers. Furthermore, it may also mean more privatization of communication functions and more involvement of volunteer and non-governmental organizational activities.

2.1.6 Changing Political Environment and Resources

Many setbacks on financing public health communication programs may occur as a result of instability and lack of political will of government, especially in the third world countries. If a public fund for health promoting is inadequate, new strategies to share cost and to generate revenue from other sources will be necessary.

The Nigerian government has shown ineptitude in effective health communication due to the amount of time and resources it takes to implement interventions. Health educators sometimes develop strategies and materials without involving members of the intended audience in the process the most frequently cited reason is that involving the community members "take too much time" Involving others in the decision-making process may be more time consuming, but a program's success depends on it. Including community members in all phases of planning helps ensure the program's acceptance, relevance, and effectiveness. This most times is left to international donor organisations and non-governmental organisations to fund and implement which does not give room to developing countries to work out effective strategies on their own thereby bringing about development. Countries like Nigeria with poor health systems are now left to depend on international organisations to solve their health problems.

2.2 Health Communication in Radio

Health communication through radio is not a newcomer in development communication in Nigeria. What is new is the diffusion of health communication on global computer network; a network that links computer all over the world by satellite and telephone,

connecting users with service networks such as e-mail and the World Wide Web. This development has birthed many forms of communicating information virtually and has overall deconstructed the traditional conception of radio. The internet radio is one of such developments that have helped listeners to access information or programmes worldwide, not minding the geography or distance that divides people. Health communicators have largely taken advantage of this development to access information and keep themselves abreast on the development from distant lands. Most of the health programmes aired on the South Asian and in the South American airwaves could be received in Africa and this is creating a seamless world which is helping health communication research. Researchers and professionals in health communication in Nigeria have benefited largely from the information which virtual radio offers. The implication of this is that *Flava*is not just a radio programme aired within the boundary of some cities in Nigeria but it is a worldwide radio programme which many folks in distant countries accessed and contributed to by engaging the interactivity of the electronic media.

In Nigeria, there have been many health related radio programmes sponsored by several multinationals, individuals, organizations and corporations. These programmes have employed several methodologies in communicating issues relating to gender, women and children issues, and health; as in HIV/AIDS. One of such radio programmes which have been proven effective is radio drama.

Radio-drama as a means of health communication is a popular approach to educating the public about health issues worldwide. In Nigeria, one of the most celebrated and longest running radio-drama on health communication is the Society for Family Health's radio drama serial, *One Thing at a Time*. Since 1998, it has been a weekly

broadcast in a total of over forty-seven radio stations nationwide and in four languages. According to Anyanti et al (2008), the drama serial is based on the social cognitive theory, particularly the imitational learning component and encompasses four elements: informational, development of risk reduction skills; self-efficacious skills to practice behaviour, and behaviour maintenance.

The radio programme focuses many sexual health issues, geared to appeal to all men and women of reproductive age. It uses comedy to communicate the extant health issues yet seriously putting to focus the preventive systems to manage such issues. It is a fifteen minute long twenty-six episodes that is broadcast twice weekly in Pidgin in Southern Nigeria. It communicates health issues such as HIV/AIDS, safer sex practices and family planning.

Written by Agbogun Eseoghene, *One Thing at a Time* has been succeeded by other radio programmes on health communication. Examples of these are *Garin Muna Fata* (2004-2008), Hausa language radio drama that ran on seventeen Radio stations in Northern Nigeria funded by the Department for International Development (DFID) and USAID; *Abule Olokemerin* (2004-till date), A Yoruba language twenty-six, fifteen minute radio drama on Reproductive health, family planning, material and child health funded by the USAID for Society for Family Health; and *Rue Chi Ofufo*, an Igbo radio drama produced for Future's Group Europe. Other radio programmes that have addressed health communication include: *Orita Aje* (2009); a radio drama for COMPASS PROJECT, funded by the John Hopkins University, Centre for Communication Programmes; *Odejinji* (2004- till date); *Ilu Adegboro* (2010-2011), a radio drama on malaria prevention intervention part of the Global Fund round 8 malaria programme; *Where the Shoe Pains*; a drama produced for the Ministry of Health and

Live Rig Drama serial directed for Society for Family Health's mobile awareness programme.

As popular as these radio-drama programmes are, their methodologies identifies with the I-know-it-all technique and there is minimal participation because the dramas are done based on desktop research, where the playwright or scriptwriter is the omniscient and thinks for the listeners. He tells them what he thinks are the issues. He is the physician that gives prescriptions for prevention and the developer of the script. He does all these through information gathering and determines what to be discussed and from which point of view the particular health communication can be discussed. Its active listeners are just fed with information without being a part of the process of the programme. Their participation on the radio dramas is one-way. They only listen without contributing spontaneously to the programme being aired. The content has been written and rigidly so, acted, taped and cannot be changed. However, the methodology of *Flava* is different. *Flava* is not a radio drama, it is a participatory radio programme that actively engages its listeners to produce suitable programmes for its listeners. Its forté lies in the participation of the listening audience in developing its content. Hence, its methodology for health communication is one that relies on the involvement of people at different levels of the society.

According to Yahaya (2010), one of the tasks of attempting to engage media and communication to address HIV/AIDS is that if the programme is too educational in approach, the producers may lose its audience especially when the people that producers are trying to reach are young. For *Flava*, learning is two-directional. It is not "too educational" in approach. The producers and listeners learn by participating. This is different from educating the listeners because educating presupposes that one side is

more informed than the other. In *Flava* learning is in continuum. It dwells on listener responses and ideas to share with emphasis on talk and communication. The most important message from *Flava,* according to a participant is that one can never stop to learn, one can never learn enough and that radio is as important as the Internet. *Flava* is broadcast in pidgin. This is done in order to remove any elitist trademark and to make it a people's programme where all can be accommodated.

2.3 Theoretical Framework

2.3.1 The Participatory Communication Theory

According to Anaeto *et al* (2008) the participatory communication theory emanated from the ideologies of Paulo Freire in 1970. He explains that the participatory approach to national development arose to replace the modernisation theorists' emphasis on knowledge diffusion and technology transfer. It places its highest value not on transfer of knowledge from outside developing societies, but rather on reliance upon local knowledge and local capabilities. Rather than encourage residents of developing societies to participate in development initiatives planned by outsiders, it encourages residents to make their own plans. Based on this theory, participatory projects began in the 1970s and focused on self-determination and empowerment. Theoretical studies have endeavoured to determine what exactly compromises participation and how participation can be effectively accomplished.

The theory best suits this study because it shows the collectivist methods of designing or generating content for health communication on radio. Tools for participatory approaches often exist as compilations, such as RRA (Rapid Rural Appraisal), PRA (Participatory Rapid/Rural/Relaxed Appraisal), or PLA (Participatory Learning and Action. Participatory methods propagate mutual learning. They are a combination of

assistance for local people in gaining confidence to conduct their own appraisal and analysis, and assistance for external experts in understanding local perceptions. The PRA/PLA methodology covers a set of approaches, methods and behaviours for rural and urban planning, programme implementation, and monitoring and evaluation. Participatory tools cover quite a wide range of indicators. They usually produce qualitative results and also serve as a cross-check on quantitative results, for example from structured interviews or other methods. Participatory tools are used best in combination with similar or complementary approaches and methods (triangulation) to ensure quality of information appropriate for decision-making. PRA/PLA involves a shift of orientation in development co-operation, giving much more emphasis to indigenous knowledge systems. This is a shift from: dominance of Northern countries to facilitation, promoting assumption of responsibilities by local stakeholders (actors) for designing and evaluating their own development projects ready-made solutions to strategic diversity (Veldhuizen, 1997).

Participatory forms are diverse and are applied in different or wide varieties of situations, including health communication. They are by no means the most common forms of communication. They rely on positive assumptions regarding the capacities and honesty of stakeholders. Despite the authoritarian tendencies in many fields, participatory research techniques are making modest headway in some headstrong areas where conventional approaches have failed. However, having a complete knowledge of the extant approaches within the framework of “participation” and “participatory” is vital in conceptualizing the content of health communication for radio or any area of intervention.

2.3.2 The Behaviour Change Model

The behaviour change model- this model was developed in 1982 by the John Hopkins Centre for Communication Programmes (JHU/CCP). The behaviour change model has been used to measure audience responses to a wide range of communication programmes. These indicators along with others in a survey can provide a baseline documenting where an intended audience stands with respect to public health practices before a programme begins. After the programme the same indicators can be used to establish what have been the shifts in knowledge, approval, intention, practice and advocacy of specific health practices among the intended audience.

2.3.3 Steps to the Behaviour Change Model

To evaluate the impact of communication programs one can measure how much the intended audience demonstrate the following traits:

a) Knowledge: You can measure to what extent the audience recalls specific messages, understands what messages mean and can name products methods or other practices and/or source of service/supplies.
b) Approval: it is possible to measure how the intended audience responds favourably to messages, how audience discusses messages or issues with members or personal networks (family and friends), think that family friends and community approve of their practice.
c) Intention: audience members can recognise that health practices can meet a specific need, consult a provider and also practice at some point.
d) Practice: audience members can seek out service providers and choose a method of practice to use continuously.

e) Advocacy: audience members experience and acknowledge the benefits of the practices, they advocate the practice to others and also support programmes in the community.

Behaviour change model is useful as a guide in developing effective communication methods since the goal of health communication is behaviour change, the understanding of behaviour afforded by behaviour change theory provides insight into the formulation of effective communication methods that tap into the mechanisms of behaviour change.

These theories are suitable for this study because they address the interaction between individuals and their environments, and they provide insights into the effectiveness of health communication programmes given a specific set of predetermined conditions like the social context in which a program will be initiated.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter looks at the approach of research and determines the research methodology that would aid this study. This chapter will discuss the methods used in the study and will also look at the research design, data collection and analysis of the study. The possible problems in the approach will be highlighted as well.

3.1 Research Design

According to Babbie and Mouton (2001:74), research design is a layout of how the researcher intends to carry out the research process in order to solve the research questions. This study used a qualitative approach to understand the research processes of the radio programme*Flava*. The qualitative approach seeks to describe and understand processes rather than explain human behaviour (Babbie and Mouton, 2001:270). It therefore has an exploratory purpose. An exploratory study is carried out for several reasons and one of them is to satisfy a researcher's curiosity and the desire for better understanding (Babbie and Mouton, 2001).

The research design employs case study as design method. Case study is used here as a way of conceptualizing human behaviour, its value lies in its ability to draw attention to what can be learnt from the case study. The case under study provides the researcher the platform of understanding how participatory research works and how effective it can be in designing health messages

The outcome of involving the audience and making them active partakers of production process in the health programme is the focus of this study which made use of a case study design type. The approach aimed to understand the phenomena under study on

their own terms and therefore provide a description of human experience as it is experienced by the subjects, allowing the essence to emerge (Fouche and Schurink, 2011:316).

3.2 Research Method

The researcher along the line of analyses employed a mixed methodology without losing focus of its main research method. The researcher complemented interviews with documentary observation within the institution, with the analysis of available document and compared written and spoken versions and what was available in the programme*Flava*. The use of structured interviews was also employed to capture in an organised manner and understand the participatory research processes of the radio programme *Flava*; including the experiences and the success stories of the programme. The qualitative approach allowed for questions that are structured and open ended which enabled the researcher to obtain information in a detailed and comprehensive way that led to a great understanding of the research.

3.3Samplepopulation

A sample is a part of a population. It is a proportion chosen to stand in for the entirety of all the subjects under consideration. To be effectively used to draw inferences about population, a sample, Eguzoikpe (2008) notes, must be representative of the population. A representative sample is one that has all the characteristics of the population from where it has been chosen. This research sampled the population of the active listeners of *Flava* in Abuja municipal using purposive sampling. In purposive sampling, subjects are selected because of some characteristics (Patton:1990). Purposive sampling was utilised for this research because the sampling frame was not available and population

is large. Researcher chose Abuja municipal, Maitamainstead of other cities because of the influx and congregation of diversegroupsin the federal capital.

Although the use of social media allowed the researcher break interstate boundaries therefore interviews were carried out across the states and local government areas. These states include Lagos, Abuja, Ikom, Aba, and Enugu. Active listeners who are fans of the *Flava* on Facebook were engaged since they are mostly young people. The Facebook connection gave the researcher the opportunity to sample opinions from a number of audience members from other parts of Nigeria since the online community is unrestricted. The programme targeted young people between the ages of 15 to 24 but this study was stretched from 15-28 in order to generate more opinions, reason is because target population would have grown into an older age from the end of the program to the time to research. The sample represents one hundred and ninety one views of active listenersand contributors to the radio programme. It also represents views from five members of the production crew of the radio programme *Flava.* *Flava* was produced by the BBC Media action but was aired by local stations in the 36 states of Nigeria including the FCT.

3.4 Data Collection Tools

For this study, the researcher made use of several data collection processes to carry out the research. These include Interview method,documentary Observation method and focus group discussions.

3.4.1Observation Method

This includes looking and listening very carefully in order to discover particular information about behaviours, events and so on. Observational research, like any research, begins with the selection of a research problem. This problem is often

presented as an area of research interest, with more specific research questions being articulated after more is learned through observation in the field. Although some researchers prefer to enter the field and begin observation immediately without the potential blinders of preconceived notions, many conduct a literature search to identify relevant indicators and explanatory concepts that may inform the project (Given:2008). Researchers gather both descriptive and relational data through observing behaviour or in this case documents in the setting of interest. Findings are articulated, often with an explanatory model or one or more explanatory theoretical constructs, in reports of the research. Themes are identified through the analysis of observed behaviour; these themes suggest areas for focusing subsequent observation; subsequent observations suggest new themes that then initiate more observations. Data collection continues until saturation, the point at which the observer learns nothing new from continued observation.

For this research, tapes and documents were observed. The documents observed included ENR message brief which is a document that was used as a blueprint for the program Flava It was important for the researcher to observe the documents because the interviews and observation of documents went hand in hand with what was written, what was spoken and the outcome of the programme were compared.

The data collected from here was assessed in line with the development, scripting and contents of *Flava*. This wasexecuted in the research putting into perspective themethods to which health was being communicated and the degree to which the listeners of *Flava* participated in the pre-production, production and post-production process of the radio programme.

3.4.2 Interview Method

Interview is a conversational practice where knowledge is produced through the interaction between an interviewer and interviewee or a group of interviewees. Unlike everyday conversations, the research interview is most carried out to serve the researcher's ends, which are external to the conversation itself. In-depth interview was employed to enable the researcher probe more and find out the why, how and where of the programme. Copies of questionnaires were not considered here because it may limit information generation. In-depth interviews allowed the researcher to delve into other aspects that questionnaires may not permit. The flexibility which interviews permits generated more data for the researcher and allowed the researcher probe responses fully. The interview was conducted with the production team of the radio programme*Flava* which include research team, host/anchors, Producer and Director. An online interview was also conducted with active listeners on Facebook. The researcher went to the *Flava* naija fan page and pulled a list of active listeners and sent friend requests to as many people as possible because there was the possibility that not all of the friend requests would be accepted. A total number of four hundred and eighty seven friend requests were sent out, four hundred and nineteen out of the two hundred and eighty seven accepted the request, two hundred and twenty two acknowledged receipts of the interview questions, only one hundred and sixty three responded to the interview questions.

Table 1: Statistics on Response to Interview Questions

Total number of friend requests sent	487
Total number of requests accepted	419

Total number of respondents who acknowledged receipt of interview questions but did not respond.	222
Total number of respondents who answered the interview questions	163

Source: Field Research, 2014

In most cases, research interviewing involves a "one-way dialogue" with the researcher asking questions and the interviewee being cast in the role of respondent. The qualitative research interview has become one of the most widespread knowledge-producing practices across the social scientific disciplines. Although interviewing was a marginalized practice in many social science disciplines for years, it is part of the mainstream today. Many different forms of interviewing exist. Interviews can be formally conducted in surveys, through the internet, over the telephone, or in face-to-face interaction, and they can be informally conducted; for example, as part of ethnographic fieldwork. Research interviews can be more or less structured. In survey research interviewing, standardized questions are posed and the answers are given in forms that are amenable to quantitative procedures. Most qualitative research interviews are semi-structured as a consequence of the agenda being set by the researcher's interests yet with room for the respondent's more spontaneous descriptions and narratives.

