COMMUNICATING BETTER HYGIENE IN RURAL ZAMBIA THROUGH TOILET CONSTRUCTION: THE CASE OF THE LESA CHIEFDOM OF MPONGWE DISTRICT.

BY

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A report submitted to the University of Zambia in partial fulfilment of the requirement for the award of the Degree of Master in Communication for Development.

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DECLARATION

I, **Royce Mulenga**, declare that this report represents my own work; that it has not previously been submitted by any other person for a degree at the University of Zambia or any other University and it does not incorporate any published work or material from another report.

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CERTIFICATE OF APPROVAL

This report of **Royce Mulenga** is approved as fulfilling the partial requirements for the award of the degree of Master of Communication for Development by the University of Zambia.

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ABSTRACT

This report is entitled "Communicating better hygiene in rural Zambia, a case of Toilet Construction in Chief Lesa chiefdom of Mpongwe District". The scourge of open defecation has reached alarming levels and calls for attention of all stake holders. Lack of access to improved sanitation contributes to a high prevalence of diarrhoea and other water- borne diseases. Further, poor sanitary health practices impact on malnutrition and low quality learning environments for millions of children in rural areas which results in high absenteeism as well as increased school dropout rates, especially for girls. The study aimed at investigating whether communication is a factor in constructing toilets and how communication culture can be used to fight the scourge.

A snap shot survey design was adopted in this research; employing the triangulation approach to data collection and analysis. The qualitative data gathering methods included the review of secondary data on the topic as well as an in-depth interview with the Chief and a focus group discussion with 29 traditional counsellors. As regards the quantitative methods of data collection, there was a questionnaire which was administered to 70 members of the community. The research participants were chosen by purposive sampling. The quantitative data obtained from the field research was processed into tables and charts by means of Microsoft Word Excel.

Findings of this study show that mass communication about hygiene practice was present in chief Lesa chiefdom as this was mentioned both in the focus group discussion and interview. Informants indicated that radio Chengelo and Chimwemwe have programs that focus on community development and sanitation. Knowledge and information is transmitted through call out, bill boards, mega phones community radios and during the traditional ceremonies. Messages transmitted include community led total sanitation and moral conduct such as attitude change as regards to toilet construction. Some people felt that it was not important to construct toilets; others feel lazy to build while others were not aware of the importance of using a toilet, hence a good number of subjects still do not have toilets, and they use the bush to answer the call of nature.

The study recommended punishments to be instituted to the people who fail to build toilets. Chiefs to take an active part in facilitating and enhancing the issues of sanitation in the villages and work together with other stakeholders and the government to make sure that hygiene issues in their chiefdoms are observed by their subjects. More sanitation programs on the radio and TV stations across the country to make people's perception towards toilet uses to continue changing.

DEDICATION

I owe and dedicate this report to the following people;

My husband ***Shilton***; my daughters ***Ruth*** and ***Charlotte***; and my parents for having supported me all the way through my studies.

My brothers, sisters, and friends for they tirelessly supported me all the way through study.

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TABLE OF CONTENTS

DECLARATION i
COPYRIGHT ii
CERTIFICATE OF APPROVAL iii
ABSTRACT iv
DEDICATION v
ACKNOWLEDGEMENT vi
LIST OF FIGURES x
LIST OF TABLES xi
CHAPTER ONE: INTRODUCTION 1
1.1 Overview 1
1.2 Background 1
1.2.1 The Zambian Socio-economic and Political Context 2
1.2.2 The Media in Zambia 4
1.2.3 The Lamba People 5
1.2.4 Lesa Chiefdom 6
1.2.5 Toilet Construction Project 6
1.3 Statement of the Problem 6
1.4 Purpose of the Study 7
1.5 Research Objectives 7
1.6 Research Questions 7
1.7 Rationale 7
CHAPTER TWO: LITERATURE REVIEW 9
2.1 Introduction 9
2.2 Mass Communication 9
2.3 Traditional Communication 9
2.4 Community Organisation 11
2.5 Family communication 11
2.6 Perceptions on toilet construction 12
2.7 The State of Toilet Construction in Lesa Chiefdom 13

CHAPTER THREE: CONCEPTUAL AND THEORETICAL FRAMEWORK 16
3.1 Introduction 16
3.2 Conceptual and Operational Definitions of Terms 16
3.1.1 Communication 16
3.1.2 Communication Source 17
3.1.3 Message 17
3.1.4 Communication Medium 18
3.1.5 Communication Receiver 18
3.1.6 Lamba Communication Culture 18
3.1.7 Education 19
3.1.8 Development 19
3.1.9 Sanitation 19
3.10 Hygiene 20
3.2 Theories used in the Study 20
3.2.1 Lasswell Model of Communication 20
3.2.2 Health Belief Model 21
3.2.3. Agenda Setting Theory 21
CHAPTER FOUR: METHODOLOGY 24
4.1 Introduction 24
4.2 Research Design 24
4.3 Choice of Study Area 25
4.4 Study Population 26
4.5 Sample Size 26
4.6 Sampling Techniques 26
4.7 Instruments for Data Collection 26
4.7.1 Questionnaire 27
4.7.2 Focus Group Discussions 27
4.7.3 In-depth Interviews 27
4.8 Data Analysis 27
CHAPTER FIVE: PRESENTATION OF RESEARCH FININGS..... 28

5.2 Demographic Characteristics of Informants 28
5.3 Mass communication 30
5.4 Traditional communication 31
5.5 Community organisation 32
5.6 Family communication 34
5.7 Perceptions on toilet construction 35
CHAPTER SIX: DISCUSSION OF RESEARCH FINDINGS 39
6.1 Introduction 39
6.2 Which channels of communication are used among the people of Lesa chiefdom? . 39
6.3 What messages are used in information dissemination about toilet construction? 41
6.4 How do people perceive toilet construction in Lesa chiefdom? 41
6.5 What challenges do change agents face when communicating about toilet construction.m? 42
CHAPTER SEVEN: CONCLUSIONS AND RECOMMENDATIONS 49
7.1 Introduction 49
7.2 Conclusion 49
APPENDIX 1: QUESTIONNAIRE 56
APPENDIX 2: INTERVIEW GUIDE 60
APPENDIX 3: FOCUS GROUP DISCUSSION 62

LIST OF FIGURES

Figure 5.1: Responses on Medium used for Communication in the Rural Areas……. …..27

Figure 5.2: Percentages of the People with and without toilets in the Rural Areas.……27

Figure 5.3: Responses as to why people fail to construct their Toilets……..……. 27

Figure 6.1: Responses to traditional communication used in Lesa chiefdom……..43

LIST OF TABLES

Table 5.1: Education levels of the Respondents……..……. 22
Table 5.2: Age of the informants of the study...……..……. 23
Table 5.3: Status of the Respondents of the study.……..……. 23
Table 5.4: Relationships of Respondents with and without Radio if they have Toilets..…. 24
Table 5.5: Influence of Radio programmes on the construction of Toilets...……..……. 25
Table 5.6: Benefits of Constructing Adequate Toilets…..……..……. 31
Table 5.7: Dangers of using the Bush as Toilets...……..……. 32
Table 5.8: Responses by Gender on the use of the Bush as Toilets..……..……. 32

CHAPTER ONE

INTRODUCTION

1.1 Overview

The Zambian nation today is one of the countries in Africa with the least access to sanitation and hygiene services with over 80% of all disease cases being related to water and sanitation. This research zeroed to Toilet Construction Project. As more and more hygiene issues are reported in today's media, the stakeholders wanted to know the causes of this health problem. The hyporeport of this research was, thus, whether communication is a factor in better hygiene through Toilet Construction. Rather than taking the entire Zambian nation the researcher focused on a small fraction of it; she studied the Lamba people around Chieftainess Lesa Palace in Mpongwe District. The question was: Is communication a factor in better hygiene through Toilet Construction in Lesa Chiefdom?

The researcher decided to research on this topic because the issues of hygiene and sanitation are very close to the heart of the people. This is due to the fact that better hygiene entails having an adequate toilet and not just any toilet.

The research report had seven chapters and each chapter with introductory remarks. Chapter one was the introduction, Chapter two discussed the literature review, Chapter three discussed the conceptual and theoretical framework, Chapter four dealt with methodology, Chapter five discussed the presentation of findings, Chapter six dealt with the discussion of findings. Conclusion and recommendations were included in chapter seven.

1.2 Background

Having stated the topic and concern of this study and having given the overview of this paper, the researcher now turned her attention to giving the bigger picture of country Zambia, in relation to Toilet Construction in Chieftainess Lesa's chiefdom of Mpongwe District.

1.2.1 The Zambian Socio-economic and Political Context

Zambia is a landlocked country in South-Central Africa. The country is mostly a plateau that rises to 2400 meters in the east. The total area of the country is 752, 614 square km. Today the country is made up almost entirely of Bantu-speaking peoples. The major tribes include the Bemba, Tonga, Lozi, Chewa, Luvale, Kaonde and Lunda. The Central Statistics Office (2011) puts the population of Zambia at 13 046 508, the population growth rate at 3.5 percent, the birth rate at 44.08 /1000, the infant mortality rate at 66.6/1000, the life expectancy at 52.36 years and the ratio of men to women at 49 to 51 percent. The literacy rate is estimated at 81 percent while the GDP is pegged at $20.04 billion and the per capita income at $1,500. After mining, the second biggest industry is agriculture. About 80 percent of the population is peasant farmers who grow crops such as maize, cassava, beans, cotton and groundnuts (Mulenga et al. 2000).

Early humans inhabited present-day Zambia between one and two million years ago. According to Lambert (2006), around the fourth century AD, a wave of Bantu speaking immigrants arrived from the north. These farmers and iron workers seem to have lived peacefully alongside the Bushmen, who were earlier inhabitants. Present-day Zambia came under British rule through the efforts of Cecil Rhodes, who in 1889 obtained mining concessions from King Lewanika of the Lozi people and sent settlers to the area soon thereafter. The territory which was later named Northern Rhodesia was ruled by the British South Africa Company, which Rhodes established, until 1924, when the British government took over its administration. The discovery of copper in the 1930s marked the beginning of industrialization in Northern Rhodesia. This provided great employment opportunities for the people from the tribes in the country and from the surrounding countries. From 1953 to 1963, Northern Rhodesia was federated with Southern Rhodesia (now Zimbabwe) and Nyasaland (now Malawi).

On October 24, 1964, Northern Rhodesia became the independent nation of Zambia after a spirited fight for independence by the indigenous people. In 1972, Kenneth Kaunda, the first Republican president, outlawed all opposition political parties, leaving only the ruling party-UNIP. When the world copper market collapsed in 1975 the once booming Zambian economy was set on a nose-diving trend. With a soaring debt and inflation rate, in 1991,

riots took place in Lusaka, resulting in a number of killings. Mounting domestic pressure forced Kaunda to move Zambia toward multiparty democracy. National elections on October 31, 1991 brought a stunning defeat to Kaunda (African Election Database, in press). The new president, Frederick Chiluba of the Movement for Multi-Party Democracy (MMD), called for sweeping economic reforms, including privatization of public enterprises and the establishment of a stock market. The 1999 slump in world copper prices again depressed the economy because copper provides 80 percent of Zambia's export earnings. In 2001, Chiluba contemplated changing the constitution to allow him to run for the third presidential term.

