THE IMPACT OF MULTI MEDIA IN THE EDUCATION AND PROMOTION OF HEALTH AWARENESS - A PILOT STUDY IN MAMELODI
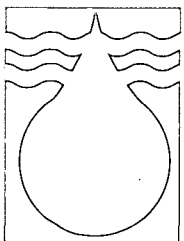
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THE IMPACT OF MULTI-MEDIA IN THE EDUCATION AND PROMOTION OF HEALTH AWARENESS - A PILOT STUDY IN MAMELODI

Report to the Water Research Commission

by

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EXECUTIVE SUMMARY

Contrary to the fears of many, the end of apartheid has brought with it the undertaking from communities to take charge of their own lives. The principles of democracy are taken seriously at community level. Community members are mindful of their situations that need improvement and they need to be part of finding solutions to address their needs.

Over the years and many studies, the importance of satisfying basic needs became clear. Provisions have been made for material solutions by "outsiders" and the legacy of the past contributing, members of the communities have not been engaged in the planning processes.

One of the key priorities expressed in the White Paper on Reconstruction and Development, is the promotion of a healthy society. The Department of Health is faced with an enormous task of developing a health policy and strategy that is all encompassing and cost-effective.

The overall strategy needs to take into account the varying levels of the socio-economic status of various communities. The delivery of effective primary health programmes presents a big challenge not only for government but also for all stakeholders.

The Department of Health at both national and provincial levels, in partnership with business, parastatals as well non-governmental organisations are committing substantive resources to contribute towards preventative programmes to include the promotion and education on primary health care. It seems every opportunity is ceased to help place health on the public agenda.

One initiative to have been embarked upon in the history of South African health promotion was the launch of the "Multi media Health Promotion" strategy. The strategy involves or utilises the concept of "edutainment" that asserts that people learn while being entertained. One of the major goals of the project was to undertake practical health education through the appropriate use of radio, television and print media. The project attempted to prove that mass media have an important role to play beyond the obvious function of providing campaigns to inform and entertain.

The screening of "Soul City" as an educational vehicle is being welcomed not as the absolute solution but should be seen as an integral attempt to highlight some of the problems requiring national attention. "Soul City" ran a set of themes and consisted of a thirteen part television drama; a 15 minute, daily radio drama in eight languages; serialised booklets as inserts in the ten newspapers and public relations and advertising. The messages conveyed in the Campaign need to be taken further by respective communities and use them as the basis for identifying their own pressing needs and jointly find appropriate solutions.

In all the messages it became clear that water is central to good hygiene and health practices. Without access to clean water and proper sanitation, the circumstances become health risks and eventually cause diseases that would otherwise have been prevented.

An evaluation of "Soul City" was done during 1995 by the Centre for Applied Social Enquiry to establish the overall penetration of the vehicle as well as to determine the impact on behavioural change.

The pilot study in Mamelodi was initiated to establish whether the messages of "Soul City" had a long-term impact. The study was done more than two years after the second screening of the first series of "Soul City". At the time of the study in 1997, Soul City 3 was running – heightening the confusion.

The field workers administering the questionnaires encountered difficulties, in that they had to first explain the series that carried messages being investigated. Questionnaires were administered to 384 households, at varying levels of socio-economic status. Men and women, individually and in groups, were interviewed. The fieldworkers and the project leader were received in a friendly and co-operative manner.

The results of the pilot study confirmed the power of multi-media in the promotion of health and hygiene practices. The results further confirm that the messages carried by "Soul City" need to be used in the context to give personal relevancy. The messages should be used to highlight substantive debate on health issues enjoying priority to inform processes to establish a participatory health strategy for the community of Mamelodi. The findings of this pilot study attempt to indicate how important it is to involve the communities in their own development programmes, giving cognisance to the existing strengths, weaknesses and opportunities.

A significant number of respondents have indicated that they viewed the series on television as well as in newspapers as nothing beyond fiction entertainment.

The report recommends that national initiative like "Soul City" need to be supported by localised health and hygiene programmes to ensure easy acceptability and retention. The Health promotion programmes need not be costly; the available resources could be used to maximise the benefits. This would involve graffiti, billboards, community radio stations and the existing social clubs "Burial Societies".

Programmes and projects should be undertaken with community consultation at all times and every step of the way.

ACKNOWLEDGEMENTS

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ANNEXURES

1. INTRODUCTION

Individuals and organisations at national, provincial as well as local levels are becoming increasingly concerned about people's knowledge and practices of primary health and hygiene. Health initiatives are introduced as an attempt to raise public awareness, thus influencing attitudes and behavioural change. The infant mortality and morbidity rates in South Africa are unacceptably high. For instance, approximately one out of four deaths amongst South African children under the age of five, is caused by diarrhoea. This and many more of these fatalities could be prevented.

The main aim of most health awareness programmes is to empower people through knowledge and to enable them to make positive, informed decisions about their everyday lives. The questions that come to mind can be summarised as follows:

* What type of information should be delivered to the public?
* How should the information be delivered?
* In what format should the information be made available?
* How will the information be received?
* What type of impact will the information have in the lives of people, after they have received and processed it?
* How will improvement in the lives of people be measured?
* How do we sustain and maintain the passing of knowledge to generations?

2. "SOUL CITY" COMMUNICATION STRATEGY

"Soul City" is a communication strategy that attempts to promote good health and development in Southern Africa through the use of multi-media. It utilises the concept of "edutainment" - an approach which asserts that people learn while being entertained. "Soul City" was developed under the auspices of the Institute of Urban Primary Care, an NGO based in the Alexandra Health Centre.

