Using mass media as channel for healthcare information

– A minor field study of audience’s media preferences in Dar es Salaam, Tanzania

By: Anna Nilsson
Supervisor in Sweden: Christian Andersson
Supervisor in Tanzania: Ayub Rioba
Abstract

One of the main tasks for journalism is to provide people with the information they need to be able to make independent decisions that can help them improve their lives. In order to know that the media fulfills this task it is important to study how the information is received by the audience. This thesis aims to investigate if, and if so how, a selected group of people in Dar es Salaam use news media to inform themselves on problems regarding healthcare, and how they value the information on these topics.

A minor field study was carried out in Dar es Salaam in April 2014. The study was limited to Dar es Salaam, the economic capital of Tanzania, because it holds the majority of the media. Three different residential areas were chosen for the study, these were Mwananyamala, which is a low-income area, Sinza, middle-income and Mikocheni, high-income. A survey questionnaire was distributed in each area, 30 in Mwananyamala, 31 in Sinza and 30 in Mikocheni, and in every area four interviews was performed.

According to the selection group there is plenty of healthcare information in the media that is useful to the audience but it is not seen to be very varied. Most information is about malaria and HIV/AIDS, which are two of the most common diseases in Tanzania, but many call for a broader reporting on health issues. Media is however a useful source of information, according to most of the respondents, and especially radio and television has a big impact since it reaches out to a large part of the population. This is a good thing as long as the information is factual and accurate, but several of the respondents believe that this is not always the case.

Keywords: development journalism, health information, media audience, journalism, Dar es-Salaam, Tanzania
Preface

When I applied for a Minor Field Study–scholarship from Sida, I was at first unsure if it was a good idea. I realized it would take much more time and energy to gather material for this thesis in a country I had never visited before. But going to Tanzania was the best decision I have made during my study and the two months I spent in Dar es Salaam has given me some amazing experiences, many new friends and of course a finished bachelor thesis.

I would like to take the opportunity to thank my travelling companion and friend Henrik Lindstedt. He has not only been an intellectual helpful hand to consult in academic dilemmas but also a good friend with whom I’ve shared many laughs and memories. Second I want to thank my supervisor in Sweden Dr. Christian Andersson, who forced me to write PMs when all I wanted to do was go out in the field. However those PMs made me look one more time at my chosen theories, which made me realize that I had more than I would be able to use. Also I was not properly prepared in my methods, which I needed to develop further in order to perform in the field. And then there is my supervisor in Dar es Salaam, Dr. Ayub Rioba at the School of Journalism and Mass Communication, UDSM. He has guided me and given me an insight of how the citizen of Dar es Salaam regard a weird muzungo researcher who comes and knocks on the door asking questions. But thanks to my invaluable assistant and interpreter Katikiro Moshi Mujaya that was a minor problem. In (heavy) rain and shine he guided me through the streets of Dar es Salaam and explained to all the respondents all the questions in the questionnaire and why their participation was important. Thank you Katikiro, without you there would have been no thesis! Thank you Kelvin who gave me and Henrik the very best service at the library at MCT where we spent so much study time. And thank you for the fun times after work at Bulls Park and Emily’s.

A special and huge thank you goes out to all of the super great students at UDSM who made our stay in Dar es Salaam unforgettable. Don, Koi, Mwewa, Ludan, Amani, Juliette, Camilla, Beatrice, Pascal, Samson, Modo, The Austrians, Mr. Yun, and Lawino. Hakuna matata UDSM!

And last, thank you Olle. I know I always have your support no matter what I do, or where I am.

Anna Nilsson, Stockholm 2014-06-06
Table of Contents

ABSTRACT .......................................................................................................................... I

PREFACE ............................................................................................................................ II

1. INTRODUCTION ............................................................................................................. 1

2. BACKGROUND ............................................................................................................... 2
   2:1 HEALTH .................................................................................................................. 3
   2:3 EDUCATION ............................................................................................................. 4
   2:3 FREEDOM OF THE PRESS ..................................................................................... 5
   Accessibility .................................................................................................................... 6

3. THEORETICAL FRAMEWORK AND PREVIOUS RESEARCH ................................. 8
   3:1 DEVELOPMENT JOURNALISM ............................................................................. 8
   3:2 AUDIENCE ANALYSIS .......................................................................................... 9
   3:3 AUDIENCE RESEARCH IN DAR ES SALAAM .................................................. 10

4. PURPOSE AND RESEARCH QUESTIONS ................................................................. 12

5. METHOD ...................................................................................................................... 13
   5:1 SURVEYS AS QUANTITATIVE METHOD ............................................................ 14
   5:2 INTERVIEWS AS QUALITATIVE METHOD ........................................................... 15
   5:3 SAMPLE ................................................................................................................ 16

6. RESULTS AND ANALYSIS ......................................................................................... 17
   6:1 EVERYDAY USE AND CREDIBILITY .................................................................. 17
   6:2 RISE OF THE INTERNET? ................................................................................... 21
   6:3 THE MOST IMPORTANT TOPICS ........................................................................ 23
   6:4 THE IMPORTANCE OF OBJECTIVITY AND ACCURACY ................................... 24
   6:5 USEFUL BUT NEVER ENOUGH .......................................................................... 26
   6:6 IT’S GETTING BETTER ........................................................................................ 29

7. CONCLUSIONS ............................................................................................................ 30
   7:1 MEDIA USAGE ....................................................................................................... 30
   7:2 IS INTERNET TAKING OVER? .............................................................................. 30
   7:3 HEALTH INFORMATION AS A MAJOR TOPIC ............................................ 31
   7:4 SUGGESTIONS FOR FUTURE RESEARCH ....................................................... 31

REFERENCES ..................................................................................................................... 33

APPENDIXES ..................................................................................................................... 1
1. Introduction

Media is often referred to as the fourth power as it has the potency to set the agenda and influence what people consider being important issues. Media have a responsibility to give the audience the most basic information to enable them to make independent decisions. In a society where information dissemination is insufficient due to poor infrastructure and low general education and income, the pressure on media to deliver credible and sufficient information is arguably even higher. But do people trust what they read, see or hear on the news? Healthcare is a basic need, and right, for everyone. It is also one of the top concerns in many low-income countries and highly prioritized by NGOs, the UN and governments. Therefore, it is a subject that works well as a symbol of how the media can be a tool in development.

This study focuses on the media audience of Dar es Salaam, Tanzania, and the information about health care from news media in the city. It asks questions about how the audiences regard media as a source of information, when it comes to healthcare issues, and how they value the information that is given. The results will tell something about how well the media is doing in educating the people and helping the development of health issues in Tanzania. It can help journalists and editors in chief to evaluate and/or improve their work.

The study is limited to Dar es Salaam because it has the biggest selection of different media hence the biggest media audience. Also it is much more common for a person in Dar es Salaam to speak English, than a rural citizen and of course this is a big help for a researcher who does not speak Kiswahili. Dar es Salaam is the economic capital of Tanzania and its inhabitants should not be seen as representative for the entire population. The level of education is dramatically higher than in the rural areas and the range of different medias are incomparable. Therefore it is important to remember that this study is one of Dar es Salaam, not Tanzania.

