Community Radio in Efforts to Curb Maternal Mortality: Perspectives from Radio Staff and Women in Rural Areas of Tanzania

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Abstract

Maternal mortality is a critical public health challenge that significantly impacts the lives of millions of women globally, with sub-Saharan Africa accounting for 70% of global maternal deaths. Like many other sub-Saharan African countries, Tanzania continues to experience high maternal mortality rates, particularly among women of reproductive age in rural areas. Guided by the Community for Development Theory and the Health Belief Model, this study examines the potential of community radio as a community-based medium that can contribute to efforts aimed at reducing maternal mortality among rural women in Tanzania. A qualitative approach was employed, collecting data through in-depth interviews from a sample of 48 women involved in the focus group discussion from three Tanzanian districts (Bunda, Maswa and Uvinza), as well as from 22 community radio staff, including managers, editors and producers from Uvinza FM, Mazinga FM and Sibuka FM. The findings indicate that although community radio stations have undertaken several initiatives to combat maternal mortality, such as formulating radio policies to address community issues, conducting awareness campaigns on maternal health and incorporating maternal health topics into their programming, women's access to radio programmes and engagement in these efforts remain low. Their limited access and participation are attributed to factors such as media illiteracy, financial challenges, household responsibilities and entrenched patriarchal norms in rural areas. This article suggests enhancing rural women's access to and participation in community radio dialogues on maternal health issues as essential to improving maternal health outcomes.

Keywords

Community radio, gender, health communication, maternal health, maternal mortality, Tanzania, women

INTRODUCTION

Globally, maternal mortality remains a serious public health concern that impacts women. Maternal mortality is frequently used to gauge a population's general health and well-being (WHO, 2023). On average, maternal mortality accounts for 223 maternal deaths per 100,000 live births globally, with estimates indicating that 800 women die every day due to preventable causes associated with pregnancy and childbirth (Said et al. 2021; WHO, 2023). For instance, in 2020, about 287,000 women died following pregnancy and childbirth, with almost 95% of these maternal deaths occurring in low- and lower-middle-income countries (Ekwuazi et al., 2023). Identified as the leading cause of death among women of reproductive age, maternal mortality has become a central focus of international development efforts. In sub-Saharan Africa, maternal mortality accounts for 70% of global deaths. Despite a 34.3% decline in the global maternal mortality ratio from 2000 to 2020, the average maternal mortality in sub-Saharan Africa remains higher at 551 maternal deaths per 100,000 live births (WHO, 2023). The significant factors associated with maternal mortality in sub-Saharan Africa include low use of postnatal care, low use of

family planning, delay in care seeking, difficulties in accessing health facilities, armed conflicts, HIV/AIDS pandemic, delayed seeking of care during pregnancy and childbirth, lack of awareness of danger signs of obstetric complications and inadequate quality of health services (Muriithi et al, 2022; Shija et al, 2011). Interventions in sub-Saharan Africa include the creation of roadmaps to strengthen the registration and collection of vital statistics on maternal mortality, tracking of results and resources using proposed indicators, publicly sharing the data obtained on maternal mortality, strengthening accountability mechanisms at the national level, and investing in capacity building to implement operational health information systems (Kouanda, 2022).

In Tanzania, maternal mortality rates (MMR) have remained persistently high, particularly in rural areas due to various factors that include challenges in pregnancy management and childbirth, inadequate healthcare services, affordability issues, sociocultural norms and traditional practices (Felisian et al., 2023; Said et al., 2021; Webber et al., 2019: 69), with an estimated MMR of 238 per 100,000 live births in 2020 (WHO, 2023). However, it is essential to note that the burden of MMR varies significantly across regions and between urban and rural areas of Tanzania (Shabani et al., 2018; Yeates et al., 2020). Therefore, effective strategies are needed to address maternal mortality, particularly in rural Tanzania, to ensure healthy outcomes for all women and to meet Sustainable Development Goal (SDG) Number 3, which aims to reduce maternal mortality to less than 70 deaths per 100,000 births by 2030.

Achieving this ambitious target in countries such as Tanzania and other sub-Saharan African nations requires a collaborative and determined approach to establishing and sustaining high-quality healthcare services. Priority should be given to improving the understanding and prevention of factors associated with maternal mortality, improving knowledge and awareness, and promoting safe motherhood, especially among vulnerable rural women (Radoff et al., 2013). In light of these challenges, adopting community-based interventions through a communication approach, specifically via community radio, becomes necessary to addressing the barriers rural women face regarding maternal health.

In recent years, community radio has emerged in Tanzania and across Africa as a powerful tool for engaging communities in development issues, providing information services and fostering participatory knowledge sharing (Mwidima, 2019; Onyenankeya & Salawu, 2023). It has played a crucial role in addressing barriers to justice and healthcare, combating violence and challenging traditional beliefs (Faisal & Alhassan, 2018). Moreover, community radio stations have been recognised as catalysts for positive change that promote healthy practices and educational programmes which influence reproductive decision making and other behaviours (Diedong & Naaikuur, 2012; Mrutu, 2008). Consequently, they serve as essential platforms for empowering rural women (Nirmala, 2015). This study investigates the role of community radio programmes in reducing maternal mortality among rural women in Tanzania. It evaluates community radio's effectiveness in disseminating crucial maternal healthcare information and raising community awareness about maternal health behaviours.

BRIEF OVERVIEW OF COMMUNITY RADIO

The history of community radio can be traced to the 1940s in Latin America when the mode of communication (mainstream media) failed to address poverty and injustices in marginalised communities (Okinyi, 2019). In Europe, community radio establishments served as an alternative outlet for public broadcasting in the 1960s (Fraser & Estrada, 2001). In Africa, its significance grew with democratic processes in the 1990s, supported by organisations such as UNESCO, which recognise the potential of community radio as a tool for promoting free expression and amplifying the voices of marginalised communities (Mrutu, 2008).