The first series of "Soul City" ran a set of themes and consisted of:

* a thirteen part television drama;
* a daily radio drama in up to eight different languages;
* serialised booklets distributed via ten different newspapers around the country; and
* public relations and advertising campaigns in the form of competitions.

The themes focussed on "Mother and Child"-health and addressed the following topics:

* safe motherhood;
* breast-feeding;
* infant nutrition;
* immunisation;

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* respiratory illnesses;
* diarrhoea and oral dehydration therapy;
* childhood accidents; and
* child abuse;

The project was aimed at adults over the age of 15.

3. MOTIVATION FOR THE PILOT STUDY

The study examines the effective use of multi-media as a powerful tool in communicating health messages. It further attempts to address the following objectives:

* to establish whether the residents of the Mamelodi-township have media-access;
* to determine respondents' knowledge of and views on "Soul City" (health education via television and radio broadcasts);
* to determine the extent to which the "Soul City" campaign influenced health and hygiene practices;
* to establish the residents' attitudes on health and hygiene practices;
* to determine public perceptions about multi-media as a vehicle for education and an empowering tool;
* to gather information regarding hygiene, health and related practices from specific groups, e.g. traditional healers and health workers; and
* to develop strategies for communicating culturally-sensitive messages.

4. RELEVANT LITERATURE REVIEW

In recent years, public awareness campaigns have been used by health promotion and disease prevention programmes. Within the context of a large communication programme, health campaigns are useful for creating awareness, heightening the public's sensitivity to a health issue or reinforcing behaviour. While public perceptions of health campaigns appear favorable, they also seem to have limited impact.

Health awareness campaigns alone will not cause long-term behaviour changes, especially with ingrained behaviours such as smoking and poor eating habits. It is for this reason that communication or awareness campaigns should be seen as an integral component of the health strategy of the community. According to McGuire William (1981), health communication programmes should be able to:

* increase awareness of a problem or solution;
* affect attitudes to create support for the individual and collective action;
* demonstrate or illustrate skill;
* increase demand for health services; and
* reinforce and remind about knowledge, attitudes or behaviour.

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These programmes cannot:

*   compensate for a lack of health care services; or
*   produce behaviour change without supportive programme components.

THE USE OF MULTIMEDIA AS AN EDUCATIONAL TOOL

Mass media is a powerful means of communication, educating and informing. Wilbur Schramu (1965) states that a good teacher can teach effectively with the aid of television and that influences of media can have negative or even destructive effects in aggressive prone personalities. This notion is supported by John & Sous (1989) who see media as a critical key in creating a set of beliefs and values which the members of the audience use to help them understand their circumstances.

The educational aspect carried by the use of electronic media should not make the audience passive recipients of messages. This educational approach as John & Sous (1989) contend, can assist and empower people to make important choices and to avoid the notion that "violence on television would incite violence in viewers".

The Green Paper-Broadcasting Policy (Pg. 38) also advocates and acknowledges the particular role that broadcasting services can play in conveying useful information of general community interest and, more particularly, materials that are genuinely educational and which support life-long learning.

Children are the future, therefore, socialisation of children is considered an important aspect in shaping the future of a nation. This is done with the assimilation of basic life skills ranging from basic hygiene, environmental care, acquisition of knowledge, science and technology.

In addition and notwithstanding the violent legacy of apartheid, South Africans have been exposed to violence in various forms, be it in the family or the community. The scars left by this exposure to violence remain indelible throughout the person's life and have a lasting effect on the person's attitude and disposition towards other people. The results of the present study confirm what one of the respondents said: "experience is the best teacher".

"CREDIBILITY" OF MESSAGES

The pressures cited above in respect of competing economic interests in the use of media for promotion, necessitate creative and robust ways to attract attention from the audience. The development of material should be able to capture the target audience's attention and ensure that participants can recall the messages.

The material should be able to relate to personal relevance and should not alienate the audience or be delivered in an offensive manner. This is confirmed by the findings, (to be discussed later in the report), that it is

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important for communities to contextualise and make sense of these meanings in their varied circumstances.

5. METHODOLOGY

5.1 MAMELODI TOWNSHIP

The township of Mamelodi was established around 1953 – 1954, approximately 25 km east of Pretoria. Mamelodi Township falls under the Wonderboom Magisterial District. The 1996 statistical census of South Africa indicates the total population at 3 197 980 for this district, approximately one third resides in Mamelodi.

Like all the townships established in South Africa, rural people moved to the city to engage in activities that would enable them to realise their economic objectives. Coming from diverse backgrounds, people are exposed to the urban lifestyle and they finally acquire and adapt to the additional culture – the urban culture.

Life in the city is characterised by alternative lifestyles (Gilbert & Gugler 1984:121). The most important of these lifestyles are the networks of family and friends. Religious groupings are another form of an alternative lifestyle which shapes attitudes as well as behaviour.

Over the years, with the influx of people from rural as well as neighbouring states, all in search of survival strategies to realise economic objectives (with the moratorium on forced removals), people moved to the urban areas and settled themselves in bare unserviced land on the outskirts of the townships. Mamelodi has not been an exception to this phenomenon. This informal settlement started in the 90's and has since grown much larger.

Juppenlatz (1970:11) contends that squatting starts to take place in urban areas when the pace of migration from smaller towns exceeds the pace of integration of new arrivals into existing structures of the city. In other words, the existing amenities such as housing, water, sanitation and other services are not sufficient to guarantee the provision of an acceptable environment, wherein health risks should not be excessive.

The United Nations (1968:107) describes squatting as uncontrolled urban settlement and regards it as the outcome of normal urban growth processes under unprecedented historical conditions. It should be noted from this statement that the problem does not lie with the existence of "informal settlements" but rather with the fact that the authorities do not make provision for such growth and the forms of informal settlements are often distorted.