After protests he relented and selected Levy Mwanawasa, a former vice president with whom he had fallen out, as his successor. In June 2002, Mwanawasa, once seen as a pawn of Chiluba, accused the former president of stealing millions from the government while in office. Chiluba was arrested and charged in February 2003. In April 2005, the World Bank approved a $3.8 billion debt relief package for the country. In the September 2006 presidential elections, incumbent Levy Mwanawasa was re-elected. However, President Mwanawasa suffered a stroke and died in September 2008. Vice President Rupiah Banda took over as acting president and was elected president in October 2008, narrowly defeating a prominent opposition figure in the name of Michael Sata. In the presidential elections that were held in September 2011, Michael Sata of the Patriotic Front won the poll with 43.3 per cent of the vote (Electoral Commission of Zambia, in press). Again death stroke Michael Sata who died in office in October 2014 and was later succeeded by Edgar Chagwa Lungu in 2015 who was re-elected again as the republican president together with Inonge Wina as a vice president in 2016 tripartite election.

As at now, the socio-economic prospects of the country are good. The growth of the economy is pegged at seven percent. Although poverty is at 60 percent, Zambia boasts of a lower middle income status with an ever growing middle class. The Patriotic Front government is investing heavily in infrastructure and social services such as the social cash transfer for the poor in rural areas of which Mpongwe District has benefited from.

1.2.2 The Media in Zambia

Besides the communication types found in traditional society, there are different forms of communication media existing in Zambia today. Print media include newspapers, magazines and book publishing while electronic media ranges from radio and television to internet and telephone. According to Kumbula (in press), the mass media were used in colonial days as a weapon of discrimination and domination against the Black Africans. They were basically set up to promote the welfare of the White colonialists and settlers, and not to conduct fair journalism. For the most part, Black Africans were demonized and depicted as ignorant, criminals and rabble-rousers. During the Federation, the federal government controlled radio and television outlets. The Zambia National Broadcasting Corporation (ZNBC) was formed at independence. Initially it had only one television channel outlet and two radio stations (Radio One and Radio Two). ZNBC became a state-run institution that served the caprices of the 'Party and Its Government'. It had been transformed into a weapon against opposition views. In terms of print media, the major means of communication have been the two

Government owned national daily newspapers, the Times of Zambia and the Daily Mail. Until the advent of the Post Newspaper in1990, Zambia could not boast of an impartial and autonomous media.

The shift from UNIP to MMD rule in 1991 signaled both a symbolic and philosophical change. A new media mantra was in the offing. It was called Press Freedom. The MMD's rhetoric on media independence did not translate into practical implementation until the year 2002 when Mwanawasa, under pressure from the citizenry, amended the ZNBC Act to free the air waves and assented to the Freedom of Information Bill (Makungu, 2004: 24-25). As at now, Muzyamba (2009:2) asserts that the public media has been relatively liberalized as can be seen in the current presence of six private newspapers, 32 private radio stations (most of which are of a religious and community nature) and three private television stations (Muvi, Mobi and Trinity Broadcasting Network). In terms of telecommunication, the nation has witnessed an upswing of cell phone use and downward trend in the use of landlines. New media include blogs, social networking sites, and online news publications such as Zambian Watch Dog, Lusaka Times, and Tumfweko.

New media have revolutionized the freedom of the press. It is no longer the monopoly of the media owners or governments to dictate when and how the people access information (Kumbula, in press). It is a matter of time before Zambians begin to own non-traditional media as is already happening through internet. With a good number of Zambians in a position to access all kinds of information and with many private media around, both print and electronic, many people feel empowered to contribute to national development. On the other hand, Kumbula (Ibid.) observes:

… Despite the new freedoms, however, access to the media remains limited because of illiteracy, poverty, inability to afford newspapers, and the costs of radio and television. Moreover, the lack of electricity has kept the electronic media out of the reach of a majority of Zambia's citizens. Though the Information Revolution has made the Internet available in Zambia, poverty, however, has militated against making e- mail and other internet services available to most Zambians. Computers, simply, are too expensive. Internet sites and cafes are available, but most Zambians cannot afford to log on. Many prefer to spend their limited cash on more pressing needs, such as food. All forms of media are shaped by political, economic, educational, and social conditions. However, media can shape itself, and in turn shape other things. For media to be seen to be performing a neutral role in national development, it must be independent and free of government interference. We are yet to see if the Lungu Administration will go beyond promising the operationalization of the Freedom of Information and the Independent Broadcasting Authority enactments.

1.2.3 The Lamba People

The Lamba people are found in the Copper belt Province of Zambia and came from Kola in the modern day Congo during the great Bantu migrations of the eighteenth century. They settled in Ndola Rural in mainly three Districts which are Lufwanyama, Masaiti and Mpongwe. Like many peoples of Africa, the Lamba people have a rich cultural heritage that is transmitted by word of mouth from one generation to the next. Very little Lamba folklore however has been written down.

1.2.4 Lesa Chiefdom

Zambia is divided into ten provinces. Mpongwe District, is found in the Copper belt Province and it shares boundaries with Central and North-Western Provinces. Lesa chiefdom is just two kilometers away from Mpongwe town and it is the biggest chiefdom which has more than 300 villages and big farms such as ZAMBEEF and Darfarms consisting of thousands of hectors. The people of Mpongwe particularly those in Lesa chiefdom lead a very traditional lifestyle to a greater extent and more so because they are surrounded by five other chiefs and traditional governance is very dominant. The communication of traditional messages is done especially through traditional ceremonies which occur annually.

1.2.5 Toilet Construction Project

The toilet construction project is one of the projects that UNICEF in collaboration with other line ministries is undertaking. It was first realized by chief Macha of Southern Province under the community led total sanitation project. This implied that the community should take lead in sanitation and hygiene issues. It was discovered that most subjects of the chiefdom prefer going in the bush to answer the call of nature. They shun constructing toilets. Therefore, this leads to more diarrhoeal diseases in the community. Hence constructing an adequate toilet will mean better hygiene in that it will help combat diseases such as dysentery, typhoid, and cholera.

1.3 Statement of the Problem

The 'UNICEF/World Health Organization Joint Monitoring Programme 2012' report estimates 5 million Zambians live without access to safe water and 6.7 million lack access to improved sanitation. Furthermore, around 2.3 million have no toilets; they practice what is called open defecation. Lack of access to improved sanitation contributes to a high prevalence of diarrhoea and other water-borne diseases. Further, poor sanitary health practices impact on malnutrition and low quality learning environments for millions of children in rural areas which results in high absenteeism as well as increased school dropout rates, especially for girls. More than 24% of basic schools do not have access to sanitation

nor safe water supply (CSO, 2011). This compromises Zambia's development strides. However, there has been no study specifically on communications for better hygiene in chief Lesa's chiefdom of Mpongwe. This research therefore sought to close this gap by undertaking this study.

1.4 Purpose of the Study

This research set out to investigate the relationship, between communication and people's willingness to construct their toilets. The researcher wanted to find out whether it's the perception or beliefs that cause people not to construct toilets. The researcher also wanted to consider how the same communication culture can be used to fight the scourge.

1.5 Research Objectives

i. To establish means of information dissemination used in Lesa chiefdom.
ii. To examine the knowledge, attitudes and practices of the people of Lesa chiefdom with regard to toilet construction.
iii. To analyse the communication strategies used by stakeholders in communicating about toilet construction in the area.

1.6 Research Questions

i. Which channels of communication are used among the people of Lesa chiefdom?
ii. What messages are used in information dissemination about toilet construction?
iii. How do the people of Lesa chiefdom perceive toilet construction?
iv. What challenges do change agents face when communication about toilet construction?
v. What is the link, if any, between communication, culture and toilet construction?

1.7 Rationale

The benefits of this study are as follows:

1) The change agents of Chief Lesa's kingdom will, hopefully be empowered by findings of the study so they can be more helpful in achieving change, and add momentum to

change people's knowledge, attitudes and perception especially those in Lesa chiefdom towards toilet construction.

2) The field of research would also benefit in that there hasn't been any known study that has investigated why communities of Ndola rural generally do not construct toilets for their own use.
3) It was also hoped that this research study would also guide policy makers as well as advocates of sanitation and hygiene on the appropriate strategies to use so that they can achieve the Millennium Development Goals.
4) The study also added value to the existing body of knowledge in the discipline of Communication for Development.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This Chapter looked at other researches on issues of hygiene practices in terms of toilet construction and the recommendations if any.

2.2 Mass Communication

Communication is the exchange of information between people through means such as speaking, writing, or using a common system of signs elucidating behaviour and creating mutual understanding and sympathy. Mass communication aims at broadcasting reaching all or most of the people in society. Communication about the importance of toilets especially in rural areas cannot be over emphasized. The CSO's latest Living Conditions Monitoring Survey (CSO, 2000), it was found that 19% of rural households practiced open defecation in villages. One of the reasons attributed to this is that mostly, latrines collapse in rainy season and most households feel lazy to build new ones. Because of this, families end up using the bush to answer the call of nature. This situation leads to a lot of cholera, typhoid and dysentery cases especially in rainy season.

2.3 Traditional Communication

Communication and transmission or exchange of information is important and traditionally takes many forms. Traditionally, Knowledge and information is transmitted through call outs, bill boards, mega phones, community radios to educate. Additionally, traditionally Knowledge and information is also transmitted through songs, dances and announcements during the meetings. By considering the results of the study conducted in Burkina Faso in 2001.

In Kerala, a study of hygiene behaviour by Cairncross et al. (2005) uncovered the effect of a supportive household norm on hand-washing behaviour. Respondents in their study were more likely to demonstrate correct hand washing in those households where all women

reported the practice. The authors also observed that education and communication in the study sites affected women's behaviour, but not men's. Key informants confirmed that this lack of effect on men was explained by the fact that the interventions were directed to women, which gave the impression that the project was for women only.

Where people, especially the older poor, have low levels of literacy, this effectively isolates people. In 2007, PSI Madagascar simplified the packaging and instructions for their products to better meet the needs of rural women users. Yet the time and financial costs of attending meetings can be obstacles for poor people and may exclude poor people's participation. Convening meetings in areas where participants have to travel great distances is logistically more difficult in rural areas, even if the financial resources were available. Language spoken has been found to affect hygiene-related beliefs. In rural Guatemala, Goldman et al (2001) reported that indigenous women who only spoke Mayan were less likely than those who spoke Spanish to have beliefs about the causative links between hygiene, contamination and diarrhoea and to accept new ideas related to hygiene and sanitation. Hence, the lack of water treatment might also be explained by lack of access to information in the appropriate language and in terms familiar to the population.

In Guatemala, it was found that women living closer to the capital, bus services and open roads understood the relationship between hygiene and diarrhoea prevention better than women living in less accessible places (Goldman et al., 2001). The authors concluded that since many rural villages are geographically remote, those connected to larger towns by roads are more likely to gain access to information related to disease prevention and were more likely to understand the concept of hygiene and water contamination. Research has shown that, independent of a mother's knowledge of diarrhoea causation, her educational level affects the likelihood that she will adopt preventive health behaviours (Ketsela, Asfaw & Belachew, 1991; McLennan, 2000b; Cairncross & Shordt, 2004).

In rural contexts, where traditional belief systems may persist, women may lack sufficient decision-making power within their homes or have access to resources outside their homes to take effective action regarding water treatment and hygiene promotion. However, culturally appropriate groups, like the Jiggasha groups in Bangladesh, have been established

to allow women to join group discussions organized in the homes of opinion leaders located at central points in the village social network. The increase in modern contraceptive use was five times greater among women in these groups than among women who were visited by field workers at home (Kincaid, 2000b).

