

CHAPTER ONE: INTRODUCTION

1.0. BACKGROUND

Lack of access to adequate information on safe drinking water is a serious source of health challenges, which impacts negatively on human and economic development. As the popular saying goes “Aqua vita” or water is life, it is important that people have access to safe drinking water at all times in order to produce a healthy population; unfortunately Kabanana Township residents lack access to adequate information on safe drinking water as a result most of its population suffer from dysentery as a common water borne disease.

In order to have access to information on safe drinking water it is imperative that the target audience participates fully in the entire process of information packaging and dissemination as observed by the World Health Organization (1997:26) that:

Community participation is an essential component of the surveillance frame work. As primary beneficiaries of improved water supplies, community members have a right to take part in decision-making about their future. They represent a resource that can be drawn upon for local knowledge, experience, financial support and labour. They are the people who are most likely to notice problems in the water supply and can therefore take immediate remedial action.

It suffices to state that the effectiveness of communication strategies on safe drinking water hinge on the understanding that participatory development is not a mere gift given without inclusion of the beneficiaries. As such, it is appropriate to evaluate the communication strategies that are used by the Department of Public Health on safe drinking water in Chisamba district. Since the decentralisation policy of empowering local municipalities by the

Zambian government, the Department of Public Health (DOPH) was entrusted with the responsibility to take care of public health issues in Chisamba district and among them is the access to information on safe drinking water. Kabanana Township is faced with a lot of water challenges most of which is contaminated; therefore the inflow of information on accessing safe water is vital to evaluate.

1.1. INTRODUCTION

The study comprises Six Chapters. Chapter One discusses the profile of Zambia which includes, geography, climate, population and the profile of the DOPH as the organ whose communication strategies are being evaluated. Included in this chapter are some operational definitions as used and applied in this work. The statement of the problem, rationale, specific objectives, research questions, purpose of the study and the limitation thereof.

1.2. PROFILE OF ZAMBIA

Zambia is a landlocked Sub Saharan country sharing borders with Malawi, Mozambique, Tanzania, Namibia, Botswana, Zimbabwe, Angola and the Democratic Republic of Congo. It is located between 8° North and 18° South 22° East and 34° East and 26° West enjoying a sub tropical climate with three distinct seasons. The average attitude is 1,200m above sea level with the highest parts in the north-east and a steady fall in elevation in the south and south-west. The hot and dry seasons run from mid-August to mid-November, the cold dry season from May to mid-August while the rainy

season is from November to April as recorded by Water Aid Zambia (WAZ) (2011:16).

The climate of Zambia according to WAZ (2011:17) is a major factor in defining her social and economic life. In the past three decades the country has witnessed rapid change in climatic patterns with lower average rainfalls, shorter rain seasons and hotter dry seasons. Flash flooding and regular dry spells within the rainy seasons are usually followed by outbreaks of diarrhoea, cholera and other water-borne diseases especially in peri urban areas of Lusaka.

The population of Zambia is about 13 million, half of which live in urban areas while the other half resides in rural areas (CSO 2011:7) . The population grows at a rate of 3% per year. The population of Zambia is mainly youthful with those under the age of 15 comprising 45.5% of the total population. However, life expectancy has been declining from 46.9% years in 1990 to 36 years in 2003. The HIV and AIDS prevalence is very high standing at 16% of the total population between the ages of 15 and 59 years as of 2002.

1.2.1. CHISAMBA DISTRICT

Chisamba district is a small Town located near Chibombo district in the central province of Zambia. It is situated north of Lusaka province with a population of 18,534 households comprising 49,973 males, 50,313 females out of which 44,319 are above 18 years and older (CSO 2011:19).

The majority of Kabanana residents work on commercial farms in Chisamba district where they are employed in various capacities such as security personnel, drivers, plumbers, carpenters as well as planting and harvesting assistants.

The climate of Chisamba district comprises a warm rainy season (November to April), cool dry season and a hot dry season (September to October). The rainfall pattern varies from 800 to 1200mm. The lowest temperatures usually occur in June/July and the highest in September/October David (1997:253). Having said this it is relevant to discuss albeit in brief the characteristic of Kabanana Township.

1.2.2. KABANANA TOWNSHIP

Kabanana Township is situated in the heart of Chisamba town and according to the head count conducted by the Township Chairman who keeps stock of the number of residents. The Township is densely populated with 732 residents out of which 411 are adults and 322 are children. The Township consists of 146 households.

1.2.3. DEPARTMENT OF PUBLIC HEALTH

The Chisamba DOPH under the Ministry of Community Development Mother and Child Health, has for a long time been the custodian of campaigns on public health issues including access to safe drinking water and sensitization campaigns on prevention of communicable diseases. The department is headed by a medical doctor who is assisted by environmental technologists who also work in conjunction with the district clinic in

providing health services to the community. The environmental technologists conduct research on public health issues and scientific testing of water quality in the Townships and the surrounding areas of Chisamba district. In its endeavour to reach out to the community on issues of safe drinking water the DOPH uses avenues of communication which are also known as communication strategies as described below.

1.3.1. COMMUNICATION STRATEGIES

The communication strategies that are used according to the respondent (environment technologist) include drama, community based meetings, neighbourhood health groups, mobile community visits (door to door) and sometimes the use of mega phones. It must be noted however that the media in this respect Radio and Television are not used by DOPH.

1.4. STATEMENT OF THE PROBLEM

Lack of effective communication on safe drinking water is evident in the attitudes of Kabanana residents, who have not been able to properly take care of the water sources in order to access safe drinking water. As such a study to evaluate the effectiveness of communication strategies on safe drinking water was deemed appropriate and Kabanana Township provided a conducive environment to conduct the study from.

1.5. THE RATIONALE

Lack of access to adequate information on safe drinking water has health implications on most residents of Kabanana Township who suffer from dysentery as a common water borne disease. The environmental

technologist attested to the fact that the neighbourhood health committee most of the time does not disseminate health information due to lack of incentives as it is just a voluntary community group. The environmental technologist also affirmed through scientific testing that the water in Kabanana Township is highly contaminated with E coli bacteria, which is a mixture of faecal matter and water. These circumstances aroused interest leading to the need for the evaluation of the communication strategies used to disseminate health information on access to safe drinking water using the following objectives.

1.6. GENERAL OBJECTIVE

To evaluate the communication strategies used by the department of public health on safe drinking water in Kabanana Township Chisamba.

1.6.1. SPECIFIC OBJECTIVES

To assess:

1. The communication strategies used by the medical office department of public health on safe drinking water?
2. The contents of communication messages on safe drinking water in Kabanana township
3. The receptability of the messages on safe drinking water among Kabanana residents

1.6.2. RESEARCH QUESTIONS

1. What are the communication strategies used by the Department of Public Health on safe drinking water in Kabanana township?
2. How are the communication messages on safe drinking water being disseminated?
3. What are the levels of awareness on safe drinking water among Kabanana residents?

1.7. SIGNIFICANCE OF THE STUDY

It is hoped that the findings of this study will contribute to better formulation of communication strategies that are participatory in nature and influence policies towards having safe and sustainable water services.

1.7.1. LIMITATION(S) OF THE STUDY

This study was only concerned with evaluating the communication strategies that DOPH uses on safe drinking water in Kabanana Township of Chisamba district. The focus was strictly on those households which use traditional hand dug wells as they are the majority in the Township.

1.8. DEFINITION OF TERMS

1.8.1. STRATEGIC COMMUNICATION

According to Benatar (2005: xiii) strategic communication is an evidence-based, results-oriented process, which is undertaken in consultation with the participant group(s). It is intrinsically linked to other programme elements that are cognisant of the local context and favours a multiplicity of

communication approaches to stimulate positive and measurable behaviour and social change.

1.8.2. EVALUATION

The term evaluation according to Wilbur (1968:95) refers to a process of determining the extent to which objectives have been achieved. It is the systematic process of judging the worth, desirability, effectiveness, or adequacy of something according to definite criteria and purpose.

1.8.3. SAFE DRINKING WATER

According to Greenhalgh (2001:5) drinking water, or portable water, is water that is safe enough to be used by humans beings with low risk of immediate or long term harm. The word portable is embryonic in the late Latin language whose origins is potabilis, which means drinkable.

1.9. CONCLUSION

The chapter situates the research problem within the context of Kabanana Township in Chisamba Zambia; states the problem statement and rationale of the study. The next chapter reviews the relevant literature to the research problem in light of some communication theories.

Chapter Three is a presentation of the methodology, which was used to obtain information on the research problem. Chapter Four will be a presentation of the findings relevant to the research problem. Chapter Five tackles the analysis and discussion of the research findings in line with research questions and finally Chapter Six will be for the recommendations and conclusion of the study.

CHAPTER TWO: LITERATURE REVIEW

2.0. INTRODUCTION

The previous Chapter situated the research problem within the context of Kabanana Township in Chisamba Zambia; stated the problem statement and the rationale of the study and outlined the objectives, research questions and operational definitions of the study.

This Chapter reviews the literature relevant to the research problem based upon selected communication theories.

2.1. THE NATURE OF AGENDA SETTING THEORY

The agenda setting theory states that because of news papers, television and other news media, members of the public are conscious or unconscious, generate interest or disregard, amuse or relegate particular characteristics of the public arena. Members of the public tend to include or exclude from their cognitions what the media include and exclude from their content. The public also attach significance to what they incorporate that strongly stresses the prominence attached to proceedings, issues and individuals by the media McCombs and Shaw (1972:176).

2.1.1. SUMMARY OF AGENDA SETTING THEORY

According to Leetaru (1989:14) Agenda setting can be summarised as a theory of mass communication that describes the way in which the mass media interacts with and affects the public it targets. At the core of the theory is the notion that mass media form the primary interface between the public and the world around them. While individuals can learn about their

immediate world through personal observation, they rely on the external proxy of the media to learn about the world beyond their geographic borders. The media therefore wield considerable control over the public's perception of the world around them. This control takes the form not only of *what to think about*, but also *how to think about it*. The arguments made by agenda setting Theory have a profound impact on societal-level communication and the role of media as a communicative transit.

Comparing agenda setting theory to the hypodermic needle theory of media effects, Westley and McLean (1957:31) indicate that both of these theories strongly suggest that members of the public are powerless before media messages, due to the fact that they are not capable of scrutinizing and criticizing those messages. Be that as it may, Westley and McLean, make a fundamental distinction between the two theories when they contend that:

Although agenda setting theory does assume a direct, though not necessarily an immediate impact of the media on the audiences, it does specify that the impact is not on people's attitudes but on their cognitions, and attributes such cognition changes to be the result of the media performing a gate keeper, or channel role.

