



Radio: The Indispensable Tool in COVID-19 Transmission Reduction Campaigns in Uganda

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and Innovation

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Introduction

Coronavirus Disease of 2019, currently known as COVID-19, an infectious disease caused by a strain of coronavirus, was first identified in December 2019 (WHO,2020). Uganda's first case of COVID-19 was confirmed on March 21st 2020. Subsequently, a nationwide shutdown, closing of the borders and movement restrictions were effected from March 25th 2020 in an effort to slow the spread of the COVID-19. Further, in order to save communities from the negative impacts of the pandemic, strategies including Risks Communication and Community Engagements (RCCE), effective leadership, and the participation of diverse stakeholders at household, community, subnational, national and international levels were encouraged by the WHO, to stop COVID-19

transmission. Use of the radio for information dissemination, community engagements, and counteracting misinformation about COVID-19 appeared important for implementing the RCCE, especially due ease in accessing timely information by individuals at all levels.



From community gatherings to airwaves: Adolescents turn to radio to get their message out during COVID-19. (Courtesy of UNICEF Uganda/2020/Bongyereirwe)



President Yoweri Museveni making an emergency address to the nation via all TV and Radio Stations to cummmication Government guidelines and interventions during the COVID-19 Lockdown

Views on radio as a means for communication during emergencies

Globally, radio is among the preferred communication method in emergencies and disaster situations. Benefits from the use of radio include: communication on disaster preparedness and risk awareness (Bradley D.T et.al. 2014); wide coverage (Burger J., 2013); and low cost and ability to communicate clear messages in local languages. In Uganda, the UBOS (2016) report on the radio indicates that it is a 'dominant medium of information', with 78% of individuals who said they listened to the radio. In the health sector, radios are effective in communicating health information to individuals and communities (Miranda G.F. et.al. 2009). Nguyen & Bellamy (2006) found that effective health communication can influence individuals' awareness, knowledge, attitudes, and commitment to behaviour change. Through the radio, Uganda's Ministry of Health has provided daily updates on the COVID-19 situation (Margini, F. et.al. 2020), and in the quest to increase and sustain awareness about the dangers of COVID-19, and to prevent and reduce its negative impact on the populations.

UKRI funded research on COVID-19 in Uganda

The research objectives were to: (1) Establish how culture, information, attitudes and practices unique to targeted communities influence the risk of COVID-19 transmission; (2) Promote culturally sensitive radio and mobile phone communication to enhance awareness of the COVID-19 prevention; specifically, the relevance and the importance of community engagement and local solutions; (3) Examine the role of trust in health organisation with the aim of building local community capacity to respond to pandemics, and to gather local evidence that can inform health policy and humanitarian response.

The study used a cross-sectional design that integrated mixed methods comprising quantitative, qualitative and quasi-experiment. Data was collected through a survey involving 5421 respondents, Focus Group Discussions (FGD) involving 117 participants (49 female, 68 male), and 44 (19 female and 25 male) Key Informants. The Uganda National Council for Science and Technology (UNCST) provided the Research Permit; while ethical approvals were obtained from the University of Essex (ETH2021_0084 / ETH2021_0320) and the UNCST National HIV/AIDS Research Committee (ARC231). Permission was also obtained from Office of the Prime Minister; while the Resident District Commissioners (RDC) of Wakiso, Kotido and Yumbe granted travel permits.

The research results

Qualitative data was analysed using content and thematic techniques, while, quantitative data was analysed at two stages; univariate and bi-variate stages using an appropriate software Statistical Package for Social Sciences (SPSS 23.0). Inferential statistics were presented in user friendly tables, figures and charts, showing disaggregated by geographical region, age grouping, sex, category of the study population and other factors in the study. The survey respondents were 5421 - 2282 female (42%), 3139 males (58%). Analysis of their level of education by gender is shown in Table 1 below.

