

ANDREW LEES TRUST

**ASSESSMENT OF PHASE II OF
PROJECT 'RADIO SIDA'**

AUGUST - SEPTEMBER 2005

**ANDREW LEES TRUST
IN COLLABORATION WITH
NATIONAL COMMITTEE TO FIGHT AIDS (CNLS)
MADAGASCAR**

**Leo Metcalf
Independent Consultant**

EXECUTIVE RESUME

In August and September 2005, Andrew Lees Trust carried out an assessment of Phase II of Project 'Radio Sida'. Leo Metcalf headed the assessment as an independent investigator, assisted by his Malagasy counterpart Loubien Octave Ndriaka.

A team of investigators was hired and trained. The team collected quantitative data using a final data base, as well as qualitative data resulting from Focus Group Discussions (FGD) with members of the project listening groups. The study took place in the three towns where PR SIDA had assigned monitors: Fort-Dauphin, Ambovombe and Tsihombe, as well as in villages close to these towns.

The investigators used the available monitoring cards: cards completed by dispensaries at the CSB (Healthcare Centre), questionnaires completed monthly by the radio stations, and assessments of each programme by an independent consultant.

The objectives of this assessment were to evaluate the impact of Project 'Radio SIDA', and to examine the monitoring methods used.

Results:

The study revealed important coverage by Project 'Radio SIDA' of the targeted populations. 89% of the population that was studied declared having heard about AIDS on the radio. Radio is clearly the most important source of information for both urban and rural populations. Given that 68% of the population also knew that the broadcasts were produced by ALT, it can be concluded that a large part of their knowledge about HIV originated from Project 'Radio SIDA'.

Knowledge about AIDS was impressive, and 75% of the population could quote blood and sexual relations as ways of transmitting HIV/AIDS, and 77% could quote both fidelity and condoms as means of prevention. More fundamentally, the Focus Group Discussions revealed that the broadcasts seem to have had considerable impact on the population's belief in the existence of HIV/AIDS, given the characteristics of the region this is really quite a success.

Project 'Radio SIDA' can congratulate itself for having considerably increased AIDS knowledge in the urban and rural populations of the Anosy and Androy regions after undertaking only two sub-projects that each lasted 7 months and only cost \$25,000.

As for monitoring methods, ALT made an enormous effort to try to evaluate the impact of the radio project by distributing questionnaires to the radio stations, to the dispensaries at the healthcare centres, and by organizing structured FGDs with questionnaires at the beginning and at the end of the project. There were some problems with the methodology, but monitoring and assessment skills have increased, and ALT can now ensure objective databases and pursue reliable monitoring.

Contents

- I INTRODUCTION
 - 1. Context
 - 2. Andrew Lees Trust and Project 'Radio SIDA'
 - 2.1 Background, implementation team and partners
 - 2.2 Goals and objectives of Project 'Radio SIDA'
 - 2.3 Phase I and Phase II: activities undertaken.

- II PRESENTATION OF THE ASSESSMENT
 - 1. Object
 - 2. Programme of the Assessment.

- III RESEARCH METHODOLOGY AND RESULTS
 - 1. Radio Programmes
 - 1.1 Context: cultural and sexual practices
 - 1.2 Independent assessments of the programmes.
 - 2. Impact of the Programmes
 - 2.1 Database and quantitative results
 - a) Methodology of the final database
 - b) Final database: the results given the objectives
 - c) Issues and problems encountered.
 - 2.2 Discussion Groups and qualitative results
 - a) Methodology of the FGDs
 - b) Qualitative results.
 - 3. Requests from listeners
 - 3.1 Summary of requests for future programmes
 - 3.2 Summary of requests to be able to fight AIDS.
 - 4. Other indicators
 - 4.1 Questionnaires completed by dispensaries and district healthcare (SSD)
 - 4.2 Questionnaires sent to radio stations.

- IV SUMMARY OF RECOMMANDATIONS FOR PROGRAMMING

- V CONCLUSION

- VI ANNEXES
 - 1. List of existing listening groups
 - 2. Map showing villages visited by evaluation team
 - 3. Matrix of assessment elements
 - 4. Diagram of target population for database
 - 5. List of 'Radio SIDA' Phase I and II programmes
 - 6. Questionnaires for patients at dispensaries or SSD
 - 7. Monthly questionnaires for radio stations
 - 8. Questionnaires for the database
 - 9. Diagram of HIV / AIDS information sources
 - 10. Diagram of the populations who remember the producers of HIV / AIDS programmes
 - 11. Diagram of beliefs on incorrect ways of transmitting HIV / AIDS
 - 12. Questionnaires for the FGD about the listening groups
 - 13. Photographs of the evaluation.

I - INTRODUCTION

In January 2004, ALT Projet Radio obtained funding of 25,000 US\$ from the World Bank to launch *ALT Projet Radio SIDA*, a 6-month communications project under the auspices of the National Committee to Fight Aids (CNLS - *Comité National de Lutte contre le SIDA*) to broadcast radio programmes in southern Madagascar, to target increased awareness about the spread of HIV/AIDS.

In January 2005, new funding of the same scope was obtained for a new phase of Project 'Radio SIDA', for 6 months. Due to the delayed arrival of the second funding envelope, work was extended for 2 more months, terminating in August 2005.

In August and September 2005, a consultant and some local field agents carried out an assessment of the impact of this new phase of Project 'Radio SIDA': the present text is the result of this study.

The assessment begins with a general description of the project, its objectives and realizations.

The second part describes the objectives and how the assessment work was undertaken.

The third section deals with the results of the study, starting with assessment of the programmes and of the monitoring methods designated to them.

Next the document focuses on the impact of programmes, with presentation of the results of the assessment carried out in September and October 2005, analysis of the quantitative data collected during the Database, followed by the qualitative data collected largely through FGDs with listening groups. To close this chapter about results, there is a description of requests that were submitted by listeners.

The last part of this work addresses data collected during monitoring at dispensaries (*SSD - Service de Santé de District*) followed by an analysis of monitoring at radio stations.

To facilitate reading, all conclusions will be indicated by the sign



And any recommendation will be preceded by the sign



1. CONTEXT

In Madagascar, the spread of HIV/AIDS continues. The current rate of prevalence is unknown. For the last estimate it was not very high, 1.1% of pregnant women tested, a result obtained following a pre-natal study carried out in 2003 (result: Ministry of Public Healthcare, May 2003). However, given that the rate of infection through STD is particularly high in Madagascar, with 10.6% of pregnant women infected with syphilis (IBID), and given that the existence of STD increases the risk of HIV infection, the rate of prevalence of HIV/AIDS in Madagascar threatens to increase rapidly in the near future.

In southern Madagascar, a large section of the population lives in isolated rural areas, where access to family planning, sexual education, to medicines and medical treatment is limited. With almost $\frac{3}{4}$ of the rural population living below the poverty threshold, an ever-increasing nomadic population, and cultural practices that increase risks, such as polygamy, multiple partners, precocious first sexual relations, or even the 'blood brothers' practice, this area is extremely vulnerable to HIV/AIDS.

Take the commune of Fort Dauphin as an example: the rate of STD is 3.56% (June 2004), a fairly alarming increase, given that it was 1.39% in August 2003 and 0.66% in 2000 (source: Bureau of the Head Doctor, CSB 2 FD, June 2004). Along with poor access to healthcare services and information, and the existing poverty, this increase indicates that ideal conditions exist for the spread of HIV/AIDS to the general population, presently estimated at 1.39% in Fort-Dauphin. The danger is all the more imminent given the future installation of the QMM mine, heralding the arrival of some 600 workers, probably from South Africa. It must not be forgotten that the social and economic status of women in the region in conjunction with their biological sensitivities, increases their vulnerability to infection.

It is therefore essential to take action in terms of prevention as well as to promote tolerance and understanding as regards the social implications and impact of HIV/AIDS.

With only 10% of homes equipped with electricity, and limited access to formal education, the ALT Project Radio network established in the south, provides an essential means of access to information about HIV/AIDS, through handie radios that were distributed in villages, participatory listening groups that give feedback on listening, and thanks to the liaison with and between radio stations for programme broadcasting.

2. ANDREW LEES TRUST AND PROJECT ‘*RADIO SIDA*’

2.1. Background, implementation team and partners

For more than 7 years ALT has been working in the radio communications field in favour of development in southern Madagascar.

In 1999, ALT launched Project ‘*Radio SIDA*’ with EC funding, with the aim of educating and informing the isolated rural population in the south via the radio. Particularly with the aim of helping the rural producers, the women and children who live in this region, which is the poorest region due to an unfavourable climate, in order to improve their food security, to reduce the effects of poverty and to develop their standard of living.

Since 2002, the project has expanded between Fort Dauphin and Tuléar to ensure a regional communications network for development, with:

- 1 - 34 NGOs associated as Partners in Communication and Information for Development (PCID)
- 2 - 840 local listening groups in the villages
- 3 - 18 FM affiliated radio stations; one regional library
- 4 - 5 production studios
- 5 - 14 new programmes produced and broadcast monthly.

The network thus ensures a considerable regional production and broadcast capacity of educational programmes that reach approximately 500,000 beneficiaries at a cost of less than 1US\$ each per year.

In 2003, the National Committee to Fight AIDS (CNLS - ‘*Comité National de Lutte contre le SIDA*’) invited ALT to become involved in their national strategy.

Thus it was that in January 2004, ALT PR launched its new component for HIV/AIDS awareness (called ALT PR / SIDA) financed with 25,000 US\$ provided by the PMPS (*Projet Multisectoriel pour la Prévention du SIDA – Multisector Project for the Prevention of AIDS*).

The main aim of this sub-project was to launch a radio communications campaign to heighten awareness of HIV/AIDS, that was adapted to the southern population and which would generate better knowledge and understanding of the HIV /AIDS subject for targeted beneficiaries between Fort Dauphin and Tuléar and key national and regional partners.

In January 2005, PR/SIDA determined it would improve on the results obtained from the first phase of the sub-project and extend its HIV / AIDS awareness campaign by carrying out a second phase of the project. A new funding of the same scope was obtained for a 6 month period. Due to the delay in the arrival of this second funding envelope, work was extended by 2 months, terminating in August 2005.

The object of this final assessment is to present the results of action undertaken during this second phase of the sub-project.

Strong oral traditions in the south of Madagascar enhance the use of radio as a communications vehicle. It is an essential tool to spread information, especially when taking into account the high rate of illiteracy in the area of intervention and the isolation of its populations. The aim of broadcasting these radio awareness programmes (38 in all, during Phase II) was to increase access to information on HIV/AIDS, for approximately 500,000 people. Previously such information was scarce and lacked coordination.

During these two phases of sub-projects, all ALT PR/SIDA team members underwent training about HIV/AIDS and in the techniques for radio production developed by ALT PR. Basic research was then carried out by PR/SIDA monitors (using FGDs) to determine the information needs of targeted populations in the Anosy and Androy regions.

In close cooperation with some key-partners – particularly Voron-Kodohodo, UNICEF, CNLS and CLLS, ALT developed ideas and research for programming in synergy with local and national initiatives.

Implementation team and Project partners

Project '*Radio SIDA*' benefited directly from the well-established structure of the ALT Project Radio described above.

In addition to benefiting from Project Radio's experience, Project '*Radio SIDA*' collaborated with nine (9) partners, namely:

UNICEF, CLLS (*Comité Local de Lutte contre le SIDA* - Local Committee to Fight AIDS), PSI (*Population Services International*), SALFA, ASOS, PACT, Voron-kodohodo in Tsihombe; Dr Gervais Raboanason from Site Sentinelle CHD2 in Fort Dauphin, Dr Sahondra Josiane Rakototiana of the Ambovombe SSD, Dr Razanamihaja and Dr Sahondra Rasoarimanana at SALFA's dispensary in Fort-Dauphin, Dr Mamytiana Raveloarijaona of Tsihombe CSBII, and Mrs Mamy, who represented the US Embassy.

2.2. Goals and objectives of Project '*Radio SIDA*'

The second Phase of Project '*Radio SIDA*' began in February 2005, and was carried out for 7 months, from February to August 2005. Project '*Radio SIDA*' targeted increased HIV / AIDS awareness and understanding for the entire population in southern Madagascar, with specific attention to the Anosy and Androy regions.

Specifically Project Radio aimed to:

1. Offer the general population radio programmes in the local language that covered themes concerned with HIV/AIDS;
2. Improve understanding of the disease by targeted groups and vulnerable groups;
3. Help with training for field monitors and radio stations monitors, for local bodies in the fight against HIV/AIDS at the regional level;
4. Increase collaboration and strengthen the capacity of local FM radio stations in order to extend the geographical coverage of the project.

The targeted indicators were:

- That 40% of the population remember messages passed on by PR/SIDA;
- That 50% of the population in rural and urban communities be capable of listing 3 ways of transmission;
- That 50% of the population in rural and urban communities be capable of listing 3 ways of prevention;
- To increase by 20% consultations on STI/HIV/AIDS at healthcare centres (SSD).

2.3. Phase I and Phase II: activities realized

Summary of the results of Phase I:

- 24 programmes produced in accordance with the Participatory Production Cycle, and broadcast;
- 50 listening groups set up and provided with a handle radio equipped with a solar panel;
- 52 CDs distributed to the radio stations affiliated to PR PCID;
- 5 training courses provided for the PRS team and 3 for affiliated radio stations ;
- 14 meetings with partners;
- Installation of a production studio at Tsihombe.

