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THE SCOPE AND IMPACT OF THE HEALTH GUIDANCE PROGRAMME "IMPILO YETHU" OF THE XHOSA SERVICE OF THE SABC

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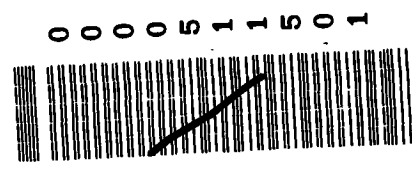
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No. COMM-N-3

ISBN 0 86955 380 6

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2844363866



ACKNOWLEDGEMENT

The part played in this project by the SABC, the Department of Bantu Administration and Development and the Department of Health of the Ciskei is hereby acknowledged. A special word of thanks is extended to Dr G.S. Fehrson for his contribution in the codification and interpretation of the data. Thanks are also due to Messrs G. Thiele and F. Waldeck for their part in the planning of the project and the gathering of data.

The statistical processings for this investigation were undertaken by the HSRC's Institute for Statistical Research, while the Institute for Information and Special Services was responsible for the editing.

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to what they had heard on the programme. This hardly definable, but clearly perceptible reaction may point to a possible positive change of opinion among the respondents.

The 18,5 per cent of the 265 respondents who were motivated to visit a clinic, hospital or doctor, together with the 16,6 per cent and 16,2 per cent respectively who acquired specific knowledge and carried out specific actions in connection with nutrition, show a positive reaction to the programme "IMPILO YETHU".

This positive reaction is emphasised by the fact that differences in sex, which were so prominent in the initial recognition of the programme, now begin to play an even greater role (cf. Table 12). However, the same general trend is not found in respect of age and place of residence. It appears therefore that the programme has the strongest impact on female respondents. The fact that the mother is more concerned with the health of the family, that she more often visits the clinic for assistance and advice, may explain this trend.

6. CONCLUSION

To summarise, it may be said that more than 80 per cent of the total sample in the Giskei and Eastern Cape areas had heard the signature tune of the programme "IMPILO YETHU", that the majority of them had heard it on the radio; that 51 per cent of all respondents could remember the content or a part of the programme, that 15,25 per cent had acquired knowledge but were unable to specify what actions they took, and that 17,87 per cent had carried out a specific action with regard to the programme.

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With regard to the general scope of the programme as interpreted on the strength of the recognition of the signature tune, it was found that younger female respondents with a comparatively high educational qualification were reached. Fewer respondents in the lower income groups than in the other income groups were reached.

Another interesting finding is that place of residence does not play a very marked role in determining the source of information.

The majority of the respondents, viz 73,25 per cent, had, however, heard the signature tune on the radio. This percentage becomes still higher if the last category, viz "Heard the tune from a person and on the radio" is added (77,62 %).

When it was checked whether the respondents could correctly identify the programme, the 80,75 per cent of the 800 respondents who recognised the tune decreased to 449 or 56,12 per cent of the total group. Also in this case more female than male respondents (62,32 per cent as opposed to 47,08 per cent) could identify the programme. These figures are relatively high when the nature and length of the programme are taken into consideration.

The 410 (51.25 per cent) respondents who could correctly specify the content of the programme after the process of elimination (cf. p. 19), were further decreased to 33,125 per cent of the total group. Out of the nine possible positive reactions, the largest number of this group (29,4 per cent; cf. Table 11) acquired unspecified knowledge and carried out unspecified actions with regard



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TABLE 14
REACTION TO THE PROGRAMME ACCORDING TO PLACE OF
RESIDENCE

AREA	REACTED POSITIVELY		DID NOT REACT		TOTAL	
	N	%	N	%	N	%
URBAN	86	32,45	169	31,59	255	31,88
NON-URBAN	179	67,55	366	68,41	545	68,12
TOTAL	265	100	535	100	800	100

$$\chi^2 = 1,06; \text{ d.o.f.} = 1; p < 0,50$$

This table also indicates that there is no association between place of residence and reaction to the programme.

5. DISCUSSION OF THE RESULTS

It is obvious from the above tables that a considerable percentage (80,75 %) of the respondents were able to identify the signature tune (tune) of the particular programme. When one considers that the programme is broadcast once a week for a period of only five minutes, this figure is comparatively high. However, it should be remembered that this programme has been broadcast since 1974. A larger percentage of female than male respondents recognised the signature tune. Since this programme deals with health guidance and the mother plays a leading role as regards health and nutrition in the home, this finding is of great importance.

