



**The Effectiveness of Listeners' Group as Behavioral Chang Communication(BCC) tool :
Jemebr Radio Program In focus**

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This is to certify that the thesis prepared by Kibre Tesfaye, entitled *The Effectiveness of Listeners' Group as Behavioral Change Communication (BCC) tool : Jemebri Radio Program In focus* with respect to enhancing child and maternal health care and submitted in Partial Fulfillment for the Degree of Master of Arts in Journalism and Communication complies with the regulations of the University and notes the accepted standards with respect to originality.

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ABSTRACT

The Effectiveness of Listeners' Group as Behavioral Change Communication (BCC) tools:
Jember Radio Program in Focus

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This thesis examines listeners' group as a tool for behavioral change communication with specific focus on Jember Radio program of Finote Selam city in Amhara regional state. The thesis employed theories of communication for behavioral change to understand the role of listeners' group in BCC. The research objectives are: to explore the scope and ways in which listeners' groups are used as tool for behavioral change communication; how the community is influenced through the practices of listeners and bring about attitudinal/behavioral change and explore how listeners of Jember plays the role of change agent through interpersonal communication. Listeners' group can encourage behavioral change through enhancing know-hows and facilitate interaction with the people even when people do not own and manage the situation. Hence, this research also examines how radio listeners' group help expand peoples' competence; how they disseminate the information they acquire from Jember radio program to the society and their acceptance among the society while doing so. The findings show that listeners' group in Finote Selam provide ordinary people with the opportunity to participate in media and development projects and second, they inform the people about maternal health issues which results in behavioral change on the issue. Through the participation of community opinion leaders in listeners' groups, it is possible to reach rural communities who does not have access to the media. The listeners' group fits with BCC approach in changing the harmful practices and behavior of the community on issues related with maternal health. Hence, this thesis concludes that listeners' group in Finote Selam area empowers each community member through practical decisions in their lives regarding to their.

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Table of Contents

Contents	Page
Abstract.....	I
Acknowledgement	II
Table of Contents	III
List of Figures.....	VI
List of Acronyms.....	VII
Definitions Terms.....	VIII
List of Appendixes.....	IX
Chapter One	1
1.1. Background of the study	1
1.2. Statement of the problem	3
1.3. Rationale of the Study	4
1.4. Objective of the study	4
1.4.1. General Objective the study	4
1.4.2. Specific Objective the study	4
1.5. Research questions	5
1.6. Significance of the study	5
1.7. Scope of the study.....	6
1.8. Limitation of the Study	6
1.9. Organization of the study.....	6
Chapter Two Literature Review	7
2.1 Related Litrature.....	7
2.1.2. Communication.....	8
2.1.3. Communication in inducing behavioral change.....	8
2.1.3.1. Role of Interpersonal Communication	8
2.1.3.2. Word of Mouth Communication.....	10
2.1.3.3. Development Communication.....	10
2.1.3.4. Public Health Communication.....	12
2.1.3.5. Audience Centered Communication.....	13

2.1.4. Radio as A Tool for Effective Communication.....	15
2.1.5. Listeners' Clubs.....	18
2.1.6. Social and Behavioral Change Communication.....	19
2.2. Theoretical frame work.....	21
2.2.2. Two – Step Flow of Theory.....	21
2.2.3. Diffusion Innovation Theory	22
Chapter Three Research Methodology	24
3.1. Introduction.....	24
3.2. Methods and Procedure of Data Collection.....	24
3.2.1. Participant Observation.....	26
3.2.2. In-Depth Interview.....	27
3.2.3. Focus Group Discussion.....	28
3.3. Sampling Techniques.....	29
Chapter Four Presentation and Data Analysis of Findings.....	31
4.1. Introduction.....	31
4.2. How listeners' group members organize and impact decision making issues	31
4.3 What Listeners' group get from the program	35
4.4. Proximity of the issues raised in the program to real life.....	37
4.5. What listeners do with the information they gain	38
4.6. The important role of listeners' group to build open discussions.....	40
4.7. Listeners' Group as a medium.....	41
4.8. The Role of Facilitators in Listener Group.....	43
4.9. Attitudes of HEWs (Facilitators) towards listeners' group.....	45
4.10. Practice Effect of “Jember” on listeners.....	49
4.11. Listeners' group as a change agent.....	51

4.12. How listeners change the practice of the society.....	52
4.13. Listeners' recommendations/ on "Jember"	55
Chapter Five Recommendation and Conclusion.....	57
5.1. Introduction.....	57
5.2. Conclusion	57
5.3. Recommendation.....	58
Reference.....	60
Appendices	69

List of Figures

Figure 1- Radio Listeners' Group Mankusa Deguma Kebele	34
Figure 2- Radio Listeners' Group Guye Webeshete.....	36
Figure 3- Radio Listeners Group Mana West Gult.....	43
Figure 4- Traditional Ambulance Mana West Gult	46
Figure 5- Interview with Facilitator /HEW/ Agomamit	48
Figure 6- Radio Listeners' Group Agomamit Kebele	51
Figure 7- Radio listeners' Group contribution.....	54

List of Acronyms

BCC	Behavioral Change Communication
HEW	Health Extension worker
WOM	Word of Mouth Advertisement
EE	Educational Entertainment
HDA	Health Development Army
RLG	Radio Listeners Group
BBC	British Broadcast Corporation
UNESCO	United Nation Education, science & Culture Organization
UNICEF	United Nation Children Fund
FHI	Family Health International
HC	Health Communication
FGD	Focus Group Discussion
RLC	Radio Listeners Club
GD	Group Discussant
MF	Mankusa Facilitator
GWF	Goy Webeshet Facilitator
ATF	AgomamitTebelma
MWF	Mana Weste Gult facilitator
MI	Mana Interview
AI	Agomamit Interview
GI	Goy Webeshet Interview
MDI	Mamkusa Deguma Interview
HCMH	Health Center Manager
BBCI	British Broadcast Corporation

Definition of Terms

Woreda	Government structure under zone
Kebele	low level government structure under woreda
Idir	traditional death insurance
Serakiyan mot	Death of mothers during giving birth/In Gojam/
Got	traditional segment of village

List of Appendixes

Appendix IA: Observation guidelines -----	69
Appendix II A: list of focus group discussants -----	70
Appendix II B: Discussants guide line for FGD -----	73
Appendix III A: List of facilitator -----	74
Appendix III B: Interview Guideline for facilitator -----	75
Appendix IVA: List of resident interview -----	76
Appendix IVB: Interview guide for resident -----	77
Appendix V A: List of HCM -----	78
Appendix V B: Interview guide for HCM -----	78
Appendix VI A: List of organizer -----	79
Appendix VIB: Interview guide for organizer -----	79

Chapter one

1. Introduction

1.1 Back ground of the study

For long, mass media has played a vital role in passing information on development issues both locally and internationally (Chemwaina, 2014:10). While communication is taken as a vital factor in the realization of sustainable development and vision 2030, radio has been playing a key role in the dissemination of information to mass audience. Radio is considered as the most important means/tool of mass communication. Being a cheap source of communication tool, radio has played a vital role in the social development of society.

Hall describes radio as the pioneering medium for the participatory communication movement. She also states that 'radio is by far the cheapest electronic form of communication at the receiving as well as transmission ends. It requires no complex infrastructure, no outlay on expensive hard ware. Above all, it makes no demand on literacy,' (Hall, 2004: 49, cited by Ephrem, 2007: 7). This means, radio as a communication medium is suitable for a country like ours. Because it is the cheapest medium and has the answer for issues related with illiteracy. But due to poor infrastructure and investment on power and equipment, the medium is not yet easily affordable or accessible in some rural areas. Due to this reason, the mainstream media cannot entirely reach rural communities to make them aware of the critical health issues, especially about maternal health. As a result, the mainstream media could not succeed alone in reaching the communities.

Giving birth in Ethiopia is now safer for women and their babies than it was at the turn of the millennium as a result of substantial investment to improve maternal and new born health, largely by the Federal Ministry of Health. National data suggests that maternal mortality stands at 353 per 100,000 births in 2015, compared to 482 in 2011. These figures mean that almost 25% of the women who would have died during pregnancy and childbirth as recently as five years ago will go on to raise their families. However, given the low starting point, Ethiopia remains one of the least safe places in the world to deliver a child. Barriers to safe motherhood remain

including: disparity in service coverage, lack of financial capacity to access medical facilities, poor road coverage, persistent unsupportive social norms and lack of awareness on the benefits or availability of services (World Bank, 2015).

More than 83 percent of Ethiopia's population lives in rural areas (DHCP2011). As there remains a lot to be done to improve infrastructural access in rural areas, most Ethiopians live without basic facilities. Most rural population consists of laborers and farmers. Achieving social development is impossible until the majority of population has a standard way of living. Pertaining to this, radio could play a key role in solving social problems in rural areas. The development gaps in rural areas attract different international voluntary groups to work in Ethiopia, especially on issues of health communication and social development. One of those parties is BBC Media Action.

BBC Media Action, using the Global Grant funding by the UK Department for International Development (DfID), has been active in maternal and new born health in Ethiopia for a number of years. DfID has invested some £90m in BBC Media Action over five years from 2011/12-2015/2016. The grant is expected to reach over 270 million people in 14 target countries with media and communication outputs that contribute to creating more accountable state-society relations and governance, healthier populations and increased ability to cope with crises. Grant activity in Ethiopia focuses on Amhara and Oromia regional states, both of which have particularly poor health indicators, (BBC, 2015).

Due to this reason, BBC Media Action has developed radio programs, *Jember* and *Biiftuu Jireenyaa* — long-format magazine programs — and Public Service Announcements, which aims to improve recommended maternal and newborn health behaviors in Amhara and Oromia regional states respectively. The radio programs design to increase awareness of targeted groups concerning maternal health. As discussed above, ownership and facilities are low in those areas where the programs are designed. Thus, BBC Media Action come up with a mechanism to address the problems of rural communities by forming listeners' group which comprises the society's opinion leaders as members. BBC Media Action donated a radio which works using solar energy for the listeners' group so that members gather information, listen to a program and discuss the issues of the day. All listeners' group members are most respected and well known in their communities before Jember radio program listeners' group was formed.

Researches have been conducted on radio programs that are produced on health and social issues. While most of the researches have focused on audience reception and the impact of the radio programs on the target audience, some have focused on content analysis. There is no research conducted on the effectiveness of different radio program approaches in general and listeners' group as a tool in a particular as a strategy to address target audiences for the purpose of behavioral change communication. That is why the researcher chose to assess the effectiveness and role of listeners' group as a tool for behavioral communication, with special focus on Jember radio program listeners' groups.