In Tanzania, despite the emergence of private mainstream radio stations in the 1990s, which were initially controlled by large news organisations (Walsh and Wright 2010), these profit-driven stations had limited reach to marginalised communities (Ishengoma, 2024).

The country's population, particularly in rural areas, rarely had access to mainstream radio except when a politician visited them following a disaster or in the lead-up to an election (Ishengoma, 2024). However, starting in 1993, community radio stations began to operate in Tanzania, focusing on community broadcasting to promote fishing, farming, animal husbandry, poverty alleviation, literacy, HIV/AIDS

campaigns and environmental sustainability in various geographical areas (Manenosabin & Charles, 2019).

The emergence of these radio stations was also influenced by Structural Adjustment Policies (SAPs) implemented in the late 1980s and early 1990s that advocated the liberalisation of radio airwaves and pushed for democratic reforms (Mpehongwa, 2024). With the support from local government authorities, donors and religious groups, Tanzania has witnessed the rise of many community radio stations. These stations have been helping to promote social development, addressing issues such as agriculture, gender equality, environmental protection, good governance, fishing and farming promotion, illiteracy and HIV/AIDS campaigns (Ishengoma, 2024; Mpehongwa, 2024). Community radio remains crucial as existing national-based media are often perceived as biased towards certain beliefs and sometimes lacking in coverage of local issues (Gavaza & Pearse, 2019).

In Tanzania, a country with over 61 million people, approximately 65% reside in rural areas, the majority of whom are women (United Republic of Tanzania, 2022). Community radio continues to serve as a vital and sustainable means of reaching these populations. It is a critical medium for addressing development challenges, given its ability to engage communities within their social and cultural contexts. For instance, community radio in Tanzania has been recognised for its ability to address issues such as poverty, agriculture, elections, women's affairs, conflict, human rights, gender inequality, education and harmful traditional beliefs (Ishengoma, 2024; Mpehongwa, 2024). While addressing these issues, public health challenges such as maternal health challenges in rural areas remain a paramount agenda for sustainable development in Tanzania (Said et al., 2021). These challenges still require intervention, for which community radio can serve as an appropriate platform in rural areas.

LITERATURE REVIEW

Community radio and women's access to vital information

The development of community radio in many countries has significantly transformed media landscapes and communication discourses, enabling the inclusion of marginalised sectors of the public in the public sphere (Ifeoma, 2015). By focusing on local issues, civic challenges and socio-economic frames, community radio targets the development of the community, with women as key beneficiaries. According to Shelke and Shaikh (2023), community radio is women friendly, relevant and accessible. It offers opportunities to learn production skills and techniques, collaborate on programme agendas and share stories that address information, education and entertainment needs. Women in the community can play dual roles as active listeners and content creators, making them significant participants and beneficiaries of the programmes. Akhter & Syed, (2021) note that all community radio projects prioritise "women's empowerment" as a critical objective, educating, entertaining and informing local residents, particularly women, in their own dialects and covering issues relevant to them. Community radio enables vulnerable people, including women, to participate in decision-making activities, which fosters constructive change in the community. It has helped women move towards self-sufficiency and retain the best in their communities through programmes conceptualised and presented by community members (Akhter & Syed, 2021). Ngugi & Ochala (2015) discuss the involvement of women in community radio at various levels, including ownership, management (via representative local management committees) and production. They argue that community radio often implements special measures to ensure the full participation of those historically disadvantaged or marginalised within the community, such as women and individuals with physical disabilities. Ishengoma (2024:13) explores various forms of community participation in community radio, with a particular focus on women's involvement. His study in Tanzania revealed that 72% of the community, including women, engage with community radio by calling in and sending messages during live or recorded programmes using mobile phones. The second most common form of participation identified was sending messages through the radio station's social media platforms, such as Facebook and WhatsApp. Mogambi and Ochola (2015), and Vijayalakshmi and Saraswati (2023) argue that women's participation in community radio is crucial and is primarily observed through their

engagement in the radio programme process. This includes contributing to content production, providing feedback, influencing programming choices, actively participating in discussions and being involved in policy formulation through board membership. Therefore, community radio provides a platform for women to share experiences, influence programming and address issues directly relevant to their lives, while also challenging social and cultural norms that hinder their development.

Health communication and community radio

Scholars widely recognise the potential of communication, especially community media interventions, to reshape cultural beliefs and practices associated with health behaviour in communities. Jiang and Liu (2022:625) define health information seeking as the purposeful acquisition of information about health, risk, illness and health-protective behaviour. They add that individuals often experience a lack of health knowledge or uncertainties and act on this feeling by searching for information, which in turn serves as a liberating instrument for health behaviour. Lee and Ramazan (2022:491) add that with the rampant circulation of health information, concerns for information quality are growing, thus making media literacy an educative means to cultivate fact-checking behaviour among community members, while Igbinoba et al. (2020:12), Akhte and Syed (2021:56) add that there is a strong consensus that mass media exposure can promote awareness of health issues, enhance knowledge and beliefs, and reinforce existing attitudes. Ogunjuyigbe and Adepoju (2014:343) contend that mass media is a key component of a global strategy for sustainable health issues, with Igbinoba et al. (2020:2) supporting that mass media play vital roles in shaping culture, influencing politics, affecting people's attitudes and raising health concerns, especially regarding women, children and contemporary business. Nonetheless, the significant rise of community radio as a participatory medium, particularly in rural areas, adds a unique component of facilitating open discussions and influencing communities to take positive measures on issues affecting their lives. Akhter & Syed (2021:49) highlight the importance of community media as a means of addressing the concerns of marginalised groups and providing a voice to those experiencing poverty, health challenges, gender discrimination or ethnic bias. They further suggest that community media should foster open discussions on topics of community interest, such as maternal health and other problems.