EVALUATION OF THE HEALTH GUIDANCE PROGRAMME "IMPILO YETHU"

1. RATIONALE OF THE PROJECT

1.1 The instruction

The Department of Health in the Ciskei requested the Institute for Communication Research of the HSRC to undertake research in connection with the scope and impact of the health programme "IMPILO YETHU" (Our Health). This programme is broadcast by the Xhosa service of the SABC to provide the inhabitants of the Ciskei and Transkei with information on *Eastern Cape* various aspects of health.

1.2 General orientation

Guidance on nutrition has, by means of the radio, already been supplied with a reasonable measure of success in India (Ramadasmurthy, Clarence and Belasubramaniau, 1975).

However, there is little information with regard to the success of health guidance which is at present being broadcast to the Black population of South Africa. What is in fact known, is that considerable numbers of the Black population listen to the radio (see, inter alia, Becker, 1974; SABC Annual Report, 1974; Tiley, 1974). It is also known that continuous efforts are being made to undertake health guidance among Blacks in the RSA (Stott, 1972; The Valley Trust, 1974).

The position of health guidance in the RSA has been partially documented by Steenkamp and Hollingworth (1971). Research has also already been done with regard to the family building process among Blacks in the areas of Cape Town (Mostert and Engelbrecht, 1972) and Pretoria (Mostert and Du Plessis, 1972). Du Plessis (1975) also conducted an exploratory study into cultural factors and values which have an influence on the Blacks' acceptance of the principles of family planning.

Interesting data on the attendance at family planning clinics were gathered by Du Plessis (1974). From this it would appear that four sources, in the main, supply information on family planning to Black women. The comparative percentages of the sources which are mentioned as the primary source of information by the Black women are as follows:

Clinic sister/field-worker	34 %
Friends	30 %
Relatives	20 %
Radio/periodicals	16 %

The important role of clinic staff in the transfer of information on family planning is striking. It is likewise obvious that the radio plays a less important role. This gives rise to the question as to whether the radio cannot perhaps be used more effectively, even if it is limited to urging people to attend clinics.

It may be inferred from the above-mentioned table that there is a relationship between sex and the manner in which there was reaction to the programme. More women than men reacted positively to the programme. Of the men, 87 out of a total of 325 (26,77 %) reacted positively, whereas 178 of the 475 women (37,47 %) reacted in the same way.

TABLE 13
REACTION TO THE PROGRAMME ACCORDING TO AGE

AGE	REACTED POSITIVELY		DID NOT REACT		TOTAL	
	N	%	N	%	N	%
18 - 24	97	36,60	174	32,53	271	33,87
25 - 34	51	19,25	109	20,37	160	20,00
35 - 44	47	17,74	84	15,70	131	16,38
45 - 54	41	15,47	59	11,03	100	12,50
55 - 64	22	8,30	49	9,16	71	8,87
65 +	7	2,64	60	11,21	67	8,38
TOTAL	265	100	535	100	800	100

$$\chi^2 = 2,107; \text{ d.o.f.} = 1; p < 0,20$$

According to Table 13 age does not play a role in determining whether the respondents had or had not reacted positively to the programme.

It appears from Table 11 that the highest percentage in the group, viz 29,4 per cent, acquired knowledge as a result of what they had heard in the programme but their subsequent knowledge or actions could not be accurately specified. However, it is of great significance that 18,5 per cent of the 265 respondents were motivated by the programme to visit a clinic, hospital or doctor, whereas 16,6 and 16,2 per cent respectively acquired specific knowledge and took specific action in connection with nutrition. The table may also be reduced to two broad categories, viz those who merely acquired knowledge (46,0 %) and those who, in addition to the knowledge gained, also took action (54,0 %).

The following information is obtained from an analysis of the reaction of the total sample to the programme according to sex, age and place of residence.

TABLE 12
REACTION TO THE PROGRAMME ACCORDING TO SEX

SEX	REACTED POSITIVELY		DID NOT REACT		TOTAL	
	N	%	N	%	N	%
MALE	87	32,83	238	44,49	325	40,62
FEMALE	178	67,17	297	55,51	475	59,38
TOTAL	265	100	535	100	800	100

$$X^2 = 9,980; \text{ d.o.f.} = 1; p < 0,01$$

Since there are cultural differences in thinking and perception, cultures also differ in respect of the means of communication (Schatzman and Strauss, 1973). It may therefore be expected that an undifferentiated application of the mass media in order to effect change in a multinational community cannot be successful. An alternative is that more emphasis should be placed on "most traditional entertainment media" (Starosta, 1974, p. 312). The implication is that each culture should be reached by means of its traditional communication channels. These channels include, *inter alia*, the following: the telling of stories, national drama, dance forms, folk singing, etc.