1.2 Statement of the problem

In most cases, radio listeners are men (BBC, 2012: 5). But Jember radio produces programs on issues which are mostly related to women. The radio program's target groups are housewives and to reach them, BBC Media Action employed the listeners' group as a tool and targeted influential members of the community such as husbands, community leaders and Health Extension Workers as members of the group. Because relatives and members of the wider community remain influential decision makers around maternal and newborn health, their advice is sometimes prioritized over that of health workers. Hence, these influential figures should be appropriately targeted by the program. Husbands often have decisive influence over their wives' uptake of maternal health services and also on issues such as breast feeding. Due to their influence and the fact that they have greater access to radio than their wives, husbands are key target audiences for the radio program. Whilst the advice of Health Extension Workers appears to play an important role in promoting maternal and newborn care, the program aim to further boost their status to help facilitate their advice being acted upon. This means, the target group receive information from their relatives to change the perceptions of the community related with the habit.

In the past, maternal health problem in Ethiopia was associated with lack of facilities which accounts for the lion's share for maternal mortality during delivery. But now, the availability of facilities has improved as compared to previous times. Meanwhile, the traditional beliefs and perceptions of communities still pose challenge to a campaign of making delivery at home zero and hence reduce maternal mortality (BBC, 2012: 3).

This paper attempted to find out the role of radio listeners' group to address targeted group, and the level of attitudinal change it brings about regarding maternal mortality on the community, particularly on women, after they receive information from their relatives who are members of the group, by considering the case of Finote Selam city of West Gojam in Amhara regional state. Hence, the thesis examines how effective the listeners – who are influential members of community – are in disseminating the intended message of the BCC's Jember radio program and how this brings about attitudinal change among the community.

1.3 Rationale of the Study

While substantial investment and improvement have been made to improve access to health care and health facilities in Ethiopia, particularly access to health centers both in urban and rural areas, bringing about attitudinal/behavioral change remains a challenge.

The study is conducted on the role of listeners' groups as BCC tool in Jember radio program in transmitting or passing on the intended messages to the targeted groups. The research focuses on the Jember Radio program because its targeted groups live in rural area where the status of infrastructure is low and hence the program aims to address maternal health problems through listeners' group members, who have a role of opinion leadership in that society. As a result, the researcher chooses the radio program to evaluate the role of listeners' groups in disseminating the intended message to targeted group, particularly in persuading the community to attend health care centers during pregnancy.

1.4 Objective

1.4.1 General Objective

This study tries to examine the relevance and effectiveness of listeners' groups in conveying the intended messages for the targeted audience and bring about attitudinal change.

1.4.2 Specific Objectives

In order to achieve the above general objective, the research has the following specific objectives:

1. To examine the way listeners' groups are organized and operate to facilitate the understanding of key messages among group members.
2. To examine how the listeners' group realize the intended message and transmit it to the target audience.
3. Identify the impacts of the listeners' groups and their messages in bringing about behavioural change on the targeted audience.
4. Discover the role of listeners' groups in bringing about behavioural change.

1.5 Research questions

As mentioned above, the main objective of this study is to find out and examine the effectiveness of listeners' group as a tool to bring about behavioral change among the community in the case of Jember Radio program of BBC Media Action. Hence the study tries to answer the following research questions.

1. How the listeners' groups are organized and operate to facilitate the understanding of key messages among group members?
2. How listeners' groups comprehend the intended message?
3. How the message from the listeners' group have impacted the behaviour of the target audience and what behavioural change it brings about?
4. What role do listeners' groups play in behavioural change communication?

1.6 Significance of the study

The research will be of interest to and have value for those who are using and employing listeners' groups as a tool for bringing about behavioral change in a community by highlighting the strength and weakness of the technique. It is the researcher's hope that this research may also trigger interest for further investigation and research.

1.7 Scope of the study

Jember Radio program aired in Amhara Regional state in North Gondar and West Jojam. The scope of the study is limited to four Kebeles of Finote Selam city, namely, Abda Gomma, Mana, Agumamit and Goye Wubeshet. These Kebeles have been chosen because the active listeners' groups are situated there and have been functional for over a year than North Gondar Listeners (Interview with Helina Assefa, researcher member of BBC Media Action, June 07, 2015).

1.8 Limitation of the study

The research has time and financial limitations. As a result, the researcher could not stay in the field for a long time. Had there been a chance to stay longer, it would have helped her in gaining a more comprehensive understanding of BBC Media Action Project. The researcher stayed in the field for five days, from May, 3 – 8, 2016.

1.9 Organization of the study

The study consists of five chapters. The first chapter presents the general background of the study, the research problem, objectives, significance and scope of the study.

In chapter two, theoretical considerations underlying the study are given due attention. The chapter presents a review of literature that mainly deals with the notion of development communication. It also presents literature on theoretical arguments surrounding development communication and provides a brief background of radio broadcasting and role of listeners' group to reaching targeted group.

The focus of the third chapter is methods, procedures and techniques employed in the study. It deals with the methodologies used to conduct this study and the justification for using them.

Chapter four consists the presentation and analysis of the finding and the last chapter contains summery and conclusion.

Chapter Two

REVIEW OF LITERATURE

2.1 Related Literature

This section discusses in brief, the various theoretical understandings and conceptual frameworks related to communication, especially radio and listeners' groups as applicable to this research. A review of related literature and descriptions of relevant concepts form the major part of the chapter. For deeper theoretical understanding, the views and arguments of the forerunners of communication theory is discussed in relation to related literature. The concept of radio as a pedagogic instrument and communication tool for development and advocacy is explained. The theoretical heritage is adapted to advocacy communication for community advancement by questioning the Jember radio program's method to reach out rural areas. Ultimately, the literature, theories and concepts are helpful in shaping the scope, focus and conclusion of this research.

Any research does not stand alone. Wimmer and Dominick (2000:13) argue that astute researchers always use previous studies to get general mental picture of the issue under consideration. One of the first steps in conducting research is to review the available scientific literature on the topic so that the current study draw on the heritage of past research.

Hawi Alemu in her 2014 study entitled "Audience Reaction on *Biifituu Jireenyaa* Radio Program with Respect to Enhancing Child and Maternal Health Care", focused on how the audience are reacting towards *Biifituu Jireenyaa*, a radio show produced in Afan Oromo and has more or less similar content with Jember. The radio show has been on air since February 2011 and there is only one research conducted on the show. Hawi used the listeners' group of the Afan Oromo radio program as respondents for her questioners to evaluate or react on the details of *Biifituu Jireenyaa*'s content and impact on all listeners.

She explored the audiences' awareness and motivating factors behind the listening to and understanding of the radio program. She concluded that the audiences react positively towards the radio program and there is huge improvement on their awareness level regarding child and maternal health. She also stated that most respondents considered the Biifituu Jireenyaa radio show as a primary source of information to raise their awareness on seven thematic areas, like antenatal care, safe delivery, postnatal care, newborn care and family planning, breast feeding and vaccination related to maternal health.

There is a big difference between Hawi's and my research, because this research is focusing more on the effectiveness of the listeners' group as a BCC tool to address the health problems of rural area community.

2.1.2 Communication

Communication can be defined as the process of transferring information and common understanding from one person to another (Keyton, 2011). The word communication is derived from the Latin word, *communis*, which means *common*. The definition underscores the fact that unless a common understanding results from the exchange of information, there is no communication.

Communication, according to Moemeka, is talking with people — a process with no permanent sender and no permanent receiver. "In the process of communication, the roles of sending and receiving change hands depending on who is talking and who is listening. This implies freedom, equality and shared interest" (Moemeka, 1994:12).

2.1.3 Communication in inducing behavioral and attitudinal change

2.1.3.1. Role of Interpersonal communication

The media has powerful effects only indirectly, by stimulating peer communication and making it possible for messages to enter social networks and become part of everyday interactions. Interpersonal communication is fundamental in persuading people about specific beliefs and

practices (Waisbord, 2005). Even though it is held that interpersonal communication generally is considered more effective in inducing attitude and behavior changes, according to Rogers, it is also true that two media are better than one in achieving desired objectives (Rogers *et al.*, 1977:363, Yu, 1977 cited in Moemeka, 1994:125).

In the past, the role of communication in human society was essentially seen as to inform and influence people. It is now being wished-for that communication should be assumed as a process of social collaboration through a balanced exchange of information and experience. This swinging sensitivity infers the majority of dialogue over the conclusion. The aim is to reach a scheme of parallel communication based on an unbiased circulation of possessions and facilities, enabling all persons to send as well as to receive messages' (Prehn 1992, cited in Vatikiotis 2005).

According to Momeka (1985:181), in rural development activities, the media of mass communication can hardly operate successfully alone. They need the support of interpersonal channels of communication. In rural Africa, no communication can succeed unless it takes into account the five basic principles that underlie the system of traditional communication: -

- Supremacy of the Community,
- Utility of the Individual
- Sanctity of Authority
- Respect for Old-Age and
- Religion as a Way of Life

These principles permeate significance and framework into communication within pastoral societies. Therefore, whatever media type is used, and whatever strategy is employed, the very important role of interpersonal communication should not be taken lightly. Whichever communication approach which completely ignores traditional media cannot successfully win and recall the people's attention sustainably. As research shown, not only are two media better than one medium for effective communication, but also combination of the mass media and interpersonal communication is better using either alone (Momeka 1985:182).

2.1.3.2 Word of Mouth (WOM) communication

Word of Mouth Communication defined as oral, person-to-person communication between a receiver and a communicator whom the receiver perceives as non-commercial, concerning a brand, a product, or a service.(Arndt 1967: 3).

Word of Mouth Communication occurred mostly only among neighbors exchanging news regarding the offering of neighborhood stores. In Katz and Lazarsfeld (1955:37) found that WOM communication was seven times more effective than official media information, and four times more effective than personal selling, and twice as effective as radio advertising in influencing consumers in a phase of brand switching.

