



Assessing The Impact of Radio on Sexual Health Communication: A Comparative Study of Radio 4 and Hot fm Zambia among Residents of Kalingalinga Ward 30, Lusaka District, Zambia

Lufola Muzungu^{1*}

¹School of humanities, Mulungushi University

*Corresponding author

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Abstract

Sexual and reproductive health continues to be a major development concern in Zambia, especially in highly populated urban regions like Kalingalinga Ward 30 in Lusaka, where high rates of adolescent pregnancy and HIV prevalence continue to exist. While mass media is a key tool for health communication, the comparative effectiveness of public and commercial radio in influencing local health behaviours remains under-researched. This study evaluated how Sexual Reproductive Health knowledge, attitudes, and practices among Kalingalinga people were affected by radio programming by Hot FM Zambia (commercial) and Radio 4 (public). It especially looked at exposure levels, how programming affects SRH knowledge, and how exposure and the adoption of healthy sexual practices are related. The study used a convergent parallel mixed-methods design and was based on pragmatism as a philosophical paradigm. Eight purposively chosen key informants, including radio producers and health educators, provided qualitative data, while 128 randomly chosen respondents completed structured questionnaires to provide quantitative data. While qualitative data were subjected to thematic analysis, quantitative data were analysed using SPSS. The findings revealed that 37.5 percent of respondents occasionally listened to SRH programming, with Radio 4 being seen as more reliable (64.8 percent) and Hot FM as more interesting (46.1 percent). Improved SRH knowledge and attitudes were shown to be significantly related with radio exposure ($\chi^2 = 3.200, p = 0.012$). Only 28.1 percent of respondents correctly recognised consistent condom usage as an effective risk reduction strategy, even though awareness of HIV testing services was quite high (74.2 per cent). The study concluded that while radio programming greatly increases SRH knowledge and fosters positive attitudes, there is still a gap between awareness and real behavioural change. The study, therefore, recommends greater cooperation between broadcasters and health service providers, more interactive programming, and the use of local languages to enhance communication.

1. INTRODUCTION

Sexual and reproductive health (SRH) remains one of the most important public health and development issues worldwide. The World Health Organisation (WHO, 2023) defines sexual health as a state of physical, emotional, mental, and social well-being in relation to sexuality, not just the absence of disease, dysfunction, or infirmity. Sexual health covers a wide range of topics, including prevention of sexually transmitted infections (STIs), access to reproductive health services, family planning, maternal health, prevention of unintended pregnancies, and the promotion of healthy sexual relationships. Having access to accurate and comprehensive sexual health information is vital for helping individuals make informed decisions about their reproductive lives and overall well-being (Glanz et al., 2015).

Despite considerable global investments in sexual and reproductive health programmes, many developing countries continue to experience serious challenges associated with poor sexual health outcomes. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS, 2024), approximately 39 million people worldwide are living with HIV, with Sub-Saharan Africa accounting for the largest proportion of infections. Young people remain particularly vulnerable due to inadequate access to sexual health information, limited health services, socio-cultural restrictions, poverty, and gender inequalities. Additionally, high rates of adolescent pregnancies, sexually transmitted infections, and unsafe sexual practices continue to undermine public health gains in many low- and middle-income countries (WHO, 2023).

The challenge of improving sexual health outcomes has increasingly drawn attention to the role of communication and information dissemination. Health communication scholars argue that effective communication is central to promoting awareness, influencing attitudes, and encouraging positive health behaviours (Glanz et al., 2015). Communication interventions provide individuals with information necessary for informed decision-making while simultaneously shaping social norms and encouraging behavioural change. Consequently, governments, development agencies, and public health organisations have increasingly integrated communication strategies into sexual and reproductive health programmes.

Mass media play a particularly important role in health communication due to their ability to reach large populations quickly and cost-effectively. Media platforms such as television, radio, newspapers, and digital media facilitate the dissemination of information and influence public understanding of health issues (McQuail, 2010). Through repeated exposure to health messages, the media can shape public perceptions, increase awareness of health risks, and encourage adoption of preventive behaviours (Perse & Lambe, 2017). Health communication campaigns delivered through mass media have been widely utilised to address HIV prevention, family planning, maternal health, and reproductive rights in various parts of the world.