2.4 Community Organisation

Community organization is where the leaders allow the subjects to share and air out their problems and complaints on sanitation and the village authority shares any kind of information to the people if there is need. In these meetings the information and knowledge is dramatized, presented in riddles, songs, and proverbs.

Curtis et al, (2001) revealed that the Saniya Programme in Burkina Faso used Social Marketing, and projected four key messages to a wide audience of the capital city, using radio, drama and house visits to change people's attitudes to hand washing. Community Led Total Sanitation Kar (2005) also add community leaders have a key role in a method of triggering sanitation by shaming communities into building latrines or otherwise disposing of excreta safely. This is where it was observed that the outputs of the programme are impressive in terms of the claims for open Defecation Free Zones (ODF), the sustainability of this high level of sanitation is questionable as people change not through conversion based on knowledge or understanding, but through coercion by their traditional leaders and aggressive methods of peer pressure to enforce conformity. The use of authoritarian measures by village leadership means Community Led Total Sanitation is still a top-down, vertical approach, and with one main objective (open defecation free status), it does little to change norms and values that direct behaviour.

2.5 Family communication

Exchange of information should start from the household or family level, spread throughout the community and the nation at large. Studies by Goldman et al (2001) concluded that location makes a difference both to the practice and understanding of water treatment and household hygiene. They found that in rural Guatemala individuals involved in community

groups were significantly more likely to understand the relationship between poor hygiene and diarrhoea, because they were more likely to come in contact with such ideas in the community. The authors concluded that both interpersonal (such as family and friends) and impersonal channels are important sources of information and that they influence social norms regarding hygiene and contamination.

Research in Guatemala by Goldman et al (2001) found that the closer household members lived to their relatives, the weaker the relationship between diarrhoea and hygiene practices. The authors concluded that people who live with or near parents or in-laws and who see them frequently are less likely to adopt hygiene-related behaviours, although the relationship was not statistically significant. They reasoned that when family members live near relatives, they may have less overall authority or relative power within the family than in the absence of relatives and thus be less able to adopt new practices on their own. Other studies have found that mothers-in-law, older mothers and grandmothers "strongly influenced decision-making about water management and hygiene behaviour within the household environment" (Halvorson, 2004). Thus health education needs to consider the role of the grandmother and the mother-in-law within each household, as well as the husband–wife relationship. Therefore communication at a family is very important in influencing the attitudes of the villages in Zambia about hygiene particularly in toilet construction.

2.6 Perceptions on toilet construction

Nielsen et al (2003) found that hygiene practices in the Punjab area of Pakistan were related to the wife's perception of her social status rather than being seen as measures to prevent disease. In their study Jenkins and Curtis (2005) found that consumer motivation for acquiring sanitation in rural Benin showed that motivating drivers for installing latrines had more to do with prestige, well-being, and wider aspirations than health. Pakistan has a National Sanitation Policy which promotes 'Community Led Total Sanitation' as one of its basic principles and offers 'reward for outcomes' as incentives.

2.7 The State of Toilet Construction in Lesa Chiefdom

The level of education and culture affect the people's sense of powerlessness to drive change. Poverty, oppression or cast systems like conditions are the root causes for this mentality that decisions and development policies are done by people somewhere else, and that the regular people cannot affect it. This sense of powerlessness that also exists in the Lesa chiefdom is common in poor rural areas of Africa. The sanitation situation in the project of toilet construction of Lesa Chiefdom certainly has room for improvement. Nearly 60% of the population in the chiefdom does not have access to a toilet. Some of the schools in the chiefdom for instance, do not have any kind of toilet facilities or they may be in bad condition. As people then need to go do their business in open grounds, diseases spread quickly and create favourable conditions for parasites. Having to "hold back the need to go", it also causes difficulties of many kinds. For instance children may face difficulties when attending school, if it is not possible to go relieve themselves during the day. Also urinary tract infections can be caused by holding back the need to go.

According to CSO's latest Living Conditions Monitoring Survey (CSO, 2000), 19percent of rural households practiced open defecation in 2006, but with differences among provinces. The study by the Zambia National sanitation Newsletter (2013) found that Mpongwe had 41 villages only that do not use the bush to answer the call of nature. The rest of the villages practice open defecation. One of the reasons attributed to this is that mostly, latrines collapse in rainy season and most households feel lazy to build new ones. Because of this, families end up using the bush to answer the call of nature. This situation leads to a lot of cholera, typhoid and dysentery cases especially in rainy season (NRWSSP, 2013).

Involvement of Chiefs and other traditional leaders in sanitation programmes has made tremendous progress in toilet construction by the subjects. In Mpongwe, out of six chiefs, three chiefs have managed to free subjects from open defecation. Lesa chiefdom has not managed. Being the biggest chiefdom in Mpongwe, a lot of challenges in hygiene cases get to be seen.

WASHE in Schools and Practicum Report (2012) reports that Worldwide, diarrhoeal disease kills more children under the age of five than any other single factor (UNICEF) and narrowing down the causes responsible can be difficult and complex. However, much of this traces back to the general lack of access to safe drinking water, sanitation services, and poor knowledge of proper hygiene practices. Beginning in 2011, CARE International began a Water, Sanitation and Hygiene (WASH) program, funded by the United States Agency for International Development (USAID), to increase the currently poor level of WASH services available to schools in rural Zambia.

Therefore, effective communication by the chief in better hygiene helps in changing the mind set of subjects. In Lesa chiefdom, few adequate toilets have been built despite the emphasis by the chief. This has led to continued cases of cholera and other water borne diseases. According to Plan international (2012), access to safe drinking water, adequate sanitation and hygiene (WASH) are vital for the survival, growth and development of children and youth. Globally, lack of sanitation, insufficient quantity and quality of water, and poor personal hygiene contribute to an estimated 2.2 million deaths every year, with around 90% of these deaths among children under five. When access to water is limited and schools lack toilets, many children (especially girls) face increased burdens on their time and risks to their personal safety and continued education. After years of effort, there is cause for celebration as the Millennium Development Goal (MDG) target of halving the proportion of people without access to safe drinking water was achieved in 2010, five years ahead of the deadline. However, much work still remains to be done as 780 million people still lack access to potable water, and 2.5 billion lack access to adequate sanitation.

UNICEF (2008) laments that the importance of the safe disposal of human excreta and hand washing with soap as critical public health interventions for rural and urban communities is undisputed. It is known that community-wide, consistent use of latrines, combined with adequate hand washing can drastically reduce the disease burden among children and their families. What is important is the course of behavioural and social change in communities, schools and individuals that takes place resulting from these interventions, and the more far

reaching development outcomes of these processes. However, health care provider shave advocated for change of behaviour in people.

The aim should not just be in building latrines, but to change behaviour. Concentrating on building latrines on the first priority leads to failure. There should be involvement of the community, encouragement and a clear picture of what to do next. This can make a big difference in the project of toilet construction. There should also be participation of the villagers in discussing the problem and analysing the solutions themselves. This will show that attitudes and knowledge are more important drivers of new behaviour than cash inducements and crude exhortation. Relating to Lesa chiefdom, enhancing toilet construction calls for community mobilisation. This can only be possible if there is a change in behaviour and attitudes of the people.

Family communication is used for toilet construction as this may influence the perception of young ones in having toilets. In relation to Research in Guatemala by Goldman et al (2001) found that the closer household members lived to their relatives, the weaker the diarrhoea and hygiene problems. Therefore it can be concluded that family communication can be used to facilitate hygiene behavioural changes for better.

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While this study holds the other side of the coin that people were aware of several benefits of having a toilets such as prevention diseases, promotion of respect among the families members and friends, privacy and the fact that toilets indeed help the environment they live in to be clean.

CHAPTER THREE

CONCEPTUAL AND THEORETICAL FRAMEWORK

3.1 Introduction

Having looked at the methodology of the study, it was now opportune to consider the concepts and the theories that were used in the study.

3.2 Conceptual and Operational Definitions of Terms

At this point the researcher seemed it fit to unpack the technical terms that were commonly used in this study. Thus this section provides both the general meanings of the terms and the sense in which they were used in this paper.

3.1.1 Communication

Since the research is aimed at finding out a connection between communications of better hygiene in the case of toilet construction, a clear understanding of the term "communication" was therefore important. The definition of this term was as varied as the approach to the study of communication which was not a precise science as it dealt with human behaviour. According to Infante et al. (1997), Communication involves humans manipulating symbols to stimulate meaning in other humans. Communication is giving, receiving or exchanging ideas, information, signals or messages through appropriate media, enabling individuals or groups to persuade, to seek information, to give information or to express emotions. The Centre for Good Governance (2001) understands communication as a transactional process in which the sender and the receiver of signals mutually share meaning with each other via a channel. Initially communication was regarded as a linear process whereby information transmission was impersonal and one-way. Today, it is understood as a two-way process with the sender and the receiver standing on an equal footing.

Infante et al. (1997) talks of different types of communication depending on the context. He asserts that the idea that communication is contextual is a well-accepted idea in communication theory. There is an also rather extensive agreement on the context.

Generally the contexts are: interpersonal, small group, organizational, public, mass, intercultural, family, health and political. In this study, the researcher intended to use the term "communication" to refer to the whole business of transmitting information and knowledge from a source to a receiver and back to the source through a medium. Owing to the fact that the research was about communication among the people of chief Lesa, the term was used in interpersonal, small group, family and political senses. To measure this human behaviour, variables of the communication process have been scrutinized: the source, the message, the medium and the receiver.

3.1.2 Communication Source

This term refers to the person who takes the initiative of putting across some information in order to attain a certain end. Infante et al. (1997) says "the efficacy of communication is very much affected by the credibility of the source; the idea that credibility affects persuasion seems to be self-evident, hardly worth investigating." The authority, influence, popularity, skill, charisma and morality of the communicator are important factors in communication. In this study the term was employed to refer to those people who have the power of knowledge and information and all the messengers in a communication chain among the people of chief Lesa.

3.1.3 Message

This refers to the form that the communication takes: a letter, memo, telephone call or gesture. The sender puts the information into the best form in a process called encoding. The efficacy of communication is dependent on the structure, appeal and language of the message. For Manfredo (1992) a persuasive message generally "consists of three parts: An advocated position, a set of general arguments in support of the advocated position, and specific factual evidence designed to bolster the general arguments." Appeals add some spices to the communication recipe. They are like bait one includes in a message in order to lure the interaction of receivers through emotion or reason (Mefalopulos and Kamlongera, 2004). The richer the vocabulary of the message, the more effective a message will be. This

study analysed the content and styles of communication among the people of Lesa chiefdom.

3.1.4 Communication Medium

This refers to the channel of transmission of the message from the source to the receiver and back to the source. This could be written, oral, visual or non-verbal. Interpersonal medium of communication is the best followed by group communication then television and radio (Ibid.). This study also considered the various media of communication found in the group under study such as the radio, books, TV and others.

3.1.5 Communication Receiver

The person or persons on the other end of the communication enterprise is the receiver. Being on the receiving end, this person deciphers the message and responds. For communication to be effective, it has to be properly targeted. The communicator should take into consideration the intelligence, age, sex, culture and socio-economic environment of the receivers so that the messages are properly tailored to them. All age groups in Lesa chiefdom received the information.