Word-of-mouth is communication about products and services between people who are perceived to be independent of the company providing the product or service, in a medium perceived to be independent of the company (Anderson 1998: 6). According to Bone, WOM communication is conceptualized here in as a group phenomenon, an exchange of comments, thoughts and ideas among two or more individuals in which none of the individuals represent a marketing source (Bone, 1992:579). It remarks people's communication relies on relationship build through their day to day life in communal. But it is not always true, sometimes it has a negative impact, regarding to these Wetzer et.al. States that consumers frequently talk to other consumers about their consumption experiences, a phenomenon called 'word-of-mouth communication'. When their consumption experience was aversive, the content of WOM is negative as well" (Wetzer et al.2007:661)

2.1.3.3. Development communication

Prior to establishing a working definition of development communication for the purposes of this paper, it would be appropriate to examine a number of definitive views of development communication. Syed Rahim in "Communication Approaches in Rural Development", presents a number of views of development communication:

- 1) The extension and community development approach which is the use of the extension service for the dissemination of useful and practical information;
- 2) The community development approach is one in which according to Rahim, there is a decentralized interpersonal communication system at the community development block level;
- 3) The ideological and mass mobilization approach where message content is predominantly ideological, and
- 4) The mass media and education approach in which the media play the dominant role in delivering informational messages to the rural population.
([archive.lib.msu.edu/DMC/African Journals/pdfs/Africa media review](http://archive.lib.msu.edu/DMC/African_Journals/pdfs/Africa_media_review), accessed in March 8, 2016)

The World Bank Development Communication Sourcebook (2005) cited in Mefalopulos, (2008:8) has included failures and disappointments, many of which have been attributed to two major intertwined factors: lack of participation and failure to use effective communication (Agunga 1997); Anyaegbunam, Mefalopulos, and Moetsabi 1998; Fraser and Restrepo-Estrada 1998; Mefalopulos 2003). The same point is emphasized by Servaes (2003: 20), who states, “the successes and failures of most development projects are often determined by two crucial factors: communication and people’s involvement.” No matter what kind of project — agriculture, infrastructure, water, governance, health — it is always valuable, and often essential, to establish dialog among relevant stakeholders. Dialog is the necessary ingredient in building trust, sharing knowledge and ensuring mutual understanding. Even a project that apparently enjoys a wide consensus, such as the construction of a bridge, can have hidden obstacles and opposition that the development communication specialist can help uncover, address, and mitigate.

A number of studies have confirmed that a top-down management approach to development is less effective than a participatory one. Bagadion and Korten (1985), Shepherd (1998), Uphoff (1985), and the World Bank (1992) are among those providing data to support this perspective. Development communication supports the shift toward a more participatory approach, and its inclusion in development work often results in the reduction of political risks, the improvement of project design and performance, increased transparency of activities, and the enhancement of people’s voices and participation (Mitchell and Gorove, in module 4, 4.6).

Bessette (2006) defined “development communication as planned and systematic application of communication resources, channels, approaches and strategies to support the goals of socio-economic, political and cultural development”.

Development communication is essentially participatory, because, according to Ascroft and Masilela (1994) "participation translates into individuals being active in development programs and processes; they contribute ideas, take initiative and articulate their needs and their problems, while asserting their autonomy."

According to Paolo (2008:224) development communication refers to the use of communication to facilitate social development. Development Communication engages stakeholders and policy makers, establishes conducive environments, assesses risks and opportunities and promotes information exchanges to bring about positive social change via sustainable development. Development communication techniques include information dissemination and education, behavior change, social marketing, social mobilization, media advocacy, communication for social change and community participation.

2.1.3.4 Public health communication

Public health communication draws from numerous disciplines, including mass and speech communication, health education, marketing, journalism, public relations, psychology, informatics, and epidemiology. Although it is Trans disciplinary in nature, the core principles of public health communication are firmly anchored in the central tenets of public health. Generally, one of the key objectives of health communication is to inform individuals and communities. The goal is admirable since health communication aims to improve health outcomes by sharing health-related information.

The Centers for Disease Control and Prevention (CDC) define *Health Communication* as the study and use of communication strategies to inform and influence individual and community decisions that enhance health” (2001; U.S. Department of Health and Human Services, 2005).

The word *influence* is also included in the *Healthy People 2010: objectives of improving health* definition of health communication as “the art and technique of informing, influencing, and motivating individual, institutional, and public audiences about important health issues. The scope of health communication includes disease prevention, health promotion, health care policy, and the business of health care as well as enhancement of the quality of life and health of individuals within the community. This means any public health communication strategies to plan, inform and play a role to influence and achieve the expected change.

Another important role of communication is to create a receptive and favourable environment in which information can be shared, understood, absorbed, and discussed by the program’s intended audiences. This requires an in-depth understanding of the needs, beliefs, taboos, attitudes, lifestyle, and social norms of all key communication audiences. It also demands that communication is based on messages that are easily understood. This is well characterized in the definition of *communication* by Pearson, J. and Nelson, p. (1991:6), who view it as “the process of understanding and sharing meanings”.

Therefore, health communication as a communication to become successful must take a role of instructing the audience and the medium must help targeted audiences know how to protect themselves from and overcome difficulties that may happen to them. Health related issues are in fact critical in a society because it is a matter of human life. Due to these reason, communities, must address health problems by any means of information dissemination mechanism so that workforces on health-related awareness issues expand their audience using various means of communication in rural areas by taking the needs, beliefs, taboos, attitudes, lifestyle, and social norms of the communities into consideration.

2.1.3.5 Audience Centered health communication

According to Renta Schiavo (2007:12) Health Communication encompasses the study and use of communication strategies to inform and influence individual and community decisions that

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2.1.3.5 Audience Centered health communication

According to Renta Schiavo (2007:12) Health Communication encompasses the study and use of communication strategies to inform and influence individual and community decisions that

enhance health. It links the domains of communication and health and is increasingly recognized as a necessary element of efforts to improve personal and public health.

Health communication campaigns have sometimes been criticized as paternalistic, and concerns have been raised about the use of one-way communication from “beneficent” experts to passive audiences. Public health communication recognizes that for programs to be both ethical and effective, information from and about the intended audience should inform all stages of an intervention, including development, planning, and implementation, to ensure that the program reflects the audience’s ideas, needs, and values. Areas of particular interest include the audience’s health literacy, culture, and diversity. Furthermore, public health communication programs rely heavily on formative research and two-way communication between sources and receivers to ensure that messages are accessed and understood, communities are involved and invested, and programs are modified as needed.

According to the above view, health communication can contribute to all aspects of disease prevention and health promotion and is relevant in a number of contexts, including

- health professional-patient relations,
- individuals’ exposure to, search for, and use of health information,
- individuals’ adherence to clinical recommendations and regimens,
- the construction of public health messages and campaigns,
- the dissemination of individual and population health risk information, that is, risk communication,
- images of health in the mass media and the culture at large,
- the education of consumers about how to gain access to the public health and health care systems, and
- the development of tele health application.

Schiavo (2007) gives more attention to Health Communication as audience centered communication. Due to this, HC is a long-term process that begins and ends with the audience’s desires and needs. In Health Communication, the audience is not merely a target (even if this terminology is very well established and used by practitioners around the world) but an active

participant in the process of analyzing the health issue and finding culturally appropriate and cost-effective solutions. It is a common practice in Health Communication not only to research intended audiences and other key constituencies but also to strive to engage them in defining and implementing key strategies and activities. This is often accomplished by working together with organizations and leaders who represent them. For example, if a health communication program aims to reach breast cancer survivors, all strategies and key program elements should be designed, discussed, tested, and implemented together with membership organizations, patient groups, leaders, and audience samples representing this target audience. Most importantly, these audiences need to feel invested and well represented. They should be the key protagonists of the action-oriented process that will lead to behavioral or social change (Renta Schiavo 2007:12). In this regard, the targeted audience's problems must be handled in a very good manner to build belongingness for the campaign and achieve a change in behavior with appropriate and cost-effective solutions in a community.

2.1.4 Radio as a tool for effective development communication

Radio is an important tool for the rapid diffusion of important messages on new agricultural production ideas and techniques as well as on health, nutrition, family planning and other social and cultural issues. Combined with other media, it can be used for training and the transfer of technologies (<http://www.fao.org/docrep/x2550e/x2550e04.htm/>, Accessed, April 6 06:55)

...radio has been used to encourage positive individual behavior change and constructive social change through formal lessons or didactic lectures delivered by renowned scholars and authorities,” (Fossard, 1996:2). What motivated the use of radio as a pedagogic and educational tool were its perceived strengths as outlined by Fossard (1996:7) below;

- It is based in oral tradition,
- It appeals to and relies on the imagination of the listener,
- It can cross time and space without limit,
- It can go places and evoke images that are impossible in real life, and
- It is a personal medium (in being a companion that) can reach millions of listeners at once with the power to speak to each one of the individually,

- (It can easily intrude into a person's schedule and private life with little or no interruption).

These strengths tend to outweigh the weaknesses of radio, especially the assumption ascribable to the Uses and Gratifications Theory that listeners are accustomed to using radio as a background to their lives, without paying full attention to what is being broadcast.

Fossard (1996) believes that listening skills are better developed in the developing world than in the technologically advanced countries because with the spread of print materials, television and computers in the latter, learning has become less oral and more visual. The question of access to these other media in the developing world comes into question.

If they are well produced and transmitted in good quality at prime time, radio programs can change perceptions and behavior on their own without (external) 'resources and positive incentives' to support them (Bandura 1998).

Drama – and especially soap opera – is an effective means through which to provide socially useful information. Use of everyday language is all-important – people identify with not only what is said but how it is said. Broadcasters have to ensure, as far as possible, that the target audiences have access to the programmes. This implies determining in advance when the best time for radio listening is, and whether the target groups have ready access to radios. (AFFRI 2008).

According to Aids Preventive and Controlling Project (AIDSCAP) OF USAID, radio has a power to address large group of people quickly and effectively. But through consideration of strength and weakness of the medium as follows: (AIDSCAP , 2001) Accordingly, the strengths and weakness of the medium is listed below:

2.1.4.1 The advantages of radio

Radio has the following advantages:

- Radio can reach both literate and illiterate audiences with messages in their own language.

- Radios are relatively inexpensive and available to many people.
- A radio can use batteries, so it is useful in areas without electricity.
- Broadcasts can be repeated many times during the day.
- Radio production is relatively inexpensive.

2.1.4.2 Weaknesses/disadvantages of radio

Radio has the following weaknesses

- Radio is not useful for teaching people how to perform an activity that requires a demonstration, such as opening a condom packet, putting on a condom, or disposing of a condom correctly.
- If listeners do not hear or understand the message correctly, they do not have an opportunity to ask for an explanation. However, in your radio message you can give listeners a place to go to for additional information.
- Some people do not have access to a radio.

On the other hand, UNESCO (1965) cited in (Moemeka, 1994) radio is the one medium of mass communication which almost all experts agree is the most appropriate for rural emancipation programmes. Even the lends credence to this special position accorded the radio in rural development activities, it noted that in developing countries, the greater part of the people live on the land, are frequently isolated by illiteracy and lack of transport. But effective communication with rural people and their active participation in the life of their country are essential for developing societies. Radio broadcasting, when skillfully used, has proved to be the most effective medium of communication with these far-flung populations.