5.2   METHODOLOGY

The pilot study was done within the quantitative methodological framework supplemented by a qualitative approach.

QUANTITATIVE APPROACH

The Human Sciences Research Council and the Geographic Information System Centre assisted in drawing up a sample. Sampling was based on stratified principles. Forty-eight (48) blocks of houses being 1 km apart were selected. One block of households comprised of 25 units from which eight were randomly selected. The five fieldworkers administered the 380 structured questionnaires (attached as Annexure A). People visited in the household units were skeptical at first but later relaxed and were keen to participate.

DESCRIPTION OF THE SAMPLE

AREA	NUMBER OF RESPONDENTS	GENDER		AGE	
		MALE	FEMALE	MALE	FEMALE
Mamelodi West	72 respondents	23 %	67 %	Between 24 – 38	Between 18 – 44
Mamelodi East	112 respondents	28 %	72 %	Between 24 – 38	Between 18 – 43
Stanza Bopape	192 respondents	14 %	86 %	Between 18 – 39	Between 17 – 45

EMPLOYMENT STATUS

EMPLOYMENT STATUS	MAMELODI WEST	MAMELODI EAST	STANZA BOPAPE
Employed	14 %	12 %	27 %
Unemployed	59 %	68 %	50 %
Grant	12 %	10 %	8 %
Micro-enterprise	15 %	10 %	15 %

EDUCATION

EDUCATION STATUS	MAMELODI WEST	MAMELODI EAST	STANZA BOPAPE
No education	15 %	18 %	21 %
Primary	38 %	42 %	43 %
Junior, Secondary and Senior	55 %	38 %	36 %
Tertiary	2 %	2 %	-

5.3   QUALITATIVE APPROACH

Eight focus discussion groups were held:

-    Two groups of eight participants each. The selection of participants
     was based on every fourth mother who brought the infant for
     immunisation.
-    Two "Burial Clubs" with an average membership of 12.
-    Two Church Youth Clubs.
-    One Health Provider (the nursing staff).
-    One group of matriculants from Mamelodi High School.

Informal individual discussions were held with six traditional healers known
and identified by fieldworkers.

Here is some useful information gathered from focus groups as well as the six
traditional healers:

*   There is a need for transferring skills and knowledge between the
     generations; the young mothers especially need training from child-
     care-givers. It was emphasized that acknowledgement should also be
     given to the inherent wisdom of the older people in the community.

*   Mobilise child-care minders and informal owners of crèche facilities.
     The majority of the children under the age of six go to some form of
     "kindergarten", some are well-resourced, and others are run from the
     backroom of a house. There is a need to educate the caregivers who
     in turn, teach the children.

*   The need for educating the "house-aides" was expressed. Some of the
     children are left under the care of "helpers" who should be able to
     make an informed decision when a critical situation arises.

*   Children at primary school level should also be seen as a powerful tool
     to be used at home. The curriculum should be such, that good hygiene
     practices are taught. Older children, who take care of the younger
     ones while the parents are at work, should be able to act responsibly
     as and when the situation arises.

*   There should be a conscious and practical use of the Newsletters that
     are distributed freely to households in Mamelodi e.g. Mamelodi
     Record/Rekord. Articles should take into account the language variety
     in Mamelodi.

*   The Soul City broadcasts both on radio and television were seen as a
     good and powerful initiative to communicate messages aimed at
     empowering people. These messages should be taken a step further
     and be localised as far as possible to ensure that members of the
     community associate with the content as well as the approach adopted
     to convey these messages.

*   A perception seemed to have been created by the series that health problems related to non-hygienic practices are only experienced in the squatter / informal settlements. The majority of the groups confirmed that health problems are experienced everywhere.

*   It was also confirmed that poverty plays a major role. People are forced into certain circumstances by lack of some form of income, for example in some of the households there is no one earning a wage / income, electricity has been cut off, and there is no money to buy paraffin or coal to boil water.

*   At the time of administering the questionnaires, Soul City 3 was broadcast and that caused some confusion. However, it should be mentioned that the time of the broadcast on television was moved to 20:00 to accommodate the target audience.

*   Situations in the households did not pose opportunities to practice or apply what has been learned from the Soul City broadcast because of lack of access to basic services.

*   The tendency to act out of panic surfaced – people tend to miss out or forget to apply the skills they have learnt to calmly attend to e.g. the treatment of diarrhoea. Mothers tend to rush the children to medical practitioners, when the problem could be resolved without much cost if they remembered the primary health care.

*   Hospital officials found that 38 % of the children under the age of 6 years suffer gastro-enteritis-related illnesses.

*   The viral infections taking place at the child minding facilities also contributed to the non-response of young babies to treatment offered.

5.4   PROCESS

The administration of the questionnaires was done mostly during the day and 92 % of the respondents were females mostly between the ages 19 and 40.

Some of the respondents were in their own right mothers, wives, grandmothers, breadwinners or widows. The education level of the respondents ranged from standard one to standard ten, with approximately 7 % of them having a matric certificate. The socio-economic status, not being the criteria for selection, varied from poor to the working class. Fifteen percent of the household units visited, were involved in some form of activity generating an income activity: selling from loose cigarettes to running a full-fletched "Spaza Shop".

The map of the Mamelodi Township is attached (Annexure B).

6.   RESULTS FROM SURVEY

The results from the survey are analysed by theme in the three sections of
Mamelodi viz. Mamelodi West, Mamelodi East and Stanza Bopape (the
informal settlement).

Mamelodi West: 38 %

Mamelodi East: 60 % of the 62 % indicated that they have just watched
                  "The Bold and the Beautiful" and tend to reflect on the
                  episode not giving much attention to the following
                  programme.