The thesis begins with a brief background of Tanzania’s political history and history of the press, followed by brief accounts of the general health and educational status, and media conditions in contemporary Tanzania. In chapter three I present the theoretical frameworks and previous research. Chapter four and five holds the research questions and method. In chapter six I will present the results and analysis of the field work divided into six sub-categories that talk about media habits and credibility, the Internet as a new player, valuation
of news topics, the value of truthful information and what the selection group say that they think of the information in media. And last is chapter seven with conclusions and suggestions for future research.

2. Background

After about half a century of colonization The United Republic of Tanzania was formed, between mainland Tanganyika and the islands of Zanzibar, in 1964. Tanganyika African National Union (TANU) was the political party that ruled Tanganyika from 1961 and on Zanzibar it was The Afro–Shirazi Party that governed. But in 1977 the two parties merged into one, Chama Cha Mapinduzi (CCM) that has ruled ever since, even though the one–party system was repealed in 1992 (Ekström 2010: 96, 98). Julius Kambarage Nyerere was the first president and is still considered by many as the father of the nation. One of his, and the party’s biggest obstacles was to build one nation that consisted of more than 120 ethnic groups divided by the colonizers for centuries. The political goal was to “Africanise the culture” and build a national identity among the population (ibid: 102). People were to see themselves as Tanzanians first and belonging to a certain tribe second. Nyerere and CCM had many strategies to implement their “African socialism” which sought self-reliance (ibid: 96, 102). One of the strategies was to break up the traditional tribes in order to mix the ethnic groups and create a blended population. Students in secondary school, national service cadets, army recruits and graduation teachers were systematically placed in schools, training camps and work places in regions far from their homes (ibid: 102). This led to people from different tribes came into contact and could create strong social bonds which might be one of the reasons why Tanzania has never suffered civil war, unlike many of the surrounding countries.

Nyerere was a popular leader, not only in Tanzania but also in the international community and many high income countries wanted to contribute to in the development of the prosperous country. However, in the 1970s Tanzania suffered difficult times. The world was facing an oil crisis and the price of coffee fell sharply, which affected the coffee–producing Tanzania strongly. In addition, the Ugandan dictator Idi Amin provoked an armed conflict in northern Tanzania. The economy collapsed and “Tanzania became one of the most aid–dependent countries in the world” and is still one of the most aid–dependent in east Africa. In 1985 Nyerere resigned as president giving way for Ali Hassan Mwinyi who changed the course of the nation into a more liberal and capitalistic direction. In 1992 the constitution was rewritten,
opening for a multiparty system that was first practiced in 1995 when the first democratic election was held (ibid: 97–98).

2:1 Health

Tanzania is making progress in the public health. 7.3% of GDP is spend on healthcare and to enforce efforts to meet the Millennium Development Goals (MDG)\(^1\), ”Reduce child mortality”, ”Improve maternal health” and ”Combat HIV/AIDS, malaria and other diseases” (CIA World Factbook 2014, WHO 2006: 7). From 1999 to 2010 the under-five mortality rate dropped from 147 to 81 per 1000 live births but much more need to be done, especially in the maternal health. In 2010 the maternal mortality ratio was estimated at 454 deaths per 100,000 live births, which is a decrease from earlier years. However, the maternal health is not improving fast enough to meet the goal of reducing maternal mortality to 265 by 2015 (UN Tanzania 2011).

The most common cause of illness or death in Tanzania is communicable diseases. HIV/AIDS and tuberculosis (TB) are two of the most common infectious diseases and the cause of many orphans (UN Tanzania 2011). 5.1% of the adult population is infected with HIV/AIDS that is more than 1.4 million people, and in 2012 80,000 people died from the disease (CIA World Factbook 2014). Generally the awareness of HIV/AIDS is good in Tanzania but the comprehensive knowledge\(^2\) is low.

\[\text{1} \quad \text{“The eight Millennium Development Goals (MDGs) […] form a blueprint agreed to by all the world’s countries and all the world’s leading development institutions. They have galvanized unprecedented efforts to meet the needs of the world’s poorest.”(UN, 2012). Additional reading: http://www.un.org/millenniumgoals/}\]

\[\text{2} \quad \text{“Comprehensive knowledge of AIDS is defined as (1) knowing that both condom use and limiting sex partners to one uninfected partner are HIV prevention methods, (2) being aware that a healthy-looking person can have HIV, and (3) rejecting the two most common local misconceptions— that HIV/AIDS can be transmitted through mosquito bites and by supernatural means” (NBS and ICF Macro 2011: 215). Less than half of the respondents in Tanzania Demographic and Health Survey 2010 had comprehensive knowledge of HIV/AIDS transmission and prevention methods and this has not changed much since the earlier surveys carried out in 2004 and 2008 (ibid).}\]
Other common infectious diseases in Tanzania are cholera, hepatitis A, typhoid fever, dengue fever, and of course malaria (CIA World Factbook 2014). Malaria is a major health concern in Tanzania, especially among young children and pregnant women. About 40% of the outpatient attendance covers malaria infections. Beside the morbidity and mortality, malaria also causes economic and societal problems in Tanzania. Children are away from school and adults miss job opportunities, “the cumulative effect in the long term may be a decrease in national economic capacity and development” (NBS and ICF Macro 2011: 193).

Even non-communicable diseases are being recognized as public health problems. Diseases such as cancer, diabetes, chronic respiratory track and cardiovascular conditions are increasing (UN Tanzania 2011).

Another problem regarding the public health in Tanzania is the insufficient healthcare infrastructure. The sector has a vacancy of 65%, and hospital beds, equipment and supplies are scares (UN Tanzania 2011).

The difference between urban and rural Tanzania is vast. The total population is about 49 million of which only 26% live in urban societies and yet living conditions are remarkably better in the cities (NBS and ICF Macro 2011: 2). Improved sources of drinking water, sanitation facilities and electricity are more than twice as common in the urban areas than in rural Tanzania (NBS and OCGS–Zanzibar 2011–12: 2). Malaria prevalence is also higher in rural areas at 10%, while in urban areas it is only 3% (ibid: 10).

2:3 Education

“Education has a significant impact on social and human development, particularly on literacy, poverty, fertility, and maternal and child health. Primary education is the level that has the greatest impact on social outcomes: it contributes to almost 60% of the total impact, which further reinforces the justification for sustained efforts to ensure that all Tanzanian children complete at least the primary cycle…” (UNESCO 2012: 8).

