4. Qualitative Research

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4. Qualitative Research

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Overall Summary of Qualitative Research Insights

Focus groups and one to one interviews were carried out in Ethiopia, Ghana, Senegal, South Africa and Tanzania. Those chosen were a mixture of educated professionals, health professionals and non-professionals. The key responses from interviewees can be summarized as follows:

**Big Changes over the last 5 years - More media and the Internet:** Two things are highlighted by all interviewees across all countries: firstly, the increase in the amount of media and information available and secondly, which they see as part of the increase in access to more information, the use of the Internet.

**Educated use internet but Price and Access Issues (esp in Rural Areas):** In terms of use, the country interviews can be ranked from least likely to use to most likely to use as follows: Ethiopia; Senegal, Ghana, Tanzania and South Africa. The well educated (including health professionals) were most likely to use the Internet and see it as a key method to obtain information.

However, with the exceptions of Tanzania and South Africa, interviewees saw rural areas as where access would not be possible. Price played a role in restricting use in Ethiopia compared to other countries in terms of time used by interviewees.

**Fear of the Internet and Perceived Threat to Values:** There were fears about the impact of the Internet, particularly amongst the religious and less well educated but in countries where there was wider access (Tanzania and South Africa), they were less likely to see the Internet just as a threat.

**Internet increasingly the Way to Access Fast News in Cities:** For city dwellers, the Internet has joined radio and TV as a mass medium used to get both news and information. In countries where the Internet is both faster and more widespread (Tanzania and South Africa), the Internet is used for breaking news instead of radio or TV. In places where media is controlled by Government (Ethiopia) or where there are red lines around particular topics (Senegal), the Internet acts as a checking mechanism for news and information.

**Social Media used for News and Information Gathering:** With the exception of South Africa (where Google+ makes a strong showing), Facebook is the most dominant social media platform in all of the five countries where qualitative research was carried out. Although the initial impetus for using Facebook is undoubtedly about the interviewees’ personal life, it evolves into a source for both news and information. There are rich blogospheres coming out of
Ethiopia, Senegal and Tanzania (both from within the country and from the diaspora) and these are used by interviewees for news and information.

The Disconnect Between Health Information and Behavior Change: Health information on the range of topics shown to the interviewees is widely understood except in more rural areas where interviewees acknowledge there is an information and media deficit. There are some gaps in information, polio being the most widely mentioned.

Although the interviewees in the main had absorbed and responded to the key health messages being put out, both traditional and religious attitudes play a key part in how health messages are taken up. The Ethiopian interviewees discuss a campaign around TB run during the interview period and it is very clear that whilst it was widely seen and understood, behavior changes do not always seem to have flowed from it. It is clear from comments across all five countries that the less well educated were less likely to pay attention to certain health messages like those around hygiene. This is partly financial (the living circumstances of poorer communities) and partly different beliefs in areas less able to access health messages. Health professionals are increasingly using the Internet as a source of information for work purposes.
Methodology

This study used Focus Group Discussions (FGDs) as well as In-depth interviews (IDIs). The FGDs were conducted in Ghana and Senegal. FGD participants were pre-recruited and assembled at a central place for discussions. In-depth interviews were conducted in Tanzania, Ethiopia and South Africa. Appointments were booked with participants prior to actual discussions. Discussions were conducted face-to-face at a time and place of convenience to the participants. The work was carried out by Research Solutions Africa.
A. Ethiopia Qualitative Research Report

The purple panel below summarises the key insights from the Ethiopia qualitative research. There are also purple panels with summaries for each section in the report.

A1. Ethiopia Key Insights Summary

The key insights from interviewees can be summarized as follows:

**Internet joins radio and TV as key news source:** Over the last 5 years, the Internet has become a key media choice for these urban interviewees after radio and at the same level as television. Newspapers are much less significant and consulted less frequently. Interviews “snack” on news throughout the day, often consulting their mobile phone. Price affects the amount of time spent on the Internet for those on lower incomes. Internet users are seen as “modern, updated and well informed”.

**Internet, Blogs Pay TV and Friends used to check state media:** State media is not always trusted and interviewees use the Internet, blogs, international news channels (on Pay TV) and friends to cross-check what it says. Even private radio stations follow the news direction given by state media. However, there is a rich Ethiopian blogosphere and it is widely used amongst these interviewees as an alternative to more traditional media.

Whilst overall there is an enthusiasm for Internet use, there is ambivalence about it in two different ways. Users are not always sure they can trust information, particularly from blogs and the more religious interviewees see the Internet in general and social media in particular as a threat to their values.

**Social Media used by significant minority to get news and information:** Slightly over half of the interviewees used some form of social media and of these half used it to get news and information. The interplay between personal communication and its broader role as a media is complex but NGOs should be clear it does play an important role in communications.

**Disconnect between Health Information and Behavior Change:** The interviewees are middle class professionals in the capital city Addis Ababa and whilst most assume that it is easy to obtain information, the detail of their answers makes clear that this is not always the case: there are gaps in particular information; huge assumptions about the confidence with which people will use healthcare facilities; and an uncertainty about whether people will see the need for the information in the first place.
There are two areas where interviewees discuss the gap between available information and behavior change in some detail: hygiene and TB. During the research period, there was a TB campaign aimed at getting people using buses to open windows. Whilst there was a TV campaign and plentiful information, it does not appear to have had a decisive impact on changing behavior. The same is also true for hygiene issues.

**Health Information Deficit in Rural Areas**: Interviewees are clear that whilst information is relatively widely available in Addis Ababa, the same is not true for rural areas in their experience. Also religious values may sometimes create difficulties in tackling particular health issues.

### A2. Description of One to One Interviewees

There were 15 one-to-one interviews with individuals selected to cover a range of opinion formers and decision-makers in the health sector. As many are in decision-making roles, the majority tend to fall into the older age ranges: nine are 35+ and six are 18-34. The latter is the age range within which technology and social media adoption tends to be higher in most Sub-Saharan African countries. Seven of the interviewees were men and eight were women. All interviewees lived and worked in the capital Addis Ababa but several have done work in rural areas.

Because the interviews were not conducted in English, they have been translated and in order to make sense of some of the translations we have edited for clarity, using brackets to indicate where this has been done.

At various points in the report, the positions of interviewees are summarized numerically. This is not meant to be for representative purposes (in the quantitative sampling sense) but merely as a cross-check against generalizations that might be made based on this group of interviews.

The report has three main sections:

#### A3.1 Media choices

This covers: what media the interviewees use and which is most important to them; the time of day they use particular media; what topics they like to listen to; and what has changed in how they gather news from five years ago and what will change in the next five years.
A3.6 Social Media

This covers: whether or not they use social media; whether that use is personal or professional; their perceptions of the opportunities presented by social media; and their fears about it.

A3.7 Health Information

This covers: the kind of health information available to them; where to go when you don’t know something; information absorbed and not absorbed and why; the example of the TB campaign; responsibility for health issues in the household; and things that might be done to improve information.

The individual interviewees are coded in the report below with the following numbers:

1. NGO Worker, Male, 45-54
2. Civil Servant, Male, 45-54
3. Clinical Nurse, Female, 35-44
4. Community Worker, Female, 25-34
5. Student, Male, 18-24
6. Health Officer, Female, 35-44
7. Community Worker, Male, 35-44
8. Priest, Male, 25-34
9. Translator, Male, 35-44
10. Media Manager, TV Station, Male, 35-44
11. Doctor, Female, 25-34
12. Community Development Worker, female, 25-34
13. Business women, female, 35-44
14. Community Worker, female, 45-54
15. Pharmacist, Female, 25-34
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A3. Analysis by Topics

A3.1. Media Choices

Key Insight:

- Over the last 5 years, the Internet has become a key media choice for these urban interviewees after radio and at the same level as television.

Other Insights:

- Newspapers are much less significant and consulted less frequently. Interviews “snack” on news throughout the day, often consulting their mobile phone. Price affects the amount of time spent on the Internet for those on lower incomes. Internet users are seen as “modern, updated and well informed”.

- Whilst overall there is an enthusiasm for Internet use, there is ambivalence about it in two different ways. Users are not always sure they can trust information, particularly from blogs and the more religious interviewees see the Internet in general and social media in particular as a threat to their values.

- State media is not always trusted and interviewees use the Internet, blogs, international news channels (on Pay TV) and friends to cross-check what it says. Even private radio stations follow the news direction given by state media.

A3.2. What Media Interviewees Used

The interviewees chose radio (11 out of 15), Internet (10, one just started), TV (9), and newspapers (6). Two of the women interviewees read magazines at the hairdressers. The female doctor (11) did not have a radio in her house. The time of day interviewees used media fitted round a pattern repeated in all the qualitative interviews: with some exceptions, most people listened to radio on the way to work (3 on their mobile phone) and watched TV in the evening for news. Also as with most people, news and information is discussed and assessed through conversations with friends, family and work colleagues. The frequency of newspapers (often twice weekly or weekly) affects their use as a news reference point.

But whilst radio is undoubtedly a primary part of how they access news and information, it is often limited by context (travelling to work therefore not always completely focused on it) or in the case of one participant (male civil servant) a
lack of patience:” I don’t have patience to sit for a long time to listen to (the) radio.” He contrasts this with listening avidly over three days to a storytelling program on the radio. The female clinical nurse describes typical “news snacking” using radio on her mobile phone:” Most of the time I listen to the radio using my mobile phone and head set, while on my way to work in the morning. I like to get updates so I listen to the different FM Radio stations on my mobile phone”. These “snacking” behaviors can be contrasted with the participants who talked of sitting down to watch the evening news on TV or watching in their lunch break.

For many of the Internet users, access is obtained at work which makes them read specific sites rather than browse in an open-ended way. The male civil servant said:”I do not have time to stay browsing for many hours. I usually read instead of browsing internet.... I read about the news released by German (websites) and (by external) Ethiopian newspapers... I don’t have enough time to browse much. I only have Internet access during working hours and it will not be fair if I am seen reading what is written in the websites instead of working”.

This limit on use also affected the female community worker doing PR who only used Internet on her phone and laptop for two hours a day, the student who used it for three hours a day and the male community health worker (7) who uses it for one hour a day. This is almost certainly the impact of cost on use. This more limited use may also account for the fact that only one person amongst the Ethiopian interviewees referred to “googling” to get information, a phrase much more widely used in the other countries examined. The male student said:” I always have to Google for sport news and educational files to know more about some topics in relation with sport and my education....”

At the other end of the scale is the male Media Manager (10) who has almost unlimited access, claiming to use it 18 hours a day, using both his mobile phone and a computer at work and at home. But he is a “high-intensity” news and information gatherer and is perhaps more typical of a developed world pattern:” I get information from the Internet every time, I use Facebook, I blog and since most of the newspapers have websites and that they also upload the contents of the newspapers, I also gather much information from such sites. I also read newspapers and magazines in hard copy. Thus, with using what I have just mentioned, I gather information over the day. In addition to this, I get information from oral conversation that I make with different persons during tea hour, lunch time or walking time”.

A negative impression of the kind of content the Internet held put off the male translator from using it but he did say that he was likely to start using it more in the next 12 months” I have however heard that the internet is providing information that has no depth nor quality; most of the information has no relevance to the country....but rather....spoil (s) our children like (information about) sex”.
As with most interviewees, price was the main barrier to Internet use. The female clinical nurse made a straight comparison with mobile phones: “When computer become cheaper like mobiles I might buy one. If I have the capacity or the access, I really would like to use the internet”. Her perception of Internet users is also echoed among other interviewees: “I think they are modern, updated and well informed”.

The male student interviewed read newspapers and magazines because his father bought them but had a clear pattern for acquiring news for which they were an add-on (“with the time I have”) rather than the main event: “If I want international news, I look for Internet and if I want current local news I may read magazine and newspaper with the time I have and watch TV, different TV channels from Arab Dish, to... CNN for news, MTV Arabia and EBS for entertainment”.

### A3.3 Topics of interest and how people make sense of news and information

Almost without exception, interviewees were interested in what the Government is doing, the economy (particularly as it relates to them through things like prices) and politics. A number of the interviewees had searched out the blogs and websites run by diaspora Ethiopians as a way of adding detail and different interpretations to what is available through the Government-run media, particularly television.

The male civil servant outlined a problem familiar in any country where the media is largely Government run and where all media are tightly controlled: “…what the media releases is not based on the sense that people have the right to know, but it is what the government wants the people to know. There is no new information that can reach to the people without the knowledge of the government”. This type of control drives people away and is the reason they seek other media sources for as the same civil servant observes: “The media repetitively informs (us) what the government did in economic aspects. This doesn’t attract people to media. Most issues which we would like to hear have never been raised. The government is not fair and it plays a great role in the mass Medias and forces them not to deliver issues that are important to the society”.

The same civil servant articulates well how this gap between “how things are” and “how the Government might like them to be” becomes a constant topic of conversation: “Yes, we discuss the programs that the government deliberately force the journalist to present on the TV or radio so that they can get the attention of the society then they will keep preaching how good they are doing to the society in which we know that the truth lies in opposite to what they are saying. So, such topics are what we discussed mostly”. The same person also touches on why this Government media strategy is more effective with the less educated and informed who have much poorer access to other media: “...our people haven’t yet reached to the level of selecting information”.
Reality sometimes filters through in unexpected places. The female health officer describes a locally made TV sitcom called Betoch in which the characters discussed the electricity shortage in the capital: “...people were talking and referring (to) the drama as it (has) been telling the truth”. The Media Manager (10) interviewed made clear that he felt that the quality of news and information was better when sourced internationally:” I think I will also change my television to DStv. I think I will get better information with DStv”. The female doctor (11) checked the news on the BBC and CNN, a habit formed when information was even more even more restricted in Government media.

The same person (10) described how:” What one broadcasting station transmitted will be repeated by another broadcasting station”. In other words even the private radio stations tend to take their lead in terms of news coverage from the much better funded Government stations”. This repetitiveness on state media is also mentioned negatively by another interviewee.

The community development worker rarely used the Internet for news but did so to cross-check Government media on sensitive issues:”... sometimes when there are sensitive issues, in order to understand what the reaction (her English word) is in that side, I .... browse internet. There are times I visit Google websites to get information about Ethiopia. This is done whenever I have gap. In fact, here there was no connection earlier. At home I use to listen to BBC news but most of the time I am channeled to Ethiopian television and Addis Ababa television”.

In a circumstance where Government controls information, a greater emphasis is placed on talking to friends and family, particularly as they might have access to wider information through satellite TV or the Internet. As the female clinical nurse explained:”As you know the media is one-sided and controlled by Government so it is not possible to get wide range of topics and ideas only from the Mass Media. That is why I get to use (personal interaction with friends)”.

In broad terms, topics of interest of interest are defined by age (older, likely to listen to news) and gender (female, less likely to be interested in sports) as the female pharmacist (15) makes clear from her own experience:” The youth are more inclined in listening (to) entertainment like sport news, music news and movies. There are people who I see are interested in the political issues of the country or in general the world but they are not people in my age (group)”.

Outside of the large generic news and entertainment areas like current affairs, sport and entertainment, interviewees focused on particular programmes that reflected their professional interests: the priest watches Elshaday, a Christian television channel; the student (on the recommendation of his father) watches a TV programme on technology; and the clinical nurse watches a TV programme (Bebetwo’/Your Health at Home) and reads a specialist newspaper called Medical.
The female community worker (14) did as one of the interviewees in the South Africa research did and only really tuned into the news when it affected her own professional areas:” It depends on what the President or the Prime minister did. If he did something like policy change in relation with child abuse or any social work related news, yes it will be something that will catch my attention. Otherwise, I may not listen to it very well”.

A3.4 Online Information untrustworthy and the Internet as a threat

Greater access to the Internet is often seen as a mixed blessing by interviewees: they appreciate the wider access to knowledge it brings but worry about its reliability, its speed of circulating information or the consequences of certain kinds of information being available. The male community worker (7) perfectly expresses both the enthusiasm and the ambivalence:

“There are blogs which you consider them as reliable or untrustworthy but you simply read them. For example, I can visit ten to twenty blogs; there are those I appreciate and those which don’t interest me.....Everyone is now acquainted with getting information from different websites through cell-phone, internet and Facebook., so now the information communication is too fast... Internet might be the dominant source people may use in the future”.

The priest interviewed had the kind of religious worries about its content that are reflected in several countries in the qualitative research:” (The) Internet has good and bad content. For example, I myself have got a bad thing in it. There (is) information which our church condemns and judged it as evil and this is hostile to morality and personality. When I tell people about computer, I also tell them that there are contents that they should make use of it, and there are contents which they should not dare to care neither give time to read. In fact, I do not say Internet is extremely useful and harmful, but as it has good content it has also bad content.

The largely un-moderated character of social caused unease amongst users:”I am observing that people are abusing social media like Facebook. If things continue in this way, I think it will cause many bad things to happen in the society”.

A3.5 How News and Information Obtained - Five Years Ago and Five Years Forward

Interviewees were asked what they felt had been the biggest changes over the last five years in how they got their news and information and the likely changes over the next five years. 6 of the 10 interviewees identified the Internet as the biggest change. The female health worker summed it up as:”I started using websites” and a male NGO worker said:” I am sure (there will be a) time in which people will use Internet on their mobile and exchange information with their mobile; generally accessing information easily by using email and internet with their mobiles will come”. The Internet is seen as widening the sources of information available.
In earlier times, newspapers and magazines had a much more dominant place and therefore those who could read or had access to publications acted far more in a dissemination and interpretation role:”…. there were many magazines and newspapers that used to be published even three times a day and there were history telling books as well. These were the major sources of information. That means the print media were the major source but mass media; TV and radio were not popular in those times. There were not so many FM radio channels. So, we used to share with people with what we have read from the media”.

One interviewee identifies an overall increase in the number of radio and TV channels: the state broadcaster now has three channels and there are many private FM radio stations:

“Looking 5 years back, it was TV, Radio and newspapers were the only sources to get information…It is now Internet that is used as important source of information. Internet makes the communication very easy. People are browsing internet and getting information with their phone”.

(NGO Worker, male)

A female community worker talks about the change of availability of Internet in the capital Addis Ababa:

“(Five years ago) I was not able to make use of internet in the early times because of internet connection but now there is access to connect to the internet everywhere and I can even use my cell phone for browsing internet. The means to acquire information has developed much”.

(Community Worker, female)

According to a male community worker the Internet (through mobile phones and laptops) has become the way in which information is circulated:” If I see new information I send it to others to know about it.”

Another male community worker bemoaned the fact that information on the Internet was now so fast:

“Now, Internet has different blogs and different organizations have websites... in these five years the technological development has made the information communication too fast. It became too fast because our usage of electronic devices is high now....”