Results of second phase

- 38 programmes produced in accordance with the PPC, and broadcast;
- 7 different CDs distributed to 15 radio stations: i.e., a total of 105 CDs distributed;
- 60 listening groups set up and provided with a handle radio equipped with a solar panel;
 - ✓ 37 in Fort Dauphin and neighbouring villages;
 - ✓ 13 in Ambovombe and neighbouring villages;
 - ✓ 10 in Tsihombe and neighbouring villages ;

See Annex 1 for the list of listening groups
- monitoring of programme production:
 - ✓ 35 independent assessment cards were received;
 - ✓ 38 pre-tests carried out;
 - ✓ 38 control sessions held.
- monitoring of impact within listening groups, radio stations, healthcare centres:
 - ✓ 49 control cards for radio stations were received
 - ✓ 242 files from dispensaries at SSD
 - ✓ 200 questionnaires completed, of which 100 rural and 100 urban
 - ✓ 12 listening groups monitored.
- Recruitment and staff training :
 - ✓ 2 PR/SIDA monitors recruited and trained
 - ✓ 1 project assistant trained (April – August 2005).
- Equipment Purchased:
 - 2 UPS (Uninterrupted Power Supplied) for ALT office in Fort Dauphin to manage power cuts.
- Technical capacities of actors strengthened:
 - ✓ 17 journalists trained in the production of HIV/AIDS related radio programmes (funded by U.S. Embassy)
 - ✓ PPC training for the CNLS group communication team, March 2005 (3 members trained)
 - ✓ PPC training for 12 UNICEF / CNLS instructors of radio monitors, March 2005, (funded by UNICEF).
- Training tools created:

Guide for journalists in PPC radio production on HIV/AIDS awareness (distributed to CNLS and to PR/PCID radio stations).

II – PRESENTATION OF THE ASSESSMENT

1. OBJECT

The objective of this assessment is to evaluate the impact of PRSIDA activities on the HIV/AIDS knowledge of the region's population and to evaluate the monitoring methods set up.

Specifically, the assessment aimed to:

- 1 – Measure the project's impact on the population's knowledge, and realisation of the objectives expected by the Project;
- 2 - Assess monitoring methods on the impact of messages;
- 3 - Asses the suitability of existing radio programmes;
- 4 – Consolidate data on the population's opinion of the PR SIDA programmes

There were two specific omissions in this assessment:

1. The details concerning accomplishment of activities

This assessment takes care not to repeat information that is available in the Project '*Radio SIDA*' Final Report.

2. Behaviour change

This project aimed to make BCC (Behaviour Change Communication) not only IEC (Information Education and Communication). Regrettably, in any project about changing behaviour in sexual and reproductive healthcare, changes in behaviour take a long time to occur and are very difficult to assess. Given the size and duration of this assessment, behaviour change was not addressed, the assessment being restricted to the knowledge and beliefs of the population.

Great attention was paid during this assessment to the methodology and criteria used; this was in order to develop a better approach in the monitoring and assessment of future development through radio communications, particularly for the HIV/AIDS component.

In addition, the assessment sought to reflect on and to answer the following questions:

- Did the Project contribute to improved population knowledge of HIV/AIDS?
- Were the monitoring methods that were used useful?
- What are listeners' opinions of the programmes?
- What are listeners' wishes for future programmes?

2. HOW THE ASSESSMENT WAS CARRIED OUT

The assessment team worked for 2 months in the areas of Androy and Anosy, between August and September 2005. Studies were carried out in Fort Dauphin, Ambovombe and Tsihombe, as well as in neighbouring villages.

See Annex 2 for map showing zones assessed

In order to realise the assessment, the following activities were undertaken:

- 16 FGDs with the listening groups in rural zones, and 11 in urban zones;
- 269 people were interviewed during a study for the final Database.

- A contract was signed with a British consultant with several years experience in Healthcare and Reproductive and Sexual Rights as well as HIV/AIDS; a Malagasy consultant, experienced in assessment of the impact of communications projects for development, also signed a contract.
- Two independent Malagasy investigators and an American expert in communications techniques with 20 years experience in development projects in Madagascar signed contracts, all three are locally resident and have indepth knowledge of the culture and of the economical context of project target zones.
- Three female monitors helped, one per zone.
- Rural listening groups from the Androy and Anosy regions were mobilized to collect feedback after broadcast of the HIV/AIDS awareness programmes.
- Partner radio stations were mobilised to complete the feedback forms about the pertinence of the programmes in the opinion of listeners.
- Doctors from local SSD dispensaries took part in monitoring using the questionnaires about STI and HIV/AIDS with their patients.

See Annexe 3 for the matrix of monitoring methods used

Assessment was carried out as follows:

a) A week of training / preparation in Fort Dauphin during which:

- Investigators received training in HIV/AIDS as well as on the methods used to conduct interviews that were required for the Database, and methods used to stimulate FGD;
- The questionnaires laid out for the Database were pre-tested and finalized, as were the topics to be raised during the FGD;
- The schedule concerning the population to target (see Annex 4 for a diagram of the targeted populations) as well as the districts and villages targeted was finalised.

b) A week of study in the Anosy area: the town of Fort Dauphin and its neighbouring villages:

	District/village	Database Women		Database men		FGD Women	FGD Men
		LG	Non LG	LG	Non LG		
Urban Zone	Ampamakiambato	6	7	5	2	2	1
	Antaninarenina	6	5	7	8	0	1
Rural zone	Enakara	5	7	6	6	1	1
	Ranomafano	6	5	7	6	1	1
	Ampasy Nahampoana	0	0	0	0	1	1
Total		23	24	25	22	5	5
		47		47		10	

c A week of study in the Androy area: the town of Ambovombe and its vicinity

	District/village	Database women		Database men		FGD Women	FGD Men
		LG	Non LG	LG	Non LG		
Urban zone	Anjatoka (I, II, III)	6	5		7		
	Avaradrova	0	8				
	Mahavelo	3		12		1	1
	Tanambao (I, III & IV)	3			5	1	
Rural zone	Ambanisariky	6	6	6	5	1	2
	Ambazoa	3	4	6	3	1	1
	Agnafondravoay	4	2		6		1
Total		25	25	24	26	4	5
		50		50		9	

d A week of study in the Androy area: the town of Tsihombe and its vicinity:

	District/village	Database women		Database men		FGD Women	FGD Men
		LG	Non LG	LG	Non LG		
Urban zone	Ampamakiambato	5		6	1	1	1
	Mangarivotra	6		13		1	1
	Analafaly				1		
	Tsihombe Centre	1			2		
	Anja				1		
	Ambatasoa				1		
Rural zone	Namotoha	6		6	7	1	1
	Sakamasy	7		4		1	1
	Befotaka			3			
	Ampilofilo				3		
	Atsandrake				3		
Total		25	0 ¹	32	19	4	4
		25		51		8	

¹ See section 2.2 c) for an explanation of this figure

III. METHODOLOGY AND RESULTS OF STUDY

1 - RADIO BROADCASTS

1.1 Context: cultural practices and sexuality

Before considering the assessment, basic understanding of local sexual practices and traditions that could have an impact on VIH / AIDS awareness in the region is necessary.

It is important to study the way messages will approach these traditions and what will be the advice concerning these traditions. It is not easy to determine what will be the messages concerning local practices that could have an impact on transmission of AIDS; a campaign about the existence of HIV/AIDS should take care not to have any other goal or intention of a social nature, than to increase the level of knowledge of the population and to offer it the possibility to protect its health. To impose moral or other messages, generally leads to alienation of the populations concerned, and thus to their ignoring not only the message in question, but also all the other campaign messages.

An effort must be made to understand local customs and to work with and through them, with the only normative objective of trying to offer a choice of possible methods of protection to the populations concerned. Once the orientation of various messages vis-à-vis these traditions has been determined, all the monitors must be made to be fully aware of it, and they must know how to take care that this enters into the participatory productions that are made.

i) 'Fatidra'

'*Fatidra*' or the practice of 'blood brother' exists throughout the Androy and Anosy areas, especially in rural milieu. This practise allows creation of trust between two people or even two families. A good example is that of a group that is displaced during the dry season, or the 'period of transhumance', and which seeks assurance of good conduct. In such a case, if friendly ties are created between a member of the group and a local person, these two may establish a '*fatidra*' tie. Such an agreement can occur between two men from the same village or a nearby village, or a different tribe, very often to prevent cattle theft which occurs regularly.

Following this agreement, the idea is that if one of these persons, or even a member of their families harms a member of the other family, for example by stealing his cattle, it will result in him and all of his family being cursed, and it is believed that something very negative will happen to them.

The '*Fatidra*' therefore results in an assurance of good conduct, not only between two people but also two families. A '*fatidra*' ceremony can vary. Usually, the two men stand, one in front of the other in the presence of a master of ceremony. The latter proclaims the significance of the ceremony and asks both persons if they are prepared to assume the pact.

The two people then make a small cut on the arm using a spear and let their blood flow into a bowl of water. After mixing, both men drink the mixture using a teaspoon.

Another type of '*fatidra*' exists, where two men make a cut on the wrist, then rub their wrists together, the blood mixing in the two wounds.

A '*Fatidra*' can also occur between a man and a woman but instead of blood, they use cow's milk. In that case, there is no risk of HIV infection.

ii) Sexuality

In the Androy and Anosy areas, traditions and society are such that sexual relations are frequent. They begin at a young age. According to a CNLS survey, 50% of young people in Fort Dauphin declared that they had had sexual relations before the age of 16².

There is a lot of sexual activity, often with multiple partners.

The practice of having a 'second office' is widespread. A man has a mistress, providing her with a 'home', separate from his family home.

However, there are cultural taboos concerning open discussions about sexual relations. For example, it is not acceptable to talk about these subjects in front of people of either sex from the same family.

iii) Ampelatova

The word '*Ampelatova*', can translate as 'an unmarried young girl'. In rural areas, in the Androy and Anosy cultures, when a young girl reaches a certain age, close to puberty, her parents build her a hut next to the family home. One of the reasons for this is that for her to have sex in her parents' home is considered to be '*fady*', a taboo.

The young girl starts to live alone in the hut, and men from the village may visit her, as well as visitors to the village. In theory, the young girl can always refuse to have sexual relations, but in some cases where the man is considered to be an important person, to refuse to have sexual relations could reflect badly on her parents, or on the village in the case of visitors. In such cases she does not really have a choice. According to cultural practise, after having sexual relations, the man gives something to the young girl, very often money.

It is not unusual for *ampelatova* to have more than one visitor during the night.

The young woman leaves this hut when a man is ready to pay the dowry to her parents (often a zebu) and asks for her hand in marriage.

A young woman without a husband, divorced or widowed, can become an '*ampelatova*' again.

In urban areas, the situation is different, given that there is no hut built by parents and money is not necessarily part of the exchange: but the '*ampelatova*' phenomenon exists and entails similar practices.

iv) Early marriage, polygamy and children

Early Marriage

Arranged weddings exist in rural areas: while they are still young, girls are promised in marriage and this can be called early marriage. In such cases, abstinence is not pertinent advice. According to a villager:

"For young people it is difficult to practise abstinence given tradition; parents arrange weddings and children are betrothed at a very young age".

² CNLS, *Surveys to study behaviour in Madagascar* (2004), p 27

While their children are still very young, for example at the age of 5 or 6, parents from two families reach an agreement that their children will marry.

In some cases, it is the man who chooses whom he will marry when the young woman becomes of age (considered to be between 11 and 14 years), and he sends his parents to make the demand in marriage to this girl's parents.

Polygamy:

Polygamy is practised among the Antandroy and among some groups of Antanosy that live on the border of the Androy region, for example among the Tatsimo. In these cultures a man has the right to marry as many women as he can afford, given the cost of a dowry and costs related to upkeep of several wives and children (in some cases, payment has to be made to the first wife, too, for her to accept the wedding). Some wealthy men have as many as 6 wives.

According to tradition, a polygamist should respect a 'turn' system, spending a night in the home of each wife in turn. If he does not respect each wife's turn, he may be punished by the community. In some cases, the other women go back to their parents, and the polygamist has to make payment of one or more zebus in order to recover her. If this system of turns is respected, it allows the other wives to invite their lovers home at night without much danger.

Another factor to be taken into consideration: often, when a polygamist has several wives, the most recent wives are very young, maybe 18, and therefore look for lovers of the same age. If one of these lovers is infected with a STI or HIV/AIDS, there is a great risk that the polygamist as well as all his other wives be infected.

Children symbolize wealth and family men often want as many sons as possible; usually women have five children or more, having sons is another reason for men to have several wives.

1.2 Independent Assessment of the Programmes:

To assess the suitability of the radio programmes broadcast, the Project 'Radio SIDA' called upon the services of an independent evaluator, Steven Lellelid, based in Tsihombe.

The independent evaluator used the following criteria:

- Was the programme pertinent for the local population and did it correspond to their needs?
- Was the technical content correct?
- Were key messages clear?
- Was the format / presentation interesting? Attractive?
- Could population apply the information absorbed?

Mr. Lellelid assessed almost all the programmes (35 of 38). Each file was marked from one to 20, based on the mark received in all the categories listed above. If the mark was less than 12, the programme was not broadcast and was re-recorded.