3.4.3 Focus Group Discussion (FGD)

Focus group discussion is one which involves a small group of eight to ten people led through an open discussion by a skilled moderator. Reason is to generate a rich discussion on a particular subject matter. FGD was employed here because group interview allowed the researcher access to a variety of different opinions and the

interactions between respondents led to unanticipated findings because of the ways in which the discussion itself generated thoughts and feelings. It may also have prompted or given the respondents a safer experience for some people who preferred to discuss issues within a group rather than individually. Diversity was also achieved with FGD while respondents interact and learn new information. FGD wasconducted with audience members who were active listeners of *Flava*. Contacts were pulled from BBC media action data base and were invited for interaction. Three different FGDs were conducted and data collected was transcribed and analysed.

For this research, the need for participation in *Flava* was the focus during the analysis and reporting of interviews. The results derived from analysing and reporting interviews was adjudged based on the actual effect or impacts that *Flava*had made on its listening audience.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.0. Introduction

This research is structured to examine the place of participatory research in the production of *Flava*. In this chapter, the three stages of production are explored in the context of engagement of the stakeholders in the production cycle of the program. In this chapter the analysis shall be guided by the objectives earlier framed and presented in the work which includes pre-production, production and post-production stage.

4.1 Background of*Flava*

Flava is a youth series magazine radio programme sponsored by the British Broadcasting Corporation (BBC) Media Action with the intention of enabling youths between the ages of 15 to 24 to reassesstheir behavioural patterns on health related issues especially as it relates to Human ImmunoDeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS). BBC Media Action is an organisation that uses media and communication to provide health information and explore social and cultural norms that affect good health in some of the poorest places in the world. Their programs aim to build peoples' confidence to take action in the interest of their own health and the health of their families. The programme *Flava*was produced and aired for eight years, that is between 2005and 2013 and it was a pre-recorded program therefore live phone calls during the program was impossible. Although vox pops which have been done on the street are played during the program which can serve as a live recording.

Prevention whichis the centre piece of the fight against infections and health challenges like HIV/AIDS is integrated into sexual and reproductive health programing in Nigeria

and the world. Key priorities are promoting safer sexual behaviour including delayed initiation of sex among young people. This was where the interest of *Flava* primarily rested. *Flava* radio program started airing in 2005 to advocate for an HIV/AIDS free Nigeria by empowering young people to make informed choices concerning their sexual health. The program targeted young people aged 15 to 24 in seven states of Nigeria where HIV prevalence is highest and the Federal Capital Territory, Abuja. States include Benue, Cross River, Nasarawa, Lagos, Ogun, Kaduna and Kano; these states were referred to as focal states nevertheless the program is aired in most parts of Nigeria. (Eze, 2014). The program's choice of age range was based on research carried out by National HIV/AIDS and Reproductive Health Survey (NARHS) which concluded that the average age of a young persons' first sexual experience is between the ages of 15 to 24 (NAHRS, 2003.)

Flava engages its listeners on issues around adolescent sexual and reproductive health of young people, which includes concerns around HIV/AIDS, prevention of STIs, abstinence, condom use, stigmatization, pre and post-test counselling on HIV/AIDs amongst others. These issues were concluded on after *Flava* research team carried out a baseline survey. Thereafter an outline of broad topics were generated and then broken into smaller components for discussion in each episode. Because of the sensitive nature of sexuality within the socio-cultural context of Nigeria, *Flava*'s episodes had to be communicated in vernaculars spiced with sexuality education related jargons to make the programme interesting and young people friendly.*Flava* also made use of everyday issues that were trending among young people, for example fashion, football, school, music and so on to embed discussions and also make the episodes easy for comprehension. For clarity of purpose, the scholar who engaged in the field research of

this thesis will be referred to as the 'the researcher' while the research team of *Flava* will be referred to as '*Flava* research team'.

4.3 Baseline Research at Pre-Production Stage of *Flava*

In any behaviour change intervention, it is important to undertake a baseline survey to appraise the existing state of affairs and ascertain the existence of any issues or problem and if so, find out the severity of the problem (United Nations Populations Funds, 2002).

The baseline research carried out by *Flava* research team was done as a consortium in collaboration with other organisations using the NARHS survey (National Reproductive Health Survey) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) indicators. The UNAIDS indicators are a guide for monitoring and evaluating knowledge level among any demographic cluster. To ascertain knowledge level among youths ages 15-24, an individual should be able to answer 'Yes' to the following questions;

- Can having sex with only one faithful, uninfected partner reduce the risk of HIV/AIDS?
- Can a healthy looking person have HIV?

Young people should in addition to answering 'Yes' to the questions above, be able to answer 'No' to the following questions;

- Can a person get HIV by sharing a meal with someone who is infected?
- Can a person get HIV from mosquito bite?
- Can a person get HIV by eating food prepared by a person infected with HIV?

These indicators are what were used by the *Flava* research team to determine the knowledge level of the young people in a given geographical area.

According to *Flava's* research team, qualitative research which deals with Focus Group Discussions (FGDs), one-on-one interviews, and in-depth interviews were used on the field during the pre-production stage. Different research instruments were said to have been used but these depended on what they wanted to do. First, recruiting questionnaires were drafted and used on the field to check who was qualified that is people between the age range of their target audience, people who are radio listeners and so on. There are also Focus Group Discussions where they make use of discussion guides to help facilitation during the discussions. Granted that it is a behaviour change communication program, attention is paid to how much audience responsiveness it can and will generate.Hence, before the program is aired, it is pretested and changes are made if there are any and then aired when it is certified by potential audience members. While this has its advantage in programming for a demography that *Flava* is interested in, this method is faulty on the premise that it leaves this baseline study group without any new knowledge since it is not certain that young people who are members of the baseline study will listen to the programme when it is being aired.

It is important to note the relevance of involving stakeholders in any given research especially when it comes to health issues, depending on the severity of the health concern. This is because there may be health concerns that may require immediate intervention without prior research to determine the knowledge level. Health concerns such as the Ebola outbreak may not require intense research rather what is needed will be immediate intervention and then research on cause, effect and prevention may go hand in hand. For health concerns such as HIV/AIDS where there exist myths and misconceptions that may even endanger innocent lives, research has to be done to

ascertain knowledge level to figure out these myths and find the best and most appropriate ways to communicate knowledge such that it is sensitive to peoples' culture or religious norms. *Flava's* approach to baseline research included its target audience at certain levels. Their use of FGD, In-depth interviews and Face-to-Face interactions within and around the core states was in agreement with requirements for designing an effective health intervention.

Secondly, the idea to involve gatekeepers like religious leaders, teachers, parents and guardians in the research process wasconsidered. *Flava's* research team, as earlier highlighted considered the gatekeeping influence that would be determined to a large extent on this group of people. The strength of the baseline survey lies in the fact that it makes it possible to measure impact of the program at any point in the program cycle. The research at this stage also helped the *Flava* production team focus on grey areas, refocus and re-emphasise on knotty areas.

The NARHS report of 2003 was one of the documents that *Flava* Research team relied upon as part of their baseline content. The report at that time was the most recent survey when *Flava* was first produced. It sampled opinion from only about 10,000 persons when the Nigerian population was about 132.6 million (National Bureau of Statistics, 2003). This amounts to less than 1% of the entire population of the country. Since this report was crucial to the research process of *Flava*, it can be submitted that the sample was insignificant.

Secondly, in recruiting target audience for the baseline research to determine knowledge level, *Flava's* research team only focused on radio listeners and deliberately left out non-listeners (*Flava* Research Team, 2014). The implication of this action is

that, those who usually would listen to radio would have been exposed to information about HIV/AIDS from other health related programs therefore chances are that they will provide *Flava's* researchers with the right information about HIV/AIDS better than those who are non-listeners. This means that it will be difficult to determine accurately the knowledge level of young people. In essence, a contentious'National Survey' that was barely national plus a faulty baseline research will produce a faulty result.

Thirdly, since it was established that *Flava's* research was mainly focused on rural areas, it would have been appropriate for the program to be translated into local language in every community although that could be very far-fetched considering that Nigeria lacks community radio stations and also the diversity of the nation's population. The use of Pidgin English for presentations makes up for this worry.

4.4 Production Stage of *Flava*

The production stage of *Flava* in the context of this research work is defined as the already finished program after it has been packaged and aired on radio.That is, how well or otherwise the audience was involved and their level of participationduring airing. To achieve this, five different episodes were selected, transcribed and hereby presented for analysis to show how the participation or otherwise of audience members played a key role in the entire process of production of the radio program.

There are several levels of communication and behavioural situations between the producers and the listeners of the program. This is to show the level of participation and different ways they were presented in the episodes. There are many episodes to highlight the role of audience participation throughout the program, but only five of these situations are good representation of the program's various episodic styles. Each episode is tagged 'format' for proper identification. These various episodes are grouped

based on similarities in episode and tagged Formats A to E. In *Flava* there were four major types of format; Formats between presenters and audience, presenter and experts, presenter and celebrity role models and presenter and respondents. A format is made up of different episodes that are similar in design for example format A is consists of any episode where the audience are invited to be part of the program.

The first format is a conversational format that ensued among the *Flava* hosts and two audience members. In this format we have the introduction to the interview segment and an outline of the responses from randomly selected people. The researcher also presented a transcribed interview session done by hosts of *Flava* on the streets of Abuja to know how people feel about having unprotected sex. This *vox populi* forms part of the research process of *Flava*'s team.

4.4.1 FormatA (Presenter and Respondents Interaction)

Below is a typical opening of an episode which introduces to its audience what to expect in all the different segments of the program.It begins with a vox populii, this is to create a baseline for discussion later in the studio.

Domain: Health Communication

Format: Presenters and Respondents

Topic of discourse: Negotiation of condom use during sexual intercourse.

Parts of the transcribed interviews are also presented below with the following slangs and their meaning to help good understanding of what is being communicated.

Slangs and meaning:

Don – Have/Had

Everly – Always

Gas – has

Jamz – Music

Lamushuang/Pono/kpansh – to have sex

Naa – ‘Now’ or ‘is’ depending on the context

Naija – Nigeria

Rain coat/rubber – condom

Una – You/Your (Plural form)

Wetin – What (Pronoun/Adjective)

Wey – when, where or which

Here, the presenter starts a typical episode of the programme by saying the following or using different words but still conveying the same message.

> Gather round people because time don reach wey we go bring you another tasty edition of the program *Flava*, of course now you know every naa my name na Matilda, and today on the program, we go dey ask some very interesting questions, and the question be say ‘you trust your partner enough to *lamushuang* without protection?, hmmm make you dey think am, of course you know as e be now, tastiness does not reduce, we go read una messages, we go play una correct naija jamz and everly now you go hear from our expert. Also on the program today we go listen to one small clip of discussion, wey Okechukwu and I, we don get with two friends of *Flava*, but for now make we enter the streets of Abuja go ask, you trust your guy or your babe enough to lamushuang without protection, make we hear wetin people gas talk. (this is *Flava*……interlude)

After the presenter has made this introduction, the presenter airs recorded interviews obtained from the *voxpop*. Here are some of the responses with [R] meaning Respondent.

Question: Doyou trust your partner enough to have sex without protection?

> *R1-he doesn't cheat, doesn't double date so yes I can.*
> *R2-maybe except my wife because we already know our status before marriage or whatever, so i don't see reasons why a matured or wise girl can allow somebody have her without condom.*
> *R3- ok, no!You cannot trust anybody, especially this time they say HIV is all over.*
> *R4-I cannot use condom with her because eh I really trust her.*
> *R5-but for love I can do it.*

Although the interview is done before the program is aired, Looking closely at the transcribed episode presented here, the researcher discovered that the *Flava* team did a research and sampled opinion of people on the street which can be classified as participation, but at the same time the kind of participatory research that was done here was participation in information giving because the respondents participated by simply answering questions posed by the *Flava* team. The respondents here did not have the opportunity to influence proceedings as the findings of *Flava*'s research were not shared with them to allow for a call for action.

On this episode, *Flava* team could have employed Interactive Participation where people are meant to participate in joint analysis, which should lead to action and the formation of new attitudes and behaviours or the strengthening of existing ones. These groups are supposed to take control/ownership over local decisions and so people have a stake in maintaining structures or practices. But as it is, they have been cut off from the decision making process. Allowing people participate, helps to re-enforce their beliefs and hold strongly what they previously believed in or help them rethink their

decisions to foster action towards a change in behaviour and attitude. For this group of people whose opinions are sampled on the street, it is not enough to get their views and set them off without the appropriate information to correct their lifestyles. For some

people, their meeting with *Flava's* team might be the only chance they have at getting information about their sexual reproductive health and lifestyle. *Flava's* intervention should begin on the field while research is going on. They could have done this by simply handing out IEC materials that capture important information on HIV with contact information on where they can get counselled or testes. This will help them reach a larger audience.

The production and sources of information for *Flava* are from ordinary people. It relies heavily on listener's reception and communication. *Flava*'s production team source for the contents of each episode from defined community and they use that as a mainstay for reaching out to youths and adults in other parts of the state or country where the programme is aired. *Flava* thrived on people's situation and perceptions towards HIV. The very essence of communicating people's condition makes the programme real as listeners hear people who share in their pains and feel the same way they feel towards certain issues. However, the views are often verified and validated by the views of expert.

4.4.2 FormatB (Interview with Celebrity Guest Artistes)

Domain:	Health Communication
Format:	Presenter and celebrity guest artiste
Topic of Discourse:	Sexuality Education

In episodes like this, celebrity guest artistes are brought to the *Flava* studio and are made to engage with the conversation of the day. Often times, more than one artiste is brought into the studio according to the request made by listeners, they get to choose by

popular vote which celebrity they want to be featured on the program. Sometimes the audience are asked to send in questions they would like the celebrities to answer. In behaviour change communication, celebrities can have both negative and positive influence on young people because young people haven not finished forming their identities yet therefore are still experimenting with different lifestyles. Young people as they grow begin to look outside the family setting to their peers and other people for a sense of what is socially acceptable. This is the major reason why celebrities are introduced to act as positive influencers or endorse products or services.

In this episode, two famous rap artistes are brought on the show to talk about sexuality education and also to advocate using popular art form which is wide spread among young people and that is rap. It is common knowledge that young people relate freely with this music genre, therefore it is used to advocate the issue of sexuality education in an interesting way. The two artistes are asked to randomly pick a piece of paper that had been placed before them and rap about the topic written inside that piece of paper.

Sexuality education is one which most people shy away from and is seen by some people as a taboo. Offering education on the issue of sex and sexual health at the primary level is a principal method of reaching a large number of young people. However information from the media is often portrayed in a scary manner. For example, an HIV/AIDS campaign may present a skinny person with rashes all over his body as a person living with HIV to warn people against risky behaviours and unprotected sex.

This picture may remain in a person's mind as a symbol of what PLWHA (Persons Living with HIV/AIDS) looks like, however this is far from it. One may begin to assume that once their partner does not look as skinny as what they had seen the media portray, then they do not have HIV, therefore they can have unprotected sex with such person. This kind of media image leads to misguided conceptions that people living with HIV cannot lead a normal life and will eventually die which is not entirely true. The programme *Flava* not only engaged the ordinary people, they also followed the lives of People Living with HIV. They were also brought on air to tell their stories and how they manage the disease, this way people are aware that HIV is not a death sentence if properly managed. *Flava*'s host elaborates in an interview -

> *I once had a programme where we went with someone living with HIV to the bar beach in Lagos, you don't need to say everything, you don't need to say right now am in the bar beach with her and you can see as we are doing… nothing is happening to me o you know that kind of thing by doing that people can begin to think that if this guy can do this then I can. (Okechukwu, Host- Flava naija, 2014.)*

Using research to find how people regard the issue of sex and condom use gave the program a direction during the production. The art form (Rap Art) which young people would readily relate with was also used here to make the message more interesting and less preachy. The use of role models in this particular episode showed that the *Flava* team had researched its audience well enough to know the lifestyle and socio-cultural background of its audience. These dimensions are explored simultaneously so as to help the production team decide on the media mix, message frequency and treatment of the programs. In this format, there is a mixture of entertainment and education which attracts a larger number of young people than the normal health programs that conveys

knowledge in theoretical traditional and rigid form of health communication.The use of role models is a welcome idea but it is important to note what criteria were used to

choose the role models that were invited to feature in the program, can their lifestyle be said to be exemplary or can their success be emulated by others especially young people who wish to be successful?