One of the MDGs is to make primary education universal. Thanks to fee–free primary education Tanzania is well on its way to fulfil this goal (ibid: 7). About 90% of the children finish primary school. However, Tanzania is far behind other developing countries, when it comes to secondary education. In 2008, enrolment for lower secondary education was at 33% and only 3,6% enrolled for upper secondary education, but the number of enrolment is
increasing each year. The University enrolment grew with 30% over 2005–2009, but still only 2.4% proceeds to higher education. The high attendance in primary school is expected to increase the enrolment for secondary and higher education rapidly in the future. This causes strains on the education sector as the number of educated teachers, classrooms, supplies and the allocation of educational institutions do not yet meet the demand (ibid: 22).

There are great differences in education between the rural and urban population, especially in secondary and higher education. In the urban areas 56% attend upper secondary education while in the rural areas only 2.6% attends the same (ibid: 24).

6.2% of Tanzania’s GDP is spent on education and the efforts to educate the population are paying off. Still about 30% of the population is illiterate (CIA world Factbook 2014).

2:3 Freedom of the press

When the union of Tanzania was formed, Nyerere and TANU (later CCM) allowed no free media. In fact, there was no broadcasting at all and only a few state-owned newspapers were available. The benefits of radio, to reach out to an illiterate population with messages to contribute to the development, was however soon discovered and state national radio was developed. Both newspapers and radio was strictly regulated and the authorities controlled all medial content, “[t]he government clearly stated that Radio Tanzania should be used as a tool for nation–building, development purposes and education, and not for entertainment” (Ekström 2010: 109, 111).

In the African Media Barometer3 (AMB 2012) it is stated that “[f]reedom of expression, including freedom of the media, is guaranteed in the constitution and supported by other pieces of legislation” (Friedrich-Ebert-Stiftung 2012: 12). In the constitution the freedom of opinion, freedom to seek and receive information and freedom to communicate, is expressed but no other legislation protect these rights and nowhere is the freedom of media or the right

3 “The African Media Barometer is an analytical exercise to measure the media situation in a given country”. It is carried out in different countries in sub-Saharan Africa annually and its results are often used as a lobbying tool for organizations that push for improvement of the media situation. “The instrument was jointly developed by fesmedia Africa, the Media Project of the Friedrich-Ebert-Stiftung (FES) in Africa, and the Media Institute of Southern Africa (MISA) in 2004”. (Friedrich-Ebert-Stiftung 2012: 4).
to information articulated. In fact there are laws, such as The Newspaper Act \(^4\) (1976) and the National Security Act \(^5\) (1970), which restricts media freedoms (ibid: 12–13, Rioba 2008: 40). The Media Council of Tanzania (MCT) have presented alternative drafts to parliament to enforce stronger laws to protect the freedom of media but the government has not yet agreed to any changes (Friedrich-Ebert-Stiftung 2012: 12–13). However, at the time for this minor field study the government is assembled in comprehensive efforts to rewrite the constitution. MCT, Tanzanian Editor’s Forum and other representatives of the media is also present to invoke stronger laws on freedom of the media.

Even though Tanzania is a democratic country with legislated free press and freedom of expression, threats and punishments against journalists who are critical towards the government is a reality. On several occasions newspapers have been banned and editors and journalists have been fined or even imprisoned (ibid: 13–14, Freedom House 2013).

**Accessibility**

According to the AMB (2012), the media landscape in Tanzania is "diverse and highly competitive, offering the population a wide range of sources of news and entertainment” (Friedrich-Ebert-Stiftung 2012: 7). In 2012 there were 763 registered newspapers, 26 television stations and 85 radio stations. However, the high number of newspapers is slightly deceiving. Only 14 newspapers are daily, 62 are weekly and many registered newspapers are not running regularly. Some have been closed down by the government and appears again with new name, layout, and a new registration (Hellerud 2013: 9, Friedrich-Ebert-Stiftung 2012: 45–25). Even though the number of newspapers is great, the accessibility is not widespread throughout the country. Newspapers remain a medium for the urban audience due to (1) the price which is between TZS 500 (US$ 0,32) and TZS 1.000 (US$ 0,63), affordable

\(^4\) “...[The] Newspaper Act, gives wide discretionary powers to the minister for information, culture, and sports to ban newspapers from publishing for a specified period of time. The government used this law to threaten the Mwananchi and MwanaHalisi newspapers over what it perceived to be unfavorable coverage of the ruling party during the 2010 election campaign.” (Freedom House, 2012).

\(^5\) “...[The] National Security Act empowers the government to decide what information is classified, and reporting on, possessing, sharing, or publishing classified material is a criminal offense. The act also allows government officials to declare parts of the country ‘protected places,’ thereby restricting the movement of journalists.” (Freedom House, 2012).
for the urban population but not for the rural, and (2) the rural distribution is lacking due to poor infrastructure in the country. Newspapers can arrive to outlaying areas several days after print (Friedrich-Ebert-Stiftung 2012: 24).

There are about 300 to 400 television sets for every one million people; still about 50% of the population has access to television thanks to ”communal television viewing” (Friedrich-Ebert-Stiftung 2012: 25, Inter Media–Media environment 2011: 13). Weekly television viewing in urban areas is twice the national average (Inter Media–Malaria education 2011: 2).

Radio is the most consistently available medium in Tanzania as 85% of the population has household access to radio and the reach is countrywide (Inter Media–Media environment 2011: 10). Thus, radio is ”the main go-to source for news and entertainment for most of the population” (Inter Media–Malaria education 2011: 2). Even so, there are about 120 ethnic groups in Tanzania, and many have their own indigenous language and do not speak nor understand Kiswahili or English. This causes a gap in the flow of information to the population. The second most used source of information is word-of-mouth networks, although communication between family and friends are not considered as trustworthy as radio (Inter Media–Media environment 2011: 7–8).

Computer and Internet access is very limited in Tanzanian with only 678,000 Internet users in a population of more than 49 million (CIA world Factbook 2014). 62% have access to mobile phones but few use it to share information (Inter Media–Media environment 2011: 12).

Even though NGO’s and the government use media, and especially radio, to inform the population on healthcare topics the media in Tanzania, like any other free market, is dependent on economic gains. “Sexy topics” often win over necessary public education thus

---

6 “Inter Media is a research based consultancy providing strategic guidance and insight into the behaviors and views of people globally, especially among hard to reach populations.” Tanzanian Media Environment. Current access, potential for growth and strategies for information dissemination is a report on access and use of mass media based on surveys on Tanzanian individuals conducted in July 2010. (Inter Media–Media environment 2011: 2–3)

7 Malaria Education in Tanzania: Exploiting All Means of Outreach is a research brief on Tanzanians access to health information based on surveys on Tanzanian individuals conducted in July 2010 by Inter Media. (Inter Media–Malaria education 2011: 1).
drowning the messages from NGO’s and government in the ever-flowing stream of information (Friedrich-Ebert-Stiftung 2012: 8–9).

In this thesis it is pertinent to note that rural inhabitants are far less likely to use mass media than the urban population (Inter Media–Media environment 2011: 27–30). Since this is a study only of the media audience of Dar es Salaam the results are not representative to the whole population of Tanzania.

3. Theoretical framework and previous research

This thesis is a study that relates to audience analysis and earlier research about the audience of Dar es Salaam. Also it relates to research about media as a tool for development, especially regarding healthcare.