During a discussion with Steve, he indicated that he was very satisfied with all the PR/SIDA programmes, and he even commented that over time there had been a favourable change in the programmes. *The average mark for all the programmes was 15.6.*

Steve emphasized the importance of using the local dialect in order to reach the population. One of his remarks was that the accent and intonations of a speaker in one of the programmes recorded in the Antandroy dialect was not the same dialect as that of the region. The speaker used good Antandroy

vocabulary but her accent was not the same as that of the region. Quite possibly listeners would not feel attracted to listen.

→In the case of this speaker, in future it would be preferable for her to be a producer but not to be an actress.

Generally, Mr. Lellelid's assessments follow ALT's criteria, usually in a neutral fashion, and they are oriented by his longstanding knowledge of the region's population (20 years of work and experience in the Anosy region). However, it was observed that for some messages his remarks, or lack of remarks, were based more on his personal perspective of the topics in question.

2. IMPACTS OF PROGRAMMES

2.1 Database and Quantitative Results

a) Methodology of final database

. Data collection

Data were collected in the field using standardised pre-coded questionnaires. The final version of the questionnaire resulted from a pre-test.

Questions were formulated in such a manner as to obtain the following information:

- Sources of information on AIDS
- General knowledge of AIDS
- Knowledge of ways of infection
- Knowledge of means of prevention
- Attitude towards people living with HIV
- Opinions about the programmes on AIDS and likes and dislikes for future programmes

In all cases the answers were spontaneous: an indication that the investigator did not prompt. With the questions that sought to identify awareness, the question was repeated, to try to identify the level of knowledge of the person and not just the first idea that came to their mind.

The investigator was always of the same sex as the person studied. The teams for data collection were composed of investigators of both sexes and of a supervisor who had previously been trained in the methods for collection of data.

Investigators were trained in the importance of random choice of participants and that all types of people be approached³. No one who had recently participated in the FGD of the assessment was interviewed, since this could have distorted the results.

Results collected in the Tsihombe area were analysed separately, because these populations are all members of listening groups. (The reason for this is detailed in section c)

. Ethical considerations

Participation of the different groups in the studies was strictly voluntary. Measures were taken to ensure the respect of dignity and individual liberty of each person invited to participate. During investigators' training, emphasis was placed on the importance of freely obtaining the consent of the participant and avoiding imposing their participation. Participants' names were not written on the questionnaires.

³ A point to take into account is that it can be a little embarrassing and difficult to question needy people, and this might have an impact on data collected.

-- All erroneous ideas provided by the participants were corrected once the questionnaire was filled.

b) Final database: results given the objectives

i. Origin of information about HIV

Question:

- Did you hear about HIV / AIDS in the Medias?
- If so, what type of media?
- What are your other sources of information about HIV / AIDS?

Origin of information about HIV/AIDS	Percentage of the population (%)	Percentage of the Urban population (%)	Percentage of the Rural population (%)	Percentage of the Population in Tsihombe and neighbourhood
Radio	89	96	82	100
Monitor or NGO	53	65	40	82
Posters	39	45	33	30
Doctors or dispensaries	33	41	25	7
Television	30	59	2	5
Local authorities	13	9	17	7
Newspapers	7	12	3	0
Church	9	9	9	0
School	8	9	6	7
Traditional doctors	1	0	2	0

NB:

- **These results and all those that follow are percentages of the population studied.**
- Results obtained in Tsihombe area were analysed separately due to problems during interviews with people who do not belong to a LG in this area; they therefore only represent populations that are members of LG.

Clearly, radio is the most important source of information about HIV/AIDS with 89% of the population quoting it. Among the urban population 96% quoted it, in rural areas the rate is lightly lower at 82%. For people who are not members of a listening group, results are comparable, with 89% declaring radio as the source of information about HIV/AIDS.

During Phase I, radio was the source of information about HIV/AIDS for people interviewed but the rate was much lower: 63% in Fort Dauphin, 40% in Ambovombe, and 26% in Tsihombe.

Therefore the result obtained during Phase II show an important increase in the number of people indicating radio as the source of information about HIV/AIDS.

The second most important source of information is the ‘**monitor**’ (**programme leader**), from ALT or other NGOs, with 53% of population quoting them. Among this latter group 58% confirmed that the monitors come from Project ‘*Radio SIDA*’ (it is to be noted that 16% could not remember the affiliation of the monitor).

If only people who are not part of any listening group are taken into consideration, 40% mentioned the monitor as a source of information.

Posters are the next most important source of information, often indicated as having been seen at the mayor's office or in the hospital, with 39% of population quoting it as a source of information about AIDS.

Next in importance, 41% of people living in urban areas mentioned **doctors** or **dispensaries** as a source of information. In rural areas this figure is lower at 25%. Some people buy medicines in the city and then sell them in the countryside and thus are given or give themselves, the title of 'doctor' even if they do not have any medical training, and this percentage could reflect this.

30% indicated **Television** as a source of information, but it is logically 59% of the urban population who have access to a TV; for the rural population the rate is only 2%.

13% quoted **local authority** as a source of information. For example: the mayor or the president of the *Fokontany*. This figure is higher in rural areas, 17% in comparison to only 9% in urban areas.

It is important to note that less than 1% of population consider traditional doctors or 'ombiasy' as a source of information about HIV/AIDS

NB: in the Androy area, traditionally a medical visit is made first to the 'ombiasy': this result indicates a major change.

A source of information that was not mentioned is '**discussion between friends**' or '**discussions at the market**', and others. They are very important, but since no one quoted them spontaneously, nor the same way, no result is available on this subject.

❖ Radio is clearly the most important source of information about HIV/AIDS for urban and rural population, members or not of LG.

❖ Rural populations have less access to all the sources of information indicated about HIV/AIDS, except local authority which was quoted by 17%.

Question:

- *If you heard about HIV/AIDS on the radio, do you know the name of the organisation that produced it?*

	Percentage of the Population (%)	Percentage of the Urban population (%)	Percentage of the Rural population (%)	Percentage of the Population not a member of a LG	Percentage of Population of Tsihombe area and neighbourhood
People who indicated that ALT or PRS produced the programme	71	67	75	68	96
People who listened to a <i>Top Réseau</i> (PSI) programme in the Anosy region	16	26	6	NA	NA
People who				NA	NA

listened to a programme produced by ASOS in the Anosy area	32	20	44		
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See Annex 8 for results presented in diagram

As for the impact of the project, **71% of people interviewed declared having listened to a radio programme produced by Project 'Radio SIDA' or by ALT**. For rural areas this figure is higher (75%) than for urban (67%).

Among people not members of a LG, 68% remember having listened to a programme produced by ALT.

This is a remarkable result, a large quantity of the public has not only heard programmes about HIV/AIDS, but also remembers that they were produced by ALT or Project 'Radio SIDA' (NB: 18% cannot remember who produced the programme).

Other NGOs also broadcast programmes about HIV/AIDS in the Anosy area, the programme 'Top Réseau' listened to in majority in the urban zone (26%), and ASOS in rural areas (44%).

Question:

- *How many times have you heard a programme about HIV/ AIDS?*

N°of times a programme heard on HIV/AIDS	Percentage of the population in Ambovombe and its vicinity ⁴ (%)
0	4
1 to 2 times	66
3 times or more	28

We can see here that in Ambovombe region only 4% of the population interviewed declared it never heard an HIV/AIDS related programme produced by PR/SIDA

- ❖ From these results it can be concluded that the **impact of radio programmes is remarkable**, and that knowledge of rural and urban populations, members of LG or not, has its source in radio programmes, and particularly programmes of Project 'Radio SIDA'.

ii) Beliefs and general knowledge about HIV/AIDS

Question:

- **What can you tell me about HIV/AIDS?**

Belief about AIDS	Population (%)	Urban population (%)	Rural population (%)	Population in Tsihombe and vicinity
AIDS is a disease	85	87	83	89
AIDS is a sexual disease	60	57	64	65

⁴ See section 2.2 c) for reason only Ambovombe region and its vicinity is indicated.

AIDS is incurable	52	57	46	58
AIDS can lead to death	58	64	53	2
AIDS is a virus or a germ	16	23	10	7
AIDS does not exist	10	7	13	2

Targeted indicator: 40% of the population remembers the messages from PR/SIDA

85% of the population said that AIDS is a disease, of which 60% indicated that it is a sexual disease.

NB: Even if they did not think to define AIDS as a sexual disease, it will be seen in the next section that 96% of them knew AIDS is transmitted through sexual relations.

52% answered it is incurable, 58% said it could lead to death.

❖ The population is well aware of AIDS, since each important indicator is above 40%.

Only 16% said it is a virus or a germ, but this message was given little consideration up to now in the programmes.

Existence of HIV / AIDS:

Only 10% of the people interviewed answered spontaneously that they do not believe AIDS exists in Madagascar.

Note: during Phase I in 2004, 20% of people interviewed declared that they do not believe in the existence of HIV/AIDS. It is one of the biggest challenges concerning awareness about HIV/AIDS in the region.

Only 4% of LG members do not believe in the existence of AIDS, this figure increases to 16% for those who do not belong to LG; which goes to say that 80% of those who do not believe in the existence of AIDS are people who are not members of a LG.

NB: this result should be qualified. People who state that AIDS does not exist are those who have a firm opinion on the subject. Perhaps a large quantity of the population doubts the existence of AIDS, but is not sufficiently convinced to say so, particularly to investigators who come to assess a communications project about AIDS.

The investigators' opinions on this topic are useful. For example, they had the impression that in rural areas of Ambovombe the population does not believe in the existence of AIDS, whereas in villages in the vicinity of Tsihombe, the population does believe in its existence, frequently saying “*we think that AIDS exists because Voron-Kodohodo [an ALT radio partner] talks about it all the time*”. It might have been useful to directly ask the question, “*Do you believe that AIDS exists?*”, but similarly, it would have been difficult to gauge the veracity of the answers.

iii. Knowledge about infection modes

Question:

- **Could you tell me the ways in which HIV/AIDS is transmitted?**

	Population	Urban	Rural	Population of
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	(%)	population (%)	population (%)	Tsihombe and vicinity (%)
3 ways of transmission	36	45	27	89
Sexual relations and blood	75	88	63	81
Sexual relations	96	98	95	91
Unprotected sexual relations	58	58	58	70
Blood	78	89	68	88
Mother to child	38	45	30	49

Targeted Indicator: **50% of urban and rural population are capable of listing three modes of infection.**

36% of the population are able to list three modes of infection. However, 75% of the population gave 2 modes of transmission: by sexual relations and blood.

This result is due to the fact that a large proportion of the population did not quote transmission from mother to child. In fact only 38% of the population indicated this mode of infection.⁵

96% of the population indicated that AIDS is transmitted through sexual relations, of these 58% specified that they are ‘unprotected sexual relations’.

78% know that AIDS can be transmitted through the blood.

It can be concluded that this indicator was not fully attained due to an insufficient number of people quoting the transmission ‘mother to child’.

❖ **Nevertheless, if we consider other modes of infection, the indicator is largely attained with 75% able to quote sexual relations and blood.**

Given the difficult circumstances in the area, ALT has not yet suggested a means of prevention to counter mother to child transmission (ARV to pregnant women, use of dried milk which can be dangerous for babies due to restricted access to drinking water); the importance of being aware of this mode of infection is not essential, except to motivate people to protect themselves in order to protect their children.

⁵ This result may seem disappointing since 3 programmes on this topic were produced and broadcast in Androy dialect during Phase II, and 2 in Antanosy dialect. Several reasons can be imagined for these poor results, all derived from the fact that people remember more easily the ways of infection that they think directly concern themselves.

- Mother to child transmission affects the newborn, so does not represent a direct threat to the population in general. This could explain a lesser rate of recall, but then too, it could also indicate that this specific answer does not come to mind, even if they know it, since they instinctively indicate ‘modes of transmission that affect me’.
- This mode of transmission concerns couples where the woman is pregnant or the couple hopes that she is, or who have a newborn baby. Single young men and women only feel indirectly concerned by the mother to child mode of transmission.
- With mother to child transmission no methods of prevention are mentioned, e.g., ARV, and thus the ‘practical’ reason for remembering it is put aside.

Four of these 5 programmes were produced and broadcast in March, i.e., 6 months prior to the assessment.

Mistaken beliefs about infection:

Erroneous beliefs about infection	Population (%)	Urban pop (%)	Rural pop (%)	Population Tsihombe and vicinity (%)
Mosquitoes	15	20	10	0
Shared toilets/showers/clothes	11	13	9	7
Touch/contact	7	7	7	0
Kisses	5	7	3	0
Shared food	3	5	1	5
Dirt	1	1	0	7

See Annexe 9 for results presented in diagram.

Mistaken beliefs about infection are rare; the most well-known is transmission by mosquitoes for 15% of the population. It should be noted that these mistaken beliefs about transmission are highest in urban areas; which could be explained by the fact that rumours spread faster, or that rural populations do not easily discuss their beliefs.

NB: as with the existence of AIDS, mistaken beliefs about transmission are often beliefs held by people but about which they have no certainty; in such cases they might not even mention them.

Despite this qualification, this low figure for people who quote mistaken beliefs about infection is very encouraging.

iv) Knowledge about methods of prevention

Question:

➤ **could you tell me what are the methods for prevention of HIV/AIDS?**

Knowledge about methods of prevention	Population (%)	Urban population (%)	Rural population (%)	Population in Tsihombe and env. (%)
3 methods of prevention	23	25	21	21
Fidelity and condoms	77	82	72	81
Condoms	98	97	93	95
Fidelity	81	85	77	86
Abstinence	28	28	27	25

Targeted indicators: 50% of urban and rural population being able to list 3 methods of prevention.