(Community Worker, male)

Most interviewees knew that five years from now technology would change things but did not really know how. A community worker talked about it becoming the “dominant source of information”. A female health officer articulated what most respondents said in many different ways:

“(Five years from now) I think the Internet media will grow and I will only be using internet Media. It is because of the concept of globalization. People are saying that
world is becoming as one. It is only Internet that will show me the world as one not a single magazine or newspaper or TV channel”. (Health Officer, Female)

One of the participants made a point made consistently across all of the country qualitative work: “I think use of online platform to access information will increase. Print media will decrease”. (Translator, male)

The female business women saw the future in 5 years time very much in terms of updated technologies rather than changed behavior:”I will update myself with technologies. I will try to cope up with future, it will grow better....For example I will use updated phones”.

The female community development worker (14) saw it more as a simple change in behavior:” I think everyone will use Internet instead of watching TV or radio.”

A3.6 Social media

Key Insight:

- Slightly over half of the interviewees used some form of social media and of these, half used it to get news and information. The interplay between personal communication and its broader role as a media is complex but NGOs should be clear it does play an important role in communications.

Other Insights:

- A significant number of the interviewees were cautious about expressing opinions on social media in case there were negative consequences. However, there is a rich Ethiopian blogosphere and it is widely used amongst these interviewees as an alternative to more traditional media.

- The critical mass of existing users of social media (particularly Facebook) will draw in new users as they see the need to use it to communicate with friends who are already on it.

8 out of the 15 interviewees used social media and 7 did not: of the latter, two had given up Facebook and Skype accounts because they were simply too time consuming. Social media covers a great deal of things and interviewees mentioned in particular Facebook, Twitter (mentioned several times), You Tube (also mentioned several times) and Skype. Four of the 8 using social media mentioned news and information as well as personal information as a motivation for using it.
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The primary social media mentioned was Facebook and this simply reflects the quantitative survey results. In some ways, it is viewed almost as an Internet space of its own, rather like AOL in the early days of the Internet. This means that whilst users are primarily attracted by its social aspects (talking to friends, meeting people, etc), they also in the process see lots of news and information postings and what their friends share and like. The interplay between personal communication and its broader role as a media is complex but NGOs should be clear it does play an important role in communications.

The female pharmacist (15) demonstrates the range of uses for different things:” I use e-mail to only send my personal CV to apply (for) work but I use Facebook to communicate with my friends personally or (in a) professional way”.

The male NGO worker (1) makes a distinction between Facebook and Twitter but even with his own distinctions these two things blend into each other:” For my personal communication, I use social media like Facebook and Twitter (for) information... Primarily, I use Facebook and secondly You Tube.... In my Facebook page, I add people that are very much related with my work and that give important input to me. These people raise issues like development of youth, humility and strength. I add blogs of such topic. Thus I have habit of sharing experience”.

Personal life via Facebook also shades off into e-mail use. The female community worker (4) sees almost no distinction whereas for many others Facebook is a place unto itself:” I use these social media to get information that I call entertainment and most of the time to share information with friends...Most of the time I use email; next to it I use Facebook. I check my mail and communicate via my email three or four times a day...for my personal affairs”. This constant checking for personal Facebook messages and emails is little different from that found in developed countries except it is bounded by the cost of Internet access.

The male student (5) is interested in You Tube rather than Facebook but problems of access (which also affect his voice calls) currently make it difficult:” No, I am not interested in e-mail or Facebook or any social media.... My choice is You Tube but I cannot properly access You Tube because there is no network in our home. To even talk with mobile phone, we have discovered specified places where we can put our mobile phones so that we can have network....”

The female health worker (6) illustrates that there is a certain caution about making comments on news items which restricts how she behaves:” I visit Facebook and You Tube. I receive some information from these sites. Now I am using the Facebook, You Tube and Google (to get) different data and facts for work.... There are no work related stuffs on You Tube.... I do post on Facebook.... I do not comment much on social issues or blogs on face book, I just like them, but I give comments on friend’s comments and opinions”.

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The perception of You Tube as an entertainment only channel may change if there is more local professional content and better, cheaper bandwidth or Friends recommend it for news. The male Media Station Manager (10) is a good example of this:” Most people tell me to visit You Tube. They say that I will find much information about many things on You Tube…. For example, they told me that I can easily see on YouTube about the problem our sisters’ are facing in the Arab countries. They also said that I can even see many political issues that have been raised such as demonstrations that took place abroad”.

The habits of this “uber-user” are interesting. He visits all the websites of the main Government and private media but also several blogs but one by Daniel:”(He) mostly deals with social affairs. He pins down one main issue and analyzes it in relation to its social value. It can be from those he faced while traveling or it can be a prevailing hot issue. For example, he has written cases about the same sex marriages, he discussed about what we should do to save our children from this catastrophe. He raises an issue and gives analysis”. These blog “editorials” reflect, reinforce and set the moral values compass for those using them.

The reluctance to engage with social media in case it brings trouble on the user is also reflected by the male community worker (7) who is a blog only user:” I visit blogs but mine is exceptional, that is to say, I just read I do not give comments and answers”.

Whilst Facebook is undoubtedly the dominant social media for this group of Ethiopian interviewees, their responses also underline the importance of blogs. There are many Ethiopian blogs, often produced by diaspora Ethiopians, which as said in the previous section, act as a kind of checking mechanism against “official” Government news and information.

Even those not using things like Facebook are being persuaded to take part by the “critical mass” amongst their peers. The female clinical nurse (3) was one of these interviewees:” And for the social media you have mentioned like Twitter and Facebook , I think it is only me that does not use social media but I see a lot of people using it in the past 5 years. (In the next 5 years) I will start using Facebook and browsing the internet more….I am aiming to widen my information gathering habit”. Even the Priest (8) said he might use Facebook in the future:” I have never made use of Facebook. Maybe I might have a page in the future”.
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A3.7 Getting and Using Health information

Key Insight:

- The interviewees are middle class professionals in the capital city Addis Ababa and whilst most assume that it is easy to obtain information, the detail of their answers makes clear that this is not always the case: there are gaps in particular information; huge assumptions about the confidence with which people will use healthcare facilities; and an uncertainty about whether people will see the need for the information in the first place.

Other Insights:

- There are two areas where interviewees discuss the gap between available information and behavior change in some detail: hygiene and TB. During the research period, there was a TB campaign aimed at getting people using buses to open windows. Whilst there was a TV campaign and plentiful information, it does not appear to have had a decisive impact on changing behavior. The same is also true for hygiene issues.

- Interviewees are clear that whilst information is relatively widely available in Addis Ababa, the same is not true for rural areas in their experience. Also religious values may sometimes create difficulties in tackling particular health issues (like HIV/AIDS).

A3.8 Information Available

Those with access to the Internet used it to find health answers. The male NGO worker (1) is a good example:” I can Google and find out about these diseases or about anything for that matter. I can also go to places that truly concern the respective subject issues….No, there will (be) no way I fail to get information about these”. It is worth noting that the Internet is used before visiting places offering health information.

But although he has full confidence he can get information on these health topics, he knows that others will not be so fortunate:” For (the) educated and youth, there are different sources that they can use. It only asks their interest. But for other society like (those in) rural areas, I think people are challenged to get information very easily. This doesn’t mean that they are not getting (it). I say this because I have noticed when I go out to the rural areas to visit, I see people using the tent for malaria protection. Such things are telling me that people are getting better and are accessing information but this will not allow us to say that information
is easily accessible for everyone”. Several others also acknowledged that the situation in the more remote rural areas is very different.

The male student (5) painted a very rosy picture of health information provision, even in the rural areas: "I think it is very easy if we are interested in getting the information. There are different ads that are presented on TV and different issues arise on radio. There are also many health centers in every village now. So, I think it only asks for devotion and interest to get the information….The cost for any health check up in the health center is very cheap: Anyone can be checked using a 3 to 5 birr (US15-25 cents) card for entrance (and may be with 30 to 40 birr (US1.55-2.00) for medicine”.

The female community worker (14) says that there are health centres in the capital that deal with a wide range of issues:” The people who are working there are very willing to answer your question and consult (with) you (about) anything”. Indeed she feels that there are few personal hygiene issues in the city:” We are using tap water, we have (a) toilet and it is always cleaned on daily basis, there is no malaria. Thus, I don’t think I have such issue, however; if my family and I were living in the rural parts of our country, the story would have been different”. As the Priest (8) below makes clear when discussing hygiene in the street, this is not true for many of the capital’s inhabitants.

The Health Visitor (6) emphasized the role of the media in getting health information across:”There is a TV program on Saturday afternoons...called ‘Tenawo Bebetwo’, Your Health at Home. It tells and discusses (about) different kind of diseases and health issues. And they can also find different information from the internet....On TV and Radio there are adverts (about) how to prevent the Malaria, how to use the net and so on. in addition to that there are awareness creation and education programs in different health centers. Particularly on different areas that are vulnerable to Malaria. And as TB, there is wide information. It is focus area of the government currently; it is on Radios and TVs. It is also available on websites. And there are different kind of leaflets about family planning and mother and child care, Polio, Hygiene information is also available everywhere”.

The female community development worker (12) felt that with certain kinds of information, this was available right down to the village level:"The village woman doesn’t have access to information but there is a structure designed to give information and it is going to the grass-roots level; so now it is easy to get health information”.

The female doctor (11) pinpointed the difference between information being available and people actually using it:” Information is not distributed in hard copies like brochures or any fliers. People usually ask me about family planning. Almost 60% of the people that I meet ask me about this because I am a doctor. This shows me that (this) information is not accessible. Family planning is not very clear to
the most of people. For instance TB is very popular in our country. It has lived with us for so long since the former times. However, people are not fully aware of the disease. They don’t know the difference between TB and other tuberculosis diseases. It is better now when I compare it to the former days but it is still not there yet”.

The civil servant (2) highlights the distance between having information available and people knowing where to get it and the realities of Government delivery:”It is hard (to get health information). The society doesn’t know who to consult about any health issues. For example, how many of the people do have the knowledge about the usefulness and importance of getting clean (drinking) water? If someone wants to claim about clean drinking water he doesn’t know where to go, I mean the ordinary member of the society. He might go to ‘Water and Sewerage Authority’, and the Authority will lead him to Ministry of Health, and the health institution will inform him about the usefulness of getting clean drinking water. There is no institution established that can make a short-cut for information obtaining. Thus, it is hard to get information for ordinary person”. He elaborates by saying that there are health facilities but beyond these “I do not think he has other alternatives”.

The clinical nurse takes a more optimistic view, enumerating the many different sources of information:” From Media like TV, radio etc, and if you want to know about, anybody can find it from Addis Ababa Health Bureau. And about family planning, you can get it from NGOs, there are a lot who gives training and work on this area widely . For the information of Mothers and Child health , it can easily referred from Internet, TV, radio, sub-city health offices and so on. For the clean water there are NGOs, there is one called…Water and Sanitation. About Diarrhea and polio it is processed as I have been telling you earlier , so you can get it from sub-city or Addis Ababa Health Bureau”.

But both she (3) and the civil servant (2) make implicit criticisms of Government delivery, both for speed of reaction and delivery on particular issues at a local level:” …for example if there were epidemic in a village it won’t be informed or initiate the preventions immediately. It will be first informed to the sub city, then Addis Ababa health bureau , and so on. Then the information will be combined and disseminated through TV, radio or the internet. Like I have been telling you it has a process cycle”.

The civil servant (2) highlights a particular problem at a local level:”The information given about diarrhea by the Kebele (ward or neighborhood administrative unit) is very limited. The Government works through its health institutions but these are not.... satisfactory. Detailed information is posted as in the media, but this is only for those who are literate and those who want it can access it”.
And as the female Clinical Nurse (3) makes clear, not all the health campaigns are easily understood, even by the health professionals themselves: "There was an advertisement on TV ... about the benefits of iodine. It is a bit dramatized and it was not clear to us. All of us were discussing about it and say to each other that we should see the ad again and again... The story is about two children, these two children presented in comparison, one found a salt with iodine and the other did not: so the one who did not get the salt (with iodine) will become abnormal and so on. First we did not get the message and we discussed about it very well. Then those colleagues that got the information, clarified it to the rest of us”.

In some cases those targeted with information are not using it for religious reasons. The male community worker (7) fell into this category but is not alone as similar issues arose in a slightly different form in Ghana: “I have made use of all (health information) except that of “Family planning”. I never use this from my religious point of view”.

The male translator (9) when asked whether he used information on these kinds if diseases responded “not that much”. He felt that most of it didn’t apply to him: “Take HIV/AIDS, it is good to know and understand the issue better but it doesn’t concern me because I have been in a monogamous relationship for the last 45 years. I am old and have been faithfully married. The other issues like malaria are mostly for people who are living outside of Addis Ababa. I only heard how many people had died with malaria and with TB. For instance my father passed away because of TB. But since the last five years, I am hearing good things. People are becoming aware of these issues. The mass media are disseminating (a great deal of information) information regarding these issues”. He doesn’t acknowledge that TB is an issue in Addis Ababa that he might need to be aware of.

So as you would expect, the priority given to the different information varied depending on the age and gender of the interviewee. The issues that concern the male NGO worker (1) are HIV/AIDS and TB. The female community worker (4) felt health and hygiene had not been thoroughly covered. The male civil servant (2) was well informed about most health issues but noticed that there was not much polio information until recently.

A3.9 Where to go when you don’t know

Interviewees were asked what would they do if they found health information that they didn’t understand. The civil servant, who was well informed on these issues was at a loss to answer:
M: If you find health information that you cannot understand, what do you do?
Civil servant: I do nothing. What should I do?
[Short silence]
The male translator (9) took a similar view:
What do you usually do if you do not find information that you are looking for?
Translator: What can I do? I will leave it as it is.

The professionals turn to other professionals but that’s not always immediate and
the friend turned to may use the Internet. The female clinical nurse (3) was one of
these:”I do not use the internet. I do not who to turn to. For example once I
wanted to check about a new medicine we have received here but I was so
curious (but) I could not get information easily. Then I just heard a related topic
on the radio and I was anxious to listen but the program postponed to other
week…. I have a friend who works as health officer, he refers to the Internet and
so on, I ask him. I also consult with the pharmacists and doctors here as well…I
have also a Medical Doctor friend who works outside here, I consult him”. The
female community worker (4) said she would turn immediately to the Internet.

The male community worker (7) who clearly used the Internet for browsing for
information still described working his way through friends and colleagues and
did not believe a health facility would be helpful:”I will try all my best (friends)
individually. I can consult my friends who I think have knowledge about the thing or
ask them to show me the qualified one who can help me, or I can ask my neighbors.
So, I can have information from person to person contact. This is what I do if I
need it; otherwise I don’t believe that I will get full information by going to health
institution”. The Priest was not clear what family planning was and said in those
circumstances he would ask those “who have knowledge about it.” At another point
he says he will either consult the Internet or go to a health facility.

In a professional capacity, the female doctor (11) used the Internet throughout the
day to find information and used information from journals found online.

A3.10 Information absorbed or not absorbed and why

This section focuses on: the information interviewees have absorbed themselves;
they say they have seen others absorb; and information not absorbed. The
civil servant (2) emphasizes that people need not just to be aware but to be
knowledgeable:”…youth know about HIV/AIDS starting from their childhood time
because they grow up hearing about it from their elders’ discussions, from media
and they have been told about it at school. Thus, we can say that they have enough
knowledge about the disease…. So, to confront shocking and horrible events, it is
not only enough to make people aware of the disease but we have to make them
knowledgeable…. Deep awareness needs to knock the door of each household
repeatedly. Our society doesn’t accept any new approaches immediately but when
we hear about anything very repetitively, we are inclined to accepting it. Thus, our
society needs assistance and consultation very repeatedly over long period of time.
The religious institutions also do not participate in such works. (our italics) Mostly,
the NGOs projects are temporary and designed to activate for a short period of
time. We should work on those matters (that have) a sustained effect”.
4. Qualitative Research

He gives an example of a practical, action-based approach to hygiene issues in a rural area: "Now the countryside people have knowledge what diarrhea is. For example, when you go to the countryside you can observe that hand washing tools being placed near latrines. The nature of my work involves field work and I went to Loku (a village in south of the country) some time ago. There is one foreign NGO called Goal Ethiopia in this area. This organization has constructed toilets on the places where villagers and travellers can use them. They have built it in the form of the traditional house, hut. They do this to make curiosity in the people so that they can ask what that hut is. This way walk in people understands that there is a toilet that they can use and there are almost no people who are defecating on the street. This is one of the good changes that I see NGOs did”.

The student (5) described people in rural areas using bed nets: “I went to a rural area two years ago. I saw how people are careful in protecting Malaria and I also used the mosquito net when I was sleeping.”

The Priest’s (8) attitude to preventing HIV/AIDS was that abstinence was best: “I think HIV/AIDS is a danger but I say more than that the most dangerous is the relation of two future spouses. According to the Christian dogma, pre-marital sex is sin. If people were away from pre-marital sex, there would have not been disease. What the the Bible says is, ‘the cause of illness is adultery’. So, each should prevent his/herself and should have fear of God. ‘May God save us from such evils’”

However, he has much more pragmatic understanding of local values and hygiene issues: ” In our culture it is shame(ful) to eat on the roads but it is not shame(ful) to urinate on the side of road!! When I pass by on such unclean areas where people urinate, I usually get (a) cough. It is the responsibility of all of us to keep sanitation of our areas. I do not have problem here because our office is clean and so is the surrounding....Trash bins should be prepared and education should be given to the society to throw rubbish things in the garbage collecting can. Moreover, public toilets should be prepared. In reality it is hard in Addis Ababa to find a toilet, especially for those who come from countryside. So, education should be given to create awareness. If each of us maintains cleanliness the country will be clean.... If the NGOs are to give aid, they can help the society by giving garbage collecting cans and assisting them in building toilets”.

The male translator (9) also took the view that religious leaders should promote abstinence as the solution to prevent the spread of HIV/AIDS: ”For instance, take churches and mosque; they are the one who are directly related with the people. Thus, they can tell them how bad is cheating and sleeping with different women is in the eyes of God and they have to let them also know that there is HIV/AIDS that they will get if they do that. They can let them know to minimize the death rate in the society”.

The female community development worker (12) had been involved in health campaigns before and actively spread health information: “I do not have kids less
than five years of age, but I tell my neighbors that they have to vaccinate their children and vaccination has been started to be given in the health centers. I to tell them also what polio disease mean and what it can do to their baby. I always try to convince those who stand against the idea of vaccination. (our italics) I have worked in the fields of these topics in Tigray and Amhara regions in different villages”. The fact that there are people in rural areas who are against vaccination demonstrates that it more than simply a case of making people aware of how to avoid diseases.