In his investigation on the theatre as a means of communication in agrarian development in Mozambique, Ferrinks (1973) arrives at the conclusion that the rural theatre can be employed with considerable success to achieve changes in attitude in respect of agricultural techniques.

A considerable quantity of data on the methods and effectiveness of health guidance is already available (see Richards, 1975). However, the question arises whether the traditional means of communication cannot be involved to a greater extent in health guidance problems for the Black populations of the RSA. A Black man himself avers: "Resistance can be overcome if we are patient, sympathetic and apply enough skill" (Mgobozi, 1972, p.6).

Resistance to change is often caused by the fact that the customs and modes of behaviour of the culture concerned are not taken into consideration (see Galli, 1972). The crux of the problem is summarised by Steyn (1969): "One indisputable finding in the communication studies is that people are overwhelmingly inclined to devote attention to communication content which is in accordance with their own predispositions" (p.363).

2. THE PROGRAMME "IMPILO YETHU"

2.1 Origin of the programme

The idea of using music, poetry and drama, among other things, to promote health guidance was applied for the first time in 1971 at the Mount Ayliff and All Saints Hospitals in the Transkei under the guidance of Mr Barney Simon.

Members of staff of the hospitals were trained and taught to write songs with health guidance as their theme. These songs were usually sung to the tune of one or other well-known traditional melody. In addition, the personnel were also assisted to perfect and render more attractive their natural ability to dramatize things. The music and drama were combined and performances were given at various schools and clinics.

The immediate reaction of target groups was extremely positive. Programmes were well received as

TABLE 11
RELATIVE DISTRIBUTION OF POSITIVE REACTIONS TO THE PROGRAMME "IMPILO YETHU"

TYPE OF REACTION	N	%
1. Acquired specific knowledge but did not take any action	44	16,6
2. Acquired knowledge and took unspecified action	78	29,4
3. Specific action in connection with TB cough	11	4,2
4. Specific action in connection with nutrition	43	16,2
5. Go to clinic/hospital/doctor	49	18,5
6. Encourage others to go to clinic/hospital/doctor	5	1,9
7. Instruct others from/talk with others about/the programme	16	6,0
8. Had an injection	14	5,3
9. Obtained guidance on family planning	5	1,9
TOTAL	265	100

identified the programme correctly, could also identify the programme content correctly. The questions were put in such a way that respondents were given the opportunity of describing the content of any of the programmes which preceded the interview. Of the 449 respondents who had identified the programme correctly, 39 (8,6 %) were unable to indicate the programme content correctly as well.

4.4 Motivational value of the programme

The 410 respondents who were able to identify the programme as well as its content, were asked if the programme had motivated them to do something positive. The following questions were put to them: "Have you done anything as a result of what you heard in the programmes? If yes; say what you did."

Of the 410 respondents, 123 (30,0 %) stated that they had derived no benefit, 12 (2,93 %) supplied irrelevant information and 10 (2,44 %) answered correctly but very vaguely. The answers of the 265 (64,63 %) respondents who were able to state clearly that they had been positively motivated, could not be related statistically to sex, age and place of residence, as a result of the small cell frequencies.

The relative distribution of positive reactions to the programme for all 265 respondents together is set out in Table 11.

an integral part of the Black man's way of life. Often the audience sang and danced with the persons on the stage before the end of the programme.

It appears from objective observations that knowledge was transferred to a certain extent. Someone would revisit a school a month after the guidance team had been there. It was found that the pupils could still sing the songs after this period. They could remember the correct words and understood what they were about. Certain observations also indicated that persons reacted to the message which they received by means of music and drama. The results were in accordance with the so-called "ripple effect" (see Stoke, 1973).

The results led to the SABC being approached with a view to the possible introduction of a health guidance service on the Xhosa service. In this way the programme "IMPILO YETHU" (Our Health) originated in 1974.