Secondly in choosing role models, it is essential to also note their knowledge level so as to ensure the information given in form of songs, jingles or rap as the case maybe is accurate. In one of the episodes which involved four artistes being questioned by *Flava*'s host, they failed to answer correctly all four questions posed which were; (1) what is a female condom called? (2) What is the meaning of the acronym HCT? (3) What does PLWHA mean? (4) If a person has an STI the chances of acquiring HIV are higher; true or false? One out of all four of them got the first question right; the remaining three of them confidently replied 'I do not know'. All four of them failed to answer the second and third questions correctly while two out of four of them answered the fourth question correctly. This episode was meant to be an *edutaining* segment but it also sends a different message which could mean that if famous celebrities do not know these things why should young people bother themselves with such information?

Care should be takento ensure that when bringing celebrity artistes to participate, they do not compromise the quality of the health information being communicated.

4.4.3 FormatC (During a meeting in Millennium Park, Abuja)

In this format, real life situations are used to depict various scenarios possible during health communication. We see the interactive participation in play here where the audience is involved in the production of the program.

Format: Presenters and two listeners

Communication situation: Protection and Abstinence

Topic of discourse: Disagreement over condom use for sexual intercourse

A meeting between two former lovers who broke up because of the disagreement they had over the use of condom during sex. The girl wants unprotected sex against the wish of the boy. She feels that the boy does not trust her and wants to correct that impression. The boy refuses and that leads to their break up. Being an active listener of Flava, he sends a text message to Flava over the dilemma he (Chidi) had with his ex-girlfriend (Nina) and they both agree to meet with the Flava presenters at Millennium Park in Abuja.

This format takes place between the presenters and two listeners of the programme who are invited over to the recording studio. They both agree to come and recount their ordeal on air as part of the programme. This is a real life situation between two sexually active young people. When asked if they had had an HIV test done, the girl says she believes that she is free because she has only demanded to have unprotected sex from her current boyfriend who happens to be the only one she has had unprotected sexual intercourse with. While the boy says he had had a test done before but is too afraid to collect his result. As the programme proceeds, both boy and girl give their reasons for the use of condom, why they should use a condom or not.The presenters now read out text messages sent by other listeners: how they now utilize condoms more regularly or how they have learnt to abstain from sex. This is to help the couple deal with their own situation and make adjustments in their relationship by taking examples from other young people.

Involving the audience in discussions as important as behaviour change and having them to take part in something that makes them feel like role models who are worth emulating. This therefore will compel them to make the right decisions concerning their sexual health. This type of participation is called interactive participation that is where people participate in joint analysis which leads to formation of new ideas or strengthening of existing ones. People are able to take joint decisions and so they have a stake in maintaining practices. In health communication there is no one-size-fits-all format or approach. What exist are guidelines. In this episode young people are brought to show their ignorance, allowing other young people to make ready connections as to the kind of decisions they would have made if they were in the same position as the couple on the show. At the end of the episode, the young coupleas well as the presenters came to a conclusion that it was important to get tested and also have the courage to collect their results in addition, take extra precautions in subsequent relationships.

However, the researcher feels that the couple should have been taken through a series of open endedquestions just to provoke issues that would enrich the discussion in the studio. This should have been done so that they and the audience can participate and learn while taking action towards doing the right thing. It is impractical to expect that a person will simply change certain behaviour by being told what to do. Rather the practical thing to do is to communicate a benefit or benefits which will help the individual to pause and think about what is being said. This cannot be said to be participatory as the essence of participation has been lost if they cannot make informed decisions as to what to do.

Secondly, by the design of what *Flava* intends to achieve, it will have had more impact if the programme was a call-in type. The feedback that day would have been massive

because condom use negotiation is a major issue in Sexual and Reproductive health for young people. There are several myths young men have built around the need for unprotected sex. Some claim that skin-to-skin, that is sex without condom use is the best. There are ladies who also claim that it is a proof of love and trust to allow their boyfriends have unprotected sex with them.

4.4.4 FormatD (Feedback Mechanism)

In this format, feedback is what drives the content of the programme. Listeners' feedback over a period of time is aggregated and treated on the programme. It helps to know exactly if there are editions of the programme that were favourite with the people and the reasons for such and possibly even answer burning questions triggered by an episode.

Domain	:	Behaviour Change
Format	:	Presenters and Respondents
Topic of discourse	:	Testaments of impacts on behaviour change.

In health communication there is need for feedback. Feedback is an important component of participation. If there is feedback then chances are: the message has gotten to the intended audience. This episode shows that the *Flava* team did not just do a desk review of real life situation but this particular episode was influenced by the participation of the two listeners featured in format C.

In this format, listeners engage the production crew on how the programme has impacted on their lives positively. The listeners are required to send in their feedbacks which will include their names and their location. This is very crucial in any health communication intervention because feedbacks are a way of monitoring the impacts of the communication process and how well it reached its desired target in any location.

In this episode, the audience were asked through their Facebook platform if a relationship can survive without *lamushwang*(sex) a text message by a first time listener says:

> **Text1** – "*I enjoyed your programme even if it is my first time of listening. I think it's necessary for two people to understand that relationship is not all about sex. It's all about showing care, love and sharing your joy and pain together that is real love! I also think it will reduce the rate of HIV thank you." (Gilchit, Plateau state)*

The text message above came in from a listener in Plateau state. Here is another text message from another listener from Bayelsa state.

> **Text2-** "Hi *Flava*, you're doing a wonderful job for us youths my partner hated hearing about the use of condoms but ever since he was introduced to your program we don start to dey use condom so that our relationship go last longer. Thank you so much."(Joyce N, Bayelsa)

A listener from Adamawa State says,

> **Text3**- "using condom is important but the best thing is abstaining"(Alfred, Adamawa)

The above information shows the processes on how the topics and agenda for *Flava* are organized. Although the travel was limited to the core States where the radio programme was aired, it meets real people, young people, with different health-related issues and gets them to talk on the prevailing conditions surrounding them.

The need to involve audience members in design, implementation and evaluation of programmes, is to promote a bottom-up approach to effective communication and development. The feedback is as important as the programme itself. Its importance cannot be overemphasised as it is used in every aspect of participation. Feedback

mechanisms such as Short Message Service (SMS), social media platforms like Twitter, and Facebook are some of the means used by *Flava.* Social media now allow agencies to work real time, have access to many information models and also track trends. Those without internet access can also send SMS and get their feedbacks across with as little as N7 as at the time when the programme was still on air. It is even cheaper now that short message service (SMS) cost a paltry N4. Other cheap instant messaging platforms like 2go, Blackberry Messenger and Whatsapp can even be used.

In most cases, active listeners who gave out information on their conditions or challenge via text message or any other proxy, when they agree, are met in set location and communications ensue. The main aim is to present two sides to the health topic under discourse. Thus, instead of debating issues, dialogue follows with the intent of being fed with information. The basis of feedback as a methodology is to listen first and then speak later. This is the standard when undertaking participatory research for health communication purpose. Because of feedbacks, the communication process is transformed from a linear, one-way sender to receiver monologue to a circular dialogue, where representative or random members of the audience reach out to production team, who then reach out to all members of the audience. The programme however becomes the product of the people, for the people and by the people and the implication is putting the audience back into communication.

The researcher is of the opinion that the feedback mechanism to an extent isolates the semi and non-literates who can hardly navigate the web or do not have the means to do so. The researcher discovered that the feedbacks gotten from the audience were from literates considering the mode of communication. In *Flava* the mode of communication between *Flava* and listeners was through Facebook. For example if they were to bring

an expert on the show and they want the audience to participate by sending in questions, that information will only be sent through the *Flava* naija fan page on Facebook. What happens to the young farmer or young mechanic who only has access to a small transistor radio but has very bugging question? This implied that if you are not active on Facebook you cannot participate on the show.

4.4.5 FormatE (Mogadishu Barracks)

Format E is an interview session with an expert who specialises in counsellingamong military personnel at the defence health club within the barracks. Their topic of discourse is 'trust in relationships' and the expert here responds to tough questions posed by listeners through sms.

Format	:	Presenter interviewing Medical expert
Communication situation	:	Analysing views and advising respondents.
Topic of discourse	:	Responding to listeners' views.

The discussion shows the diversity of views of *Flava* where experts analyse the views of everyday people and bring in their professionalopinions. Experts are stripped of their larger-than-life status or the jargon related to their profession and compelled to communicate in the language that everyone can understand. The conversation here is between the Presenter and Medical expert in a military domain, communicating about the health situation and outcomes of using or not using condom. The nucleus of the discussion centres on the use of condom; issues and concerns about condoms and total abstinence. This is one section of the discussion…

> R1- some other people dey even talk say this use of say make them use protection, say e dey against their religion. (**Some other people say the use of condom is against their religion.**) (Presenter)

> R2- u see na one thing when I dey say make some things them say make them dey according to our values if you dey say this thing e dey against your religion then we noo dey ready for sex be that now, since e dey against your religion then wait for the appropriate time when you don come marry then we go they begin dey do am de go like that. (This is an issue of value system and yousay **condom use is against your religion then stay away from sex until you are legally married then you can do it however you like**) (Expert's response)

The role relation presented here is between *Flava* hosts and experts where the latter finds answers to knotty issues such as condom use and its sensitivity in religion.

It is important to study the lifestyles and values of the target audience and find a level ground where there is mutual benefit between the literates, non-literates and semi-literates. The experts make use of simple language, and break down complex words so that it can be understood by the average individual. The large number reached by radio medium includes a range of different groups, therefore *Flava* found a creative strategy which will best communicate with all at the same time and at the same frequency albeit below par. Young people do not like lengthy talk sessions that require a lot of tasking activity and that was why *Flava*'s words, gestures, characters and settings were appealing to different age, sex, occupation, religion, economic class and level of education that was available in the target group.

On a general note, it was apparent that the programme was made up of different segments that included street interviews, local music and live experiences and tops it with expert opinion. *Flava* did not rely heavily on views of expert educating listeners. It relied on information sharing between listeners, producers and experts. This was relevant in knowing what the real issues are, not the facade or the veneer believe around HIV.

There is no one size fits all when it comes to research and information gathering especially in demography like Nigeria. What is obtainable in the north is different from what is obtainable in the south, east or west. Research was not conducted in all the different geographical consequently, For example, in some states, *Flava* was cut off air because some members of the listening public felt that the programme was inappropriate for its listeners and those boundaries were being crossed. They felt that some of the languages being used were inappropriate and could corrupt their youths. What they did to resolve this issue to remain on air was simple: they contacted gatekeepers of those areas and got them to find ways of convincing their people that feedback gotten from those areas proved that their youths find the information relevant and that their religion supports such health messages. Which is why the production team always emphasise that feedback should be followed by a name and location of the person sending in feedback.

Timing is also important when it comes to radio programming, different cities and towns have peak periods when listenership is high. For example peak period for Lagos state is usually at closing hours when most people are stuck in traffic. Unfortunately these vital concerns were not considered in airing the program. There is no point having a programme airing for at a time when young people are not listening.

Gatekeeping is an important aspect of effective health communication and it fosters participation. Gatekeeping is a process through which information is filtered by stakeholders before it is disseminated to the public. The researcher holds the opinion that the gatekeepers in this part of the country where the program was being aired were not carried along before the program went on air hence their refusal to air. Proper Gatekeeping should have taken place at every level of programing to prevent issues like

religious-cultural sensitivity because people take their culture and religion very seriously.

The use of slangs is another system of surmounting the challenges which censorship placed on the transcription and scripting. The choice use of *lamushuang* goes to show that gatekeepers are not ready to expose their wards to programmes that would ordinarily benefit them. The word, 'sex' is still being considered sacred and must not be discussed and this poses a danger for health communication among young people. *Flava*'s approach was to bring up community level activities such as inviting local artists as role models to feature on the programme, making them reinforce the message of HIV/AIDS. This offers ownership of the program to the people. It also helps young people understand that they are not alone in the concerns in which they encounter. When they find that a lot of other young people face the same challenges in sexual health concerns they are empowered to also come out and get help from youth friendly centres.

This concept is the framework on which *Flava* as a radio program tries and establish and achieve effective communication. Tragically it cannot be said that they achieved complete participation of all stakeholders in decision making process as can be seen with the termination of program at some point.

Flava also took the scripting to the streets, allowing ordinary members in market places for example to be part of the programme without editing the flaws of the non-professional hosts. This was done so that people could readily point to the reality of these ordinary people.

Results begin to accompany health interventions when it is made to suit the need of the target audience. Not only was *Flava* welcomed back to the airwaves, a similar

programme began to air with focus on the northern part of Nigeria called *Ya take ne,* produced specially for the northern audience.

4.5 Post-Production stage of *Flava*

After production of each episode was completed the program was taken back to the streets for re-test to ascertain if it was in line with local lifestyles and values of the target audience. At this stage *Flava*'s production team finds out how well the message is understood or how practicable the message is. A putative story is given about how bamboo poles were used in a programme to demonstrate how condoms should be used. Months later there were large numbers of pregnant women. Had the men not used the condoms? Yes, they had- they put them on the bamboo poles. After all they used them just the way it was demonstrated. They had been taught and it was assumed that the message was well understood but it was not.

Useful interviews and Focus Group Discussions were reported to have been carried out by the *Flava* production team to measure knowledge level of youth after being exposed to the programme for a period of time because behaviours and attitudes take a while to adjust or even change. In an interview with one of *Flava* host Bose, it was reported that at the time the knowledge based evaluation came up there had been a reduction in new HIV infections among young people, but there was a problem; The population that accounted for the older infections began to create new infections as they grew older and began to marry, she elaborates further:

> *…we saw that when the prevalence rate data came up, we saw that there started to be a shift people were already growing into the older age group and there were no more new infections from that area and we saw that people that were with more confined or had less risky behaviours maybe married or so people were the ones accounting for the new infections so we had to increase our target from 15-24 to 15-49. (Bose, Research team member, 2014).*

This information was crucial in the production of the program and the scope had to be expanded to accommodate the audience members belonging to older age groups. Issues like the aforementioned resulted in what was referred to as *Flava* community where the target audience expanded to include older people, married people and other risk population.

It was not enough to enlighten people about such issues; there was also a call to action where women were taught negotiation skills by counselors. Speaking to the researcher, the producer, also mentioned that

> …but what we also began to do was to make programs to teach the women negotiation skills that she can use, and you must have to make those programs using experts like Society for Family Health who are also counselors themselves on what kind of skills women can actually use to negotiate for sex…(Eze O., 2014)

For effective sex negotiation between boy-girl and man-woman, communication on the health promotion of the benefactors is required to position them in a situation where they are not exposed to infections.

It is imperative to refer back to a point raised in chapter two of this work regarding changing audiences to reinforce the fact that:

> There are expected changes in population especially in three areas of size, ***age***, structure and location. These are variables and they alter with varying conditions and issues pg36 (Emphasis is mine).

While there is a target audience in health communication, with time the target audience could change, it could expand as the case of *Flava* where the target population initially was young people from 15-24 and expanded from 15-40. However varying issues such as women negotiating sex in marriage were discussed in the programme.

Information gathered by the researcher from Focus Group Discussions as regards the impact that *Flava* has had on them were positive although 2 out of 10 persons

acknowledged that they did not remember anything, and when asked about the program they mentioned that the program was mainly about HIV/AIDS. It was important for the researcher to do a post-production assessment so as to match testaments of the *Flava* team and what is available. During the interview session with the researcher most of the respondents confirmed that *Flava* was one programme different from any other health programme they had listened to. For some they did not know why it was different but they knew it was different. According to the presenter, here is a reason why it was different.