Radio beats distances and thus has immediacy effect. It beats literacy barriers; one does not need to know how to read and write before one can learn from the radio. Radio is also individualistic, and so has that personal touch which lends support to attitude and opinion change. On the other hand, the radio is a populist medium, thus it enhances the chances of getting development messages across to a very wide segment of the population. More importantly, the radio is the

only medium of mass communication with which the rural population is very familiar; because it is cheap to obtain, it is widely owned in the rural areas. (Moemeka 1985:182). To conclude, radio has a power to change the practice of the society, but it is also a blind medium. Due to these reasons, the audience may have a question of clarification which can be addressed through radio. Thus, a radio program must give a chance or a room for the audience to react. Moreover, ownership of radio also must be questioned before disseminating an information and tracing a targeted audience. Concerning infrastructure, if the community's ownership of a facility is low, the workforce of that developmental agenda must think of other supporting communication strategies to fulfill what is put in a plan.

2.1.5 Listeners' club/group

A community listeners' club is not a simple 'club of listeners' or a 'fan club', linked to a radio program or station. A listeners' club is driven by common values and goals. The project is not centered on the radio, but on the community. These clubs are citizens' groups that enable members to share their concerns and needs, to obtain certain information that would otherwise be inaccessible and undertake constructive initiatives together.

The origins of radio forums more generally can be traced further back to Canada during the Second World War in 1940 (Lewis and Booth, 1989) where they were called farm forums. The radio forums of Canada were "organized community based radio structures to facilitate local people's participation in ongoing or impeding rural development projects" (Flor, 1995 cited in Manyozo 2012: 30). Canada radio forums spread to India in 1949 and then Africa particularly in Ghana between 1964 and 1965 where they aimed at educating adults and stimulating village self-help efforts (Berrigan, 1979: 22). Since then RLCs spread to other countries like Malawi in 1966, Tanzania in 1967 and Senegal in 1969. These countries adopted their own models of implementation depending on their needs. For example, in Tanzania, between 1977 and 1978 Audio Cassette Listening Forums (ACLF), using audio cassette recorders, provided a development programme that enabled women to recognize the importance of their role (Berrigan, 1979: 48).

A key feature of a listeners' club is the climate of collaboration and solidarity among its members. Dialog within a club allows members to plan strategies together for resolving common problems. The facilitators and group leaders should use participatory techniques and tools for collaboration to promote this team spirit

(www.fao.org/dimitra/dimitra-publications/publications/en/, Accessed on April 10, 2016 02:44 PM).

According to Dennis List (2003) it's not only the radio station that benefits from a listeners' club, the listeners themselves can also benefit. They become better informed, they make new friends and new business opportunities, and the community benefits through increased social cohesion. Thus, the benefit is mutual for a station/program and listeners' club, which means they give a chance to a program like a promotional value to penetrate in to the community and on the other hand they are informed well with firsthand information.

A listeners' club can be set up either by the radio station or by listeners themselves. In many ways, it is best if listeners set up the club - perhaps with practical assistance from the radio station, such as allowing the club members to meet at the radio office. For a government radio station, a "Friends of" organization (another type of listeners' club) can be a valuable pressure group to help overcome funding cuts and political censorship. (Denis, 2003: 82). From the above points, radio can address communities in wide areas, without literacy barriers. But for the purpose of clarification and diffusion of information, a listeners' group/club have a vital role especially in rural areas where ownership and facility of radio access is low.

2.1.6 Social and Behaviour Change Communication

Behavior change communication (BCC) is an interactive process of any intervention with individuals, communities and/or societies (as integrated with an overall program) to develop communication strategies to promote positive behaviors which are appropriate to their settings. This in turn provides a supportive environment which will enable people to initiate, sustain and maintain positive and desirable behavior outcomes (FHI 2002:3)

BCC is grounded on the human-rights based and results-based approach to program planning and development. It is geared towards facilitating community mobilization and participation in preparing and responding to disasters. The belief that affected communities are too shocked and helpless to take responsibilities for their own survival has been proven to be a myth. On the contrary, many affected people, especially children, experience psychosocial healing and are able to return to normalcy faster when they participate in helping others during and after an emergency (Lisa 2006:7).

Behavior change is a research-based consultative process for addressing knowledge, attitudes and practices. It provides relevant information and motivation through well-defined strategies, using a mix of media channels and participatory methods. Behavior change strategies focus on the individual as a locus of change (UNICEF (June 2015), www.unicef.org/cbsc/index_42352.html, Accessed March 22, 2016 06:55).

This means behavioural change communication (BCC) uses science and data as well as creative ideas to focus on:

- Changing or positively influencing social norms in support of long-term, sustainable behaviour change at the population level
- Fostering long-term, normative shifts in behaviour in support of increasing the practice of healthy behaviours
- Improving health services provider-client interactions
- Strengthening community responses to issues
- Influencing decision-makers and family and peer networks
- Increasing demand for health services and products
- Increasing correct use of health services and products
- Influencing policy

- Encouraging an increased capacity for local planning and implementation of health improvement efforts (www.sbccimplementationkits.org, Accessed April 3,2016 09:45).

John Hopkins' population report states the following regarding effective BCC:

- Increase awareness and knowledge of a health problem and its solution.
- Demonstrate or depict healthy behaviour.
- Improve skills and sense of self-efficacy (that is, feeling capable of performing the behaviour).
- Reinforce healthy knowledge, attitudes, and behaviour. Show the benefits of adopting healthy behaviour.
- Help shift social norms to encourage healthier behaviour.
- Advocate a position on a health issue or policy.
- Increase demand or support for health services.
- Refute myths and correct misunderstanding.
- Change perceptions of risk.
- Prompt individual and community behaviour change (Hopkins 2008:3)

2.2 Theoretical Framework

2.2.1 Two-step flow of theory

According to Weimann Gabriel (1994:323), the two-step flow of communication model, or Multistep Flow Model, says that most people form their opinions under the influence of opinion leaders, who in turn are influenced by the mass media. Hence, according to this model, ideas flow from mass media to opinion leaders, and from them to a wider population.

This theory asserts that information from the media moves in two distinct stages. First, individuals (opinion leaders) who pay close attention to the mass media and its messages receive the information. Opinion leaders pass on their own interpretations in addition to the actual media content. The term 'personal influence' was coined to refer to the process intervening between the media's direct message and the audience's ultimate reaction to that message. Opinion leaders are quite influential in getting people to change their attitudes and behaviors and are quite similar to

those they influence. The two-step flow theory has improved our understanding of how the mass media influence decision making. The theory refined the ability to predict the influence of media messages on audience behavior, and it helped explain why certain media campaigns may have failed to alter audience attitudes and behavior. The two-step flow theory gave way to the multi-step flow theory of mass communication or diffusion of innovation theory (Katz 1957:72).

2.2.2 Diffusion of Innovations

The concept, “Diffusion of Innovations” is introduced by the American scholar Everett Rogers. According to him, diffusion research centers on the conditions which increase or decrease the likelihood that a new idea, product, or practice will be adopted by members of a given culture. Diffusion of innovation theory predicts that media as well as interpersonal contacts provide information and influence opinion and judgment. Studying how innovation occurs, E.M. Rogers (1995) argued that it consists of four stages: invention, diffusion (or communication) through the social system, time and consequences. The information flows through networks. The nature of networks and the roles opinion leaders play in them determine the likelihood that the innovation will be adopted. Innovation diffusion research has attempted to explain the variables that influence how and why users adopt a new information medium, such as the Internet. Opinion leaders exert influence on audience behavior via their personal contact, but additional intermediaries called change agents and gatekeepers are also included in the process of diffusion.

The five adopter categories are:

- ❖ Innovators,
- ❖ Early adopters,
- ❖ Early majority,
- ❖ Late majority, and
- ❖ Laggards (Rogers, 1995).

Diffusion is the “process by which an innovation is communicated through certain channels over a period of time among the members of a social system”. An innovation is “an idea, practice, or

object that is perceived to be new by an individual or other unit of adoption". "Communication is a process in which participants create and share information with one another to reach a mutual understanding" (Rogers, 1995:322).

Diffusion research examines how ideas are spread among groups of people. Diffusion goes beyond the two-step flow theory, centering on the conditions that increase or decrease the likelihood that an innovation, a new idea, product or practice, will be adopted by members of a given culture. In multi-step diffusion, the opinion leader still exerts a large influence on the behavior of individuals, called adopters, but there are also other intermediaries between the media and the audience's decision-making. One intermediary is the change agent, someone who encourages an opinion leader to adopt or reject an innovation (Infante, Rancer, & Womack, 1997: 577).

Innovations are not adopted by all individuals in a social system at the same time. Instead, they tend to adopt in a time sequence, and can be classified into adopter categories based upon how long it takes for them to begin using the new idea. Practically speaking, it's very useful for a change agent to be able to identify which category certain individuals belong to, since the short-term goal of most change agents is to facilitate the adoption of an innovation. Adoption of a new idea is caused by human interaction through interpersonal networks. If the initial adopter of an innovation discusses it with two members of a given social system, and these two become adopters who pass the innovation along to two peers, and so on, the resulting distribution follows a binomial expansion. Expect adopter distributions to follow a bell-shaped curve over time (Rogers, 1971).

Diffusion of Innovations seeks to explain how innovations are taken up in a population. An innovation is an idea, behavior, or object that is perceived as new by its audience. Diffusion of Innovations offers three valuable insights into the process of social change: What qualities make an innovation spread. The importance of peer-peer conversations and peer networks. Understanding the needs of different user Segments (Moore, 1999).

Morris underlines Lerner and Schramm note that this model derives from modernization theory of the 1950s and 1960s. “The purpose of communication campaigns here is persuading individuals to change their behavior by providing them new ideas and information”. (Lerner, 1958; Schramm, 1964 cited in Morris (2003:226)

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This study set out to have some consideration of how an exacting listener of the Jember radio program work and how they influence the targeted audiences' behavior. It also set out to elaborate the entire process. This study utilizes qualitative methods of data gathering. Taking this into consideration, it is necessary to discuss the nature of the methods used and the rationale for using them. This chapter provides a description of the different methods used to gather data.

3.2 Methods and Procedures of Data Collection

Jember radio program's listeners' group have already been formed when this research is conducted. Different groups comprising women, men, religious leaders, development army members and health extension workers have been formed. Members listen to the program and hold discussions on issues that are broadcasted.