Only 23% of the population could list 3 methods of prevention.

Once again, one of the answers, abstinence, is not retained by the population.

NB: A large part of the population must not have felt concerned by ‘abstinence’ as a method of prevention, the average age of people interviewed was 30, and as explained above, it is a community where sexual relations are frequent and the first sexual relation occurs very young.

❖ Once again the indicator was not fully attained, but it is of little importance.

77% of the population is capable of listing the messages that they think concern themselves, fidelity and condoms.

v) *Attitudes towards people living with HIV*

Question:

➤ **How do you think someone with HIV should be treated?**

Attitudes towards PLHIV	Population (%)	Listening group members (%)	Not members of listening group (%)	Population in Tsihombe & vicinity
Help them	55	70	40	79
Isolate them	41	35	47	32
Force them to go public about their status	19	19	18	5

It is difficult to analyse the attitudes of the population towards people living with HIV. The question used in the questionnaire was: “*How do you think someone who has HIV should be treated?*”

Investigators then tried to determine if the answers aimed to ‘help’ or to ‘isolate’; in some cases, both answers were ticked. An example of answers where both were ticked is:

‘He must be helped, provide food and help him to see a doctor, then put him in a place where he cannot come into contact with the population’.

The results are not exact, but they give a general idea of whether the population is positive or negative towards PLHIV.

55% were ready to help PLHIV, 41% talked of isolating them.

70% of members of LF answered that PLHIV should be helped, but only 40% of those who do not want to help them belong to a LG.

This is a remarkable difference and could indicate that members of LG had more opportunities to listen to programmes about stigma and discrimination, or they had taken the time to talk about this topic and thus reached this conclusion.

Note: during the first phase, the study showed that the majority of people interviewed opted for isolation and identification of PLHIV (with tattoos on the face, for example).

19% of the population continues to think that HIV positive people should go public about their status.

→ The fact that 9% of population ticked both responses shows that their attitudes remain confused about how to approach PLHIV. Discussion should be encouraged, which is taking place in listening groups and which might explain the high number in listening groups of those who think PLHIV should be ‘helped’.

❖ Only one programme was elaborated in Antandroy dialect during Phase II about stigma and discrimination, these results are thus impressive, especially with 70% of members of LG thinking that PLHIV should be helped.

vi) *Wanting to know more*

Questions:

- **Would you like to hear more radio programmes on HIV/AIDS?**
- **What other information on HIV / AIDS would you find interesting?**

Wishes of population	Percentage of population (%)	Percentage of population in Tsihombe (%)
Would like to listen to more radio programmes about HIV/AIDS	92	100
Would like to listen to more programmes about how to protect oneself	53	70
Would like to hear more about the symptoms of AIDS	61	46
Spontaneously asked for more visits by AIDS monitors	11	

92% would like to hear more radio programmes about HIV/AIDS

53% would like to hear more information about how to protect oneself.

61% would like to hear more information about HIV / AIDS symptoms.

11% spontaneously asked for more visits by AIDS monitors without any question on the topic being raised.

❖ There is a wide demand for more programmes on HIV/AIDS, which shows that PR / AIDS programmes are highly appreciated and listened to.

c) Restrictions and problems encountered

a. Initial database (pre-broadcast)

Studies were carried out by the Project from the beginning of Phase I in January 2004 (FGD), as well as a database at the end of June 2004. A database was also carried out by monitors during March 2005.

Unfortunately, it was very difficult to judge the rigour of the methodologies used during this study, and it was decided that this information would not be included in this report.

b. Results obtained for Tsihombe

From the start of the assessment, the role that monitors could assume in the said assessment was a problem given their involvement in programme production and training listening groups: the risk

existed that they might not be objective concerning questions related to judgment of the quality of programmes produced.

During training, the importance of being objective was emphasized to the monitor from Fort Dauphin, who was present. Following the convincing results of the cards completed by this monitor during pre-tests, it was decided that monitors could do the questionnaires with the women who do not belong to a LG.

Unfortunately, during analysis of the results from the study of women not belonging to a LG in Tsihombe, it was discovered that they did not appear to be sufficiently objective. Sadly, this error was not perceived early enough, and the study at Tsihombe with the women not belonging to a LG could not be undertaken again.

It was decided to use results from Ambovombe and Fort Dauphin, and to analyse Tsihombe separately only considering members of LG (57 people).

Prior to 2004 no radio station operated in Tsihombe, and most of the population had no knowledge about HIV/AIDS. In 2003, the association Voron-Kodohodo was set up by the singer Tsimi-hole and thanks to funding from the CNLS / PMPS, 30 monitors went into the field to carry out awareness sessions about HIV/AIDS.

In 2004, with EC funding, ALT financed installation of a radio station in Tsihombe, providing access to the air for the first time for a population of about 70.000 people.

Results from Tsihombe indicate good knowledge about HIV/AIDS. This shows what can be the knowledge of members of a LG after only one year of listening to HIV/AIDS related programmes and several field visits by the monitors.

The results in Tsihombe clearly show that radio is considered by the whole population (100%) as a source of information (which is logical given that they are all members of a LG), and 82% spoke of the monitors. They neglected to mention the other sources of information.

c. Giving answers with the aim of being given a solar radio / handle

There is the risk that rural people claim they have not heard about AIDS on the radio because they hope ALT will give them a solar radio. The investigators remained wary as to this possibility, among others, and there was only one case where this clearly occurred (A199).

d. Problems with calculating the dose effect

Originally it was hoped to calculate the dose effect by comparing answers from LG members with those of people who did not belong to a LG.

Unfortunately, this proved to be very difficult for specific reasons:

- In rural areas, it was difficult to gauge meetings of listening group, and thus the listening of their members because monitors did not make visits very often due to difficulties with transportation to the villages. So in such cases, everything depended on the motivation of the group and particularly that of the person responsible for the solar radio / handle.
- In urban areas, the listening difference between a member of a LG and someone who is not a member can be minimal since radios are relatively available.

- In urban areas, the population can have access to other sources of information so there should not be much difference of knowledge between LG members and people who are not members of LG.
- After Fort Dauphin, it became obvious to investigators that some people who claimed to be members of listening group had never attended a group listening session. According to the investigators, people claimed to belong to the LG for reasons of prestige, or with the hope of receiving something.

The idea was to try to know how many times the people interviewed had listened to PR / SIDA. A new question was added: “how many times have you listened to a Projet Radio SIDA programme?” These results are available for the Ambovombe region.

2.2 Discussion groups and qualitative results

a) Methodology for Discussions of Focus Group (FGDs)

FGDs were developed to be unisex. In cases of mixed LG men and women were separated before starting the discussion. All members of the study team present were the same sex as the members of the group. Each FGD was led by the investigator while another person was appointed to take notes and when possible, a recording was also made on mini disk.

Themes covered:

- General contents of programmes they remember
- Format by order of preference
- Opinions about programmes
- Information that was new for them
- Making Use of this information
- Messages which they found to be contentious
- Other sources of information about AIDS
- Community and individual needs to fight HIV/AIDS

There was general freedom to make known their knowledge or to express opinions about everything concerning HIV.

See Annex 10 for the questionnaire used

Problems encountered were those common to the FGDs in general:

- *Try to find time when members of LG are available.* Most FGD took place at the end of the afternoon, which is the most convenient time for listeners.
- *Some people considered to be a local authority, often the older people talk and did not let others speak.* Monitors tried to control this problem as much as possible.

The above results are from Discussions of Focus Groups, but also from the qualitative details taken during the Database.

b) Qualitative results

This section studies in detail beliefs and knowledge of the population, as well as their opinions and mistaken ideas, under each of the following themes:

- i. Comments on the broadcasts
- ii. Sources of information
- iii. General knowledge and mistaken ideas
- iv. The existence of HIV and ‘symptoms’
- v. Knowledge and mistaken ideas about contamination
- vi. Knowledge, mistaken ideas and actions concerning prevention

vii. Attitudes towards PLHIV.

Whenever possible, citations are used (translated) in order to remain as faithful as possible to the ideas of the population, and to transmit an understanding that is as close as possible to their ideas.

The age, sex and neighbourhood / village of those concerned are indicated when judged to be pertinent. The references in between brackets give the card of the Database or of the FGD from which the citation in question originated; all these cards are available at the ALT offices in Fort Dauphin.

Once again, the sign" → " gives ideas on the orientation of messages to be used in future radio programmes to satisfy the specific information needs of the community, or the actions required to respond to villager requests.

i Comments on programmes

During interviews for the database as well as during the FGD, a very real appreciation of the programmes was observed.

The population appreciates the music, the messages, and the presentations, and the fact that their local dialect is used; it is reflected by the fact that 92% of the population wants to listen to more programmes about HIV/AIDS.

A major impact seen by the population and which they give as the reason for their appreciation is:

"The programmes helped increase peoples' belief in the existence of HI.V" (FGD7)

or

"Since these programmes were broadcast, we have come to believe in the existence of AIDS and we are afraid of it" (FGD8)

Listeners sought to make it understood that they find the programmes very pertinent, it gives them information, and they even talk about education:

"I would like the radio programmes to continue because they are a source of information and ongoing education for all of us." (T199)

For rural population, the radio gives them information which would have been difficult for them to obtain:

"I would like to listen to more programmes because this disease is a threat and is incurable, the radio is a source of information and education for us illiterate farmers" (T347).

Several times the importance of the programmes for the community in general is quoted and alludes to descendants. *"This disease can destroy the Malagasy people"*.(T347) and

"We want more programmes because it is an education for us and for our children." (T350)

The importance of the message to inform family and friends was taken into consideration by some:

'I would like there to be more programmes about AIDS because it enables me to inform my friends and try to interest them in the messages about how to avoid the disease'. (FD 376)

Observations

a. The importance of the dialect is essential. Most specify that the fact that the programmes are in local dialect is what really appeals to them:

"I remember well the poems written in Antanosy dialect, it is very good!" (FD64)

This wish to listen to programmes in local dialect very often derives from the ensuing better understanding.

'we prefer to hear programmes in our dialect because it makes it easier to understand messages'. (T350)

There is also a question of pride. Use of other dialects is criticized. Some people say:

'We hate the programmes that are not in Antandroy dialect' (FGD14)

b. Speed of language used: several people ask for slower speech to facilitate understanding the messages. (A148, A118)

c. Listeners ask for an increase in the length of programmes, saying that *'programmes are too short'* (A178, A152).

d. 6% of listeners ask for the number of radio broadcast to be increased; among them, some ask for programmes to be re-broadcast several times.

Presentation classified by order of preference

During the 25 discussion groups, each LG was asked to classify the presentation they prefer. Results are given below:

Presentation	Preference 1	Preference 2	Preference 3	Preference 4
Dialogue/mini-drama	8	8	3	-
Song	8	3	7	-
Poem	2	4	6	1
Stories	3	1	0	1
Spot	1	1	2	3
Interview	1	1	0	2

Mini-drama, dialogues or advice between friends are the preferred formats

Next are **'Songs'**. In rural areas, (especially in the Antandroy region), **'bekos'** are the most appreciated (traditional songs sung a capella).

In third place are **'poems'** and in fourth are **'stories'**. No stories were produced during Phase II of the project. It is probable that *'stories'* or *'tantara'* are even more appreciated than it seems.

Once again, the importance of the dialect surfaces, in the majority of cases when people indicate poems or songs as their preference, they particularly specify that they appreciate those in their dialect.

The use of local dialect, stories or traditional music is very much appreciated by rural populations, particularly in the Tsihombe region where the villagers feel attached to the radio station and to the programmes broadcast.

'We listen to the radio a lot and it gives us knowledge, because it is the radio station of our ancestors'. A 50 year old man in Namotoha (T395).

Controversies

The populations appreciate programmes about educating children about HIV/AIDS and sex, saying that it is useful for them.

But for a group of men, the programmes with explanations about the use of condoms (a programme made by *Voron-Kodohodo*) is embarrassing for them, because it is embarrassing to listen to this kind of programme with their mothers and sisters, during which contamination through sexual relations is discussed. (FGD 17)

'Voron-Kodohodo is not careful about the language it uses, this is not good in front of children, mothers and sisters' (T314).

One comment from a group of women in Tsihombe (FGD 5) is the need to take into account that mothers are responsible for the sexual education of their daughters and men for their sons, and education through both sexes is not accepted. These women ask that care be taken to respect this in the programmes, too.

→ Programme N°4 of CD 6 is an example where a father is talking to his daughter about the importance of condoms. It would be preferable to limit messages to being between a mother and her daughter or a father and his son.

Some people perceive the messages as not following the local culture:

'Condoms, fidelity, not to be polygamist, no 'Fatidra', all of these are contrary to our traditions'. A man who is not a member of a LG, during a FGD in Ambovombe (FGD12).

→ As much as possible, messages that do not appear to be in contradiction with local customs should continue to be transmitted.

❖ PRS programmes are truly appreciated, the public asked for them to be broadcast more frequently and for them to be longer.

This appreciation is mainly due to the fact that local dialect, local music and local actors are used in the programmes, and that the local populations feel concerned by the programmes broadcast. The local population gives these aspects of the programmes as the explanation of the fact that they feel so "close to the radio".