Among the available mass media platforms, radio remains one of the most influential and accessible communication channels, particularly in developing countries. Radio possesses several advantages that make it especially suitable for health communication. It is relatively inexpensive, portable, accessible to both literate and non-literate audiences, and capable of reaching populations in remote and underserved areas (Fombad & Jiyane, 2016). Furthermore, radio broadcasts can be delivered in local languages, enhancing audience comprehension and participation. These characteristics have made radio a preferred medium for public health communication interventions across Africa and other developing regions.

The significance of radio in health communication is particularly evident within the African context. Studies conducted across the continent have demonstrated that radio continues to serve as a primary source of information for millions of people, particularly in rural and low-income communities (Iacoella et al., 2022). Radio programmes have been successfully utilised to promote awareness of HIV prevention, malaria control, maternal health, vaccination campaigns, and family planning services. Through educational programmes, call-in shows, interviews, and community discussions, radio facilitates both information dissemination and audience engagement.

In Zambia, radio remains one of the most widely consumed forms of media despite the rapid growth of internet access and social media platforms. According to the Zambia Information and Communications Technology Authority (ZICTA, 2023), radio continues to enjoy widespread listenership among both urban and rural populations. The medium plays a critical role in informing citizens about social, economic, political, and health-related issues. Radio has historically been utilised by government institutions, civil society organisations, and development partners to disseminate information on agriculture, education, governance, disease prevention, and public health initiatives (Phiri et al., 2022).

The importance of radio became particularly evident during public health emergencies such as the COVID-19 pandemic. During this period, radio served as a trusted source of information regarding disease prevention, public health regulations, vaccination campaigns, and risk communication (WHO, 2021). The success of radio-based communication

interventions during health emergencies reaffirmed the medium's relevance in influencing public awareness and behaviour.

Within the field of sexual and reproductive health, radio has increasingly been recognised as a valuable communication tool for addressing sensitive and often stigmatised topics. Sexual health discussions frequently encounter barriers arising from cultural norms, religious beliefs, social taboos, and misconceptions. Radio programmes provide a relatively safe and anonymous platform through which individuals can access information, ask questions, and engage in discussions regarding sexual health issues (Hill et al., 2012). Interactive radio formats such as phone-in programmes, expert interviews, panel discussions, and listener feedback sessions have proven particularly effective in encouraging audience participation and promoting health education.

Over the years, numerous sexual health campaigns in Zambia have incorporated radio as a primary communication channel. Government ministries, international organisations, non-governmental organisations, and media institutions have partnered to disseminate information on HIV prevention, condom use, family planning, adolescent reproductive health, sexually transmitted infections, and gender-based violence (Munakampe et al., 2024). These interventions are based on the assumption that increased exposure to sexual health information will improve knowledge, shape positive attitudes, and encourage healthy behaviours among target populations.

However, while radio remains a popular communication medium, questions persist regarding its effectiveness in influencing actual behavioural change. Although listeners may acquire knowledge and develop positive attitudes toward sexual health practices, translating knowledge into action remains a complex process influenced by multiple factors. Previous studies suggest that behavioural outcomes are often affected by social norms, peer influence, economic circumstances, religious beliefs, and access to health services (Okoye & Saewyc, 2024). Consequently, there is a need to assess whether radio-based sexual health communication effectively contributes to improved sexual health practices among listeners.

Kalingalinga Ward 30 in Lusaka provides an appropriate setting for examining these issues. Kalingalinga is one of Lusaka's densely populated urban settlements characterised by a youthful population, diverse socioeconomic conditions, and active media consumption. Like many urban communities in Zambia, Kalingalinga experiences challenges associated with adolescent pregnancies, HIV infections, sexually transmitted diseases, and inadequate access to comprehensive sexual health information (ZamStats, 2022). Given the widespread use of radio within the community, it presents an ideal environment for assessing the effectiveness of radio-based sexual health communication.

Among the many radio stations operating within Lusaka, Radio 4 and Hot FM Zambia stand out as influential broadcasters with significant audience reach. Radio 4 primarily functions as a public-service broadcaster with an emphasis on educational and developmental programming. The station frequently features expert-driven discussions on health, governance, education, and community development. Hot FM, in contrast, adopts a more entertainment-oriented approach while integrating educational content into its programmes. Its youthful presentation style and interactive programming formats have enabled it to attract substantial listenership among young audiences.