3.1.6 Lamba Communication Culture

Culture has many definitions, and it affects everything people do in their society because of their ideas, values, attitudes, and normative patterns of behaviour. Culture is not genetically inherited, and cannot exist on its own, but is always shared by members of a society (Hall 1976:16). Culture is a set of shared and enduring meaning, values, and beliefs that characterize national, ethnic, or other groups and orient their behaviour. Lamba culture is thus the collective traditions, customs, norms, beliefs, values, and thought patterning which are proper to the chief Lesa's people and are passed down from generation to generation. The Lamba culture comprises the Lamba cosmology, language, institutions, social activities, spirituality, art and science.

3.1.7 Education

Communication and education are closely linked and often go together. Both forms a land non-formal education involves processes of communication. Thus education is a systematic process which occurs over a certain period of time in which the people are informed, instructed and inspired to participate in their own lives, to actualize their potential and to integrate themselves in society. Among the people of Lesa chiefdom, the preponderant type of education is the informal and unguided one. This is the sense in which this term was used in this paper.

3.1.8 Development

Development is a planned and participatory transformation of society from a state of poverty to one of dynamic socio-economic growth that makes for greater equity and the larger unfolding of individual potential (Quebral, 2001). As a process, it is aimed at satisfying the authentic needs of people through the rational and sustainable use of natural resources and systems based on technology which respects the cultural features of the people. Development is usually expressed in economic terms such as employment rates, *percapita* income and gross national product. However, experience tells us that economic growth statistics alone do not constitute development. The development of people should be the main focus. According to Lagerwey (1990) the needs of the people predicate the delivery of development, whether it be in the form of values, education, skills development, livelihood assistance or human settlements, just to name a few. This is the development the people of chief Lesa yearn for.

3.1.9 Sanitation

The World Health Organisation defines sanitation as the provision of facilities and services for the safe disposal of human urine and faeces. In this case, it meant constructing toilets so that human urine and faeces can be disposed. It involved keeping the places free from dirt, infection, diseases by removing waste, trash and garbage.

3.10 Hygiene

The Oxford Dictionary defines hygiene as conditions or practices conducive to maintaining health and preventing diseases especially through cleanliness. In the case of Lesa chiefdom, we were talking about preventing diseases by constructing toilets and keeping surroundings clean.

3.2 Theories used in the Study

Having done the conceptual and operational definitions of the key terms that was employed in this study; the researcher found it fit to explore several theories on which the research was to be anchored on.

3.2.1 Lasswell Model of Communication

Communication is important in the development of any given society because it determines how people relate with one another and with the environment. Describing the structure of communication as "Who says what in what channel to whom and with what effect", Lasswell (1948) talks of four ways of examining communication: control analysis, content analysis, media analysis, audience analysis and effect analysis. Most communication scholars agree on the functions which communication fulfils for humans. Griffin (1994) says that information function has to do with the receiving and giving of information, about what is going on in the environment, which concerns the people. The function of mass media is to observe the society closely and continuously and warn people about threatening actions that are likely to happen in future in order to decrease the possible loss. Likewise, mass media also informs the concerned authority about the misconducts happening in the society and discourage malpractices. As regards command function, Griffin (Ibid.) continues: Those who are hierarchically superior in the family, society or organization, often initiate communication either for the purpose of informing their subordinates or for the purpose of telling them, what to do, how to do and when to do.

The third function of communication is persuasion whereby mass media are used to induce people; to change their behaviour in the desirable direction. Media content builds opinions

and sets agendas in the public mind. It influences votes, changes attitudes and moderates behaviour. Media also assist in the transmission of culture through socialization. Media are the reflectors of society. They socialize people, especially children and new-comers. Socialization is a process by which, people learn how to behave in ways that are acceptable in their culture or society. Through the process of socialization media help to shape people's behaviours, conducts, attitudes and beliefs. The process of socialization brings people close and ties them into single unity.

3.2.2 Health Belief Model

The Health Belief Model (HBM) is based on the premise that one's personal thoughts and feelings control one's actions. It proposes that health behaviour is therefore determined by internal cues (perceptions or beliefs), or external cues (e.g. reactions of friends, mass media campaigns, etc.) that trigger the need to act. It specifically hyporeportes that individual behaviour is determined by several internal factors:

a) **Belief about one's chances or risk** of getting an illness or being directly affected by a particular problem or illness (perceived susceptibility)
b) **Belief or one's opinions about the seriousness of** a given problem or illness (perceived severity)
c) **Belief about the efficacy** of an action to reduce risk or severity (perceived benefits) compared to one's opinion about the tangible or psychological risks or costs for proposed action (perceived barriers).

This model further explains that before deciding to act, individuals consider whether or not the benefits (positive aspects) outweigh the barriers (negative aspects) of a particular behaviour. In this case, subjects of Lesa chiefdom consider whether the benefits of constructing a toilet outweigh the negative aspects.

3.2.3. Agenda Setting Theory

According to Agenda settling theory, after exposure by the audience to the media agenda, the listeners get to adopt the media's prioritization of issues as their own agenda (Maxwell McCombs and Donald Shaw: 2003). Mass media provide coverage to certain issues thereby

giving them salience. The information mass media displays could be about health hygiene and makes people aware so as to prevent the spread of various diseases. However, the Agenda-Setting theory also states that the media (mainly the news media) are not always successful at telling us what to think, but they are quite successful at telling us what to think about (Cohen, 1963). Media could lead everyone to think about constructing toilets by setting agenda on how important it is to each and every human being. This they can do by covering more on the issue. As earlier alluded to, there are various types of mass media (magazines, television, internet, newspapers). The media have the power to direct our attention towards certain issues. Cohen (1963) states that the media may not be successful in telling their leaders what to think but stunningly successful in telling their leaders what to think about. Freimuth et al. (1984) have shown that many people rely on the news for their hygiene and health related information. Policy makers also obtain considerable amount of information from the media. As Bryant and Thompson (2002) have suggested, news coverage on health and sanitation issues makes takes on considerable significance that is able to shape the rest of the community.

Through Agenda settling theory the media can influence more families to be drawn to make considerable efforts to construct their own toilets. According to this theory, the media is able to structure issues so that the rest of the community has something to think about and act accordingly. Media list of important issues, after being covered for some time, gets to be adopted by the audience as their own agenda.

CHAPTER FOUR

RESEARCH METHODOLOGY

4.1 Introduction

Having presented the introduction and background information of the research, it was now opportune to look at the methods and techniques that were used to gather the data for the study. The researcher described the research design, instruments and procedures.

4.2 Research Design

To address the objectives of this study, the researcher employed a combination of snap-shot survey design as well as descriptive. She used a combination of quantitative and qualitative methods of data capturing and analysis. The qualitative approach to research helped to answer the question why something was happening in a certain manner. It seemed to describe and analyse the culture and behaviour of humans and their groups from the point of view of those being studied. In this method, feelings and insights were considered important. It tried to understand a topic from the perspectives of the local population it involves. "Qualitative research is especially effective in obtaining culturally specific information about the values, opinions, behaviours, and social contexts of particular populations" (Family Health International, in press).

When used along with quantitative methods, qualitative research can help us to interpret and better understand the complex reality of a given situation and the implications of quantitative data. Quantitative research relies on the principle of verifiability. It seeks to confirm hypotheses about phenomena. It uses "highly structured methods such as questionnaires, surveys, and structured observation to quantify variation, to predict causal relationships and to describe characteristics of a population" (Ibid.).

The use of various techniques to collect data facilitates triangulation and thus assures valid and objective results. Bryman (in press) says that triangulation refers to the use of more than one approach to the investigation of a research question in order to enhance confidence in

the ensuing findings. According to Olsen (2004), triangulation in research is the use of two or more methods in the collection of data and it can help to explain more fully the richness and complexity of the data gathered. Each method reveals different aspects of empirical information within the same site. By examining11information collected by different methods, using different people, findings can be collaborated, thereby reducing the impact of potential biases that can exist in a single study.

The combination of qualitative and quantitative research methods will be useful to gather data regarding the hygiene practices in terms of toilet construction in Chieftainess Lesa's chiefdom.

Research Methods

The specific research methods used were:

1. Quantitative survey – 100 respondents broken down as follows:
    - 70 villagers from the areas and
    - 25 Traditional were interviewed
2. Focus group discussions – the Traditional councillors (Ba Filolo)
3. In-depth interview – Her Royal Highness Chieftainess Lesa was interviewed to provide her experiences and insight into the issues.

4.3 Choice of Study Area

Since the thrust of this study was to investigate whether communication is a factor in hygiene practices in terms of toilet construction, the researcher picked on Chief Lesa's chiefdom because it is the biggest chiefdom of all the six chiefdoms of Mpongwe District where subjects still go to the bush to answer the call of nature. Moreover, Lesa chiefdom is a semi-modern population centre only 3 kilometres away to the palace from Mpongwe town. As such, the research site had some aspects of traditional life and some aspects of modern life, a reality which is representative of contemporary Zambia.

4.4 Study Population

Lesa chiefdom boasts of over 300 villages which consist of households and farms. It also consist of subjects aged 18 below and above. The village is divided into sections (sub-villages) covering a radius of three kilometres.

4.5 Sample Size

The researcher worked with a sample of 100 people: 70 subjects participated in the questionnaire while 29 traditional counselors took part in the focus group discussions and Her Royal Highness Chieftainess Lesa in-depth interview.

4.6 Sampling Techniques

For both qualitative and quantitative research, the researcher employed purposive sampling. Purposive sampling is a non-probability sampling method which groups research participants according to preselected criteria relevant to a particular research question. The advantage of purposive sampling is that it allows the researcher to work with people who have good grounds in what they believe and so are critical for research. Purposive sampling may involve studying the entire population of some limited group or a subset of a population. It does not produce a sample that is representative of a larger population, but it can be exactly what is needed in some cases (Columbia Education Project, in press).

Since this study is investigating as to whether communication of better hygiene can be a factor in toilet construction, the researcher subjectively selected respondents depending on their possession of certain characteristics. The researcher went for men and women of Lesa Chiefdom who had a family. This is because family people have knowledge on hygiene practices and whether having a toilet is cardinal to them.

4.7 Instruments for Data Collection

Data for the study was gathered from both primary and secondary sources. Primary data was sourced through a questionnaire, an interview guide and a prompt list for focus group discussions while secondary data was gotten from the review of a wide range of literature on

toilet construction. The researcher ensured confidentiality and anonymity of the participants in the study and obtained prior consent from them (Appendix A).

4.7.1 Questionnaire

For the quantitative aspect of the study, the researcher gathered data on communication of better hygiene about toilet construction by means of a questionnaire which was distributed to 70 people. The questionnaire was originally in English (Appendix B). Since the research was dealing with people in a village set up, the questionnaire was very basic and for those respondents who could not write, the researcher herself posed the questions to them and wrote down the answers as the interview progressed.

4.7.2 Focus Group Discussions

The researcher conducted focus group discussions which comprised traditional counsellors from different villages. The selection of discussants was based on their knowledge of the topic under discussion and was representative in terms of age, gender and locality. For the prompt list, see Appendix C.

4.7.3 In-depth Interviews

The researcher also arranged for one in-depth interview whereby the interviewee, Her Royal Highness Chieftainess Lesa, was selected for her expertise or experience as regards to communication through traditional governance and how that could help in toilet construction of her subjects. For the interview guide, see Appendix D.

4.8 Data Analysis

Both quantitative and qualitative techniques were used to analyse the data that was collected in this study. The researcher used the manual method and the computer, especially Microsoft Excel. The information from the questionnaires and mapping was converted into tables and charts for easy comparison and interpretation. The data from focus group discussions, in-depth interviews and literature review was critically examined, explained and rearranged into specific themes.