Community radio and maternal health

Regarding maternal mortality particularly in rural areas, Mahiti et al. (2015:2) emphasise the crucial need for quality clinical services to reduce high rates of maternal death. He contends that solely focusing on clinical causes may overlook the broader perspective of maternal mortality, neglecting the significance of sociocultural determinants of health-related factors. As a solution, Oyibo et al. (2017:667) suggest the urgent need to inform the public about maternal health issues through the media, community associations, churches and community leaders. Galadanci et al. (2014) extend that community radio can facilitate individuals' use of a mental model to make sense of their environment, enabling them to screen information to prevent overload and intolerable uncertainty towards behavioural choices on maternal health care. Furthermore, Oyibo et al. (2017:668) suggest that the use of community-based interventions such as community radio to increase rapid understanding and addressing of contributory causes and factors associated with maternal mortality is inevitable. According to AMARC (2002), in remote areas, community radio remains the only medium available that is pervasive, accessible and affordable. In addition, community radio can be regarded as the most appropriate medium of mass communication in these areas, which usually have very low literacy rates, poor transportation systems and very low purchasing power. Furthermore, the UN Women and Prevention Collaborative report (2021:2) argues that public awareness campaigns conducted through community media interventions can effectively challenge sociocultural norms and attitudes that promote health challenges. Goswami and Melkote (1997) suggest that large-scale strategic health communication campaigns, such as those aimed at HIV/AIDS prevention and those that often use social marketing, primarily focus on influencing individual behaviour. While sweeping structural changes in society may be impractical, individual transformations can contribute to gradual and meaningful social progress. Nonetheless, research and strategies must

account for critical social intersections, including class, gender, ethnicity, religion and age (Goswami & Melkote, 1997).

According to Melkote and Muppidi (1999), campaigns that focus solely on providing accurate, medical and immunologically sound health information without addressing individuals' subjective perspectives may be less effective in altering risk perceptions. Strategies that consider people's complex, context-specific concerns are more likely to succeed. Similarly, Melkote and Steeves (2015) advocate the development of theory-driven persuasive messages grounded in an analysis of audience needs and beliefs. They further emphasise the importance of participatory communication approaches, wherein campaign beneficiaries actively contribute to message development and design.

However, while there is agreement and debate among scholars about the potential of community radio communication and intervention in promoting healthy trends globally (Ishengoma, 2024; Jiang & Liu, 2022; Olaoye, & Onyenankeya, 2023), in Africa and Tanzania in particular, its effectiveness in addressing maternal mortality is not well established. This study examined initiatives taken by community radio as a strategy to address maternal mortality among rural women in Tanzania. It recognises the potential of community radio to provide crucial information and education programmes that can empower rural women, improve access to quality healthcare services and promote positive maternal health behaviours.

Sociocultural factors and maternal mortality

Yamada and Brekke (2008:1390) define sociocultural factors as issues arising from socio-economic and cultural differences. They emphasise that these factors encompass a variety of social issues linked to ethnic minority status, which are often intertwined with cultural beliefs and practices. Such sociocultural determinants can significantly influence health outcomes and functioning, sometimes more so than ethnicity or racial background. Vlasov et al. (2023:4) add that societies are characterised by their sociocultural factors, which serve as social and cultural forces that shape the feelings, attitudes, values, thoughts, beliefs, interactions and behaviours of various groups. These factors play a vital role in shaping social development and functioning as they reflect the traditions, patterns and beliefs unique to specific communities or populations (Felisian et al., 2023:4). According to Bazzano et al. (2008), societal behaviours significantly influence maternal mortality and are deeply rooted in sociocultural factors that affect the adoption or rejection of practices and taboos that have an impact on maternal health, particularly in rural areas. Therefore, understanding these sociocultural factors is crucial to adopting intervention mechanisms, such as communication-based approaches for effectively addressing societal challenges, as they govern behaviour and are inseparable from daily interactions (Gedamu et al., 2018). Felisian et al. (2023) argue that social norms and culture govern societal behaviour and are intertwined with daily interactions, as traditional malpractices during the perinatal period continue despite modern advancements. Their study reveals that Indigenous women experience higher rates of mortality during pregnancy and childbirth due to sociocultural norms, traditional practices, values and beliefs, which are significant determinants in the realms of pregnancy, childbirth, postpartum care and child survival. This assertion is supported by Bazzano et al. (2008) and Adatara et al. (2019), who note that each community possesses distinct cultures and traditions that lead to variations in maternal and newborn customs across different societies. Therefore, identifying sociocultural and traditional practices during the perinatal period is an essential component of any intervention to promote beneficial behaviours and discourage harmful ones.

THEORETICAL MODEL

The theoretical framework for this study is rooted in Communication for Development (C4D) theory and the Health Belief Model (HBM), with the key assumptions of both theories integrated to provide a comprehensive understanding of the phenomenon under investigation. C4D is a practical framework designed to drive social change by implementing development initiatives tailored to the specific needs of individuals, communities and societies within their unique contexts. C4D theory places communication at the core of the development process, integrating various elements and emphasising the essential

role of marginalised and oppressed individuals in actively addressing and overcoming social challenges through communication (Gasana & Habamenshi, 2023). C4D challenges the traditional top-down model of knowledge dissemination, instead advocating a two-way approach similar to participatory communication. This model highlights the importance of community engagement in the development process through consultation and dialogue, reinforcing the value of community radio as a platform to involve stakeholders in developmental initiatives (Hernández-Ramos & Schramm, 1989; Melkote & Steeves, 2015; Navarro, 2002). Communication is central to the C4D framework. It serves as a vital tool for fostering community participation, engagement and transformative social change through interpersonal communication, community media and modern information technologies (FDFA, 2016). It also acknowledges the power dynamics between development planners and local communities, advocating the creation of media messages that promote change at both cultural and individual levels (Melkote & Steeves, 2015). Navarro (2002) asserts that social and political realities often trap marginalised groups – such as under-resourced people in urban and rural areas, including women – within deeply stratified socio-economic systems that perpetuate cycles of dependency. To address these challenges, communication strategies, including participatory action and media mobilisation, should be leveraged to influence public opinion, raise awareness and garner support for human rights initiatives (Melkote & Steeves, 2015:70). In the field of development communication, media planning and campaigns are crucial for implementing strategies that effectively engage target audiences, ensuring that content aligns with community needs, preferences and behaviours to drive meaningful social change (Lang & Lang, 2011). In the context of this study, C4D underscores the role of radio communication as a key component of development initiatives aimed at reducing maternal mortality. The core premise of C4D is whether media are effectively designed to reflect societal concerns and experiences through their programming.