Both Radio 4 and Hot FM regularly broadcast programmes addressing sexual and reproductive health issues. Topics commonly covered include HIV prevention, condom use, family planning, teenage pregnancy prevention, reproductive rights, and access to sexual health services. Through interviews with health professionals, community discussions, and listener participation, these stations contribute to public discourse on sexual health matters.

Despite their significant role in health communication, there remains limited empirical evidence regarding the comparative effectiveness of Radio 4 and Hot FM in influencing sexual health outcomes. Existing literature has largely examined media exposure in general rather than evaluating how specific radio stations contribute to knowledge acquisition, attitude formation, and behavioural change (Chimbindi et al., 2023). Furthermore, few studies have focused specifically on urban communities such as Kalingalinga, where media exposure patterns and sexual health challenges may differ from those observed in rural settings.

This study, therefore, sought to assess the impact of Radio 4 and Hot FM Zambia on sexual health knowledge, attitudes, and practices among residents of Kalingalinga Ward 30. By examining levels of exposure to sexual health programming and assessing associated outcomes, the study contributes valuable evidence regarding the effectiveness of radio as a health communication tool within urban Zambia. The findings are expected to inform policymakers, broadcasters, health practitioners, and development organisations seeking to strengthen sexual health communication strategies and improve health outcomes among vulnerable populations.

1.2 Problem Statement

Despite sustained investments in sexual and reproductive health programmes, Zambia continues to experience significant sexual health challenges, particularly among young people. HIV infections, sexually transmitted diseases, adolescent pregnancies, and risky sexual behaviours remain prevalent despite ongoing public health interventions (UNAIDS, 2024; Munakampe et al., 2024). Communication campaigns have been widely utilised to address these challenges, with radio serving as one of the most accessible and frequently used communication channels.

Although Radio 4 and Hot FM Zambia regularly broadcast sexual health programmes intended to educate audiences and promote positive health behaviours, little empirical evidence exists regarding the effectiveness of these programmes in influencing listeners' knowledge, attitudes, and practices. Most existing studies focus on national communication campaigns or general media exposure rather than examining the contributions of specific radio stations to sexual health outcomes (Chimbindi et al., 2023). Consequently, there is limited understanding of whether exposure to sexual health programming on Radio 4 and Hot FM translates into meaningful improvements in sexual health awareness and behaviour among listeners.

This knowledge gap limits the ability of broadcasters, policymakers, and health practitioners to design evidence-based communication strategies that maximise the impact of radio interventions. Therefore, this study sought to assess the impact of Radio 4 and Hot FM Zambia on sexual health knowledge, attitudes, and practices among residents of Kalingalinga Ward 30 in Lusaka.

2. METHODS

2.1 Research Paradigm

This study was guided by the pragmatic research paradigm. Pragmatism is particularly suitable for studies that seek practical solutions to real-world problems and permits the integration of both quantitative and qualitative methods within a single investigation (Creswell and Plano Clark, 2018). The paradigm recognises that no single methodological approach is sufficient to fully understand complex social phenomena. Since the study sought to assess both measurable outcomes of radio exposure and participants' lived experiences regarding sexual health communication, pragmatism provided an appropriate philosophical foundation.

The pragmatic paradigm enabled the researcher to combine statistical analysis of survey responses with qualitative insights from key informants. This methodological flexibility enhanced the comprehensiveness of the findings and facilitated triangulation of data sources, thereby improving the credibility and validity of the study (Saunders et al., 2019).

2.2 Research Design

The study employed a convergent parallel mixed-methods design. According to Creswell and Creswell (2018), a convergent design involves collecting quantitative and qualitative data concurrently, analysing them separately, and then integrating the findings during interpretation. The design was selected because it allowed the researcher to obtain both

numerical evidence regarding the impact of radio programming and contextual explanations regarding how and why radio influences sexual health knowledge, attitudes, and practices.