CHAPTER FIVE
PRESENTATION OF RESEARCH FINDINGS

5.1 Introduction

This chapter presents the findings of the study to answer the following research questions: Which channels of communication are used among the people of Lesa chiefdom? What messages are used in information dissemination about toilet construction? How do the people of Lesa chiefdom perceive toilet construction? What challenges do change agents face when communicating about toilet construction? And finally what is the link, if any, between communication culture and toilet construction? The findings are presented according to the following themes after the analysis of that was collected from the field and comparison with the available literature:

1. Demographic characteristics
2. Mass communication
3. Traditional communication
4. Community organization
5. Family communication
6. Perceptions on toilet construction
7. The benefits of toilet construction

5.2 Demographic Characteristics of Informants

Table 5.1: Education level of the respondents.

	Frequency	Percent	Valid Percent	Cumulative Percent
Primary	3	4.3	4.3	4.3
secondary	31	44.3	44.3	48.6
tertiary	34	48.6	48.6	97.1
no response	2	2.9	2.9	100.0
Total	70	100.0	100.0	

Most of the respondents were found to have attained the tertiary level and secondary education. And that about 48.6percent of the participants had attained some tertiary level education, 44.3percent had secondary level and only 4.3percent had a primary education.

Table 5.2: Age of the Informants who participated in the Study.

	Frequency	Percent	Valid Percent	Cumulative Percent
20-29	15	21.4	21.4	21.4
30-39	29	41.4	41.4	62.9
40-49	15	21.4	21.4	84.3
50-59	6	8.6	8.6	92.9
60 and above	5	7.1	7.1	100.0
Total	70	100.0	100.0	

The table above shows that none of the respondents were found to be below the age of 20, the majority of them were in the range 20 to 50 years, and just a few were above the age of 50 years. This information is presented on table above and the percentages shows that: 41.4percent were in the age group of 30 to 39 years while 42.8percent was shared equally by the age group of 20 to 29 years and 40 to 49 years, 8.6percent were above 50 to 59 years and just 7.1percent were above the age of 60 years.

Table 5.3: Status of the Respondents of the Study:

	Frequency	Percent	Valid Percent	Cumulative Percent
Single	22	31.4	31.4	31.4
Married	40	57.1	57.1	88.6
Divorced	4	5.7	5.7	94.3
Widowed	4	5.7	5.7	100.0
Total	70	100.0	100.0	

This table shows the numbers (frequency) and percentages of the status of participants. Looking at percentages, the majority of the respondents were married represented by 57percent that's more than half the number of the respondents, followed by the widows with about 31percent of the respondents were divorced, widows share the same number of frequency (4) and percentage of close to 6percent.

5.3 Mass communication

Findings of this study show that mass communication was present in Lesa chiefdom as this was mentioned both in the focus group discussion and interviews. Informants indicated that radio Chengelo and Chimwemwe have programs that focus on the community development and their sanitation programmes were mentioned to be good. One of the participants stated that:

> *Radio Chengelo has programs on Thursdays for sanitation. ZNBC was also mentioned to be running some sanitation programnes as it promotes good hygiene such as how to keep the toilets clean, washing the hands after using the toilet, boiling our water for drinking and benefits of using the toilet* (In-depth interviews).

Table 5.4: Relationship of responses between those with radios and those who don't Have a radio if they have a toilet or not.

Do you have a radio set? * Do you have the toilet of your own?

Do you have a radio set?	Do you have the toilet of your own?		
	Yes	**No**	**Total**
Yes	54	3	57
No	11	2	13
Total	65	5	70

From the focus group discussion, results were similar to those in interviews. This is where the participants even gave some detailed information that radio Chengelo has programs every week that talk about sanitation by encouraging people to construct toilets. The participants went further explaining the goodness of the programs from the radio, one of them argued that these programs are good in that they encourage families to work together to bring development in the village.

They went on saying:

Despite their good programs these people don't do what they say therefore we would love seeing them doing what they say. They can't lead by example.

However other findings show that the majority of the informants had access to the radio even though others did not follow sanitation programs on their radios. See SPSS DATA SET.

Table 5.5: Influence of listening to the radio programs on the construction of the Toilet

How do you like Radio programs about sanitation? * Do you have the toilet of your own? Cross tabulation

How do you like Radio programs about sanitation?	Do you have the toilet of your own?		
	Yes	**No**	**Total**
Very likeable	30	2	32
Likeable	19	1	20
Not sure	4	1	5
Not likeable	1	0	1
no response	11	1	12
Total	**65**	**5**	**70**

5.4 Traditional communication

After the data analysis for mass communication the other interesting question which arose was apart from these media how is information and knowledge transmitted in lamba society? In response to that question respondents mentioned that:

Knowledge and information is transmitted through call out, bill boards, mega phones community radios and during the traditional ceremonies.

Other informants stated:

'Knowledge and information is also transmitted through songs, dances and announcements'.

It was further mentioned that:

> *This information is from the traditional leaders such as chiefs and headmen, filolos and government officers. The information they transmit to us does not leave out issues on toilet construction in the chiefdom.*

Therefore it is also important to make mention of the types of messages transmitted and these include but not only the following; news such as funeral announcements, issues of development such as community led total sanitation, moral conduct such as attitude change as regards to toilet construction, important skills of how to build an adequate long lasting toilet as it was noted that most of the people who use the bush to answer the call of nature have toilets which are not functional and have fallen (Interviews 2016)

In the same vein, focus group discussion show that messages transmitted also include hygiene messages, agricultural messages, land ownership, hospitality to the chiefs and respect messages. One of the respondents strongly stated that:

> *Traditional information always has content on sanitation which calls for people to build toilets.*

The information and knowledge from the above mentioned sources was targeted to reach the subjects in the village. This information was channelled from the chiefs to the filolos who then find the means of reaching to all subjects of the land. (Top to down process even in the villages that is the case) as it is in the urban areas. To the contrary informants expressed displeasures in the ways messages were communicated to them. Therefore they suggested that this should be done better so that it reaches every subject on the bottom. (Focus group discussion 2016).

5.5 Community Organisation

This was to analyse how information is transmitted from the village authority to the people and the vice versa, and what is the communication to and from the village authority mostly all about? To analyse the communication structure used to share information about the toilets and finally to analyse how information is transmitted from one generation to another? To begin with, results show that information on toilets construction move from the leaders to the subjects and vice versa. Informants stated that:

Village leaders call for sanitation meeting where subjects are invited to attend. This is where the leaders allow the subjects to share and air out their problems and complaints on sanitation and the village authority shares any kind of information to the people if there is need. In these meetings the information and knowledge is dramatized, presented in riddles, songs and proverbs. This information and knowledge is about health, water issues drilling of the boreholes, land disputes, bridges and roads. If we have problems concerning sanitation issues we go to the indunas or bafilolo who would later organize for a meeting.

This information is from top to down and the vice versa in that if the village authority has an issue to share from the government or anywhere and they communicate to the filolos or indunas who later communicate it to the subject. Equally the same process is used when there is problem among the subjects they communicate to ba filolo who deliver the issues to the village authority.

The informants also suggested ways to improve the people's perception on the building of the toilets, it was advised by the people that punishments to be instituted to the people who fail to build toilets.

Communication is mostly transmitted through the meetings which are called by the chief. This was clearly displayed in a bar chart in Figure 5.1.

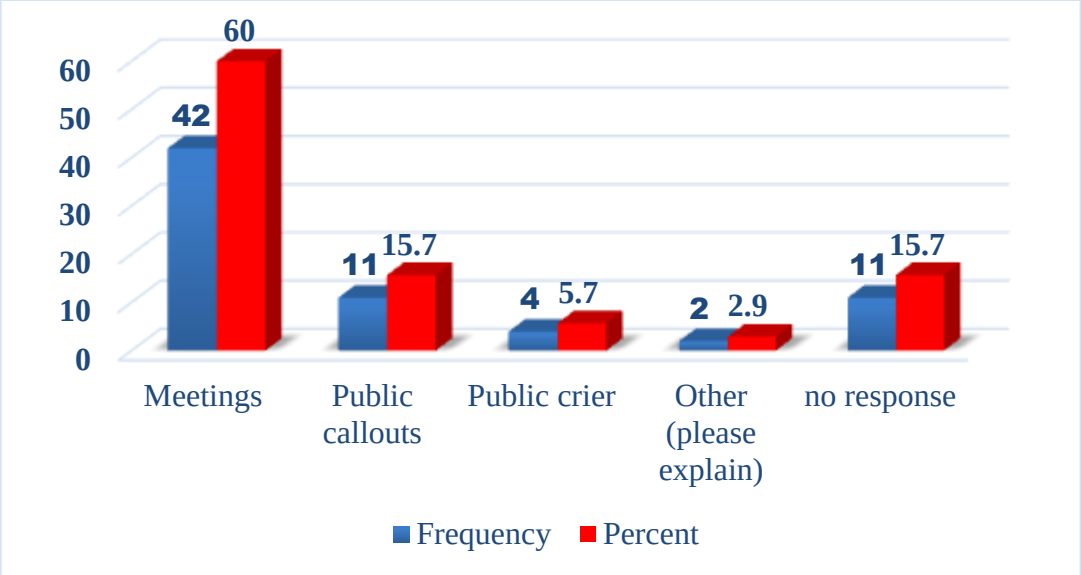

Figure 5.1: Responses on medium used for communication in the rural areas.

These findings can be triangulated with the findings from the interviews and focus group discussions where informants stated that the chief would speak to the subjects on the issues of sanitation and hygiene. From the bar chart above 60percent stated that information from the chief on different issues happens during these meetings, while other sources were 15.7percent from public callouts, 5.7percent from public crier and others did not respond.

5.6 Family communication

This section meant to find out if the family communication is used for toilet construction as this may influence the perception of the young ones as they grow to have toilets and know the importance of having toilets. Informants accepted that indeed family communication was used for toilet construction and this is how it is done, parents are told to emphasize on the importance of constructing and using the toilets whenever they meet to chat as families and friends. As the heads of the families, men are advised to make sure that they take lead in toilet construction. How can communication influence changes in the people's attitude to build the toilets? One participant strongly stated that:

> *As parents, if we teach our children on the dangers of not having a toilet and the benefits of having a toilet in our villages or homes, others can change but others may take time to change but one day they may follow what their friends are doing*

and the respect they may give each in their houses. The information that is given to the children may be given to their children in the other generation.