However, although C4D provides key assumptions by emphasising the efforts and processes to be undertaken by radio stations, including programmes produced by editors, producers and reporters as part of broader maternal health interventions, while offering insights into women's participation in radio dialogues as well as the barriers that hinder their engagement in such discussions, it does not explicitly address how community radio can influence the psychological factors that drive health behavioural change.

Therefore, the HBM, developed by Hochbaum, Rosenstock and Kegeles in the 1950s, addresses this gap by providing a psychological framework for explaining and predicting health-related behaviours based on individuals' attitudes and beliefs towards health conditions (Rosenstock, 1974). According to the HBM, the likelihood that an individual will engage in a preventive health behaviour is shaped by six key perceptions: perceived susceptibility (belief about the risk of experiencing a health problem), perceived severity (belief about the seriousness of the condition and its potential consequences), perceived benefits (belief that a specific action will reduce the risk or severity of the condition), perceived barriers (perceived obstacles to taking the action), cues to action (triggers that prompt health-related engagement) and self-efficacy (confidence in one's ability to perform the behaviour successfully) (Ban & Kim, 2020; Rosenstock, 1974). The HBM further posits that individuals are more likely to take preventive action if they believe they are personally vulnerable to a serious health threat, perceive that the benefits of the action outweigh the barriers and feel confident in their ability to act effectively (Polit & Beck, 2004). In this study, the HBM provides a theoretical lens for examining how community radio can influence maternal health behaviours in rural areas. Maternal mortality remains a major public health concern in rural settings, driven by factors such as limited access to health facilities, entrenched cultural beliefs and inadequate health knowledge (Said et al., 2021; Shija et al., 2011). Community radio, being accessible, locally relevant and culturally sensitive (King, 2017; Onyenankeya & Salawu, 2023), can enhance perceived susceptibility and perceived severity by broadcasting real-life stories and health education on maternal risks. It can emphasise perceived benefits by explaining the advantages of maternal health practices, such as antenatal and postnatal care, while also addressing perceived barriers, including misinformation rooted in cultural norms, financial limitations and patriarchal systems.

Regular maternal health programmes on community radio act as cues to action, encouraging timely

health-seeking behaviour (Jiang & Liu, 2022). In addition, interactive segments such as listener call-ins and expert interviews can strengthen self-efficacy by equipping women with the confidence and skills to access maternal health services (Oyibo et al., 2017). Therefore, the central assumptions of both the C4D model and the HBM, including radio's benefits, barriers, engagement, participation and influence on health behaviours, form the foundation for developing key research questions and themes for this study on community radio and maternal mortality.

METHODOLOGY

This study was conducted across three districts in Tanzania. It involved three community radio stations: Uvinza FM in Uvinza District (Kigoma Region), Mazingira FM in Bunda District (Mara Region) and Sibuka FM in Maswa District (Simiyu Region). These stations were selected for their extensive experience in addressing community development challenges (Bamwenda et al., 2015) and their location in districts with high MMR (NBS, 2020; Prasad et al., 2022; Said et al., 2021).

The study employed qualitative approaches using purposive sampling to select key informants for focus group discussions (FGDs) and in-depth interviews (IDIs). A total of 48 women participated in six FGDs, with two discussions conducted per district. Each group consisted of eight women who had experience in maternal health, either as mothers or expectant mothers at the time of the study. In addition, 22 radio practitioners were interviewed, including six radio editors (two per station), three station managers (one per station), three programme managers (one per station) and 12 reporters/producers (three per station). These participants were selected based on a minimum of two years of experience in managing, editing or producing community-oriented radio programmes. The sample size for the women who participated in the FGDs and the radio practitioners was sufficient to reach the study's saturation point, as these groups provided comprehensive responses, with participants able to give similar answers that reinforced the study's findings.

Data collected through IDIs and FGDs were manually analysed using thematic analysis (Webber, 1990). Audio recordings and notes were transcribed, coded and categorised into themes to identify key patterns and insights. To ensure ethical compliance, research clearance was obtained from the University of Dar es Salaam and presented to relevant authorities, including the Regional Administrative Secretaries (RASs) in Mara, Simiyu and Kigoma, as well as the respective District Administrative Secretaries (DASs) and radio station managers. Participants were fully informed about the study's purpose, and informed consent was obtained before participation. Confidentiality and anonymity were upheld throughout the research.

FINDINGS AND DISCUSSION

This section presents the findings and discussion based on themes derived from interviews with 22 radio practitioners and six FGDs involving 48 women from rural areas. The discussion primarily focused on community radio initiatives aimed at addressing maternal mortality and the challenges that hinder women's access to maternal health information through community radio.