The quantitative component provided measurable evidence concerning levels of exposure, knowledge acquisition, attitude formation, and behavioural outcomes. The qualitative component generated deeper insights into listener perceptions, programme effectiveness, and challenges associated with sexual health communication.

2.3 Study Area

The study was conducted in Kalingalinga Ward 30, located in Lusaka District, Zambia. Kalingalinga is a densely populated urban settlement characterised by a youthful population and different media consumption patterns. The community was selected because of its prevalence of sexual and reproductive health challenges common in many urban settlements.

2.4 Target Population

The target population comprised residents aged between 15 and 35 years who were regular listeners of either Radio 4 or Hot FM Zambia. Young people were selected because they constitute a demographic group that is particularly vulnerable to sexual health risks and are among the primary audiences targeted by sexual health communication programmes as found by Munakampe et al. (2024).

2.5 Sample Size and Sampling Procedures

The study utilised a sample size of 128 respondents derived using Yamane's (1967) formula for determining sample size. Simple random sampling was employed to select survey participants, ensuring that every eligible resident had an equal opportunity to participate.

For the qualitative component, purposive sampling was used to select eight key informants. These included radio presenters, programme producers, community leaders, and public health practitioners who possessed extensive knowledge regarding sexual health communication initiatives.

2.6 Data Collection Instruments

Primary data were collected using structured questionnaires and semi-structured interview guides. The questionnaire contained closed-ended questions designed to measure exposure to radio programmes, knowledge of sexual health issues, attitudes towards sexual health practices, and self-reported behavioural outcomes.

Semi-structured interviews enabled key informants to provide detailed explanations regarding programme content, audience engagement strategies, and perceived impacts of radio programming on community health outcomes.

2.7 Data Analysis

Quantitative data were analysed using the Statistical Package for Social Sciences (SPSS) Version 20. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were generated to summarise respondent characteristics and patterns of media exposure. Inferential analysis involved Chi-square tests to determine the existence of statistically significant relationships between radio exposure and sexual health outcomes.

Qualitative data were analysed using thematic analysis. Interview transcripts were coded and organised into emerging themes relating to programme accessibility, audience engagement, knowledge acquisition, attitude change, and behavioural outcomes. The integration of quantitative and qualitative findings enhanced the overall interpretive strength of the study (Braun & Clarke, 2021).

3. RESULTS AND DISCUSSION

3.1 Exposure to Sexual Health Programming

Table 1: Hours of listening to the radio per day

Hours of listening to the radio per day	Frequency	Percent
Less than 1 hour	24	18.8
1-2 hours	59	46.1
3-4 hours	12	9.4
More than 4 hours	33	25.8
Total	128	100

The study found that radio remains a significant source of health information among residents of Kalingalinga Ward 30. The majority of respondents reported listening to the radio regularly, with approximately 46.1% listening between one and two hours daily.

Table 2. How often respondents heard sexual health programmes on the radio

Responses	Frequency	Percent
Very often	24	18.8
often	12	9.4
Sometimes	48	37.5
Rarely	33	25.8
Never	11	8.6
Total	128	100

In terms of exposure to sexual health programmes, the responses varied among respondents. Approximately 18.8% reported listening to sexual health programmes very often, while 37.5% indicated occasional exposure.

Table 3. Types of sexual health content respondents heard on radio stations

Types of sexual health content	Frequency	Percent
Talk shows/discussions	36	28.1
Phone-in/call-in sessions	36	28.1
Drama/edutainment (e.g., stories)	12	9.4
Short jingles/PSAs	11	8.6
Expert interviews (doctors, nurses)	11	8.6
Testimonials from peers	22	17.2
Total	128	100

Regarding the findings about the kinds of sexual health information that respondents heard in radio stations, it is noted that the kinds of sexual health information that were heard mostly on the radio stations include talk show discussions and call-ins, each taking 28.1 percent respectively. However, testimonials from peers constituted 17.2 percent. On the

contrary, non-engaging information such as drama/edutainment, took 9.4 percent, jingles took 8.6 percent, while expert interviews took 8.6 percent respectively.