❖ **Participatory Production Cycle reveals undeniable advantages.**

ii) Information Sources

Radio

In the opinion of almost the whole population, their essential source of information about HIV/AIDS is the radio, as this man in Ambovombe said:

'I appreciate the Projet Radio SIDA because since listening to the programmes about HIV/AIDS, I know a lot more' (A115).

Some people living in rural areas confess that the radio is their only source of information.

"Voron-Kodohodo radio is my only source of information about HIV/AIDS". A woman in Namotoha, an Androy village (T 333).

'I appreciate programmes about AIDS because it's the first time I heard about AIDS'. (FGD 14)

People remember programmes very well, in the FGDs, some people could repeat the dialogues almost word for word of some programmes, or recite whole poems. For the population PRSIDA programmes are:

‘a source of new information about methods of prevention’ (FGD 3)

When listeners have questions about HIV/AIDS, they turn to doctors or PRS office in Ambovombe and Tsihombe; several gave the name of the monitor in question.

Often, the visits of the PR / SIDA investigators are mentioned as a source of information and for this reason the investigators were often thanked for their visit. (A102).

Word of mouth

Another important source of information which has not been explored in the quantitative data is word of mouth.

A lot of the information held by the population originates from talking with:

- Friends
- Members of LG (for the LG members and the non LG members)
- Visitors, often people who came on market day
- Co-passengers in taxi-brousse

Posters

Posters are also an important source of information, to be found at the mayor’s office, or in hospitals.

An interesting remark about posters in rural zones, from a 32 year old man in Enakara *“I saw posters at the hospital, but they were made with drawings and not real photos... so I don’t believe in it”* (FD 65). This may seem simplistic, but such things can have impact.

❖ In the opinion of the population radio is clearly their most important source of information about HIV/AIDS and is greatly appreciated as such.

iii) General knowledge and mistaken ideas

What HIV/AIDS is

During FGDs, it became clear that most listening groups had a good understanding of what HIV/AIDS is, some knew that AIDS is a virus (or a germ) that destroys the white corpuscles that protect the human body, others talk about its effects:

“The virus facilitates entry of other diseases in the human body”, a 29 year old woman in Ambovombe (A 107)

Most of the population knows that AIDS is a fatal disease.

A small number of people still get mixed up with HIV/AIDS and other STI (FD 75 &FD76). Two people said that *“all the different chronic sexual diseases in the body become AIDS”* (FD 142 &A122). An inhabitant of Tsihombe declared that *‘all STI can become AIDS’* (T 327).

Thus, the message that untreated STI increase the risk of being infected by HIV is still poorly understood by some.

- In future, programmes should emphasize the fact that HIV / AIDS is a disease in itself, that it is easier to be infected during sexual relations with an infected person if one has untreated STI, but a person may be infected with HIV without necessarily having other infections.

Foreigners

Only 4 persons said that “*AIDS is a transmissible disease that comes from foreigners*”. (FD7 A173 T344) or « *it is the tourists who bring AIDS to Madagascar* » (FD 23). The danger of these beliefs is the representation that the threat is ‘elsewhere’, therefore, it does not represent a local risk as long as foreigners are avoided.

This is a low figure for a belief that was widespread a few years ago and shows a significant change of attitude of the inhabitants towards HIV/AIDS.

Treatment / Medicines

A few people still have incorrect ideas about medicines against HIV/AIDS, two women separately asked that ALT make “*programmes about medicines to be used in the treatment of this disease*”. (A162, A161)

During the database, there were many cases where someone said “*AIDS is incurable*” but then during the interview said ‘*I would like to know the methods of treatment*’ (T324) or ‘*what medicines can we use to treat or care for this disease?*’ (T345). It is possible that these people mix up the idea that ARV, which can reduce symptoms, and the idea of a medicine that can treat HIV/AIDS.

There is a frustration among some listeners who do not understand why there are no medicines against AIDS: ‘*why is there no remedy for this disease?*’ (T311, T307) or ‘*why are there no medicines for AIDS?*’ (T318)

- Specify that there are no medicines to treat HIV/AIDS, but only some that can reduce symptoms and that they are not available locally.

Children’s education

Another opinion heard several times, often from women, is that ‘*the programmes help to educate children*’

- ❖ Some mistaken ideas persist but generally a large proportion of the population seems to know that HIV/AIDS is an incurable sexual disease that leads to death.
- ❖ Far less even talk about ‘black magic’ or that AIDS is a ‘foreigners disease’. Therefore, there is an awareness of the population that HIV/AIDS is a disease that concerns them.

iv) Existence of HIV and questions about symptoms

According to LG members, PR / SIDA programmes really had a considerable impact on beliefs about the existence of HIV/AIDS, especially in the Tsihombe area. In Ampamakiambato, a neighbourhood of Tsihombe:

“*We believe in the existence of this new disease now because Voron-Kodohodo talks about it all the time*” (FGD7).

During a FGD in Sakamasy, an Antandroy village, a man said:

‘Antandroy people don’t believe in new things like HIV, but now we believe in it because doctors, radio stations, everybody is talking about it’. (FGD6)

There are those who seek to specify that they believe in the existence of AIDS in the region where they live; for example this 35 year old man in Ambazoa:

‘I believe that AIDS exists in Madagascar, even in Ambovombe. I have never seen the diseases, but I believe it exists all the same because everybody talks about it’ (FD146).

For the moment, the idea of a saturation of information does not seem to have had a negative effect on the beliefs of the population. On the contrary, the repetition of information helps to convince people that HIV/AIDS exists.

Programmes on national television and radio channels are also popular; a young man in Ambovombe:

‘We believe in the existence of AIDS because everybody talks about it, even the TVM and RNM’ (FGD9).

AIDS does not exist

Sadly, there are still some people who continue to think that AIDS does not exist. They can be classified in two groups:

The first group, mainly men, think AIDS is a ‘lie’.

‘AIDS does not exist, it is a lie to reduce the birth rate’, a 30 year old man in Fort Dauphin (FD34).

‘AIDS is a lie; all these projects are a waste of expenditures. AIDS is a State policy to reduce the birth rate in Madagascar’, a 43 year old man in Ranomafana (FGD 70).

‘It is a political lie of the State in order to obtain funding’, a 35 year old man in Enakara (FD87).

‘AIDS was invented to advertise condoms’ (FGD25).

These people are often very vocal in their opinions, and between them they make up 10% of the database who declared that AIDS does not exist.

The second group are those who believe that AIDS exists, but who **doubt** that it exists in Madagascar or even in the villages.

‘AIDS is a transmissible disease that exists abroad but I do not think that it exists in Madagascar’. A 15 year old young man in Ambovombe’ (A167).

Most doubt are based on the fact that they have never seen a person ill with AIDS or who died of AIDS.

‘We have never seen anyone sick because of AIDS or dead at the hospital, so we do not believe in the existence of AIDS’. (FGD 25).

In some cases for example a woman during a FGD in Ranomafana, people said that *‘we do not know who is a carrier of the virus’* (FGD19); but the large majority of the population persists in asking for the symptoms, and ask for programmes about the symptoms in order to be able to recognize when someone affected by the disease:

'I do not believe in the existence of the disease HIV/AIDS, to be convinced I need to know more about its symptoms', a 45 years old man in Ranomafana (FD65).

'I would like to know the symptoms because, here in rural area, we do not believe in things we have never seen', a 35 years old man in Ranomafana (FD93).

It is one of the most frustrating things for people, and is the main reason why many doubt the existence of HIV/AIDS.

'There needs to be more programmes about how to recognize someone affected by HIV, what are the external symptoms'. A 21 year old woman in Ambovombe (A111)

'How can we convince villagers if we still do not know the symptoms of AIDS?' a 23 years old man in Ampilofilo, an Androy village. (T391)

'I do not believe in the existence of AIDS, why are doctors unable to be quite clear with the population about the symptoms?' a 30 year old man in Tsihombe centre. (T321).

To the question 'What other information on HIV / AIDS would you find interesting?' 61% of the population responded that it wanted to know more about HIV/AIDS symptoms. It is the subject that came up most often during FGDs as well as during interview for the database.

This desire to know more on recognising AIDS could also be an indicator of people who have several sexual partners, and who have begun to ask themselves, "how would I know if I am infected?"

In this case, the results are positive, indicating that part of the population has begun to think about the possibility of being infected by the virus.

The distinction between people living with the HIV virus and those who can be said to be at the AIDS stage is not well known. According to a woman in Sakamasay, a village in Androy, HIV / AIDS is

'A disease that makes infected people thinner' (T344).

→ Although sick people are thinner during the last phases of the disease, we should insist on the stage of infection where the body does not show any symptom. The idea that someone could be infected and not show any external symptom is contrary to the beliefs of the population:

'There should be an interview with a doctor so that he can talk to listeners about the symptoms since it is not visible on the skin' (A164).

The mistaken idea that the body of an HIV positive person will show symptoms, and will therefore be easy to distinguish is dangerous because it could lead to unprotected sexual relations.

'To avoid AIDS, a woman should be carefully selected before having sexual relations with her'. (A167)

- ❖ Few people seem to still be convinced that AIDS does not exist. The vast majority accept the possibility that it exists, often because of radio programmes, the frequency of the messages, the presence of other sources and the number of discussions about the subject.
- ❖ Among them, some still have doubts and even if they accept its existence, they do not really feel concerned by it. There is still a big demand for programmes that "explain the symptoms".

→ It must be made clear that a person infected by HIV may not present any symptom, and that AIDS mainly leads to other infections.

This is important for three reasons: first to calm the frustrations of those who do not understand why there is talk about a disease without indicating the symptoms; secondly to help convince people about the existence of AIDS, and thirdly, to avoid people continuing to think that they are not at risk when having unprotected sexual relations as long as their partners do not present any external symptom of the disease.

v) **Knowledge and mistaken ideas about transmitting HIV / AIDS**

Blood

Often information about methods of transmission is recalled in great detail:

‘Thanks to the programmes, we have a lot of knowledge about methods of infection, for example through blood, re-use of once-only material such as razors, toothbrushes, blades, unsterilized needles’, a woman in Mangarivotra (FGD3, see also FD101).

Infection through blood can lead to mistaken ideas, 15% of the population quoted infection by mosquitoes; this rate is very impressive considering the extent of this belief several years ago. Nevertheless, this belief remains the most widespread mistaken belief, and should not be neglected since it can affect beliefs in the existence of AIDS, an example:

“I am illiterate and I do not have a radio, according to my friends the methods of infection are through blood and having sex. Why are there no victims here since there are so many mosquitoes? I do not believe in the existence of AIDS.” (A199)

→ Programmes explaining that AIDS is not transmitted by mosquitoes would be useful.

A real anxiety exists on subject of *Fatidra*:

“There cannot be Fatidra without mixing blood, so what can we do ?” (FGD 15)

Many people think that message is to discourage *Fatidra* (A 181), but rural populations often disagree with this idea, and once again there is the risk that they will also reject all other knowledge about AIDS that would be accessible to them.

→ Well thought out programmes that are sensitive to this subject should be made, emphasizing that the idea is not to reject the tradition of *Fatidra*, but to try to carry it out in such a way as to avoid the risks of infections.

Mother-to-child contamination

Those who have listened to the programmes about the three modes of infection from mother-to-child often remember them very well, and are able to quote the three, *“during pregnancy, during childbirth or while breast feeding”*. This mother to child contamination helps to motivate the women, but also the men, to protect themselves:

‘I am starting to worry because AIDS is transmissible by a mother to her child, so I am protecting myself in order to protect my family’. A 46 year old man (A140)

Some women in Analafaly village indicated that sometimes children are breastfed by other women when their mothers are away, but that now they are thinking of changing this.

However, several mistaken ideas still exist about this ‘mother-to-child’ transmission:

‘If a woman is pregnant, the baby in her womb is obviously HIV positive’, an 18 year old woman in Namotoha (T332)

‘I heard on the radio that transmission of HIV is easy with pregnant women if they have sexual relation’, a 35 year old man in Ranomafana (FD 93) (see also FGD20)

→Messages about mother-to-child transmission are complicated and require several broadcasts; this was discovered during assessment of Phase I and is still valid.

Transmission by contact, kissing, clothes

There are mistaken ideas about transmission of HIV through physical contact, but for a few people. In most cases the population knows that AIDS is transmitted by sexual relation, but they think it can also be transmitted by a simple contact. A 31 year old man told:

“HIV/AIDS is transmitted by sexual relations, kisses, skin contact, infidelity and sharing clothes; I do not have a radio, these are just rumours that I have heard about HIV / AIDS.

This man heard one radio programme about HIV/AIDS but did not remember the message content; this illustrates how important it is to have a radio available for public listening, and the importance of listening groups.

In a women’s FGD in Ambazoa, an Androy village:

“Previously, we thought that AIDS could be transmitted by contact, for example within the family, or when sharing clothes, but now we are aware of the ways of transmission”. (FGD10)

Often, the only mistaken idea that persists on this subject concerns sharing clothes:

“We can share clothes with a person affected by HIV except underclothes”. A 30 year old woman in Ambovombe centre (A305).

This belief is widespread, and fear of it exists, because according to the villagers, when a man and a woman have a rendezvous, often one or the other borrows underwear. (T352)

The existence of any belief about transmission by contact can lead to the isolation and estrangement of PLHIV. A 39 year old man in Sakamasay, a village in the Androy region, talking about how he thinks attitudes should be towards people living with HIV:

“We soothe the person and ask him/her not to share the disease; we should feed him/her, give clothes and avoid sharing clothes with him/her”. (T349)

Another belief in rural areas but not very widespread is that AIDS is transmitted by urine (T394, FGD11) or quite simply comes from dirtiness (FD61).