Community radio initiatives that address maternal mortality

During IDIs with the managers, editors and programme producers of three community radio stations, Uvinza FM, Sibuka FM and Mazingira FM, these practitioners highlighted various efforts undertaken by their stations to address maternal health challenges in rural areas, with the overarching goal of reducing maternal mortality. While several strategies were discussed, the following emerged as the key approaches:

Radio policy on covering community concerns

It was noted that the radio policies of these stations are designed to prioritise information tailored to the specific needs of the community. These policies play a crucial role in ensuring that programming remains locally focused, addresses socio-economic and developmental issues relevant to the communities they serve and includes maternal health challenges. For example, Uvinza FM mandates that 70% of its

programming originates from the communities it serves, particularly within the Kigoma region. This policy ensures that critical issues such as maternal health challenges, which directly impact the local population, are given significant attention in the station's broadcasts. Similarly, Mazingira FM's policy requires that 80% of its content be sourced from the local community, ensuring a strong focus on local issues. The remaining 20% is allocated to external sources, including international content and other programmes, allowing for a balance between local relevance and broader perspectives.

> Our radio policy states that 70% of its programmes should originate from the radio's communities. This implies that most of the radio content should reflect the needs of Kigoma, particularly the Uvinza District. This enhances the radio's core mission of serving the community. (IDIs-Managing Director, Uvinza FM)

The policy-driven commitment of these radio stations was also reflected in their news coverage, ensuring that critical issues such as maternal health challenges were regularly featured in community radio news bulletins. For instance, Uvinza FM prioritises news stories from the Kigoma region, ensuring that a substantial portion of its bulletins focus on issues relevant to the local audience, including maternal health concerns.

> Most of the stories prioritise the Kigoma region, with a particular focus on Uvinza. For example, in yesterday's news coverage, we aired five news segments, four of which were dedicated to stories from the Kigoma region. In comparison, the remaining segments covered other areas outside of Kigoma. (IDIs-Programme Manager, Uvinza FM, 2025)

In short, the policies governing community radio stations play a vital role in ensuring that programming aligns with the needs of local communities. By mandating a high percentage of locally generated content, these policies enable community radio to serve as an effective tool for public education, advocacy and community engagement, which is the essence of community radio. Many scholars, such as Ishengoma (2024) and Mpehongwa (2024), have highlighted that community radio policy can serve as a guiding framework for ensuring that community-based issues are effectively addressed.

Radio educational campaigns on traditional and cultural beliefs on maternal health

It was clarified during field interviews that one of the significant challenges in maternal health is the persistence of deep-rooted cultural beliefs that discourage women from seeking medical care during pregnancy and childbirth. These beliefs were described as not merely individual choices but as embedded within wider sociocultural systems, where traditional practices are tied to identity, community belonging and gender norms. For instance, in the Mara region, the radio programmer explained that traditional birth attendants were initially preferred over healthcare facilities, and practices such as female genital mutilation (FGM) contributed to a reluctance to seek hospital-based childbirth services. To dismantle these beliefs, community radio stations such as Mazingira FM were reported to be actively working to challenge these beliefs through targeted educational campaigns that advocate safer birthing practices and discourage harmful traditions such as FGM. Arguing that these radio campaigns go beyond simply broadcasting information, they aim to shift collective social norms by reframing maternal health not as a threat to cultural identity, but as a shared community responsibility linked to survival, dignity and well-being.

> In many communities, there was initially little trust in health facilities for childbirth, as people strongly believed in using traditional birth attendants. For example, in the Mara region, female genital mutilation (FGM) was widely practised, and many thought that if women gave birth in hospitals, they would be discouraged from continuing these cultural practices. Still, with a radio campaign, we have been able to address this challenge. (IDIs-Chief Editor, Mazingira FM, 2025)

Community radio has been instrumental in changing public perception by emphasising the importance of giving birth at healthcare facilities to prevent maternal complications, as articulated by the HBM, as it increases women's *perceived susceptibility* to maternal complications and highlights the *perceived benefits* of facility-based deliveries while directly addressing *perceived barriers* rooted in cultural beliefs. In this regard, the radio practitioners noted that health-centred programming and expert involvement enhanced the campaign's credibility. For example, Sibuka FM's weekly Wednesday health programme features medical professionals who guide discussions on maternal health, while Mazingira FM's "Kapeto" programme includes the "Ijue Afya Yako" (understand your health) segment, covering risks associated with home births, prenatal care and family planning.

> We established several radio programmes focusing on maternal health. One of our key programmes is Kapeto, which includes a segment called "Ijue Afya Yako". This programme provides maternal health education and features experts who discuss topics such as the dangers of home births, the benefits of attending prenatal clinics, family planning and the advantages of giving birth at health centres and hospitals. (IDIs-Chief Editor, Sibuka FM, 2025)

Beyond broadcasting, community radio stations have expanded their role into direct community engagement. For example, Mazingira FM has initiated educational visits to secondary schools in Bunda district, collaborating with doctors and journalists to discuss early pregnancies, menstrual health and gender-based violence. This outreach reflects a C4D approach, where media engagement is integrated with participatory, face-to-face communication to reinforce messages and foster community dialogue.

> For instance, we have offered assistance by visiting students, with the primary goal of educating them about maternal health. Through these efforts, we ensure that the community, especially women, actively participates in making our radio station truly inclusive and community-centred. (IDIs-Chief Editor, Mazingira FM)

The impact of these interventions is evidenced by observable shifts in community attitudes and practices, underscoring the transformative potential of localised, culturally sensitive media campaigns. Yet, critical reflection suggests that while community radio can challenge harmful norms, sustained behaviour change often requires structural reinforcement, such as improved access to health facilities, supportive male involvement and policy frameworks that protect women's reproductive rights (Lee & Ramazan, 2021).

Oyibo et al. (2017) highlight that community-based interventions, particularly community radio, are effective in addressing not only the *symptoms* of maternal health challenges but also their *structural and cultural root causes*. Similarly, the UN Women and Prevention Collaborative report (2021:2) emphasises that public awareness campaigns through community media can shift sociocultural norms when messages are consistent, participatory and grounded in local realities. This perspective aligns with Goswami and Melkote (1997), who advocate the strategic deployment of community media in public health campaigns, noting its capacity to address complex issues such as HIV/AIDS or maternal mortality among marginalised groups where conventional mass media often fail to penetrate. The success of these maternal health campaigns in the Mara and Maswa regions suggests that when local media integrates culturally responsive messaging with expert knowledge and participatory outreach, it can dismantle even the most entrenched harmful practices, creating space for new, health-promoting norms to emerge (Melkote & Steeves, 2015).