Westley and McLean (1957:31) continue to argue that for agenda setting theory, media effects on the audience are a product of the day to day work of the Press in informing its audiences of the opportunities and warning them of dangers, real or imagined. It can therefore be said that by describing and detailing what is out there, the media present members of the public with something to think about.

2.1.2. MEDIA EFFECTS ON THE PUBLIC

According to McCombs (2005:10), although the influence of the media can be substantial, the media alone do not determine the public agenda. In

particular, the people are quite able to determine the basic relevance to themselves and to the larger public arena of the topics and attributes advanced by the news media. The media do set the agenda only when citizens perceive their news stories as relevant.

McCombs (2005:7) further argues that there are significant individual differences in the responses to the media agenda, differences explained in a large measure by the concept of the need for orientation, which is grounded upon the idea that individuals have an innate curiosity about the world around them. For a wide variety of public affairs topics, the news media provide this orientation.

Kartz (1959:7) in the uses-and-gratifications theory argues that audience members have some degree of independent control over what they get out of media and how they use what they get: The turn toward audiences in this way is in fact a turn toward looking at media-audience relationship as a communication relationship rather than as a mere transmission relationship where the audience is passive and inactive to media impact.

Shaw (1979:98) argues that audiences are not passively overpowered by what they read in news papers, hear on radio and see on television, instead people put to their own use and for their own gratification the media content they actively choose to pay attention to. Katz, Blumler and Gurevitch (1974:1) supports Shaw's view by outlining the characteristics which the audience possess against media impact as follows:

- The audience is active and its media use is goal oriented.

- The audience have various uses (needs) they seek to satisfy through media.
- Audience members take initiative to link need gratification to a specific media.
- The audience have enough self awareness of their own media use, interests, and, motive to be able to provide researchers with an accurate picture of that use.
- The audience possess value judgement of media content.

Malikhao and Servaes (1999:94) argue that people are not powerless before media messages because the media do not have direct effect on social behaviour. Mass media are important in spreading awareness of new possibilities and practices but fail to influence individuals at the decision level of adopting media messages.

The uses and gratification theory provides an alternative to the understanding of the role that the media play in society, namely the satisfaction of people's needs. Haridakis and Whitemore (2006:768) emphasises this view when they contend that: "The uses and gratification theory has called attention to audiences' varying expectations of the several media. (which medium, which channel, which programme can best adequately satisfy my needs?)." However, Cohen (1963:67) argues that the media (mainly the news media) are not always successful at telling people what to think about because in spite of the audiences' freedom to select what to pay attention to, it is still the media which set the agenda from which the audience freely choose what to view or read.

Blumer (1975:126) reiterates the active role that the audience play against media messages by outlining the characteristics that the audience have namely that:

- The media have uses for people and people can put media to those uses
- The audiences' prior motivations determine their consumption of media content.
- Individual audience members' use of media may reflect their existing interests and preference.
- Audience members construct their own meaning from content which then influences what they think and do.

It is therefore important to note that the power of the media does not mean that it overrides the autonomy of the audience over media messages.

2.1.3. APPLICATION OF THE THEORY TO THE STUDY

The agenda setting theory is chosen because the study reveals that a large number of Kabanana residents rely on the media particularly radio, television and internet for various health education programmes. This revelation points to the people's interest in media use.

Bryant and Thomson (2002:66) intimate that news coverage of public health matters has considerable influence in shaping the mindset of an average citizen as well as policy makers. Claire (2010:1) substantiates this notion when she states that the media display this potential in two ways (1) by

setting the agenda (what concerns us and should act on) and (2) framing issues (how we should think about them). Therefore by framing issues around safe water, the media can help people think about accessing safe drinking water frequently.

However, Eckhard (2004:5) argues that in Zambia there is generally little to no media use (Mainly Radio, Television and Internet) in safe water campaigns but only interpersonal communication. This assertion validates the testimony of Respondent A from the Department of Public Health when he says that: “We do not use the media (mainly radio, television and internet) in health education on safe drinking water but rely on other channels of communication such as door to door visits, community meetings and so on.”

The WHO (2004) suggests that regardless of the communication channels, three key aspects are needed in order for communication in safe drinking water to be effective: the development of messages or products that suit target audiences, targeting messages to the riskiest behaviours: the unsafe disposal of faeces, not washing hands with soap after defecating, the unsafe collection and storage of water, and communicating these messages in ways that are appropriate, attractive, and motivating.

In order to achieve the above aspects Ahmed, Thevos, Quick, Yanduli, Weterkeyn and Cairncross (1998:21) intimate that different communication channels have been developed to disseminate water treatment and hygiene messages including mass media (radio and television especially), participatory hygiene education, social mobilization or community participation through health clubs, schools, water committees, edu-

tainment through soap operas, local theatre, videos, and interpersonal communication.

The study reveals that lack of constant flow of information on access to safe drinking water has a negative bearing on the attitudes and belief system of the target audience. In rural north-eastern Brazil for instance, one of the reasons participants give for discontinuing water chlorination is their belief that water is already clean (Kirchhoff 1985:11).

In Sri Lanka, villagers boil their water for reasons unrelated to water contamination, such as when someone is ill. “Villagers do not associate boiling with killing bacteria”, so boiling is seen as unnecessary for healthy people (Nichter 1985:14). The evaluation of a point-of-use water quality intervention in rural Kenya found a widespread fear among community members that chlorine caused infertility (Makutsa: 2001:19). In order to rescue the situation, Community health workers had to convene special meetings at which they urged the communities to let go of such beliefs because they impacted negatively on accessing safe drinking water.

The use of mass media in information dissemination is critical in maintaining constant flow of information on safe drinking water, however, access to mass-communication media especially radio, television and internet can pose problems in rural areas, mainly due to many people being too poor to be able to afford access or due to unreliable or non-existent power supplies in many areas.

In order to ensure constant access to information on safe water, UNICEF advocates for a formulation and implementation of a comprehensive

communication plan as devised by Verker (2007:22). The communication strategy in question advocates for the inclusion of religious leaders due to their influence in society, and also for their logistic expertise which must facilitate the successful implementation of the strategy. Verker (2007:23) indicates that when disseminating messages on safe water, repetition is a key factor; multiple channels have to be used to convey specific messages, messages have to be adapted as much as possible to a response phase; short and direct messages are the most effective ones.

The above communication strategy proved to be effective especially in Pakistan as a mitigating factor during an earthquake, which disrupted many water points and denied the general population access to safe drinking water. A comprehensive communication plan was critical for maintaining constant in flow of information and consistence in behaviour of the target audience.

In the absence of the constant information supply on access to safe drinking water, people tend to stop acting appropriately as seen in an intervention in Madagascar promoting 20-litre jerry cans and hypochlorite solution reached peak sales during the rainy (cholera) season, then declined in the dry season (Dunston 2001:30). The conclusion is that water treatment was perceived as a cholera prevention action, rather than as a routine water treatment practice.

Quick (2003:1) reports that in Zambia during a major cholera epidemic in January 1999, the sales of Chlorine increased but reduced drastically after the epidemic. Quick (2003:5) concludes that such emergency response actions, while necessary and appropriate, may inadvertently send a message

that water treatment is necessary only in “potentially fatal” occasions, not under normal conditions.

Some researchers have concluded that emphasis must be placed on access to safe water through simplification of messages especially in situations of low literacy levels to increase participation by all. To this effect a study by Goldman (2001:25) in rural Guatemala reveals that simplified messages on safe water through community group discussions significantly improved participation and understanding due to the use of the local language. Hence Goldman argues that, 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 order to improve access to information on safe drinking water, great care must be taken in the entire process of water safety plans. According to Byleveld (2008:18) communications within water safety plans must include response to water contamination with clarity on when to warn consumers and how such warnings must be communicated at all times. In making these warnings there must be a carefully considered balance of the risks of normal consumption of water that may be contaminated against the risks associated with adhering to the warning. The communications component of the water safety plan must therefore also deal with when and how to remove the warning.

The importance of access to information on safe drinking water is hindered by the socio-economic status of the target audience. According to Thevos, Quick and Yanduli (2000:9), Zambian participants report a lack of money as one of the reasons that they do not intend to procure chlorine to distil their

drinking water. In the Dominican Republic, McLennan (2000:21) observes that the lack of domestic utensils and commodities like appropriate pots, fuel and stoves contributes greatly to people not boiling drinking water.

2.2. UNDERSTANDING PARTICIPATORY COMMUNICATION THEORY

According to Servaes (1999:14) the theory of participatory communication was adopted into the field of social change in the 1970s as dissatisfaction grew with top-down and trickle-down communication approaches to social change. Many scholars have given various definitions on the nature of participatory communication but this study will restrict itself to the definition offered by Singhal.

Singhal (2001:11) defines participatory communication as a dynamic, interactional and transformative process of dialogue between people, groups and institutions that enables them, both individually and collectively, to realise their full potential and be engaged in their own welfare. This definition leads to a realisation by White and Nair (1999:35) that all participation is communication driven but all communication is not participatory.

Chambers (1999:3) also states that participatory communication means working with the people, as opposed to working on or working for the people. With participation, projects and programmes become more humane, effective and sustainable. To this effect, Tufte and Mefalopulos (2009:20) recommend a communication programme cycle on which participatory communication thrives as follows:

- Communication methods and tools must be used to investigate and assess issues,
- the participatory communication strategy design is based on the research findings and defines the best way for the application of communication for the intended change,
- Implementation of communication activities must ensure that the activities planned in the previous phase are carried out and lastly,
- Monitoring and Evaluation must run through the whole communication programme, monitoring progress and evaluating the final impact of the intervention.

Tufte and Mefalopulos (2009:20) concludes that in order to make the communication programme cycle truly participatory, a two way communication stance must be adopted from inception and be applied consistently in each phase of the process.

The general conclusion of participatory communication is that communication takes into account the views and wishes of all stakeholders.

2.2.1. APPROACHES TO PARTICIPATORY COMMUNICATION

According to Servaes (1999:15), participatory communication stems from a duo perspective, the first being Paulo Freire's dialogical communication which is based on interpersonal and group dialogue in a community setting. The second perspective is propagated by UNESCO and centres on the ideas of access, participation, self determination and self management. However, this study will only consider the Freirean perspective because by and large both perspectives come down to the same emphasis.