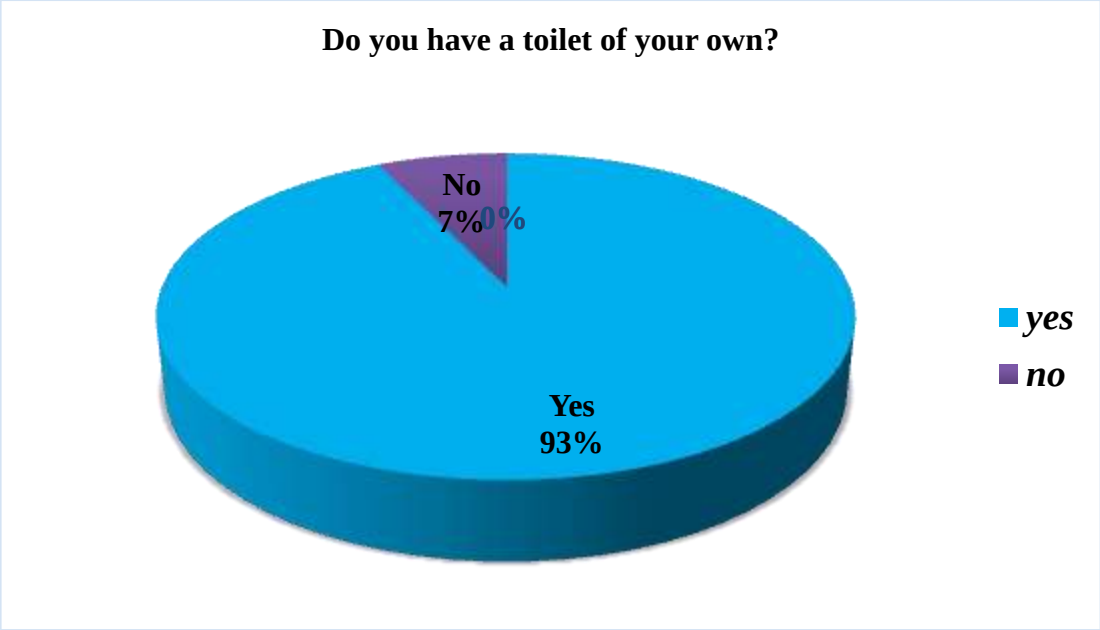

Figure 5.2: Percentages of the people with and without toilets in the rural areas

5.7 Perceptions on toilet construction

This was another section of this study that aimed at finding out whether the people's attitudes, values and behaviour have changed with regards to the matter of toilet construction. It was noted from the interviews that yes some people's attitudes and behaviours have significantly changed after realizing and knowing the importance of constructing and using the toilets. On the other side a good number of the people still hold the idea of not having toilets as they perceived it not to be important. While in response to the question "why don't people have toilets in this village?" Participants indicated that:

> *People are lazy to build toilets, others are still not aware of the dangers of not constructing the toilets while others do not have income to build the toilets.*

The results above from the interviews can be triangulated with findings from the quantitative questionnaires where it was found that most of the respondents who don't have toilets are

just lazy to build toilets and others represented by a percentage of 36percent lack knowledge on hygiene therefore they need to be communicated to. While small percentages as shown in the pie chart were ignorant, others didn't know and others did not respond.

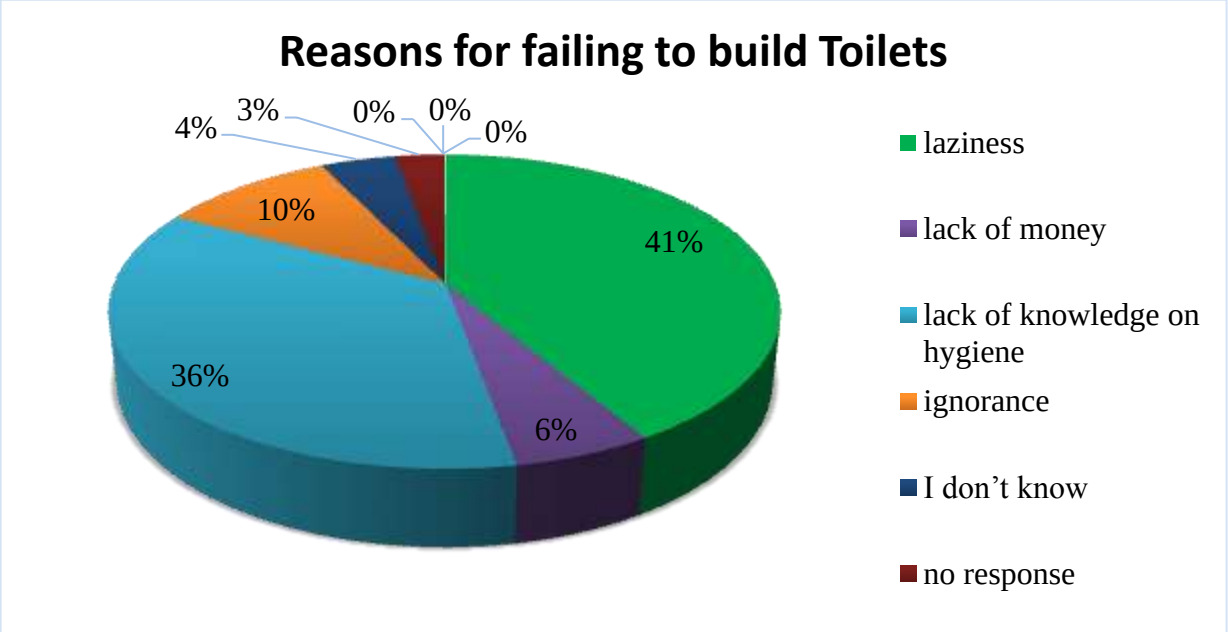

Figure 5.3: Reasons as to why people fail to construct their toilets

It is therefore important to make mention that a significant number of the people who don't have toilets still use the bush or go to the neighbours toilets to answer the call of nature. The informants further indicated the role the traditional counsellors play in changing the mind set of subjects about toilet construction. The participants stated that:

> *Leaders should work together with the health specialist to able to motivate the subjects and to make them aware of the dangers of not constructing toilets.* They went on to say that *the chief should equally be actively involved in these issues, thus they suggested that the chief should always encourage the subjects to build and punish the subjects who fail to build their own toilets.*

The participants also talked about the dangers of not having the toilets, they stated them as:

> *Shame and embarrassments, spread of diseases and having a dirty environment.*

It is also imperative to make mention that the interviews did not close without discussing the benefits of having toilets. They mentioned that:

> *toilets prevents diseases, they promote respect among the families members and friends as this also helps for privacy of other related issued, they went on saying toilets indeed helps the environment they live in to be clean and thereby avoiding the issues of embarrassment.*

The benefits mentioned above were also noted from other respondents as shown in the table below where the majority of the respondents of about 44percent indicated that construction of an adequate toilet helps in the prevention of diseases, 27percent noted that it actually leads to a cleaner environment, just close to 6percent stated it brings the sense of responsibility and 21percent perceived the construction of toilet on a family really has all the mentioned and many more on the family.

Table 5.6: Benefits of Constructing Adequate Toilets.

	Frequency	Percent	Valid Percent	Cumulative Percent
Prevention of disease	31	44.3	44.3	44.3
Brings the sense of Responsibility	4	5.7	5.7	50.0
Leads to a cleaner Environment.	19	27.1	27.1	77.1
All of the above	15	21.4	21.4	98.6
No response	1	1.4	1.4	100.0
Total	70	100.0	100.0	

Table 5.7: Do you have a radio set? * . Below are some of the dangers of using the bush for a toilet, choose by ticking the ones applicable to you or specify, Cross tabulation

Do you have a radio set?	Below are some of the dangers of using the bush for a toilet, choose by ticking the ones applicable to you or specify,					
	High spread of water and airborne diseases	Air pollution	3	88	No response	Total
Yes	36	11	1	4	5	57
No	9	4	0	0	0	13
Total	45	15	1	4	5	70

Table 5.8: Response by Gender on the use of the bush as Toilets: Cross Tabulation

		Is it okay to use the bush to answer the call of nature?			
		Yes	No	4	Total
Sex:	Male	2	30	2	34
	Female	1	35	0	36
Total		3	65	2	70

There is an interrelation among the theories used in the study which also helped the researcher in the collection of data from the field. The theories used include Lasswell Model of Communication, the Health Belief Model (HBM) and The Agenda-Setting theory. The three theories focus on communication playing an important role in changing people's behaviour and attitudes. Lasswell (1948) talks of four ways of examining communication: control analysis, content analysis, media analysis, audience analysis and effect analysis while the Health Belief Model (HBM) is based on the premise that one's personal thoughts and feelings control one's actions. The Agenda-Setting theory looks at the media as quite successful at telling people what to think about. The three theories helped the research in collecting data in the field by establishing how communication through the media help people in the area influences their perceptions, beliefs, attitudes and practices to issues relating to peoples' health and environment in Lesa chiefdom.

CHAPTER SIX

DISCUSSION OF RESEARCH FINDINGS

6.1 Introduction

Chapter five presented and discussed the research findings in line with the research questions. The research objectives were: to establish means of information dissemination used in Lesa chiefdom, to examine the knowledge, attitudes and practices of the people of Lesa chiefdom, and to analyse the communication strategies used by stakeholders in communicating about toilet construction in the area.

As a way of understanding the meaning of the experiences and opinions that the participants had with communicating better hygiene in rural Zambia through toilet construction, an interpretation of the emergent themes were done by relating the participants' accounts to the available literature and by making comparisons between and among participants' assertions (see Smith, 2004).

6.2 Which channels of communication are used among the people of Lesa chiefdom?

Findings of this study show that mass communication was present in Lesa chiefdom as this was mentioned both in the focus group discussion and interviews. Informants indicated that information move from upwards to downwards. The findings show that information on toilets construction move from the leaders to the subjects and vice versa. Informants stated that: village leaders call for sanitation meeting where subjects are invited to attend. This is where the leaders allow the subjects to share and air out their problems and complaints on sanitation and the village authority shares any kind of information to the people if there is need. In these meetings the information and knowledge is dramatized, presented in riddles, songs, and proverbs. This information and knowledge is about health, water issues drilling of the boreholes, land disputes, bridges and roads. If we have problems concerning sanitation issues we go to the indunas or bafilolo who would late organise a meeting for us with the chief. In mobilizing the community, village headmen and traditional counsellors are involved for any communication to be successful.

In some instances, radio programs from Chengelo and Chimwemwe have platforms that focus on the community development and their sanitation programmes give them forum to communicate their views about toilet construction.

From the focus group discussion results were similar to those in interviews. Participants even gave some detailed information that radio Chengelo has programs every week that talk about sanitation by encouraging people to construct toilets. The participants went further explaining the goodness of the programs from the radio, one of them argued that these programs were good in that they encouraged families to work together to bring development in the village.

However, other findings show that the majority of the informants had access to the radio even though others did not follow sanitation programs on their radios. See SPSS DATA SET.

Unlike results from the CSO's latest Living Conditions Monitoring Survey (CSO, 2000), where it was found that 19percent of rural households practiced open defecation, this study shows that 97percent 0f the people in Mpongwe had toilets. Therefore one can argue that people's attitudes towards hygiene are positively changing. Contrary to a study by the Zambia National sanitation Newsletter (2013) which found that Mpongwe had only 41 villages that do not use the bush to answer the call of nature, this study shows totally different results that, now, the majority of them have toilets. The rest of the villages practice open defecation. One of the reasons attributed to this is that mostly, latrines collapse in rainy season and most households feel lazy to build new ones. Because of this, families end up using the bush to answer the call of nature. This situation leads to outbreaks of cholera, and other waterborne diseases, such as typhoid, and dysentery cases especially in rainy season.

This research has shown that Knowledge and information is transmitted through call outs, billboards, mega phones, community radios and during the traditional ceremonies. Knowledge and information is also transmitted through songs, dances and announcements during the meetings. The Saniya Programme in Burkina Faso (Curtis et al., 2001) used Social Marketing, and projected four key messages to a wide audience of the capital city, using radio, drama and house visits to change people's attitudes to hand washing.