Radio programming: Community edutainment

Radio drama was explained as a powerful tool used by some community radio stations to address maternal health issues. For instance, the manager of Uvinza Community Radio explained that they had

a drama-based programme aired over five months which focused on key aspects of maternal health, including pregnancy care, family planning and safe childbirth. The drama programme engaged listeners in an entertaining yet informative manner, making it easier for the audience to grasp critical health messages as it allowed for relatable storytelling and depicted real-life maternal health challenges and solutions, thereby encouraging behaviour changes among expectant mothers and their families.

> For instance, last year, we aired a drama-based programme that focused on maternal health for over five months. This programme included various segments addressing key aspects of maternal health, such as pregnancy care, family planning and safe childbirth. (IDS-Programme Manager, Uvinza FM, 2025)

Another method discussed was the use of radio documentaries and special programmes, which were highlighted as an effective educational tool for providing in-depth analysis of maternal health issues. It was revealed that community radio stations produce documentaries that address these critical topics, featuring expert opinions from healthcare professionals and firsthand testimonies from mothers who have faced maternity-related challenges. For instance, "Let's Talk" was a documentary programme aired on Uvinza FM. At the same time, "Sema Usikike" (speak and be heard) on Mazingira FM served as a dedicated documentary segment focused on women's reproductive health. These programmes covered essential topics such as pregnancy management, labour education and childbirth.

> We produce dedicated documentary programmes focused on maternal health. For instance, we have a programme called "Sema Usikike" (translated as speak and be heard), which airs every Saturday. This programme has a documentary segment that involves health experts discussing maternal health challenges, but also, in the documentary, women voice their concerns regarding healthcare services at health centres. (IDIs-Chief Editor, Mazingira FM, 2025)

In addition, special programmes dedicated to maternal health provide focused airtime for discussions on critical issues affecting women's well-being. For example, Mazingira FM airs "Yako" (know your health), while Uvinza FM broadcasts "Ulimwengu wa Wanawake" (the world of women). These programmes serve as platforms for addressing women's health challenges, including maternal health, through expert discussions and community engagement.

> Our radio station broadcasts a weekly programme called "Ulimwengu wa Wanawake" (women's world). This programme is dedicated to women's reproductive education, with a particular focus on maternal health. The programme explores key topics such as pregnancy management, labour education and childbirth, providing valuable information to empower women in making informed health decisions. (IDIs-Chief Editor, Uvinza FM, 2025)

Scholars also contend that radio programming plays a crucial role in addressing health challenges, particularly maternal health, by raising public awareness and fostering behavioural change. Kruk et al. (2018), Kaaya et al. (2021) and Oyibo et al. (2017) emphasise that radio is an essential medium for educating communities about health issues. In addition, Vijayalakshmi and Saraswati (2023) highlight that through specialised programmes, community radio effectively communicates critical health information, helping to address the sociocultural factors that contribute to maternal mortality. Therefore, by integrating local knowledge and culturally relevant messaging through programmes such as documentaries and dramas, as explored in this study, community radio has the potential to create more inclusive, sustainable and healthier rural communities.

Radio collaborations with Health Ministry, UNESCO, BBC and other stakeholders

Radio editors, programmers and producers also highlighted that radio collaboration with other maternal health stakeholders has played a pivotal role in equipping community radio personnel with the skills and knowledge required to cover maternal health issues effectively. For example, Uvinza's manager explained that Uvinza FM's partnership with the Ministry of Health, the American Embassy and Internews facilitated specialised training for its staff. Such initiatives ensure that journalists are well informed on vital topics, such as maternal mortality-related causes, which empowers them to produce accurate and impactful content.

It was also highlighted that some community radio stations work closely with organisations that support content creation and programme development. For instance, UNESCO and BBC Media Action have played a key role in supporting Uvinza FM in producing educational dramas focused on women's reproductive health, with a strong emphasis on maternal education, such as family planning.

> One key partner is UNESCO, which has supported us in producing dramas focused on reproductive health, with an emphasis on maternal education. Additionally, BBC Media Action has been a valuable supporter of our station, contributing to not only our maternal education programmes but also other initiatives related to women's health in general. (IDIs-Programme Manager, Uvinza FM, 2025)

Sibuka FM collaborates with district-level experts in agreement with the District Executive Director (DED). This partnership allows the station to seek professional guidance whenever needed, particularly in matters concerning maternal health, as articulated below:

> At our radio station, we produce free programmes, but we collaborate with experts from the district level. We have an agreement with the district director (DED) to use the district's experts whenever we feel the need, and this has been very helpful, especially in the area of maternal health. (IDIs-Programme Coordinator, Sibuka FM, 2025)

Similarly, radio practitioners collaborated with local women's groups and gender desks in the community, explaining that these groups have the potential to provide valuable insights into addressing women's issues, particularly those related to maternal health challenges. For example, they revealed women with maternal challenges and provided several case examples from the community, such as those involving gender-based violence that may result in maternal mortality.