It is important to note that participatory communication promotes empowerment of the target audience by their active involvement in the identification of problems, development of solutions and implementation of the strategies.

Tufte and Mefalopulos (2009:15) augment the above notion by stating that participatory communication does not only convey appropriate information to specific audiences, rather, it articulates processes of collective action and reflection by relevant stakeholders. Therefore when communication interventions are not participatory, the effects are very negative. This notion validates Freires' (1983:12) argument that most communication interventions fail because they are designed by technocrats based on their personal views of reality, which exclude the perspectives of the people for whom these programmes are intended.

In order to remedy the above assertion, Malikhao and Servaes (1999:95) argue that communication strategies must embrace the participatory model which stresses the importance of cultural identity of local communities and participation at all levels namely, international, national, local and individual. The participatory model therefore points to a strategy which is inclusive and largely emanates from the target audience or traditional receivers. Freire (1983: 76) refers to this as the right of all people to individually and collectively speak their word. Meaning that depriving the target audience of their right to participate in their own development is robbing them of their voice.

Malikhao and Servaes (1999:45) argue that the need to allow the target audience to participate in the development communication process does not

imply that there is no longer a role for development specialists, planners, and institutional leaders. It only means that the viewpoint of the local groups of the public is considered before the resources for development projects are allocated and distributed, and that suggestions for changes in the policy are taken into consideration

There is need therefore to break away from traditional ways of thinking about communication. MacBride (1980: 254) argues that the participatory communication theory calls for a new attitude for overcoming stereotyped thinking in order to promote more understanding of variety and plurality, with full respect for the dignity and equality of peoples living in different conditions and acting in different ways. This model therefore emphasises reciprocal collaboration of all stakeholders throughout all levels of the development communication process.

Storey (1999: 272) argues that there should not be a complete breakaway from other forms of communication; instead a balance has to be found among theories because situations especially in public health issues are unpredictable, so it is highly unlikely that any one communication theory will consistently produce the desired outcome.

In support of this Morris (2003:141) argues that it is difficult to pin point a single pattern of successful communication technique, most campaigns use a combination of strategies, which vary depending on local needs, resources and politics, and program aims. It can be difficult, then to sort through and attribute change to one theory of communication. Therefore, no one communication approach must be emphasised at the expense of other

theories, to do so is to declare that one theory is superior to others which is an impossibility.

Morris (2003:113) continues to state that an examination of many studies show that many types of interventions produce at least some of the desired results, but under different conditions they produce different results, some more successfully than others. Therefore, the emphasis placed upon participatory communication should be put in its proper perspective, which is making people become involved in their own development in an active way.

2.2.2. APPLICATION OF THE THEORY TO THE STUDY

This study acknowledges that participatory communication is an effective communication intervention model. This acknowledgement has made it a sought after communication model in public health promotion campaigns. Storti (2004:9) validates this notion when she intimates that participatory communication has proved effective in safe drinking water projects through the use of Participatory Community Monitoring (PCM).

Storti (2009:9) argues that the use of participatory community monitoring in safe drinking water, has succeeded because it makes it possible for communities to make their own decisions about water, hygiene, and sanitation strategies in that way, communities exhibit a high sense of project ownership and development organizations are helped in understanding better the wishes and priorities of the local communities.

Participatory communication proves the fact that if the target audience is denied active participation in a project of their benefit, that project is bound to fail. In light of this Barungi, Kasaija, Obete and Negussie (2003:22) argue

that the failure of a project on constructing wells and hand pumps for safe drinking water in India was a result of the promoters' failure to consult members of the local community. Barungi et al, conclude that such situations occur because the communication process is a one-way flow of information. The sender of the message has a goal to persuade the receiver, and there is little to no dialogue; the person or organisation implementing the change controls the direction and outcome of the campaign.

However, participatory communication has regard for the social context of the target audience by recognising the fact that community members especially authority figures play a significant role in health promotion. This view validates the stance of Luby (2004:420) who advocates the involvement of community opinion leaders in making water treatment interventions more effective. Various other health promotions on safe drinking water have used integrated approaches: mass media with community and advocacy components (Ahmed 1998:10; Waterkeyn and Cairncross 2005:11).

Social organizations, such as health committees, health clubs and mothers' clubs, have also proved effective in improving water treatment and hygiene practices. For instance in Zimbabwe, health clubs provide a platform for community members to interact and learn new hygiene behaviours. The initiative attracted increased participation, which contributed to the continuation of hygiene practices in the community (Waterkeyn and Cairncross 2005:15). The success of the health clubs is ascribed to the opportunities they provide for hamlet members to socialize, to learn through edutainment, to participate in issues of interest to them and to gain prestige

by holding club membership. The prestige of club membership helped to ensure that new hygienic practices become the social norm.

In Guatemala a study by Barbieri (1993:17) reports the positive role of strong community leadership in reducing diarrhoea. The president of the community development committee in La Soledad acted as a catalyst to initiate a water treatment intervention in the community. After receiving training on the use of a water filter, he took the lead in motivating households in his hamlet and in training them to filter their drinking water to prevent diarrhoea.

In Kerala India, Cairncross (2005:2220) reveals that community mobilization activities such as group meetings, health camps, local theatre, films and health clubs contributes to the success of a hand-washing promotion programme. Dunston (2001:1574) reports that in Madagascar through community mobilization there is a huge increase in the adoption of the point-of-use water treatment and safe storage practices by members of the community.

In another study conducted by Khurana and Sen (2000:7) in a Village of Balisana in Patan district of Gujarat India, it is revealed that drinking water project succeeded due to the Governments participatory communication strategies. The participatory communication approach is therefore important because of its inclusiveness in the communication process and yields successful and sustainable projects.

According to UNICEF (2013:7) community participation in safe water campaigns is hindered by most communication strategies, which do not help in eradicating the universal absence of awareness about water contaminated by germs not visible to the naked eye.

UNICEF (2013:7) further bemoans the lack of awareness of the benefits of household water purification methods and the need to make treatment routine. Knowledge about boiling water is common but practice is limited in most rural areas. For example the drinking of boiled water is restricted to ill family members on the advice of health workers rather than the entire household.

Barat (2007:1) also intimates that there is limited awareness on the right to safe drinking water whereby limited availability of quality drinking water is sadly accepted as 'normal' by too many rural communities. As such, the role and responsibility of service providers is to work with the community to instill in the people, the need for local action to ensure that all drinking water is safe. This entitlement is attainable if service providers and communities work hand in hand.

2.3. CONCLUSION

This chapter discusses the theories of participatory communication and agenda setting. The theories reveal that individuals have the capacity for reflection, for conceptualising, for critical thinking, for making decisions, for planning and social change.

The next Chapter discusses the methodology that is used in obtaining information on the research problem, which is effective communication for community participation in safe drinking water.

CHAPTER THREE: RESEARCH METHODOLOGY

3.0. INTRODUCTION

Chapter Two reviewed the relevant literature to the research problem in line with some communication theories. This Chapter outlines the methodology of this study. The research was conducted in Phases 1 and 2. Data in phase 1 were collected by using a qualitative approach in which written narratives were obtained from the environmental technologists and some members of Kabanana residents. In Phase 2 a quantitative approach was followed. Data in this Phase were collected through structured questionnaires.

3.1. RESEARCH OBJECTIVES

The objectives of this study were to assess:

1. The communication strategies used by the medical office department of public health on safe drinking water?
2. The contents of communication messages on safe drinking water in Kabanana township
3. The receptability of the messages on safe drinking water among Kabanana residents

3.2. RESEARCH DESIGN

According to Burns and Grove (1997:225), the design of a study is the end result of a series of decisions made concerning how the study will be conducted. The design is closely associated with the framework of the study and guides planning for implementing the study. Polit and Hungler

(1995:160) intimate that research designs vary with regard to how much structure the researcher imposes on the research situation and how much flexibility is allowed once the study is in progress. This study embraced a less structured approach in phase 1 as compared to a more structured one in Phase 2.

According to Unisa (2000:133), a method that is often used to gather information on social and behavioural variables and the relationship thereof is a survey, in which the researcher selects a sample of people and asks them a number of questions on the research problem. The answers that ensue are known as descriptive because they reflect the opinions and attitudes of the whole population from which the sample was taken.

This study embraced a descriptive-exploratory research design. Lo Biondo-wood and Haber (1994:233) intimate that the term “exploratory,” “descriptive” and “survey” can be used either alone, interchangeably or together to describe the design of the study. Polit and Hungler (199:16) declare that description can be a major purpose of both qualitative and quantitative research studies. Using the descriptive-exploratory research design, this study aimed at gaining more information about the in flow of information on safe drinking water in Kabanana Township.

Since there appeared to be no evidence of similar studies in the literature review on the effectiveness of communication strategies for community participation in safe drinking water in Zambia through the use of media (television, radio and internet), this study attempted to investigate, describe and explore this new area of interest.

3.2.1. ORGANISATION OF THE STUDY

The study was carried out in two phases as indicated in the introduction of this chapter. In Phase 1, data were collected using a qualitative approach. Environmental technologists from the Department of Public Health were asked through qualitatively designed (open ended questions) interviews to write and comment on the communication strategies on safe water in Kabanana Township. In Phase 2, data were collected through structured questionnaires, which were distributed to a selected number of Kabanana residents.

3.2.2. QUALITATIVE APPROACH (PHASE 1)

According to De Vos (2002:79) the qualitative perspective, elicits participants account of meaning, experience or perceptions. It produces descriptive data in the participant's own written or spoken words. Polit and Hungler (1999:18) contend that a qualitative method is especially useful for exploring the full nature of a phenomenon which is not fully understood. Not much was known about the use of media in safe drinking water campaigns in Kabanana Township as such, a qualitative approach was used to obtain narratives on communication strategies on safe drinking water. These written narratives were personally collected by the researcher. According to Streubert and Carpenter (1999:25), written narratives permit participants to think about what they wish to share. In addition, these written narratives reduced costs by eliminating transcription, as would be required for audio taped interviews.