> *…This is because it is real; it takes the issues people are facing and talks about it. We are not scared of talking about any issue whatsoever on radio, it's uncensored. (Okechukwu, 2014)*

Many of the listeners changed attitude that needed to be changed while others were more informed to inform others. The data gotten from the Focused Group Discussions (FGD) carried out by the researcher showed that the knowledge, attitudes and behaviours of young active listeners have moved from being careless to becoming more thoughtful on issues concerning their health especially as it concerns HIV/AIDS/stigmatization. A female respondent (Ogechi) in an interview session with the researcher had acknowledged that she now keeps her own pack of condoms for protection and always insists on using protection.

In determining the extent to which the audience participated in the production process of *Flava*, the researcher discovered that the respondents that participated actively by sending in feedback, being a co-host on the show, being interviewed or any other form of active participation received the information better and also had a better chance of changing their behaviour than those who were passive participants.

The information gathered by the researcher through the Focus Group Discussions and the Facebook interview showed that young people were involved practically in the

production process of the program although they had mentioned that they would have loved to be more involved. The implication is that the level of participation was limited to Facebook messaging and text messaging. One respondent said she wished she could call in during the programme to send in her contribution. Another respondent felt that it would be better if the programme was made into a TV show instead of radio. The researcher is of the opinion that when communication is done through a mediated channel, some information is lost. Some of the respondents felt that they would have appreciated a TV show instead of the radio. But that is the opinion of just a few. Using radio is a way of reaching a wider audience. However the radio program had a few issues when it came to presenting the program in the different partner stations available in different states. The researcher feels that for the *Flava* team to reach a wider audience they should have had some form of advertisement in order to draw the media traffic towards the program. That way they would have had more listenership and more advocacies to prevent information loss.

The research team had pointed out their reason for using radio instead of television saying that radio had a wider coverage than television which is understandable given that majority of the Nigerian population is rural. Largely, the level of participation in the entire production process of the programme *Flava* was not perfect but it was substantial looking at the success stories and testaments from listeners. This success can be charged to the contribution of the audience members whose stories were used to form basis for discussion, or lessons to be learned from.

Flava could have made itself accountable via reports in-order to reach major stakeholders but because it was privately owned it was accountable to only its funders. An example of a health communication program that made itself accountable to

stakeholders like National Agency for the Control of AIDS (NACA) is the program *Shuga*. Making itself accountable would mean that if the program was successful as they claimed such agencies would have considered the idea of funding to aid continuation.

On the whole, the program *Flava* had a good attempt at adopting an audience-research based message design which is a deviation from the longstanding methods of health communication. *Flava* is a project of the BBC Media Action and therefore as a project, it is time-bound. There are a lot of ways the program could have been sustained since its listeners kept demanding for the program to continue. The production team could have taken advantage of the growing number of internet users in the country and share files on audio files through the internet. These files could also have been shared to community based organisations for reference and also translated into local languages for future use.

CHAPTER FIVE

SUMMARY, FINDINGS AND RECOMMENDATION

5.0 Introduction

This chapter focuses on the summary and conclusions of the research carried out and will also provide possible recommendations for the concerns raised for future research.

5.1 Summary

The research has attempted to look at participation as a vital tool in communication at any level including radio production. It is important that before health messages are disseminated, there is a need to know exactly what health problems to address, how and when to address them and this cannot be done without proper consultation with the receivers of the health messages. This is where research suffices. Research and dialogue are important for effective communication, however this is lacking in most health intervention practices and a resultant effect is a failure to reach the intended goal. It looked at the importance of audience involvement in disseminating health related information using a BBC media action program, *Flava* as case study.

The background reflects the origin and evolution of development and tracing its origins back to the end of the II world war. The failure of the first world nations: Europe and USA to urbanize the third world countries and help them frog leap into first world nations which proved impractical. Diffusion of innovations and modernization of the third world brought instability to the normal lives of the farmers because they were advised to abandon their traditional ways and adopt foreign cultures. Farming methods were changed and more exotic crops were introduced, herbal medicines were replaced by orthodox treatment, people were advised to have fewer children as opposed to having many children to help on farmlands. Technically the whole approach was seen

as one directional; the message goes directly to receivers without any corresponding feedback. This method became popular even in the 21st century which is where the problem statement of this research lies.

The research framework was hinged on the theories of participation which is the theory of participatory communication while critiquing the top-down approach of the social science method of inquiry and the behaviour change model which seeks to assess the impact of health communication programs on audience members. The idea of research being carried out on the people rather that with the people led proponents of participatory communication recommend an alternative system of participation both in communication and inquiry. The theory pushed for a system where both parties will have one voice in terms of equal rights, power and ability to take actions on their own terms. It focused the involvement of the community in development efforts which has evolved into what is now widely used in collaboration between first world and the third world development communication organizations.

The study examined the role of audience participation in health communication approaches adding that, for one to change a long standing behaviour, a benefit has to be communicated because it is not often easy to change ones behaviour even when it is health related just because it is said to pose a threat. Helping people make changes in their behaviour where health or any other aspect of life is concerned, the one involved has to be taken along so that they do not feel threatened by the changes being made in their environment. As far as decisions have to be made, stakeholders need to be at the fore front of decision making so that he takes responsibility for his actions. On the other hand, opponents of this form of research say that participatory research may be seen

more as an ideology of how research should be carried out rather than a practical research method.

The growing interest for these kinds of applications is reflected in the work of the British Broadcasting Corporation (BBC) Media Action which is active in promoting development through their media messages addressing issues in health, democracy and development. They do this successfully by involving their audience practically in an effort to educate them through entertainment which is a very effective tool for reaching different people across every sphere of life.

In carrying out this study, the researcher used documentary observation, in-depth interview method and Focus Group Discussions to probe into the radio program *Flava*, the interview was conducted with the producer and the production crew as well as audience members, about the history, vision, goal and ideology of the program *Flava*. Some selected episodes were observed including text messages sent in by audience members, the kinds of music preferred during interludes and issues discussed during the program. The information derived through the use of these instruments contributed immensely to the realization of the goals of this study. It is pertinent to note that the data collected from the library and internet also helped in the analysis of the study.

The result collated from the analysis of the entire data collected speaks for itself. It proves once again the importance of people participation. The Audiences' continuous reaction as regards the program despite the termination of the program proves to an extent the success of the program. Fans of the program continuously discuss their health challenges and also find answers on two of their social media platforms on Facebook*Flava naija* fan page provided by the production crew of the program. The Facebook fan pagewhich has reached its maximum number of friend limit has a total

number of 13,903 *likes* still has fans wishing that the program continues and giving testimonies as to how the program has changed their lives. A whole new community has been created through a common goal of health conscious young people, who through their interactions could change their behaviours which will in turn affect the behaviours of people around them thereby creating an HIV/AIDS free generation.

5.2 Key Findings

The research has attempted to look at participation as a vital tool for communication in radio production. It is important that before health messages are passed, there is a need to know exactly what health problems to address, how and when to address them and this cannot be done without proper consultation with the receivers of the health messages. This is where research suffices. Research and dialogue is important for effective communication, however this is lacking in most health intervention practice and a resultant effect is a failure to reach the intended goal. It looked at the importance of audience involvement in disseminating health related information using a BBC media action program, *Flava* as case study.

1. *Flava*, despite its target audience being people at the grass-root it was more centred toward the urban areas. The feedbacks collected during the lifespan of the program were received from people who were lettered because the feedbacks came on platforms like Facebook and text messages.
2. A number of young people were misplaced during the research process especially when knowledge level is being established. This was made apparent during baseline research and also during vox pops. The group of young people who were recruited to form the research study group were left out because they were only the experimental group and were left to maintain their knowledge level without being

armed with appropriate information in case they were previously misinformed about subjects on HIV/AIDS or they never get to be informed through the program.

3. Since the program was pre-recorded, it was impossible for audience members to participate in real time, a lot of respondents preferred to be taken along as the program was aired so that they could make reasonable contributions rather the audience only get to hear a pre-packaged product.
4. The production team did not take full advantage of the growing number of internet users because there were various ways the internet could have been put to use to bring about sustainability.
5. Audience members have a sense of ownership when they request for their local music to be played as interlude to promote what is theirs. They also have a sense of ownership of not only the program but also the people involved in producing it because they can readily contact these people and relate with them on a one on one basis.
6. People would not participate if they feel that the issues discussed did not concern them but the hosts of the program introduced everyday issues such as football and fashion and aesthetically narrowed it down to the topic of the day. People could readily make the connection and did not forget what they learnt.
7. The use of role models was poorly managed because they were not armed with appropriate information as a matter of fact they lacked information on even the simplest acronyms such as the HCT (HIV counselling and testing) or what female condom was called.
8. The program was usually pretested to be validated by audience members before it was aired but it was not retested therefore changes made were not reported back to gatekeepers.

9. In spite of all efforts to curb the spread of HIV/AIDS there are still reported cases of new infections even among youths.
10. BBC media action did not only apply the use of participatory research to make programs but they also took it a step further to train partner stations in Nigeria on how to make programs that will effectively reach their intended target without sacrificing quality. Now local stations with adequate funding can replicate the successes of BBC media action in their own productions.

5.3 Recommendations

In view of the research findings, the following recommendations are submitted. The recommendations revolve around empowerment of health communicators with expertise and skills to help them communicate better and more effectively.

- Adequate resources should be provided by organisations who are willing to undergo interventions to all communication training programmes, especially health communication because health is important in the development of a nation.
- Media personnel should not be burdened with the job of health communicators.Instead of allowing media personnel get involved in health communication, health communicators should be trained to handle media profession just for the sake of communicating health.
- All stakeholders should be carried along from inception of an intervention to the conclusion. No one should be left out especially the influence group surrounding the target audience. For example religious leaders, parents/guardians, community leaders etc.
- Youth participation fora (both at national and grass root level) should be introduced so that young people can have the chance to voice their opinions in order that their

health needs can be met, especially as society is dynamic and needs can change from time to time.

- Development agencies like the BBC Media action should collaborate with local agencies like NACA to see to it that community radio stations are established to serve those in remote areas.
- Health communication strategies should always be designed in other local languages apart from English to ensure that everybody benefits from the message and can readily embark on behaviour change.

5.4 Conclusion

This study was carried out to assess the potentials that participation offers in health communication. There areseveral efforts to control the spread of HIV/AIDS in Nigeria using various media tools such as Information Education and Communication (IEC) materials, the use of posters, bill boards, handbills, radio and television programs. A few of them have used creative methods to get the attention of young people who are at the centre of HIV interventions. 'How many audience members saw/heard the message and took necessary action', is a very vital question that many health communicators need to ask when designing and assessing health messages, did the message cause the audience to question, reflect, discuss, and plan their own development as stated in the specific measurable objective? Or did they just enjoy the entertainment value offered and ignored the message?

Designing a health communication message requires active participation of local groups from inception to the point of call to action before an intervention is said to be effective. Organisations laden with the responsibility of communicating health information to the public whether through radio programs, television programs, jingles, posters or hand

bills, no matter the medium, it is significant to note that the most important aspect of this information cycle are the receivers. Although many radio stations rely on research to find out trending issues for the media, to them that is all research is good for. Research should not be about finding trending issues alone but it should engage directly with listeners to carry them along and create a new meaning for the term 'Participation'.

We cannot say that *flava* was completely successful; otherwise there will not be reported cases of new infections. However *flava* had a good attempt at reaching as many young people as possible with the right information and can serve as a model. A lot can be learned from their weaknesses to strengthen future health programs.

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APPENDIX I

RESEARCH QUESTIONS

1.When did *Flava* start (history)?

2. The idea of *Flava*, how did it come about?

3. Who is your target audience?

4. When is it aired?

5. How many episodes have been aired?

6. What issues do they address?

7. How do you come about the next topic?

8. How do you get people to come and discuss issues?

9. How do you relate with audience members?

10. How do you come up with the issues?

11. What research processes are involved in the production?

12. Who can participate?

13. Success stories?

14. Effects of the program?

APPENDIX II

RESEARCH QUESTIONS FOR FGD

1. What station did you listen to *Flava* it and where
2. Ok can you remember how many episodes you listened to?
3. Can you recall anything you were listening to for the first time through the program?
4. What segment of the program was your favourite and why?
5. Who was your favourite host?
6. Why?
7. What life style did you change as a result of listening to the program?
8. If you were the producer what would you add/change?

APPENDIX III

KEY INFORMANT INTERVIEW (TRANSCRIBED)

Eze Ogali
14-06-2013
15:38pm
BBC Media Action, Maitama Abuja.

The producer

The idea of *Flava*, how did it come about?

I think basically how we came up with the idea of *Flava* was that we wanted a program that would reach young people especially since we are going to be discussing health.So first and foremost, we know that health is very technical issue. It is very technical quite unlike football, quite unlike fashion, quite unlike music, purely entertainment so how then do you talk to young people about issues around HIV/AIDS you know; so for instance you want to let young people know that the importance of condom use for instance, the importance of faithfulness, sticking to one sexual partner, trying to encourage young people to go for HIV test and to encourage young people not to stigmatize other people who are having HIV/AIDS. We are looking for that vehicle that we can use to reach them so we have the vehicle of radio.Don't forget we are the BBC. So we have the vehicle of radio, we have to use radio and in using radio, we have to find a very enticing and entertaining way of reaching young people so then the idea of *Flava* came. You know we wanted something in coloration, in taste, in feel, to be youthy, you know nothing boring, live, exciting, bom!Bom!Bom!You know that kind of a thing.So that was actually what we wanted when we met. Different concepts that… different genres came so when we pushed this one out for testing and it just clicked, then we just knew we caught it so we have to… music, voices, fast paced, nothing boring, celebrities, gossip you name it.So we have to bring all these on board, blend everything together and that basically was how the idea of *Flava* came about.

How do you come about the next topic?

Even before we started the program we had a message brief, we had a document, what that document did was to look at for instance prevention, we have condom use and we have HIV test.Those were the three key broad topics we needed to cover.So on prevention we needed to cover issues around stigmatization, we could talk about ABC.So even inside ABC we need to also break it down into smaller modules you know knowledge you want people to pick, attitudes and behaviors.You break them into those three categories; of course this was research-led.Also you know so for instance I could do a program on condom that is mainly focused on increasing knowledge so then I need to focus that program on letting people know how safe condom is. Then perhaps I want to do a program whose objective is to change behavior. Then I might also focus my program on letting people realize the importance of using condom you know perhaps I want to do a program that wants to you know impact on attitudes, how people do things how people behave. You want to do a program that just tells young people 'no condom no sex' no matter what!So you understand the thing is when you are doing a development project there is a science, you don't just wake up and say ok let me just do this topic; everything is research-led.You need to know what the challenge is then perhaps that is where you need to focus the programing, so even if you are focusing your programing, what is it I want my audiences to take away?

How do you handle less of women speaking than men?

Yes, sure, absolutely most times you know when they step out to do their vox pop and if you ever listen to a few of our programs you know we have segments; you they go into the streets to talk to people if you really listen to that program you find out that we really don't know why men are more vocal and I'm trying to find out why.We have not really done a study on that to find out why there is a tendency to just have more men talking and even in our governance program also, when you go out into the street to talk to people you tend to hear more male voices even when we manage tohave two presenters; male and females but the percentage is there, the disparity is there but I'm not so sure is that deep is or unbearable for women. It is just

that the percentage is a lot more; a bit higher for women but it is really nothing to worry about that doesn't mean the program wasn't reaching the female audiences, it was also reaching the female audience because even if you go to their Facebook page or group you see that there is a female representation even when you check the SMS you will notice that of course there is female representation.It is just that there is more male representation than others but of course you should also know that when it comes to sex and sexuality, more men than women are vocal.

How do you empower women when it comes to negotiating sex being that we are from an African society where women are relegated to the background?