The female businesswomen (13) is responsible for making sure there is hygiene in her workplace:”I tell them every time to wash their hands, since we are making and selling ‘Enjera’, it is important to pay more attention to self cleaning, if one person is unclean here it will infect another family, so I follow everything here even their bathrooms, I check whether it is clean every time”.

A3.11 TB Campaign

During the course of the qualitative research in Ethiopia, a media campaign was running about TB. If the interviewees have got it right, the main point of the campaign was to ensure that people opened windows to prevent the disease being spread in confined spaces like taxis and buses. Clearly what follows is a qualitative snapshot of a group of middle class professionals, including health professionals, commenting on that campaign. It shows that even among the educated, the level of awareness is not always high. Furthermore even if the message get across to them, it is clear that there are plenty of people unwilling to act on it.

8 out of the 15 interviewees either mentioned the campaign specifically or repeated the message it seemed to be putting across about opening windows in buses and taxis. Amongst those who did not was a doctor (11) who said:”....there is no information that is made available for society regarding TB, polio or any other disease except consulting doctors.”

The male NGO worker (1) had enjoyed the campaign and picked up the same message as all those who talked about it”I am enjoying the TV ads that talk about TB. This TV and radio ad about TB let me know and be curious about TB. I have never known before how it will affect us in traveling with no open windows in public transport. So, whenever I see all closed doors, I think of the TB”.

The male civil servant (2) was less optimistic:”Let me tell you one thing about tuberculosis. I do not think that sufficient information is disseminated about tuberculosis as it is done with HIV/AIDS. For example, in the morning when I go to office, the transportation vehicles are full beyond their capacity. In fact, recently there is TV advertisement performed by Fikadu T/maram (artist who performed on the commercials) about protection of tuberculosis. It advertises about the use of opening windows to avert (the) risk of contagiousness; in fact, this
advertisement alone is not enough to create full knowledge about tuberculosis. Even after repetitive ad, the service vehicle travels with closed windows; attention has not been given yet”. When pressed about the reason for this failure, he felt it was because it was too much of a “one-off” campaign:” They fail to get people’s attention because the information has never been consistently disseminated to the people. It is usually done on temporary basis”.

The male student (5) had both got the message and acted upon it:”I know a lot about TB and I also used to get information that I get from TV ad i.e., I make sure the taxi windows are opened while we are travelling. So, I made use of the information I get”. The male translator (9) gets the message but does not really act upon it:” So, whenever I see closed doors and windows, I think of TB”.

A3.12 Responsibility for health issues in household

The interviewees were asked in an open-ended way who took responsibility for health in their household. 6 out of the 15 interviewees said it was the male of the household (father or husband); 5 said the female (mother or wife); and 2 said both the husband and the wife. Of the remaining interviewees, one said all members of the household were responsible and the other, the priest (8) said it was the person who was responsible for cleaning the compound and house and washed his clothes.

The exchange with the make civil servant (2) teases away at who is probably really responsible:

M: In your household, who takes the main responsibility for health issues?
R: All of us.
M: Mainly, who is responsible?
R: All of us are responsible
M: Who gives decisions to health related issues, for example, who takes care of the cleanliness issue at your home and order everyone at home to keep themselves clean?
R: My mother and my sisters.”

And obviously womens’ health issues like contraception are clearly dealt with by women in the family and close friends as the exchange with the female community worker (4) makes clear:

“On what topics do you most frequently talk about with friends and family?
R: On issues related to social relations.
M: Can you give me example?
R: We are females. We usually give emphasis to issues that are related to women’s affairs.
M: What are the topics do you give most emphasis?
R: For example, it can be about contraceptives method or any family related issue.”
A3.13 Things that might be done to improve information

The interviewees were asked to make suggestions as to how the dissemination of health information might be improved in their country. The civil servant (2) pointed to the level of success the Government had with HIV/AIDS and the methods used during those campaigns:

“For example, there was a program called ‘let us drink coffee’. Through this program which was conducted at an outreach level every fifteen days by health extension workers, information about HIV/AIDS was disseminated for those who are unable to participate in meetings because of old age and those who are illiterate and who can’t read. This contributed a lot in bringing a behavioral change in the attitude of many persons. So, if the same method is applied for malaria and tuberculosis repeatedly for one year, the society can teach one another…. (The Government) did very well with the prevention of HIV/AIDS. It can do very well in every of the health issues”.

The male student (5) saw this as the role of NGOs in rural areas because they had money and could therefore afford to go “door to door” explain health issues. Even though the health issue advertisements are made with local TV stars, there is clearly a law of diminishing returns or poor scripting. The student (5) said he found some of them boring and that there was a need for humour in them.

The community worker (4) felt that giving more radio time to health issues during rush hour would be effective:”I think it is much better if health issues could be discussed over different channels of radio during rush hours when people are traveling to go to their office. All of us could have highest possibility to listen to what has been said and update ourselves while going to our office”.

The female doctor (11) emphasized the need for programmes rather than advertisements:” I am saying that it is still media. They have to promote and tell about these diseases and create programs in which doctors could be invited and answer people questions on TV or radios. This will address those people who are also illiterate. I am not talking about advert but programs”.

The Community Worker made all the obvious points about reading materials:”If you give me a material to read, l will not be able to read it because I come back home exhausted but if give me the information in CD, or if you present it in a form of storytelling or drama, I can make use of my laptop and listen to the information. Nowadays some information is dry. They are not attractive enough to get the attention of the people. As it is known, in addition to our weak culture of reading, if the written materials contain long essay and if they don’t tell the point in short and attractive way, nobody dares to read them”. Several interviewees acknowledged the issue of illiteracy in different ways.
He gave the metaphor of a supermarket for health information: “Let me give you an example, if you go to supermarket, whether you buy or not you just visit all the groceries and can buy things even that were not in your mind, but, while you go to shop or kiosks you should ask what you want, you do not have access to see what they have inside. The same is true here. In supermarkets, you add information to what you know and get new information about what you do not know. This is because it is open. Health information should also be like that. The point is that, those which are open are inviting, but in the closed ones are not inviting. Thus, I think we should do the same with information.” For those with access to the Internet, this describes it basic architecture but it could also describe a different type of health information facility.

Nevertheless, the pharmacist (15) emphasized that campaigns should work across all media not just TV and radio, including social media: “My opinion works for Facebook pages, Twitter and also other web sites. When promotion and dissemination of information is planned to be executed, it has to include all the media to get the different people and let them know what is going on”.

The Priest (8) felt religious figures should give leadership: “In our case, it is possible to inform about health to the believers/followers because a huge number of people come to church to worship and pray. It is a blessed thing to give positive information to believers. And the believers listen to the words of Fathers and religious leaders. So, Fathers should give information to the mass that came to worship. God-Fathers should also inform about the health matters to their God-Sons. ‘Edir’ as a traditional social association it includes of members, so it is possible there to get the Christian and Muslim society there and it is a good media to convey messages. I think that there can be cooperation between one ‘edir’ and the other, and they can work jointly. Thus, to use ‘edir’ for information transfer is a good thing”.

The Media Manager (10) saw a role for NGOs in the rural areas: “By preparing the tap water they are demonstrating the importance of safe and clean water. Moreover, there are posters that are displayed in the countryside; they show about the usefulness of giving birth in health centers. So they can help in this matter”.

B. Ghana Qualitative Research Report

The yellow panel below summarises the key insights from the Ghana qualitative research. There are also orange panels with summaries for each section in the report.

B1. Ghana Key Insights Summary

Internet but not social media used as news and information source: Internet has joined radio and TV as main source of news and information for these urban interviewees who had almost no interest in newspapers. Social media (like Facebook and What’s App) is beginning to have a clear impact on news sourcing, particularly for breaking news and for those wanting to express opinions about news. Over half of the interviewees used some form of social media, mainly Facebook and What’s App. There is much less mention of Facebook for news and information compared to the Ethiopian interviewees. Over the last 5 years access to information has improved and “access to information now is better”.

Understanding Future Potential of Technology: Asked how they saw media and communications five years from now, one interviewee felt that information technologies would increase the speed of information becoming available and that this would increase efficiency. Another interviewee looked forward to a day when things like video would make it easier to teach in rural classrooms.

Fears about the Internet and Social Media: Those interviewees with religious views saw social media both as a waste of time and something that would undermine moral values. More widely there was a widely held perception that the Internet would damage Ghanaian culture and the use of English language. However, even those who expressed these fears saw that the Internet was “bringing Ghana closer to the world.”

High Levels of Health Awareness but Lower Levels of Knowledge: Both groups had heard of all the diseases and issues they were shown by the moderator but they were not always highly knowledgeable or inclined to act upon the information available.

Disconnects between Health Awareness and Behavior with Food Hygiene and Contraception: There is significant discussion about hygiene issues in relation to food that identifies a number of significant issues. Causes would seem to include absence of access to clean running water and lack of education. There were similar discussions about contraception and family planning where resistance to use includes: male attitudes to having children; female fears of side-effects and certain kinds of religious moral values.
B.2 Description of Group Interviewees

There were two groups with individuals selected to cover a range of opinion formers and members of the general public: 6 are teachers; 4 are religious ministers and three are seamstresses. Most of the interviewees are below 34 (13) with the balance (5) above that age. Nine of the interviewees were women and nine were men. All interviewees lived and worked in the capital Accra.

Because the interviewees express themselves in spoken English, we have edited for clarity, using brackets to indicate where this has been done.

At various points in the report, the positions of interviewees are summarized numerically. This is not meant to be for representative purposes (in the quantitative sampling sense) but merely as a cross-check against generalizations that might be made based on this group of interviews.

The report has three main sections:

B3.1. Media choices

This covers: what media the interviewees use and which is most important to them; the time of day they use particular media; what topics they like to listen to; and what has changed in how they gather news from five years ago and what will change in the next five years.

B3.6 Social Media

This covers: whether or not they use social media; whether that use is personal or professional; their perceptions of the opportunities presented by social media; and their fears about it.

B3.8 Health Information

This covers: the kind of health information available to them; two examples of the impact of health information: hygiene and family planning; responsibility for health issues in the household and things that might be done to improve health education.

The individual interviewees are coded in the report below with the following numbers:
Group 1
1. Pastor, Male, 45-54
2. Seamstress, Female, 18-24
3. Seamstress, Female 35-44
4. Pastor, Female, 35-44
5. Teacher, Female, 25-34
6. Assistant Pastor, Female 25-34
7. Teacher, Male, 25-34
8. Teacher, Male, 25-34
9. Teacher, Male, 25-34
10. Seamstress, Female 25-34

Group 2
11. Teacher, Male, 25-34
12. Teacher, Male, 25-34
13. Midwife, Female, 18-24
14. Entrepreneur, Female, 35-44
15. Health Extension Worker, Female, 18-24
16. Electrical Engineer, Male, 45-54
17. Entrepreneur, Male, 35-44
18. Pastor, Male, 45-54
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B3. Analysis by Topics

B3.1 Media Choices

**Key insight:**

- Internet has joined radio and TV as main source of news and information for these urban interviewees who had almost no interest in newspapers. Social media (like Facebook and What’s App) is beginning to have a clear impact on news sourcing, particularly for breaking news and for those wanting to express opinions about news. Over the last 5 years access to information has improved and “access to information now is better”.

**Other Insights:**

- Concerns were expressed by interviewees (aged 25-40) about the way in which the Internet was lowering the standards of media.

- Asked how they saw media and communications five years from now, one interviewee felt that information technologies would increase the speed of information becoming available and that this would increase efficiency. Another interviewee looked forward to a day when things like video would make it easier to teach in rural classrooms.

B3.2 What Media Interviewees Used

The interviewees chose radio (9 out of 17), Internet (9), TV (8) and newspapers (2). The domestic worker in one group was only an infrequent watcher of TV and one person mentioned listening to the radio going to work on a mobile and the other went to a cybercafé and listened to JoyFM Online. The time of day people listened to media fitted round a pattern repeated in all the qualitative interviews: with some exceptions, most people listened to radio on the way to work and watched TV in the evening for news. The exception watched TV at 10-11 in the morning. Also as with most people, news and information is discussed and assessed through conversations with friends, family and work colleagues.

For the interviewees who seemed heavier media users by their own description, news was sourced through a combination of local and international (satellite TV and the Internet with a particular emphasis on social media). The member of the general public, 45-54, in group 1 was typical:” ....we get most of the information from the news, mostly from CNN and other TV station like TV3 (local station) and I like to (watch) them a lot. I usually get them from social media like Facebook, and I also get some information from CNN, BBC and from Internet as well”.

As with some of the Ethiopian interviewees, newspapers were seen as something you read when you had enough time. A member of the general public in group 1 commented:”…. at least if you don’t have time to read the Daily Graphic (newspaper), the television can give you such information.”

Social media (like Facebook and What’s App) is beginning to have a clear impact on news sourcing, particularly for breaking news. Groups set up on both were used by two participants in Group 1 who heard of the death of academic Professor Awolowo in this way:” I just clicked on my What’s App and posted that Professor Awolowo is dead. He was among the victim in Kenyan Mall shooting and some other people also came out that they (had) read it....and from there we started a discussion and everyone started contributing”.

However as one of the teachers commented (7) commented, the Internet is still largely an urban phenomenon:”I also think Internet is simply in the urban areas, if you go to some of the remote places, you won’t even find an Internet cafe, so people don’t have access to it”.

B3.3 Topics of interest

With the Ghanaian interviewees, there seemed to be something of a gender divide in terms of news, perhaps best exemplified by the husband who felt his wife ought to listen to the news:” Yes, I watch television with my family, with my wife mostly, and I try to make her to listen to news, so as to make her to know what is happening because we get most of the information from the news.”

As with the Ethiopian interviewees, these interviewees (particularly the male ones) were interested in what the Government is doing, although with slightly less emphasis on economic news. The more religious were interested in programmes with Ministers preaching. Corruption was a theme picked up in group 1 and interviewees talked about whether the young might change things:”I agree with him but not entirely, what I see is that most of the youth believe that they can do something if given the opportunity but they are not been provided with such opportunity. What you see is the adults lavishing in big cars, so some of the youths try to pick up the mantle”.

As with news, there is probably something of a gender divide on sports. In Ghana, sports is mainly football and although women might be interested in the national team, the Blackstars, the male interviewees thought they would be less interest in European football:” ....most of them are not comfortable (with football). When you are talking about football, with Blackstars they are fine but when we talk about European football, they are not too comfortable. So your conversation depends on your friends group. Family for example will mostly be about government, politics. Like my sister just said about the issue of the pure water, it will be a good discussion among the family, and you all will compare what is happening. But when you meet your friends, you talk about sports or business”.

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By contrast, one of the male interviewees in group 1 thought women were more interested in relationships: “One thing I want to add again is, most ladies tap information from issues regarding relationships as well as marriage relationships, this is one aspect that ladies talk about”. Also young people (of either gender) were seen to be looking for relationships on social media.

B3.4 Media Information untrustworthy and the Internet as a threat

As with other country interviewees, the Internet represents both a new and useful way of doing things including gathering news and a malign influence, particularly among the young: “I observe that majority of the youths are so much infused into this social network, whereby they are always buying into relationships, they chat with their friends, exchange emails, exchange data and that always take so much of their time, some of them even take it as their hobby, where by someone who is not engaged in any employment can just continue to exchange emails…. so it has (become) a kind of hobby for the youths….There is a need to educate the youth on the better ways of using the internet for their own personal employment”.

The Internet was also seen to be lowering the standard of media coverage and these were not comments from older people. Those quoted are in the 25-34 year old age group. One of the interviewees in group 1 captures these anxieties and is worth quoting at length: “My contribution is that information has become cheap, unreliable and then the way it is presented now is unprofessional. For example because we have a lot of radio stations and newspaper, everybody just (puts out) out information. Just like my sister said about the PTA chairman (caught defecating in a classroom), previously news was carried by few elite radio stations, but now everybody can just get information, use his mobile phone to video it and send it to the TV stations…..and they broadcast it. This makes getting information now very cheap. Talking about being unreliable because now information is selling, somebody can just sit in his office, write something out, edit it, prints it out and selling it as newspaper. For example, recently during the election petition case in Ghana, after the case, a newspaper came out and said that Okonkwo supported or paid bribe to the judges and up till now they haven’t found the editor of that newspaper and this was the newspaper which was selling….Yes, it has a name but it wasn’t registered and it was selling. So such information is now unreliable. Most of the information which comes out of on the radio and newspaper, you go deep and you find out that it wasn’t true”.

But interviewees (18) still felt that they were able to pick their way through what they thought was important and what was not, even if the media presenters themselves had more trouble doing so: “….one other thing is that the media house that broadcast in the local languages, I pick some information from them but basically, especially the Accra ones, sometimes when they are reading the news, the way they go about it, I don’t like it. It’s not professional, is like they don’t know the line between comedy and serious news, they mix the whole thing up and
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so it puts me off seriously but they have serious issues that they also read, so I pick information that I want to from both but when I realize they are going right or left, I just tune off.

B3.5 How News and Information Obtained - Five Years Ago and Five Years Forward

For the two focus groups in Ghana, the biggest changes over the last five years were the increase in available media outlets (through liberalization) and the wider access to information. Increased media outlets also meant mobile phones and social media. One participant described the more limited media of five years ago having “a monopoly in that area in the societal life.” The more articulate participants in both groups made these points and others simply agreed or did not challenge them (9):

“…access to the media platform is accessible. Whatever you hear on the radio, if you go to Joyonline you will get same information as well as for those that access the social media will get the same information too. So access to information now is better.

Growing wealth has been part of this process of access to more media (8):” Maybe 5 years ago you don’t have money but now you have money, you have television, and you listen to television and because of technology now there are so many devices that are in the system that will serve as source of information compared to 5 years ago. So I think as a result of technology the access to information has expanded.... maybe 5 years ago now if I want to give information to my brother, I write a letter and post it but now I don’t need to write a letter and post it anymore, there are social media like Facebook and Whats app, I just need to send the information to him via Whats app and that’s all.

The teacher making this point in one group (7) highlighted a particular incident that would either not have become news or would have been more restricted:”In our environment in relation to the news on the radio, it was said that a PTA chairman went to the classroom to defecate and they caught him. When I went to the town I was telling my friends about it, that they should listen to what I heard on the radio, that it is not good. How can a PTA chairman do such? We listen to that kind of information on the radio and we share it among ourselves. This led on to a discussion about the reliability of this greater information which is covered below (18).

In terms of the future, five years ahead the participants that addressed the question saw it in terms of technology (which to some extent is synonymous in their minds with phones, Internet and social media. Two participants made telling points. The first pointed out that the speed of information would increase and that there was a relationship between speed and efficiency:”... day in and day out we are trying to improve upon every area of human life, so in terms of how quick we
get our information, how quick we are able to solve our problems and all that, so with advancement in technology comes efficiency and speed”.