3:1 Development journalism

Development journalism emerged in Asia in the 1960s and spread throughout the developing countries, including Tanzania, in the 1970s and 1980s. The concept itself, development journalism, reveals the nature of the idea: journalism is to work as a tool for development in a nation, how this is to be accomplished is however disputed. Two major approaches, the investigative and the pro–authoritarian, emerged in the early 1980s. While the investigative approach aimed to critically audit the development programs implemented by governments, the pro–authoritarian approach intended to work with the government in building and develop the nation (Xiaoge 2009: 361-362). Since then several aspects of development journalism have evolved. Romano, as referred to by Xiaoge (2009), defined five different perspectives of what development journalism can mean: 1) Journalists as nation builders mean that the reporting should help to maintain stability within the nation both socially, economically and culturally, 2) Journalists as government partners relates to the nation–builders–perspective but media is seen as subordinate to the ruling power, which makes press freedom severely restricted, 3) Journalists as agents of empowerment mean that the media is to help the ordinary people, not the elite, to help themselves, 4 & 5) Journalists as watchdogs and guardians of transparency, these last two go together, both emphasize the importance for journalists to monitor those in power and to make it transparent to the public (ibid: 362).
The two traditional sides in development journalism are still palpable. The investigative side is being criticized for only looking out for western capitalist interests in the global media market, while the pro–authoritarian side is considered to walk a fine line between being an instrument for development and a tool in regimes efforts to capture or maintain power (ibid: 358, Ogan 1980: 3).

3:2 Audience analysis

Audience analysis has mostly been used to investigate audience behaviour in order for the media markets to increase the demand for their own product (McQuail 1997: 15). This may be the case because research of audience's perspective is unusual. Nevertheless, audience analysis is very useful to study how audiences use and value the content from news media, and in the long run this is a way for the media to evaluate if their intentions with the content, is coherent with how the audience interpret it.

When investigating the audience it is critical to first define what, or whom, the audience may be. Audiences can be seen as groups distinct from others depending on various factors such as place of residence, subcultures, gender, or depending on the type of media being studied (ibid: 7–8). It can also be seen as a market, which, as stated above, is often the case in audience research (ibid: 8–9). In this study the audience is seen as a mass, a large group from the grown up population of Dar es Salaam that has as many similarities as differences and the only thing connecting them in this study is the media output in Dar es Salaam (ibid: 6–7).

McQuail (1997) identifies three traditions of audience research, the “structural”, the “behavioural” and the “sociocultural” (ibid: 16).

*The structural tradition* aims to measure audiences in different contexts. It is used to obtain reliable estimates of the scale of the audience or the reach of the media content. Data on demographics, media habits, opinions and values can be used to research media effects (ibid: 17).

*The socio–cultural tradition* and reception analysis is closely related to the social sciences and humanities. The audience is seen as a heterogeneous mass that cannot be expected to view messages the same way. People interpret messages in relation to its various cultural contexts and maybe even in a different way than the sender intended.
The behavioural tradition explores the media effects and media use and this is the focus for this study. The main use of this tradition has been to study the direct effect media has on the audience, for example how potentially harmful media can be, especially for youngsters, or how media coverage on different parties can effect elections. However, in studies on media use like this one, the audience is seen as an active subject instead of a victim of media force. The audience choices and preferences are under scrutiny and the audience is considered to be an active player in the media game (ibid: 17–18). That is why this tradition has been used in this thesis.

3:3 Audience research in Dar es Salaam

Previous research of media audiences in Dar es Salaam is not redundant, especially not with a focus on the media as part of the development. When Ylva Ekström (2010) preformed extensive field studies in Dar es Salaam in the early 21st century she found one survey by the University of Dar es Salaam on the media audience, other than that she could not find any consistent and reliable audience research (Ekström 2010: 150). Even though there is plenty of articles and more extensive research on the mass media in low-income countries, it is difficult to find any that focus on the audience. Emil Hellerud (2013) carried out a minor field study in Dar es Salaam in 2013, which focused on the audience confidence in media and he also mentions the problem of the inadequate supply of audience studies, “media confidence among audience’s almost does not exist as an area of research” (Hellerud 2013: 14).

Ylva Ekström (2010) has, in her doctor’s thesis “We are like Chameleons!” Changing Mediascapes, Cultural Identities and City Sisters in Dar es Salaam, studied a group of young schoolgirls in Dar es Salaam and how they use, relate and are influenced by media and medial popular culture. She investigates the part that media plays in the creation of girlhood and becoming a woman. It is an extensive study on the mediascape of Dar es Salaam as much as it is a study on how the girls relate to media in their making of girlhood.

Since the government opened the door for democratic media in the 1990s newspapers have increased rapidly. However, Ekström refer to a study from 2005 that showed that only “31% of the adult population read a newspaper at least once a week” (Ekström 2010: 144, 150). Since the 1990s the occurrence of gossip tabloids or “gutter press” has exploded and is now available in many different varieties. Many experts and the government view these new types of magazines as a downside, even a problem, with the open democratic press because they
publish scandal stories about people in government. The government is doing what it can to shut down such papers, but they keep coming back, only with different names and layouts (ibid: 147, 145).

The radio has, and still has, a dominating position as the main source of media information throughout Tanzania. However, in later years the content of the radio has moved further away from disseminating information that support development and become more commercial and focused on music and culture. The radio has become a medium for the youth and focuses on entertainment, but there is still the state radio that has the mandate from the government to broadcast for the “broader masses” and focus on educating the public (ibid: 156, 161, 162).

Television viewing is rapidly catching up with radio as a daily medium for the audience of Dar es Salaam, it is however still a sparse access in the rural areas. Ekström (2010) refers to a study by Hedman & Dahlman in 1998, and notes that “most of the television channels’ content consisted of re–broadcasting news material from the big transnational television companies, such as CNN, Sky News, BBC World News, Deutche Welle etc., as well as extensive importation of cheap films and soap operas from abroad” (ibid: 169). This may be why many of the people Ekström (2010) interviewed say that they know more about the intrigues in the White House than in remote locations in Tanzania (ibid.).

Emil Hellerud (2013) has, in his bachelor thesis The power of expectations – News media confidence among social audiences in Dar es Salaam: An Mfs-study, studied news confidence from an audience perspective. The goal for his study has been to find out what factors are behind confidence in news media.

Helleruds fieldwork is similar to this study insofar that he has performed surveys on individuals in three residential areas based on income levels in Dar es Salaam. The areas were Mwananyamala (low-income), Kimara (middle-income) and Mikocheni (high-income). His results show that radio holds the highest confidence in Mwananyamala, television in Kimara and newspapers in Mikocheni (Hellerud 2013: 21). As it happens, the degree of confidence in each media correlates with the type of media most often used in each area, “[t]his diversion could be explained with the economic means required to use each medium, thus affecting user habits and hence the knowledge based on experience” (ibid.). Radios are a cheap investment and are available to most Tanzanians; therefore it is the main type of media used in Mwananyamala. A television requires a higher income of the owner since it is expensive to purchase, hence the more outspread use in Kimara and Mikocheni. Newspapers are
traditionally a news media for the educated and high status people and therefore more frequently used in Mikocheni.