> In some instances, we also collaborate with women from gender desks in villages who provide valuable advice on addressing women's issues, such as gender-based violence and those related to maternal health challenges. (IDIs-Managing Director - Uvinza FM, 2025)

These findings clearly indicate that community radio collaboration with maternal health stakeholders is essential to addressing maternal health challenges. By working together with healthcare providers, government agencies, non-governmental organisations (NGOs), women's groups and community leaders, community radios can enhance health education. This collaboration not only facilitates the sharing of maternal health-related information but also strengthens the capacity of radio practitioners by improving their skills and expanding their coverage. In this context, scholars such as Figueroa et al. (2002) state that collaboration in radio programming with multiple partners plays a key role in achieving various objectives of radio campaigns. It helps to reach communication goals effectively and ensures that partners remain committed in the long run. This aligns with the C4D theory, which emphasises participatory processes and partnerships as critical for sustainable change, and with the HBM, which underscores the importance of perceived benefits in shaping health behaviours. Similarly, Ishengoma (2024) emphasises that community radios should not merely focus on broadcasting; instead, they should actively build connections, create a sense of community and foster collaboration with key stakeholders. This approach enables them to bring

people together, share experiences and, ultimately, influence positive change more effectively. Likewise, Van Rooyen and Van Doorslaer (2021) argue that radio collaboration should extend beyond interactions between community members and radio station staff or among employees within a station. Instead, it should also involve partnerships between different radio stations or between a radio station and other organisations to enhance the station's overall effectiveness.

Challenges that hinder women's access to community radio

The FGDs were conducted with a total of six groups, each comprising eight women, with two groups from each of the three districts in the rural areas. During these discussions, women were asked to explain the challenges they face in accessing maternal health information through their community radio stations. Various obstacles were identified, but the participants particularly emphasised the following challenges:

Lack of education on the importance of radio use

Women underlined that one of the primary challenges preventing them from fully engaging with community radio is a lack of education on the importance of media platforms, particularly community radio. They acknowledged that many women do not have the necessary knowledge or skills to use radio as a source of information effectively. For instance, in Maswa and Uvinza, women noted that even when radios are available in their households, many neglect to listen to informative programmes. Instead, they prioritise entertainment, particularly music, over essential broadcasts related to health and community awareness.

Below are some of the women's perspectives from Uvinza and Maswa:

> The main challenge in this area is that most women who listen to the radio focus more on music or drama rather than important programmes that provide information on reproductive health. (FGD-Itebula-Uvinza, 2025)

> I have never participated in radio dialogues because we lack awareness of their importance. Our knowledge in this area is minimal. Although I have heard some women engaging in these discussions on the radio, I have never tried to join. (FGD-Itebula-Uvinza, 2025)

Another significant issue identified was that many women, particularly in Bunda, had never attempted to participate or listen to radio dialogues on maternal health issues. This was due to either a lack of awareness about these opportunities or a perception that they held little value. For example, one woman in Bunda admitted that she had previously been unaware of the importance of engaging in radio dialogues. However, after learning about their significance, she expressed a willingness to follow up and actively participate in such discussions in the future. She explained:

> This information is new to me. I have never been told about the importance of participating in radio dialogues. However, starting today, I will start following up. If we continue receiving this kind of information, primarily through the media, we can actively participate in these issues. (FGD-Kibara-Bunda, 2025)

Financial challenge and lack of a radio set

All women in three districts during FGDs pointed out that access to community radio for many women in rural areas is severely limited due to financial challenges resulting from a lack of radio equipment, such as radio sets and mobile phones. It was stated that in many households, radios or mobile phones with radio capabilities were either absent or controlled by male family members. For example, some women reported that even when a radio was available, it was often reserved for their husband's use, leaving them without access to essential health information. It was also shared that in cases where radios were shared, the limited availability of devices often led to conflicts over usage.

> Many women in our area do not own radios or mobile phones with radio access. Even if there is a radio in the house, it is often kept for the husband's use, and sometimes women are denied access to it. (FGD-Sukuma-Maswa, 2025)

> Sometimes, we wish to listen to the radio, but when we want to tune in, our husbands are already using it to listen to sports programmes. Since there is only one radio in the house, we often let the men continue listening to avoid conflicts. (FGD-Sukuma-Maswa, 2025)

The lack of radio ownership and limited phone access exacerbate the problem. For instance, women in Uvinza and Bunda mentioned that they face challenges accessing maternal health information due to the absence of radios or phones in their houses. They argued that the financial burden of purchasing radios and radio batteries caused many families to struggle to access radio programmes.

> Radios play a significant role in providing education but due to rural living conditions, many women do not own radios or phones with radio functions. As a result, accessing health education can sometimes be difficult. (FGD-Bunda, 2025)

Family responsibilities

Despite some women recognising the importance of community radio in addressing maternal challenges as an effort to combat maternal mortality, women expressed that being overwhelmed with family responsibilities was the major obstacle for them to pay attention to community radio programmes. They argued that, unlike men in the village, women are mainly responsible for different gender roles, including production roles such as farming activities and reproductive roles such as taking care of children and their husbands and managing household chores, leaving them with little to no time to listen to the radio. Here are some of the articulations on this:

> Women in this area do not have enough time to listen to the radio. For example, I go to the farm every day, then return home to prepare food for my children coming from school and take care of my family. After that, I have other household responsibilities. (FGD-Woman-Chitengule-Bunda, 2025)

> Since we have many children, we are primarily responsible for their care, along with other responsibilities such as going to the market and working on farms. In this situation, it becomes difficult to listen to or participate in radio programmes. (FGDs-woman-Mtego wa Noti-Uvinza, 2025)

Moreover, women emphasised that the lack of gender role balance in families, especially in rural areas, poses a significant challenge. The unequal distribution of household responsibilities often leaves women overwhelmed with family duties, limiting their ability to engage with media messages. Their tasks require complete concentration, making it impractical to follow radio programmes. They stressed that due to the demanding nature of their responsibilities, any available free time is usually spent resting rather than seeking information through radio broadcasts.