The second participant (15) addressing the future sources of information saw the educational potential of technology, even for rural areas (which she was asked specifically about):”....it will make education easier and learning too will be easier. Because....in certain schools we don’t get access to maybe computers and those kinds of things to do research on, but I believe that 5 years to come it will be in abundance that maybe everybody will get access to, maybe do his or her research”.

B3.6 Social Media

Key Insight:

- Over half of the interviewees used some form of social media, mainly Facebook and What’s App. There is much less mention of Facebook for news and information compared to the Ethiopian interviewees.

Other Insights

- Those interviewees with religious views saw social media both as a waste of time and something that would undermine moral values. More widely there was a widely held perception that the Internet would damage Ghanaian culture and the use of English language. However, even those who expressed these fears saw that the Internet was “bringing Ghana closer to the world.”

10 out of the 18 interviewees used social media and 7 did not: of the latter, of the latter four had access to the Internet but tended to be occasional users or to have used it to do a specific task (look up a traditional cure for piles). One had given up his Facebook account because it was too time consuming.

The Ghanaian interviewees were significantly more interested in the personal use of social media and What’s App (a messaging community) was widely mentioned in both groups. One of the teachers in group 1 (9) mentioned joining groups on What’s App to receive information. Although Facebook remains the dominant platform used in social media. Platforms mentioned that everyone thought were less well used were Ovi, Badoo, Skype (because of data costs) and Hi5. There is much less mention of Facebook for news and information compared to the Ethiopian interviewees.

Two interviewees in group 1 mentioned getting news and information from Facebook. The teacher in group 1 (7) liked a number of news outlets:" I use it
for research in the sense that there is a lot of information. On my Facebook, I have liked Forbes magazine... and every time they bring information and that is research. So once you like them, for example CNN will give you information once you like them, as well as BBC”. However, liking local news outlets was not mentioned. The Pastor’s Assistant in group 1 (6) used it for work purposes:”I use it for research because you can get some companies or friends or business people from Facebook.”

For the more conservative and religious-minded Facebook and What’s App were seen both as significant time-wasting activity and a moral threat. The Pastor in group 2 (4) said:”(You can) spend the whole day on Facebook without reading your Bible. You really have to discipline yourself.” The self-described entrepreneur in group 2 (14) spoke witheringly of his wife’s use of What’s App:”Something like What’s App, my wife spends the whole day on it. And I tell her she’s wasting a whole day on this thing, I just can’t believe it.”

B3.7 Social Media as a threat

The seamstress in Group 1 (3) felt that relationships would be destroyed by social media. Her view is quoted at length as it embodies both a non-middle class opinion and captures how the Internet overall is seen by this type of interviewee:”My opinion is about the Facebook and the social media. I feel as time goes on, so many things will be affected in the human life. For example, if you are a lady and you are dating a man and the man post his picture on Facebook, before you know it he finds and get involve with another lady on the Facebook and he dumps you. Also a time will come where broken homes and bad marriages will be as a result of this social media. For example, maybe you are a good wife and you are not on the Internet and your husband finds a woman on Facebook that does all the makeup and looks extravagant and you as a wife, you look simple without makeup and beautiful. I think a time will come where woman will suffer due to social media like Facebook because it’s not everybody that is educated i.e. read and write”. Later she talks about her attitude to the Internet:” Yes me I feel that, somebody like me I don’t have any idea about those Internet things because my education background is somehow poor, I don’t know how to go about it”. So part of her fear is not actually knowing about how it works.

The teacher in group 1 (5) reflected similar moral concerns:”I have a friend who is on Facebook but....she doesn’t put a picture there. I asked her the reason and she said if she put the picture, people will think she is selling her body, so because of that she doesn’t put it there”.

The Teacher in group 1 (7) saw social media as having a negative impact on Ghanaian culture and language:”One negative thing I realize is that this social media, Facebook, Whats App and twitter and co., they are affecting our culture. They are now becoming more westernized, getting more interested in Western
things than our culture heritage. Our English language is also affected whereby people use a lot of short phrases to represent a whole sentence on social media like for example, shaking my head and they write SMH, for those that do not understand it, you wonder what that means, also we have LOL, all this is really affecting our English language”.

However, the issue is not just negative as he can also see the advantages that things like social media bring:” And for the positive side, it’s bringing Ghana and other African countries closer to the western world. For example, (with) the use of Skype, somebody can be all over the world, in so many places and you can be Skyping to yourself and 5 other people at the same time and see what each one is doing at the same. So it’s bringing us closer and making the world a small village. It has also created avenues for employment”.

But whatever position you take in this debate, his attitudes may well be against the grain of both teachers and parents at his school:” When the child brings cell phones to school and we seize it, then the parents will come to the school and tell us that I gave the phone to him because I will be calling him which is very wrong... Some of the students, looking at their age, they are not suppose to use a phone but parents will still buy phone for the child”. Since the teacher believes they should only have access to a mobile phone when they are at university, there is an inevitable clash of opinions.

B3.8 Getting and Using Health Information

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<th>Key Insight:</th>
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<td>• Both groups had heard of all the diseases and issues they were shown by the moderator but they were not always highly knowledgeable or inclined to act upon the information available.</td>
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<td>• Certain of the diseases were seen as either urban or rural conditions and tuberculosis and malaria were seen as the latter. There also seems to be a lack of tuberculosis information for urban areas despite its presence in urban areas. Also they felt that health information about malaria should be given highest priority.</td>
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• One interviewee raised the possibility that alternative medicine might cure HIV/AIDS and interestingly no-one sought to contradict him.
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- There is significant discussion about hygiene issues in relation to food that identifies a number of significant issues. Causes would seem to include absence of access to clean running water and lack of education.

- There were similar discussions about contraception and family planning where resistance to use includes: male attitudes to having children; female fears of side-effects and certain kinds of religious moral values.

Unlike in the Ethiopian qualitative research, there was no on-going Government health campaign picked and discussed by the interviewees in the two groups. However, there were sustained discussions about family planning and health and hygiene and we have run these at some length to illustrate the issues that emerge. The moderator did not get to deal with the question of where you go to get information when you don’t know something or who is responsible for health in the household.

B3.9 Information Available

Both groups had heard of all the diseases and issues they were shown by the moderator but as the findings below show, they were not always highly knowledgeable or inclined to act upon the information available. TV, radio and Internet were mentioned by interviewees in both groups.

When asked about HIV/AIDS, the interviews in group two also mentioned getting taught about it at school, visits by health workers, community film shows, posters and information vans, the latter two being either the work of Government or NGOs. One of the teachers said that several of these topics were on the curriculum. The male teacher in group one (7) has seen advertisements for family planning methods in newspapers: “Newspaper, they tell you the family planning methods, IUV, implant, they make a lot of adverts on all this things”.

A good example of health information seen was given by the female entrepreneur in group 2 (14): “And recently too, the Diahorrea. You see advert on TV and radio, the one you take the Oral issues, you have this pink tablet, when you take it within a period of 3 months, so I heard it from the radio and TV too....I apply it especially when the children have Diahorrea, I just buy the tablet and give it to them all”.

Certain of the diseases were seen as urban or rural conditions as the exchange about tuberculosis and malaria below shows. There also seems to be a lack of tuberculosis information for urban areas:

9: What I think is in the urban areas we are not having many problems unlike the rural areas in the aspect of tuberculosis.
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7: Then for diseases like malaria, you can even personally diagnose yourself because almost everybody here one time has had malaria before so when the symptoms start you can just go to a chemical seller or drug store and say you want to buy lonart because you know when you are getting malaria. You will know this but when you are getting tuberculosis, it is because it is so uncommon; you don’t really know whether it is tuberculosis.

M: That is what am saying, you said tuberculosis there isn’t much information on it 7: Yes”.

B3.10 Information Absorbed or not absorbed and why

Certain parts of the message about HIV/AIDS had clearly got across to the teacher (7) in group one but not completely understood:"There are two things now because you can have HIV and not have AIDS, when you use slash it is like HIV/AIDS.... So there is a lot of stigmatization, they can’t even come out publicly to say it because when you say it that you have HIV which is just a virus, they assume you have AIDS and you are going to die, but now all over the television, you find people advertising that they are positive because of the distinction now, so people can just say I have HIV and not AIDS”.

His other comments demonstrate an understanding of how orthodox medicine works on this condition but some ambivalence as to whether it is the complete answer (7): (Magic Johnson) He was diagnosed to be positive after about 4 - 5 years; he is now negative after some therapy. Some people will say it is special herbal alternative treatment but for now HIV is one area that orthodox medicine are gaining recognition, you know western medicine are gaining (on) the use of herbal treatment. They believe HIV has no cure, you will stay positive throughout you just manage it but those who believe in orthodox or herbal medicine believe there are herbs that can prevent it so they have tried it on people who were once positive but now they are negative”.

The discussion in group 1 around malaria identified many of the elements that could prevent the disease, including treating bed nets; removing rubbish; getting rid of stagnant water; and sprays and mosquito repellents. The teacher (7) in the same group was also well informed about the changing drugs capable of combatting malaria:” But I think the parasite got resistance to it, then we moved from chloroquine to the 3 in 1 drugs which you the take the 3 at once, like Fansidar, metafevin and others. Another resistance came then they moved to artesunate, amodiaquine. They developed resistance again then we are using what we called artenifex, we have the lonart etc. So the government always educates people on it, they will tell you that this one is no longer working, we should use this one, this one is no longer working, use this one and anytime they found out that the parasite has become resistance to a particular drug, and then they tell you what you should use now”.

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The same teacher (7) made clear that the information on tuberculosis was not getting through to some individuals in urban areas: "A relative of mine was coughing...and it got serious. Then later on we realized he was having blood in the cough. Until we saw blood, that was when we realized it was getting serious and then we realized it is something like tuberculosis. But when he was doing the normal cough we were thinking he slept under the fan. We associate coughing with cold and all that but we realized it was getting worse, with blood and all that".

The rather confused exchange in group 2 below gives some idea of the mix of both correct and not quite correct information:

“Pastor (8): I don’t have any such challenges, but when you talk of tuberculosis for example, these are very deadly and dangerous diseases and the mode of transmission is very easy, for example if somebody here has tetravin and start relieving it into the atmosphere, there is no way you are going to know. M: Ok, so it is a difficult area for you to understand who is infected and who is not. Pastor: It comes with symptoms like perennial coughing and stuff like that, Is it only Coughing? (our italics) (Laughter) Entrepreneur: The mode of transmission, usually when they detect that one of the family member has the disease, normally they advise the entire family those who live in that house will go to the hospital, they quarantine all of them, every 3 months just to protect all other people from being infected. Midwife: The easier way to detect it is when the person is having frequent cough for almost a month, a dry cough with maybe blood then they take the person to the hospital to do a certain test then from there. Health Extension Worker: But I want to ask a question, is it possible to have someone, the person has been coughing for a long time and all medications have been done but the person thought he has tuberculosis? Midwife: No, it can be due to any other one, bronchitis is there, so many things pertaining to it are there not necessarily TB.”

However when group 1 was asked whether things like tuberculosis and family planning should be given more emphasis, they all agreed malaria was “paramount”.

The male teacher (12) in group 2 said when he became scared by health information, he did not pay attention to it: "If they describe the sickness in a mysterious manner, it makes people scared, to me when I see it, I get scared I will not pay attention. I don’t want to be psychologically affected, in as much as I want health issues I will want to read it at my leisure without fear attached to it but when the issue of fear and psychology is there I don’t listen because when I listen it is like you are putting more fear into me”.

The Health Extension Worker (15) gave an example of how this fear might affect people: “There was this man, he came for checkup with his brother and the brother has HIV/AIDS and since they were living together, for a month now the brother started having severe headache so he thought because he has been walking
with his brother he has also contacted HIV/AIDS and the brother started taking the same medication with the brother who was having the AIDS. So sometimes, the way we channel our information must be appropriate. He was taking the medication without telling the brother. He was taking it because of the fear that he has it too”.

The female entrepreneur (14) talked about how she felt badly handled by a doctor after the death of a child she had fostered: “I foster children, there was this foster child, I lost the child and that day that I went to the hospital if you see the way the doctor treated me, he was like I wasn’t taking good care of the child. He made me feel bad, I felt so bad. I felt so bad, I just wanted to quit what I was doing because my point is that if I had taking care of this child from birth and I have taken care of this child till one year and I lose the child then who are you to say that I did not take care of the child very well, so they need to be educated because if you are not strong you will lose it, they need to be educated and unfortunately most of these health professionals don’t know how to handle the patient.

Pastor(18): It’s not only health professionals
Entrepreneur (14): Our customer service is very poor so we need to work on that.”

B3.11 Example of Impact of Health Information - Water and Hygiene

The Pastor (1) in group 1 identifies a lack of attention to hygiene where food is sold as a key issue: “...you find a fruit that is decayed, one way or the other or maybe there is a spot or something, there is something inside. You are not suppose to take it, it is not good but you see some people they will start chewing it and sometimes you see people they chew it even without washing it and washing their hands.... Yes, government is (not) doing enough because for instance when you go to this market women they don’t care, you see government using their microphone and talking, making announcement, wash your hands before you eat but still they will be at the market eating and flies will be perching on it, you see them chasing the flies, so what do you think will happen?”

The Health Extension Worker (5) in group 2 gave an example of how a person who was unaware of something or failed to take responsibility for their health had a wider impact: “....there was this guy who is living with us, he had diarrhea. We believe that since we are in the same house the diarrhea could not extend to other family members not knowing that what was causing the diarrhea was cholera so it got to a certain point we did the same thing, we ate together, used the same toilet and got to a certain point that it affected all the family, we all got the cholera but we had to treat ourselves.
Midwife: Cholera is an air borne disease.”

The male entrepreneur in group 2 also talks about food hygiene:”Sometimes you may think that you are eating good food especially when it comes to vegetables. I don’t know whether you know Accra very well, we have a place called Odore River.
They use contaminated water to treat cabbage, carrot, onions and lettuce etc. so when you get it from the market you need to pay attention, wash it and wash it well. You need to take care because most of the farm they spray their vegetables around 6am, by 10am they harvest those products to the market. Those are causing most of the food poisoning, so you need to wash it very well before you take it, else if you don’t, you and your entire family will have (to be) admitted”.

The Pastor (18) in group 2 implies that health amongst certain social groups is the exception rather than the rule:”I remember one time I was eating somewhere when I was in school and I used soap to wash my hands before eating and the woman just looked at me like you are the first of my customers who have washed his hands before eating...”

The midwife (13) in group 2 talks about different standards in rural areas:”....the water that they use, when you go to the rural area, some people are using the water from the stream and the water is brown, but to them that kind of water is normal, so that kind of water if you are taking it you will have a problem, even the environment that they prepare their food in their house, you will all bear witness that most times in our house we don’t put on apron, use table cloth and those are the things that you can get easily maybe there is something in your hair and then you bend down to pick tomato or so and you bend down you will not see it but it is there so those are the main things that we need to look out for....”

“The way we store our drinking water, maybe in a barrel, we fetch it in and when the water is getting to the bottom, we have to throw it away and fetch a new one but instead we add a new and then sometimes we don’t even wash the barrel for like a month or two months and you are adding more water to it thereby contaminating the water”. The teacher (2) in group 2 talks about the fact that some of the water sachets sold on the street are not hygienic:”....we just drink because we are thirsty and we trust that they will do the right thing but most of them are not that careful”.

B3.12 Example of Impact of Health Education - Family Planning

There was considerable interest in the topic of contraception in both groups and all participants in group 2 agreed with the moderator when he said it was a “hot topic”. Christian religious beliefs have an impact on how family planning information is used, indeed if it is used at all.

The Pastor (1) in group 1 is against family planning on principle for much the same reasons as the Priest amongst the Ethiopian interviewees:”....family planning naturally is not good. God doesn’t want it because God has created us for us to produce and not to stop the production so if we are using our own knowledge to go and stop it, we are one way or the other sinning against the law of God but because of the way the situation of things is, the same Bible says we should use
our knowledge that is why we are going to put some things to stop the woman from having a child if not God doesn’t like it”.

In his view, the will of God accounts for those with fewer children rather than contraceptive choice:
Teacher (8): OK so what about those who have money but have few children? Not that they decide that they will not have sex?
Pastor (1): The voice of man and woman doesn’t count; it is only God that decides. The same teacher would prefer to use the rhythm method rather than have to be responsible for contraception.

The unmarried teacher (8) in group 1 envisages using abstinence: ”I personally, am not married but I don’t think that I will use it. Why? Because I think I can control it and maybe my religious background.”

Abstinence is again the subject of this exchanged quoted at length in group 2 that explores so of the difficulties associated with it between the male electrical engineer and the female entrepreneur:

M: So is there anything else you are applying on this, apart from the family planning?
Electrical engineer (16): I don’t have to come close to my wife.
Teacher (11): And is it possible?
Electrical Engineer (16): Yes, am telling you, it is,
Entrepreneur (17): I want to ask you, assuming your wife propose it are you going to say because of spacing you going to deny her?
Electrical Engineer (16): No, we’ve agreed
Teacher (11): You are denying her
Engineer (16): No, am not denying her.
Health Extension Worker (15): The woman will have to understand and consent before this is done
M: It must be a mutual agreement
Entrepreneur (14): It means for 2-4 years you don’t come near to your wife
Engineer (16): Yes,
Entrepreneur: But that is not fair.
M: It’s a punishment, so you say you abstain for 4 years?
Entrepreneur (14): Yes it’s a punishment
Engineer (16): No, she will understand
Entrepreneur (14): If you don’t want to use the artificial family planning, use natural method which is the withdrawal method.
Engineer (16): No, that’s not good.
Entrepreneur (14): So many things that we do that is not good.

A significant number of the participants in both groups understood contraception to be synonymous with the rhythm-based method as this exchange in group 2 makes clear:
“Midwife (13): So right now what we are saying is that the woman has to know her safe period
Teacher (11): That’s the natural; I will go for this one
Midwife (13): You have to know your safe period, it’s through that you can avoid pregnancy
Entrepreneur (14): And I think that it’s not only for the married. You know a lot of teenagers are getting pregnant nowadays, so sometimes I think the family planning will also help them, after having one child and the person goes back to the hospital and is counseled, taught on family planning, that person can avoid another pregnancy. So it’s not only for the married people but the young ones that are excuse me to say ‘messing up’ this days, its also good for them.”

The Pastor (1) in group 1 acknowledges the unreliability of this method:” Because you don’t normally know when the rain will fall, it might fall by midnight, 1 o’clock (laughter) 1am 2am.”

The female teacher (5) in group 1 talks about the perceived side-effects of using her contraception method and advises against family planning:
M: In the past 5 years, have you made use of any information on health?
Teacher(5): Yeah. I did. Family planning and that’s why am fat like this.
M: Do you go back for checkups?
Teacher (5):When I go there, they tell me my blood is low. To me, going there is a problem. I won’t advice anybody to do family planning.