Hellerud identifies ten points of gratifications that the audience in Dar es Salaam is seeking from media and that effect the confidence that the audience has in the media. These are: true and trustworthy information, education and knowledge of norms and behaviour, advice on decisions in life, entertainment, escapism, relaxation, a tool for doing business, inclusion in society, simplify everyday life, identity formation and personal confirmation (Hellerud 2013: 25–26).

Disappointment in the media is also something that affects the confidence, according to Helleruds (2013) study. Most of the respondents had sometime felt disappointed in the news media. The feeling of disappointment related to the preceding expectations. Thus, the feeling of disappointment may subside simultaneously as the expectations of the media change, which in turn may be due to past disappointments (ibid: 28–29).

4. Purpose and research questions

Do a sample of the people in Dar es Salaam use news media to get information about healthcare, and if so, do they value this source of information as useful and trustworthy? The purpose of the thesis is to study how a selected group of people in Dar es Salaam use and value the information that is given to them about healthcare in the news media.

This type of study is highly relevant for journalism research, not only because it is infrequent, but also because it is a good way of investigating if the media reporting is actually helping the public. For journalists and editors this research can be helpful when evaluating themselves and their work. Hopefully, research like this can help improve the news media, making it more efficient and useful to the public. Also government agencies and NGOs working in health and development can benefit from this kind of research, as it can be a helpful tool in evaluating how their information is being received and used by the public.

• What does the sample and the interviews tell us about how news media is selected and valued?
• What does the sample and the interviews tell us about how the audience view the importance and usefulness of Tanzanian new media?
5. Method

I have chosen to use a quantitative method based on surveys and a qualitative method based on interviews. I have chosen both of these methods because although surveys are high in reliability and are useful to investigate large groups and multiple variables, the data from the surveys will say nothing about the underlying factors that are the cause of the results. Interviews are therefore a good complement to get a deeper understanding of the motives and factors that are the reason why people do what they do or think as they think (Schrøder 2003: 225, Ekström & Larsson 2010: 54).

5:1 Surveys as quantitative method

To study how a sample of the audience of Dar es Salaam value the information about healthcare that is given to them through the daily news media, a quantitative method, based on survey questionnaires, was chosen. The questionnaires was designed by me in English and then translated by my assistant and supervisor. The purpose of the survey was to find out how a selected group in Dar es Salaam value the information about healthcare given in the news media. The questionnaire was designed to answer these questions:

- The respondents media habits
- How they valued different topics in media
- What kind of healthcare information they were given through the news media
- How they valued that information.

The last part of the survey contained questions about the respondent. The questionnaire was anonymous and impossible to trace back to the respondent. As my supervisor explained, answering surveys is not a common thing in Tanzania. Therefore some explanation and persuasion was needed to overcome any apprehensive doubts about the research and the questionnaire. With this in mind I made sure that the questions was not of any sensitive character for the respondents. I also chose a direct approach where my assistant and myself personally approached the respondents and presented the survey. A direct and personal contact with the respondents can motivate and increase response rates but it may also cause a "halo effect” which means that the respondent aims to please the researcher and give answers
that he or she thinks is the right ones (Schrøder 2003: 246-249). If a selected respondent declined to participate (this happened only a few times), a neighbour was selected instead. Therefore there is no external loss in the study. In cases when respondents have not answered a particular question, the respondent has been removed. In question 6 and 9 (the complete questionnaire can be seen in Appendix 1) the respondents were supposed to check all of the alternatives but some have only checked the ones they have heard of or want to hear about. In these cases it has been presumed that they have not heard, or want to hear about the others (Ekström & Larsson 2010: 95–96). It was discovered, after approximately half the fieldwork was made, that the translation in one of the options for question 6 and 9 was not correct. The option in the English version was *Tuberculosis*, abbreviated TB in parentheses, but the Swahili translation said *Diabetes* with the same abbreviation, TB in parentheses. This option has been removed completely from the results.

**5:2 Interviews as qualitative method**

In order to get a deeper understanding of what the selection group thinks about the information about healthcare in the news media semi structured interviews were chosen as a secondary method. The interviews were based on the questionnaire and always began with questions regarding media habits and the type of media that the respondent preferred. The interview would then develop differently every time depending on the interviewee’s answers, which led to follow–up questions. This semi-structured approach made it possible to go deeper into the topics that the interviewee was interested in or had relevant experience of. For example, if a person had a lot of experience on how issues regarding HIV/AIDS was treated in a certain television show the interview could revolve much around that, while another may wanted to talk about how poor people never gets heard in the media about how difficult it can be to get adequate care. My assistant and interpreter were always present and he translated nine of the twelve interviews. This is obviously something one should keep in mind and take a critical view against when reading this thesis.

All interviews were recorded and transcribed, and all of this material is preserved at the author’s. The transcription was done verbatim, however, in the thesis’s text citations have been carefully edited to make them more reader-friendly. Repeats, throat clearing, etc. have been removed and sometimes words have been added to clarify the context, all these corrections have been made within [ ]–marks.
5:3 Sample

Three target areas were chosen for the study, one low-income area (Mwananyamala), one middle-income area (Sinza) and one high-income area (Mikocheni). Due to poor tax registration in Tanzania the actual level of income in each area is hard to determine but the areas were chosen in dialogue with my supervisor Dr. Ayub Rioba and my assistant, and based on their knowledge of Dar es Salaam. Emil Hellerud (2013) also preformed his research in three areas based on income levels. These were Mwananyamala, Kimara and Mikocheni. The decision to target two, and not three of the same areas as Hellerud in this thesis was based on locality; Sinza was easier to get to from where both my assistant and me were living.

91 questionnaires were in total collected, 30 each in Mwananyamala and Mikocheni, and 31 in Sinza. Four interviews were conducted in each area, resulting in a total of twelve interviews. Helleruds (2013) empirical material is based on 84 collected surveys and this stod as a model and was consisderd a reasonable amount when the terms for this study was established in agreement with my supervisor.

The selection was made in a systematic way in order to make representation as diverse as possible. In each area three to five streets were selected; depending on how many residents lived on each street. On the selected streets, every third household or business, such as shops, hair salons and restaurants, were selected for the questionnaire and on every street one or two interviews were carried out. The businesses were included so that not only unemployed or housewives would answer the questionnaires. In Mwananyamala and Sinza the surveys where answered from 11 am to 16 pm. The circumstances of Mikocheni were slightly different. In this area the residents of the neighbourhood do not necessarily own the shops and other businesses but they work outside the area. Therefore only households were selected and the surveys were conducted in evening time when the families were at home, and during Easter at daytime when people did not work. The questionnaires were available in English and Kiswahili and my assistant, and interpreter, presented the research for each respondent. The questionnaire was left with the respondent and then collected later in the day. When collected, the questionnaire was controlled so that all questions were answered.