According to Agenda settling theory, media could help lead people to think about constructing toilets by setting the agenda about the problem of lack of toilets. This they can do by covering the issue. As earlier alluded to, there are various types of mass media (magazines, television, internet, newspapers), and radio in particular which is the most easily accessible in the area. The media have the power to direct our attention towards certain issues thereby giving them salience. The researcher heard of a proposal to begin a new radio station in the area. Equipment for station was bought using the Constituency Development Fund (CDF). This will expand on the available channels so that issues such toilet construction can be given prominence.

6.3 What messages are used in information dissemination about toilet construction?

Messages disseminated in Mpongwe, included those about 1) toilet construction, which also had "fear appeals" warning them about the dangers of not using toilet. 2) having adequate toilets complete with lids to prevent flies from settling on the waste. 3) Hand-washing, and use of ashes where there's no soap 4) installing doors on toilets privacy 5) Keeping the surroundings clean. The messages that are used in information dissemination may vary depending on the communication strategy being used. The main focus of the project is on behaviour change by stakeholders so they change their knowledge, attitudes and practices. The study conducted in Burkina Faso in 2001 by Curtis, found similar messages being disseminated. The Saniya Programme in Burkina Faso (Curtis et al., 2001) used Social Marketing, and projected four key messages, similar to the ones used in Mpongwe. There were:

6.4 How do people perceive toilet construction in Lesa chiefdom?

It was noted from the interviews that yes some people's attitudes and behaviours have significantly changed after realizing and knowing the importance of constructing and using the toilets. However, 3 percent of the people still hold the idea of not having toilets as they perceived it not to be important. Some of the reasons for not having a toilet were that people are lazy to build toilets, others are still not aware of the dangers of not constructing the toilets while others do not have income to build the toilets. 97 percent of the people in this

study had toilets of some sort because they wanted to live in a clean environment, prevent the diseases, and avoid air pollution. However, there were notable difference between findings from Mpongwe, and those from Punjab. Nielsen et al (2003) found that hygiene practices in the Punjab area of Pakistan were related to the wife's perception of her social status rather than being seen as measures to prevent disease. This was not the case in Mpongwe.

In their study Jenkins and Curtis (2005) found that consumer motivation for acquiring sanitation in rural Benin showed that motivating drivers for installing latrines had more to do with prestige, well-being, and wider aspirations than health. Pakistan has a National Sanitation Policy which promotes 'Community Led Total Sanitation' as one of its basic principles and offers 'reward for outcomes' as incentives.

In line with Health belief model, the research revealed that people of Lesa chiefdom are aware of the risks associated with not having a toilet. Not only that, they have been informed about the seriousness of toilet construction through the media that exist in the chiefdom such as radio ichengelo and the local television. Despite that, a good number of them are sceptical about behavioural change that is why the scourge of open defecation is still going on. To covert the sceptics, there's need for well thought out messages which are in line with the theory, and take account of risks, serious of the problems, and benefits for the audience.

6.5 What challenges do change agents face when communicating about toilet construction?

Despite the strategies used by stakeholders to communicate about toilet construction, several challenges are faced, these are;

i) Subjects sometimes want incentives such as money
ii) Community mobilization
iii) Its difficult to change peoples' attitudes and practices
iv) Even when people change their behaviour, how to sustain new practices becomes a problem
v) People have stereotype behaviour which is passed on from generation to generation.

In Pakistan however, the only challenge was that wives viewed sanitation practices as a social measure other than a health practice.

The Heath Belief Model, as stated earlier, suggests that there's need to deal with the above decisively in order have a successful campaign. For example, people who perceive benefits are more likely respond positively than those who do not.

6.6 What is the link if any between communication, culture and toilet construction?

The findings show that information on toilets construction move from the leaders to the subjects and vice versa. Informants stated that village leaders call for sanitation meeting where subjects are invited to attend. This is where the leaders allow the subjects to share and air out their problems and complaints on sanitation and the village authority shares any kind of information to the people if there is need. In these meetings the information and knowledge is dramatized, presented in riddles, songs, and proverbs. This information and knowledge is about health, water issues drilling of the boreholes, land disputes, bridges and roads. If we have problems concerning sanitation issues we go to the indunas or bafilolo who would late organise a meeting for us with the chief.

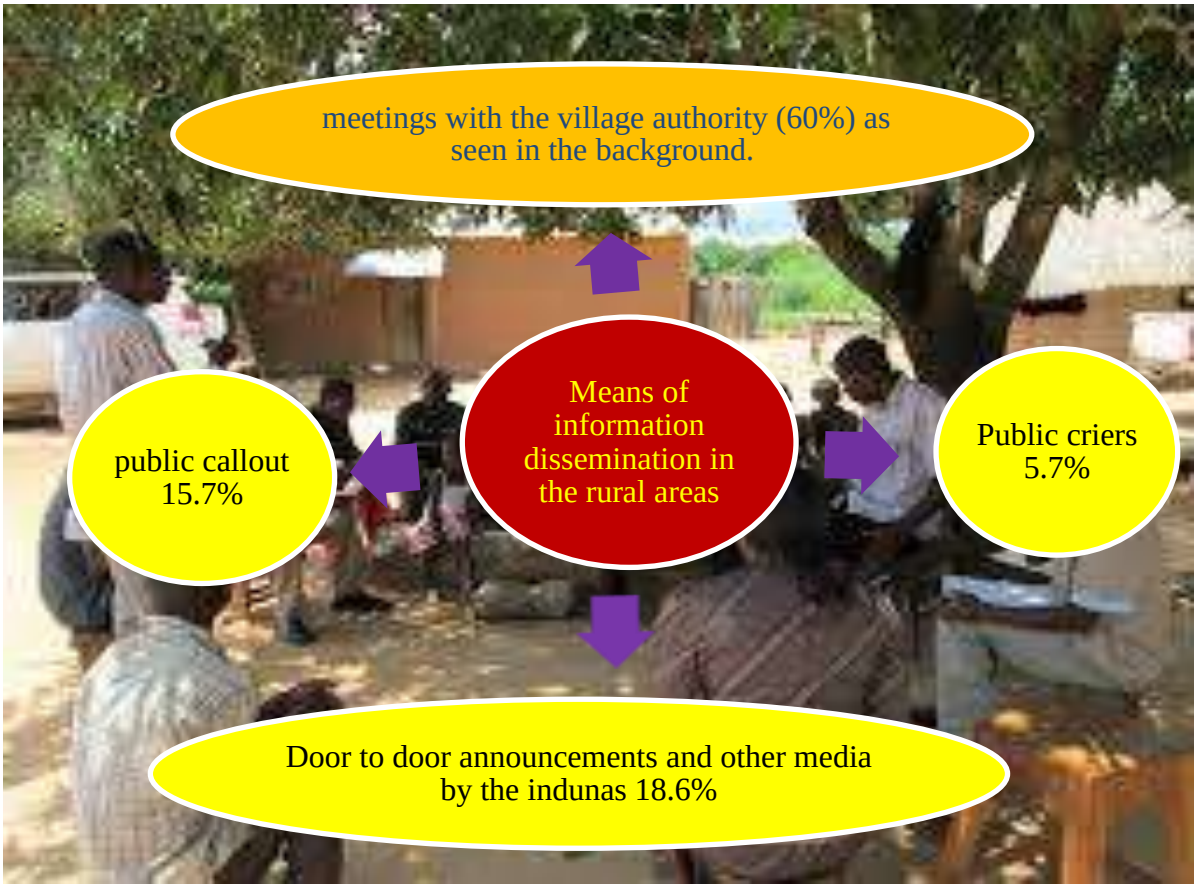

Figure 6.1: Traditional communication means used in Lesa village in Mpongwe District.

These findings have a similar image with that of study by Curtis in 1995 where he argued that the importance of status or opinion leaders in communication efforts is also demonstrated in Burkina Faso, where one of the reasons mothers followed the hygiene advice provided at health education sessions may have been their wanting to be modern rather than believing in germ theory (Curtis et al., 1995). (Curtis et al, 2001) revealed that the Saniya Programme in Burkina Faso used Social Marketing, and projected four key messages to a wide audience of the capital city, using radio, drama and house visits to change people's attitudes to hand washing. Community Led Total Sanitation Kar (2005) also add community leaders have a key role in a method of triggering sanitation by shaming communities into building latrines or otherwise disposing of excreta safely. This is where it was observed that the outputs of the programme are impressive in terms of the claims for open Defecation Free Zones (ODF), the sustainability of this high level of sanitation is

questionable as people change not through conversion based on knowledge or understanding, but through coercion by their traditional leaders and aggressive methods of peer pressure to enforce conformity. The use of authoritarian measures by village leadership means Community Led Total Sanitation is still a top-down, vertical approach, and with one main objective (open defecation free status), it does little to change norms and values that direct behaviour. In Lesa chiefdom, chiefs are viewed to be the superior leaders of the land hence they can be used to zero down open defecation by communicating with their subjects. Based on the above evidences drawn from these findings, the researcher can therefore conclude that leaders in the community should have be change agents by using effective communication skills if hygiene standards are to be lifted

The findings of this study also showed that families have benefited a lot from toilet construction. Some of the benefits as highlighted by participants are that diseases tend to be prevented and that it brings self-respect. Therefore, family communication on toilet construction was emphasized as this may influence the perception of the young ones when they grow up to having toilets in their communities. It was further noted that communication is used for toilet construction and this is how it is done, parents are told to emphasize on the importance of constructing and using the toilets whenever they meet to chat as families and friends. As the heads of the families, men are advised to make sure that they take a lead in the in toilet construction. How can communication influence changes in the people's attitude to build the toilets? One participant strongly stated that they teach our children on the benefits of having a toilet in our villages or homes, others can change but others may take time to show their children on the importance of having a toilet at home. Studies by Goldman et al 2001 presents' similar findings where he concluded that location makes a difference both to the practice and understanding of water treatment and household hygiene. Goldman et al., (2001) study in rural Guatemala found that individuals involved in community groups were significantly more likely to understand the relationship between poor hygiene and diarrhoea, because they were more likely to come in contact with such ideas in the community. The authors concluded that both interpersonal (such as family and friends) and impersonal channels are important sources of information and that they influence social norms regarding hygiene and contamination.

Research in Guatemala by Goldman et al (2001) found that the closer household members lived to their relatives, the weaker the relationship between diarrhoea and hygiene practices. The authors concluded that people who live with or near parents or in-laws and who see them frequently are less likely to adopt hygiene-related behaviours, although the relationship was not statistically significant. They reasoned that when family members live near relatives, they may have less overall authority or relative power within the family than in the absence of relatives and thus be less able to adopt new practices on their own. Other studies have found that mothers-in-law, older mothers and grandmothers "strongly influenced decision-making about water management and hygiene behaviour within the household environment" (Halvorson, 2004). Thus health education needs to consider the role of the grandmother and the mother-in-law within each household, as well as the husband–wife relationship. Therefore communication at a family is very important in influencing the attitudes of the villages in Zambia about hygiene particularly in toilet construction. From the analysis of the findings in from other studies mentioned above and this study one can argue that communication plays an important in shaping people's perceptions, attitudes and behaviour towards toilet construction.

Implications for communication

In Kerala, a study of hygiene behaviour by Cairn cross et al. (2005) uncovered the effect of a supportive household norm on hand-washing behaviour. Respondents in their study were more likely to demonstrate correct hand washing in those households where all women reported the practice. The authors also observed that education and communication in the study sites affected women's behaviour, but not men's. Key informants confirmed that this lack of effect on men was explained by the fact that the interventions were directed to women, which gave the impression that the project was for women only. Nevertheless this study also show that women were serious in zeroing open defecation due to communication. This was stated by women that women are ashamed of using the bush to answer the call of nature. The hygiene standards in women were higher than in men due to the information on hygiene that they get from social gathering.