Transmission through water

In rural zones of Tsihombe area, one mistaken idea that worries the population about transmitting HIV / AIDS is when people share the same spring to wash, to swim and to drink. This worry is the result of there being only one water point in most villages:

“If an HIV carrier dives into a pool, all the other people will be infected afterwards” (T393).

“What to do if there is an AIDS-infected person in our village? The pool is our water point, we swim there, and draw water from it”. (T353, see also T352, T351)

→ It is important to get rid of these mistaken ideas about HIV in order to avoid stigma and discrimination.

Number of sexual relations required to permit infection

The last mistaken idea discovered concerns the number of sexual relations required to get infected with AIDS:

‘AIDS is transmitted after many sexual relations with different partners’. A 24 year old woman (A150)

→ It would be important to produce programmes about the fact that one sexual relation is enough to transmit HIV.

❖ Generally there are few mistaken ideas about transmitting HIV / AIDS, especially according to investigators, when compared with ideas held two years ago.

→ Programmes must continue to be made, presented as dialogues, directly addressing each of the mistaken methods of transmission that seems to still exist among the population.

vi) Knowledge, mistaken ideas and action to prevent HIV/AIDS

In practically all the FGDs, the members of the LG sought to thank PR / SIDA for the programmes broadcast, and emphasized those that gave information about the methods of infection:

“We are now aware of these ways of infection because of these programmes” (FGD15)

During FGDs several people (e.g., FGD20, FGD22, and FGD13) declared that since broadcast of these programmes, people had begun to be careful, trying to be more faithful, and to use condoms.

Sadly, as is the case for most of the FGD results on this type of subject, we cannot distinguish to what point answers are normative, listeners answer what they think should be about to happen or if it reflects a real behaviour change.

Abstinence is not mentioned very much and when it is, it is by religious people. In rural areas, it is mentioned only to discredit, for example:

‘Abstinence is impossible here because the high school and college students begin to have sex together and with the teachers’. (A113)

Fidelity

Many villagers declare that fidelity is ‘very difficult here in the bush’ (FGD14, FGD6, FGD7), some even exclaiming that ‘it is impossible’ (FD95).

In town in a FGD young people said: ‘fidelity is difficult for us because we are still young’ but the whole group agreed that all should use condoms if they have sexual relations with women other than their wife, in order to protect their wife.

The importance of using condoms for all relations outside the couple was often mentioned.

‘People should be advised to use condoms each time they have sexual relations with someone other than their wife’. A man in Ranomafana (FD8, see also T375)

A phenomenon often mentioned is that of the ‘second office’ (T302)⁶; when it is mentioned it is with the idea of saying that men should not do it.

Condoms

During several FGDs, especially among those in Tsihombe and its vicinity, people said that use of condoms has increased since the broadcast of PR / SIDA programmes. (FGD6)

The majority of people who said that they use condoms do so when having sex with a person who is not their partner, as mentioned above; a woman said:

“I am married and since I became aware of the existence of AIDS, when a man asks me to sleep with him, if he does not agree to wear a condom I don’t go with him” (FGD1) .

There are some people of both sexes who say that they use condoms even with their husbands or wives. Some slightly older women from rural areas in Ambovombe, declared that since they do not know what their husbands are up to, they take the responsibility of convincing their partners to use condoms if they want to have sexual relations with them. (FGD26)

Similarly, a 23 year old man from Ampilofilo declared:

‘Here, it is difficult to be faithful because I do not trust my wife, nor all the other women. On market day in Tsihombe, if a man talks to my wife, she agrees to have sexual relations with him because the man offers her money. So, everybody should use condoms’. (T391).

In the opinion of many, the ‘Ampelatova’ (single women) do not often use condoms, however there is more chance that those over 20 years old use them.

Several answers are very encouraging because parents say they talk about them with their children:

‘I advise my children to use condoms’, a 40 year old man in Namotoha (T357).

Belief on the effectiveness of condoms

53% of the population asks for more information about methods of prevention.

Among these requests many ask for information about condoms, particularly about their use. (A107)

In a FGD in Ambazoa, some women confessed they do not use condoms, and gave several reasons:

“Condoms provoke sterility in men and cancer in women, and here we do not need to use them because AIDS does not yet exist here”. (FGD10)

The belief that condoms can make a man sterile is held by some men as well as women, especially in rural areas:

“Women refuse to use condoms; they say that the liquid on condoms could make them sterile” (FGD12 and FGD14).

⁶ See section 1.1 for explanation

“Farmers believe that the use of condoms makes women sterile. They think that it is a State policy to reduce the birth rate”, a 22 year old man in Tsihombe. (T329)

Often the population does not think that condoms can protect them from HIV because they are “too small” (FD96); requests are made for more programmes on the subject:

“I am not convinced that the use of condoms can protect people from HIV. It would be a good idea to produce programmes that explain the effectiveness of condoms” (FD41).

The use of condoms is still not always clear for some people:

“A condom can be used several times in the night, 2 or 3 times” (A165)

“I have heard about condoms but I do not agree with using them because once I used it and it ruptured”. (FD36)

“To prevent HIV/AIDS, we do not use condoms, we use the ‘withdrawal’ method each time we have sexual relations”. A 21 year old woman in Ambovombe (A111).

→It would be a very good idea to produce programmes about the general use of condoms (i.e., verify use by date, use one for each sexual relation, and throw it away after use).

To produce programmes giving details about the use of condoms, might not please some listeners who do not want to hear such things in front of members of their family who are not of the same sex.

There is, however, a wide demand for video projections about this subject. This is because PSI visited several villages with the ‘ciné-mobile’ and it was very much appreciated, especially in the Anosy region (FD 28).

Problem with obtaining condoms:

In very isolated rural areas, there are people some listeners hear about condoms during programmes but who then encounter problems obtaining them locally. According to a teacher in Enakara:

“Here in the bush, it is difficult to be faithful especially for single young people of 14 to 20 years age. It is the same for married couples. The best solution is to inform them about the use of condoms. But here in Enakara, no one sells condoms”. (FD66)

This problem was raised several times by the Enakara population, in the Anosy area near Ranomafana (FGD 18, FD62, FD86, FD92), and in the village of Namotoha (T332, FDG8) and in the village of Ampilofilo (T389) in the Androy region.

There are also those who say that condoms are too expensive:

“Why are condoms so expensive? I ask because it is difficult for us to find the money to buy them”. (FGD1) (see also A140, FGD14).

→ Cooperation with PSI is recommended to seek solutions with listening groups or rural transportation to try to supply these villages, and to see how they can be made available to the needy.

Opinions against Condoms

Most of people confess to not using condoms because there is “no feeling” and they are a hindrance (T3226, FGD19). Condoms are considered by some to be in contradiction with local tradition (FGD19) and Christianity (FGD22):

“Fidelity is best, I do not agree with condoms, I await the Lord’s decision”, a 65 year old man in Namotoha (T355).

“For us, condoms are a little difficult because they encourage people to have too much sex”. (T353)

→ It would be useful to produce programmes in collaboration with more open-minded church members who accept the use of condoms.

Polygamy

Many people mentioned the impact of polygamy on HIV/AIDS:

“Polygamy exists in our village, some have 3 wives. The two women who will not be sleeping with their husband look for other partners... So, polygamy is a factor that favours transmission of STI and HIV/AIDS”. (FD.63) Man at Enakara.

Some people think that polygamy should be made illegal (A109, T390). What is interesting is that this problem is not mentioned much by women who, maybe, do not feel free to express themselves (if a woman refuses to agree to her husband taking another woman, he is entitled to divorce her without reimbursing the dowry to her parents); and the risk that the man may also be unfaithful and thus infect his wives is almost never raised. The solution often offered to this problem is the following:

“The spouses of a polygamist often seek clandestine sexual relations with other men. They should stay faithful. Otherwise, they should use condoms.” (A147).

→ Future programmes should concern the risk represented by polygamy and seek to encourage women, but men too, to use condoms if they have extra-marital relations.

❖ Knowledge about methods of prevention are often very good, many people were frank enough to confess that they cannot be faithful, but they preach the use of condoms in case of infidelity (do they put this into practice?).

→ To continue to encourage condom use in programmes is important, considering fidelity as prevention mode, but also talking about importance of self-protection in case of infidelity.

vii) **Attitudes towards Person living with HIV**

Help

Given their beliefs, there are people who have obviously listened to programmes about stigmatisation; and, too, their use of the term “*fanavakavahana*” or ‘discrimination’ invented during the time of apartheid in South Africa to describe the discrimination towards black people. The following are self-evident:

“We should help the victims of AIDS because it is not their fault”. (FD29)

“We must encourage victims of AIDS to go to hospital, and discourage society from stigmatising them”. (A113)

“People living with the virus HIV are like us; we will protect them, feed them and cheer them up” (A150).

“We should help PLHIV to consult a doctor, and avoid making fun of someone who has HIV/AIDS” (T342)

“We must not stigmatise because AIDS is not transmitted by contact, nor through food or clothes, or even kisses”. (T343)

“AIDS is not transmitted by talking or by clothes. It is only transmitted through sexual relations or blood; so, if my friend is HIV positive, I cannot abandon him, rather I must help him” (T376).

“We must encourage HIV infected people and ensure they have what they need, for example food. I would like to hear more programmes about stigmatisation” (A106).

“A centre should be established for HIV carriers where they can be helped and treated by HIV/AIDS specialists” (FD66).

❖ People who have listened to programmes about stigmatisation will remember the message and agree with it.

→ Given its success, the number of messages on this topic should be increased and include interviews or mini-plays with PLHIV

Isolation

41% of the population would like to isolate AIDS victims in some way or another.

Very often, the problem of leprosy is quoted as the reason for this isolation (FD3, FD36, FD70, A148). Some people think they should be isolated on an island or in jail; at the other extreme there are those who would like them to be killed, *‘they must be condemned to death’*, *‘kill them secretly in hospital’* (FD70, FD80, A168, A104).

A man in Befotake thinks that *“these people should be handed over to the State or to public security in order to prevent the spread of the disease in our village, to avoid physical contact with them”* (T345).

Some think that once infected, a person will be tempted to try to infect other people, which is why they should be locked up. *“This person should be prevented from transmitting the virus to others”*. (T328)

‘An important reason behind this desire to isolate is that ‘the virus destroys descendants’ (T377), which is very important in local tradition.

Desire to make PLV known:

9% of the population asked that PLHIV/AIDS victims be made public either by publishing their names or by marking them (A193, A1699, T343).

“It would be better to publish the names of victims so that others are not in contact with them any more” (A144).

The reasons for which the population wants victims identified are:

“Because there are no external signs of HIV” (FD39).

And

“Having a concrete example of victim in Madagascar or in Fort-Dauphin would help to convince the population” (FGD33).

A man near a village in Ambovombe even asked for “*the list of dead people in Ambovombe and the name of their village of origin village to be announced on the radio*” (A190).

Some said they would not believe in AIDS until they saw the lists:

“*AIDS doesn’t exist, if it does the State or doctors should make public the names of the HIV positive*” FD35.

Once again, there is a comparison with leprosy. According to a 35 year old man who does not believe in the existence of AIDS, victims of leprosy were made known by doctors, so he did not understand why it was not the same with AIDS (FD95).

Once again, there was genuine frustration among the population about this issue:

“*I have heard about HIV/AIDS on the radio, but I don’t believe in it. My problem is why doctors cannot talk about who the victims are, when according to the programmes HIV / AIDS is transmissible*” (A145).

“*What I don’t understand is why the names of people living with AIDS are not made public*” (T338).

- ❖ **It is very important for the population that the names of people living with AIDS be made public, and this cannot be ignored.**

→ The reasons why it is not possible to make public the names of HIV / AIDS victims and why it does not represent a solution should be addressed.

- | |
|---|
| <ul style="list-style-type: none">❖ The usual reaction of people when talking about the idea of someone with HIV living in their community is to isolate them, and to make his/her identity public; the importance of the community is essential in their eyes.❖ However, messages on stigmatisation seem to quickly change their attitudes, with remarkable ease: all those who said that they had heard programmes about stigmatisation are in agreement with the message; although there does sometimes remain the idea of distance based on some mistaken ideas about transmission of AIDS (often concerning sharing clothes), they are ready to help, feed and cheer up HIV carriers. |
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→ The success of the programmes about stigmatisation is a good reason to broadcast others. To include a person living with HIV in the programme (real or fictional) helps in convincing people about the existence of HIV.

3. REQUESTS FROM LISTENERS

3.1 Resumé of requests for future programmes

Programme requests:

- **The origin of AIDS**

5% of the population wants to know the origin of AIDS, which some listeners think has been neglected: “*Voron-Kodohodo did not talk about the origin of this disease? We want to know, where does it come from? However, we believe in its existence*”. (FGD8)

- **Statistics about HIV / AIDS**

5% of the population, including urban and rural people, asked for statistics about the level of HIV/AIDS infection in Madagascar, and also “in the south”, “by region”, “in Fort Dauphin”, “in Ambovombe”.

- **Testimonies from a PLHIV**

There were 5 requests for testimonies from PLHIV.

- **Consequences of HIV / AIDS**

Several listeners are interested in hearing programmes “*about the consequences of AIDS*”, wondering what happens following infection by HIV (T350).