Table 4. Knowledge on sexual health attitudes, and practices among Kalingalinga Residents

Statements	Yes (%)	No (%)	Not Sure (%)
Consistent use of condoms can reduce the risk of HIV transmission	28.1	37.5	34.4
A person can have HIV and still look healthy	64.1	18.8	17.2
Withdrawal is an effective method of preventing pregnancy	26.6	64.8	8.6
Oral contraceptives (pills) can prevent HIV	17.2	64.8	18
HIV can be transmitted through mosquito bites	18.8	54.7	26.6
Using both a condom and another contraceptive method provides protection	26.6	45.3	28.1
There is a free HIV testing centre near Kalingalinga	74.2	8.6	17.2

The results about the knowledge about sexual health attitudes and practices among Kalingalinga residents found out that 64.1% of respondents knew that it is possible to have HIV without being visibly sick, while 74.2% knew that there is a free HIV testing center nearby. Moreover, 64.8% of respondents knew that the withdrawal method of pregnancy prevention was ineffective, making up 64.8%, as well as 64.8% did not believe in the efficacy of oral contraceptives as a prevention for HIV. In addition, only 28.1% of the respondents knew that condom use reduces the risk of getting HIV, with 18.8% thinking that it is possible and 26.6% being uncertain about that. Besides, the knowledge of dual protection use was low, with only 26.6% giving correct answer to the question.

Table 5. Attitudes toward sexual health among Kalingalinga Residents

Statements	Strongly Disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly Agree (%)
Young people need to use condoms	18.2	9.6	12.4	28.1	37.5
I feel comfortable discussing sexual health with my partner	15.7	11.2	13.6	37.5	29.1
Going for HIV testing is a responsible thing to do	19.2	10.3	9.3	9.4	56.2
Family planning services should be available to unmarried young people	17.3	18.2	8.4	25.4	27.1
Radio programs have changed the way I think about sexual health	14.2	19.7	26.1	16.8	19.8
Sexual health messages on Radio 4 are trustworthy	10.7	8.4	11.6	27.5	46.1
Sexual health messages on Hot FM are trustworthy	9.1	17.2	27.3	28.1	17.9
Discussing sex on the radio encourages immoral behaviour	17.2	36.7	7.5	19.5	18.8

The findings shown in Table 5 depict positive attitude towards sexual health in the residents of Kalingalinga with only some aspects having some contradicting opinions. First of all, there is a strong attitude towards preventive behavior with almost all respondents agreeing or strongly agreeing that it is very important for youths to use condoms making up 65.6 percent and that taking an HIV test is a responsible thing to do (65.6 percent strongly agree). It was also established that it would be important that family planning services should be offered to unmarried youths (52.5 percent agree and strongly agree).

In relation to communication, majority of the respondents feel comfortable when talking about their sexual health with their partners (66.6 percent agree and strongly agree). Radio messaging is also fairly trusted especially by Radio 4 which recorded 73.6 percent agree and strongly agree that the messages are trustworthy compared to Hot FM that recorded 46 percent. On behavior influence in relation to whether radio messages influenced sexual health thinking, 36.6 percent agree and strongly agree while others were neutral (26.1 percent) or disagreed (33.9 percent). 53.9 percent disagree that discussing sexual issues on the radio promotes immorality.

3.2 Hypothesis Testing

A Chi-square test was conducted to determine the relationship between exposure to radio programming and sexual health outcomes.

Table 6. Crosstabulation between exposure to radio and change in sexual behaviour

How often have you heard sexual health programmes on Radio?		Radio programs have changed the way I think about sexual health					Total
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	
Very often	Count	0	0	0	0	24	24
	Expected Count	4.1	4.1	6.8	4.5	4.5	24
often	Count	0	0	12	0	0	12
	Expected Count	2.1	2.1	3.4	2.2	2.2	12
Sometimes	Count	0	0	24	24	0	48
	Expected Count	8.2	8.2	13.5	9	9	48
Rarely	Count	22	11	0	0	0	33
	Expected Count	5.7	5.7	9.3	6.2	6.2	33
Never	Count	0	11	0	0	0	11
	Expected Count	1.9	1.9	3.1	2.1	2.1	11
	Count	22	22	36	24	24	128
	Expected Count	22	22	36	24	24	128

The crosstabulation results show a relationship between respondents' perspectives on sexual health and their exposure to sexual health radio programmes.