Stanza Bopape: This could be attributed to the low electricity amenities in
                  the informal settlement.

TV Audiences in Mamelodi

Stanza
Bopape
0%

Mamelodi East
62%

Mamelodi
West
38%

▨ Mamelodi West ■ Mamelodi East ☐ Stanza Bopape

Radio Audiences in Mamelodi

Stanza
Bopape
10%

Mamelodi
East
22%

Mamelodi
West
68%

▨ Mamelodi West ■ Mamelodi East ☐ Stanza Bopape
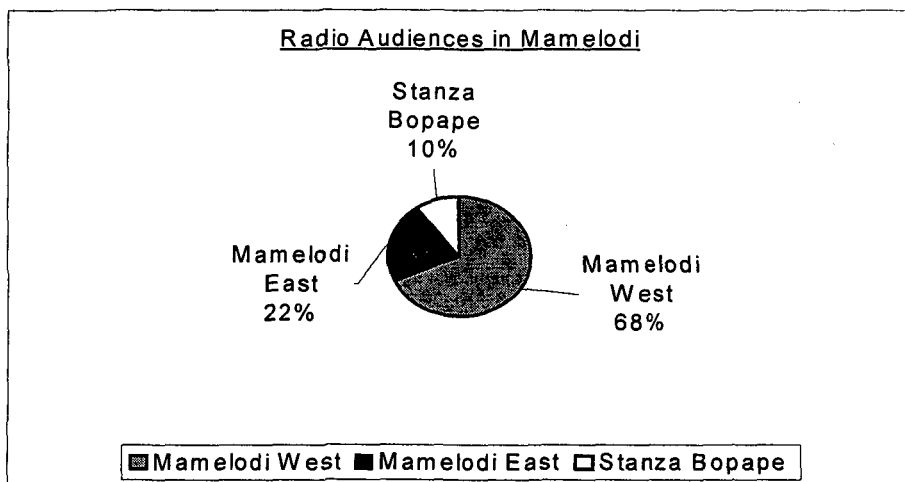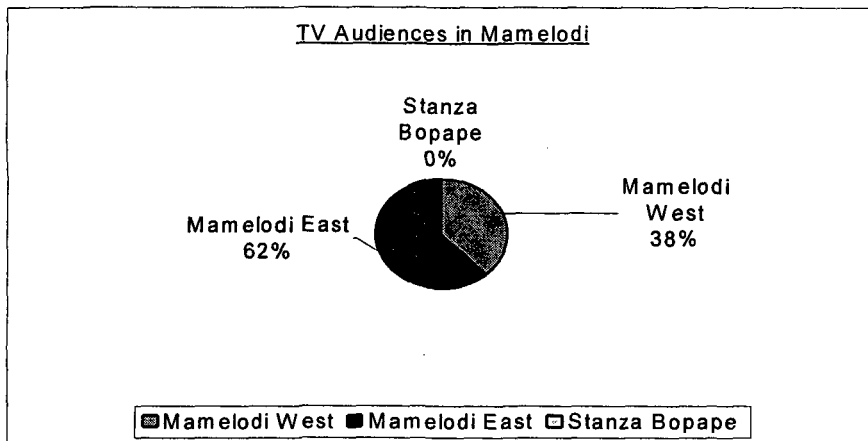
Mamelodi West: 68 %
Mamelodi East: 22 %
Stanza Bopape: 10 %

Newspaper readers in Mamelodi

Stanza Bopape 12%
Mamelodi West 43%
Mamelodi East 45%

■ Mamelodi West ■ Mamelodi East □ Stanza Bopape
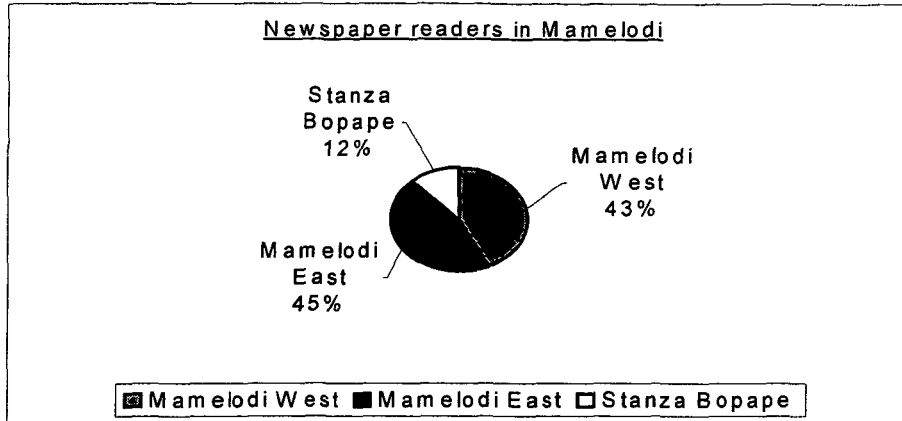
Respondents were asked what they have learnt and if they could apply what has been learnt should an opportunity arise: of the 360 households interviewed 52 % could not remember the messages after the two years of broadcast.