Where people, especially the older poor, have low levels of literacy, this effectively isolates people. In 2007, PSI Madagascar simplified the packaging and instructions for their products to better meet the needs of rural women users. Yet the time and financial costs of attending meetings can be obstacles for poor people and may exclude poor people's participation. Convening meetings in areas where participants have to travel great distances is logistically more difficult in rural areas, even if the financial resources were available. Language spoken has been found to affect hygiene-related beliefs. In rural Guatemala, Goldman et al (2001) reported that indigenous women who only spoke Mayan were less likely than those who spoke Spanish to have beliefs about the causative links between hygiene, contamination and diarrhoea and to accept new ideas related to hygiene and sanitation. Hence, the lack of water treatment might also be explained by lack of access to information in the appropriate language and in terms familiar to the population.

In Guatemala, it was found that women living closer to the capital, bus services and open roads understood the relationship between hygiene and diarrhoea prevention better than women living in less accessible places (Goldman et al., 2001). The authors concluded that since many rural villages are geographically remote, those connected to larger towns by roads are more likely to gain access to information related to disease prevention and were more likely to understand the concept of hygiene and water contamination.

The literature also recommends taking the mothers' level of education into account when considering communication for drinking water and household hygiene, since this may well be lower for rural women than for their urban counterparts. Research has shown that, independent of a mother's knowledge of diarrhoea causation, her educational level affects the likelihood that she will adopt preventive health behaviours (Ketsela, Asfaw & Belachew, 1991; McLennan, 2000b; Cairn cross & Short, 2004).

In rural contexts, where traditional belief systems may persist, women may lack sufficient decision-making power within their homes or have access to resources outside their homes to take effective action regarding water treatment and hygiene promotion. However, culturally appropriate groups, like the Jiggasha groups in Bangladesh, have been established to allow women to join group discussions organized in the homes of opinion leaders located

at central points in the village social network. The increase in modern contraceptive use was five times greater among women in these groups than among women who were visited by field workers at home (Kincaid, 2000b).

CHAPTER SEVEN

CONCLUSIONS AND RECOMMENDATIONS

7.1 Introduction

The previous chapter discussed the research findings according to the research objectives and this chapter presents the conclusions and recommendations arising from the findings of the study. The objectives were to: establish means of information dissemination used in Lesa chiefdom, examine the knowledge, attitudes and practices of the people of Lesa chiefdom with regard to toilet construction and to analyse the communication strategies used by stakeholders in communicating about toilet construction in the area

7.2 Conclusion

On the whole, the study concluded that communication is indeed one of the important tools that can be used of facilitating behavioural change towards toilet construction and better the hygiene standards in the rural areas. People in villages respect the sources of the information they receive especially when it's communicated through their chiefs.

Poor sanitation and the lack of hygienic practices affect the health and economics of the individual, community and the nation. Open defecation traps the family in a cycle of ill health, poverty, and deprivation. Insanitary conditions and contaminated drinking water extracts a crippling toll on human health and the environment. In addition to the indignity suffered by those lacking sanitation facilities, they also suffer from diseases contracted through direct and indirect contact with pathogenic bacteria found in human excreta.

Improvements in water supply and sanitation play an important role in reducing high levels of morbidity and mortality that prevail in poor societies. Use of safe drinking water, improved hygiene, and good sanitation practices has been proven to be essential for good health and the availability of water is a prerequisite for socio-economic development. There also exists a relationship between water, sanitation, health, and development. There is a proverb in Chewa that goes "Where there is water, there is civilization; Hygiene provides health and wealth". Water is the basis for hygiene and civilization. But, improving the water

supply and sanitation facilities is not an easy job. The lack of sanitation infrastructures like sanitary wares, tools, toilets, products and regular supply of required water is the biggest challenge in this sector.

Therefore by looking at these findings one can conclude that indeed communication can better the hygiene standards in toilet construction.

7.3 Recommendations

The following were the recommendations of the study,

- That punishment to be instituted to the people who fail to build toilets.
- Chiefs are highly respected in their communities therefore they should take an active part in facilitating and enhancing communication on issues of sanitation in the villages.
- There should be more sanitation programs on the radio and TV stations across the country to make people's perception towards toilet uses continue changing.
- The government should continue communicating to the rural areas through chiefs for the projects to effectively reach these people in the rural areas.
- The governments should not interfere with the existing communication structures in the rural areas rather they should take advantage and use to facilitate other rural development projects but instead it should improve it.

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THE UNIVERSITY OF ZAMBIA

SCHOOL OF HUMANITIES AND SOCIAL SCIENCES

DEPARTMENT OF MASS COMMUNICATION

APPENDIX 1: QUESTIONNAIRE

Dear Sir/ Madam,

I am a postgraduate student at the University of Zambia carrying out a research on communicating better hygiene in rural Zambia. You have been selected to participate in this research. The information you will provide is purely for academic use and will be treated with the highest degree of confidentiality. You are, therefore, required to be objective in your responses and you are not required to disclose your identity.

Fill in the blanks provided or put a tick in the box of your choice wherever there is a list of possibilities to choose from.

A. Personal Particulars- Tick

1) Your Name (Optional) ……..

2) Your Sex: 1. Male…… 2. Female……

3) Your Address (Name of your Sub Village)...……

4) Your age (last birthday)……

5) Your highest Education level: 1. Primary..... 2. Secondary…….. 3. Tertiary

6) Your marital status: 1.Single….. 2. Married……. 3.Divorced…….. 4. Widowed

7) What other responsibilities do you have in the community? ……..

……

B. Mass Communication

8) Do you have a radio set? 1. Yes…….. 2. No……..

b) If yes, how often do you switch it on? 1. Every day….. 2. Every other day…. 3. Twice a week……. 4. Rarely……

9) If Yes, Which stations do you tune to most?

i) ZNBC Radio1

ii) ZNBC Radio 2

iii) ZNBC Radio 4

iv) Radio Ichengelo

v) Others specify……..

10) How do you like Radio programs about sanitation? 1. Very likeable…… 2 .likeable…… 3. Not sure…… 4. Not likeable…….

11. Do you have a Television set? 1. Yes…….. 2. No……

If yes, how often do you switch it on? 1. Everyday……. 2. Every other day…….

3. Once a week ……. 4. Rarely……..

12. Do the communication media today promote toilet construction?

1. Yes…….. 2. No…….

Explain your answer ……..

……

C. Traditional Community Organization

13. How does information move from the village headman to the people? 1. Meetings…….. 2. Public callouts……. 3. Public crier…….. 4. Other (please explain)

…….

……..

14. How does information move from the people to the village headman? 1. Meetings…….. .2. Public callouts…… 3. Public crier…… 4.other (please explain)

…….

……..

15. How is a chief regarded in the community……

…….

16. What importance do people place upon a message from the chief? 1. Very important…… 2. Important…… 3. Not sure…….. 4. Unimportant…….. 5. Useless ……..

D. Perceptions of Toilet construction

17) How many are you in your house hold?

…….

18). Do you have the toilet of your own?

1. Yes……. 2. No……

19). If No Why?.....

20) Between men and women who are more prone to going to the bush to answer the call of nature? 1. Men…….. 2. Women……. 3.Both……. 4. Neither……..

21) Explain your answer ……

……

22) Who has more powers over the use and alienation of family resources? 1. Wife……

2. Husband……..3. Not sure…….. 4. Both……..

23. Is it okay to use the bush to answer the call of nature?

1. Yes…… 2.No…… 3. Explain your answer…….

24. Who takes the initiative to construct a toilet between a husband and a wife? 1. Husband.....2. Wife……3. Not sure……..4 both. Explain your answer……

25. Below are some of the dangers of using the bush for a toilet, choose by ticking the ones applicable to you or specify,

i) High spread of water and airborne diseases.

ii) Air pollution,

iii) Specify……..

26. Why do people fail to construct their toilets?

i) Laziness

ii) Lack of money,

iii) Lack of knowledge on the importance of practicing better hygiene.

iv) Ignorance,

Other, specify……

27. Below are some of the benefits of constructing an adequate toilet, tick the ones applicable to you,

i) Prevention of diseases,

ii) brings in the sense of responsibility,

iii) leads to a cleaner environment,

iv) Other, specify……

Thank you for your corporation

THE UNIVERSITY OF ZAMBIA

SCHOOL OF HUMANITIES AND SOCIAL SCIENCES

DEPARTMENT OF MASS COMMUNICATION

APPENDIX 2: INTERVIEW GUIDE

Dear Sir/ Madam,

I am a postgraduate student at the University of Zambia carrying out a research on communicating better hygiene in rural Zambia. You have been selected to participate in this research. The information you will provide is purely for academic use and will be treated with the highest degree of confidentiality. You are, therefore, required to be objective in your responses and you are not required to disclose your identity.

1. Mass Communication

a. Are there any programmes on Radio Ichengelo and ZNBC that talk about sanitation? If 'yes'
b. How do such programmes encourage construction of toilets in the chiefdom?
c. What do like about the programmes?
d. What don't you like about the programme?
e. How can they improve?

2. Traditional Communication

a. How is information and knowledge transmitted in Lamba?
b. Who are the sources and carriers of information?
c. Discuss the types of messages that are transmitted
d. At who is information targeted in Lesa Chiefdom?
e. How is traditional information used for toilet construction?
f. Who is the source of the information?
g. What is the message?
h. What is the channel?
i. Who are the audience?

j. What can be done better?

3. Community Organisation

a. How does information move from the village authority to the people?
b. How does information move from the people to the village authority?
c. What is the communication to and from the village authority mostly about?
d. How is the communication structure used to share information about the toilets?
e. What can be done better?

4. Family Communication

a. Is family communication used toilet construction?
b. If '**yes,**' how?
c. What are the successes?
d. What are the failures?

5. Perception on Toilet Construction

a. How many villages do not have toilets?
b. How many households do not have toilets?
c. Where do you think they go to answer the call of nature?
d. Why do people fail to construct toilets?
e. What role can traditional counselors play in changing the mindset of subjects about toilet construction?
f. What role can a chief play in helping the subjects build their toilets?
g. What dangers are associated in not having a toilet?
h. What benefits arise from each household constructing a toilet of their own?
i. What are your last words on this topic?

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SCHOOL OF HUMANITIES AND SOCIAL SCIENCES

DEPARTMENT OF MASS COMMUNICATION

APPENDIX 3: FOCUS GROUP DISCUSSION

1. Are there any programmes on Radio Ichengelo and ZNBC that talk about sanitation? If 'yes'
2. How do such programmes encourage construction of toilets in the chiefdom?
3. How is information and knowledge transmitted in Lamba?
4. Who are the sources and carriers of information?
5. Discuss the types of messages that are transmitted
6. At who is information targeted in Lesa Chiefdom?
7. How is traditional information used for toilet construction?
8. How does information move from the village authority to the people?
9. How does information move from the people to the village authority?
10. How is the communication structure used to share information about the toilets?
11. Is family communication used toilet construction?
    If '**yes,**' how?
12. What are the successes?
13. What are the failures?
14. Why do people fail to construct toilets?
15. What role can traditional counsellors play in changing the mindset of subjects about toilet construction?
16. What role can a chief play in helping the subjects build their toilets?
17. What dangers are associated in not having a toilet?
18. What benefits arise from each household constructing a toilet of their own?
19. What are your last words on this topic?