There is a gender balance among respondents of the survey, 46 women and 45 men, seven women were interviewed and five men. The age distribution among the men answering the surveys is even. There is, however, an overrepresentation of women 21-30 years of age.
6. Results and analysis

In the following chapter the results of this study will be presented. It reveals the respondent’s media habits and confidence in the media. It will also show what topics the audience finds most important for the news media to cover. The last part of the chapter is concentrating on how the respondents value the information on healthcare in the news media.

6:1 Everyday use and credibility

How often do you use media to get the news?

![Bar chart showing media usage frequency]

Figure 6:1. Counted number of how often respondents use news media. The answer Never was available but never checked. Answers are presented in relation to the three areas of residence. (Mikocheni n=30, Mwananyamala n=30, Sinza n=31).

The frequency of media usage was high in all three areas. The widespread media habits in Dar es Salaam gives media a special position in information dissemination and points out how valuable it can be to give people the information they need to improve their lives and ultimately contribute to the country’s development.
What type of media do you use most frequently?

![Pie charts showing media usage in Mikocheni, Sinza, and Mwananyamala.](image)

Figure 6:2. Percentages of what type of media respondents prefer. Answers are presented in relation to the three areas of residence. (Mikocheni n=30, Sinza n=31, Mwananyamala n=30).

The use of news media is widespread in Dar es Salaam but what type of media people are most likely to use depends very much on where you live as shown in figure 6:2. These results echoes previous research that has found that radio is more used in low income areas while television and newspapers are more frequent in the high-income areas due to economic factors (Ekström 2010: 142–168). A television set is expensive and many regard newspapers,
which are consumed on a daily basis, as a luxury product. Radios however, are inexpensive to purchase and can be shared by many in the workplaces and neighbourhoods (Hellerud 2013: 21).

When comparing the results in figure 6:2 and figure 6:4 there are some interesting differences between what media a respondent say that he or she use most frequently and what media he or she turn to for healthcare information. In Mikocheni for example where television (33%) is the most frequently used media, followed by Internet (23%) and newspapers (23%), Internet is by far the most used source for healthcare information. Television and hospitals and healthcare centres come in second and newspapers are almost at the bottom with radios and mobile phones. Also Mwananyamala had some slight differences but the results from Sinza were relatively consistent. I will continue to discuss the disparities of figure 6:2 and figure 6:4 but first lets take a look at the next figure, which contributes with additional confusion.
Which media type is the most trustworthy?

Television is according to the survey the most trustworthy media even though both Mwananyamala and Sinza ranked radio as more trustworthy than television. The high confidence in television among the residents of Mikocheni ultimately placed television at the top.

These results may be a reflection on the media usage. The media that people use the most are also the media they regard as having the highest trustworthiness (Hellerud 2013: 21).
However, in Mikocheni radio is said to be the second most credible media even though only 7% use radio most frequently and even though radio is not one of the top three medias people turn to for healthcare information. Furthermore, in Mikocheni Internet is ranked as number four in trustworthiness even though most people in the area would use Internet to get healthcare information according to figure 6:4. The material on which this study is based cannot with certainty explain why these disparities occur, but in chapter 7 I will discuss theories and possible explanations.

6:2 Rise of the Internet?

When you seek information about healthcare, where do you turn?

![Bar graph showing source of information preferences](image)

**Figure 6:4.** Counted number of what source of information respondents prefer when gathering information on healthcare. Multiple answers were allowed. (Mikocheni n=30, Mwananyamala n=30, Sinza n=31).
Media holds a strong position in information dissemination when it comes to healthcare. As shown in figure 6:4 television and radio dominates as the number one, and two, choices for healthcare information in Dar es Salaam, followed by Internet and hospitals and healthcare centres. However, it should be noted that in the questionnaire Hospital or healthcare centre was not an option but was frequently filled in under Other. Had the option been available it might have been checked more frequently. Nevertheless it was evident, even in the interviews that media is a prime source of information and that lack of media accessibility can cause lack of knowledge. One woman in Mwananyamala explained that the only source of information she had was word of mouth and that she would like to have a radio or TV to know more about health care, especially malaria which had been a problem for her in the past.

– Yes I think that can change my life because if I hear and listen I can understand how to prevent these diseases (Woman age 25, Mwananyamala, #3, interpreter’s translation).

Although hospitals and healthcare centres are ideal places for healthcare information it is a place that must be revisited in order to get the desired information, and only when the patient actively seeks it.

The results also indicate a change in the choice of media types in Dar es Salaam. In Mikocheni, the socio-economically strongest area, Internet was checked as the first choice for information about healthcare (which is the reason why Internet in total, is in third place since Sinza and Mwananyamala placed it in forth and fifth place). These results cannot be compared with previous research since neither Ekström (2010) nor Hellerud (2013) include Internet as a vital media type in their research. Internet–availability is not something to take for granted in Tanzania but it is developing fast and Internet is gaining new users every day. Therefore Internet is an important aspect of the media scape and is surely to be included in research to come.
6:3 The most important topics

Which topics are the most important for the news media to cover?

Figure 6.5. *Average of what topics are the most important for the news media to cover according to the respondents in relation to the three areas of residence. The respondents were asked to list the topics in order of importance. (Mikocheni n=30, Mwananyamala n=30, Sinza n=31).*
The people of the three different areas of residence largely agree on which topics are the most important for the news media to cover. It might not be surprising that education, healthcare and economics are the most important topics according to the respondents. These topics are among the most important and highest prioritised in the work for development in Tanzania.

“...the media should talk about [healthcare] so that people know where to go when they get sick and how to prevent from getting those diseases. Because some people are getting disease without knowing the causes. So if the media talk about that, people will care, knowing that what are the causes for this one. So how should I go about in order to prevent from the disease. I think it is an important topic as a whole.” (Man in Mikocheni, 22 years old, #11, interpreter’s translation)

This man in Mikocheni gave a typical answer to the question: why should news media talk about healthcare, or why is it important? Many of the interviewees gave similar answers and many had a notion that more information from the media could help them to a healthier life.

In many of the interviews corruption was brought up (almost always by the interviewee) as a problem, not only in the healthcare system, but also in society as a whole. Yet, corruption is only placed as number five in figure 6:5 (in Mikocheni only as number seven).

– Tanzanians talk the talk but don’t walk the walk. The healthcare will be bad, and people wont complain. (Woman age 25, Mikocheni, #9)

Like this woman in Mikocheni many implied that Tanzanians are not keen to change things. Several agreed that corruption is the biggest reason why the healthcare system is not working satisfactorily and they laughed as they described how people complain to friends and family but do not lift a finger to really try and change things. When asked if they thought the news media should engage in corruption issues many shrug their shoulders.