3.2.3. QUANTITATIVE APPROACH (PHASE 2)

Data for Phase 2 of this study were collected through a quantitative approach by the use of structured questionnaires to obtain categorical information on the research problem. Burns and Grove (1999:23) intimate that quantitative research is a formal, objective, rigorous and systematic method for generating information about the phenomenon. This information is translated into numeric information and analysed using statistical procedure (Polit and Hungler 1995:13).

3.3. DEVELOPMENT OF RESEARCH INSTRUMENT

The researcher developed a structured questionnaire with a covering letter explaining the importance and purpose of the study. Respondents were given leverage on whether to write their names or not. The respondents were given clear instructions on how to answer the questions. The questionnaire was designed in such a way that the data could easily be computed. The questionnaire was divided into two sections namely, section A, which comprised closed ended questions and section B, which contained open ended questions.

These are the questions which were asked:

4. What are the communication strategies used by the Department of Public Health on safe drinking water in Kabanana township?
5. How are the communication messages on safe drinking water disseminated?

6. What are the levels of awareness on safe drinking water among Kabanana residents?

3.3.1. VALIDITY AND RELIABILITY

The study considered the aspect of validity which is the ability of the research instrument to measure what it is intended to measure. According to De Vos (2002:166), validity is the degree to which an instrument does what it is intended to do. Validity has a duo function namely whether the instrument actually measures the concept in question and whether the concept is measured accurately. In this study, validity of the research instrument was evaluated for content and construct purposes only.

De Vos (2002:167) contends that content validity can be done by the researcher alone or with the help of other research assistants. In this study the content validity of the questionnaire was determined by the literature review. As regards construct validity, it is concerned with the underlying attribute than with the scores that the instrument produces. Its significance lies in its linkage with theory and theoretical conceptualisation (Polit and Hungler 1999:420). It does not only involve validation of the instrument but also the underlying theory (De Vos 2002:168). As such, the theories of agenda setting and participatory communication were linked to the concepts in the questionnaire.

According to Polit and Hungler (1999:713), reliability is the degree of consistency with which an instrument measures the attributes it is designed to measure. In this study, reliability was ensured by assessing the research

instrument and homogeneity of the variables before it was used and through conducting a pretest. The pretest involved 30 questionnaires on the target population.

3.4. SAMPLING PROCEDURE

The study made use of a probabilistic sampling procedure in which some form of random selection was used. This sampling method enabled the researcher to predict the probability that each element of the population will be included in the sample (LoBiondo-Wood and Haber 1994:291). Probability sampling has a better chance of resulting into a representative sample and according to Brink and Wood (1994:106), randomness is also associated with generalisation. The study specifically made use of stratified random sampling, a probabilistic sampling technique wherein the researcher divided the entire population into different subgroups or strata, then randomly selected the final subjects proportionally from the different strata.

Stratified random sampling was employed by dividing the population of households in Kabanana Township into strata. Households with wells and bore holes as sources of drinking water were grouped together and those with taps and access to a kiosk were put together respectively, a further subdivision was made in which adults and children were in a stratum of their own. From these strata, the researcher picked the final population through simple random sampling for the distribution of questionnaires.

3.4.1. SAMPLING FRAME AND SAMPLE SIZE

Sampling frame refers to the total population of subjects with similar traits from whom a sample size for study purposes is chosen. In other words, a sampling frame is a population in which a total number of subjects meet a designated set of criteria. Polit and Hungler (1999:278) distinguish between the target population and the accessible population. The former includes all the cases about which the researcher would like to make generalisations, while the latter, comprises all the cases that conform to the designated criteria and are accessible to the researcher as a pool of subjects for a study.

The accessible population of the study was 732 from 149 households in which 411 were adults and 322 were children. The target population from the accessible population was 105 respondents, meaning that 100 questionnaires were administered to Kabanana residents and 5 written narratives on the research problem were obtained from environmental technologists.

3.5. DATA COLLECTION

According to Burns and Grove (1999:45), data collection is the systematic and accurate gathering of information in line with the specific objectives and research questions of the study. In phase 1, data in form of written narratives were collected from five experts on water management and research. Being a qualitative approach, data were collected by requesting the experts or environmental technologists to write down their expert opinions on communication strategies on safe water through a set of open ended

questions. Since the researcher was not present during the writing of the narratives, it was essential that topics related to the objectives of this study were covered in their narratives. Streubert and Carpenter (1999:25) emphasise that when using written narratives, the researcher has to be extremely clear about what the participants should write about. Data collection on written narratives started on November 15 to December 17th 2014.

As a quantitative approach, data in phase 2 of the study were collected according to a structured plan, through self administered questionnaires with both open ended questions that required written responses and closed ended questions providing predetermined options. The structured approach allowed the researcher to compute exact percentages. According to Polit and Hungler (1999:311), data that is to be subjected to statistical analysis must be gathered in such a way that it can be quantified. Data collection in this phase of the study started on January 20 to March 29th 2015.

3.5.1. CHALLENGE(S)

The researcher encountered one challenge during the collection of data particularly with questionnaires. Some questionnaires 20 of them actually were lost by the respondents and some among those which were collected had certain sections unanswered. As a mitigating factor, the researcher resorted to verbally asking the respondents for answers to the questions, an approach which worked out very well.

3.5.2. DATA ANALYSIS

According to Bogdan and Taylor (1975, cited in Tesch 1990:113) data analysis is a process which entails an effort to formally identify themes and to construct hypotheses (ideas) as they are suggested by data and an attempt to demonstrate support for those themes and hypotheses. When analysing qualitative data from written narratives, the researcher did an identification of themes, verified the selected themes through reflection on the data, categorised the themes and recorded the supporting data of the categories. In other words, qualitative data was analyzed by the use of content analysis with focus on themes that emerged in the data.

Quantitative data from the structured questionnaires were translated into numeric codes and entered into the statistical package for social sciences (SPSS) version 20 for analysis.

3.6. GENERAL OBSERVATIONS

The findings of the research were realised using the various methodological techniques and data collection tools as described in this Chapter. The practical steps that were employed in data collection and constant interaction between the researcher and the data provided an intimacy between the researcher and the data thereby giving the researcher great insight into the quality of the data, which all things considered is satisfactory to the needs of the research problem. Although the study encountered challenges of lost questionnaires and lack of answers to certain portions of the questionnaires, it is sufficient to ascertain that through the

mitigating factors (see 3.5.1.) employed; the data was reasonable and credible for the study.

3.7. CONCLUSION

The Chapter recounts the practical steps of the methodological techniques that were used to collect data on the research problem. The research design, the organisation of the study, the methodological approach of the study, data collection and data analysis techniques and the challenges thereof, the sampling procedure and development of the research instrument is discussed to some reasonable detail. The next chapter is a presentation on the research findings.

CHAPTER FOUR: RESEARCH FINDINGS

4.0. INTRODUCTION

Chapter Three discussed the methodology and various data collection tools which were used to gather information on the research problem. This Chapter presents the findings of the research on the research problem in line with the research objectives.

4.1. THE STUDY SAMPLE

In order to understand the nature of the findings as presented in this chapter, it is important to underscore the circumstances from which data emerged. The study area was chosen because of the vivid display of unconcerned attitude by most Kabanana residents in taking good care of the sources of drinking water namely, wells and bore holes. On one hand there is the Department of Public Health (DOPH), which conducts health education on access to safe drinking water, and on the other hand, there is little to no correlation with this education as is visible in the negligent attitude of wells and bore holes.

When asked how often health education is conducted in Kabanana Township, Respondent A from the DOPH replied that: *“we educate the residents on a weekly basis and monthly when we hold general meetings on safe water and sanitation.”* In contrast, some residents of Kabanana Township expressed mixed feelings on how often the health education on safe drinking water is done by DOPH. For instance, out of the 30 residents sampled during the pre test, only 10 of them confirmed the sentiments of Respondent A while 20 said that they do not come. Actually 15 out of the 20

who expressed mixed feelings intimated that: *“These people are not consistent, sometimes they come and other times they do not come.”* The remaining 5 completely denied that health workers do not actually go to educate them on access to safe drinking water. The aforesaid sentiments clearly indicate that there is a gap between the public health workers’ claims and the residents’ response to those claims.

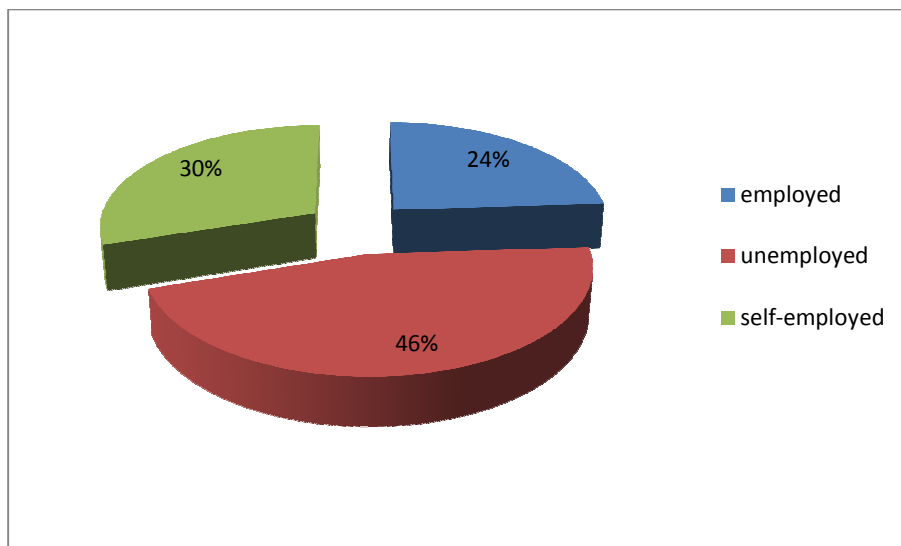
The study found that due to economic reasons, many residents of Kabanana are not usually found at home. For instance, 30% of the respondents were unemployed while 46% are self employed as shown in figure 1.1. This had negative consequences on how many people availed themselves for health information on safe drinking water.

It was discovered that a percentage of those who are unemployed left home very early to go and work on farms and returned home very late in the evening and sometimes they would not return until a certain number of days had elapsed if they were working on faraway farms.

The health education on access to information on safe drinking water in the Township which DOPH conducts during mid day is negatively affected as the majority of the residents are absent during that time for economic reasons. In line with this, Respondent A affirms that: *“it is quite a challenge for information from our department to encompass three quarters of the population in this area because many of them are not available due to work related issues as a result we lose out on a large audience.”* The study discovered that similar circumstances apply to those who are self employed who also leave early to go and look for fresh vegetables, groundnuts and

water melons on farms, which they sell on the road side especially in the evening when the market is a bit favourable. According to the findings as contained in Figure 1.1, nearly half of the population in Kabanana Township is unemployed, while 30% is self employed and 24% is employed.