A man asked for programmes about ‘*how long an HIV carrier lives*’ (A155). A woman in Namotoha asked “*for programmes on the other diseases caused by HIV/AIDS*” (T334).

A woman in Ambovombe specified that it is important to produce more programmes about the fact that “*AIDS is a disease without a cure that leads to death*” (A102).

The most requests were for programmes about the symptoms of HIV /AIDS.

- **Polygamy**

Several people asked for programmes about polygamy ‘*to make them conscious of the consequences of polygamy with regard to AIDS*’ (FGD14), or ‘*in order to reduce polygamy little by little*’ (T348).

- **Programmes about how to advise children**

Many mothers asked for more information about HIV/AIDS in such a way that they can explain it to their children (FD9, T344); asking for programmes on “*dialogues between parents and children*” (T304).

A mother in Fort Dauphin specifically asked for information that could help her ‘*to convince her children*’ (FD12).

A mother in Avaradrova even asked for ‘*programmes which give advice to children on how to avoid HIV/AIDS*’ (A161).

- **Programmes on how to increase awareness**

A 48 year old man from a LG asked for programmes that would give him the “*techniques on how to increase awareness of people who are not in an LG. I would like to learn about these techniques*” (FD20).

- **Requests for methods of prevention / transmission be repeated**

53% of the population wanted to hear more programmes about avoiding infection with HIV/AIDS. Many people also asked to hear programmes about ways of infection, with a desire to hear programmes again on single use equipment (needles), and about transmission from mother-to-child.

- **Request for competition programmes and others where listeners can participate**

In July 2005, ALT organized a ‘radio crochet’ competition in partnership with the Anosy Region authority, the Fort Dauphin Commune and the CLLS, to celebrate (belatedly) World AIDS Day.

This competition was appreciated and the population asked for more programmes of this type, or with the participation of listeners.

3.2 Resumé of Requests to be able to fight AIDS

An Increase of Visits by monitors

11% of people interviewed during the database asked for more visits by monitors.

“I would like more sessions to increase awareness in the villages by the monitors, once a month or even once a week” (FD67).

The reason for these visits would be to improve the knowledge of LG members:

“Contact between listening groups and Projet Radio SIDA should be increased, since we are transmitters of information to other people who are not members of a listening group” (FGD22).

Once again the population thinks that this increased awareness is necessary *“to make known the existence of HIV/AIDS”* (FD86); some think that with the increased awareness there should be *“training on HIV/AIDS for each chief of fokontany in order to facilitate awareness”* (A187).

Most requests are for visits by monitors at least once or twice a month, (A197), some even asking for *“an HIV / AIDS monitor to be established in the village”* (A192).

“It is better when you come to have sessions presented as a discussion, like today; in that way we can talk directly with you and ask questions. That is what is missing: a one to one talk” (FGD22).

“It would be better if it was possible to increase the visits here, because when there was a cholera epidemic, no monitor came. Information was only by radio and that is why there were more deaths”. A man in Sakamasay” (DF6).

Use of video projections

5% of population asked for video projections of films or documentaries about HIV/AIDS. According to women in a FGD in Ambovombe: *“messages should be transmitted on a giant screen in neighbourhoods and villages”* (FGD11). We can suppose that this is the result of projections on HIV / AIDS by the PSI mobile cinema which has been visiting the region.

Reasons for these requests are:

- Much of the population is illiterate, and this way they capture messages much better.
- To help convince those who are still in a doubt about its existence. According to villagers, images have greater power to convince, especially when a HIV carrier is shown on the screen.

A urban man with access to a television asked that there be *“a documentary broadcast on TVM about AIDS in Africa”*. (T372)

Establishing screening centres

8 people asked for screening centres to be set up (FD5); which is most necessary for people who want to do a screening before getting married. (FGD3).

‘As for young people under 18, it is recommended not to have sexual relations before marriage, otherwise, to first have a test’. A 21 year old woman in Sakamasay (T339).

A 33 year old man in Enakara thinks that a screening centre would also contribute to behaviour change: “*after having tests, people who are not infected will be more careful about their sexual relations*”. (FD63)

After setting up a screening Centre, according to a 46 year old teacher in Enakara, “*everybody should be encouraged and helped to go to the centre for screening*” (FD66)

A 35 year old man in Ranomafana said:
“*There is a healthcare Centre in each town, so why isn’t there a screening centre in these healthcare centres?*” (FD93)

This request for a screening centre was reiterated during a men’s FGD in Ambazoa (FGD13), and in a women’s FGD in Ranomafana (FGD19).

Supply of condoms

As already mentioned above, some villages do not have condoms for sale, there are therefore several requests for condom distribution centres (A197, FGD 18).

There are also several requests for free distribution (A191, T332).

In the Tsihombe region there is a wide demand for condoms. A distribution was made by Voron-Kodohodo of condoms donated by PSI, this distribution made condoms known and now the populations are asking for more, saying that “*the condoms given have all been used, we want more*”.

Request for Help

Many LG members seek help with activities to fight AIDS.

“*Aside from listening to programmes broadcast by ALT, I would like to do something more concrete. There should be a film production or a mobile theatre group to make people aware*”.

Two listening groups tried to increase their activities, one of them talked about “*looking for funding to fight AIDS*” (FGD13), the other talked about ‘*making their listening group into a legal association so that they can seek funding*’.

Others ask for shows with local artists.

A 23 year old man in Mangarivotse asked for ‘*creation of an information centre where young people can inform themselves*’. (T331)

There was a request for more solar / handle radio sets to be distributed in other villages because there are LG members who live in these villages and who cannot always attend the LG to listen to the programmes (FGD6).

4. Other indicators

4.1 Questionnaires Completed by Dispensaries and SSD

To obtain more information concerning the population’s interest in messages about HIV/AIDS/STI, Projet Radio SIDA initiated collaboration with several dispensaries and SSD based in Fort Dauphin and in the Ambovombe area. The following are the doctors:

- Dr Gervais Raboanarison, of Site Sentinelle CHD2 in Fort Dauphin
- Dr Sahondra Josiane Rakototiana of SSD in Ambovombe
- Dr Razanamihaja and Dr Sahondra Rasoarimanana of SALFA dispensary in Fort Dauphin

- Dr Mamitiana Raveloarijaona of CSBII in Tsihombe.

Methodology:

The objective of collaboration with doctors was to monitor questions about HIV/AIDS and the other STD that may infect patients at dispensaries and SSD. The project drew up a questionnaire for a study of people who visited the healthcare centres to obtain information on HIV / AIDS and STI.

The information collected included the age, sex of the person consulting, followed by a series of questions about the origin / the reasons for their demand for information and what was their source of information about HIV/AIDS. They were asked to specify the subjects for which they wished to have more information.

See Annex 11 for the form used.

To motivate the doctors to complete the questionnaires on a monthly basis, it was decided to pay them in recognition of effort and time, for each page of information obtained.

A maximum of 25 forms were paid per dispensary per month. A total of 242 forms were collected. Some problems were encountered during this collection, and finally:

128 forms were usable, from 2 dispensaries: SALFA clinic in Fort Dauphin and the CSBII in Tsihombe

A total of 83 persons were interviewed at the SALFA dispensary in Fort Dauphin

44 people at the CSBII in Tsihombe.

Among the 128 people interviewed, 92 were women and 36 men, and the average age was 27.

Problems encountered arose from difficulties in the field. Doctors in the region are very busy, and sometimes misunderstood how to fill the questionnaires. In one dispensary, a doctor said he was too busy to fill a form and asked his nurse to do it. The latter did not understand the instructions and filled the questionnaires with all sorts of diseases; the same mistake was made by another doctor in another dispensary. Other files were suspect for other reasons or simply because it was not clear whether patients had really asked the question on HIV / AIDS spontaneously, or if they had been incited to do so by the doctor, for example in a case where the patient came as a blood donor.

ii) Results **Obtained**

Source	% of Total	% of Urban people	% of Rural people
SALFA dispensary			
Radio	45	70	9
Television	16	11	3
Asking questions about AIDS	5	NA	NA
CSBII in Tsihombe			
Radio	47	86	67
Television	0	0	0
asking questions about AIDS	2	NA	NA

Targeted indicator:

A 20% increase in consultations on STI / HIV/AIDS in the dispensaries at healthcare centres.

SALFA dispensary

In Fort Dauphin, almost half (45%) of those who come to the SALFA dispensary for information about HIV/AIDS / STI have heard about it on the radio.

No other source of information (school, doctors, posters, TV) showed such a high rate; TV followed it with only 15%.

Radio is confirmed as the first source of information about HIV/AIDS/STI for the population

There is a clear difference between urban populations and rural populations, with only 9% of rural population having heard about HIV/AIDS / STI on the radio. Given that database results which indicate that 81% of the rural population have heard about HIV/AIDS on the radio (see page 21), this figure of 9% indicates either that in big parts of rural areas around Fort Dauphin, the rural population that visits the Manambaro hospital to be treated, does not always have access to a radio (very strange) or the doctor neglected to ask the question, or to take the answers into account.

Among the forms filled for people who had questions on HIV /AIDS / STI, only 5% of the forms reveal people asking questions about HIV / AIDS, all the others ask questions related to STI, of which a majority came to be treated for these diseases.

CSBII in Tsihombe

In Tsihombe the results are similar, but with clearly more people living in rural areas answering that they have heard about HIV/AIDS/STI on the radio (67%). TV was not mentioned at all as a source of information, and only 2% of people asked questions about HIV/AIDS. Once again, we can suppose that most came to be treated for various STI.

PRS targeted the increase of consultations with doctors either about HIV or about STD. The number of people attending a dispensary to be treated for various STI is impressive; but these people do not yet have the reflex to ask doctors questions about HIV/AIDS.

Sadly, for lack of properly filling the questionnaires, it was not possible to check if the indicator was achieved or not.

→It is important to continue to make listeners aware of the relation between the STI and HIV / AIDS, to describe the huge risk of HIV when someone is infected with a STI, and to encourage them to ask doctors questions.

iii Assessment of this method of monitoring

Following recommendations from the evaluator at the end of Phase I, it was decided to provide a monthly financial motivation to participating doctors; this step is to help motivate doctors to complete forms properly, to remove the irregularities observed in the monitoring forms received during Phase I.

As a monitoring method, collection of data on the impact of radio programmes on the health through forms completed at dispensaries and healthcare centres, is very difficult if no one is posted at the dispensary's exit: doctors are often too busy, and to use a system of payment for completing questionnaires rarely leads to reliable results.

The problems with payment that were revealed:

- The budgetary need to include a maximum of 25 forms; this has limited the analysis of the real number of people who come to seek information about STD and HIV/AIDS.
 - The problem of the motivation to fill out the forms is the risk that doctors are eager to fill them at the end of the month in order to be sure that they will earn the maximum to which they are entitled.
- ❖ In this case, collecting forms helped to reveal the various difficulties in the designation of a methodology for such a monitoring system. The need to ensure the doctors' understanding about the objective of filling the forms and payment for their having filled the forms, proved to be a problem.

→ **Three things are required if a monitoring system of this type is to continue to be used:**

1. priority must be given to explanations to doctors about the way forms should be filled, including a clear idea of the aim of the monitoring;
2. set up a system to check forms for each collection made by monitors, those in charge of the collection;
3. payment per form raises a big risk of distortion of the results, it should be abandoned or considerably modified.

4.2 Questionnaires for radio stations

i **Methodology**

Partner radio stations filled in feed-back forms on the pertinence of programmes according to listeners' opinions. Semi-structured questionnaires were drawn up and translated into official Malagasy and distributed to stations with an explanatory letter. Expected information from responses to the questionnaires were:

1. The opinions of the radio stations opinions about programme content;
2. The pertinence of the language used in relation to the targeted public;
3. Presentation and length of programmes;
4. Listeners' requests;
5. Suggestions on how to strengthen Projet Radio SIDA.

See Annex 12 for the list of questions

In order to obtain payment for the scheduled timeslots, the 15 radio stations had to complete and return these forms. 49 forms were collected from 16 radio stations over the 7 months period.

It seems that on average, 0 to 8 people come to each radio station monthly in order to talk about PR / SIDA programmes. According to the Radio Fanjiry speaker in Fort Dauphin, the majority of them were students.

ii **Results**

Programme contents

This question sought to determine if radio stations monitors thought that programme contents were pertinent for listeners. Radio stations all answered that programmes directly concerned the listeners, saying that the methods of transmission and of prevention were important for listeners. **All encouraged ALT PR / SIDA to continue to broadcast programmes:**

“Efforts made by PR/SIDA are good; we hope there will be more productions for a long time because thanks to your programmes, people rapidly absorb information about AIDS” (Radio Kaleta Amboasary).

Language

The most frequent observations made by radio presenters concern the dialects used in the programmes. Programmes proposed by Projet Radio SIDA were recorded in Antanosy and Antandroy dialects and therefore are very much appreciated in all the respective regions.

However, the same programmes were also broadcast by other partner radio stations more to the west such as Ampanihy, Ejeda and Toliary. In these areas, people claim to have difficulty in understanding the language because their local dialect is Mahafaly, Masikoro or Vezo. (Radio Fanilo, Radio Feon’ny Lita, Radio Soa Talily).

Speakers asked for programmes in local dialect for listeners.