Bearing in mind the time and financial constraints, the observations had to be limited to four sessions. Since there are both men and women in the listeners' groups (men and women listeners share the same listening spot for the discussion stage as well), the researcher did not have to select men or women groups.

The purpose of this paper is to have an understanding on the roles of listeners' group as a tool of BCC and it is not to make comparisons or generalizations of any kind. Attempt was made to interpret the actions and reactions of audiences during the listening sessions using different methods. As Babbie and Mouton put it, qualitative researchers always attempt to study human action from the perspective of the social actors themselves (Babbie and Mouton, 2001:270). The radio listening sessions and discussions are conducted every Sunday and other calendar day offs. Thus, the researcher takes part in four sessions, particularly to observe the actions of listeners

towards the program to examine how the listeners' group functions. This is believed to be sufficient as data was also gathered through Focus Groups and Interviews.

3.2.1 Participant Observation

Participant observation is defined as “a qualitative research technique that provides the opportunity to study people in real-life situations” (Berger, 2000: 161). Participant observation is conducted in one of these two roles:

1. Participant as observer, where the researcher participates with the group being observed and is a functioning part of the group. As such, the person is an ‘insider’ enjoying a close understanding of the context and the process while performing the added role of an observer and recorder.
2. Observer as participant, in which the observer is a neutral outsider who has been given the privilege of participating for the purpose of making observations and recording them (Berger, 2000: 162).

Participant observation is one of the methods employed in this study to gather data. This method was chosen because it is believed to be useful that listeners are observed in their natural settings. Jember radio programs listeners are not only tuned to but also talked on-the groups formed usually debate and discuss on the issues that the radio programs present. Hence, what goes on in the listening and discussion sessions was thought to be possibly better depicted by the use of observation.

Since the researcher's purpose was not to direct or influence the group discussions but to have some understanding of how they are conducted, simple observation, which Deacon et al. describe as a ‘fly on the wall’ approach was used where “The observed has no relationship with the process or people being observed” (Deacon et al.,1999:250). Thus, the groups were left to exercise their regular tasks.

Although interviewing is often an efficient and valid way of understanding someone's perspectives, according to Maxwell, observation can enable to draw inferences about this perspective that couldn't be obtained by relying exclusively on interview data (Maxwell, 2005:94).

An observation check list was consulted during the observation to assist the researcher pay attention to important actions of the listeners. Notes were taken of noticeable events during the listening and discussion stages. The researcher tried to put down notes of noticeable events from the group listening and discussion stages right after completing the task of observation in the four sessions. What the researcher considers are important events and actions during the observation are presented in chapter four.

3.2.2. In-depth interview

Another data collection technique used in this research was semi-structured face-to-face interviews. Semi-structured interviews "are generally organized around a set of predetermined open-ended questions, with other questions emerging from the dialogue between interviewer and interviewee/s (DiCocco-Bloom and Crabtree, 2006: 315). As a data collection technique, the semi-structured interview "involves a number of phases, including development of the interview guide, conducting the interview, and analyzing the interview data" (Rubin and Rubin, 2005 cited in Baumbusch, 2010: 255). Interview is purposive conversation that provides opportunity for interviewees to respond in their own terms and through their own linguistic structures in so more rich and clear manner (Bertrand and Hughes 2005:74). An interview guide is principally a menu of the topics, issues and areas of discussion to be covered, and it gives a direction to the sequence of issues to be covered, the nature and extent of prompting and probing, the nature and use of visual or verbal aids and the points at which they should be introduced during the discussion (Hansen and et al, 1998 cited in Hungwe,2006).

Interview questions were designed in such a way that they could be modified and/or changed depending on the actual encounter in the sessions. In fact, Flick notes that 'in semi-structured interview, the interviewees' viewpoints are more likely to be expressed in a relatively open

interview situation than in a standard interview or questionnaire' (Flick, 2002: 229). Bryman, on the other hand, contends that the unstructured nature of research questions is evidence of the concern qualitative research makes possible for the perspective of those being investigated (Bryman: 1988:47).

In this study, also moderators of the listening groups (housewives, health extension workers or health center Managers and other targeted groups) were interviewed to examine the very reason for the listeners' groups' role in the targeted audience and behavioral and health improvements experienced throughout their life because of the new information dissemination tools (Yin, 2009: 107). Therefore, these interviews were intended to gain more insights on the aims and objectives of the research as Baumbusch (2010) argues that developing an interview guide is crucial to collecting data that will address the aims and objectives of the study. Accordingly, one of two moderators in each kebele, health center director, housewives, others targeted audience was interviewed.

3.2.3 Focus Group Discussion

Though focus group method was used since 1940s in other disciplines, it is in the 1980s that it emerged with critical and interpretive media research perspectives as an audience research tool "to represent their theoretical views about the ways audiences respond to the mass media" (Gunter, 2000:42). Bryman (2009:345) defines focus group as it is "a form of group interview in which there are several participants /in addition to the moderator/; there is an emphasis in the questioning on a particular fairly and tightly defined topic, and the access upon interaction within the group, and the joint construction of meaning". In this study, focus group discussion was used as a supplement and validity checking to interview. Thus, one focus group discussion containing ten members and two coordinators are already designed for listeners' groups in each kebele.

Deciding on the number of FGDs to conduct and the number of people to form a focus group is a crucial issue of this method. Livingstone and Lunt (1996: 83) provide a rule of thumb which is that "for any given category of people discussing a particular topic, there are only so many stories to be told". This view is shared by Holliman (2005: 6) who argues that "as a general

principle, researchers should be flexible about their sample size, continuing to sample at least until they are confident that continued data generation will not further inform their analyses". That is why, a total of Eight FGDs were conducted for four from four kebeles. The justification for this is that after three to five FGDs, the subsequent groups had nothing new to say apart from merely repeating what was said in the previous groups, a situation Krueger (1998) describes as 'theoretical saturation'. Krueger argues that "in this form of research (focus group), the quality of the study is not dependent on the size of the sample. The intent is to achieve 'theoretical saturation', which is akin to redundancy" (Krueger, 1998: 72). Therefore, although the researcher conducted one of two from each kebele and totally conducted four FGDs at four kebeles listener group, the researcher observed that the same kind of stories that heard at one kebele listeners' group were being repeated thereby compensating for the four FGDs. In fact, Krueger (1998: 72) recommends conducting "three or four focus groups for a particular audience and then decide if additional groups (or cases) should be added to the study". (The reasons why the researcher conducted only four FGDs at four kebele will be discussed later in chapter four). It was easy to organize the focus groups since four listeners' group members meet regularly to listen to different radio programs and thereafter engage in discussion of the content of the program. According to Krueger (1998: 71) "In focus group research, the strategy is to use 'purposeful' sampling, whereby the researcher selects participants based on the purpose of the study". That is why the researcher purposefully targeted the listeners' groups as focus groups.

3.3 Sampling Technique

Purposive sampling is when a researcher chooses specific people within the population to use for a particular study or research project. Unlike random studies, which deliberately include a diverse cross section of ages, backgrounds and cultures, the idea behind purposive sampling is to concentrate on people with particular characteristics who will better be able to assist with the relevant research. This technique was employed with the listeners' group, because the group is already formed for purpose of dissemination of information to remote area communities without infrastructure. And the researcher, use convenience sampling for in-depth-interview from the community who get an information from listeners' groups. This form of selection is done based on the ease of gaining the statistical data. Rather than gathering a more accurate array of data

from the population, the researcher simply gathers data from people nearby. A researcher might go to a nearby mall, or street corner to gather data.

(<http://www.conveniencesampling.net/>). Cited April 11 2016

Dominick (1997) asserts that purposive sampling is often used on the basis of knowledge that is not representative of the general population. Thus, subjects of the study were selected on the basis of specific characteristics or qualities in order to exclude those who fail to meet these criteria. Hence, the researcher purposively selected listening group audiences for FGD, listening group moderators for interview, and none listening group for an in-depth-interview using convenience sampling method close to the area of listeners' group members so that the researcher can reach as much as possible. Pertinent to this, four focus group discussants which were already formed to raise the awareness of the society on maternal issues from four kebeles were purposively selected.

Chapter Four

Presentation And Analysis of Findings

4.1 Introduction

In this chapter, the major findings of the research are presented and analyzed in relation to the theoretical heritage informing them, the methods of study that dug them out as well as the conclusions that they point towards. As this is an entirely qualitative research, interpretation of data is also employed. Data gathered through observation are presented separately and they are touched up on in other parts of the discussion where necessary. The Focus Group Discussion (FGD) and interview results are presented under the same heading as most information gathered either way reinforces the other.

4.2 How listeners' group members organize and impact decision making on maternal health issues

There are eight audience teams in Finote Selam City Jabi Tenane District of West Gojjam Zone in Amhara Regional state. The teams are found in four kebeles – Abda Gomma, Mana, Agumamit, and Goye Wubeshet. Each kebele has two listeners' groups and there are about eight to ten members, listening to the programs permanently. The members are also proportional in terms of gender composition. As noted in the previous chapter, four sessions were observed and this part of the paper presents description of what was observed by the researcher at different stages of the listening and discussion stages of two of the four sessions. A reference of what was observed in the other sessions are also provided whenever appropriate.

The listeners gather at the kebele compound on Sundays. The listening post is an open area and is more or less quiet as there is no noise interference. During the observation, the researcher recorded in a diary what was going on while members listen to 'Jember' radio – the content of the program, what club members were doing, what happened after listening to a particular

program, the discussions that followed and the decisions that were taken. Therefore, through observation, the researcher had an account of the activities that follows the listening sessions which includes implementation of decisions and the impacts the decisions bring about to improve communal empowerment in terms maternal mortality.

Lewis and Booth (1989: 170) observe that in developing countries “the lack of receivers means that group listening is the norm, and an oral culture which favors debate makes the forum/discussion approach especially suited in the region”. The RLCs of “Jember” radio program were also established with this fact in mind as previously discussed. When club members meet to listen to a particular radio program, they then discuss the content of the program and decide how the information applies to them. Then, they can go ahead to use the information in their daily activities such as farming, coffee ceremony, meetings, churches services as well as other activities. This is done with the understanding that by discussing program contents, “people may come to understand elements of their situation which they had not appreciated before” (Held, 2006: 237).

When it is time for a particular program, club members gather in one place, for example, in a classroom block, under a tree or at the office of kebele officials, and the radio set is placed in the middle. When the program starts, all members of the club listen attentively to the message contained. While listening, some club members take notes on what they are listening to. The notes are used as reference points during the discussion, which follows after listening and also when the members of the club would like to use the information.