Figure 1.1 Employment status



It was imperative under such circumstances to establish the communication strategies used to disseminate information on safe drinking water. For instance, is consideration made by DOPH to capture even those who are not usually at home with information on safe drinking water? If not, where do they get information on safe drinking water? These are the circumstances surrounding the nature of the findings of this study as guided by three research objectives, which are to assess:

- The communication strategies used by the Department of Public Health on safe drinking water
- The contents of communication messages on safe drinking water
- The receptability of the messages on safe drinking water among Kabanana residents

The presentation of the findings follows the order in which the objectives are outlined above.

4.2. The communication strategies used by the Department of Public Health on safe drinking water

The Department of Public Health (DOPH) in its endeavour to reach out to the community on issues of public health, has a communication strategy, which is a plan intended to achieve a specific objective or purpose. Respondent A actually states that: *“in the interest of Public Health, our communication strategy is to achieve easy access to safe water and sanitation to every member of the community through health education inspired by policies of the Ministry of Community Development Mother and Child Health (MCDMCH).”*

According to Benatar (2005:11), a communication strategy is a plan for communicating information related to a specific issue, event, audience or situation. It serves as a blue print for communicating with the public or stakeholders. In order to execute the communication strategy on access to information on safe drinking water, DOPH uses several communication

channels which have been developed because every strategy must have a conduit for its implementation.

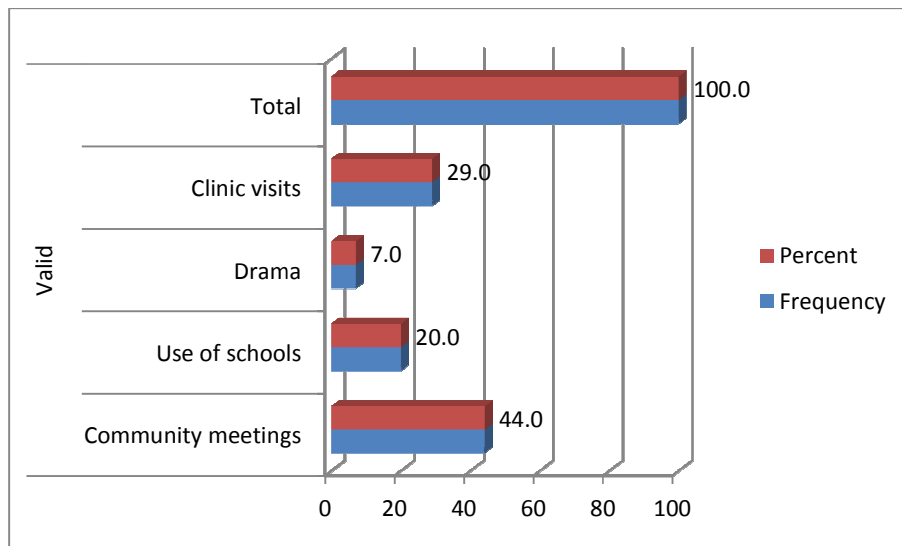
It is important to note according to Benatar (2005: xii) that a communication strategy is not the same as a channel(s) of communication but the two are inseparable or coexist. A communication strategy is developed in order to be expressed or implemented through a communication channel and a communication channel is birthed to serve as a conduit of expression as such, the two are spoken of together as a unit in a programme intended for community behavioural change.

Benatar (2015:11) cements the coexistence of communication strategy and communication channel(s) when he declares that Communication strategies should outline the objective/goals of the communication, identify stakeholders, define key messages, pinpoint potential communication methods and vehicles for communicating information for a specific purpose, and specify the mechanisms that will be used to obtain feedback on the strategy. The communication channels have to be designed in such a way that they are appropriate to message delivery. As such, a good communication strategy will require appropriate channels of communication. when asked on whether the communication channels help DOPH to have feedback on the strategy Respondent A said, *“not necessarily because we focus on message delivery and rely on reduction of maybe diseases to indicate to us that our strategy is working, it is difficult to physically check whether the people are implementing what we teach them,*

and if we see that there is no reduction in diseases such as dysentery, we only intensify health education.”

In examining the communication channels that DOPH uses to disseminate information on access to safe drinking water among Kabanana residents, the study found that there are four main channels namely, Clinic visits which account for 29%, Drama 7%, use of School seminars 20% and Community meetings 44% as shown in figure 2.1

FIGURE 2.1 Communication channels for safe drinking water



It is very evident from the findings in Figure 2 that the most utilised channels of communication for safe drinking water are community meetings and clinic visits. The study reveals that the communication channels depicted in Figure 2.1 only captures the 24% of the people who are unemployed as mentioned earlier in Figure 1.1. When asked about the remainder of the population particularly the unemployed and self employed who missed out on information on safe drinking water, Respondent A from

DOPH said that: *“We do not have specific interventions which we can monitor but only hope that they can be captured during our general community health meetings.”*

The study therefore interrogated the residents who are unemployed and self employed to find out if at all they do have a chance of getting information on safe drinking water. One of the residents said that: *“We usually rely on mass media especially radio, TV, sometimes internet and newspapers. On internet it is usually when there is an outbreak of disease on national level and newspapers also do carry that information sometimes.”* The study therefore discloses that 45.1% get information from the Radio, 20.7% from Television, 19.7% from Newspapers and 14.5% said information reaches them through the internet, as shown in Table 1.1a

Table 1.1a

		Responses		Percent of Cases
		N	Percent	
channel	Type of media exposed to TV	40	20.7%	40.8%
	Radio	87	45.1%	88.8%
	Newspaper	38	19.7%	38.8%
	Internet	28	14.5%	28.6%
Total		193	100.0%	196.9%
a. Dichotomy group tabulated at value 1.				

With the revelation in Table 1.1a, the study discovered that DOPH does not use mass media (Mainly Television, Radio, Newspaper and Internet) in health education on safe drinking water. Respondent B actually said that:

“As a Department, we do not use mass media for health education but only rely on interpersonal communication.”

Having explained the communication strategy and communication channels that DOPH uses, consideration was made to inquire on the content of communication messages. It was imperative to discuss the content of communication messages on safe drinking water because it is evident that there are two sources of information namely, DOPH and the Mass media.

The next consideration was therefore that if there are two sources of information on safe drinking water, could the content of the messages be the same?

4.2.1. The contents of communication messages on safe drinking water

The aim of this objective hinges on the aspect of how the messages on safe drinking water are devised. This discussion is based on the two sources of information as revealed in the first objective and was discussed separately for the sake of clarity.

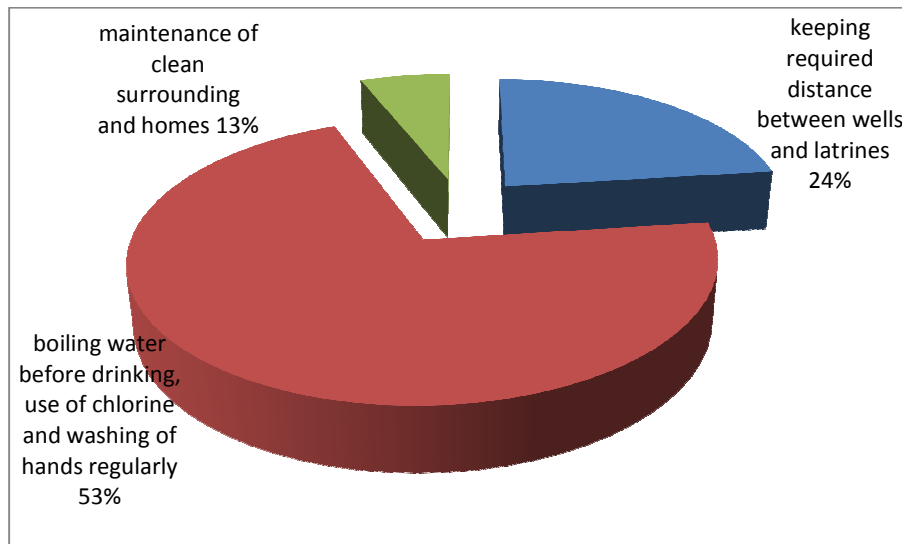
4.2.2. Communication messages by the Department of Public Health

When asked on who and how the process of devising communication messages on safe drinking water occurs, Respondents A from DOPH intimated that, *“It is only a group of experts from our department who after accessing the prevailing situation in the Township meet and draft the messages on safe drinking water, after which we organise ourselves in order to deliver the information to residents in the Township whose content is*

entirely dependent on the health situation at that time.” Commensurate with this, one of the respondents out of the 24% who are employed did affirm when he said that: “we are mostly spoken to by health educators, who come with already made programmes and messages on safe water, they give us leaflets but usually they have us gather and then they deliver their message, otherwise, We are not involved in the process of message formulation and dissemination.”

At the time of the study, the communication messages which DOPH focussed on were 13% on maintenance of clean surroundings and homes, 53% concerned boiling of water before drinking, use of chlorine and washing of hands regularly, 24% accounted for keeping the required distance between wells and pit latrines as shown in Figure 3.1

Figure 3.1 Communication messages on safe drinking water



Examining the communication messages in Figure 3.1, it is evident that their nature is a combination of accessing safe drinking water and maintaining good sanitation. Comparatively, the study looked at the message content from Mass media (radio, Television and Internet) as discussed below.

4.2.3. Communication messages by Mass media

The study shows that under mass media the producers of information on access to safe drinking water vary depending on who wants to promote a particular interest.

When asked on the kind of messages that they receive from the media, a Respondent from the 24% of the target audience intimated that: *“Usually it concerns discussions on plans to have many people access safe water in future, or some upcoming water projects which the government or any other organisation would like to implement or during an outbreak of cholera at national level we are encouraged to wash our hands and boil water to drink.”* when asked further on how frequent such messages are broadcast, a Respondent from the 67% of the residents said that: *“Sometimes we do get the information once per day, or twice per month and very rarely in newspapers.”*

In summary, the message content on safe water from mass media are, boiling, washing of hands and future plans for water projects.