The rest (48 %) are broken down as follows:

Mamelodi West: 30
Mamelodi East: 15
Stanza Bopape: 3

Message retention in Mamelodi

Stanza Bopape 6%
Mamelodi East 31%
Mamelodi West 63%

■ Mamelodi West   ■ Mamelodi East
□ Stanza Bopape
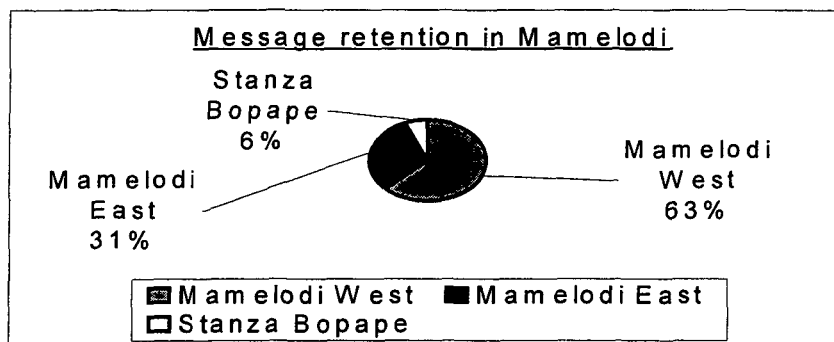
7.   MEANS TO COMMUNICATE SENSITIVE MESSAGES

Most of the respondents indicated the resentment they experienced due to the perception that only the hygienic/germs related problems are for the poor, uneducated as if those problems are not experienced by the educated and the rich. Some of the respondents allege that they are sometimes responsible for taking care of those young ones when their mothers are at work and they are often confronted by ill children who are conveniently taken to medical practitioners.

They felt that messages should be directed to the entire community. Other means that are found to be all-inclusive should be investigated to facilitate effective communication of sensitive and cultural messages.

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The respondents were asked to rate the method that may have greater impact in the lives of people in respect of the daily health issues that affect them. The following were noted:

Methods that may have greater impact in the lives of people in respect of the daily issues that affect them

A 12%
B 2%
C 1%
D 17%
E 5%
F 22%
G 25%
H 16%

▨A ■B ☐C ▨D ▥E ▨F ▨G ▨H
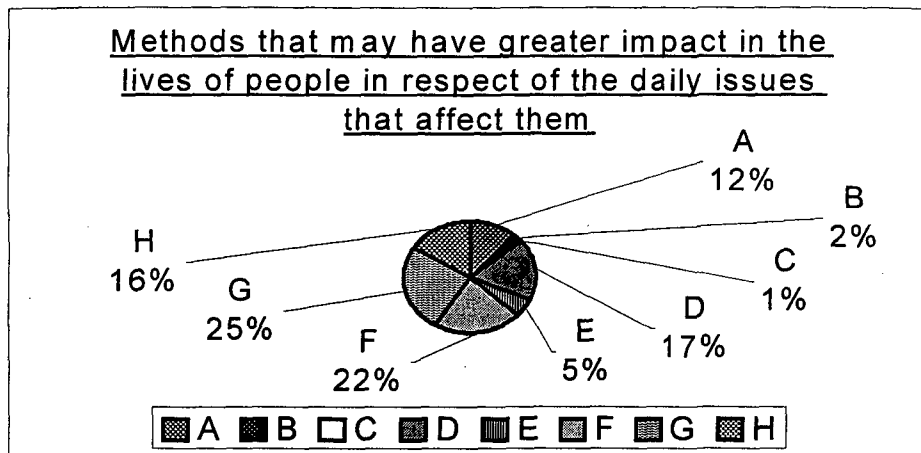
A: Mobilise and educate spiritual healers/sangomas/traditional leaders
B: Increase the use of churches
C: Exploit the opportunity of community meetings
D: A campaign to bring awareness to the "women's societies" or groups
E: Link any health promotion campaign to promotion activities in the local clinics
F: Advertisements like billboards to ensure that messages are retained
G: Education of child-care minders/nursery school staff
H: Continue to use TV only if messages are not to be misinterpreted that only residents of the informal settlements suffer form all the illnesses that could otherwise be avoided

It is clear from the above findings that the improvement initiatives need to be adapted - to a great extent - to the dynamics underpinning local circumstances for any substantial and long lasting change to have any long-term effect. The people's priorities should be first.

These priorities differ from one community to another. Communities are at different levels of development. Local members of the community should be engaged in their own educational and development needs to ensure continuity and sustainability. Too often in past as well as in the present "outsiders" have assumed that they know what poor people wanted and can easily design and implement solutions, as Elliott (1994: 75) contends.

CONCLUSIONS

The following conclusions can be drawn from the pilot study:

*   The use of the multi-media in the promotion of health education is a
     good and useful vehicle but only limited to those that have the
     resources. The aim of "Soul City" was to reach out to as many people
     as possible, but it became clear that the local circumstances of
     communities at different development levels need to be taken into
     account. Therefore the messages conveyed by "Soul City" need to be
     contextualised to suit the needs of the communities. The health
     messages carried by "Soul City" were perceived as problems only
     affecting black poor people. (It would be interesting to know if the other
     minorities do not experience such health problems.)

*   Education and awareness is good only when it can be applied to the
     actual situation. An opportunity has to arise that can enable one to
     apply the knowledge gained and in this way it can be retained in the
     memory.

*   The interesting deduction was that 84 % of the respondents took
     messages seriously and 16 % (maybe due to lack of education as well
     as inadequate access to appropriate services) did not take messages
     seriously. One of the reasons has been identified as indoctrination that
     the television is for entertainment and it is filled with fiction (non-
     existent) situations.

     Therefore, Soul City was seen in that light and some took offence that
     the messages around Mother-Child health problems were only for
     people living in the desperate situations like the squatter settlements.
     This confirmed the perception of looking down at the people from
     informal settlements. According to Lloyd P – 1979 (Slums of Hope?
     Shanty towns of the Third World), the term informal settlement has a
     positive connotation that a settlement consisting of shacks, but is still
     legally recognised or at the very least is not under a threat of being
     demolished. It is a settlement of hope, offering inhabitants the
     opportunity to upgrade their homes and establish a stable community.