We recognize that, that's why we make series and series of program that has a tendency to empower women you know because when we talk about issues about sex and couple negotiation and even negotiating sex for instance, we have made a couple of programs on transactional sex.Its actually the key problem because the power of negotiation, women are more weakened to negotiate for sex because for every single sex in Africa, there is a string attached.Is either the wife is giving her husband sex to keep her marriage, or the lady is giving her boyfriend sex to keep the relationship, or the lady is giving her partner sex in order for him to give her what he promised; pay my house rent, renew my BIS, give me my Brazilian hair, take me on that trip, you understand but what we also began to do was to make programs to teach the woman negotiation skills that she can use and you must have to make those programs using experts like society for family health who are also counselors themselves on what kind of skills women can actually use to negotiate for sex. I have had debate program for instance when we went into the streets to find out if you are a young man and you are traveling and your wife puts a condom in your box what will you do? We just put that debate out to men you know to even get their view of course some will say: hey that means the woman really loves me.Some people will get angry and say what is she trying to say? is she trying to say I'm… you know that kind of thing. What it did was to even begin to encourage the discussion, at least what that program was able to achieve was to begin to make me to begin to sit down and even discuss; does my wife even have the right to present condom does my partner have the right to present a condom before sex?

How do you get people to come and discuss issues?

Well I think there are different approaches we have used in the past none of them is laid so for instance one could be when you go out to record your vox pop for whatever program you have, you could find interesting people as you are doing that street vox pop.You could tell them please do you want to sit in for this discussion?So it is not as if we just sit down and pencil people, but there are some that need experts to pin on them and then we go out in search of who these experts are.Either they are medical doctors, counselors or they work in the health centers or how then you identify where these people are and then reach out to them with our microphone and if they are big people like I mean we have the DG NACA even Professor Rotimi Osotimehin who now went to the health ministry, from the health ministry to the UNFPA, even the current NACA DG, Professor Idoko, we've taken him to millennium park he sat down on the floor to discuss with young people on our program and again sometimes as a way of rewarding our listeners, if we are going to Enugu to record our program we go through our messages, listeners who have sent text messages or we say to them ok we are coming to your zone would you like to be part of *Flava?*This is the topic we are discussing or we could even ask them do you know anybody who is interested in this topic? Things like that.

How about MSM?

We usually tell them, If you can't abstain, use condom…I can't ask you not to be gay just like I can't ask you not to have multiple partners.

How do you relate with audience members?

Of course there were three levels we were using to interact with our audience, one would be by asking them to send SMS, if they have questions they should send SMS and we will give them an answer, two would be to refer them to our Facebook page and group, encourage them to join, post questions, post topics and let all of us kill ourselves discussing it. We used to be on twitter but we are not really strong on it, we interact with them via twitter but we weren't really as strong on twitter as we were on Facebook. I mean when you have a Facebook page that has over four thousand members and all those group thing, so that will be one; the text messages that they send in, initially when we started we were doing quiz, games and we were giving them gifts like people were winning cd players, notepads, biros, stickers, t-shirts we were delivering to people, and then at some points we were giving recharge cards if you answer questions correctly. So audiences got involved because they had something to gain and then some times, couple of times we tried to read their questions on our programs, mentioning their names was also good, sometimes you give them shout outs you know you may just give a shout out to your friends. So really we were using those avenues to reach out to our friends and like you rightly pointed out for those who contribute we could even invite to be part of the program and bear in mind that this is a program that airs across Nigeria so it gives people leverage.

Your target audience is supposed to be 15-24 but you have older people listening in.

Yes those are called secondary audience. Actually at some point we expanded our audience reach. We started making what we call *Flava* pluswe just call it *Flava* plus in the office because we wanted to reach a wider audience and you could get people of older generation of about 45-49 that kind of age bracket you know initially we stopped at 24 but we had to expand. Any way whether you like it or not the issues around sex and sexuality; if you are young or old is the same. If you are talking about multiple partnering, it is even up there and why we even did that is because we found out that the infection rate is even higher within marriages, of course that is the only place it is difficult. Can you now say as a man for instance your wife is having an affair do you really have the **** before you have sex you are going to use a condom but if you are a wife can you really...I mean it is expected that when you're in marriage you're in marriage you are not even suspicious but because you are in marriage you are not even thinking of protective sex, outside marriage you can think of protective sex but within marriage you don't really think of protective sex.Am I going to ask for protective sex,'she is my wife' but you don't even know what she does outside or 'he is my husband' you don't even know what he does outside so you can't even ask for… 'lets even go for HIV test', what for? You understand my point so that is why we started making out *Flava* plus and started looking at issues within marriage, that was actually when we made the program.If your wife puts a condom in your bag when you are travelling what will you do? We made those kinds of programs. We also began to make programs for people who are in polygamous homes. You know polygamy is almost the same thing as multiple partnering so think of polygamous homes, if anybody breaks the barrier, infection will come and once the infection comes, it spreads faster so we said let us make programs for that kind of group.

So why do you use strictly Naija jams?

I think we have to use strictly Naija jams because that is also based on research. Research also shows that ok if you go back to radio stations now, if they are playing music, 90% of the music they blast is Naija jams and is not just in naija, I went to Sierra-Leone, in Sierra Leone, is p-square, is Nnyanya, is Tuface that people listen to. If you go to Ghana, SA, everywhere Naija jam is actually hitting it.Go to Kenya, it is Naija jams that people listen to you know like when we were growing up it has to be pop from states and the Europe but then basically now naija

jams is everywhere even if you go to UK really most Nigerians in the UK still prefer naija jams so whatever it is still naija jams because research said to us this is the music young people are listening to and this is the program for young people so that is why we use naija jams and not just naija jams, we are even bringing naija artists to be on the program. Who hasn't been there, Niggar raw has been there nice has been there Tuface has been there, Nnyanya has been there, d-banj has been there, you name them.Which Nigerian musician will you say, mention them. *Flava* even gave them the platform because there was a time we organized a *Flava* show in Lagos, they were begging to even come and be on *Flava* stage. Even in Lagos, that was how huge. We fly D-banj from Lagos down to Abuja to record program, we bring Niggar raw from Lagos here to record program, Nice; they've all been on our program so basically when these are the people our audiences like why not play their music? So basically that was why we had to play Naija jams.

Were there criticisms of the program?

There are always criticisms when you make a program. One positive criticism is 1. That 'the time of the program is too short you guys should increase it', that is one positive criticism then also we've had criticisms from if you like 'gate keepers' now I mean a couple of times in the north our program got yanked off the airwaves especially in the north. I don't want to mention states now but some states had to yank off our program because they were thinking that why should our program be talking to young people about condom. They believe that you can't even have sex unless they get married, why are you talking to me about condom, why you are spoiling our people why are you doing that? So we have such criticisms but very minor. And especially when you are making a program that is pushing boundaries, you are bound to have criticisms, whether it is health program or any other program, any program you are making that begins to push boundaries, you are bound to have such criticisms.So we really had loads and loads and loads of them but then I say to you those are positive criticisms. Then my responsibility as a program officer is to find a way of pushing boundaries without making people throw me off air because if I want to be hard and they throw you off air what have I achieved? I have not achieved anything so what we began to do was to gradually begin to find way and for us how it worked was to just tell these same people that we are not really doing anything unreligious, anything uncultural;is to say if we go to the north and we want to do any program on condom, on abstinence, among other people we talk, to we talk to Islamic scholars… so what does the scriptures what does the Quran say about this issue? Maybe also dig inside the Quran to buttress what we are making so that was our own creative way.So working like that we were continually kept on air so we also have to balance making good programs and also hurting people.You also don't want people to lose their jobs. I will share an example with you, recently on our program called talk your own, we made a program on waste disposal and the program was focused in Aba.So we went to Aba to record this program, we have partners who picked a presenter from BCA to come and join our team to make the program and the program was broadcast around Nigeria. That presenter was suspended by the commissioner of information in Abia state. The director of programmes was suspended for allowing that program to air and the presenter was suspended for being part of the programme that talks about how dirty Aba is.

INTERVIEW 2

Okechukwu Jakes
Utako, Abuja
17-06-2013
17:22

Lets' hear from you as a host, what is '*Flava*' to you?

To me '*Flava*' is a lifestyle programme that is on radio but it goes beyond a programme you just listen to. It is something that affects the lives of people. People hear things and they do what they hear, people hear things and they are informed so they know, people hear things and they change their mind-set. To be more specific, '*Flava*' is a Society for Health Programme that tells about the lifestyle of young people, not just young and also of old people, everyone generally who is affected. It talks about, sexual reproductive health, HIV/AIDS issues. It doesn't just tell you what the facts are, it gives you day-to-day experiences. So on the show we were interviewing people who are living with HIV/AIDS and you are hearing the challenges that they are going through, from how they can't find access to treatment to how they have not told anyone in the family because they are scared of been discriminated and you are hearing it live. You are hearing from young people on the streets through vox pop, asking them questions such as when last did you protect yourself? And some say they don't believe in protection. What brings it close home also is where we have experts' interview.Experts such as medical doctors, people who are researchers. That is why it is called a magazine programme, it is a mix where you are hearing opinions from people like yourself, you are hearing touching stories, you are hearing experts opinions but then it is infused with music and celebrity interviews, text messages, emails and messages from 'facebook'. It is a very big programme though airing for 30minutes but it contains so much.

People ask why is ''*Flava*'' so wide? Why are people so addicted to it? Why are people buzzing about it? This is because it is real; it takes the issues people are facing and talks about it. We are not scared of talking about any issue whatsoever on radio there and there, it's uncensored. Generally, the programme was created to target young people between '15-24' years but if you notice the target audience is wider; a lot of people are into it. It talks about sexual reproductive issues but it is not boring. It is not every day you hear us about HIV, Today it can talk about HIV/AIDS, tomorrow fashion, next tomorrow shopping.

Really, so how do you bring it down to HIV/AIDS? For example, if we are talking about dressing, instead of going straight to rape which is sexual health issue, we can talk about dressing and what kind of clothes are in fashion. So you hear people talking about tank top, bum shorts, bolero and all those girls talk about. People believe that if a girl is raped for example, some people will say why did she dress that way but we are trying to educate people that even if a person dresses that way or as a masquerade it doesn't give you the license to now go ahead and do it. So, instead of opening the programme and saying today we want to warn you, don't do this, don't rape anybody. You make them understand what it is all about. You talk about dressing, talk about how it is a trend, a lifestyle, how it doesn't really portray the lifestyle of a people. Someone might dress decent but inside the person is a dangerous person, a person can dress in shorts and shabby, but the person is just an expressive person, people have different personalities. Then we take issues and we narrow it down by hearing experiences. There is a programme we have done before we talked about... We ask what is that problem you are facing in life that was supposed to bring you down but at long last you still came out successfully. Some people will say there is one exam I was supposed to write, some will say it is JAMB I thought I was going to die, some will say job, and so we narrow it down. Some will say when I

had the HIV syndrome I thought I was going to die but I'm getting better, different, different issues like that. So that is what *FLAVA* is all about.

The unique thing about it is that, people's lives get changed because while presenting the programme I had the opportunity of looking through text messages. I can tell you in a day there are up to 300 text messages per day for plenty years I have been presenting the programme. How many years was that? The programme started in 2005; I picked it up in 2006-2013. 2012 was when it was supposed to end but in 2013 some programmes still went on air. You see text messages of people who said before I don't use protection but now I am using it. Some other people will say after listening to the programme, I'm going to abstain till I get married. Some other people will say I used to discriminate people with HIV/AIDS but I am now friends with them. Some people say I never knew you could get sexual transmitted diseases from oral sex. So people are getting informed they are also getting educated and we are holding people responsible which is a good thing and if you look at the statistics, sometimes there are surveys that BBC does to check out Behavioural change, knowledge, attitude and practices in a particular area. Before we started *FLAVA* what were people saying? What was their lifestyle like? And 3 years down the line after listening to the programme, you will hear that they have informed decision and that is what the programme is all about developing people, giving people the right information, helping people in the society, making people think and feel very responsible and be part of the community.

When did you start anchoring the programme?

The programme actually started September 2005 but I started presenting it in December 2006 and I moved all the way till the end. In 2006, a lady Sola and Akin were presenting it together, then I picked it up in 2006, recorded it till 2008 I think before Matilda joined me. I presented it alone for 2 years before Matilda joined me. I think I am the longest presenter for the show.

You already said who your target audience was.

Yes, young persons from the ages 15-24 but they expanded. We particularly looked at people, but you know radio, people who are living in the cities have TVs with DSTV. So, they alone tune to radio when they are in their cars or when there is no light. The programme is meant for everybody, every single young Nigerian who needs to know, in fact everyone both young and old. Yes, health cut across. Radio is a powerful medium because even people in the village who don't have light have batteries to tune into radio. In fact, they are the ones who listen to radio more, and they are the ones we started targeting, the poor and the vulnerable who don't know anything, that didn't go to school and don't have access to information but we had to use all kinds of medium. So we set up a Facebook group, did all sorts of advertisement like jingles on radio. Generally, we targeted young people and we really went far.

When you say poor people, what do you mean?

There is something they say, target audience 15-24, poor and vulnerable. We are not saying poor as in poor like we are insulting you but when we say poor we are establishing the fact that certain people have distractions like TVs, Internet and People who have Internet and TV have access to quality information, you can just Google something and know but People who are in the villages who don't really know anything.

Is that poor in terms of materially or poor in Information?

Both, I use poor not as derogatory word that is why I first Laid the background by telling you that people that have TVs and live in the cities compared to people in the villages. I just used

that as a blanket word but it will surprise you to note that in 2010 there was a research that was done and it proved certain things and like it is people who are in the cities that were now more vulnerable. At a point in time organizations like NACA, SFH all these organizations when they want to do project, gbam! They are going straight to the villages; everybody goes to the villages for projects, sensitization still villages. Nobody says let's go to the town like Maitama, Asokoro, VI, people want to go to the poor, poor places. People in the rural communities now had so much information while people who were living in their fathers' houses were those engaging in risky behaviours that is why the programme luckily cuts across all kinds of people but in the Initial process, we were targeting people in the villages, the poor and vulnerable who were at risk to sexual transmitted infections, HIV. Now we are targeting everyone, what affects anybody affect everybody.

So, since when you joined, how did it evolve or what did you do differently because of the research work?

I did a lot of things differently. Before I started presenting the programme, I was a listener. It was very upbeat, it was very classy, and they were speaking very classy English. We had celebrities like, RMD, Desmond Elliot, Dbanj, it was a popping magazine, hot it was talking about the same issues but it was quite trendy. When I came in, I noticed that the target audience was focused on the people from the grass root; I infused pigeon into the programme like how far na? Wetin you do this weekend? wetin dey? We target the mechanics, the person who is selling pepper in the market because when they hear pidgin they can relate with it, like Today the governor, then you speak one big grammar maybe rebutted toh! another will say this programme is not mine but when you say bros, we wan talk about, even if they don't speak English, they can now relate with it and say this is my programme I can relate with it and luckily even people who are high there, high class you know, they enjoy pidgin because it's our kind of language, it is our kind of identity sort of. So I thought if we infuse pidgin it will be nice. I speak pidgin fluently I grew up with my friend and he couldn't even speak proper English, I speak pidgin when I'm with them though I am speaking English because this is an interview. So, I brought in pidgin. Another thing I did at that time 2006-2008, was talking about these issues on radio which was very controversial; in short some radio houses will say in fact we are not airing your programme anymore because you people are always talking about sex, sex, sex. Our kids don't want to hear that .There was a time in Kano, they were not going to air the programme because they were talking about condom use and they didn't want their children to start thinking of using it, they didn't just want to hear anything like that. At a point, I can't use certain words like if you want to have sex, I can't use word sex so I thought, what will I do to pass across these message to people so that they will understand. Very simple, when I go to a shop I say bros how far now? bros, last time wey you do you use am? I am not saying anything but of course they understand what I mean except the person want to form like which do, which use am? I may not use the exact word but I am passing across the message. I even had to come up with a new word for sex and I called it "lamushwang'', I had to think of something funny, something not normal, out of the ordinary, something that if you don't explain your mind can go there. So when you say something like the best thing is to abstain from lamushwang before you marry, don't ''lamushwang'' till you marry, they can understand and laugh, they can understand and relate with it, nothing too serious, not commanding them like; don't have sex if you must have sex, very accusatory and pointing, people will say na wa oh and they will tune off but if you are calm and pass on the message friendlier, people will understand. I used pidgin, I decided to speak in codes, using the word lamushwang, the word grew so large millions of young people now used it on the streets. I moved the interviews to the streets, markets, travelling to small villages. I wanted to see how the programme could be more personal, nothing stops you from having a programme from the beginning to the end that you are talking about one person. Welcome somebody to the house, I am in the house of so so and so person, I

want to spend a day with her, she is living with HIV, let us see how she spends it. I ask her her favourite music, we play it, and what did you cook? We eat together where are your family members? Where do they play? Where do you hang out? I once had a programme where we went with someone living with HIV to the bar beach in Lagos, you don't need to say everything, you don't need to say right now am in the bar beach with her and you can see as we are doing… nothing happening to me o you know that kind of thing by doing that people can begin to think that if this guy can do this then I can, they send in message and say oh boy!, u try oh! Some people will say after listening to the programme my mind-set has changed, I can't count the number of people that met me personally and said'please can I have your number?' because they see me as a friend and someone they can trust and they say this is my issue, don't share with anybody what can I do, and that put a lot of responsibility on me that I am not just a radio presenter but I don't know what it is, I now have a bigger responsibility outside speaking on radio.