> Many women here are constantly occupied with productive and household activities, leaving them with little or no time to engage with radio or other media platforms. For instance, if a woman thinks of listening to the radio after returning from the farm, her husband, who has been resting, will likely ask about food and other essential needs, making it difficult for her to access media content. (FGDs-woman-Buchambi-Maswa, 2025)

Patriarchy systems in rural areas

Another challenge expressed by women regarding listening to radio programmes on maternal health education was the challenges resulting from patriarchal structures in rural areas. Women explained that the patriarchal system within many households significantly limits women's access to community radio, arguing that in some communities, women are not permitted to turn on the radio or have control over its usage. For instance, one woman from Bunda explained that in her household, the husband is the only one allowed to operate the radio. In contrast, the woman continues with household chores, missing out on valuable radio programmes such as those on maternal education.

> Whether we accept it or not, patriarchy still exists in our society and contributes to this challenge. Women do not have the authority to turn on the radio; only the husband has that privilege. Men own the radios, and women rarely even get the chance to touch them. Additionally, the cost of purchasing radio batteries presents another challenge, further limiting women's access to radio information. (FGD-Chitengule-Bunda, 2025)

In line with traditional practices, particularly in Sukuma communities, women explained that men often control all media available in the family, particularly the radio. They take it with them when they leave the house, for instance, going to farms or using it for their preferred programming, as cited below.

> According to Sukuma traditions, the radio often belongs to the man of the house. Sometimes, he carries it with him when he goes out, and when he returns home, he listens to his programmes. This makes it difficult for women to access radio content. (FGD-Buchambi-Maswa, 2025)

In addition, in households where there is only one radio, women are often forced to defer to their husbands, even when they wish to listen to radio programmes. For instance, a participant from Sukuma (Maswa) shared that they sometimes let their husbands continue listening to sports programmes to avoid conflicts, which leaves them with limited access to other crucial broadcasts, such as those related to health and community awareness.

> Sometimes, we wish to listen to the radio, but when we want to tune in, our husbands are already using it to listen to sports programmes. Since there is only one radio in the house, we often let the men continue listening to avoid conflicts. (FGD5-Sukuma-Maswa, 2025)

The findings from the FGDs highlight several interrelated challenges that hinder women's access to community radio, including financial constraints, illiteracy and patriarchal systems (Mogambi & Ochola, 2015; O'Brien, 2018; Okinyi, 2019). Within the C4D perspective, these barriers signify structural inequalities that limit the ability of marginalised groups to engage in participatory communication processes. C4D literature emphasises that meaningful participation requires not only access to communication channels but also the removal of systemic barriers that hinder engagement (Manyozo, 2006).

Financial constraints, as noted by Mogambi and Ochola (2015), restrict women's ability to purchase radio receivers and mobile phones, thereby excluding them from community radio dialogues. This aligns with C4D's concern that socio-economic exclusion reduces citizens' opportunities to contribute to and benefit from communication initiatives. From an HBM standpoint, such economic limitations function as perceived barriers, obstacles that diminish the likelihood of women acting on health or development messages because they lack the means to access the medium in the first place.

Similarly, high illiteracy rates and limited knowledge among disadvantaged women (Okinyi, 2019) further hinder their engagement with radio messages. In HBM terms, illiteracy can reduce self-efficacy, the confidence to engage with, interpret and act upon information, thereby lowering participation rates. Fraser and Restrepo-Estrada (2002) also recognise literacy as a critical enabler of empowerment, as it

enhances the capacity to interpret media content and contribute to dialogues critically. These findings further resonate with Okinyi's (2019) observation that women's low self-esteem, often linked to their lack of formal education, reduces their willingness to speak in public forums, even when invited.

Patriarchal structures, embedded in both gendered social norms and community radio organisational frameworks (O'Brien, 2018), further marginalise women. In C4D, such gendered power dynamics are seen as structural constraints that must be dismantled to achieve inclusive communication. In the HBM model, patriarchal control over decision making can be conceptualised as an external barrier that restricts women's perceived autonomy to act upon health and development cues.

At a broader societal level, women's minimal decision-making power within families and communities perpetuates their exclusion from public communication spaces (Ishengoma, 2024). This also mirrors C4D's assertion that participatory media cannot fulfil its developmental role unless it actively challenges and transforms these entrenched social hierarchies. Addressing these financial, educational and social barriers, therefore, requires a multifaceted approach grounded in both C4D and HBM principles: economic empowerment programmes to reduce perceived financial barriers; literacy and capacity-building initiatives to increase self-efficacy; and deliberate gender-transformative strategies to dismantle patriarchal norms that marginalise women in media spaces.

CONCLUSION

This article highlights the critical role of community radio in efforts to improve maternal health, a significant concern in many rural areas of African countries. With a specific focus on Tanzania, it underscores the significance of community radio in raising awareness and educating rural populations about maternal health as a key strategy for reducing maternal mortality. Using Sibuka FM, Uvinza FM and Mazingira FM as case studies, the article demonstrates how these community radio stations have contributed to initiatives aimed at addressing maternal health challenges. This has been achieved through developing and implementing policies aligned with community needs, where maternal health is a key concern, conducting maternal health campaigns, producing specialised radio programmes and forming partnerships with maternal health stakeholders to tackle challenges in rural areas.

These findings support the C4D theory, which emphasises the role of community media in promoting participatory communication, empowering marginalised groups and addressing structural inequalities. At the same time, the barriers identified – illiteracy, financial constraints, patriarchal structures and family responsibilities – reflect key constructs of the HBM, particularly perceived barriers and self-efficacy, which help explain why access to and participation in radio campaigns remain limited for many women despite the availability of information. The study therefore suggests that enhancing rural women's access to and participation in community radio dialogues on maternal health issues is essential to improving maternal health outcomes. However, achieving this requires a coordinated effort among multiple stakeholders, as highlighted by both C4D and HBM perspectives, to address key barriers such as economic challenges, limited education and patriarchal systems that restrict women's full participation and access to radio messages. However, while this study provides valuable insights into community radio initiatives for maternal health, further research is needed to assess the level of community engagement in radio dialogues on maternal health, as well as to examine the sustainability challenges and plans for community radio stations in addressing maternal health issues.

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