•   The language used was also cited as a problem as it is seen as an
     important factor to attract the audience. One of the interesting findings
     was that the Mamelodi community rebel against initiatives from Soweto
     or Johannesburg area – there seems to be a strong feeling that
     "Johannesburgers think that they are superior to all the black
     communities" hence the rejection of the initiatives at other quarters.
     Especially people feeling alienated by the use of language. All official
     languages should have been used especially for radio broadcast and
     newspapers. The radio broadcast should have also taken into account
     the popular music radio stations. Most of the respondents reiterated to

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an approach involving the Taxi Association operative in Mamelodi that during peak-periods the recorded radio drama could be played.

*   Future initiatives should take cognisance of the dynamics of communities, the socio-economic factors that impact on the lifestyle of the community, appreciation should also be given to the inherent competition between communities. Communities strive for progress at varying levels, therefore any awareness initiative should give emphasis to the local fibre and blend. A possibility of maximising the usefulness of the local radio stations and television, should be explored.

*   Primary health care problems should not be addressed in a fragmented manner but should be integrated in the development initiatives of the entire community. The primary health promotion as part of the overall strategy, should be aimed at achieving the following objectives:

1.   PROMOTION OF PROPER NUTRITION

This can be achieved by going to basics in respect of self-help programmes that are aimed at improving people's diet. Health problems could be attributed to problems of lifestyle. Therefore health care should not only be curative but should promote the community's understanding of health and healthier lifestyles.

2.   ADEQUATE SUPPLY OF SAFE WATER

Planning processes in the townships should be such that they ensure accessibility to clean drinking water.

3.   BASIC SANITATION

The spread of diseases to most people is caused by lack of sanitation. Human waste lands up in the water sources creating a health risk.

4.   MOTHER AND CHILD CARE

Programmes in the township should be able to address the needs of all child care givers especially mothers.

5.   IMMUNISATION AGAINST INFECTIOUS DISEASES

Many life-threatening diseases can be eradicated through immunisation. Education of the community should emphasise the importance of immunisation.

6.   INVOLVEMENT

The community should not be passive receivers of health services designed externally by external role players. The members of the community felt that with their health problems, they should be involved

at the level of defining the health problems as well as finding solutions for addressing the problems.

The above objectives can be realised by way of among others the use of mass media carrying messages that community members can identify and relate to. People should find personal relevance from messages.

Communities, urban or rural, need to participate and be consulted upon in respect of programmes and projects that are perceived to assist them in their development.

Multi-media should not be seen in isolation but as forming part of the overall communication strategy. This confirms that people derive knowledge and information from other sources.

"Soul City" campaign serves as the powerful basis that can help communities highlight health issues, build on the awareness concept to address local issues.

RECOMMENDATIONS

1. The health promotion authorities need to mobilise and establish an all-inclusive unit that would investigate in depth should promotion material be communicated in Mamelodi.

2. The Unit should further consider making use of available means (e.g. billboards, graffiti) as powerful means of reaching a large number of people.

3. Youth groups mobilised and educated on how to make their activities empowering.

4. Management structures need to be put in place that awareness campaigns can be supported and development programmes sustained.

5. The "Weekly Mamelodi Record" can be used to carry messages in various languages commonly used in Mamelodi.

6. Feedback mechanism needs to be put in place to enable evaluation and monitoring on a continuous basis.

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*   United Nations Development Programme. 1968. <u>Human Development</u> <u>Report.</u> Oxford University, New York.

*   White Paper on Reconstruction and Development Programme. 1995. Pretoria, South Africa.

*   World Health Organisation. 1987. <u>Measurement in Health Promotion</u> <u>and Protection</u>. Geneva.

THE IMPACT OF MULTI-MEDIA IN THE PROMOTION OF HEALTH

Questionnaire: Answering these questions is purely voluntary!

ACCESS TO THE MEDIA

1.	Did you have a television in 1995?	YES	NO
1.1	Which channel was most preferred in the home?	_____	
1.2	Do you experience that some members of the family changed to other channels at what time?	_____	
2.	Did you have a radio during 1995?	YES	NO
2.1	If yes which station do you play?	_____	
2.2	Have you had an opportunity of listening to a story called "Healing Hearts" at 11:00?	YES	NO
2.3	If no move to part "C" but if yes, were you able to follow the flow of the story?	_____	
2.4	Was the language used appropriate, easy to understand?	YES	NO
2.5	Did you enjoy the story, to even talk about it to your friends or family?	YES	NO
2.6	If yes, did your friends indicate interest, committing themselves to start listening?	YES	NO
3.	Back to TV, did you and your family watch "Soul City"?	YES	NO
3.1	If no move to part "C" but if yes, did you enjoy it?	YES	NO
3.2	Did you learn anything, please share two things you have learnt?	_____	
3.3	Did you talk about the series to your friends and relatives?	YES	NO
3.4	After your testimony, did they start watching the series?	YES	NO
4.	Were there lessons for you?	YES	NO

4.1   If no, describe by ticking the appropriate answer

- I know and have had the opportunity to test
- The local clinic staff educate during the clinic visits
- Learned from the elders (mother or grandmother)
- For diarrhoea for example, consult the traditional healer

4.2   If yes, please share

- cleanliness
- treatment can be less expensive
- illness can be avoided by taking proactive steps

PERCEPTIONS ABOUT THE USE OF MULTIMEDIA

5.   Did you find that people have learnt a lot
from being exposed "Soul City"?   YES   NO

5.1   If no, do you say they have missed important
lessons?   YES   NO

5.2   If yes, please elaborate   _____

6.   Would you say that you will be able to practice
what you've learnt?   YES   NO

7.   Did you start talking to friends, colleagues and
relatives about the messages on "Soul City"?   YES   NO

PART C

To be completed by respondents who had no exposure to "Soul City"