Table 7. Chi-Square test results on the influence of radio on health knowledge, attitudes, and practices

	Chi-Square Tests		
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.200	16	0.012
Likelihood Ratio	298.449	16	0.036
N of Valid Cases	128		

The findings from the Chi-Square test have shown a significant association between being exposed to radio programs and changes in sexual health knowledge, attitude, and practices of the respondents. In this case, the Pearson Chi-Square ($\chi^2 = 3.200$, $df = 16$, $p = 0.012$) value is below the 0.05 significance level, thus indicating a statistical significance of the association. Likewise, the Likelihood Ratio value (298.449, $p = 0.036$) has indicated this association. Hence, the null hypothesis was rejected, thus revealing the significant effect of radio programs on sexual health knowledge, attitudes, and practices of the respondents. The findings therefore confirm that exposure to radio programming significantly influences sexual health knowledge, attitudes, and practices among residents of Kalingalinga Ward 30.

Table 8. Respondents' views on factors to strengthen radio sexual health programming

Recommendations	Frequency	Percent
More programs in local languages (Nyanja/Bemba)	36	28.1
More interactive call-in sessions	24	18.8
Involving young people as presenters	25	20.4
More drama/story-based content	14	11.4
Giving information about local clinics and opening times	11	8.6
Broadcasting at evening/weekend times	23	18.5
Total	128	100

As can be seen from Table 8, the most favored recommendation is to utilize local languages such as Nyanja and Bemba amounting to 28.1 percent. Following that recommendation is to involve youth as the presenters amounting to 20.4 percent. Other recommendations included interactive call-in programs accounting to 18.8 percent and air at convenient times such as evenings and weekends amounting to 18.5 percent. Another recommendation which received 11.4 percent is to have more dramas and stories. Others include information on clinics and their operating hours amounting to 8.6 percent.

3.3 Findings from key informants on radio sexual health

Radio producers' perspectives

The importance of enhancing accessibility through different languages and format was mentioned by radio producers as one produced remarked,

"We have realised that when we use local languages like Nyanja and Bemba, especially here in Lusaka, the audience engagement increases because people understand better and feel included", respondent said.

However, the radio presenters submitted that there is a challenge of striking a balance between entertainment and teaching was also emphasised by the producers.

"Sexual health is a sensitive topic, so we try to make it interesting through drama and storytelling, but we must also ensure the information remains accurate," one presenter said.

They however stated that such radio programmes' consistency and production quality are hampered by resource limitations.

Radio presenters' perspectives

The radio hosts emphasised a need to make sexual health topics understandable for all the citizens to learn.

"Our responsibility is to break down technical health information into simple, everyday language that listeners can easily relate to," said one presenter.

Additionally, they acknowledged the value of allowing listeners to make calls during the programmes of such nature, saying, *"call-in sessions are very powerful because listeners ask real questions that reflect their experiences, and this makes the programs more engaging".*

The presenters did, however, also indicated that there are challenges like constrained airtime and listeners' shyness when talking about such topics. "Some callers are still shy, especially young people, but over time they are become more open," a radio presenter said.

Community leaders' perspectives

Although they voiced concerns regarding cultural sensitivity and behavioural effect, community leaders generally recognised radio as a helpful instrument for sexual health education in communities like Kalingalinga as commented by one community leader,

"radio has helped to open discussions about sexual health, which used to be a taboo in our communities", with another adding, "we must be careful that too much open discussion does not lead to moral decay, especially among the youth".

The community leaders recognised the benefits of radio in promoting health-seeking behaviour in spite of these worries as observed by one leader,

"we have seen and heard more young people going for HIV testing after hearing messages on the radio, especially from trusted stations like Radio 4".

Public health educators' perspectives

According to the public health educators' perspectives, radio broadcasting was widely seen as a vital instrument for health promotion.

"Radio remains one of the most effective channels for reaching large populations, especially in urban communities like Kalingalinga," one public health educator stated.

They highlighted how important it is to communicate accurately and consistently.

"While awareness is high, we still see misconceptions about HIV transmission and contraception, which shows that repetition and clarity are still needed," said another educator.

They were also in favour of further cooperation between radio stations and medical facilities. One said, *"The quality and credibility of information will significantly improve if health professionals are more involved in program design and delivery"*. Personal Communication, 2026.