On how helpful the information received from the DOPH, considering the different sources of it, more than half (51%) of the population said that it is

helpful while 49% said that it is only helpful to a certain extent as shown in Table 2.1.

Is health education on safe water helpful?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Helpful	51	51.0	51.0	51.0
	Helpful to a certain extent	49	49.0	49.0	100.0
	Total	100	100.0	100.0	

When asked on why they opined differently on the information in Table 2.1, the 51% who access it from DOPH responded that: *“This information is helpful because it specifically addresses some of our problems in our Township, for example, we did not know that pit latrines must not be dug next to wells and bole holes.”*

On the contrary, a Respondent from the 49% of those who receive information from mass media said that, *“the information we get is only by chance because there is no consistency, it is too general and does not address the specific water issues that we face in our Township, so it is helpful to a certain extent, it is better than nothing.”*

As such, it became necessary to find out the receptability levels of such information by the residents of Kabanana Township as discussed in the next objective below.

4.2.4. The levels of awareness on safe drinking water among Kabanana residents

The aim of this objective is to measure the levels of awareness of the target audience in terms of understanding by ascertaining what the audience exactly knows about the flow of information on safe water. It is the awareness level which confirms whether or not the objective of the communication strategy (ies) is achieved. This is vital in ensuring total commitment and participation from the target audience in a campaign of interest. To achieve this, the target audience was tested on its understanding of unsafe drinking water and safe drinking water as such. The study shows that 48% of the target audience understand unsafe drinking water as water that can make them sick, 9% did not give any response and 43% understand that unsafe water is not chlorinated and/or boiled as shown in table 3.1

Table 3.1

Understanding of unsafe drinking water				
What is unsafe drinking water?	Frequency	Percent	Valid Percent	Cumulative Percent
Water that can make someone sick	48	48.0	48.0	48.0
No response	9	9.0	9.0	57.0
Water not treated with chlorine or boiled	43	43.0	43.0	100.0
Total	100	100.0	100.0	

The responses given in Table 3.1 clearly show that there is no coherence in understanding of unsafe drinking water. A Respondent among the 9% of the residents indicated the difficulty in explaining what unsafe water is when he said, *“we are only told of why we should boil or chlorinate drinking water not*

what unsafe water is, so we boil water so that we kill germs that can make us sick if we didn't boil or chlorinate." In addition Respondent C from DOPH declared that: *"the focus of our health education is not on definition of unsafe water but on the benefits of boiling or chlorination so it matters less whether or not members of the community can define unsafe water."*

Contrary to the above perspective, Respondent D from DOPH, attributed the lack of understanding among some residents on their low education standards when he said that: *"most of the residents who are available for health education in this township attained primary level education, I must also mention that it is quite challenging to deliver health information on safe water in the English language because of low education levels among the target audience."* In fact, the study validates this sentiment when it reveals that 41% of the residents attained primary school education, 13% have had middle basic education, 15% have attained secondary level education and 31% have attained tertiary education as shown in table 4.1

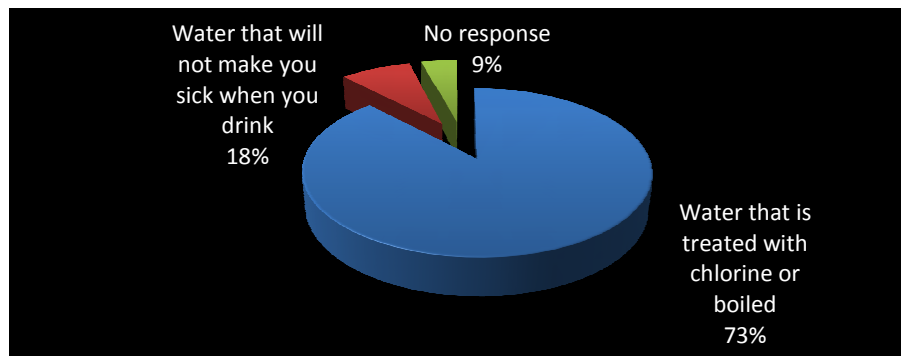
Table 4.1

Education level					
		Frequency	Percent	Valid Percent	Cumulative Percent
	Primary	41	41.0	41.0	41.0
	Middle Basic	13	13.0	13.0	54.0
	Secondary	15	15.0	15.0	69.0
	Tertiary	31	31.0	31.0	100.0
	Total	100	100.0	100.0	

Having established the reasons for lack of understanding of unsafe drinking water, it was necessary to find out the understanding of safe drinking water among Kabanana residents as well.

The study found a similar trend when it came to residents' understanding of safe drinking water with that of unsafe drinking water. Figure 4.1 shows the residents understanding of safe water in which 18% understand it to be water that will not make you sick when you drink, 73% understand safe water as water that is treated with chlorine or boiled and 9% did not give any response.

Figure 4.1 understanding of safe drinking water among kabanana residents



Respondent B expressed concern on the low levels of formal education which is mostly characteristic of the target audience as a major drawback in safe water campaigns when he states that: *“it is really hard when we have to explain the same message many times, that is why we have opted for interpersonal approaches to message delivery coz it requires a lot of patience and can at least guarantee some sort of understanding on safe water.”*

The low levels of education have directly and negatively affected the understanding levels among the 9% of the residents thereby creating a language barrier because the language of instruction is mostly English as confirmed by respondent B when he said, *“imagine in an environment of residents who have mostly acquired primary education, English language can be quite challenging coz you might think that people are getting what you saying when in fact they are not.”*

In fact, the study also found out that during questionnaire distribution, many people asked for translation of some questions from English to Bemba as a commonly used language. One resident actually remarked that: *“twebeniko mu cibemba pantu icisungu ifwe awe mukwai.”* Literally translated as, *“tell us in Bemba because for us English is a no go area.”*

The study also indicates that apart from the communication channels mentioned in Figure 2.1 DOPH also uses the neighbourhood health committee to act on its behalf in disseminating information on access to information on safe drinking water on a voluntary basis in order to increase awareness.

The committee comprises 6 members of Kabanana residents 3 males and 3 females. When it comes to the effectiveness of this committee, respondent A from DOPH says, *“we usually call this committee for health updates in order for it to convey to members of the community but it so happens that most times the members do not show up, I suppose it’s because it is a voluntary committee without any incentives, in such an instance message delivery becomes challenging and as a department we are short of man power.”*

Actually several other members of Kabanana residents confirmed the inefficiency of this committee when they intimate that: *“sitimabaona kubwela mukomboni, timaona chabe ba ku clinic ntawizina kutipunzisa vamanzi.”* Literary translated as, *“We do not see them in the comboni, we just see those from the clinic coming to teach us on water sometimes.”*

When asked as to whether the above sentiments have any truth in them, three members of the neighbourhood health committee revealed that: *“it is difficult to attend to these meetings because we do not get paid and we have to fend for our families so it is only when our families have something to eat can we avail ourselves and disseminate the information to members of our community, otherwise we are very willing except for the challenge we have stated.”*

4.3. CONCLUSION

The chapter covered the findings of the study as obtained from the research field. The findings were presented under the guidance of the research objectives. The next chapter is an analysis and interpretation of the research findings in accordance with the research questions of the study.

CHAPTER FIVE: DISCUSSION OF FINDINGS

5.0. INTRODUCTION

The previous chapter was a presentation of the research findings based on the research objectives. This chapter covers the discussion and interpretation of those findings based on the research questions.

5.1. DISCUSSION OF THE FINDINGS

The present study was designed to evaluate the effectiveness of the communication strategies that the Department of Public Health (DOPH) uses to promote community participation in safe drinking water in Kabanana Township of Chisamba district. The study was prompted by the negligent scenario existent in the township concerning the sources of drinking water namely, wells which are shallow, uncovered, most of which are dug within inches of pit latrines, the non availability of sufficient hand pumps (only one was functional at the time of the study), and the perennial occurrence of dysentery. In such a scenario the study ventured into discovering if the inflow of information on access to safe drinking water is sufficient by evaluating the communication strategies that are used.

It is well known that the waters in Kabanana Township are contaminated and a lot of safety measures have to be taken so as not to experience an outbreak of multiple water borne diseases, apart from the common occurrence of dysentery. Consequently Respondent A remarked that: *“the waters in this Township are so contaminated that if nothing is done in the soonest possible time, we might have a severe outbreak of diseases which will be very detrimental to the public.”* Therefore it is the considered view of

this study that communication strategies to do with accessing safe drinking water are put to the test so as to equip residents with the necessary information which could mean the difference between life and death.

5.1.1. What are the communication strategies that DOPH uses on safe drinking water in Kabanana Township?

It is apparent that DOPH has a clear and concise communication strategy on promoting community participation in safe water campaigns through access to information. Respondent A describes the communication strategy when he said, *“in the interest of Public Health, our communication strategy is to achieve easy access to safe water and sanitation to every member of the community through health education inspired by policies of the Ministry of Community Development Mother and Child Health (MCDMCH).”* According to Benatar (2005:11), a communication strategy is a plan for communicating information related to a specific issue, event, audience or situation. It serves as a blue print for communicating with the public or stakeholders.

In order to achieve this, DOPH uses specific channels of communication as means of transmitting messages on safe drinking water to the residents of Kabanana Township. The communication channels in question include community meetings, education through schools, use of drama and clinic visitations. In examining these channels, the study reveals that the most utilised channels as indicated in Figure 2.1 are community general meetings to be specific, clinic visits and schools. It is important to note that in order for a communication strategy to be effective, it must be implemented using an appropriate channel, which allows for feedback. Unfortunately for DOPH,

its communication channels do not allow for feedback as Respondent A writes, *“we focus on message delivery and rely on reduction of maybe diseases to indicate to us that our strategy is working, it is difficult to physically check whether the people are implementing what we teach them, and if we see that there is no reduction in diseases such as dysentery, we only intensify health education.”*

When examined further, the three most utilised channels of communication clearly indicate that there are complications in DOPH getting feedback from the target audience regarding the effectiveness of its communication strategy on safe drinking water, particularly on the use of community general meetings, the target audience is not availed an opportunity to speak on how they find the campaign on safe water as confirmed by a DOPH representative when he says, *“the platform is meant for us to expound on the future plans of the department concerning water and sanitation, to emphasise to members of the community on the importance of accessing safe water, unfortunately, we do not have the luxury of time to listen from the audience but always encourage them to come to our offices if they have any concerns.”*

Congruently, a Respondent from the target audience intimates that: *“we only go to attend these meetings in order to get information on water from the health department personnel who talk to us.”* This clearly implies that there is no dialogue between DOPH and the target audience, information dissemination is one sided as such, if DOPH has to be effective in its communication strategy implementation, dialogue must be promoted. These meetings should be consultative wherein the views, feelings and perceptions

of the target audience are factored in. It is they themselves who are better placed to deal and notice water problems in their Township. Their contribution must never be ignored as is noted by the WHO (1997:26) that:

As primary beneficiaries of improved water supplies, community members have a right to take part in decision-making about their future. They represent a resource that can be drawn upon for local knowledge, experience, financial support and labour. They are the people who are most likely to notice problems in the water supply and can therefore take immediate remedial action.