6:4 The importance of objectivity and accuracy

– You know when ever a proper person comes in radio, or in TV, if it's a medical doctor or any proper health professional, what he will be talking about will be relevant information or information which you can trust, because there is good knowledge. But the problem with our medias […] they are not so selective of whom to give the airtime. (Man age 33, Sinza, #7)
35% of the respondents of the survey answered that the healthcare information in news media is believable. However, only 4% answered that the information is unbelievable. The question was asked: How would you describe the information that is give to you about these topics, by the news media you use most frequently? Multiple answers were allowed and the answers were Informative (46%), Educative (81%), Important (68%), Believable (35%), Unbelievable (4%), Unnecessary (0%) and Out-dated (2%). It could be that since people in Tanzania is not used to surveys, the respondents did not fully understand the concept of multiple answers. Almost a third of the respondents only gave one answer to this question.

As the man in the opening quotation said, the information that is given from the media can be believed as long as the person who is giving the information has the proper knowledge. But how is one to know if this is the case? Several interviewees complained that media give airtime to questionable characters and that information in the news can sometimes be contradictive or even disproved when looked up on the Internet. But as we know by now, Internet–availability is scares and general education is low in Tanzania, many have only the media to rely on, if even that. One of the interviewees told the story of Babu wa Loliondo who between 2010 and 2012 was given a lot of airtime to talk about his “cup of wonders”, a potion that allegedly could cure any disease in the world. More than seven million people from all over Tanzania and many other countries went to the little village in the north of Tanzania where Babu lived and bought the potion. Many who were sick from HIV/AIDS and other chronicle deadly diseases stopped their anti–retroviral therapies and instead put their trust in Babu. Many died as a result. This is an example of when the news media does not exactly live up to the expectations of being factual and accurate. Most viewers and listeners consider a person who gets airtime, an expert on whatever the subject he or she is addressing so the editors and journalists should choose the experts very carefully.

– Maybe they [the media] could have some medical doctors, a few, to consent. So when they have those people, they can consult the doctors to certify that this person has the right information to give to the public. Then if they have that people that can consult, if it is a medical doctor or someone from the ministry of health, then they can allow that person because the TV station coverage is very big, if someone comes up with misleading information to the society it will have a big impact which is very negative to the society. (Man age 33, Sinza, #7)
6:5 Useful but never enough

- I have learned how to prevent my self from malaria, maybe like using netti [mosquito net] and how to prevent my self from HIV. (Man age 22, Mikocheni, #11)

- …particularly in malaria, it has changed my life. Now I understand a little bit about malaria. How to prevent malaria and how it’s spreading. (Man age 37, Mwananyamala, #4, interpreter’s translation)

It is evident from the surveys and interviews that people of Dar es Salaam get information about the most common diseases and health hazards from the news media on a weekly basis and the information is according to the respondents, helpful. Almost all of the respondents have received information about Malaria, HIV/AIDS, Cancer, Family planning, hygiene and health insurance, in the last six months. Also information about Cholera and the Tanzanian healthcare system is a common topic in the media according to the respondents. However, few could recall getting information on Hepatitis A, Typhoid fever and Dengue fever (for complete reporting of data see Appendix 2).

Most of the respondents (81%) regard the information they get as educative and many of the interviewees said that the information is useful in everyday life. But still there is a thirst for more.
What health topics would you like to know more about from the news media you use most frequently?

Figure 6.6. Counted numbers of what topics respondents want to know more about from the news media. Multiple answers were allowed. The answers are presented in relation to the three areas of residence (Mikocheni n=30, Mwananyamala n=30, Sinza n=31).
All interviewees agreed that health issues are important for the media to cover. These results correspond with the results of the questionnaires (see figure 6:5). Most of the interviewees also testified that the information they get from the media is useful in their everyday lives but all of them wanted even more information.

– I think everyday its about malaria […]. Basically it helps me, or it helps us because we learn new things like how to prevent malaria [but] they lack because they all talk about malaria, but other diseases like cancer, cholera and other diseases, they don’t talk much about them. (Woman age 25, Mikocheni, #12, interpreter’s translation)

Almost all the interviewees said that the most common topic, when it comes to healthcare information in media, is malaria and information on prevention and treatment of the disease. Since malaria is one of the major health concerns in Tanzania, with many casualties every year, this might not be very surprising but according to the interviews, health information in the media of Dar es Salaam is not very varied and many called for a broader coverage of health issues.

The articles and programmes about healthcare is, according to the selection group, educative and aims to help the population in their everyday life’s, giving them the information they need to help themselves, or at least letting them know how they could help themselves if they could afford it.

– If you go to a hospital, before [you] see a doctor you are going to be charged 6000 shillings. Last time I go to Mwananyamala [hospital] I had 1500 only. And I get back home but I was sick. I had malaria. No one bothered about me. So the government or media have to talk about this, us, the people of low income. (Man age 37, Mwananyamala, #4, interpreter’s translation)

None of the interviewees could recall media ever criticising the fact that a vast part of the population cannot afford basic healthcare. Nor could they recall any criticism of the fact that only those who work for the government are covered by health insurance, even though all of the interviewees wanted health insurance but said that it was too expensive for any regular citizen to afford. One of the interviewees implied that self-censorship, because of pressure from the government, is behind the limited supply of information in the media. As mentioned earlier, corruption was said to be a major problem within the healthcare system and this was yet another thing that the interviewees had read, heard or seen nothing about in the news media.
6:6 It’s getting better

Even if the media in Dar es Salaam leaves much to be desired when it comes to health care information, most of the respondents have a positive attitude towards the media and they believe that the information is getting better and better.

How do you think the information about health care in the news media has changed in the last five years?

![Chart showing change in information about health care in media](chart)

**Figure 6:7.** Counted numbers of how the information in media has changed in the last five years according to the respondents. The answers are presented in relation to the three areas of residence (Mikocheni n=30, Mwananyamala n=30, Sinza n=31).

One woman in Sinza described how media has played a role in changing the attitudes towards people with HIV/AIDS.

- Yes they help […] ten years back if you found out somebody had HIV/AIDS you would try to run or do something because you didn’t understand. Nowadays medias has become better to educate people about this, HIV or AIDS. So they help. (Woman age 38, Sinza, #5, interpreter’s translation)
7. Conclusions and discussion

In the following chapter I will discuss the conclusions of this study divided in three subcategories: Media usage, Is Internet taking over? and Health information as a major topic. Last I will discuss Suggestions for future research.

7:1 Media usage

News media was used every day by almost all of the respondents. In Mwananyamala and Sinza radio was the type of media that was used most frequently while in Mikocheni it was television followed by newspapers and Internet in a shared second place.

In total television was considered the most trustworthy type of media even though both Mwananyamala and Sinza regarded radio as slightly higher in trustworthiness.

7:2 Is Internet taking over?