The seamstress (3) in group 1 mentions the same perceived side-effect:

3: What I can say is that family planning is not a good thing
M: It is not a good thing?
3: Yes.
M: Why?
3: Because some women, though when they do family planning and I for instance I did and that is why am even fat like this, it is not good.
M: Ok, it is causing fatness for you.
3: Yes. Some people they have done it and have a lot of problems.”

The teacher (9) in group 1 says that some people fear that if they use contraception then they will not be able to give birth again.

The exchange below from group 2 makes clear that participants were even more skeptical that men would take responsibility for contraception in rural areas particularly as sex is one of the few forms of entertainment:

Pastor (18): I think one instance that brings about this issue is, for example, in the rural areas, their only form of entertainment is sex
M: Rural areas?
18: Yes, in the rural areas.
17: Because by 6pm, it’s lights out.
18: In a typical rural hamlet, or a place like that, there is no light, even radio.
14: No TV.
18: At least the TV can take your attention small but radio, you listen for a while, your mind goes off and so that is their main form of entertainment.
11: That’s why they give birth to a lot of children and then for farming purposes, that’s why they give birth to a lot of children to help them in their farming, that was the mentality some years back, but now things have changed.
17: They are not used to these contraceptive. No family planning, condoms. Are you going to ask your husband, that rural man to use a condom?
14: He will think that you are an unfaithful person

The male entrepreneur (17) contrasts this with the situation of middle class professionals:”I think the reason why some of these rich people do not have a lot of kids is that - personally I know a lot of very wealthy family where they have about 3 or 2 kids - (is) mostly because of the work nature of the couple. You have a woman who is working in a corporate institution, she is a banker, and you can’t expect that every minute she should get pregnant. Even the company will be worried because they have to give her maternity leave.”

The Seamstress (3) in Group 1 explains that if a husband treat his wife well financially she may well use contraception to avoid having children which will need more money to feed and bring up:”....at times the husband too, they don’t help the woman. The woman will be in the house, they will just eat and they will go. I have a friend who went to do the family planning without telling her husband. now because the money you are putting down is not enough and you are giving me problems too, I won’t tell you because maybe if I tell you, you will not allow me to do it.
M: Ok
Pastor (1): After one month two month I stay with you and nothing is happening, I will ask you the question (laughter)”.

Although the remark is made as a joke, the implication is that a women should be continuously producing children.

In the main, men were not seen as taking responsibility for contraception. Again a seamstress from group 1:

2: ”I mean like she said family planning, the husband doesn’t like it but then she goes with her own initiative and do it, how about mother and child, you were saying something.

Other Seamstress (3): Yes the mothers get much more concerned more than the fathers
Teacher (7): The mother is more concerned about it, the fathers too are a bit concerned too, some fathers, if I say all fathers I may not be right because I know some fathers too they don’t care but some truly care....

Teacher (9): One thing about family planning is that most men are not so much into family planning, not until you take your wife to the hospital, that’s on the aspect of men.... Probably when your wife is pregnant, they take them and then they encourage them. Personally I wasn’t so much interested in family planning until I started raising a family but with the women I think most of them, not most, few of them until they visit the hospitals, some see sex as the way of life, when it comes to the aspect of poverty.”

B3.13 Responsibility for Health Issues in the Household

7 out of the 8 interviewees in Group 2 felt that mothers or wives took responsibility for health issues in the household. The other person (18) believed both husband and wives or mothers and fathers took joint responsibility:” If you the husband doesn’t take any interest in that, when the sickness begin to surface, your pocket will run dry so you will be an ignorant fool to think that it is the mothers responsibility, you also have to put in your quota”.

The female entrepreneur (14) disagreed:”It is because the women spend most of the time in the house even though the mother is a working mother, am sure before the husband comes home, the woman is already in the house, taking charge of the children and everything so that’s why it is like that”. The male teacher (12) acknowledged that it was cultural in the sense of these being historically how male and female roles were:” Mostly, am thinking cultural, It is a shared responsibility alright but most of the time, the women are those that manage the home and certain things, children’s food, eating habit etc. They are more or less closer most of the time, it is cultural”.

B3.14 Things that might be done To Improve Information

The teacher (7) in group 1 believed NGOs should put their money into training more health sector workers:”.... who can go more into these remote areas to educate the people there”. He also suggests enlisting the help of traditional leaders:”I think the NGOS can also help by bringing on board traditional leaders or opinion leaders in the community. There are some communities whereby whatever the Chief say is final. So it will be good if these NGOs can work with them in these communities”.

The seamstress (3) in group 1 remembered that they were taught songs 2-3 years ago and there was a competition which was about learning about the six killer diseases, one impact of which was on the parents:” We let our parents know that there are killer disease(s) that they should treat and pay attention to every child’s health”. She believed that the songs helped combat traditional religious resistance
to things like polio vaccinations:”There are some villages where people come to give polio injections. Some churches don’t like it, they will beat those people and they will run away. But with that song, they know that these diseases are killer diseases and they have to treat their children properly”.

Perhaps in the light of the discussion about public hygiene she also felt that radio campaigns she remembered on the topic ought to be bought back:”They used to use some adverts on the radio that you should wash your hands before you eat and also when you visit the private. So I think this kind of information have come back again”. 
C. Senegal Qualitative Research Report

The yellow panel below summarises the key insights from the Senegal qualitative research. There are also orange panels with summaries for each section in the report.

C1. Senegal Key Insights Summary

More remote interviewees less likely to use Internet for news and information: Interviewees placed Internet behind radio, TV and newspapers, reflecting the much more embedded newspaper reading culture amongst the educated and urban. It is therefore less well established as a news and information source than in Ethiopia, Ghana and South Africa. Two of the groups took place in more remote parts of the country where Internet access is less widely available. However, TV coverage reached one of them (Tamba) in the last 5 years.

Despite the comments above, those using the Internet use it to check rumors (again as in Ethiopia often diaspora websites and blogs) although they acknowledge that even with more sources of information it’s not always easy to know where the truth lies.

Wider breadth of topics in the media: Over the last 5 years the breadth of topics covered by the media - particularly by private radio stations - has widened to include topics like homosexuality and prostitution.

Lower use of Social Media: Just over a quarter of interviewees used social media, reflecting the lower levels of Internet use amongst the groups. However, the small number who did use social media (almost entirely Facebook) did so for a combination of personal and news and information gathering purposes.

Traditional beliefs and taboos limit impact of health information: Traditional beliefs and taboos (around issues like sex) are a significant thread in the responses of these interviewees and clearly act as barriers to successful use of health information. For example, they are a barrier to vaccination where information is available and ineffective or those it is aimed at simply do not believe it. There are significant contributions in the group discussions on HIV/AIDS and circumcision and the barriers to Information uptake include: sex as a taboo in Senegalese society; attitudes to what traditional medicine can do; and the difficulties of working in the more remote gold mining regions where populations are transient.
C2. Description of Group Interviewees

There were three group interviews selected to cover a range of health professionals and opinion formers and decision-makers in the health sector. As the majority are in decision-making roles, they tend to fall into the older age ranges: 16 are 35+ and seven are 18-34. The latter is the age range within which technology and social media adoption tends to be higher in most Sub-Saharan African countries so you would expect this group not to be necessarily to tech adopters. Twenty of the interviewees were men and three were women.

The three groups were held in towns at varying distances from the capital Dakar: Group 1 in Diourbel (135 kms from Dakar); Group 2 in Louga (180 kms from Dakar) and group 3 in Tamba (278 kms from Dakar).

Because the interviews were not conducted in English, they have been translated and in order to make sense of some of the translations we have edited for clarity, using brackets to indicate where this has been done.

At various points in the report, the positions of interviewees are summarized numerically. This is not meant to be for representative purposes (in the quantitative sampling sense) but merely as a cross-check against generalizations that might be made based on this group of interviews.

The report has three main sections:

C3.1 Media choices

This covers: what media the interviewees use and which is most important to them; the time of day they use particular media; what topics they like to listen to; and what has changed in how they gather news from five years ago and what will change in the next five years.

C3.5 Social Media

This covers: whether or not they use social media; whether that use is personal or professional; their perceptions of the opportunities presented by social media; and their fears about it.

C3.7 Health Information

This covers: the kind of health information available to them; information absorbed and not absorbed and why; the example of the impact of health information on HIV/AIDS awareness; and things that might be done to improve information.
The individual interviewees are coded in the report below with the following numbers:

**Group 1**

1: Executive secretary of the school sports teacher and academy inspector, Male, 45-50
2: Teacher, Male 35-40
3: Teacher, Male, 35-40
4: Nurse, Female, 30-35
5: Technician SENELEC, Make, 25-30
6: Schoolmistress, Female, 30-35
7: Teacher community development department, Male, 40-45

**Group 2**

8: Municipal Councilor, Male, 40-45
9: Teacher, Male, 30-35
10: Community Health Worker, Male, 30-35
11: Development Officer, Male, 40-45
12: Development Officer, Male, 40-45
13: Teacher, Male, 30-35
14: Member of the Association for the Promotion of Culture, Male, 30-35
15: Medical Officer, Male, 25-30

**Group 3**

16. Development Officer, 45-50
17. Member of ASC, Male, 35-40
18. Professor, Male, 35-40
19. NGO Officer, Male, 30-35
20. Teacher, Male, 30-35
21. Municipal Council, Male, 45-50
22. NGO Officer, Female, 35-40
23. Communicator, Male, 40-45
C3. Analysis by Topics

C3.1. Media Choices

**Key Insight:**
- Interviewees placed Internet behind radio, TV and newspapers, reflecting the much more embedded newspaper reading culture amongst the educated and urban. It is therefore less well established as a news and information source than in Ethiopia, Ghana and South Africa. Two of the groups took place in more remote parts of the country where Internet access is less widely available. However, TV coverage reached one of them (Tamba) in the last 5 years.

**Other Insights:**
- Despite the comments above, those using the Internet use it to check rumors (again as in Ethiopia often diaspora websites and blogs) although they acknowledge that even with more sources of information it’s not always easy to know where the truth lies.
- The breadth of topics covered by the media - particularly by private radio stations - has widened to include topics like homosexuality and prostitution.

C3.2 What Media Interviewees Used

The interviewees chose radio (14 out of 23), TV (12), Newspapers (10) and Internet (8). Two things stand out and are worth emphasizing as they cut across the general comments made in other countries. Firstly, there is a much more embedded newspaper reading habit and people take time to read newspapers. Secondly, the other side of the coin is that the Internet as a primary source of using news is less well established. Group 3 took place in Tamba, a town in a rural area, some distance from the capital Dakar. An interviewee describes the Internet as having been available at the College but that the solar panels are now broken.

In terms of how and when news was used, unlike in the Ethiopia and Ghana qualitative research, no-one mentioned using radio on their mobile. However, news was largely listened to at the beginning of the day, either on radio or TV. 7 of the 8 respondents using Internet were reading news web sites. Also as with most people, news and information is discussed and assessed through conversations with friends, family and work colleagues.
Radio is largely listened to in the morning as a form of “news snacking” on the way to work. The Executive Secretary in group 1 is typical of this kind of media use:” Every morning around 6am, I listen to the first’s information in Walf and RTS. Information’s transmits by Walf are the same for all other channels so if I have two channels, I can stick to it. I do the early morning before going to work because I’m more often in the field and I do not have time to listen to the radio…”

He sees the content of the newspapers he reads as broadly similar to the news content of television. A teacher in group 1 echoes the same point:”The multitude of communication tools is a plus. However, all fish (are) in the same river, so that the information is similar”.

The teacher in the same group reflects this similar “news snacking” habit and at the same time of the morning but it is done using news websites:” I mostly use the Internet, newspapers and listen to the media.... This is especially online I read the newspapers. Every day at 6am before going to school
M: What are the sites you usually read?
Teacher, Group1. Seneweb, Leral.net, Xibar.net ... There is also a site called News Alert”.

The SENELEC Technician in Group 1 does not have a newspaper habit but browses websites as this exchange with the Moderator shows:” Technician, Group 1 I do not have the habit of reading newspapers. I use the Internet.
M: You do not read newspapers?
Technician, Group 1: No, due to time constraints.
M: And what do you usually use?
Technician, Group 1: The Internet and television.
M: Which websites?
TV5, or Energie.net. Com Nostalgie.fr and leral.net R5: On my computer at home before leaving and also at the office before going to the site between 8h to 8h: 30 am.”

This is not simply reading the online versions of local print newspapers but choosing news websites that are likely to print more challenging stories, sometimes based outside the country. It is also clearly seen as quicker than reading the newspapers.

These Internet users are “news snacking” but they are tasting a wide range of news sources to build up a picture as the exchange below shows:
“Teacher, (9): Internet is my primary source of information. I connect from my laptop on Facebook, Dakaractu, Xalima.com, Leral.net, I read everything. Every morning at 7am, I listen to the news of the RFM at 12am also. In addition, the headquarters of the SELS, I discuss with my teaching colleagues about the news, that is where I stay informed the most. I do not read many newspapers.
Member, Association for Promotion of Culture (14): The net is one of my sources of information. During the day, at school or at the headquarters of the Red Cross, I listen the news at Walfadjri and RFM. I read newspaper at 11:00 to 11:30, during recreational.” The newspaper is clearly secondary in sourcing news to these other
media and the community health worker in the same group read his newspaper during the lunch break.

The Teacher doing community development (7) is only an occasional user of Seneweb online news site but follows a similar pattern “new snacking” pattern:” I like listening to the radio, follow a little TV…. Walf, Sud FM, and local FM radio Baol, Mubarak, regional RTS relay....”

However, a traditional pattern of buying a newspaper and reading it in the morning remains strong amongst a significant number of interviewees. The nurse (4) is a typical example:” I read the newspapers, especially Walfadjri and Le Quotidien. Every day, I buy the newspaper in the morning. I also watch TV: Walf and RTS”.

For the teacher in community development (7) the issue about using the Internet is the absence of a reliable connection both at work and at home:” I cannot connect to my home or workplace, and there isn’t Internet because of power cuts”.

In the more remote Tamba in group 3, radio (RTS and Walf FM) and television play a more important role and the difficulties of accessing the Internet make it much less prominent. But also more face-to-face communication comes into play. The Development Officer (16) in Group 3 describes it in the following way:” There is the media first, then the traditional communicators that give us some information.... as for me it is mostly traditional communicators and groups of women who inform me during talks and discussions (along with radio and TV)”.

The Professor (18) in group 3 describes the state of the Internet and it is clear from the speaker who follows that what it is actually used for is more narrow than has been described by other group interviewees:

“Professor (18): It is found in college but this is irregular because the solar panels are often broken, so I rarely use the internet
NGO Officer (19): I’m informed through the media, especially radio and television RTS. At the school we use the internet to do our research
M: What is the tool that you use on the internet?
NGO officer: Yahoo and Hotmail.”

The Internet and SMS is available but is not used
M: Do you use the Internet and SMS?
Municipal Council worker (21): Frankly, no. It is available here but I do not use it
NGO Worker (19): To inform me and I listen to the RTS Walf. And I look in general TFM or RTS
M: Do you use SMS or Internet?
NGO Worker: No.
1.2 Topics of interest and how people make sense of news and information

For some people, the best route for the kind of “media snacking” described in the previous section is television but in almost all instances two or more forms of media are used in this way to form a picture of what’s happening in their country and the world.

For those using the Internet, they seem consciously to be checking what they’re told locally through more independent online sources, both Senegalese and International (like TV5). As the Medical Officer (15) put it: ”As soon as I hear a rumor, I run a check on the net.” For as the schoolmistress in group 1 says:”The advantage is the plurality of the media, but the disadvantage is the lack of reliable information”.

This kind of behavior is not just about having access to the Internet (as described above) as one group member had access to a desktop computer at home but chose to read newspapers. It should be emphasized that the disparity between the local news available and what is actually happening is by no means as extreme as it is in Ethiopia but there are clearly “red line” areas.

But the issue is not always that information is censored or self-censored but that the media can be very partisan as a teacher in group 1 pointed out:” There are also people who have their own radio or TV and make them instruments of reckoning. This indicates a failure of journalistic ethics”.

Talking to friends and colleagues about the news is also seen as part of this cross-checking process because although they know they may never get to the bottom of things (as the exchange below shows):” M: It’s happen that you verify the information? Teacher (3): We do not always have the opportunity to go to the source to test the veracity of information, but we understand what seems right or not (our italics). Swaps allow to get an idea. M: Do you share this opinion? Nurse (4): Yes we cannot verify information Schoolmistress (6): It is difficult to find a reliable source to verify the information. Teacher (3): This is a great difficulty, discussions always end in (disagreement) because no one knows where the truth lies.

The absence of consistently reliable media information locally means that even well educated people are left trying to understand what seems right and what does not. This same situation applies in the case of health information as covered in the specific section below.
C3.3 Online Information untrustworthy and the Internet and increased media as a threat

As elsewhere, interviewees talked about the speed of getting information on the Internet being a problem. The teacher (2) said:” At one point there was only the (state-owned) RTS as radio. Now that has changed....The promptness of the information (makes its) veracity.... problematic”.

The Municipal Councillor saw the Internet and increased media as a threat:” There are more TV (channels) and the Internet, information sources are numerous. But it affects the education of our children, especially films. It’s really hard sometimes”.

The same concerns were raised when the discussion turned to social media as this exchange between the Executive Secretary and the Technician in group 1 illustrate:

Executive Secretary (1): Information. If it is important, (adults) can protect themselves but for children, it is more difficult. I understand the concern of (the Technician).
Technician (5): I even (have) limited internet access at home.
M: Are you an anti -internet?
Technician (5): I’m not all the time. I’m (not) an alarmist but the risks are really important”.

C3.4 How News and Information Obtained - Five Years Ago and Five Years Forward

The biggest change over the last five years was very similar to the Ghanaian respondents on this question but more detailed. There are wider sources of information including more TV and radio stations and the Internet. One participant remembered the TV coverage area reaching Tamba. With this increase in media has come wider access to information and this also includes access to topics not previously discussed: one participant highlighted a late night radio programme on Walf FM focused on these topics, including homosexuality and prostitution. Democracy has also bought competing ideas and ideologies in the media.

Information already travels more quickly than 5 years ago.

As one participant put it, all this information gives you “the ability to know what is happening around the world”. This developments have literally been life-changing according to a teacher (2) 1:" This has impacted the lives of Senegalese. Access is not at all difficult now. There is a very extensive media coverage”. Another teacher in group one thought that all this information held the potential for transforming what people did:”... behavior change is an advantage, but the dissemination of false information puts pressure on the listener”. Nevertheless, the same participant talked about the “plurality and reliability of information.”
A teacher (3) expressed some of the ambivalence felt in all groups between the perceived benefits and downsides of the Internet, in one sentence seeing it as a threat but in the next being beguiled by tablet devices: “...one is forced to use the internet and share with other cultures. With the advent of tablets, I feel the desire to discover new technologies.” A community health worker (10) pointed out that whilst the Internet is used for administrative purposes in some remote areas, most living in them do not have access.