I didn't study communication. In fact, I'm a stammer a very serious one. I'm not the 'perfect speech' person. Radio presenting was something I stumbled to, as long as you can talk, then you can communicate.People communicate without talking and it will amaze you sometimes how non-verbal communication is involved in radio.If someone said something like this is how they raped me and I'm quiet even for 3 seconds and say ok! right now we take a break, in that silence you have said something, you passed across a message, the tone of voice people can tell if you are happy and people can tell if you are forming happy. So, I don't have any training whatsoever when it comes to communication, radio presenting, media but I love the job.Not just the fact that I have to go under the sun, beg people to record, someone can say abeg no go use my voice do juju, you face all these challenges travelling to very crazy areas but what gives me the ultimate joy is the fact that somebody somewhere is listening, benefitting, gaining something, learning something and changing someone's mind-set, someone's life is getting better and someone will live longer that is all that matters.

How do you incorporate literates and non-literates?

People who are not literate, I try to bring the programme down to their level. Sometimes we even have to bring a doctor to the programme, we have to make him break down the words and use examples if bucket dey like this and bottle dey like this, try to break it down to the barest minimum and you know some doctors can't speak pidgin but they can speak simple understandable English. People who are literate they can flow and understand it; though we have to make the programme get to the grass root, we can't lose the content. People who are literate they have to get information too from the programme we have to take them along, sometimes it is an English programme, sometimes it is a serious programme but you must look at the two sides. The person who is literate can look at it and say okay I can listen to it and not say it is for low low people. Both sides must see the programme as theirs and must relate to it and I think they achieved that a lot.

Did you use real names of the people?

According to BBC editorial policies as much as possible we want to be real. In fact, we have to be real, people use their real names but if they don't use their real names, if someone say for example they don't want people to know their identity they will now state it there, ok I am not using my real name but for today just call me this name, you will hear it on radio there so people know that the person is not using their real names but as much as possible the programme was very much uncensored people used their real names, their real description that is for the people but everywhere I am, if I am in lokoja bridge I cannot say I'm in Lokoja town I must state exactly where I am, exactly what I see and exactly what I am going through it is an

editorial policy that you have to keep on so that people can trust you. Sometimes you are recording on the street people can look and say eh eh, r u serious so this programme can come to my area like this. So when they hear you talking about Benue they understand that it is the same thing that happen when they saw you, is the same thing that is happening there. So people use their real names I use my real name as well.

How do you get people to participate?

That is another challenge, it is everywhere like I said some people are quite scared of the media and some will now say let me not go and say one you people will now twist it, people just have this thinking that media people just want to investigate and turn things around. It's been difficult sometimes getting people to talk, they can be talking to you but once you bring out your microphone, they run away. Some are media shy or whatever it is. Even on the streets or markets, my name is Okechukwu I'm doing a radio programme called '*Flava*', they will say ah! Please oh! Go away but it will interest you that Nigeria is such an amazing place, a lot of people are willing to talk. If I pick up my microphone and I'm just walking, they will say come wetin you dey do, I'm doing a radio programme, they will say hmmm, make I talk now. People are interested while have this community upbringing each one for each one everyone feels...i can start a programme on the street and end it on the street as you are passing...madam oh I'm talking about this thing, once they see that it is part of them, they will respond so I get amazing responses and I'm so happy doing it, like I'm in the streets, in the markets and are meeting people and recording. I love it so much because I get to see a lot of things happening, different characters, you will be amazed the person frowning his face when the person starts talking you will not believe what the person will be saying. So it has been difficult especially when you go to a place where the religion or the society of a particular area are not friendly or don't really understand what you are doing. Generally, speaking with people has been an amazing experience for me, I don't think it would have worked if we are in another country, I might not have been to a lot of countries but it's amazing the kind of resource we get on the streets of Nigeria trust me. Even to get experts to speak on the programme as well, yeah you have to make a phone call. Do you know anybody that does this, Someone just call and say I know one doctor oh, I know one lawyer who does human rights oh like that, sometimes on *Flava* I have been interviewing people living with HIV, some of them will be quite sceptical while some who have listened to the programme and will be great source of help, respond and even contribute so it's been great.

How do you stir up discussion when it is getting boring?

Enter music when you are discussing with a person and it is getting boring and uncomfortable you take a break, do small music break, come back and continue. I didn't have a strict format of asking questions, though I will have a list of questions I will like to ask or scope of agendas I would like to touch but not like what is your name? Where were you born? Who bore you? You can start from the small thing, lady you are looking sweet where did you buy this top, make the person feel comfortable. Oh I like your hair, is this your natural hair? Is it this long? It is a lie let me see. Start with something that is conversational as much as possible and not just interviewing and interviewing. If the person is not comfortable with that question, no problems, keep it, go to another question, try again if the person says no everything is not do and die but conversations stirs up from the simplest things, you can even go straight to the point and say this why I am asking this question, hope you don't mind? You can start from anything like, Do you see what happened last week? What is your opinion about it? Just something and trust me you will get there.

Why was your music strictly Naija jams? It is a naija programme from naija people like I said ownership is another thing if you are talking about Nigerian issues and playing Celine Dion music, it is not that people don't like Celine Dion but it is quite foreign and you want to make them believe. It is also another avenue to promote naija music and tell our artist that Nigeria is our own you can come to *Flava* and you will hear the latest naija jams. Knowing fully well that the bulk of our youth population are interested in music a lot of them are upcoming artists. In fact, by the time you come across 5 people 1 is an upcoming artist so we promote those artists on the show and play their songs then we play a lot of music because it is a Naija programme we want people to hear and own it and feel it is their own. People sending in request and saying I want you to play me Dbanj, óyatoh' we will read it and say Kingsley from so, so and so wants us to play Dbanj's ''oyatoh'' so all of you who said you wanted oyatoh here it is, so that is why we made it Naija.

How do you spice it up apart from stirring up discussions? Naturally, The structure of how the programme is interesting, the producers and everyone in the background of the programme has targets, they have to see that this programme is informative, trending, it is not boring so we don't play a long/ full music we can play just the verse 2 chorus, bridge we cut it there, vox pop, you hear different voices on the street, celebrities interviews, you will be hearing different jingles *Flava,Flava*, those things they spice the ear. The tastiest show on Naija radio, the ogboge programme, We are trying to put all those things inside so that you will understand, it kind of stirs you up, you have them to be nodding their head while the programme is going on, those things spice up the programme and I as a presenter also have a duty to make sure that the programme is interesting. I can't start the programme by saying welcome to Today programme, no I have to say welcome to the tastiest show on Naija radio my name is okechukwu and to start the programme we are going to talk about, guess what, I'm baffing up, I am wearing this, just something that is interesting, so being lively, though there are some topical issues you want to calm down and treat but generally it is what is lively that people are attracted to.

So before you started working on this show you said you've never a presenter? So how did you get on the show? I heard they were looking for a presenter, I went for the audition, I didn't do well in the audition, I don't know what they saw I didn't even speak well then they called me for another interview which I went. I even kept asking why me, why me. Who did the interview? A team of 4 or 5 persons and I didn't know anybody there before and all the people I knew there had already gone. So they said you have no experience in radio, you can come and do an audition, if it is something that you do well, why not but it was quite difficult the way I see radio presenters like this ones are like superstars not knowing that radio is about talk.Once you can talk well but I did for many years and people loved it and I listened to myself and laugh and I enjoy myself as well. So I will say God did that one for me it wasn't my effort at all.

So special days like Children's day, World AIDS Day?

Those days are serious days oh! You have to ensure that you have to do something about children. World AIDS Day celebration, read out statistics, what is going on , talk to a lot of experts in the field people who are working with NACA, International organizations people who do World Aids Day, you can go to the place where they are celebrating it, I can remember going to a place in Markudi, a World AIDS Day celebration people came to do presentation, they did cultural dance, sang the significance of it is basically telling people that the essence of World AIDS Day is to see how we can to zero, no HIV infections, zero discrimination, pass on the information not just World AIDS day and children day but also other international days like for women, clean water day, safe drinking water day, world malaria day you can do a programme on anything but nothing stops you from taking 2 seconds and saying since today is world's malaria day hear this little drama and someone just says ah mosquito! something small

whatsoever the programme is you can infuse it just to recognize the celebration of that particular day, you mustn't dedicate the whole programme to it but since *Flava* is a sexual reproductive programme something like World AIDS Day, you can do a full programme for that but if it something like world women's day, u can always just take out time and say well today is 17th, tomorrow is 18th, next tomorrow is 19th is world sickle cell day though your bosses, editors and producers can tell you that that is not our mandate, nothing concerns this programme with sickle cell but if it a regular programme, you can say do you know that today is world sickle cell day and 410 Nigerian children are born with sickle cell everyday, it is simple, know your genotype you are either AA,AS OR SS go and know your genotype that simple statement can make someone can just say let me go and check my genotype too.

What was your relationship with audience members like? It was fantastic; if I didn't enjoy the programme then they wouldn't also. I am a young person and I know...so I know what I should say. I try to maintain a very friendly/jovial relationship with people who are in the programme; I am free to give out my number when they ask for it. When people said text messages I don't reply with my phone sometimes, people on the streets, maybe I go shopping and I am on the phone, someone just says are you not okechukwu? People are that sensitive. You talking to someone in church and someone say are you not okechukwu, I knew it. They can recognize your voice, make friends with such people. I am serving my audience members not teaching whatever they know/need I should meet it though it is demanding. A caller might call me in the middle of the night and say I dey tell my friend say I know that okechukwu e no believe talk to my friend when you are about to sleep. People will overstep their boundaries, I don't care I am already doing it as a service to people. In the long run, I wouldn't complain. Relationship with target audience has been fantastic, some of them are my friends, some I had to go an extra mile to speak to them, add alot of them to my Facebook, my Facebook is full I can't add anybody, I created a new Facebook account that one would soon full that alone means a lot to some people they know this persons, they have his contact, they can call you, they can text you. I know people who have been listening since 2006 and we still keep in touch, some call me every week, some will say I just wrote JAMB and I failed, sit for another year you will make it, some will even tell you I don't believe this your programme that interview that you did I don't like that one why didn't you interview this other person, some will even tell you, excuse me I didn't listen last week what happened? So I am a friend, brother whatsoever it is I can be to any of them.

The other co-host Matilda, is she like that too?

People see us and say we quarrel on the programme, some people say we are friendly, some days when we are presenting when we are not following a script, we can just start from a conversation, we can start arguing, the programme will start recording and take it into the programme and continue, record, deliver and come out of it. We are cool we speak a lot on the phone, gossip, share different ideas, so if you are going to present a programme with someone, it is not work anymore because people can tell if you are not flowing, if you are not feeling it. I am not saying you must agree with the person or be boyfriend and girlfriend in the programme every day. There are times when she is taking one side and you are taking the other side and you have to defend yourself. There are times when you have to laugh play, there are times when you are both serious and that you are doing the work and making sure it is done.

Did you get any negative feedbacks? Yes, I got a lot of negative feedbacks. People will tell you that you are making our children want to behave immorally, illicit behaviour you are the champion of those things. Sometimes this makes you feel bad because they don't understand what you are doing and I started this thing when I was a student and it ate my time, it affected my grades because you are sacrificing your time not because there is money in it but because

you are passionate about it and some people are telling you that how dare you do this kind of programme talking about sex and all those things, how dare you? God will judge you. Teni: whether you like it or not, these things still happen. I tried explaining it to people, truth is truth you can't explain truth, you state it and that is it. You don't have to prove the truth, it proves itself. Oh this programme this, this, that, that, in the long run they say I was wrong before. Sometimes it is just beef maybe they wanted to present the programme and did not get it, so they are beefing me but I can understand them though this criticism was very small but sometimes when you hear this radio is no longer playing your programme because the head of section says they don't like the programme is being aired it is becoming too like this or like that they change their mind. When we tell them look at the text your children are sending to us they are shocked and they change their mind-set that is why it is good for every radio programme to have feedback mechanism so that you can show them their names and where they are texting from so you can say these are the people asking all these questions. The good comments outweigh the bad ones. So many recommendations, kudos, well-done, thumbs up, God bless you guys, even sometimes they pray for you as you travel for Christmas this year may your family...so you are really touched. If I feel down, going through a challenging moment I just go to the office check out text messages people have sent and by the time I am reading the 120th one I am already satisfied and happy because I know that they are people out there who are commending your good work. Sometimes you don't even need the salary when you see such messages so the good, recommendations, pat on the back always outweigh the criticism.

What did you programme do differently from other health programmes?

The programme is under the BBC Action World service trust, the quality of people put into the programme is a lot. It was first radio/media experience and I thought that that was how all media houses did, that they researched after getting the research; they will sit down and discuss the programmes. They cross this one, cancel this one, add this one, do this one, check survey, check research, they now draft a script, that script must have different angles to it, interviews will be there, voxpop will be there, different reports, celebrities, all those things will be inside. You then go to the field and record, then come back and edit it. Not every media house does that. What makes the programme different is not even my doing; the way the programme is structured naturally is a programme that stands out. It seeks for the best.There are days I recorded fantastic programs but because of one silly mistake they would say cancel it, they won't air it. Yes cancel it, do it again, give it the best, quality, the sound must be hearable, you must hear the sound clear, you must hear your background of what people are doing clearly, you must hold discussions objectively, this is the aim of the programme did it achieve its aim? And it is not something that you must be a big a name for you to know, it is just something you have to sit down and think, be creative. Once you are creative research is very fantastic if they say a lot of people don't do this you know why and that is an angle start you go in there and ask the people, the community heads, and you will be surprised at the kind of content you will derive. So the programme stood out because of that. Another reason the programme stood out was the fact that it is a national programme, it started airing from fifty something to seventy something stations up to ninety something and even a hundred and something stations started airing it, excuse me even if you are doing *ten-ten* on a 100 and something stations, you know that is powerful and cuts across every state, every local government so that alone made the programme so powerful.

Is BBC Media Action Nigerian?

Yes, it is, though it is not a Nigerian outfit but most of the people working there are Nigerians it is the charitable arm of the BBC you know. Do you think Nigerians can do what BBC is doing? Even more, there are lots of Nigerians who have money, you know if you and I and three other

people say we want to start a radio programme we can do it. We buy a small recording device, have a laptop that we can edit I think we are done. We then draft a script, go to the street and record, package it, and then send it to radio stations. Now the BBC Action Media, the platform they have is expertise they have being doing it in so many countries, two, reach, they can reach so many radio stations and organize that. Nigerians can do it by training people in different radio stations, we might not be able to make everyone come under us but you can use your programme as a model, in facta lot of girls from *Flava* had to learn, how do you do this? How do you learn the script? Everything is not breeeeee...though there are times and days I improvise. I have to have a script; I can't just say everything from my head. I noticed that some people don't use script, some people don't edit when they record, they just brummmm...inside, some people don't include something entertaining, some people will talk for one hour only the presenter will be talking it will be boring instead of just talking, some people don't have where people can feed back, text message, now there is twitter, Facebook, email, you can do all these things. So it is something we can do, it is not the name if the put the same people in another place, organization and different opportunities they will do the same thing.