8.   Do you know how to treat "diarrhoea" without
going to the doctor?   YES   NO

8.1   If yes, where did you get the knowledge?

- Clinic
- Mother/Grandmother
- Friend
- Inyanga/traditional healer
- Other, specify

8.2   Have you had an opportunity to apply that
knowledge?   YES   NO

8.3 What form/means would you suggest can be used as a vehicle to pass on information to those who need it the most?

- Radio
- TV
- Clinic
- Inyanga
- Posters

8.4 If NO, what do you do when the child in your care shows symptoms of diarrhoea?

- take to the medical doctor
- take to the inyanga
- take to the clinic
- call your neighbour
- call the nursing sister staying nearby

9. Do you always wash your hands before preparing a feeding for the child in your care?   YES   NO

9.1 If yes, why?

- Wash off the germs
- You do not know, but have been accustomed to the practice
- Good practice, and good manners
- Any other

9.2 Is water important for you and your family? Meaning you can live and survive without water?   YES   NO

10. Are you willing to know how to treat some of the minor illnesses without going to the doctor?   YES   NO

10.1 If yes, how would you want to receive the message?

- TV
- Radio
- Advertisement
- Talks at societies/churches
- Inyanga

10.2 Take for example a "talk" that happens once, would you be able to remember after two years when confronted with the situation that requires you to apply the knowledge you acquired from the "talk"?   YES   NO

10.3 If no, which means would you suggest can be used to help people retain these important messages?

- Every household to receive a calendar with background messages
- Billboards at the strategic points to time and again have these messages
- Encourage youth in positive, constructive and empowering graffiti
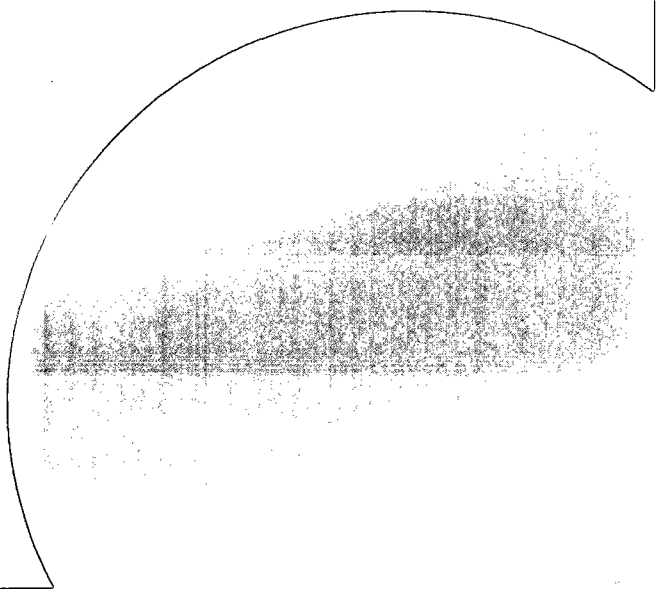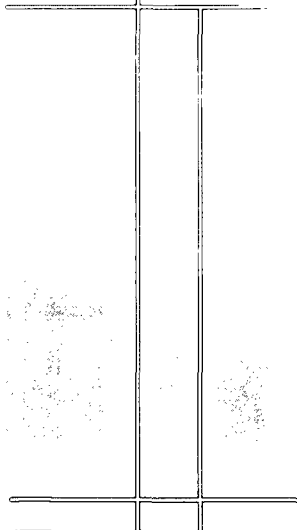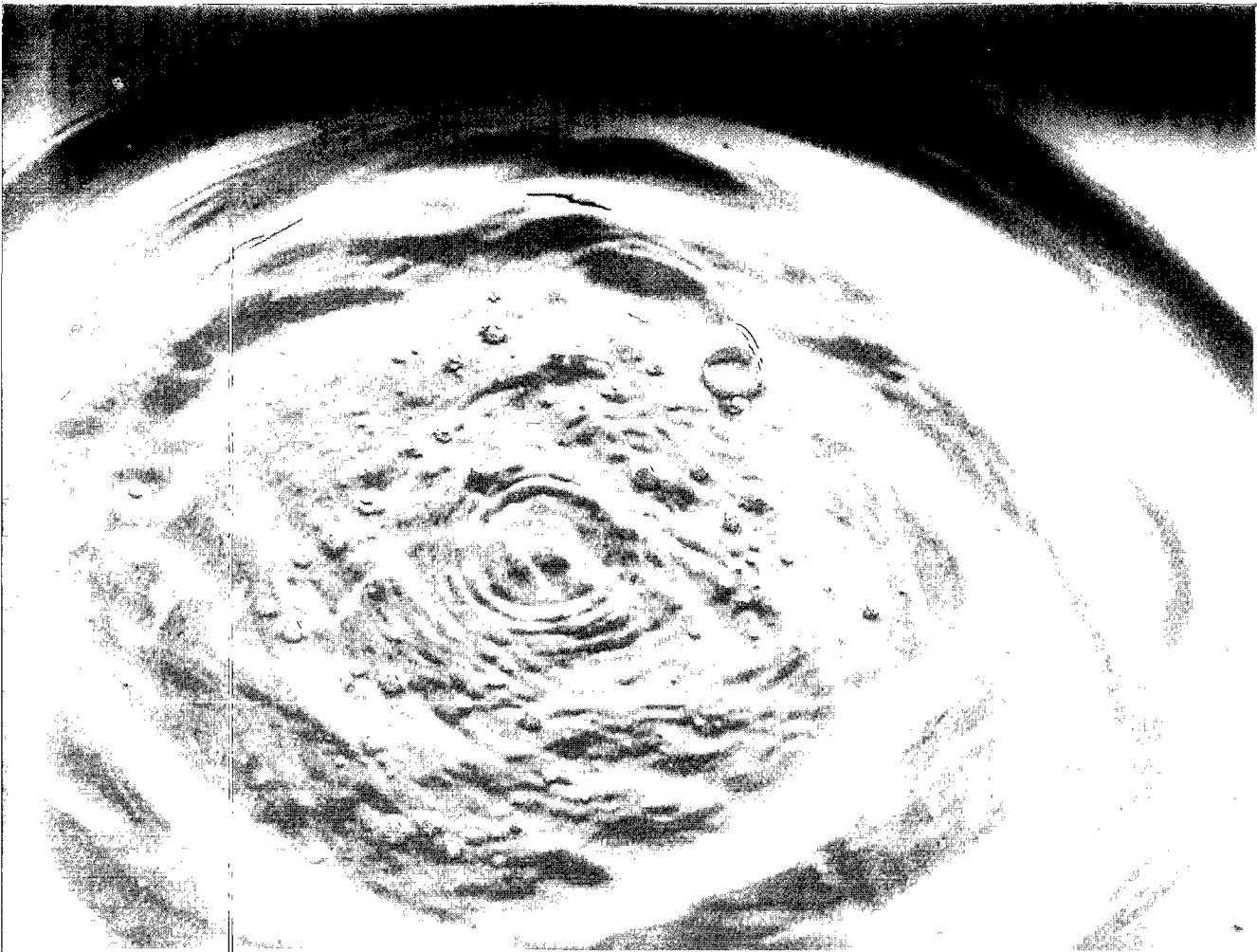
ANNEXURE B