After listening to the program, the facilitator plays the role described by Manyozo (2012) as ‘participant-facilitator’. In this role, the HEW leads the discussion and motivates members to express their opinions on the program and what lessons they have learnt to deal with their common problems. According to White (2009) among organized groups of farmers, the preferred method of communication is not the lecture method by a professional representative or expert. It is rather appropriate to have “a discussion among the members led by a local leader or an outside catalyst with some skills in group animation in which members define their problems, exchange the information they have available, and come to some consensus on what information they think would be most useful for them at the moment” (White, 2009: 15). Below is one description of what happens when club members meet:

Whenever we meet as a club, we listen to the day's program. We then discuss how we have understood it. Thereafter, we encourage each other based on the program content, and that whatever we have heard on the radio, we should be applying it in our homes to test the results. For instance, we heard about blood donation. In my case, before the Jember program started, I did not know that it was possible to transfer blood from person to person. But now, I acquired the understanding about the issue. I got limited knowledge about the issue, but now I acquired adequate responses to my questions from the program. Therefore, blood donation rescues mothers from death during pregnancy. From now on, I would be willing to donate after I get tested. Because saving the lives of mothers is invaluable (GD2, FGD 2,2 May 2016).

This emphasizes the importance of interpersonal influence in decision-making. According to Inagaki (2007: 35) “when measured alone a mass media message may have negligible direct impacts, but the same message can have significantly greater impacts when mediated through other channels of communication, such as interpersonal communication and group communication”. As such, RLGs provide opportunities for club members to discuss issues and through interpersonal influence, encourage one another to adopt new knowledge to reduce maternal mortality through blood donation during delivery. Poor people in rural areas, quickly jump at any opportunity that promises them better life than the one they are currently living. It has been argued that, “while the community leader movement is worldwide, its resonance is most felt in places where the world's most vulnerable people eke out precarious livelihoods in a bid to escape poverty” (da Costa, 2012, 138). For example, in the study of RLCs in different Kebeles of Finote Selam City, the researcher found out that, RLGs has been playing a role to build a culture of open discussion, which was taboo before their movement in that community, like birth spacing, breastfeeding, delivery in health center, morning sickness and other issues related to maternal health. And Banda argues RLGs has a great role to lift up the status of the community. “Many members of the clubs viewed themselves as an entity of solidarity, bound together in their desire to extricate themselves from the effects of poverty on their communities” (Banda, 2007: 141).

The researcher observed that there were four groups within a group of listeners. Some of the listeners discussed other topics which are not related to the particular session, which the

researcher did not understand why. Finally, other members interrupted the guy who was diverting the issue by raising ideas related to maternal health, an issue of the previous session and not related to that particular day's topic. As a result, after the end of the listening session, the researcher asked facilitator why it happened. And he responded as follows:

Repetitive questions have the same title, but their content differs. However, when they are told about pre-natal issues, they got bored. Hence, it is necessary to find a way to make demarcation between different sessions of the program. (MF 1, HE F1 May 5, 1016, Finote Selam, Mankusa).



Fig.1. Radio Listeners' group, Mankussa Deguma kebele group tuning to a radio program

Photo by Researcher

4.3 What Listeners' group got from the program and how they impact the society?

The regular listeners said that the program deals with their social challenges related to cultural issues, which they found out to be important. Some even mentioned specific program segments which attracted their attentions, such as programs dealing with morning sick behavior and bleeding during delivery at health center. Most of the discussants said that after listening to the program which dealt with pregnancy and related issues, they change their opinion towards women who are in that kind of situation as a normal and natural process. Some of them witnessed that the program helped them to develop better understanding of the issues. One of the discussant said:

In our community, most mothers deliver at home. My wife passed away as there was much bleeding during delivery and the awareness of the society was very low. I am currently raising my two children alone. Whenever I hear the audiences discuss the issue of bleeding during delivery, I reminisce the cause of my wife's death. Now, I came to know what safe delivery mean during my time as member of listeners' group. So, we have to struggle to change every one like us. (GD1,FGD4)

Diffusion of innovation theory predicts that media as well as interpersonal contacts provide information and influence opinion and judgment. Studying how innovation occurs, E.M. Rogers (1995) argued that it consists of four stages: invention, diffusion (or communication) through the social system, time and consequences. The information flows through networks. The nature of networks and the roles opinion leaders play in them determine the likelihood that the innovation will be adopted. The group listening and discussion strategy, according to Moemeka, is based on the conviction that rural community development must essentially be the duty of the rural people themselves and should not be dropped on them from above. "The built-in localized discussions and decisions ensure that people are put in a position in which they can be the subject and object of their own development." (Moemeka, 1994:130)

Behavior change is a research-based consultative process for addressing knowledge, attitudes and practices. It provides relevant information and motivation through well-defined strategies,

using a mix of media channels and participatory methods. Behavior change strategies focus on the individual as a locus of change (UNICEF, June 2015).

Attitude is sometimes understood as a ‘fixed way’ of thinking. Scholl (2002) defines attitude as the mental ‘pre-disposition’ of taking a certain action towards certain objects, people or institutions, which is expressed by evaluating that particular entity with some degree of favor (Scholl, 2002).

Ajzen (1988) also defines attitude as a favorable or unfavorable response to an event, a person, an institution or an object, having an evaluative nature that can change rapidly with the change of events and the availability of new information. Mass media messages are said to shape, reinforce, or challenge people’s attitudes towards certain beliefs through campaigns (Watson and Hill, 1997).

A listeners’ club is driven by common values and goals. The project is not centered on the radio, but on the community. These clubs are citizens’ groups that enable members to share their concerns and needs, to obtain certain information that would otherwise be inaccessible and undertake constructive initiatives together (FAO, August 2011)



Fig.2. Photo by researcher Guay Webeshet Listeners’ Group on Discussion

4.4 Proximity of the issues raised in the program to real life

In the FGD, respondents were asked whether the issues entertained in the program are closely related with their own personal life or the social condition in their surroundings. Answering this question, different discussants shared their experiences. One person (discussant) from Mana Weste Gulte said that programs which dealt with bleeding during delivery are important in bringing impact on the community.

Back in the days, I didn't like to take my wife to a health center, because it is not comfortable for me to show up my wife to others. It is also the belief of every husband. It's forbidden in my society. Our mothers delivered at home, so what is new today? No one could prevent death. We always challenge the issue based on our own cultural beliefs and understandings. It is not only my problem. The perception is the same in the village. Yet, Jember discusses our problems in detail and that is why I change my attitude and started to take my wife to a health center while she was pregnant of our fourth child. (GD2, FGD2, Mana Weste Gult May 08:2016).

There is an assumption that effect of media products may not be successful by simply increasing the flow of messages, with the assumption that a message will directly influence audience perception (Windahl S. 1992). Messages are said to have direct relation to the lives of the target audience, so that they can easily identify themselves with it. The survey result shows that certain issues have impacts on the audience. Respondents said that those issues have direct relations with the reality they live in.

Discussants also mentioned that that programs dealing with blood donation also contribute to safe delivery. One elderly discussant said that previously people suffer too much because of maternal health problems emanates from traditional practices. But now the perception is changed towards maternal health, 'as Jember took the initiative and entertained our typical problem from which we learnt a lot.'

Other discussants also said that listening to the program helps them relate the issues to the reality they live in. They added, for example, programs dealing with breast feeding and vaccination and

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addressed the real problem of the community. All our practice come about due to lack of awareness regarding the issue (GD1/FGD6, GD2/FGD2,7, GD4/FGD4,4). As the researcher mentioned earlier in Chapter Two about the role of the media in changing or positively influencing social norms in support of long-term, sustainable behaviour change at the population level, fostering long-term, normative shifts in behaviour, increasing the practice of healthy behaviours to give a chance for the community to compare their practices with the reality.

... radio has been used to encourage positive individual behavior change and constructive social change through formal lessons or didactic lectures delivered by renowned scholars and authorities,” (Fossard, 1996:2). What motivated the use of radio as a pedagogic and educational tool were its perceived strengths as outlined by Fossard (1996:7).

Rubin (1990) supporting this argument states that the media message intended to persuade audience to do something, or behave in a certain manner, or on the other hand, reinforce existing attitudes, because media contents are usually not necessary or sufficient cause of audience effects, because, media message is one source of influence in social and psychological environment.

4.5 What listeners do with the information they gain?

Most of FGDs’ stated that the trend of going to health centers either for delivery, preventive or follow up services is improving after becoming members of the group. Because of the practical changes they bring about and the training they give to their neighbors during social meeting, the perceptions about maternal health is changing (GD4/FGD4,4),(GD3/FGD3,3) ,(GD1/FGD4),(GD2/FGD2,2), (GD1/FGD 4).

I used to give them [community members] counseling service. I communicate with them and since I acquired knowledge about the issue from the program, they started to believe me. I used to be like them. But I am changed as I have learnt something from the program. Since I am older, they give me respect and do not oppose me when I teach them. I am good at making reconciliation. I am a farmer and in addition, I also serve in the church. We have changed the behavior of members who are under my supervision. I tell them that the time has passed when we used to engage in harmful traditional practices (GD4/FGD4,5 Goy webeshete May 4,2016).

Most people form their opinions under the influence of opinion leaders, who in turn are influenced by the mass media. So, according to this, ideas flow from mass media to opinion leaders, and from them to a wider population. Gabriel (1994:323) noted, from this it sounds logical to conclude that the program helps assure to give knowledge for the entire listeners' groups.

Discussant (GD3/FGD 3,3) (GD4/ FGD,4,5) , (GD1/FGD2) said that they improve their practice and end in various behavioral changes regarding maternal health in their lives because of Jember. And most of them decide to change their attitudes and practices, regretting their previous perceptions. Such kinds of decision making by opinion leaders have played a key role to change the behavior and practice of others who follow the leaders. Scholars, also argue that the role of opinion leaders is more influential than mainstream media.

Generally, interpersonal communication is considered more effective in inducing attitude and behavior changes, that it is also true that two media are better than one in achieving desired objectives (Rogers et al, 1977 in Moemeka, 1994). Moemeka also emphasizes that the amalgamation of mass and interpersonal communication can help eliminate the limitation of each while improving on the strength (Moemeka1994:62). One discussant hammer those ideas as follows:

My children have not received breastfeeding for 24 hours. There are 30 persons under me. In the past, I used to follow the tradition and was not open for change. When my wife was about to deliver, there was much bleeding and we were shouting and kicking at a material which had a disturbing noise with the belief that [the bad spirit] would be disturbed. But now, I accept that women can be saved if they receive blood [donation] in the clinic. Because, previously women could die due to lack of blood. I regretted our previous practice and now I am sharing the knowledge I acquired to compensate yesterday (GD/FGD5 Mankusa).