C3.5 Social Media

Key Insight:

- Just over a quarter of interviewees used social media, reflecting the lower levels of internet use amongst the groups. However, the small number who did use social media (almost entirely Facebook) did so for a combination of personal and news and information gathering purposes.

6 out of the 23 interviewees used social media and 17 did not. Of those not using social media, 4 had access to the Internet but chose not to use it. All of the three groups were held outside of the capital Dakar in relatively small towns and interviewees in group 3 mentioned specifically the difficulties of accessing the Internet. So social media is less prominent amongst these interviewees as they are more representative of towns outside the main cities. Nevertheless as the comments below show, things will begin to change where income levels are not an issue.

8 of those not using Facebook are in the group that was held in the most remote town, Tamba. One respondent said he could get all the information he needed from a local website, Tambacoula.info. One of the teachers in group 3 (20) gave a description of the place: "Tamba is a poor area. Everyone does not have access to the net and phone. It is landlocked, poverty is present, resources are untapped and infrastructure are old. The Internet is there but is not for everyone because everyone cannot afford a home computer”.

The teacher in group 1 (2) made Facebook and blogs part of his news-gathering and sees commenting and keeping in touch as part of that process: "I follow Facebook, Skype, and Seneweb, all news websites. I write on blogs and talk to my contacts on Baol news. But (I) do not put personal information”. Another teacher in group 1 (3) had found lost friends using Facebook, a more personal use the platform.

The member of the Association of the Promotion of Culture (14) in group 2 had gone on only a few days before because “I have to update and know what it is.” The ASC member in group 3 (17) used it but was more comfortable with Yahoo: "I
use it for small exchanges. From the moment you open your account, you are assailed by any user, sometimes there are scams, so I’m a bit reluctant toward Facebook. I trade on Yahoo, (where) I feel more comfortable with my contacts”.

Where those not using social media had done so because a lack of access, several of them said they would do so before too long. The Executive Secretary in group 1 (1) said:”I am lazy but I will try it.” The teacher in group 1 said:”I plan to buy a computer in 10 months.” He had not realized that Facebook can be accessed on a mobile phone. The municipal council worker in group 3 (21) felt it was inevitable:”....when things move, we have to move with them,” and that he wanted to communicate with friends who were already on it.” The Municipal Council person in group 2 (9) realized he would have to take on computing because he had failed to get a job recently because of it. His interview went very well but he got no points on the practical computing skills test:” I’m forced to use the internet because it is humanly and professionally necessary”. The schoolmistress in group 1 (6) said she did not use through a combination of lack of time and that her children were on the computer most of the time.

**C3.6 Social Media as a threat**

As in most countries in the qualitative research, the positives of the Internet and social media are mixed with foreboding as the exchange below from group 1 demonstrates:

“Schoolmistress (6): I’ve heard, I know it can be dangerous for young people who are exposed.  
Teacher: it scares me, computer insecurity makes me very afraid.  
Technician (5) : (To) provide contact information on Facebook, is to expose them to danger.  
Teacher (3): I ‘m not as alarmist. (The) Internet has (a) very positive side, and we learn a lot. I recognize that there are very significant negatives. I think the net (impact is positive)”. 


C3.7 Health Information

**Key Insight:**

- Traditional beliefs and taboos (around issues like sex) are a significant thread in the responses of these interviewees and clearly act as barriers to successful use of health information.

**Other Insights:**

- In being asked to consider health information priorities, interviewees in group 1 reached a consensus that malaria should be the important priority but that HIV/AIDS and family planning remained key issues.

- Traditional beliefs and misconceptions that seem to flow from traditional beliefs are a significant barrier to vaccination work. Either information is available and ineffective or they simply do not believe it.

- There are significant contributions on HIV/AIDS and circumcision and the barriers to Information uptake include: sex as a taboo in Senegalese society; attitudes to what traditional medicine can do; and the difficulties of working in the more remote gold mining regions where populations are transient.

C3.8 Information Available

Four of the education and health professional interviewees in group 1 had participated directly in meetings or seminars on HIV/AIDS as the exchange below shows:

“Teacher (7): Most often in community development (the area he works in), I attend workshops every three months.
Nurse (4): It is the medical area, we organize meetings on these topics
Schoolmistress (6): I participated in seminars at DCMS. This is training on health, nutrition and the environment. We have booklets distributed to children (with) activities from eight to twelve years and the theme is: to live in the community.
Technician (5): I participated in a training on AIDS and it revolved around the awareness, prevention and care. This was to explain to people the dangers of AIDS”.

The schoolmistress (6) in group 1 had also done training on malaria:”I did a training on malaria. The sleeping under an ITN (bednet), leaving the stagnant waters (encourages) swarms, allowing them to develop the female Anopheles, these are
factors favoring malaria. They give children activity books whose themes revolve around awareness and prevention of malaria. If the child is well aware, his parents (will become so), (he or she) becomes an information vector. This is a good behavior”. However she did note that this “child tells the parent” approach was not entirely unproblematic:”…. sometimes this leads to differences between a child and his parents”.

The two teachers in group one had taken part in similar school-based activities, with specific family-based clubs:

“Teacher (3): At school in the works that we have, in addition to training workshops and capacity building in health. This is, either the Red Cross is an NGO working in the field of AIDS and malaria are training. It may also be the District health or medical Diourbel inviting us to meetings. In addition, we go down on the ground and organize talks and discussions for ASC and women’s associations.

Teacher (2): At school, we have a club for family life education that develops activities around these themes. We work in collaboration with the laboratory of the regional hospital. It organizes lectures on these topics. We invite a doctor come to the school. There are no taboo subjects, we emphasize the aspect of awareness. For example, we show the use of condoms. We also donated blood”.

In being asked to consider health information priorities, interviewees in group 1 had a consensus that malaria should be the important priority but that HIV/AIDS and family planning remained key issues. The latter is echoed by interviewees in group 3:

M: What is most important to you? 
School Inspector (1): Malaria because it wreaks havoc. 
Teacher (2): Malaria, people expect that the patient is suffering from chronic (malaria) to go to the hospital or they go to the healer who gives them concoctions (our italics). They often come too late.
Teacher (3) AIDS is more dangerous
Nurse (4): Malaria because it occurs throughout the year. We also get a lot of cases of cerebral malaria. Patients often come to us in a total coma.
Technician (5): Malaria, retention basins and open channels are places of mosquitoes.
Schoolmistress (6): There is a decline in malaria following the distribution of ITN (bednets). But the disease that is gaining ground is AIDS. 
Teacher (7): Family planning is important to me. When you have many children, you become increasingly poor. Children close in age lead to health problems.
In the suburbs, you can see a pregnant woman with infants of nine and twelve months. If one is sick, dirty house, polluted water, then a problem of poverty and environment arises”.

As a group of professionals familiar with health issues they knew all if the currently used media and face-to-face communications techniques, stressing the need to
reach those who do not have radio and TV. The teacher (2) in group 1 gave the list more or less faultlessly: “The media. Good penetration of the messages and the use of spotlights, displays and brochures are required. The images (need to) make it possible to understand a message. (You) must use extra threads, focus groups, information from word of mouth, the support of traditional communicators, radio brackets, the palaver tree, social mobilization. Everyone does not watch television or listen to the radio”.

In a similar way, the teacher (13) in group 2 and the member of the Association for the Promotion of Culture (14) are well rehearsed in what is needed for communicating. The latter points out that the Internet is not part of the portfolio of means: “13: In addition, the objectives of the Millennium Development Goals, we had to address issues of health and hygiene through programs called “phase”.

These are different approaches with a method called “Sarar”. This is a kit comprising two entities: a good and a bad behavior example, someone who makes his toilet behind the house....There are weekly radio programs on Walf FM and on TV on RTS.”

14: There is the Teen counseling center... CDEPS and that includes all the associations of local youth. If everyone (is) considered as a relay (of information), information becomes more accessible. It should also go through the media support. In addition, we must focus on prevention while using the relay as ICTs are not available”.

The interviewees in group 3 are similarly well versed. The Development Officer (16) is a good example:” We work closely with the Ministry and health workers as being the basis (to spread health information). We receive information and treat immediately. Women’s associations cover most of the territory and we immediately perceive and popularize information”.

The teacher (20) in group 3 points out that word of mouth often works faster than all these methods when people are interested in the formation being conveyed: “When information...concerns a matter of public health such as malaria, discussions are organized but it can happen that something is happening and that word- of-mouth goes a lot faster than anything thing....Recently the chemist had a motorcycle accident and died. He was struck by a truck and died on the spot. Information such as this flows like wildfire, faster than anything else”.

Traditional beliefs (referenced in italics above) and misconceptions that seem to flow from traditional beliefs are a significant barrier to vaccination work. Either information is available and ineffective or they simply do not believe it. Two examples are given below:

“Teacher (7) There are women who refuse to vaccinate their children because a belief makes it seem as if the child takes courses of vitamins in the form of drops that we give, the child will not have a child. These misrepresentations (have) saddled our work.
Teacher (3): “Vaccination against polio is (made harder) by such beliefs. Of the twelve cases that we have not earned our certification for, six were Diourbel and two were Touba. I attended awareness sessions and vaccination where it took the intervention of the police to help vaccinators.”

C3.9 Information Absorbed and Not Absorbed and why

The moderator for group 3 pressed interviewees about when people sought information about malaria and was it only after they had had malaria. The exchange below is inconclusive but it does indicate the limits of existing health information:

“Communicator (23): The regional station Tamba spends two to three hours per week of issue awareness on Malaria. People each week on prevention, the use of nets and management of the disease are informed.
M: (Asked to 17) Where do you inform on malaria?
NGO Officer (19): At the health center to the district Deposit
M: What would make you get the information?
19: To protect me from disease
M: You will wait to be sick to get the information?
19: No, I say that the desire to protect me would make me get the information.
M: I insist because it does not have the authority, while others maintain that awareness is effective information
Development Officer (16): I reiterate that there is enough information on malaria and AIDS
Member of ASC (17): I also found that there was enough entertainment (used to convey).... these issues
Teacher (20): In some cases, you need a trigger for the person feels the need to seek information. Very often we feel the need for a true story. We talk about malaria and AIDS but tuberculosis is much more common and wreaks havoc among the people”.

The interviewees in group 3 discuss the use of financial incentives as a motivation to get across health information:

“Development Officer (16): To put people to work, we must motivate.
M: What do you mean by motivation?
16: To run a campaign, there is a minimum required: transportation, meals. If the person has to lead this awareness campaign and doesn’t have these, she hasn’t made effort.
Teacher (20): Motivations are not just financial.
NGO Officer (22): Anyway if your word means nothing (in financial terms), the next time you come nobody will listen to you....”
16: When women’s groups make a campaign, they are given 30,000 francs for drinking, 7500 francs for the host. This is what motivates people”.
C3.10 Examples of Health Information Impact - HIV/AIDS and Circumcision

There was a significant amount of discussion in all three groups that was about the successful spread of information about HIV/AIDS. The exchange below in group 2 is typical of their understanding how to organize a campaign:

Teacher (9): For the IEC activities, we go down to the ground level to meet people for more information. We rely on the notion of behavioral change. For AIDS, we insist on talks and entertainment in districts....The program lasts for three years and covers the area of the rural community of Leona (Potou ). Different tools are used to raise awareness on issues of health and hygiene. We transfer information we acquired in the classroom....it has impacted to the extent that good behavior began to be adopted. It comes slowly”.

“Community Health Worker (10):” The issue of AIDS through awareness for behavior change. The mother-child transmission, sexual transmission and the blood testing that are based on what this awareness gives. At the health center, we have a tangible result: we distribute condoms all day long which means a change in behavior”.

But there are wider issues raised that hint at difficulties below this accomplished surface. It is worth focusing on three things: sex as a taboo in Senegalese society; attitudes to what traditional medicine can do; and the less successful focus on the more remote gold mining regions covered by group 3.

The moderator asks in the context of female circumcision whether sex is a taboo subject and a disturbing anecdote is recalled:

“Professor (18): Yes, between best friends we can discuss (sex), but not in public/society. Even at the elementary level it is difficult to talk with students. Take the case of circumcision, a colleague saw her daughter circumcised without his knowledge and he could do nothing against the instigator who was his own mother. People do it illegally and it is this silence that complicates everything”. The NGO Officer (19) makes a similar point about the taboo: “I share this view because many young people are sick with AIDS and we do not talk enough.” This strength of taboo about talking about sex contrasts strongly with the interviewees in the two Ghanaian groups who talk about sex and family planning in some detail.

Traditional beliefs that see any kind of sexual health or family planning as wrong also complicate matters:

“M: For AIDS, how do you detect it?
NGO Officer (19): By screening. We organize it every year in High Shool.
18: For married women, it is not too hard to make family planning but for girls, it’s complicated because they must do so in secret. Society views the evil done to use it when we are not married. It is this stigma that makes things difficult”. 
For whatever reason, less educated people with traditional beliefs do not necessarily believe in vaccinations or that something like tuberculosis exists:

“Teacher (3): In these cases, a health problem arises. A lot of money is released to eradicate these diseases. If one person refuses to be vaccinated, it becomes a potential danger to others. A single case of polio is an epidemic. In one case, all vaccinations are taken back to zero. Both Senegal and across the sub-region. It is the same for cholera and tuberculosis. Programs are initiated against tuberculosis and there are people who do not believe (in them).

M: Is it that people are not sensitized (to the dangers)?
Teacher (3): There is a strong sensitization
M: Which apparently does not work?
Teacher (3): People do not accept tuberculosis (exists).
Nurse (4): In some cases, the antibiotics mean that the patient responds negative to a tuberculosis test while the virus is there. We almost lost a patient because of it”.

The nurse (4) in group 1 highlighted the belief that traditional medicine can cure HIV/AIDS and the exchange below shows that this understanding is even represented amongst several of the interviewees. The teacher (2) even believes President Jammeh of Gambia has developed a cure for HIV/AIDS:

“Nurse (4): We are shocked by certain information.... such as a traditional doctor can cure AIDS ....While this is not true, it can create serious problems such as rising rates of infection.
Teacher (7): There will be other changes as radio creates a lot of awareness. The problem is not to get information but to seek the truth. If this traditional doctor says he can cure AIDS, it may be true. We must test the truth of what he says. This is where the problem lies.
Development Worker (1): I think both are right, AIDS can be treated. I've seen a traditional doctor whose name is mentioned in any newspaper that can cure AIDS as long as the disease does not have more than three years. Modern medicine cannot replace the traditional one. This can treat unknown even doctor’s ailments. I can give you his number discreetly.
Teacher (2): I heard that President Jammeh (of Gambia) treats AIDS, yet we spend billions in the fight against AIDS.
Nurse (4): It is difficult to say how long a person has AIDS.

The member of ASC (17) in group three points out that HIV/AIDS rates in Senegal are rising according to a recent report and the NGO Officer points out the particular problems of Tamba being a border town:

“18: Tamba is a transit town, a crossroads town. It has a border with the two Guineas, Mali, and Mauritania, which exposes us to all kinds of dangers. Then there is the problem of the gold zones that host many places where prostitution has increased. Which enhances proliferation of the disease”. The member of ASC (17) points out this therefore involves both Senegalese citizens and migrants but that
both have a right to health awareness around HIV/AIDS but all of this is part of a broader problem of infrastructure and facilities: “In addition, access to drinking water problem. The boreholes are non-existent and people use hand pumps.”

C3.11 Things that might be done to improve information

The Community Health Worker (10) in Group 2 identified a lack of effort by (presumably Health) Department officials: “My discussions revolve around information on community health. Several health posts are not working properly. Bureaucrats that come from Department do nothing, while community workers do most of the work. They are the ones who do care, childbirth, guards, and hotlines. It should be paid according to the work done. For the moment it is the health committee that is responsible but the municipality or rural councils should (do something)”.

Some of these complaints are clearly motivated by a distinction in pay between state and community staff:

“M: What is the difference between community and state staff?
Teacher (7): Management policy positions in health are not good.
Schoolmistress (6): The problem of upgrading are everywhere, we meet them in the field of education also. Those who are in their offices merely receive reports while teachers who are on the ground doing the most work. If these reports were blocked, the data collection could be done.
School Inspector (1): The problem of community health is very difficult to manage. We are seeing the budget for 2014, how to include positions in the field of community health. Health is one of the transferred powers and we will do everything to help the community staff”.

In places like Tamba where there is a media deficit (in terms of what’s available), interviewees argued that community radio has a role to play:
“Development Officer (16): Increase the number of community radio stations. These play a vital role in raising awareness and it takes a lot to change behavior. In remote areas, people have only community radio.
Teacher (20): It is much easier to integrate the message of someone who shares geographical realities than for someone who is in Dakar.
Member of ASC (17): The information provided by community radio is not limited only to health. It is also advice on farming methods, news of what’s happening in the community, social facts, and cases of violence.
17: (Health) caravans also gave their awareness results. NGOs also. There’s a lot that went through here. Sometimes people have seen so many questionnaires they get fed up with them.”

There was discussion in group 3 about how money spent to try and eradicate female circumcision had been misspent but interviewees also raised the issue of how NGOs spend their money:
“Teacher (20): it is not only the case for people, it is also valid for NGOs. If they allocate 75% of their budget on their own expenses and 25% to the population is low. We must reverse the trend. 
M: What’s wrong with NGOs?
20: How they work.”

The member of ASC (17) was concerned to use a form of evaluation for health awareness spending that might actually reveal real changes in behavior: “For evaluation, I might add that this may take the form of animation. It must be a whole day’s activity with ASC, traditional communicators, religious. In addition to entertainment, discussions should be organized as well as games of questions and answers in order to assess the degree of ownership of the message. With this girl (referring to Nurse 4), we can know if at the end of this session it changes behavior. If she feels the need to share with each other their experience, then this is a good sign. A person has changed their behavior if she is trying to change another.”
D. South Africa Qualitative Research Report

The yellow panel below summarises the key insights from the South Africa qualitative research. There are also orange panels with summaries for each section in the report.

D1. South Africa Key Insights Summary

The key insights from interviewees can be summarized as follows:

Internet a key means of getting news and information in urban areas: Three-quarters of these urban interviewees chose radio, Internet and TV as their main sources for news and information. In terms of Internet access, the main devices used were smartphones, tablets and laptops. Interviewees liked the instantaneous nature of Internet news and browsed throughout the day when they were not busy.

I just google it: In terms of getting information (including health information), the majority of the interviewees said that they would google it. Health professionals themselves google information (usually on their phones) when they need to find it.