MAMELODI 1997

Legend

+ Medical Facilities

★ Sampled Points
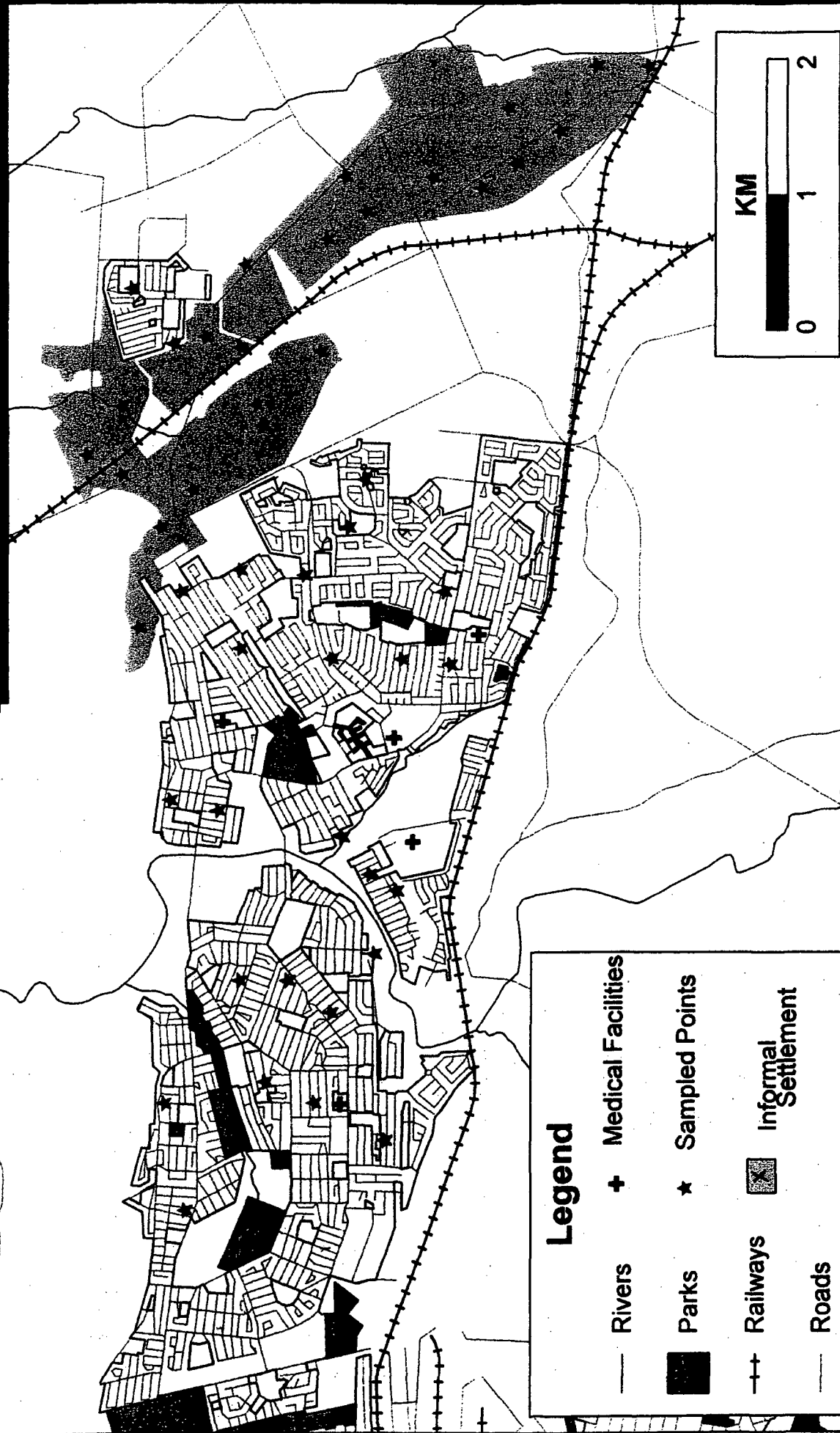
⬚ Informal Settlement

— Rivers

◼ Parks

╬ Railways

— Roads

KM

0   1   2