Can you go over the challenges again?

The challenges for me as a host if we are sitting down here and they say we have a recording to do tomorrow and it is in Ibadan, I have to get my bag ready and I am going to Ibadan. Sometimes you don't feel like travelling long distance on the road I can't remember the no of times our motor has entered pothole, the motor is spoilt, we had to park and repair the car and get back on the road or I cannot count the no of times we've stopped on the road by strange people on the road they will say they are union people, they will need to collect some money, we fight with some, we will tear our shirts those things are challenges but they are part of the work every job has its own challenge. Travelling is another thing but I like it. You sometimes you go through all of this and you are in the sun for like 3-4 hours. I am talking from Lagos to Abuja, I am talking about Keffi sun, Kano sun, Kaduna sun that is hot that your back is paining you but you have to do it and can't be in the sun panting, the show is, panting, no you can't do that. Even when you don't have to spend with your family that much because you are doing the programme. Once you understand the challenges you are good to go.

The success is so many for me makes me responsible and presenting a programme like that gives you so much information when I am talking to some people they ask me, did you read medicine, health science, health communication, mass communication. Just being in the programme you learn so much because you have to read first to know you are asking a doctor but guess what I know what the doctor will answer me I have read it. So that when they don't tell me the one that is right I can say ok so that you don't finish recording what he says and tell it to the whole world, you will misinform people if you don't know the true answers to the questions that the doctor is saying. So the success story is that I have learnt so much, met so many different people, gone to all the state in the country and every single state I go to makes me love Nigerians the more, make me appreciate where I am from, makes me understand the country I am living in. Nigeria is so diverse I tell my friends do you in this place they don't use to wear slippers, it is only shoe shoe shoe and in this other place they don't wear shoe it is slippers. It can be such a trend in some other places they eat a particular thing you just learn so much, travelled so much, meet so many people, done so much all because of the radio programme, so many success stories for me.

What will you have done differently apart from what you normally did?

I don't think I would have done anything differently, I think I gave it my all even if it is not enough, they are times you do something because I'm not my boss and they say Okechukwu

what happened to you, you didn't deliver and come the way it is supposed to come and you say ahha! Sometimes you have to take it to another level. Sometimes you have to find a new idea or restructure the programme and they say finally you did it. I don't know what I would have done differently. I think I gave it my all and did my best, like I said maybe the show should have continued but that is not my own doing. Sometimes when you are ending something it is not your own doing, it is later that you will realize but it is all for the better. Mostly I love the programme and it was a good platform for me today I still meet people who say oh! I remember that programme and that is what makes me happy and keeps me going.

People still request for your programme because I've gone on Facebook and people still ask why is it not on air? The programme came and it served its purpose millions of Nigerians were not aware of a lot of things but after the programme they became aware. Millions of Nigerians after the programme their mind-set has changed. Millions of radio stations are now doing programmes like *Flava*. Now one or two radio stations have a programme like *Flava* that they use as a model. Some people used the themes from *Flava*. Certain things that were achieved and it was done so well kudos not just to me but to the entire team. Like I said it is not as if I had a degree or studied and said finally what I studied I am going to use it.

What did you study? I studied law; I always wanted to study theatre. I got admission to do theatre in university of Abuja. I started theatre arts but parents things, theatre ke! who have you seen that built a house from dance? because I wasn't really good in acting but I could dance, if it was even acting we would say there is Genevive, Jim Iyke but dance? when you are 30 which kind of step will you be dancing so I decided to do something like Law but it has alot to do with community development that people don't know, that is what I am doing, so do theatre. It is as simple as going to a community and saying do you know that Law, freedom of information that this one that Julius Berger is coming to pack something in your door mouth and challenge this, things like that. I love community development, I love community law, people will tell me you will die a poor man and that is what works for me so when I see that aspect of Law I picked it up and did several and I did so well. I think Law is so simple. Theatre Arts is more difficult compared to law. I have done part of it and I know what I am saying, when you do practical when you do the written part. I love theatre and I think it is a very good tool for community development.

Did you people try to reach you to MSM?

Yes, for MSM I know there is a time we sat down in the office and discussed that it is a very critical area when talking about these issues on radio, people do not know that the MSM community seem to engage in risky behaviours without even knowing that they are risk. Some people will say man and woman ensure you use protection but some will say I don't do with women, not knowing that they have to have that information. I remember when it was brought a lot of people said no we are not going to talk about those issues. I couldn't say anything, personally, as a radio presenter I didn't have a problem about it. Nobody knows your producer; nobody knows your organization they just know you and you are the person talking about this thing. I thought about it and I knew I was going to receive a lot of criticism. You know what I received a lot of criticism when I started the regular one and in the long run it worked out well and I know I am doing it for the good just for people to know and understand these issues and for peoples' lives to be better but I don't know what happened along the line it didn't move on. For polygamy of course, it is not a controversial issue like MSM and I know we talked about certain issues. It is just normal analogy if a man marries one wife chances of him contacting HIV will be far lesser than if he marries three wives. If he marries the first wife, both of them are negative. He then marries the second wife, both of them are negative.What if he marries the third wife and she is positive. She will infect him, he will infect other women so four people are

having HIV.The risk is minimized when there are less partners just a normal logic. That is why they say stick to one partner, be faithful. The second woman is faithful to her husband, she might even have married him a virgin then something else happens, these are issues we talk about. Like I said it is not as controversial as MSM who knows maybe there will be an MSM programme.

As a media person, as a programmer, you don't put yourself into the programme, it is very wrong; you don't put your opinion. If someone says something you don't crucify the person. You are supposed to be a neutral person, a mediator, in between. Apart from keeping you safe it helps you learn. So, such issues should be talked about it will amaze you when you pass such information how people's life can change even if you are MSM equip them with the necessary information let them know what is risky and what is not, their ideas that works because these MSM will still marry wives, have children and family. So if you say it is just them let them deal with it, lives is at stake the same thing with sex work people are saying eh! Sex work, how dare you? It is good for them. If anything happens to them, as a lawyer I do a lot of advocacy job for research work for the community, your rights can be protected. I am not justifying them or their job but they are on the street, it shouldn't give you a license for you to rape them, use them for rituals and if they say HIV patients are 30something per cent and you say that is their business, are they sleeping with themselves no they are sleeping with your husbands, brothers, uncles. They still affect you either ways let the information be out there organize a special programme for them, let them bring their issues once you can bring a safe place for them to talk that makes things better. If they say you can't do your sex work in our area, do it this area as long as nobody will assault or kill you. Sometimes you are wondering why are people not thinking like this like I said society goes through a phase.

You mentioned that you have a challenge talking to women or getting women to talk on the camera, is it true?

It is a general thing even if I was a woman it is also a challenge sometimes it is even because I am a man that I get a lot of women to speak on the programme but generally women shy away from the radio. Ah! They don't want to talk oh! Some will say their husband will not like it if he hears me on radio and you can trace a lot of things one that society and community giving men the upper hand and not giving women the right to speak, some women don't see themselves as part of community development. Trust me in a lot of places, I have travelled to a lot of states and I have seen things, places where women can't talk or don't come out it is a taboo, how dare her talk when men are talking you will hear them say so women don't see themselves as part of change so they shy away from it so you have to persuade them and I learnt that over time that when I ask them will you talk and they say no oh! Your programme must have gender balance, see them coming from market, madam let me help you carry your bag and they say what do you what to talk about;you let me talk even as a guy it has worked for me. Sometimes some female presenters will find a lady will eye her and she will say I no dey record again, guys are easier to get to talk on a programme even for girls it is a challenge but somehow I know it is a challenge If I am going to spend 20minutes looking for 5 guys to interview on the programme I know how to but you can spend 40 minutes trying to get girls to speak.

INTERVIEW 3

Bose Olowoyeye
BBC Media Action Maitama, Abuja.
05-07-2013
13:22pm

Research Team

What is *Flava*?

Flava is an HIV program and it has been on air since 2005. What the *Flava* program intended to achieve at the inception was to change the behaviour of the people in the ages of 15-24 years around the issues of HIV and that was because, at that time that was where the infection was the highest in terms of the prevalence rate of the infection.So it was imminent on us to target that particular age group because that's where infections grow to the other age groups so if we are able to correct attitudes at that level, the prevalence rate will drop.Then we can have lesser people living with HIV for the older age because it is people within that age that will grow to be within the older age group so we were able to achieve that for a while because the project that started *Flava* also ended.As a non-charity organisation you are funded and project based, so afterwards we got another project that was willing also to go on with the program and similar with what we had previously had in 2005.The project also wanted to change the attitude of people within the age range of 15-24 around HIV because they have that prevalence rate around that age group as at then. And so that was what we set out to do eventually on the enhancing Nigeria's response to HIV/AIDS which is the ENR project that *Flava* finally ended on. So that's where research comes in.So what research does at that stage is first to know what the knowledge level is, to know what the attitude of people is and to know what the practice is around HIV.So based on that we were able to feed into the production process of *Flava*, this is what I mean- for example when we started out there were alot of misconceptions on how HIV can be transmitted and it was when we went to the field that we understood that people still had a lot of misconception, people still were not believing that HIV was real and if you look at the activities that we were doing at that time, it was geared towards letting people know that this is not a fable, this is real. So those were the kinds of information research gave us at the formative levelthat we fed into the program and then was also used to broadcast the program.

Tell me about the Base line research?

What we did for the base line research on that particular project was that we are not the only ones working on it, there were a combination of interventions that were running on the project, apart from what BBC is doing.So we had people doing one on one with people maybe in the rural area, that's handled by another company so the kind of baseline research we have is one for the whole consortium.There are seven people working together on that project so if you've ever heard of the NARHS survey {National Reproductive Health Survey} like that so that's what we use for our base line. We will say that we used the UNAID indicators and those were measured in the NARHS survey. What we did at our own level to be able to feed into our own programing is what we call qualitative research. Qualitative research deals with focus groups and in-depth interviews so those are the kinds of things we do. And what we did at that level was that we went to field and spoke with people within the age of 15-24 like I said, to know what their knowledge is, what is their attitude and what is the actual practice and we also knew that there are gatekeepers, there are people that will broadcast our programmes, there are parents who will either allow their wards to listen or not listen so we also had interviews with such people because as a non-charity organisation, we don't broadcast our programs we have to give it to other local stations to broadcast for us so we have to check with them whether they are comfortable with broadcasting such programs.So apart from the focus group that we did, we also have indepth interviews.

Was your research in rural areas or urban?

Based on the population of Nigeria you know Nigeria is tilted more to the rural areas, so we give the same level of preference in our research to urban and rural especially when we are doing qualitative research but when we are doing quantitative when it involves survey, there has to be some tilt towards the rural areas so that we can weigh the figures we get, back to the population so that we can see if this is what we are getting from wherever we have worked.

Research instruments?

The instruments that we use in conducting focus groups, they are quite a number depending in what we want to do. We have the recruiting questionnaire that we have to draft to take to field, to check who is qualified.Because sometimes is not ok to just be within the ages of 15-25 you want to ask other question that will make the person qualified.For example when we are doing this kind of research we want to talk to radio listeners, if you don't listen to the radio there is no point in the first place because you won't get to hear the program you can't tell us what you know, what you want on the radio so those are the kinds of criteria that we use. We use the recruiting questionnaire, we also draft a discussion guide that we use during the focus group discussion when we are moderating and sometimes when we are doing pre-test or things like that we have to make copies of the cd, do matrix order of play, some form of rotation, how you are going to play the cd because sometimes there are a lot of different research we do on *Flava* for example it might be STINGS: you hear something like ***Flava the new voiceof Nigeria*** something like *chi chichi.*At a point you want to know whether people are still in tune with such things so we take it back to *Flava,* you put different stings apart from what is on *Flava* maybe from other programs that we have done research on, that we know that people like and see maybe it is standing out maybe it is noticeable. For people that listen to *Flava* if they can actually identify it.If we find out that it is not working anymore then the production team has to do something to make it better.

Do you have prior training on research?

Yes I've been doing research for nine years and I started from the very bottom and grew up the ladder so I have had a lot of training in research. I didn't start with audience research but I have a lot of training in research. No I studied English from school but because its brand research that I came in from, there is a lot of training that goes in before you can tell MTN to change their product or tell them that something is not working.So I have a lot of training in that regard and we also do retraining and training even within the BBC. For the training I have, it didn't start with BBC so they didn't train me in that area, and we call it market research. What we do in BBC is audience research.When I was in market research I had a lot of training in market research then when I joined BBC too I also had a lot of training from BBC.

So what do you look out for when you are doing your research?

Well research, like I said, there are different kinds of research, so it depends on what we are looking for so it's the research questions that determines what we are going to look for.If we are pretesting, we might be looking for people who listen to youth programs not just *Flava*and check with them and you know depending on what we are doing if we are doing a post broadcast assessment we need to look for listeners so that we can assess the episodes we've produced and how people have received it so it depends on what we are looking for.That will determine what we do.

Ok say for example you go to lugbe, how do you gather only the crowd that have listened to *Flava*?

Well now that you mentioned it because lugbe is kind of enclosed and you might call it… maybe not exactly an urban area, there are rural areas there and probably semi-urban areas but usually such kind of places are easier because you have a head in such places that control what such people listen to so what we just do is go to the head and explain our mission and such people will help us out. Thereforefrom the onset we will know that people don't listen to our program in lugbe, if we can't find any and move to another place or we will find some people that will be willing or fit our set criteria.Maybe we are looking for 15-24 you have to be within that age range.Maybe we are looking for people that have certain things you have to be within those criteria that we have set.

What informed your next topic of discussion?

Research team doesn't decide it's the audience that decides.What they say is what we feed back into production. There are sometimes they have to… maybe I should explain that there are different thematic areas that we want to address on *Flava*. We have stigma, we have HIV prevention which includes HIV counselling and all of those, so it is what people are tilting to around that thematic area that we would recommend to production team based on the research that we have done.

Tell me about your research processes and how you did the research.

Well I think from the beginning when we want to do research I do the planning.So I draft a bulk timeline, when I draft the timeline we go ahead and draft the study plan. The study plan states everything I want to do including my methodology.Then I go ahead and do recruiting questionnaire, then I have to share the work plan with somebody else that edits and gives back to me and all that then I do the discussion guide. After I finish I have to contract out the recruitment to experts that go out and do recruitment for us. They we decide if we want to have a focus group discussion, in the recruiting questionnaire we would have decided the location I want to visit so I will draft the discussion guide.After I do that, I will decide who will go and moderate the groups.Sometimes one person will do all, at other times because of time constraints we will have different people going to different locations and what we do for *Flava*, because of the different sensitive issues that we address, males moderate male groups, females moderate female groups.So we decide on all of that then people go to field then they come back. We go to field also with a summary template. A summary template tells you the objectives that we want to achieve in the study and which the moderator fills up immediately he/she finishes the group. So the summary template is submitted back to me and I use that to draft what they call a top line findings. Just like something brief about everything then I share that. If people are comfortable that we have covered all the objectives that we have set out to do then I go ahead and do a detailed report, after I do a detailed report I share findings with production and we decide action points on what we want to do.

Do you have a challenge talking to women?

Qualitative research depends a lot with your skills. If you have the skills then usually it is not difficult to speak with women. There are some people that will prove more difficult than the others but because you know what you want to get and you know how you want to get it, sometimes you might decide that instead of pushing this too far you don't want that person to influence what that person has said and you will just have to give up talking to such persons so it depends on your skills that will determine what you get out of the group so it doesn't mean that women are more difficult to speak to that men no.

After pre-test, do you retest?

Well what we do in pre-test, is that we have already done production when we do pre-test, is just a little tweak here and there because in the first place what has informed that particular production is research so when we do pre-test, it is almost in the final stage so if there is anything wrong which is correctable, if is not correctable then that episode will be lost we don't need to broadcast it.But if they tweak it, it is for the researcher to confirm that I think this addresses what the audience wants. We don't take it back to the field to retest because in the first place researching formed it so it should actually address what the people want but in case where it doesn't at all we just dump it.We don't try to make it better when it is not addressing the issues.