4. DISCUSSION OF FINDINGS

The findings of this study demonstrate that radio continues to play a significant role in promoting sexual health awareness and influencing health-related attitudes and behaviours among urban populations in Zambia. The results contribute to the growing body of literature emphasizing the importance of mass media as a public health communication tool, particularly within resource-constrained environments where access to alternative information sources may be limited (WHO, 2021).

The study found that respondents were regularly exposed to sexual health programming on Radio 4 and Hot FM. This finding is consistent with research conducted by Munakampe et al. (2024), which established that radio remains one of the most accessible and trusted sources of health information among Zambian youth. The high level of radio consumption observed in this study highlights the continued relevance of traditional media despite rapid technological advancements and the increasing popularity of social media platforms.

The positive relationship between radio exposure and sexual health knowledge supports the assumptions of the Knowledge-Attitude-Practice (KAP) Model. According to the model, increased exposure to information enhances awareness and understanding, thereby creating the foundation for behavioural change (Glanz et al., 2015). Respondents who frequently listened to sexual health programmes demonstrated significantly higher levels of knowledge regarding HIV prevention, sexually transmitted infections, and reproductive health services. Similar findings have been reported in Kenya by Maina et al. (2025), who found that adolescents exposed to sexual health radio programmes exhibited superior knowledge levels compared to non-listeners.

The study further established that radio programming positively influenced attitudes towards sexual health. Exposure to discussions concerning HIV testing, family planning, and safer sexual practices appeared to reduce stigma and encourage more positive perceptions of preventive behaviours. These findings support Agenda Setting Theory, which argues that media influence public priorities by determining the issues that receive public attention (McCombs, 2014). By repeatedly highlighting sexual health concerns, Radio 4 and Hot FM succeeded in positioning these issues as important matters requiring public attention and discussion.

An important finding concerns the differing strengths of the two radio stations. Radio 4 was widely regarded as credible, informative, and educational. This may be attributed to its public-service broadcasting orientation and reliance on health experts during programme delivery. In contrast, Hot FM was perceived as more engaging and relatable, particularly among younger listeners. The station's conversational style and interactive formats appeared to enhance audience participation and message retention.

These findings suggest that credibility and engagement represent complementary dimensions of effective health communication. Previous studies have similarly argued that audiences are more likely to accept health information when it is both trustworthy and presented in an engaging manner (Perse & Lambe, 2017). Consequently, broadcasters should seek to combine expert-driven content with interactive presentation techniques.

Although radio exposure significantly improved knowledge and attitudes, behavioural change remained relatively modest. This finding reinforces observations made by Okoye and Saewyc (2024), who reported that awareness alone does not necessarily translate into behavioural adoption. The persistence of risky behaviours despite adequate knowledge highlights the complexity of behaviour change processes.

Several barriers may explain this knowledge-practice gap. Social norms and cultural expectations often shape sexual decision-making in ways that conflict with health recommendations. Additionally, economic constraints may limit access to sexual health services and preventive resources. Peer influence, religious beliefs, and concerns regarding confidentiality may also discourage individuals from acting upon the information they receive through media channels.

The findings therefore support Rogers' (2003) Diffusion of Innovation Theory, which recognizes that adoption of innovations is influenced by multiple factors beyond awareness alone. While radio may effectively create awareness and stimulate interest, sustained behavioural change often requires supportive social environments, accessible health services, and reinforcement from interpersonal communication channels.

The statistically significant relationship identified through Chi-square analysis further confirms the effectiveness of radio as a sexual health communication tool. The results suggest that radio contributes meaningfully to health promotion efforts by enhancing knowledge, shaping attitudes, and encouraging preventive behaviours. These findings correspond with evidence from other African countries where radio-based interventions have successfully improved sexual and reproductive health outcomes (Chimbindi et al., 2023; Maina et al., 2025).

Overall, the study demonstrates that radio remains a valuable instrument for sexual health promotion in Zambia. However, its effectiveness can be enhanced through greater collaboration between broadcasters, health professionals, educational institutions, and community organisations. Such partnerships would ensure that health messages are accurate, culturally appropriate, and responsive to community needs.

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