The second most utilised communication channel is clinic visitations by Kabanana residents. It is important to note that these visits are exclusively for under five health assessment which may not be appropriate platforms for disseminating information on access to safe water. The focus of such platforms is the overall health of the child or children and how the parents are taking care of them. As such, they should not be hijacked as sole avenues of safe water education. This opportunistic approach could result in making access to information on safe water as a by the way aspect instead of as a priority. It is the considered view of this study that DOPH should devise another focussed channel that could exclusively be used for safe water education.

The third mostly used channel of communication is the school. Regarding the use of school time, Respondent B says, *“we make use of the school system sometimes, in order to disseminate information on safe water by talking to pupils during certain times of the school year when permission is*

sought from the authorities that be, but sometimes when there is an outbreak of water borne diseases we are given priority to address the pupils.” Although it is commendable that schools are used as avenues for safe water education, school authorities did not well come the idea entirely as shown by a Respondent who says, *“the information is important in itself but the platform is not conducive for such during assembly time due to limited time and also overloads the pupils with information. It is suitable therefore for such topics to be taught separately,”* as such, DOPH has to find a way of improving upon this channel, which is very good when fully and appropriately applied. For example it could push for integration of public health in the curriculum, in that way, it would be very appropriate and effective especially as a hallmark of inter personal communication.

5.1.2. How are the communication messages disseminated?

The study reveals that there are two sources of information for safe drinking water namely, DOPH through interpersonal communication and the mass media, which DOPH does not use as acknowledged by Respondent B when he says, *“As a Department, we do not use mass media for health education but only rely on interpersonal communication.”*

It is obvious that interpersonal communication is the easiest and cost effective in more ways than one. It is advantageous to DOPH because it allows for direct or face to face interaction with the target audience as Respondent A writes, *“with direct engagement with the residents, we have an opportunity to clarify certain issues which the audience would require, and most of all we do not spend a lot of resources because we do the work*

ourselves with our own materials at our own time.” Congruently, a Respondent says, *“we do get the chance to ask questions on certain issues that we cannot understand or need clarification on when health educators come from the clinic during their door to door visits.”* While interpersonal communication offers such opportunities, it is evident that it is limited because DOPH only manages to capture 24% of the target audience which is available for health education as the study shows in Figure 1.1.

In spite of this, the interpersonal communication approach which DOPH uses is favourable because it controls and directs the message content which the target audience receives. Be this as it may, DOPH still faces challenges of limited human resource as evidenced by Respondent A when he says, *“in order for us to be efficient, we engage members of the community by constituting them into neighbourhood health committees because of lack of man power so that they act as agents of health education.”*

It is true that these neighbourhood health committees do exist but the claim of efficiency as a result of them is not true because it is denied by several members of Kabanana Township as confirmed by a Respondent who says, *“sitimabaona kubwela mukomboni, timaona chabe ba ku clinic ntawizina kutipunzisa vamanzi.”* Literary translated as, *“We do not see them in the comboni, we just see those from the clinic coming to teach us on water sometimes.”* This view is validated by a Respondent belonging to the neighbourhood health committee who says, *“it is difficult to attend to these meetings because we do not get paid and we have to fend for our families so it is only when our families have something to eat can we avail ourselves and*

disseminate the information to members of our community, otherwise we are very willing except for the challenge we have stated.”

All things considered, DOPH still lacks man power in order to reach out to the community sufficiently as evidence shows through the various sentiments that have been expressed. As a result there is no consistence in message delivery to members of the community. As the saying goes, too much of everything is bad, DOPH must understand this as well because public health issues are complex and can never be dealt with through one approach only as Storey (1999: 272) argues that there should not be a complete breakaway from other forms of communication; instead a balance has to be found among theories because situations especially in public health issues are unpredictable, so it is highly unlikely that any one communication theory will consistently produce the desired outcome.

In support of this Morris (2003:141) argues that it is difficult to pin point a single pattern of successful communication technique, most campaigns use a combination of strategies, which vary depending on local needs, resources and politics, and programme aims. It can be difficult, then to sort through and attribute change to one theory of communication. Therefore, no one communication approach must be emphasised at the expense of other theories, to do so is to declare that one theory is superior to others which is an impossibility. As the literature shows, a combination of communication strategies is upheld and desirable that is why DOPH should not only embrace and emphasis the use of interpersonal communication otherwise it will miss out on a large audience because the study reveals that 76% of the

residents of Kabanana Township get information on safe water from the media.

It is sad that generally in Zambia there is an emphasis on the use of interpersonal means of communication especially on matters of access to information on safe water as noted by Eckhard (2004:5) who argues that in Zambia there is generally little to no media use (Mainly Radio, Television and Internet) in safe water campaigns but only interpersonal communication. This assertion validates the testimony of Respondent A who says, *“We do not use the media (Mainly radio, television and internet) in health education on safe drinking water but rely on other channels of communication such as door to door visits, community meetings and so on.”*

But literature shows that the media are powerful tools of information dissemination which must never be neglected. Bryant and Thomson (2002:66) intimate that news coverage of public health matters has considerable influence in shaping the mindset of an average citizen as well as policy makers. Claire (2010:1) substantiates this notion when she states that the media display this potential in two ways (1) by setting the agenda (what concerns us and should act on) and (2) framing issues (how we should think about them). Therefore by framing issues around safe water, the media can help people think about accessing safe drinking water frequently.

The use of media can help DOPH deal with the disparity of information on safe water as the study reveals that the same target audience has two sources of information namely, DOPH and mass media, which unfortunately do not relay the same content and have created mixed feelings in the

community. Information from DOPH is specific, timely and addresses certain situations that the residents face as depicted in Figure 3.1, the one from mass media only captures general information and is not consistent as attested to by a Respondent who says, *“Usually it concerns discussions on plans to have many people access safe water in future, or some upcoming water projects which the government or any other organisation would like to implement or during an outbreak of cholera at national level we are encouraged to wash our hands and boil water to drink.”* In order to ensure coherence and collaborative effort among the residents, synchrony of information to enable similar message content is vital. DOPH must therefore, embrace the use of mass media to capture the larger audience, which is otherwise fed with general and scanty information on safe drinking water.

The mass media has great potential in helping people to access information on a large scale especially considering the fact that a combined percentage (76%) of the target audience is exposed to mass media. DOPH must not neglect the power and influence that the mass media play in information dissemination by not only emphasising the use of interpersonal communication; it must seek to combine workable channels of communication to reach the majority of the population. According to David and Dietram (2007:11) the media are powerful avenues that can be used to transmit information to audiences with the sole purpose of bringing about cognitive changes by selecting specific news items to cover. Furthermore, Nabuya (2007:10) stresses the power and influence of the media by invoking the Agenda Setting theory which highlights the fact that, the impact of the

media on the target audience can only be felt if the media itself pay more attention to specific news items in order to create interest in the mind of the audience. This is of utmost importance because of the fact that the more coverage and space the media give to particular issues, the more people will think about it and eventually develop interest. DOPH must therefore engage with the media in order to come up with ways of how it can use the media for information dissemination on safe water.

The other aspect enmeshed in this research question is that of message formulation and design. The study reveals that messages from DOPH are formulated and designed by DOPH itself without any involvement by the target audience as Respondent A confirms when he says, *“It is only a group of experts from our department who after accessing the prevailing situation in the Township meet and draft the messages on safe drinking water, after which we organise ourselves in order to deliver the information to residents in the Township whose content is entirely dependent on the health situation at that time.”* Commensurate with this, one of the respondents out of the 24% who are employed did affirm that: *“we are mostly spoken to by health educators, who come with already made programmes and messages on safe water, they give us leaflets but usually they have us gather and then they deliver their message, otherwise, We are not involved in the process of message formulation and dissemination.”*

It is very evident in today's world that projects which do not involve the affected audience by ignoring the fact that they do have something to offer for their own development, have collapsed because the people are not allowed to participate hence they do not own the project. Instead of working

with the people DOPH works for the people as such, it should adopt a communication approach which is participatory as Chambers (1999:3) argues that: “*participatory communication means working with the people, as opposed to working on or working for the people. With participation, projects and programmes become more humane, effective and sustainable.*”

To this effect DOPH must consider the communication programme cycle on which participatory communication thrives as recommended by Tufte and Mefalopulos (2009:20) as follows:

- Communication methods and tools must be used to investigate and assess issues,
- The participatory communication strategy design is based on the research findings and defines the best way for the application of communication for the intended change,
- Implementation of communication activities must ensure that the activities planned in the previous phase are carried out and lastly,
- Monitoring and Evaluation must run through the whole communication programme, monitoring progress and evaluating the final impact of the intervention.

In order to make the communication programme cycle truly participatory, a two way communication stance must be adopted from inception and be applied consistently in each phase of the process.

The general conclusion of participatory communication is that communication takes into account the views and wishes of all stakeholders.

Tufte and Mefalopulos (2009:15) augment the above notion by stating that participatory communication does not only convey appropriate information to specific audiences, rather, it articulates processes of collective action and reflection by relevant stakeholders. Therefore when communication interventions are not participatory, the effects are very negative as the findings show in the earlier allusion thereby confirming what Freire (1983:12) argues when he states that most communication interventions fail because they are designed by technocrats based on their personal views of reality, which exclude the perspectives of the people for whom these programmes are intended.

It is therefore in the best interest of both DOPH and the target audience to ensure that collaborative methods of communication are adopted. The participatory model therefore points to a strategy which is inclusive and largely emanates from the target audience or traditional receivers, which Freire (1983: 76) refers to as the right of all people to individually and collectively speak their word. Meaning that depriving the target audience of their right to participate in their own development is robbing them of their voice. DOPH should therefore seriously consider the participatory model because of its emphasis on reciprocal collaboration of all stakeholders throughout all levels of the development communication process.