At what point is research necessary during the production?

Research is necessary at every point.Like I said baseline research inform what will go into production then when they finish producing, we also pre-test, we randomly pre-test when we do the pretesting, we also do post broadcast assessment.Like yearly at least we do one post broadcast assessment qualitatively to assess the episodes that have gone out and what people are feeding back then sometimes like I said there are people who are broadcasting these episodes for us. Some local partner stations they inform us that people react. Because in the north we get a lot of reaction when you're talking about condom. (Negative reaction?) yes and we don't want to pretend as if we are not getting those reactions so if for any reason we get it about any episode we take the episode back and do some kind of pre-test among the said people and see where we have gotten it wrong and see the lesson in the other episodes that we will be producing.

Can you give me an example of where that happened? Well that happened for… now I can't remember which of the particular episode, but for a particular episode that was broadcast in Kaduna, they said some people came back and said they were encouraging people to use condom. It was majorly the media station owner and an Islamic head.So we took it back to the people in Kaduna and the people in the other states and asked them that what is really wrong because we have editorial procedures that go through it in-house that must be complied with, that shouldn't make anything go wrong and be noticed at the station level because it goes through a lot of sign off process.So we took it back and pre-tested it and we saw that it is probably some personal differences that that person has or that hold that opinion. It was not a general opinion.

So how did you resolve it?

It's not like they were hoping that we would come and do something because the program had already gone on air so we just want to be sure that at every point when issues are raised we just want to be addressing them.

Challenges for research

Well there are different kind of problems you could have when you are doing research. Rain could fall in the south-south and your respondents will not show up, different things could happen.There was a time there was flooding in Lagos and it was difficult to get around and we had earlier planned to conduct research before we got there. There are times when we get to a particular location and we have maybe people that want to make your work more difficult so there are different kinds of research but it depends on the expertise of the moderator on ground. There are times people tell you they listen to *Flava* and you get to ask them more questions and you can't say a lot about *Flava* so we have quite a number of challenges but is not like they are insurmountable

Do you do research on every state your program is being broadcast?

No! What happens with *Flava* is that we are only receiving money to broadcast that program in seven states. But because we have some form of relationship with over 140 partner stations which is like an added advantage for us since we can send it to them so that is why we have it in other states. We don't have the resources to do it in other states we still have to maintain those seven states.

What you produce for one state is it the same thing that airs in other states?

What we do, we produce just one program and send it to all our partner stations whether in the north or in the south and that's why I said we always have to keep doing research to make sure that we are addressing all our audiences without leaving anybody out. But what happens with the north because the north is a peculiar place where people are more disposed to what they feel is their own. Well we also have a similar program in Hausa, exactly like *Flavaya take ne* (how's she doing) that addresses the same issues in Hausa.But why we broadcast *Flava* in the north is because people have also demanded for it so we just broadcast *Flava* and *ya take ne* together.

Successes?

We have so many success stories in *Flava*. Now people believe that HIV is real which is; people don't have any doubt that there is HIV anymore people know what options that they have when it comes to preventing yourself from HIV in a sexual relationship. They know that they have options either to abstain or use condom so people are not like there is nothing I can do about it they know what their options are. The youths also are taking less risky behaviour. I think one of the other thing is that right now people know that they are at risk of contracting HIV which is one thing we have battled with for a very long time on the HIV campaign because people believe at a point that you have to be promiscuous to get it but when you know that everybody is at risk then you can take actions to prevent yourself.There is that correct perception of risk right now.Then stigmatising attitude; more people are exhibiting less stigmatising attitude. We've not gotten to the peak yet but it is one area we have recorded a lot of success. Less and less number of people are stigmatising people living with HIV. So in terms of HIV counselling and testing, people would not go before to go and do HIV test but you have people going there even more regularly than they are demanded to go for HIV test we have lots of people going to test so in every area we've recorded success in terms of attitude change, behavioural change etc.

Most NGOs focus more on rural areas that urban and then you find out that people in the rural areas have more information about HIV/aids and all that. How do you handle that?

We give same level of preference to urban and rural areas because that's the way Nigeria is structuredbasically and we have to work with this structure of Nigeria. Just to answer a little bit about NGOs, when its project based, most times the projects decides where you go. If there is more prevalence in the rural areas that they want to work with, you might not know, as an outsider. They probably would go there because they believe that they can make a change from there the change would spread so I think those are the kind of things that cause it but we give some level of preference to both urban and rural areas that's why you won't see on *Flava* for example pidgin all the time, you will still have a mix of English so that you won't totally push that audience away you will still draw them close and draw the other people close.

As at the last survey that we did before *Flava* before it went off broadcast in 2012, *Flava* reached 2.7 million people in 7 states.

FOCUS GROUP DISCUSSION

Please can you introduce yourselves and where you are from?

R1- my name is Godspower from Gwarimpa.

R2- My name is Chinaza Osakwefrom Mpape.

R3- Bassey owen from Karu.

R4- Tope Alade from Garki II.

R5- I am Bright Uwana from Garki 2

R6- My name is Rose from Zone 6.

R7- Favour, I stay around Banex-Gwarimpa express way.

R8- I am Esther Oloko from Gudu.

R9- Mattew Omoruku from Utako.

Ok thanks. Now how often did you listen to *Flava* and on what station?

R1- ever since I stumbled on it in Benue I listened to it every time but when I came to Abuja I didn't know which station aired the program.

R2- I listened to it on cool fm very often then because I was less busy then.

R3- I listened to it in ray power fm here in Abuja.

R4- I tried to keep up with the program as often as I could but I can't remember which station because I flipped the channels very often sometimes I just find it. Sometimes it will be half way through when I tune in.

R5- Cool fm Abuja

R6- Raypower fm Abuja

R7- Cool fm Abuja

R8- Cool fm Abuja

R9- Hot fm Abuja

Can you recall anything you were hearing/learning for the first time?

R1- Yes. Like I didn't know schools ask students to do HIV test when they get admission to the schools until I listened to *Flava*. Some schools can actually prevent some people from entering the school because of their HIV status.

R2- I didn't know counselling should come before the test. In most hospitals they do the counselling after the test because they don't have time to do before and after counselling in fact some hospitals self, is after they have seen your result and it is positive they will now send you

for counselling. Like me when I did my test no body counselled me even after the test they just gave me my result and I left.

R3- I learnt that HIV test cannot reveal when and how a person got infected. Like it cannot tell you that this was the particular day so so person got infected or that the person got it through unprotected sex or through unscreened blood.

R4- I learnt that staphylococcus is not a sexually transmitted disease. Then I thought that all them staph, syphilis, gonorrhoea all were in the same category.

R5- It was on Flava I first heard that people living with HIV can stigmatise himself or herself. For example now you withdraw from people because you don't want people to know your status and maybe you are always angry at everybody as if it was their fault that you have the disease forgetting that it is the people you are surrounded with that will help you take care of yourself and to be strong.

R6- what I learnt for the first time was that that if you stigmatise a PLWHA it will limit the effects of his/her medications.

R7- well as for me is not like I am learning that for the first time but I learnt that if your boyfriend says that because you asked him to use condom you don't love him, still insist on using condom if you cannot abstain or you leave him because you are protecting your future. So Flava helped me to… (Flava emphasized that)

R8- I learnt that it is not HIV virus but just HIV because when you say HIV virus, what you are simply saying is human immunodeficiency virus virus and it doesn't make sense. And a lot of other statement we make that we think is correct but is not. Ok for example some people say AIDS sufferers or AIDS patient or AIDS victims and a lot of other expressions that we use.

What segment of the program was your favourite?

R1- they do different things on different episodes so I cannot say this is the particular one I like best but I like every bit.

R2- I like the interview session with experts because they sound very friendly but I hope that they are also friendly with their patients too for example like in youth friendly centres if they are not friendly young people will not like to go there.

R3- I like when they call celebrities and ask them questions about HIV. Some of them don't know much about HIV o but thank God for Flava because they teach them and also they teach other people through their advocacy on the program.

R4- me I like that part where… I don't know what they call it but they introduce Flava in different ways like … this is Flava baby … or this is the tastiest show (they call it stings) or they will say something like …the federal ministry of … they won't say that part they will just say that the federal ministry of … warns that Flava is …something like that. That's my best part

R5- I liked every bit of Flava from the beginning to the end because every bit is educative even if they are talking about how you dress it will end up teaching something important. I wish they would continue the program.

R6- I like when they read a text from a Flava fan and discuss it. Sometimes the discussions can be controversial kind of but you will learn a lot.

R7- I like when they bring somebody on the show to share their story. It is usually very touching for example one man that came on the show was HIV positive and was being stigmatised by people around him, his neighbours like that but he started farming things like cassava and yam and a lot of other things. At the end of the day he was now the one helping these other people because by the time he sells his food stuff and he has excess he will give them out for free so people learn a lot from these true life stories.

R8- I like the entire program but my best part is the naija music that they play.

R9- every segment has something unique to teach. Although they are entertaining you but you are also learning and that type of learning is the one you will never forget.

Who was your favourite host and why?

R1- I like Okechukwu he was my best

R2- I like Okechukwu too but it was nice to hear a girl's voice as well you know…gender balance.

R3- Yeah especially when you are talking about sensitive issues like sexual reproductive health and HIV. Personally I liked both of them, you could call them if you had any problem or question as regards HIV/AIDS or even any other thing that didn't relate to that and they will always be there to advice you. It was like they became consultants to young people and they were also very friendly and approachable.

R4- I liked Okechukwu because he was more of a friend than a presenter and he was like the life wire of that program.

R5- For me both of them o.

R6- Is like Okeychukwu extended his work by not just presenting but also helping people deal with issues that they didn't want to broadcast on radio. You will see people on flava naija fan page asking for his number and all that.

What lifestyle did you change as a result of listening to the program?

R1-I visit the youth friendly centre now more often to get advice or clarification from them on issues that we argue about with my friends because the place is not far from our house.

R2- I didn't like doing it with condom before but listening to Flava, I realised my life was headed for danger because I felt that how will somebody have HIV and you won't know, I just believed that there must be at least one sign to show that someone has it.

R3- after I listened to flava, on 'NO' that is on how to say no to sex, I changed and learned how to negotiate with my boyfriend.

R4- I learnt that argument is good in a relationship it make both of you understand each other better so now I speak my mind even though my boyfriend is angry. (so what if he gets angry and beats you up?) No his anger cannot reach like that and if it reach I will leave the relationship.

R5- I am now faithful to my partner, before I thought I was having fun but when I hear people with aids talking on the program I feel pity for them because them they got it through blood transfusion and they are innocent. What about me that has more than one girlfriend what will now happen to me? So I had to stop it.

R6- I don't trust people again now because I have heard many stories of people so now I protect myself very well. I don't care what people say about me.

R7- I started using condom consistently and correctly as Matilda would say because life no get duplicate o!

R8- I am going to talk to my children about sex because my parents didn't talk to me and if parents don't talk to their children, other people will(you have children?) no but I will one day so I will make up my mind now before it is too late. Parents don't want their children to hear about sex, they don't know that some of them are already having sex. When I was in secondary school, I went to a catholic secondary school. Some corpers came to our school because they have been posted to the school for this peer education training that they do during their service but our proprietor was telling them that this is a Christian school and they don't want them to corrupt their children so they left. In fact as they were leaving some boys were taunting them and rolling their tongues at them. Two ladies like that so no matter how young they are is it not better they hear it from the parents first? Those boys that they are saying they don't want them to spoil maybe have been having sex before they even came into school self.

R9- now I talk to people especially my mates about sex and other risky behaviours because you don't know which information will save somebody's life.

FACEBOOK INTERVIEW WITH RESPONDENT IVAN SUWARE

Victoria Angulu

What station did you listen to Flava?

I'm not an ardent listener of d show but I liked it because each episode I listened to was educative to me. My best episode was d interview of a woman living with HIV. I liked that episode because I liked d way d woman took good care of herself and children, it really touched me. My best host was Matilda, I like her voice. I would love to share more about myself and status with you but am scared I don't really know you.

Victoria Angulu

You dont have anything to fear because i don't need to know your status. I only want to talk about the show with you and how it has helped you.
9/3, 12:29am
Ivan Suware

Ok.
9/3, 12:30am
Victoria Angulu

But if you feel you want to talk about it fine.
9/3, 12:30am
Ivan Suware

Would love to.
9/3, 12:31am

Victoria Angulu

Let's start from what station you listened to it and where.
9/3, 12:34am
Ivan Suware

Ray power fm
9/3, 12:35am
Victoria Angulu

Where in Nigeria?
9/3, 12:35am
Ivan Suware

I think that was 2010/11
9/3, 12:37am
Victoria Angulu

Ok can you remember how many episodes you listened to?
9/3, 12:39am
Ivan Suware

Not many.
9/3, 12:41am
Victoria Angulu

Ok you said you liked the episode with the woman who lived with HIV because of the way she took care of herself, was there anything you were learning for the first time on that particular episode?
9/3, 12:43am
Ivan Suware

Almost everything, because i had no idea about my status den so...
9/3, 12:45am
Victoria Angulu

Did it inspire you to check your status as well?
9/3, 12:47am
Ivan Suware

No but that was when I realised that people living with HIV can still live. If you can understand what I mean.
9/3, 12:48am
Victoria Angulu

Yes i understand
9/3, 12:49am
Ivan Suware

OK
9/3, 12:50am
Victoria Angulu

Was there any behaviour you had that changed because of the program?
9/3, 12:51am
Ivan Suware

No. because I had never met or seen anyone living with the virus plus I was still very young with no 2 much knowledge about sex.
9/3, 12:53am
Victoria Angulu

Ok let me help you understand something.

The program was not only particular about sexual behaviours only but other issues like stigma and other risky behaviours that could expose one the HIV

Although the bottom line was behaviour change

Do you understand?
9/3, 12:56am
Ivan Suware

Yes
9/3, 12:56am
Victoria Angulu

Can i ask you how old you are?
9/3, 12:56am
Ivan Suware

23
9/3, 12:57am
Victoria Angulu

Ok fine!

So can i say you still have alot of time to decide how you want to live your sexual life.

Will you say the program has given you a direction as to how to lead a healthy sexual life?

In terms of the choices you make in life?
9/3, 1:01am
Ivan Suware

It helped...I would say It's all knowledge
9/3, 1:03am
Victoria Angulu

Ok
9/3, 1:03am
Ivan Suware

Yeah!
9/3, 1:04am

Victoria Angulu

What segment of the program did you love most?
9/3, 1:06am
Ivan Suware

the heart 2 heart segment... Interviews with random people.

That's d part I liked
9/3, 1:07am
Victoria Angulu

Really! Why?
9/3, 1:07am
Ivan Suware

Sometimes some people say what you are thinking
9/3, 1:07am
Victoria Angulu

Ok
9/3, 1:07am
Ivan Suware

Or answers to your questions

Yeah
9/3, 1:08am
Victoria Angulu

Ok

Did you ever link up with them on facebook?

Maybe ask questions even via text message?
9/3, 1:11am
Ivan Suware

No, I didn't have a phone then
9/3, 1:11am
Victoria Angulu

Ok

But you are on their Facebook fan page
9/3, 1:13am
Ivan Suware

Only of recent.
9/3, 1:13am
Victoria Angulu

Because i pulled your contact off of Facebook

Ok then did you send in any questions or comments on Facebook?
9/3, 1:14am
Ivan Suware

Nope, I was never really opportune
9/3, 1:15am
Victoria Angulu

Ok then if you were the producer will there be anything you would have changed in the program?
9/3, 1:16am
Ivan Suware

Cos of school and d fact that I had not really come to terms or let me say fully accepted my status so talking about such matters was kind of sensitive to me.

Nothing

U guys r doing a great job

Just that I have not heard you guys for a while now

Maybe it's because I don't listen to fm that much
9/3, 1:18am
Victoria Angulu

Ivan I am not on the team producing the program I am only doing a research on the program so feel free to critique the program ok.

The program has come to an end.
9/3, 1:19am
Ivan Suware

Nothing really to criticise
9/3, 1:20am
Victoria Angulu

But they have another program similar to it but it's in Hausa

Ok