Internet becoming a key part of peoples and their work: In the next 5 years, the interviewees believed that Internet in South Africa would be more or less ubiquitous. This does not mean it will be but only that they can see how it will become essential for growing numbers of people, particularly in terms of their job. Social media is a key part of Internet use with all but one of these urban interviewees used social media and although Facebook was used by most of them, they also used What’s App and Twitter were used by a significant minority, making use of several social media platforms. Facebook is used both for keeping in touch with friends and family and for getting news and information. One of the interviewees (a dentist) has a group of colleagues as a community on What’s App.

Health Information Widely Available but...: On the basis of these interviews, health information appears to be widely available in urban areas including poorer townships. However, those familiar with rural areas pointed to significant gaps based on literacy. Health workers pointed to the disconnect between there being “clinics on every single corner” in urban areas and what people actually know in terms of health information. Interviewees felt that there was a lot of information about HIV/AIDS but much less about polio and diarrhea.
D2. Description of One-to-One Interviewees

There were 16 one-to-one interviewees selected to cover a range of health professionals and opinion formers and decision-makers in the health sector. As many are in decision-making roles, the majority tend to fall into the older age ranges: 12 are 35+ and four are 25-34. The interviewees are 50% men and 50% women. They were all from around the Johannesburg area and were all Black South Africans, except one of the interviewees was Zimbabwean by birth.

Because the interviewees express themselves in spoken English, we have edited for clarity, using brackets to indicate where this has been done.

At various points in the report, the positions of interviewees are summarized numerically. This is not meant to be for representative purposes (in the quantitative sampling sense) but merely as a cross-check against generalizations that might be made based on this group of interviews.

The report has three main sections:

D3.1 Media choices

This covers: what media the interviewees use and which is most important to them; the time of day they use particular media; what topics they like to listen to; and what has changed in how they gather news from five years ago and what will change in the next five years.

D3.6 Social Media

This covers: whether or not they use social media; whether that use is personal or professional; their perceptions of the opportunities presented by social media; and their fears about it.

D3.7 Health Information

This covers: the kind of health information available to them; information absorbed and not absorbed and why; and things that might be done to improve information.

The individual interviewees are coded in the report below with the following numbers:

1. Unemployed, ex Bank Worker, Male, 25-34
2. Doctor, Male, 45-54
3. NGO Worker, Female, 35-44
4. Social Worker, Female, 35-44
5. Pre-school supervisor, Female, 35-44
6. Dentist, Male, 45-54
7. NGO Worker, Male, 25-34
8. Finance worker, Female, 35-44
9. Student, working part-time, Female, 35-44
10. Call Centre Worker, Male, 35-44
11. Nurse, Female, 45-54
12. Media Worker, Female, 35-44
13. NGO Worker, Female, 35-44
14. Social Worker, Male, 25-34
15. General Worker, Male, 25-34
16. Community Radio Worker, Male, 35-44
D3. Analysis by Topics

D3.1 Media Choices

Key insight:

- Three-quarters of these urban interviewees chose radio, Internet and TV as their main sources for news and information. In terms of Internet access, the main devices used were smartphones, tablets and laptops. Interviewees liked the instantaneous nature of Internet news and browsed throughout the day when they were not busy.

Other Insights:

- In terms of getting information (including health information), the majority of the interviewees said that they would google it.

- The younger interviewees tended to be less interested in news but this pattern changes as several older interviewees pointed out from their own experience.

- In the next 5 years, the interviewees believed that Internet in South Africa would be more or less ubiquitous. This does not mean it will be but only that they can see how it will become essential for growing numbers of people, particularly in terms of their job.

D3.2 What Media Interviewees Used

The interviewees chose radio (12 out of 16), Internet (12), TV (10) and newspapers (5). Overall, the primary mix for getting news is radio, Internet and TV. The younger interviewees say their primary source of news is the Internet and five mention this in conjunction with their mobile phone. One of the mobile phone users talks about regularly listening to a podcast. Two of the newspaper readers only read them over the weekends.

There is a similar pattern for news use to the other countries in the qualitative research but there is more emphasis on different devices like smartphones, tablets and laptops: Blackberry phones remain popular for a wide social range, with a particular focus on the young and corporate users. Whether a phone, a tablet or a laptop, these devices are more likely to be with people for longer periods of time than perhaps a radio or TV. The male social Zimbabwean social worker’s relationship to his laptop catches this point: ”I’m always on my laptop because I have to be typing reports...”
The speed of getting news (and information) from the Internet is often quoted as a reason for using it. A quote from the female student crystallizes this attitude: “Presently I’m more into the Internet side of things whereby I get news there quickly on the spot. With newspaper I have to go out and buy so I’m more into Internet now.” The instantaneousness is also very attractive as the male call-centre worker explained: “You get the news 3 seconds or 3 minutes after it has happened”. For the male community radio worker is a clear sense that social media has the news before it comes news: “I use social networking sites that is where news or happening stories happen most and it can be hard and soft news.” The Internet also fits into the working day as the female media worker explained: “Actually I don’t have a specific time (to go on the Internet), whenever I get time as I work with people most of the time so when I’m not busy I just browse the internet and then see if I can get anything”.

Live streaming of speeches also means you can hear a Minister’s speech on a particular topic almost as if you were there:” Speeches from ministers, like right now there was a speech regarding BEE, I was not in the workshop but even though I was here it was almost like I was there, I got the complete speech”.

Interviewees frequently say that they will just Google something. The female finance worker is a typical example:” To Google stuff and for news, and information like additional stuff and health stuff”.

There is a strong sense of all the different media elements having a particular time and role. The female NGO worker interviewed said: ”I use the radio because I always use the radio to listen to weather... Because I always open radio when dressing up to go to school. I read the newspaper at work because we always get newspaper delivered on doorstep, I use Facebook and Twitter where people always post current issues....” Someone like this reads a newspaper but someone else has bought it.

The female social worker also read other people’s newspapers rather than bought her own:” If somebody is reading it and I see something that interests me then I will ask if I can read the story”. Others like the female Pre-School Supervisor were only occasional newspaper readers: ”I get my information early in the morning I buy a paper, it’s not always that I buy a paper but sometimes I’m attracted by the headlines that I see on the paper and then I buy it. So before I start work in the morning I can just go through the paper and see whatever they saying and at lunch time that’s when I go into depth trying to read and find out what the message is about.”

This same Pre-School Supervisor understands clearly the disparity between her own media habits and those in the rural areas:”Radio because in the rural areas, some people don’t have Internet, and they don’t always know how to read....”

And radio fits well into the business life of the dentist interviewed: ”Mainly it would be radio because I have a number of businesses around town, and I go check on
all of them...on a daily basis... I spend at the most an hour per business, meaning I would spend almost 80% of my time in the car, driving form one place to another. So reading and any other media would not work. So mainly it would be from radio.” However, this is supplemented by watching the TV news before leaving home:” I’m busy preparing myself so it is not like kind of concentrating on what they are saying. Like you know listening in the background what is happening…. Later in the evening we would watch TV news and that would be about it, no print media at all.”

The Internet only people interviewed see themselves consciously as part of a new generation. The male NGO worker explained:"Am like a really modern generation kind of a guy, so l use all social networks. l use Twitter, l use Facebook....but l also read online news.... l mean think about it you can get all the newspapers on your phone or your tablet so l just use that.” He listens to the radio but only in the morning and evening drive time.

D3.3 Topics of interest

Interviewees tend to fit the type of media topics they talk to people about around different categories. The male Zimbabwean social worker (14) illustrates this pattern well:”With my Dad I talk a lot with politics and football and with my mom we talk a lot about the social development issues because she’s already in the field so it all depends on who I’m talking too”. Because of the professional link between mother and son, she often points out articles to him.

The children of the female nurse (11) will remind her when it’s time for the news:"Yes my son who is a 12 year old is always the first to remind me hey mam you’ve opened SABC 2 it’s news time now at SABC 1. I think they always hear that I like news so as kids they always remind me and say hey it’s time for news don’t forget”.

One interviewee (8) said that her taste for news had grown as she had got older:" OK, I haven’t been to News 24 as much as I’m doing it now to update myself with news. Also when it comes to entertainment I don’t like gossip like I used to”. So news is part of her media diet but also fits with her interest in entertainment. The male dentist (6) makes much the same point about age and interest in the news:"I think there are a lot of people who are lambasted with politics so they end up liking to know what is happening in politics and what is not happening. Obviously the youngsters would be more interested in music and entertainment but I think people of my age would be interested in serious news if you like”.

The community radio worker (16) echoed the same thing, emphasizing that the young, social media savvy may not always be looking in the direction of news coverage:" Ok, fine who is trendy on Twitter who is wearing the most attractive piece of jewelry, who had the most interesting or sexiest dress over the weekend, those are the things that people are interested in. Also when it comes to radio
when you present you need to tone it down to the level of your listenership that is what influences the kind of news we follow”.

How NGOs reach these two categories (not so interested in news; not interested in the detail of the news narrative) poses particular challenges). Even the community radio worker as someone who deals with news regularly does not discuss what he calls “hard news” with his friends but discussion with his family might cover anything including things like reality shows. But he is nudged to read both political and music coverage through email links sent to his mobile by friends.

Health in the context of these relatively wealthy Black South African interviewees often fits into a concern for healthy living that would be easily comparable in some ways to more developed world preoccupations. For example the male call centre worker (10):” I use information to search, to find things I need to get which is information basically. So it counts as what I can say, finding stories, finding the news, finding the lifestyle habits and finding news about health rather. I’m so much into healthy living I don’t know”.

The Pre-School Supervisor (5) feels that TV is more trustworthy than other media:”I prefer watching news because whatever comes out of the news, okay, basically I just believe that it’s the gospel truth”.

D3.4 Online Information untrustworthy and the Internet and increased media as a threat

The South Africans interviewed are much less afraid of the technological changes than almost any of the other countries in the qualitative research. The female nurse’s attitude to this kind of change is echoed in different ways across a number of interviewees:”During the day most of the time I get it from the phone and the Internet and mostly when I’m at home it’s the TV the radio and I buy newspaper daily.... I think it is going to drastically change more because whatever new technology is coming on board obviously I would want to be part of it”.

D3.5 How News and Information Obtained - Five Years Ago and Five Years Forward

The changes described over the last five years by the interviewees tended to be expressed much more in terms of technology, devices and Internet than in the other countries. The single biggest thread was the shift from other news media to the Internet. The female NGO worker (3) described stopping buying newspapers and watching less TV news:”Now I rely more on the Internet I don’t personally buy the newspaper anymore or watch a lot of news on TV. I rely more on Internet”.

The female social worker (4) describes the same shift with social media also playing a role:”It has changed dramatically, social networks obviously, to get news
you just go to Facebook and then you get everything that you need, Google you get everything that you need and you don’t even have to buy a newspaper anymore”.

As the male dentist shows, the biggest losers have been print newspapers, whether from radio or Internet: “As I say, previously one would subscribe to the Sunday newspaper. That I don’t do anymore, at all. And once in a while, we would buy the Saturday Star. Mainly it would be weekend newspapers so that we are able to read them throughout the week, but as I have said with the business expanding, by the time you get home you are really botched and you don’t want to touch anything that has to do with your attention. So yah, which is why now the main media absorption would be from the radio”.

The female student focused on the ease of getting news from her smartphone: “Yes it has changed (over the last 5 years) and in a good way, like I said at this moment with our smartphone you can easily access news, all sorts of news you got News 24 you can access, ENCA you can access, your newspapers through your phone. So it has played a major role in giving us what we need to know and what we need to read”.

The female nurse (11) stresses the change in devices used: “Yes because of the technology, before I was using my TV and radio and my cell phone didn’t even have access to the Internet. Now I’ve got a laptop in the house. I’m using my tablet to get the news when I’m on the run and my cell phone so it has changed drastically”.

The male Zimbabwean social worker makes the point that the Internet is now much more widely available: “I have now more access to internet at school on campus, apart from that I have internet on my cell phone so if don’t have to be at home or at school to access the internet. It’s much easier these days, back then we didn’t have Internet at home or at school”.

The female NGO worker focuses on the greater availability of information that the Internet brings: “Now I use the Internet a lot, I use it to look for information and I do get a lot of information, you could also ask questions, everything is available”.

The unemployed bank worker (1) focused on the ease of getting information and the importance of the smartphone: “Okay at this day and age I think it’s easier because there is new technologies like on cell phone now you can go on Internet, you can go on Google. Then even in terms of news and information in terms of what’s happening out there you can just go Google and then go on news or anything. So it’s basically easy now compared to the last time, so now I think you can gather more information by just being online, it’s much easier if you have a smart phone…. I only listen to the radio when I’m driving inside the car, then newspaper sometimes on weekends Saturday or more especially on Sunday. During the week if I want some news or just to catch up on what’s happening, normally the best way for me it’s on my mobile phone because I’m always having it on me”.
The only person who said that things had not changed for him over the last 5 years was the Community Radio Worker (16) who was probably one of the early adopters of the Internet.

In terms of looking five years forward, interviewees tended to see changes in terms of different technologies rather than how or what they might want to know. There was a fairly general assumption amongst interviews that “everyone” or the “majority” was going to be online. However, the everyone is more likely to refer to those employed (1):” So people won’t be employed, if you don’t’ know how to use the system (the Internet).”

The male NGO worker (7) thought it spelled the end of printed newspapers and the general worker (15) thought that the provision of instant Internet news would be ubiquitous, whether in the car or at home. The female NGO worker (3) thought that there would be more social networks.

D3.6 Social Media

Key Insight:

- All but one of these urban interviewees used social media and although Facebook was used by most of them, they also used What’s App and Twitter were used by a significant minority, making use of several social media platforms.

Other Insights:

- Facebook is used both for keeping in touch with friends and family and for getting news and information.

- Those not on social media had either avoided it because they did not want to share their life online in this way or they had fears about how social media worked.

As might be expected, social media was most widely used by the South African qualitative interviewees. 15 out of the 16 interviewees used social media. Almost all of these interviewees used Facebook but 6 also used What’s App, 6 used Twitter and 3 used BBM on Blackberry. The female NGO worker (3) sees the advantage of BBM being that wherever you are, you are always online. Amongst all the qualitative country interviewees, there was the highest level of awareness of the different social media platforms and heavy users were making use of several at once (Facebook, Twitter, Skype, What’s App).
Use levels and reasons for using varied. One interviewee talked of being “addicted to Facebook” and another was only using it because it was a vehicle to communicate with his sports group. There were far higher levels of posting and making comments than for other country interviewees. As elsewhere, there is a far from simple pattern of using it for personal reasons (what one interviewee called “networking and chatter”) to also using it as a resource for home and work related information and news. Twitter was more widely used than elsewhere.

Interviewees prioritized their social media platforms very differently and other than the consistent use of Facebook there was no clear pattern. The responses on use and priorities for different platforms is given in some detail to illustrate both the complexity of choices and the shifting patterns.

The unemployed bank worker (1) is a typical example:” “Yah, BBM obviously is one of the top priorities because I’m using a Blackberry, so it’s Twitter, Facebook, BBM and Whats App….It’s mostly Whats App at the minute and BBM”.

Each of these platforms has a slightly different use in the interviewee’s mind (1):”I use Facebook most of the time to chat and catch up with old friends because it’s easier that way, you can trace your old friends with Facebook and you can trace and do also follow ups on how life has been for them and what are the changes and so forth….Most of BBM I speak with my wife…close friends and family, Whats App for general (communication outside of those categories)….then Twitter generally it’s for news and follow up on celebrities”. He comments and tweets and uploads on his phone cat videos that say Good Morning and Bible verses. Although he undoubtedly gets news and information from social media, it’s on the Internet that he does searching for both work and home information because it “makes life simple, better and also faster. I think that’s the way it should go, I could love most of the people to have access to these gadgets and it also educates.

The male Doctor (2) uses social media in a similar way but explicitly uses Facebook for work information:”Well, normally to revive the touch with mostly the people whom I went to school with and of course to update it with any matter that I feel I want to share it with them, or for an example if I had met with a challenge or a certain sickness at work, obviously I always want to get a second opinion and that is suitable for my colleagues and Facebook becomes one of the modes that I use in sharing that particular information…. Yes. Of course and obviously and comment on an issue that I feel is important for me…I specifically use it for work related issues”.

In his mind, social media and the Internet is for “average people”:Most of the average people find it easy to use (it) for communicating with one another and they also find it cheap to search for whatever it is they want to search for, their own personal need. So, I for one strongly believe that it can only be average people because they are the ones who can afford airtime because you still find those who live below the other side of affordability so those are the ones that would not bother to go to the Internet, only the average people”. Although his term “average
people” is wide of the mark, it does make clear that all those he can afford it, will end up using it.

Again the female NGO worker’s (3) pattern is different again:” Most frequently is my Twitter, Skype, and BBM and less frequently is Facebook and Whats App....I use Skype to talk to my friends and family, Twitter to follow my friends and what is happening around the world and Skype to talk to someone who is far, Whats App to friends and family.” She uploads pictures and videos, has joined Facebook groups but doesn’t leave comments because it’s too time-consuming.

The female social worker (4) regularly updates her Facebook status, checks out celebrity pages (Matt Damon), does not upload pictures because she worries that it might be dangerous and does not use it for work purposes. Any work needs are met by searching the Internet. The female Pre-School Supervisor (5) uploads Bible verses on What’s App but also doesn’t put pictures up. The male dentist (6) is an irregular user of Facebook (twice a month) but uses a What’s App group to share clinical cases.

The male NGO worker (7) was on Instagram (for swopping pictures); constantly checks his social media for personal information; was the only blogger among these interviewees; saw Facebook and Twitter as his most important social media platforms; has his own You Tube channel and writes poetry that he puts up on it, his blog and other social media platforms. He uses You Tube to research men’s health.

The female finance worker (8) was only on What’s App but Googled the Internet when she needed information on one of her children’s eczema. The female nurse (11) had just got a tablet and described herself as being at the exploratory stage, downloading lots of apps out of curiosity but tended to use Facebook and What’s App (for personal reasons) because that’s what most of her friends were on and share information about interesting events with them. She also follows celebrities on Twitter who she occasionally meets when she goes out as a motivational speaker. But to know why her grandchild is crying at night she Googles on the Internet.

The female media worker (12) still uses Facebook ("I sort of lost interest.") but has shifted her focus to What’s App for chatting with friends but work issues and information are dealt with on the Internet. The male Zimbabwean social worker (14) prioritises Twitter because it has an immediacy for his interest in football:” Twitter has a great way of instantly informing me, if get information on traffic news, football score lines staff like that”. He is also not a fan of Facebook and avoids What’s App because it shows when you are online: “I use it but I try to limit my usage of it because it poses as a destruction when you are trying to concentrate on something and you have people sending you messages and expect you to respond instantly”. And in what will undoubtedly become a trend is switching from Blackberry (on which he has used BBM) to an Android phone shortly. Whilst he describes getting most of his news and information from the Internet, he does say:”
There is a lot of information that is being disseminated through social media and the Internet.