5.1.3. What are the levels of awareness among Kabanana residents?

The study reveals that the levels of awareness among the target audience are different as shown in Table 3.1. DOPH must endeavour to synchronise

the message content on safe water so as to yield coherence in peoples understanding. The study notes the fact that some residents have difficulties in understand the meaning of safe water late alone, its accessibility due to the language barrier created by English as the only language of communication, as a result 9% of them could not even respond to the questions asked. DOPH must therefore, together with the people, decide which language is best suited in information dissemination. There should be a deliberate policy to train environmental technologists in the local languages of the people they serve in order for their messages to be effective and ensure that they are well received.

When asked in English concerning safe water accessibility, a Respondent remarked that: *“twebeniko mu cibemba pantu icisungu ifwe awe mukwai,”* literally translated meaning, *“tell us in Bemba because for us English is a no go area.”* It is the considered view of this study that great care should be taken also when deploying health personnel, to ensure that such personnel are able to converse in the languages of the local population. Consequently, a Respondent from DOPH also did acknowledge the uncertainty in using English as a means of communication saying, *“imagine in an environment of residents who have mostly acquired primary education, English language can be quite challenging because you might think that people are getting what you saying when in fact they are not.”* This is all the more reason why DOPH should involve the people so that they speak the same language and eliminate the uncertainty. Communication should be certain and not

otherwise as such, DOPH must be confident in its communication methods and not express doubt.

Awareness levels have a bearing on the participation of the target audience in any campaign as found out in this study because it is also tied to the sources of information which show dissatisfaction among the residents who find health information on safe water only helpful to a certain extent as shown in Table 2.1 , it means that apart from the language barrier, the disparity in message content caused by the duo source of information also affects active participation because the people have no confidence in the information as one Respondent says, *“the information we get is only by chance because there is no consistency, it is too general and does not address the specific water issues that we face in our Township, so it is helpful to a certain extent, it is better than nothing.”*

DOPH should find a conciliatory remedy for the disparity in message content if it is to be effective in reaching out to the community.

5.2. CONCLUSION

The Chapter covers the discussion, implications and interpretation of the research findings in line with the research questions. The next Chapter presents the summary, findings, limitations, conclusion, implications and recommendations of the study.

CHAPTER SIX: CONCLUSION

The study evaluated the effectiveness of the communication strategies for community participation in safe drinking water in Kabanana Township by answering the following research questions.

- What are the communication strategies that DOPH uses on safe drinking water in Kabanana Township?
- How are the messages disseminated?
- What are the levels of awareness among Kabanana residents?

The Zambian Government through the Ministry of Community Development Mother and Child Health has entrusted DOPH with the responsibility of handling public health matters in Chisamba District. Despite the efforts that DOPH is making to sensitise members of the community on public health issues particularly on easy access to information on safe drinking water, there is little to no evidence of putting this information to the intended purpose. Members of the community particularly Kabanana residents who are the target audience, display an attitude of laxity and negligence towards sources of drinking water, which they leave uncovered, dug within inches of pit latrines and left in very open places making the drinking water sources prone to contamination. As such, it was imperative to assess the communication strategies used to inform the residents on safe drinking water.

The major findings of the study were that there is disparity in message content on safe drinking water due to an related sources of information, some of the communication channels used are not appropriate, DOPH does

not engage the use of mass media in health education on safe water but only embrace interpersonal communication, an approach which is not effective considering the fact that 76% of the target audience get information from mass media.

The study embraced a descriptive-exploratory research design. Lo Biondo-wood and Haber (1994:233) intimate that the term “exploratory,” “descriptive” and “survey” can be used either alone, interchangeably or together to describe the design of the study. Polit and Hungler (199:16) declare that description can be a major purpose of both qualitative and quantitative research studies. With the descriptive-exploratory research design, the study aimed at gaining more information about the in flow of information on safe drinking water in Kabanana Township.

Since there appeared to be no evidence of similar studies in the literature review on the effectiveness of communication strategies for community participation in safe drinking water in Zambia through the use of media (television, radio and internet), this study attempted to investigate, describe and explore this new area of interest. A sample size of 105 was drawn from the 732 total population. The study was based on two communication theories namely, Agenda Setting and Participatory.

As indicated by the evidence of the findings, the communication strategies that DOPH uses are not effective enough due to language barrier, certain insufficient communication channels which need remodelling and the different sources of information which must be reconciled or merged. The other aspect being that DOPH has no direct feedback mechanism to find out

first hand on how effective the strategy is. It is the view of this study that DOPH leaves its operations to chance and should endeavour to directly engage the target audience in terms of feedback, which calls for a redesigning of its communication channels.

This study was only concerned with evaluating the communication strategies that DOPH uses on safe drinking water in Kabanana Township of Chisamba district. The focus was strictly on those households existent in Kabanana Township whose source of drinking water are traditional hand dug wells, bole holes as well as kiosks and taps. As such, the findings of this study were believed to be valid.

6.0. RECOMMENDATIONS

As a result of the findings of the study, DOPH should consider the following ideas in order to strengthen its communication strategies on safe drinking water for community participation.

- On the duo source of information, DOPH should embrace the use of mass media by partnering with any media of its choice in order to disseminate the same message content on safe water to the target audience.
- DOPH should lobby for the intergration of public health education in the Zambian school curriculum at all levels of education if it wants to be effective in using schools as a channel of communication.

- DOPH should adopt participatory means of designing and formulating messages on safe water where the target audience is involved in the entire communication process.
- In future, a study should be undertaken on access to information for better housing units in Kabanana Township.

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APPENDICES

THE UNIVERSITY OF ZAMBIA
SCHOOL OF HUMANITIES AND SOCIAL SCIENCES
DEPARTMENT OF MASS COMMUNICATION
QUESTIONNAIRE

Topic: Evaluating the effectiveness of communication strategies for community participation in safe drinking water: The case of Kabanana Township Chisamba

INSTRUCTIONS

- 1. Dear respondent you are kindly asked to answer truthfully and honestly for us to have correct information for the development of our communities.**
- 2. Please use blue ink and/or tick where appropriate**

RESPONDENTS DATA

Date of birth.....year.....Male [] Female []

How old were you last birth day?years old

Education: Primary school [] Basic school [] Secondary school [] University/ College []

I have not been to school []

Occupation/ employment: Government employee [] Self employed [] Unemployed []

1. What do you understand by safe drinking water?

.....

.....
.....

2. What do you understand by unsafe drinking water?

.....
.....

3. What is the quality of drinking water in your compound?

1. Very good [] 2. Good [] 3. Bad [] 4. Very bad []

4. Where do you get your drinking water from?

1. Tap [] 2. Well [] 3. Bole hole [] 4. Kiosk []

5. Who should be responsible for maintaining drinking water quality in Kabanana Township?

1. Government [] 2. Community [] 3. Both [] 4. Other []

Explain your answer.....
.....
.....

6. Who sunk the bole holes and or wells in Kabanana Township?

1. Government [] 2. Community [] 3. Both [] 4. Other []

7. Do you have any health education or communication on safe drinking water?

1. Yes [] 2. No []

8. What is the source(s) of your health education or communication on safe drinking water?

.....
.....

9. What channels of communication do they use for health education on safe drinking water?

.....
.....

10. How helpful is the above information to you?

1. Very helpful [] 2. Helpful [] 3. Not helpful []

Explain.....
.....

11. Do you use chlorine for drinking water?

1. Yes [] 2. No [] 3. Sometimes []

12. Do you buy chlorine and or you are given?

1. Buy [] 2. Given []

13. What do you do when there is no chlorine?

1. Boil water [] 2. Don't boil water [] 3. Buy Chlorine [] 4. Wait to be given []

14. What type of media are you exposed to?

1. Radio [] 2. TV [] 3. Print [] 4. Electronic []

15. What type of media contains information on safe drinking water?

1. Radio [] 2. TV [] 3. Print [] 4. Electronic []

THE UNIVERSITY OF ZAMBIA
SCHOOL OF HUMANITIES AND SOCIAL SCIENCES
DEPARTMENT OF MASS COMMUNICATION

WRITTEN NARRATIVES

INSTRUCTION: Kindly write as much as possible and honestly on the following questions

First Name.....Surname.....

Education.....
.....
.....

Profession.....
.....Specialization.....
.....

Employer.....Ministry.....
.....
.....

1. How often do you assess water quality in a month?.....

2. What is the state of water quality in Kabanana Township of.....
.....
.....

3. Who is responsible for health education on safe drinking water?.....
.....

.....
.....

4. What communication strategies do you (ministry of community development mother and child health) use to conduct health education among Kabanana residents on safe drinking water?.....

.....
.....
.....
.....
.....
.....

5. How often do you conduct health education on safe drinking water?

.....
.....
.....

6. Are there community based health groups that deal with issues of safe drinking water?

1. Yes () 2. No ()

7. If yes, how are they organised and do they give feedback?.....

.....
.....
.....

8. Do you distribute any chemicals for water purification to residents of Kabanana Township?

1. Yes () 2. No ()

9. If yes, who finances the buying of the chemicals above?.....

.....
.....

10. Do members of the community make any financial contributions for the purchase of the chemicals in (9)?

1. Yes () 2. No ()

11. Are the chemicals in question always available?

1. Yes () 2. No ()

12. If no, what is the alternative?

.....
.....
.....

13. Do you encourage Kabanana residents to buy the chemicals in question on their own when you are out of stock?

1. Yes () 2. No ()

14. How would you assess community participation in terms of safe drinking water?

1. Very good () 2. Good () 3. Average () 4. Below average ()

15. Do you revise the communication strategies that are used for health education?

1. Yes () 2. No ()

16. Are the channels of communication for health education on safe drinking water effective?

1. Yes () 2. No ()

2. Explain your answer

above.....

.....
.....
.....

17. Do you think that Kabanana Township residents are supplementing your efforts on safe drinking water?

1. Yes () 2. No ()

2. Explain your above answer

.....
.....
.....

18. Do you think members of the community are well informed to the point of mobilising themselves to deal with safe drinking water?

1. Yes () 2. No ()

19. Do you use the media to educate members of the community on safe drinking water?

1. Yes [] 2. No []

20. What type of media do you use?

1. TV [] 2. Radio [] 3. Newspaper [] 4. None []