2.2 Nature and contents of the programme

The persons who were initially trained to organise the health guidance programme are at present also responsible for the compilation of the radio programme. These groups assemble at six-monthly intervals to plan and compile programmes for the next six months. The sustained voluntary initiative which the persons concerned display in continuing the programmes may possibly provide an indication of the value and effectiveness of this

method of communication among Blacks.

The programme, which lasts approximately five minutes, is broadcast every Wednesday at 20h45 by the Xhosa service of the SABC. The programme deals with a different subject each week. Songs and melodies are only used to create structure and may be compared with the heading of a written article. Furthermore, they have associative value which assists in remembering facts in the programme.

The programme does not follow a fixed pattern; it may start with singing, a sketch (drama) or a brief talk. The aim of the sketches is to dramatize a specific situation in which the listeners may find themselves and, at the same time, to bring home a message concerning health. If a "song of praise" (poem) is available, the "imbongi" (traditional poet) simply interrupts the programme with a song of praise on the subject.

Subjects are chosen from health problems which apply to Blacks. Subjects which are involved are, inter alia, the following: tuberculosis; malnutrition; prenatal clinics; burns; abuse of liquor; gastro-enteritis; diphtheria.

Since attitude is such an important factor in the presentation of such a radio programme, the members of the original health personnel were not replaced by professional persons. Only those persons who regard the matter as important, who possess adequate professional knowledge and have

4.3 Identification of the programme and content

4.3.1 Identification of the programme

In order to determine what percentage of the total group is able to identify the programme "IMPILO YETHU" correctly, the following question was put to the respondents: "What do the people talk/sing about over the radio just before this tune is played?"

TABLE 10
IDENTIFICATION OF THE PROGRAMME

	N	%
Did not listen to programme	174	21,75
Do not know	177	22,13
Correct	449	56,12
TOTAL	800	100

According to this table 56,12 per cent of the total group identified the programme correctly. This represents 71,72 per cent of those persons who had heard the signature tune over the radio.

4.3.2 Identification of the content

A sifting process was structured by means of a number of questions in order to determine how many of the 449 respondents (56,12 % of all the respondents) who had

respondents' hearing the tune. The following question was put to the respondents in this regard:

"From whom/where did you hear this tune?"

N/a/Never heard the tune/Person/Radio/Person and Radio". These data are analysed according to sex. There is also a statistical analysis according to age and place of residence. The same trend as that found regarding the scope of the programme, viz that these factors may be associated with the source of information, is also evident in this case.

TABLE 9

SOURCE OF INFORMATION ANALYSED ACCORDING TO SEX

SEX	NEVER HEARD TUNE		HEARD TUNE FROM A PERSON		HEARD TUNE OVER RADIO		HEARD TUNE FROM PERSON AND OVER RADIO		TOTAL	
	N	%	N	%	N	%	N	%	N	%
MALE	76	23,38	9	2,77	225	69,23	15	4,62	325	100
FEMALE	79	16,63	15	3,16	351	76,0	20	4,21	475	100
TOTAL	155	19,37	24	3,00	586	73,25	35	4,37	800	100

$$\chi^2 = 5,681; \text{ d.o.f.} = 3; p < 0,20$$

Table 9 indicates that the majority of the respondents, viz 73,25 per cent, heard the tune over the radio. This represents 90,85 per cent of those persons who had heard the tune. However, there is no association between sex and the source of information.

an aptitude for such work are used in the programme. Such persons understand the treatment and prevention of ailments (Fehrsen, 1974). Although programmes are rehearsed thoroughly, the presentation remains spontaneous. There is an undertone of enjoyment, hope and emphasis on self-help throughout. To summarise, one may say that the way in which these programmes have been compiled takes the vocabulary and cultural forms of the Xhosa into consideration and respects them.

3. METHOD OF INVESTIGATION

The impact and effectiveness of the programme are closely related to its scope, that is the number of persons who listen to it. The percentage of respondents who are acquainted with the signature tune of the programme should consequently first be determined. This number will provide an indication of the potential number of listeners or scope of the programme.

However, since interpersonal communication is also at issue, it must be assumed that not all respondents who know the signature tune, listen to the programme. The second step in the investigation therefore entails identification of the various sources from which respondents heard the tune.

Thirdly, the extent to which the respondents who listen to the tune, and consequently the programme on the radio, understand and remember the contents of the programme, will have to be established.

The last part of the investigation attempts to determine the degree in which the programme contents motivated the respondents to positive reaction, and what the nature of such reaction is.