The one person not on Facebook (9) had taken a decision not to use it because it was “demeaning”, although he did upload photos to What’s App: “The reason I’m not on Facebook is I find it demeaning whereby I don’t, I can’t spend my life reading other people’s lives, I got my own life to lead.”

The only person not on social media, a female NGO worker (13) expressed some of the fears about it found in other countries covered in this research: ”I wanted to see how it works because people have been hurt as a result of these things, people have been harassed and I decided to wait and see where it ends, it is now popular but people have died because of it…. I think (people who use it) are addicted to gossip and cussing. That is why I wanted to wait and see where all this ends”. For her, the social functions of social media are conducted using SMS.

D3.7 Health Information

Key Insight:

- On the basis of these interviews, health information appears to be widely available in urban areas including poorer townships.

Other Insights:

- Health workers pointed to the disconnect between there being “clinics on every single corner” in urban areas and what people actually know in terms of health information.

- Most of the health professionals interviewed said that if they could not find health information, they simply googled it, particularly on their phones. One of the interviewees (a dentist) has a group of colleagues as a community on What’s App.

- Interviewees felt that there was a lot of information about HIV/AIDS but much less about polio and diarrhea.
D3.8 Information Available

On the basis of the interviewees, health information is widely available in South Africa and there appears on these accounts to be not much of a distinction between urban areas. For example, the unemployed bank worker (1) talks about the following: seeing a health tent in Soweto (which both provides information and does tests); billboards; stalls in the mall; and pamphlets in taxis. But a number of the interviewees talk about their experience in rural areas where health information dissemination seems less effective. The female NGO worker (3) describes HIV/AIDS information being “everywhere”. The male NGO worker says”.... so if you don’t know anything or something about HIV and AIDS, it is like you are sleeping.” However the Nurse (11) thought that there was a disconnect between the supply of health information and what people know:” It is accessible we’ve got pamphlets on every single corner, we’ve got clinics on every single corner it’s just as people we are ignorant”.

Also the majority of the interviewees are very confident that if they cannot get some piece of health information, they will simply “Google it”, a phrase that recurs a great deal more than in the other country interviews in the qualitative research.

The Doctor (2) interviewed (who deals with HIV/AIDS, the malaria, TB and diarrhea) is a good example of a person who uses the Internet for both professional and private purposes. He backs it up with conversations with colleagues and books but the ease of use makes it attractive:” I would be wanting to research about the type of illnesses that one normally encounter or experiences on a day to day basis at work, and obviously that is something that I found to be challenging, the fact that look, I would have tried to prescribe whatever to the patient and obviously whatever that I have prescribed is not bringing any good result on a patient, so obviously I would want to see or you know prescribe something that would indeed, that has the situation on that particular sickness, or obviously the Internet becomes something quicker that I would resort to. And personally I want to believe that whatever that I would want to improve, it would be both on a personal level for example at home, whatever that I would want to change, it could be on my house or my lifestyle, look that is on the Internet. I normally just go there and research, get a research on that particular thing that I would specifically be looking for....”

In terms of the various topics presented, the unemployed bank worker (1) shows that health information is both presented on certain topics and that he goes off and that as a single, young man he goes off and researches further:

“1. HIV and AIDS. my first time getting such information was at school and then you know when you are at school they don’t actually specify that much. So I remember going online to actually read what is HIV and AIDS, what’s the difference between HIV and AIDS, how does it affect people and how can you prevent it? Can you sit with people who have AIDS? Can you kiss that person and so forth? So HIV and AIDS that one I give you 100 on that”.
Again for family planning the school seems to take most of the responsibility with some predictable consequences in the family where these kinds of discussions are difficult. Again he falls back on the Internet as suitably confidential way of finding what he wants:

1: Yes….it starts when you are in grade 8 and grade 9 because in this day and age our kids are getting out of hand so I think it’s important as parents to teach them about family planning. If you don’t especially if you have a baby girl, I think as a parent you need to teach that, my baby you know…what family planning is… Mostly the reason why I went to this on (the) Internet because you know our black parents they are not that open as much, I will have something to ask you but I will think eish my mother will start asking why I am asking that now, who told you about that, this and that and I didn’t take you to school to learn about family planning and stuff, so (the) Internet will do the job”. The female media worker (12) makes a very similar point:”I think to talk about this health issues as I said sometimes we not comfortable, people should just be open about health issues, don’t be scared, so I think community members should just open up”.

He (1) prefers the Internet to the long queues that there might be if he sought this information in a hospital and although he does talk to family members and colleagues, the former are not specific enough:”…. our parents sometimes are not open enough, there are things that they don’t tell whereby if you go to the Internet it will be specific”.

The female NGO worker (3) reinforces this clear sense of the Internet being the place to go for health information:

“M: Where did you get this information on HIV/AIDS?
3: I have googled it and all the information I am interested in
M: Where did you find information on malaria?
3: I have heard about it and found it on Google
M: And on tuberculosis?
3: I have googled all information listed there
M: You found all information on family planning mother and children’s health, health and hygiene issues, diarrhoea and polio? Anywhere else you might have found this information for example newspaper or posters?
R: Some of these are issues the you see every day when I have interest I just Google. Everyday you find something on HIV/AIDS.”

She describes herself as a “health addict”, uses the gym; worries about catching tuberculosis (particularly in communal taxis) and keeps abreast of family planning information for personal use to prevent getting pregnant and that does not have a lot of side-effects. The latter sometimes means there is a disparity between what Google provides and what’s available in public sector hospitals:”… sometimes the hospitals don’t know about the method you are asking could be sometimes. Google information is ahead (of) the technology elsewhere on family planning, is ahead of what we have here in South Africa, especially in government hospitals. You have to go to private clinics so it’s very expensive.”
The female social worker (4) wants to understand the different stages of HIV/AIDS and knows that there is currently no cure for it.

The dentist (6) has a group on What’s App to share clinical cases and gets information from the Internet, his main plea being that it should be made easier for everyone to do this: “Look I don’t think there could be anything more than what is already happening on the Internet. The only catch is making Internet more accessible to people, and giving people more education so that they are not afraid of accessing the Internet because what I find. I do also have contact, with a lot of people in the township. What I find is a lot of ignorance to the extent that one guy saw me holding a tablet (computer) and he actually thought that it is a big phone, here in Soweto I’m not even talking about a remote area. (Laughter) So if we could get more and more education, I am sure it should be easier for the townships, the information is there on the Internet, the only catch is people not being able to access it... “ So amongst the interviewees, the Doctor, the Dentist and the Nurse (11) all use the Internet to find information to treat their patients.

As with the others above, the male NGO worker’s (7) first port of call when he doesn’t know something about health issues is the Internet:” Google always try to give you answers and if I want to understand if there have been any clinical ties or any other research that has been done, I will just go to Google Scholar.”

The female student (9) combines the “...just Google” approach with a form of religious fatalism about health improvements:”. My question right now is will there ever be a cure (for HIV/AIDS) because I believe that somewhere out there, there is a cure but God maybe just wants to make us suffer (laughter), I might be wrong. I believe that we are sinners and God is just trying to show us. I believe that if there’s a cure for TB why it cannot be created to cure HIV AIDS that’s my belief”.

She (9) felt that there are health information gaps about diarrhoea and polio that have not had the same attention as HIV/AIDS. The male call centre worker (10) also said that it was only last year that he learnt anything about polio. If he does not know something in health terms he talks to a group of friends and if he’s still not happy with the answer, goes on the Internet. He points out that men tend to assume (through arrogance) that they know everything but when there’s gap in health understanding:”... , women are the ones that come forward, women are the ones that are able to organise such things”. The male social worker (14) had a similar pattern: he asked “people who knew about it” but if he didn’t get answers, he Googled it.

The Nurse (11) in describing how she gets information on various topics puts the Internet (“Google....works wonders for me) as one of the central tools but also acknowledges medical books, word of mouth, TV, flyers at the clinic and in the case of issues around clean water (which has been a political issue), ANC meetings. For specific clinical dosing, she has books that provide this information but for general information in her work she uses the Internet.
4. Qualitative Research

One of the female NGO workers (13) interviewed recalled clearly hygiene information broadcast on a programme on Khozi FM: “That we must take out dustbins before we go to sleep, keep curtains closed to control heat and keep a room cool, control pests like cockroaches because they cause diseases like cancer, things like rats, they have diseases and we must be careful. Like when we leave the house we must make sure that we take care of things like urine, we must make sure we use disinfectants”. However as an urban dweller she was puzzled by issues of clean water (“We drink fresh water every day”) and didn’t believe that diarrhea was an issue in South Africa.

D3.9 Between Two Worlds - Information Absorbed and Not Absorbed and why

These educated South Africans are (with certain gaps) fairly well informed about the health issues discussed with them. The example of the pre-school supervisor following comment demonstrates what this means in positive terms. The female pre-school supervisor (5) describes the kind of interaction with health information that most health professionals hope for: “….when you go like to a clinic or a hospital there’ll be posters. There’s this pap smear thing and they will tell you that you need to go and have a pap smear, then you think okay, you ask yourself have I gone and done the Pap smear and then you say okay no. Then I use it, like now I did my pap smear and I’m still waiting for my results which means I saw the poster and I used it”.

The challenge is whether when people find information they understand it sufficiently well or whether they give up at that point:
“M: So every time you are not certain you just Google you do not go to the hospital to ask?
R: (Laughter) Ah no if I don’t understand it I just leave it and don’t go to ask.”

Also this group of educated professionals is subject to the law of diminishing returns in terms of continuous health messages. The female NGO worker (3) switches off at some point: “Sometimes when you have over and over information about the same thing, talking about this over and over again I just ignore it…. When there is too much emphasis on the same message.”

There is also the category person who recurs in all of the qualitative research countries who simply switches off if there is what they see as something unpleasant. The female social worker is a good example as this exchange makes clear:
“4: I don’ know but there are times when I don’t. Like with diarrhoea, obviously it’s a very serious problem but then I do whatever, I don’t even pay attention to that. Like malaria whatever, I don’t think it will reach Gauteng I don’t care and stuff like that. Obviously there was a case like maybe 2 years back in Mpumalanga or Limpopo and I was like I don’t even care I don’t even want to know, yea.”
M: So you just ignore?
4: Yea those I just ignore, like okay then”.

In a small number of cases, there is a lack of clarity about specific things that the high levels of awareness around particular topics like HIV/AIDS disguises. The unemployed bank worker (1):”... sex but specifically you just wanna know that you won’t get it when you ejaculate outside, so that’s the most important information that I would love to know”. And his questions are just hypothetical:

“1: Apart from that I want to know that if it happens that you HIV positive from which stage should you start taking the pills and is it safe that once you see that you are back on your feet you stop taking the pills, is it advisable to do that. Because that’s most of the questions that the people ask, you know like for example I do have an uncle who is HIV positive. At first he used to take pills like daily but now because he’s back on he’s feet now we have to always remind him to take them and then he’ll be like it’s fine I’ll take them tomorrow morning. So I would love people to know even if you think you are feeling better keep on taking your medication”.

Information may be plentiful but those in rural areas may well not be getting the message:
M: And on clean water do you think that information is easy to get or do you usually have to hunt for it like in the case of family planning?
1. Clean water they do advertise it on TV but it’s not like regularly, they do advertise it and there are boards out there giving information regarding to clean water but I don’t’ think people focus on it that much. If you can do a research and ask how many people actually boil their water before they drink it you will get less than 50%, actually 40 or maybe 30. Other people don’t even drink tap water because in some other provinces in South Africa it is not recommended. For example I went to Mpumalanga early this year and we bought our own still water from the shop because their water is a little brownish and dirty, I don’t understand. The last time I drank it I had diarrhoea, I had a runny stomach, so it’s also important to know and get more information with regards to clean water”.

However, there are a number of issues that lie beyond these professionals that are acknowledged in the comments they make. These are about housing conditions and in the case of Diepsloot mentioned below, they are not some remote rural area. What follows (from comments by a Nurse) shows a rather more troubling set of issues including: poor housing in near urban areas, water hygiene problems in rural areas and access to healthcare in rural areas:

“11. I’ve got the peer program that we do at Diepsloot (near Pretoria). There’s an extension called extension 1 where the (drainage) slot is just running through the doors of the shacks. You will find a 2 year old playing there, eating and I’m like okay there isn’t much that I can do as an individual. I was also thinking that if our nice government can do something about it but I think he cannot reach everybody but maybe if we can manage to teach the community. It is everyone’s responsibility
to see that the place that we stay in is clean and hygienic because once it’s unhygienic it affects all of us; especially the children and I would also like to see if there is a way to work around that”.

M: Okay and issues around….clean water?
11: It’s really not bad in our urban areas but it’s still a challenge in the rural areas because now the people have to share the very same rivers with the animals. It’s still a challenge. I would also want people to be taught like maybe this thing of taking a 25 litre of water and put a spoon of jik and put it in over night….if the people can learn to say don’t take that (unhygienic) water and just drink it because the cows have been running over that water, so if the people we can just teach them some basics on how to have their water cleaned up. Because they cannot say they must wait for the government to come and put on the clean water that’s going to take forever”.

“11: On polio I still have a problem because I still think some of the people that are in the really rural areas and have no access to the clinics or has to take 2 buses to go to the clinic, they will end up saying even if I don’t take the child then it’s fine. So I think it is not really that much accessible because of the environment that people are living under, it’s hard for them to reach the clinics and most of those people in the rural areas are even unemployed. So for her to get a bus at 8 am and then come back at 4 pm it’s also a struggle because they don’t even have money to pay for those services”.

But these educated professionals live between two worlds: they have a middle class lifestyle that is in many ways similar to those found in developed countries. But nearly all experience the life lived by those that are not as well educated or wealthy as they are; whether through working or living in townships or going back to see parents and grandparents outside the city. However, their first world conceives of health in slightly different terms and the mention of gym exercise and obesity raises different issues. The comments of the unemployed bank worker (1) make this clear and this is an issue beginning to affect some of the growing African countries:

“1. Firstly before they can make people aware about health they need to make sure that they emphasize it first, that is why I’m saying they need to play their part. All these things that I just mentioned they need to make sure that all these things are there for people. Then that’s when they can say to people that you need to live healthy, eat this don’t’ eat this, exercise because not all of us can have access to go to Virgin active. So what they did I don’t know if its government or it’s a private sector but what they did in the parks that was a good thing”. His comments highlight what he feels is the need for the individual to take responsibility.”

These attitudes also mean that things like traditional (and alternative) medicine as seem much more as a “Oh, it just might work when all else fails” insurance policy rather than having a strong traditional pull. The male NGO worker (7) reflects this attitude:
7: So alternative medicine I would look at it because for cancer treatment now you will be encouraged to use alternative medicine....In conjunction with your treatment because you never know what is going to work. I know some guy that had bladder cancer then he went on alternative medication and when he went to check he was fine....So every time I see something on alternative medicine I am going to look at it.”

D3.10 Things that might be done to improve information

The unemployed bank worker (1) focuses on breaking down the taboos about discussing certain health issues like HIV/AIDS or family planning:

“1. Our parents need to know what it is, they need to emphasise it, they need to tell kids about it. So what needs to be done is I think have a workshop or community meetings, get maybe one or 2 doctors to speak to elders or parents. Tell them first about what family planning is, tell them first the most important part for your child to know about family planning and then once they can start with our parents, it will be easier for the young generation. They can also go to schools but it’s much better if your daughter gets information from school and then comes and ask you or maybe know from home. So when they ask questions at school they say I know my mother told me this and that and that it’s much more better”.

The Doctor (2) agrees and stresses that both community and school visits would be good:”... and when speaking about school visits I mean starting from pre-school level up to tertiary institutions and of course to the companies as well. I believe the community will get an opportunity to quickly learn more about any important things in relation to health issues”. The female pre-school supervisor (5) had had tuberculosis and felt more information should be given, particularly about testing, and that this should be given through companies and schools.

The female NGO worker (3) criticized the use of jargon in terms of malaria information and highlights the disparity between public and private clinics in terms of access to the Internet:”Most of it is also just jargon. They should write like they are writing for the ordinary person. I think still Google is the best way as long as the database is updated otherwise they should make sure that the people in government hospitals get current information in form of posters and are aware of current information because they will be like they don’t know these issues you see in private clinic. People have access to Internet (in private clinics) but in government hospitals they don’t have and they deal with more people.”

The female pre-school supervisor (5) made the point that fiction and drama, which are widely used in South Africa, made it easier to absorb difficult or unpalatable messages”...even the films that they are making portraying HIV being part of the film, not as HIV being said by someone sitting down. If they put it in role-plays and songs it makes a bigger impact to people rather than the person addressing people. So people will see okay if I have so many boyfriends or if I do this and this, this is how I’m going to end up, ja”.
The dentist (6) suggested combining health awareness in class with other life skills like personal finances and computer skills: “Look, previously in school, we used to have a class that used to talk about health. I think if they could introduce that and then start introducing things that have to do with finance as well and start introducing computers in the school. And making children aware that it is not so difficult to sit in front of a computer because a lot of people will have that five rand to sit in the Internet cafe but if they do not think that is important or if they don’t think that I have the internet to access that information they are not going to do it but if we start them at school, make them aware that knowing about health is important and touching the computer is not such a bad thing”.

The nurse (11) emphasized the need for more information on polio vaccination: “….. we still have kids that are not getting immunized. The mother comes and tells me I don’t even know where the clinic card is, how do I immunise a child that doesn’t have a clinic card because I don’t even know the whole information? So I think we also need to emphasis on people’s need to get information on how important the immunisation is for the children. If the immunisation for the children is not up to date they will likely develop polio in the long run of which is more challenging”.

She (11) suggested more trained workers and movable structures should be used to increase the number of clinics: “Cause most of the time the nurses are sitting up there in the clinics in town and chillaxing and drinking our juices so people on the ground are really struggling to get the information. So if we can have more mobile clinics that are accessible, that are moving around or they can even put up some movable structures. We know that building these days are very expensive so the Government doesn’t have enough money to do that I suppose, so if they can put up moveable structures for the people to get the access and train the people. We’ve got volunteers in the community that can be trained to go around and teach people, we need more peer educators. We need more of the facilitators, people that can go around and say this is what’s happening around, what information that you need. We need people that are not going to assume that they think they know what the community needs. People that will like go to the level of the people and say we understand what’s happening in this area but what can we do. We even need those type of political leaders that will get to the level of the people and stand there in parliament and say we know what the people need”.

4. Qualitative Research