When it comes to actively seeking information about health care the respondents from Mwananyamala and Sinza still turned to television and radio. In Mikocheni on the other hand, Internet seemed to be the prime source of information. It is not surprising that the socio–economically strongest area is also the area that has most accessibility to computers and Internet, but it is worth noting that the Internet, with its countless search engines and its infinite flow of information, rapidly takes over functions that traditional media have fulfilled for more than a century. There also seems to be a change in media use, which is happening fast because the results are not consistent with previous research. Like all technical development computers and Internet are rapidly winning more ground in the low–income countries and its people will benefit from the wider dissemination of information that it brings. This will hopefully lead to increased demands on the traditional media to be objective and accurate in their reporting.

The results from Mikocheni, regarding media use and confidence was somewhat inconsistent. This may be, like I stated above, because this is the strongest socio–economical area and could therefore be inclined, and have the economical ability, to embrace new technology and change. Mikocheni found television most trustworthy, followed by radio newspapers and then Internet. At the same time Internet was regarded the first choice for information about
healthcare. One explanation to this disparity could be that the respondents still regard the traditional media as controlled, ethical and familiar whilst Internet is a conglomeration of information. Traditional media is considered to be a steady and recurring disseminator while the Internet is an unreliable encyclopaedia to which you can turn to locate specific information, but it may require some digging to find what’s relevant and credible.

What we can learn from this study may be that Mikocheni is in the midst of a technological revolution that almost certainly will spread in Dar es Salaam and Tanzania. The question is, how long it will take and what the government, NGOs and traditional media, will do to help?

7:3 Health information as a major topic

After education, healthcare was considered the most important topic out of 10 for the news media to cover, and the respondents did feel that they were given a good amount of reporting on this subject especially malaria and HIV/AIDS, which are two of the biggest health hazards in the country. The information about these two diseases is according to the study informative and useful and the respondents seemed satisfied. But there was a great discontent with the diversity of healthcare information from the news media. Many interviewees complained that other illnesses are never discussed and nobody could recall ever hearing any criticism towards the healthcare system or people in charge. That is, criticism toward the fact that regular people cannot afford basic healthcare or insurance, or toward the big corruption within the healthcare system. However, as one of the interviewees said: There are now good diseases, and when asked the question, Would you like more information about healthcare from the media? most people will answer Yes!. Who wouldn’t like to know more about what can make you sick or even kill you, make you not able to provide for your family?

Some of the respondents were concerned about the credibility in the news media. In a country where information is scarce and media supply is limited, the information that still reaches out will have a great impact, like the story of Babu wa Loliondo. Messages with a direct effect on human life and health should be scrutinized extra hard and all media have to reconsider their news evaluation and selection of credible experts.

7:4 Suggestions for future research

As stated before audience research is not a common practice and so a more comprehensive study on the same subject would not be redundant. Especially if the media of Dar es Salaam is
concerned with how the audience interpret and use the information they receive. It could also be of interest to NGOs or government agencies who work with development and health to see if and how the information about campaigns, future projects or results from ongoing and completed projects are received by the public. It would also be interesting to see an extended work on this topic that include feedback from editors and journalists about the results.

Internet as a new player on the media market is an interesting topic for research in all of the low-income countries. Future research could concentrate on how media is challenged by Internet or how it can be used as a new channel. Also how people use different channels to inform themselves on different subjects and if any of the traditional medias are being deselected, and if so which ones and why?

As this is a study of only Dar es Salaam a more extensive research could include a study of a rural area to gain a broader understanding of the major differences people in Tanzania live under. Especially in a time when the world is experiencing a communication revolution with the Internet. How is this effecting the audience in rural Tanzania? Is it effecting them at all?
References


Ekström, Ylva (2010). "We are like chameleons!": changing mediascapes, cultural identities and city sisters in Dar es Salaam. Diss. Uppsala: Uppsala universitet, 2010


Appendix 1

**Media and healthcare survey**

*My name is Anna Nilsson and I am a student of the Södertörn University in Sweden. The Swedish International Development Agency (SIDA) has sponsored me to perform a minor field study on how people in Dar es Salaam use and value information about healthcare that is given by the media. This survey is a part of that study. The survey is anonymous and your participation is very valuable.*

*If you take 10 minutes to answer this survey you will help to increase the understanding on the Tanzanian medias ability to work as a tool to spread knowledge about healthcare.*

*The results will be available to everyone in the world with an Internet connection and will thus spread knowledge worldwide.*

*The survey is voluntary but your participation is very important.*
1. What type of media is available to you in your everyday life? (Multiple answers are allowed).
- Newspapers
- Radio
- Television
- Internet
- Word of mouth
- Mobile phone

2. What type of media do you use most frequently to get the news?
- Newspapers
- Radio
- Television
- Internet
- Word of mouth
- Mobile phone

3. How often do you use media to get the news?
- Every day
- Every week
- More seldom than every week
- Never

4. List the following media types 1–6, in order of trustworthiness in issues regarding healthcare. 1 being the news media you find most trustworthy.
   ___ Newspapers
   ___ Radio
   ___ Television
   ___ Internet
   ___ Word of mouth
   ___ Mobile phone

5. List the following topics 1–10 in order of importance. 1 being the topic you think is the most important for the news media to cover.
   ___ Politics
   ___ Economics
   ___ Foreign affairs
   ___ Sports
   ___ Culture
   ___ Education
   ___ Healthcare
   ___ Corruption
   ___ Violence and crime
   ___ Entertainment
6. In the last six months, do you recall getting information about the following topics from the news media you use most frequently?

<table>
<thead>
<tr>
<th>Topic</th>
<th>I recall getting information</th>
<th>I do not recall getting information</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholera</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Typhoid fever</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Malaria</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Dengue fever</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Hygiene</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Health insurances</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>The Tanzanian health care system</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Tuberculosis (TB)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Cancer</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Family planning</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

7. How would you describe the information that is given to you about these topics, by the news media you use most frequently? (Multiple answers are allowed)

- [ ] Informative
- [ ] Believable
- [ ] Outdated
- [ ] Educative
- [ ] Unbelievable
- [ ] Important
- [ ] Unnecessary

8. How do you think the information about health in the news media has changed in the last five years?

- [ ] The information is better
- [ ] The information is worse
- [ ] No change
- [ ] I don’t know
9. What health topics would you like to know more about from the news media you use most frequently?  
(Multiple answers are allowed)

- Cholera
- Hepatitis A
- Typhoid fever
- Malaria
- Dengue fever
- Hygiene
- Health insurance
- The Tanzanian health care system
- Tuberculosis (TB)
- HIV/AIDS
- Cancer
- Family planning

10. When you seek information about healthcare, where do you turn? 

- Newspapers
- Radio
- Television
- Internet
- Word of mouth
- Mobile phone
- Other: ......................................................................................................................

Questions about

Sex?

- Female
- Male

Age?

- 20 or younger
- 21–30
- 31–40
- 41–50
- 51 or older

Education?

- Finished primary school
- Finished secondary school
- University degree
- No finished education

What do you do for a living?

________________________________________________________________
________________________________________________________________
________________________________________________________________

End of survey
Thank you for your participation
Appendix 2

In the last six months do you recall getting information about these topics from the news media you use most frequently?