3.1 The Questionnaire

A questionnaire was compiled by the Institute for Communication Research of the HSRC to gather information on the following:

- a) Knowledge of the tune
- b) Source of the information
- c) Understanding and remembering information
- d) Motivational values of the programme.

The questionnaire, which consists of 9 questions, was applied provisionally to Xhosas in and around East London in a preliminary investigation during May 1976.

3.2 Sample

Altogether 800 respondents, of whom 394 are resident in the Ciskei and 406 in White areas (Eastern and Eastern Central Cape), were involved in the investigation. Respondents were Xhosa-speaking, 15 years and older and living in the specific areas. The sample was proportionally stratified according to the 1970 Census data in respect of urban and non-urban areas, age and sex.

Table 1 provides an exposition of the sample.

TABLE 8
SCOPE OF THE PROGRAMME ACCORDING TO THE TYPE OF WORK WHICH IS DONE

OCCUPATIONAL CLASSIFICATION	HEARD TUNE		DID NOT HEAR TUNE		TOTAL	
	N	%	N	%	N	%
Higher occupational groups (white-collar occupations)	103	93,64	7	6,36	110	100
Lower occupational groups (blue-collar workers)	273	76,47	84	23,53	357	100
Unemployed, unspecified and housewives	178	76,73	54	23,27	232	100
Students and scholars	92	91,1	9	8,9	101	100
TOTAL	646	80,75	154	19,25	800	100

$$X^2 = 23,425; \text{ d.o.f.} = 3; p < 0,01$$

It would appear from Table 8 that there is a relationship between the scope of the programme and the type of work which is done by the respondents. A study of the percentages reveals that fewer respondents from the lower income groups, as compared with the other income groups, had heard the tune.

4.2 Source of information

The following step in the investigation was to identify the various sources responsible for the

TABLE 7
SCOPE OF PROGRAMME ACCORDING TO NUMBER OF CHILDREN
WHO ARE CARED FOR

NUMBER OF CHILDREN	HEARD TUNE		DID NOT HEAR TUNE		TOTAL	
	N	%	N	%	N	%
0	220	84,94	39	15,06	259	100
1	71	81,61	16	18,39	87	100
2	68	74,73	23	25,27	91	100
3	73	78,49	20	21,51	93	100
4	66	77,65	19	22,35	85	100
5	60	82,19	13	17,81	73	100
6	40	74,07	14	25,93	54	100
7 +	48	82,76	10	17,24	58	100
TOTAL	646	80,75	154	19,25	800	100

$$\chi^2 = 10,392; \text{ d.o.f.} = 7; p < 0,20$$

The above-mentioned table indicates that the number of children who are cared for, does not have an influence on the scope of the programme.

Finally, the data were classified in four occupational groups, viz the higher occupational groups (white-collar occupations), lower occupational groups (blue-collar workers), unemployed, unspecified and housewives and students and scholars. The data are given in Table 8.

TABLE 1
THE SAMPLE

	MALE	FEMALE	TOTAL	
15 - 24	URBAN	35	47	82
	NON-URBAN	81	108	189
	TOTAL	116	155	271
25 - 34	URBAN	23	35	58
	NON-URBAN	33	69	102
	TOTAL	56	104	160
35 - 44	URBAN	22	26	48
	NON-URBAN	28	55	83
	TOTAL	50	81	131
45 - 54	URBAN	15	17	32
	NON-URBAN	27	41	68
	TOTAL	42	58	100
55 - 64	URBAN	8	11	19
	NON-URBAN	24	28	52
	TOTAL	32	39	71
65 +	URBAN	6	10	16
	NON-URBAN	23	28	51
	TOTAL	29	38	67
TOTAL	325	475	800	

3.3 Gathering of data

The method of a structured interview, in which a tape recording of the signature tune of the programme was played to the respondent, was applied. The field investigation was completed during June 1976. Black students who were used as field-workers received thorough training in conducting interviews as well as in all aspects with which the investigation deals.

4. RESULTS

4.1 Knowledge of the tune

A tape recording of the tune used in the programme was played to the respondent to determine whether he was acquainted with it. After this he was asked the following question: "Have you ever heard this tune? Yes/No". The data are set out in Table 2 in respect of the respondents' place of residence.