The actions of discussants go in line with what Moemeka's belief that the follow-up of a radio message with localized discussion and decision ensures positive commitment to agreed-upon decisions and subsequently to social change. "The combination of a message carried to many

groups by a mass medium like radio, then localized by discussion in small groups and guided to a group decision conforms closely to existing theories of communication and social change (McAnany, 1973 in Moemeka, 1994:130).

As Moemka underlines, membership in the group helps to expose the participants to information important to the rural communities, and this turns such individuals into opinion leaders whose views would tend to be respected in the community. Thus, according to Moemeka, one of the main benefits of group sessions like the one formed in Finote Selam for Jember radio program is the effect they have on non-participants as a result of their impacts on participants (Moemka, 1987).

What members belonging to the listeners' groups do by imparting the information they gain from the radio programs to those not attending the sessions could be an instance of the 'two step flow of influence' in which "ideas often flow from radio and print to opinion leaders and from these to less active sections of the population" (Lazarsfeld et al., 1944 in Servaes 1999:23). According to Servaes, the general conclusion of this line of thought is that mass communication is less likely than personal influence to have a direct effect on social behavior.

4.6 The important role of listeners' group to build open discussions

The discussants made clear that the group discussions are important part of the whole process of the radio program. In the same manner, everyone can have many matters clarified and decisions reached on important points. In the words of one discussant, the group discussion is an arena where listeners benefit much from (GD/FGD 3,7 Agomamit May 5,2016).

The group discussion enables me to have things clarified. The facilitators help us in that regard and we also learn from one another. If you tune to such a program alone, you will not have that chance. (GD/FGD2,6 Mana weste gult May 4,2016)

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(McAnany, 1973 in Moemeka, 1994:130). One of the discussant's experience prove what Moemeka said as follows:

We came from different age groups. If you look at me, I am old but I am a member of listeners' group. But because of my age, I can't grasp and understand the whole content of the program during the listening session. But the forum is serving as a stage for facilitators to clarify the issue to listeners and achieve the main objectives. Besides, in groups, participants take the contents seriously and have the chance to have debate on the issues. (MI:1, May 7, 2007 Mankusa Degma).

4.7 Listeners' Group as a medium

Morris states that the mass media are important in spreading awareness of new possibilities and practices, but at the stage where decisions are being made; personal communication is far more likely to be influential (Morris 2003). As Morris say different respondents such as (AI:6,MWI:4,GI:10,MDI:13), who are relatives of listeners' group support this idea. One woman respondent said:

She is my granddaughter. I started to take care of her when her mom passed away. My daughter had not received pre-natal care at health center during her pregnancy. As per the culture of our area, if a mother experiences labor, the relatives surround her, holding hot stone and saying Marry repeatedly until the child is born safely. Porridge would be prepared for the visitors. Accordingly, during the performance of this ceremony, my daughter became weak and unconscious during delivery. In our culture, when we face birth defects during delivery, a bullet would be shot in the air. We call it "Serakiyan Mot". When a mother faces such situation, it is believed culturally that it is caused by bad spirit. So, the men shoot their guns to frighten and get rid of the spirit from the mother and hence free her soul. So, we did it, but I could not save my lovely daughter. I am raising my grandchild. By now, our neighbors have got the awareness about the issue and are sharing their knowledge. The awareness of the people has now improved. Now as you saw, I am also treating my child in law in my house. Because I have the knowledge about what am doing for infant. When I am aware of my second daughter in law's pregnancy, I confront the people around her and discouraged her to go to a health center. Then, she gave birth safely at a health center with full of my support. It has been 18 days since she has

delivered. I am taking care of her, thanks to health development workers (AT:7 Agomamit, Tebelma Got, May 07,2016).

Waisbord stresses the fact that the media have powerful effect only indirectly, by stimulating peer communication and making it possible for messages to enter social networks and become part of everyday interaction which makes the blend of media and group discussion evidenced in the Jember radio program discussion is more important. Interpersonal communication, according to Waisbord, is fundamental in persuading people about specific beliefs and practices. (Waisbord, 2005:81)

According to Moemeka (1985:181) in rural development activities, the media of mass communication can hardly operate successfully alone. They need the support of interpersonal channels of communication.

Although Rogers states that it is held that interpersonal communication generally is considered more effective in inducing attitude and behavior changes, he concedes that it is also true that two media are better than one in achieving desired objectives (Rogers et al, 1977 cited in Moemeka, 1994). Moemeka also emphasizes that the amalgamation of mass and interpersonal communication can help eliminate the limitation of each while improving on the strength (Moemeka1994:62).

Waisbord agrees that interpersonal communication and multimedia activities should be combined and add that because social learning and decision-making are not limited to the consideration of media messages but also involve listening and exchanging opinions with a number of different sources, interventions cannot solely resort to the mass media (Waisbord, 2005).



Fig.3. Radio Listers' group, Mana Weste Gulte FGDs between listeners

Photo by community member

4.8 The Role of Facilitators in Listeners' Group

The facilitators, who are responsible for several roles along the different lines of the listening and discussion stages, were found to be an integral part of the listeners' group strategy. Interview was conducted with four of them. They are community-based health workers who are, theoretically, trained for a year and paid to provide primary healthcare in areas of the country where access is limited. This includes antenatal care as well as information about clean and safe delivery including encouraging families to plan for delivery in a facility. On average, there is one HEW for every 500 household. The youth were given the role of a facilitator by taking their interest in literature and school performance into consideration (<http://www.countdown2015mnch.org/country-profiles/ethiopia> Accessed 20.4.2016).

The facilitators have the task of making sure group members attend regularly. Besides, they check the radio set is brought (since the radio sets used for the Sunday sessions are always in the hands of some selected listeners) and fine-tuned for convenient listening. Perhaps one of their demanding tasks is that of coordinating the group discussion stages (MF1, HE:I, 1).

GW3, HEF3: We have been given a manual which state what we are supposed to do before, during and after the radio programs. We make sure that listeners are seated in circles for convenient listening. After listening we encourage discussion and collect information.

MWF5, HEF5: For instance, a certain word could prove hard to grasp to the audience. We assist in explaining such difficult terms. The facilitators are better suited to tell about the participation of group members and following is how they rated the level of participation of group members.

ATF7, HEF7 Those who can write take notes. Others actively participate and answer to question even if they may not use the right words. Most arrive at the meeting spot on time and at times, even if unexpected rain interrupts the discussions, all stay around in the hope it would subside. We have to be there to all facilitation.

Regarding the facilitators, the Coordinator of the Listener Programs for BBC Media Action in Amhara regional State, asserted that “most of the time, we give trainings for coordinators in each team as health extension professional. There are two teams in each kebele. We provide trainings to improve the ability to handle discussions and give response as well as other related questions. We also carry out monitoring activities monthly.” (BBC:I2 May, 8, 2016 Bahirdar)

The facilitators act as liaisons between some group members who are illiterate and the radio program producer. They gather comments from members and then send it back to the regional coordinator of the listeners' group. As Moemka notes, the sending of reports and messages provides the vital feedback which is often missing in mass media activities.

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number of different sources, interventions cannot solely resort to the mass media (cited by Ephrem Melaku 2007: 39).

4.9 Attitudes of HEWs (Facilitators) towards listeners' group

In Ethiopia, the government has introduced the Health Extension Program, which is a free primary health care package with four strands: disease prevention and control, family health, hygiene and environmental sanitation and health education and communication. And Jember listeners' group links with these structures. As the researcher observed in Finote Selam city, they are working together to improve maternal health issues in their community as a listeners' group. The researcher interview HEWs to evaluate the role of listeners' groups, to deliver their aim through the community. One HEWs said the following in this regard:

Today, we got partners with whom we discuss our issues. Previously, some mothers used to say that they have works to do at home when they have to come for vaccination. Now days, members of the audience hold talks with the leaders of the development about the advantages of taking vaccination. Hence, the condition has helped to change the attitude of stubborn people. We can know this after knowing who sent the pregnant and why they come to us. When they started mobilization at the vaccination center, the number has been increased. The number of professionals that was only two previously is now increased. (GW3,HEF:13 May,8,2016 Goy webeshet)

The opinion leaders implement what they tell others to do. They have the capacity to convince others. They have acceptance among the people. They have women development team members. They have been selected for audience team. After 29 days, as of the starting of the month⁴, the pregnant shall come to take part in awareness creation conference. She shall bring the child for vaccination. She calls Ambulance at the time of laboring so that she shall be taken to the health center in the area. Some pregnant women confirm that they are following their condition based on the appointment dates. (MF2, HEF:12 May 8, 2016, Mankusa)

We used to face difficulties when Ambulance are called at the same date and time. However, the presence of development team members could enable the people to utilize traditional Ambulance.

It has solved future problem. They get an information about how to make it, from Jember radio program and then they make it. If the delivering date comes before expected time, and the woman had to come to the health center in advance, and she faces labor on the way to the center, the team in the village will bring her to the heath station. (ATF8 HEF:I8 May,6 2016, Agomamit, Tebelema)



Fig.4. Photo by researcher Traditional Ambulance Mana Weste Gult prepared by Listeners'

Different results have been registered in villages with and without listeners' group. In the areas where there are listeners' group members, they bring mothers to the health centers and the situation of family planning and pregnancy follow up is interesting and good for our work. It was difficult to make each pregnant woman living in wide area have access to the two professionals found in one kebele. The probability for us to know the situation fully is limited. But now, as

there are listeners' group, we got power to do so. (MWF7,HEF:16 May 8, 2016, Mana weste Gult)

The listeners' group acquire knowledge from Jember radio program. They teach the community what they have learned. They bring mothers and children to get health care service. They send them to us. We, on our part, provide support for the maintenance of roads to make it easier for mothers to come to the health center. The residents also participate in this process by spending from their pockets. In my cluster, there are three health posts and the situation is better than in other areas. The prenatal service is improving from time to time. The Jember radio audience team is contributing towards the fulfilment of the strategies of the government. As they have a key role to play medical professionals were invited to come and be part of it. Community members say they used to give birth at home and they started to attend the health center being motivated by someone in their neighborhood. It was not only the distance of the health center, but the cultural had significant impact in reducing the number of health center attendees. The contribution of audience team could increase the participation of mothers.