Table 1: Level of education by gender

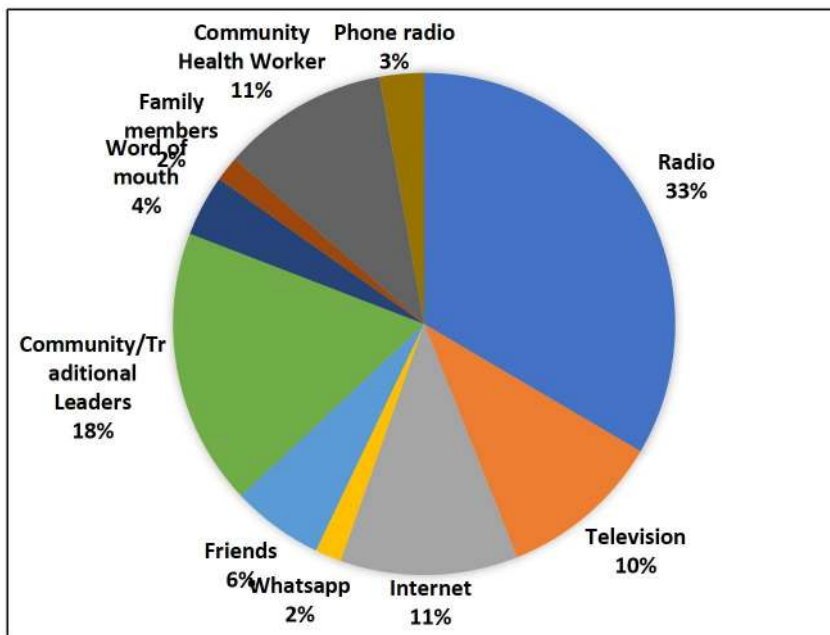
Gender			No_9 – Completed level of education by gender					Total
			Primary	Secondary	University	Tertiary	None	
No_6 Female	Count		838	504	30	20	890	2282
	% within No_6		36.7%	22.1%	1.3%	0.9%	39.0%	100.0%
Male	Count		827	1456	98	136	622	3139
	% within No_6		26.3%	46.4%	3.1%	4.3%	19.8%	100.0%
Total	Count		1665	1960	128	156	1512	5421
	% within No_6		30.7%	36.2%	2.4%	2.9%	27.9%	100.0%

The chi-square analysis also showed a significant association between level of education and gender of respondent ($\chi^2(3) = 509.611, p < 0.001$). Out of the 1,512 respondents who had no education, the majority, 39.0% were female compared with 19.8% of male.

Sources of information

The major sources of COVID-19 information were: radio (33%), community / traditional leaders (18%), community health workers and internet (11%), television (10%), community health workers and friends, as reflected in Figure 1 below. The truck drivers and refugees explained that radios were easily accessible, even on phones, and always portable, and that most FM radio broadcasts were in local area languages. Further analysis by gender indicated a significant association between Source of COVID-19 information and gender of respondent $\chi^2(8) = 296.577, p < 0.001$.

Figure 1: Sources of information



A pupil listens to lesson on radio after schools were closed. There was a plan to supply homes with radios to improve reach.

Discussions

- Radio broadcasts are feasible in sensitising the population, especially when messages are delivered in local language, and to the public.
- Radio broadcasts could strengthen the positive views held by the refugees, urban slum dwellers, pastoralists and truck drivers whose assessments about the efforts by the government to reduce COVID-19 transmissions by restricting movements were above 60%, thus demonstrating confidence in the Government COVID-19 prevention and control measures; much as the Chi-Square test results showed a significant association between Government measures to restrict the movement of people to limit the spread of COVID-19 and gender of the respondent $\chi^2(3) = 86.668, p < 0.001$.
- Psychological effects through worries could benefit from the continuous radio broadcasts counteracting misinformation that usually exacerbate stress among the community members.
- Radio broadcasts that emphasise the values of testing, has the potential to influence attitudes towards testing for COVID-19.



Students attend an airing lesson in Kampala, Uganda, on Aug. 16, 2021. Uganda on Monday resumed airing lessons on radio for upper primary and secondary school levels as schools in the country remain closed. (Photo Courtesy of Nicholas Kajoba/Xinhua)

Conclusion

Radio is a useful tool for communicating messages to the population, due to its ability to rapidly disseminate information that can help in disaster preparedness and risk awareness of the populations at all levels. The main advantage of radio use is delivering the messages at a low cost. Radios also help policy makers to communicate with the public easily, especially during the emergencies, to ensure appropriate response by the populations, as in the case of COVID-19 that require adherence to the guidelines by the WHO and Government of Uganda.

Recommendations

The following recommendations are made:

1. The government health sector systems, structures and collaborating institutions to sustain community trust in the COVID-19 response strategies and services by ensuring risks communication and community engagements (RCCE) strategies are in public health responses to COVID-19 across all sectors to ensure participation of the stakeholders at all levels.
2. The stakeholder's knowledge level be sustained by continuous provision of valid and reliable information through the FM radios, and also television and social network platforms. Active participation and commitment of the National and District COVID-19 Task Force in meetings at district, subcounty, parish and village levels, and in FM radio talk shows will increase the confidence and trust of the communities to adapt practical approaches to prevent COVID-19 transmission.

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