TABLE 6
SCOPE OF THE PROGRAMME ACCORDING TO EDUCATIONAL QUALIFICATIONS

EDUCATIONAL QUALIFICATION	HEARD TUNE		DID NOT HEAR TUNE		TOTAL	
	N	%	N	%	N	%
None	94	58,75	66	41,25	160	100
Sub A or B to Std 5 or 6	338	82,64	71	17,36	409	100
Form 1 + Diploma or Trade School to Form 2 to 3 + Diploma or Trade School	192	93,66	13	6,34	205	100
Form 4 to 5 + Diploma or Trade School to University degree	22	84,62	4	15,38	26	100
TOTAL	646	80,75	154	19,25	800	100

$$\chi^2 = 72,961; \text{ d.o.f.} = 3; p < 0,01$$

It would appear from Table 6 that educational qualification plays a role in the scope of the programme. A study of the results reveals that among respondents with no educational qualifications, the scope is more limited than for the other groups.

In order to establish whether the number of children who are cared for, constitute a factor in the scope of the programme, the data in Table 7 are analysed accordingly.

TABLE 5
SCOPE OF THE PROGRAMME ACCORDING TO MARITAL STATUS

MARITAL STATUS	HEARD TUNE		DID NOT HEAR TUNE		TOTAL	
	N	%	N	%	N	%
	Married/Live together	302	78,44	83	21,56	385
Never married	313	85,75	52	14,25	365	100
Widow/widower	25	67,57	12	32,43	37	100
Divorced	6	46,15	7	53,85	13	100
TOTAL	646	80,75	154	19,25	800	100

$$X^2 = 21,5; \text{ d.o.f.} = 3; p < 0,01$$

It appears from Table 5 that there is a relationship between marital status and the scope of the programme.

Educational qualifications and the possible role which they may play in the scope of the programme are analysed in four broad categories in Table 6.

TABLE 2
SCOPE OF THE PROGRAMME ACCORDING TO RESPONDENTS' PLACE OF RESIDENCE

PLACE OF RESIDENCE	HEARD TUNE		DID NOT HEAR TUNE		TOTAL	
	N	%	N	%	N	%
	<u>Black areas</u>					
Urban	56	81,16	13	18,84	69	100
Non-urban	268	82,97	55	17,03	323	100
<u>White areas</u>						
Urban	155	83,33	31	16,67	186	100
Non-urban	167	75,22	55	24,78	222	100
TOTAL	646	80,75	154	19,25	800	100

$$X^2 = 6,191; \text{ d.o.f.} = 3; p < 0,20$$

It appears from Table 2 that 80,75 per cent of the respondents had heard the tune, while 19,25 per cent had not heard it. It also appears that residential area does not play a role in the respondents' knowledge of the tune. The results of the two sexes were subsequently analysed separately to determine whether there is any relationship between sex and the scope of the programme. The data are indicated in Table 3.

TABLE 3
SCOPE OF THE PROGRAMME ACCORDING TO SEX

SEX	HEARD TUNE		DID NOT HEAR TUNE		TOTAL	
	N	%	N	%	N	%
MALE	248	76,31	77	23,69	325	100
FEMALE	398	83,79	77	16,21	475	100
TOTAL	646	80,75	154	19,25	800	100

$$\chi^2 = 6,91; \text{ d.o.f.} = 1; p < 0,01$$

It would appear from the above-mentioned table that there is a relationship between sex and knowledge of the tune. More women than men had heard the tune.

In order to determine whether age plays a part in the scope of the programme, the results were analysed in six age groups.

TABLE 4
SCOPE OF THE PROGRAMME ACCORDING TO AGE

AGE	HEARD TUNE		DID NOT HEAR TUNE		TOTAL	
	N	%	N	%	N	%
15 - 24	238	87,82	33	12,18	271	100
25 - 34	135	84,38	25	15,63	160	100
35 - 44	114	87,02	17	12,98	131	100
45 - 54	76	76,00	24	24,00	100	100
55 - 64	51	71,83	20	28,17	71	100
65 +	32	47,76	35	52,24	67	100
TOTAL	646	80,75	154	19,25	800	100

$$\chi^2 = 56,8; \text{ d.o.f.} = 5; p < 0,01$$

It appears from Table 4 that there is a relationship between age and the scope of the programme. It would also appear that more younger respondents (15 - 24 years) than older ones (45 - 65 + years) had heard the tune before.

$$(\chi^2 = 4,735; \text{ d.o.f.} = 1; p < 0,05)$$

The possibility that marital status may be a factor was subsequently investigated. The data are set out in Table 5.