Presentation and length of programmes

One of the most frequent observations after that about language was on the length of the programme, most radios suggesting that they could be longer. (e.g., Cactus Ambovombe)

Another very common request was to increase **public participation** in programmes (Voron-Kodohodo) for example by organizing games or competitions about AIDS (Radio MBS – Fort Dauphin). This request comes from listeners as well as radio presenters:

“We would like to organize a competition about AIDS so that everybody can participate” (Radio Etoile)

An explanation for this:

“Listeners like to hear their friends talking on the radio, so there should be programmes with more people as actors or guests” (Radio Kalet Amboasary).

Radio Faniry suggest varying and increasing “the type of guests participating in discussions in the programme, for example to include a policeman, sex workers and students”. In Amboasary, Radio Kaleta also asked for more participation of “slightly older” men and women in the programmes.

Listeners asked for **poems to be used more often** (Feon’ny Atsimo – Betsiky Atsimo), with a specific request from Radio Feon’ny Linta for ‘poems in the Mahafaly dialect accompanied by the valiha’. According to this station, the ‘beko’ (traditional songs sung a capella), should be used more often, in their opinion “people really like the ‘beko’.

An idea that has not yet been used by PR / SIDA but which is very often requested is radio series: “a gasy radio series about AIDS must be made”. (Radio Feon’ny Linta and Radio Communale in Ankililoaka).

The latest idea on types of programmes to produce that often comes up is a request to produce **programmes specially designed for young people**. (Radio Bekily), MBS Fort Dauphin said:

“It would be interesting to do special programmes for children and young people during the holidays” (Radio MBS – Fort Dauphin).

Listeners’ requests and comments about programme content

Listeners ask for programmes about **ways of infection** (Feon’ny Atsimo – Betsiky Atsimo) as well as about **AIDS symptoms** (Radio Fanilo).

A request that comes up often is for **programmes about people living with HIV**; Radio Bekily's listeners asked for "*a direct testimony by a PLV on the air, and then people will believe in the existence of AIDS*". (Bekily)

Listeners also asked for more programmes about "*attitudes to adopt with HIV carriers*" (Feon'ny Atsimo-Betioky Atsimo)

Frequent requests from listeners asking for programmes to be broadcast again are very encouraging. (MBS Toliara – Soa TalilyToliara)

Questions from listeners who visited radio stations

Sometimes radio stations receive visits from people who came to ask questions about the programmes and HIV/AIDS. Radio presenters need to be sufficiently trained to be able to answer these questions.

In order to prepare presenters to correctly answer these questions, ALT organized training in December 2004 on the production of radio programmes about awareness of HIV/AIDS. During this second phase, PR / SIDA trained more than 30 people about HIV/ AIDS as well as in radio programmes to increase awareness about HIV/AIDS.

Most frequently asked questions seem to be about the existence of **HIV/AIDS**:

- Does AIDS really exist, or is it just something to encourage young people to be faithful? (Radio Kaleta Amboasary)
- Does AIDS exist in Beloha? (Radio Etoile)
- Does AIDS exist in Amboasary? (Radio Kaleta Amboasary)
- What proof is there that AIDS exists in Madagascar? (Radio Ravenara and Radio Kaleta in Fort-Dauphin)

There were also requests for **statistics of the level of HIV prevalence**:

- Statistics of victims? (Radio Fanjiry)
- That the names of PLHIV be revealed. (Radio Kaleta)
- That statistics revealing the number of victims in Madagascar and in Fort-Dauphin be published every quarter". (Radio Kaleta)

Questions about **HIV/AIDS symptoms** were also numerous:

- How to know when someone is an HIV carrier? (Radio fanjiry)
- How to recognize infected people? (Radio Ravenara)
- People are asking to know the symptoms. (Commune of Ankililoaka)

Other questions asked of monitors at radio stations concerned **ways of infection and prevention**. (Radio Etoile, Soa Talily – Toliara), Radio Ravenara said that "*many people come to the station to ask about condom use and ways of infection*". (Radio Ravenara)

Other questions:

- ✓ The Origin of AIDS (Radio Feon'ny Linta)
- ✓ The difference between STI and AIDS (Radio feon'ny yLinta)
- ✓ Difference between an HIV carrier and a person ill with AIDS (Radio Fanjiry)
- ✓ Life remaining for an HIV carrier (Radio Fanjiry)
- ✓ Can AIDS be transmitted to the next generation? (Radio Fanilo)
- ✓ Will medicines for AIDS treatment be found soon? (Radio Fanilo)
- ✓ ARV treatment (Radio Communale in Ankililoaka).

Some radio stations do not always feel capable of answering all the questions:
“There were visitors who asked rather difficult questions” (Bekily)

Among listeners there is a real desire for action; several people visited Radio Kaleta in Fort-Dauphin to ask *what they can do to fight AIDS*; others asked Radio Etoile “*to give them best ways to convince their friends*”.

Action recommendations from radio stations and listeners

There were several recommendations from radio stations and their listeners addressed to Projet Radio and to the authorities about what should be done to continue to fight AIDS. Requests were for:

- i. **Projection of AIDS related films** (Radio Kaleta and Communale Radio in Ankililoaka), asking for “*video projections to convince people about the existence of AIDS*” (Radio Ravenara);
- ii. **Posters about HIV/AIDS for their radio station** (Radio Ravenara);
- iii. **Screening Centres** (Feon’ny Atsimo – Betioky Atsimo).

iii Assessment of monitoring methods

The forms provided useful information about the public’s opinions and needs; sadly, in some cases, it was not clear whether the opinion or the question was from listeners or from the radio presenter himself.

Once again, form filling clearly suffered from two things: the lack of explanations to the radio stations on how to collect information and fill in the forms (the explanatory letter was not sufficient); and the lack of ongoing monitoring the forms collected.

Some radio stations made photocopies of forms they had completed for the previous month; and some also asked for the forms to be changed, because they were unhappy about writing the same answers each time, not knowing how to obtain further information from listeners, or simply indicating that no new opinions had been received.

One radio station presenter explained that locally, listeners are not really used to visiting radio stations or to even approach presenters and talk about programmes with them outside the station.

→ Radio station presenters should be encouraged to try and create the habit or culture of contact between the station and listeners by encouraging them to ask their friends questions or simply in the street.

→ There should be a clear explanation about obtaining information and how to fill the forms. There should be ongoing monitoring of filled forms.

→ Include questions that give an idea of the monthly number of listeners who visit the station. It would be a good idea to encourage radios to keep a record of visits, questions, comments, opinions and requests from listeners.

→ Reinforce journalists’ capacity to respond effectively to listeners. To do so, it would be useful to look for posters edited by other organisms which give information on HIV/AIDS, and distribute them to be put up at stations. This will help speakers to answer listeners’ questions.

→ It would be useful to give radio presenters training in the organisation of radio competitions, where HIV/AIDS related questions could be answered directly by phone or in writing.

❖ Considerable efforts were made by the PR/SIDA team and radio station presenters. However, for any future monitoring, more frequent contact between the team and these stations would be useful to ensure understanding by the presenters, and the quality of form filling. Then all this information must be seen to translate as changes in programme production throughout the project and not only at the end.

SUMMARY OF RECOMMENDATIONS ABOUT PROGRAMMING

This chapter presents recommendations for programming as a result of the assessment.

→Continue to broadcast and to increase the number of programmes broadcast.

The programmes have had considerable impact. So, as much as possible, they should continue to be made, and to even increase the number broadcast and the number of times they are broadcast. Information about HIV/AIDS and STD is far from saturation, and the population asks for more programmes, often saying that they believe in AIDS mostly because “*Radio and everyone talks about it*”.

→Elaborate longer programmes

Short programmes should be kept, but new longer programmes should be added. The reasons:

- Listeners demand longer programmes
- If a LG makes the effort to meet, it is boring for them to hear only a 30 second slogan.
- The radio speakers also like longer programmes; it gives them more time to prepare the next broadcast.
- Payment to radio stations is per timeslot, and not for programme length.

→Ensure that the language used is not spoken too fast

Ensure that recordings are not made speaking too rapidly. This was given as a reason for misunderstanding of messages

→As much as possible, produce programme in local dialect

As much as possible, appoint monitors in all areas where there is a linguistic difference to ensure that programmes are produced in local dialect.

→Persevere with the methods of participatory production

The inclusion of local ideas and the participation of the local population are very important for listeners.

→Start to make mini series where the same characters are seen each time, and where messages are included in the story. This has been done with great success in several African countries, so resources are available about writing stories, etc...

→Avoid sending messages where abstinence is given a moral value, especially in cases where the message is that abstinence is considered to be better than using condoms. In the field, it is very clear that the majority of young people have sexual relations at an early age, and people who prefer abstinence and reject the use of condoms because they say that they encourage promiscuity, are in the minority. Using such messages risks turning off people who no longer feel concerned by this message, and at worst this message stops them taking other messages seriously.

→Vary music but emphasize use of traditional music

DJs and presenters in town often think that playing modern music in the programme may be pleasant to listeners. On the other hand, villagers often say that what they like most is to hear traditional music and instruments and particularly the ‘beko’.

Some more modern music can be used, but traditional music should also continue to be broadcast because villagers like it, and they are the people most in need of information since often they do not have any other source of information on HIV / AIDS than the radio.

→Use more songs and poems

As much as possible, include more poems and songs from listeners, since they are appreciated, but make sure that the messages given correspond to the messages determined as those of the project .

→Address listeners' requests.

Elaborate programmes that responding to requests in section 3.1.

Addressing listeners' requests is very important. The assessment showed that there are several topics about which the populations do not understand why doctors and PR / SIDA do not say more.

These topics, including requests about HIV/AIDS symptoms, requests for the lists of names of HIV carriers, have created frustration and have affected their belief in the existence of AIDS. There should be programmes that use dialogue to explain why the answers to their questions are not so simple.

V – CONCLUSION

In southern Madagascar, the limited access to social and healthcare services, the high rate of illiteracy, insufficient use of condoms, widespread poverty and high levels of STI, all constitute ideal conditions for rapid spread of HIV/AIDS.

Awareness from radio programmes is one of the methods to fight this problem; and positive indicators exist that prove the success of Projet Radio SIDA in this field in the areas of Anosy and Androy in Madagascar.

Studies have revealed that cover of the population by Projet Radio SIDA is considerable: 89% of people interviewed said they had heard about AIDS on the radio. Radio is clearly the most important source of information, for urban and rural populations. Given that 68% of the population knew that the programmes were produced by ALT, we can deduce that a large part of their knowledge about HIV / AIDS came from Projet Radio SIDA.

The information recalled by the population was very impressive: 85% of the population could quote AIDS as a disease, of which 60% said it was a sexual disease, 52% said it was incurable, and 58% said that it could lead to death.

Knowledge extends to ways of infection and prevention with 75% of the population able to quote blood and sexual relations as ways of transmitting HIV / AIDS, and 77% able to cite fidelity and condoms as methods of prevention.

More fundamentally, the FGDs revealed that programmes seem to have considerable impact on the belief of the population in the existence of AIDS, a very important success given the area's characteristics.

All these results are very impressive, especially considering that Projet Radio SIDA only began work two years ago, that the two phases together lasted only 14 months, and that the programmes were very often the only source of information about HIV/AIDS for isolated populations.

This success resulted from appreciation of the programmes by the population: the use of local dialects and music made people very happy. As for presentation, the use of dialogue, poems and songs, anything that could bring stations closer to villagers, was also very much enjoyed. The cycle of participatory production proved to be very efficient for communicating messages that could be retained by the population.

Some mistaken information still persist, particularly about HIV symptoms, and the assessment clearly indicates the topics to approach in future programmes, programmes talking about the need to: clarify that HIV does not have symptoms, give the reason why names of HIV carriers cannot be published, propose statistics, organize testimony programmes (real or in a mini-drama) and make radio series covering several programmes.

As for assessment of the monitoring methods used, a great effort was made by ALT to try to evaluate the impact of Projet Radio, elaborating questionnaires for radio stations and dispensaries at SSD, organizing FGDs and structured questionnaires at the beginning and at the end of the project. Some problems of methodology were revealed, but ALT's capacity in monitoring and assessment has improved and ALT is now able to ensure objective databases and continue with monitoring.

To conclude, the use of radio seems to be very efficient to increase awareness of rural and urban populations about HIV/AIDS, but would be even stronger with more animation in the field, which are in much demand from the population. These animations are very important, especially to encourage discussions between people, one of the most important factors leading to a behaviour change.

For the moment, everything relies heavily on the person in charge of the LG radio of whom the majority are very active. In Sakamasay, a village in Androy area, the person in charge said:

'As president, I have to organize a weekly meeting, to give advice and to encourage questions about PR / SIDA programmes. And when there are no more condoms, I go to Tsihombé and get condoms for all of us here.'

This is a very encouraging example of a local community that has been mainly informed through PR / SIDA programmes and that takes into account the threat that AIDS represents and seeks to protect itself.

VI - ANNEXES

1. List of Phase II listening groups
2. Map showing villages visited by the assessment team
3. Matrix of assessment elements
4. Diagram of population targeted for the database
5. List of Projet Radio SIDA programmes, Phase I and II
6. Questionnaires for patients at dispensaries or SSD
7. Monthly questionnaires for radio stations
8. Questionnaires for database
9. Diagram of sources of information about HIV/AIDS
10. Diagram of population that recalls the producers of programmes about HIV / AIDS
11. Diagram of beliefs about mistaken ways of infection
12. Questionnaires for FGDs of listening groups.
13. Photos of assessment.