(HEM:AT:12, Agomamit tebelma May 6,2016)

The researcher conducts interviews in each kebele were conducted on a face-to-face basis at locations that were convenient for participants and the researcher. During these interviews, the researcher got information from the interviewee about what the facilitator said above concerning the listeners' club like, (MI:4,AT:7,GI:11,MDI:14) one of those said as follows:

Previously, I gave birth to two children at home with the help of traditional practices. Whenever I think about health center, it makes me feel sick. At that time, I used to hide myself from health extension worker. Whenever they come home to talk to me about this condition, I refrain. Now, since the audiences talk to me at "Edir" and church services, then I used to challenge them. But through time, my capacity gets weaker because I have always perception but they have knowledge & again they are respected in our community meet them now & then, and by my third child I give birth at health canter, and my child gets vaccination and I followed medical treatment. Even now I believe in birth spacing. If my husband agrees, I have a plan to take contraceptive. (MDI:15 Mankusa, May 7, 2016).

In jemmer program listeners' group and their community build trust to live as neighbours. Arndt (1967:3) is defined as oral, person to person communication between a receiver and a communicator who the receiver perceives as non-commercial concerning a brand, a product or a service. At first WOM occurred mostly among neighbours exchanging news regarding the offerings of neighbourhood stores. In, Katz and lazarsfeld (1955:37) found that WOM was seven times effective that newspaper and magazine adevertizing, four times effective than personal selling, and twice as effective as radio advertising in influencing consumers in a phase of brand switching. As a facilitator of each group, HEWs believes and observe there is a huge difference between them and listener group trust and contact time reputation, that is why they are comfortable to get a support who knows the targeted groups in detail live in each part of the village. (MF1,HEF:1, GWFR,HEF:I4, MWF6,HEF:I6, ATF7,HEF:I7)



Fig.5. Photo by community members, Agomamit Interview with Facilitator.

4.10 Effect of “Jember” on listeners

There is an assumption that effect of media products may not be successful by simply increasing the flow of messages, with the assumption that a message will directly influence audience perception (Windahl & Signitzer, 1992). Messages are said to have direct relation to the lives of the target audience, so that they can easily identify themselves with it.

The survey result shows that certain issues have impacts on the surrounding community of listeners' group. Respondents said that it first tends to change their practices. Because most of the Jember program issues are related to their previous wrong practices. Issues such as prenatal care, infant care, vaccination and pregnancy process were mentioned to be directly related to their previous practices. As a result, they say that their awareness on the issues is raised and some witnessed change of attitudes towards safe delivery and reproductive health. Others said that they managed to gain knowledge on some proper practices to manage child care after breastfeeding seasons that the children must receive additional foods for their brain development.

Conversely, some neighborhoods who live around listeners' group also mentioned that they can learn more from livelihood. The opinion leader who has firsthand information about the issues under discussion and willing to share their experiences in the meeting sessions of the community. It's more helpful to them than the opinions of experts invited the health center or HEW program. Most discussants said working in formal session quite often because their relationship matter before the program and informed informally with day to day practices. One of the interviewee said:

I have given birth to eight children, even though the health extension workers told me that it was not advisable. Five of them are alive but three of them have passed away during delivery. Due to this reason, I faced Uterus removal. However, the development team in that area like my parents visited me in the place where I was resting after being ill. I also suffer when I hear the story of others who lost their children because of lack of awareness raising education. Then after, I apologized the health extension workers, thinking that I made a mistake. Now, My health has been recovered as I have got medication, thank you for them now and then. In previous time, am not comfortable to take off my close in front of a stranger. But now the listeners' help me to

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accept my nature. They told me that it is not something to be ashamed of. They made me to observe the cleanness of the delivery place. Now I can influence others. That is why I voluntarily join the listeners group.(MI:4 May 8, 2016 Mankusa)

The argument by Lazarsfeld (1955: 2) brought a new understanding of the 'effect' as one section of the total experience of a society. This shifted the understanding of the audience from an individual to a member of a group and stressed the importance of interpersonal communication in the relationship between media and audience (Newbold, 1995). In addition, the indirect effect of mass communication has proven to be more effective by encouraging interpersonal communication (Bryant, 1994). However, there is a tendency of the message to be distorted in the process of selecting and filtering. Nevertheless, it is argued that selected message is more likely to be relevant to the receiver and more likely to bring about an effect in return (Petty and Priester, 1994).

What members belonging to the listeners' groups do by disseminating the information they gain from the radio programs to those not attending the sessions could be an instance of the 'two step flow of influence' in which "ideas often flow from radio and print to opinion leaders and from these to less active sections of the population" (Lazarsfeld et al., 1944 in Servaes 1999:23). According to Servaes, the general conclusion of this line of thought is that mass communication is less likely than personal influence to have a direct effect on social behavior.



Fig.6. Photo by researcher Agomamit, Listeners' on Discussion

4.11. Listeners' group as a change agent

According to Freire's (1983) argument "knowledge is produced socially, and acquired through social interaction" (cited in Durden, 2010: 81). When listeners' group give maternal health tips to fellow communities and help others close to them acquire knowledge by drawing examples from their own practice to explain how they have benefited from adopting a particular new knowledge and technique. In the process, they also validate the knowledge that is produced by experts. This motivates the society to work hard because they know that they are not simply experimenting with a new practice but are actually implementing a practice that has already been validated or proven beneficial by others. In this case most, of the respondent, whom the researcher met to find out the role of listeners in changing the community's perceptions and practices, said the listeners are their model. An interviewee said the following in this regard:

It was due to the reason that I said I do not want go to a health care center to show/reveal my body. Now, I go to the center every month and take treatment. My relative who is listener of Jember, after he took his wife to the health center, I observed that she came back in a good condition. Now, everything is changed for me. He is my role model. I also asked his wife the

detail. She told me about the situation and I [followed up while I was pregnant of my second child] just followed my second child and I took my child to the health center. My neighbors were visiting me, after I deliver at a health center. Then I realized that I made the right decision, and now I advise others to do the same in the future after hearing that there shall not be a mother who shall not deliver at health center. (GI:9 May, 6, 2016 Goy webeshet)

4.12 How listeners change the practice of the society

Among the respondents who claim to be familiar with listeners of “Jember”, the majority replied by saying that the advice of listeners helped them gain knowledge on maternal health. Some of them said that the program helped them develop their awareness on prenatal and postnatal care, and sanitation during pregnancy. Now they give due attention these issues. One respondent said that his attitudes towards maternal issues changed after listening to the listeners.

I faced problem of fistula due to extended labor. I was isolated from and discriminated by the community and my family. The change has come after the audiences of the program have arrived. Indeed, first they even hated me. I was waiting to die. HEWs were not informed, because on one believe it's a treatable problem. So, I didn't expect to receive medication to be healed. As I faced the problem during the postnatal phase, it was said that it is linked with bad spirit. Hence, I did hide myself and later on, my neighbor who came to know the audience revealed that fistula could be treated. Then, the health extension workers heard about it and help me to get the necessary medication. I was the only one in the neighborhood to experience the problem. Now, I am healed with the help of Jember and can meet people (MI:2 May 7, 2016, Mana Wste Gult).

I used to practice/perform traditional midwifery. After delivery, I wash the infant and make him/her swallow butter. Then I wash both the mother and the infant. There are people who still invite me secretly to perform the practice. But, I call the leader of the development team to meet with them. They accept her because she is respected. I take them and spend the night with them and never depart until they give birth. Because, once, while I was assisting delivery, the infant came with its legs. It was a painful experience that made me suffer a lot. I was frightened. Then, once, one audience of the Jember program said “I have to be part of their work.” And when she

gave lessons, I started to listen attentively and I became the supporter of the initiative. (AI:8 May 8,2016 Agomamit)

Diffusion research examines how ideas are spread among groups of people. Diffusion goes beyond the two-step flow theory, centering on the conditions that increase or decrease the likelihood that an innovation, a new idea, product or practice, will be adopted by members of a given culture. In multi-step diffusion, the opinion leader still exerts a large influence on the behavior of individuals, called adopters, but there are also other intermediaries between the media and the audience's decision-making. One intermediary is the change agent, someone who encourages an opinion leader to adopt or reject an innovation (Infante, Rancer, & Womack, 1997: 577).

As I have learned from the audience of Jembar Radio who is my neighbor, when my laboring started, I wanted to go to health center for delivery. However, my family did not allow me to do so. They made me stay in the house saying 'nothing was new/different that day'. In our area, one audience of the program lives. But he had another commitment and he did not hear about my case. Finally, he came and decide to take me to a hospital. However, my family did not allow him. He argued with them. As he is well- known in arbitration, they could not force him and he managed to call an Ambulance. But it took a while for the Ambulance to get there. Then, he immediately called a minibus, which took me to the ambulance which was on its way to pick me up. Then, we reached a health center where I received help. The professionals saved my life but my baby passed away. I was so sorry. I decided not be affected much by my families and the situation as a whole. The neighbors and my family understoodd the situation taking me as an example. Now, I am following up my second baby at a health center. (MD:II3, May,8 2016, Mankusa Deguma)

Many authors, according to Jayaprakash, have criticized the 'top-down approach' in development communication and quotes Melkote (1991) to suggest that in this approach messages are disseminated from top-level authorities to the grassroots and that the messages are often difficult for rural audiences to comprehend because of their complex nature (Jayaprakash, 2000).

The researcher had the chance to discuss and have interview with two health center managers, it is related to grass root level or horizontal communication how effective than top-down information disseminate:

I am the head of the health center of Agumamit. There are about two listeners' team in our Kebele. They get knowledge from Jember radio programs. Then, they teach the community what they have learned. They bring mothers and children to receive health care services. They send them to us. We provide support for the maintenance of roads which makes it difficult for mothers to come to the health center. The residents also contribute from their own pockets. In my cluster, there are three health posts and the situation is getting better. The prenatal service is improving from time to time. The Jember radio audience team is contributing towards effectiveness of the strategies of the government. In order to know the role of medical professionals, we asked them to take part. The pregnant women say that they used to give birth at home and they come there being motivated by someone in the community. Not only the distance where the health centers are found but the culture also could be an obstacle to improve the health situation in the area. In this regard, the contribution of the audience team is playing a key role.

(HCM:AT:11 may 6, 2016, with Agomamit health center head Agomamit Tebelma)



Fig.7. Pregnant woman stays Room built by Radio Listeners' Group Member

The listeners' group team members are well known in various developmental activities in the society prior to the commencement of the radio program. They are role models in harvesting practices, village social life, and conflict resolution mechanisms. They also give advices to the

community and generally the people believe in them. So, when they came with the issues of maternal health, everybody gives attention to them. The people follow their role models. Thus, the members can make change in increasing the number of users. However, the program is implemented only in two Kebeles and we will be happy to expand it to other Kebeles, (HMC, MD:12 May 6, 2016, with Mankusa Health Center head Mankusa Deeguma).

According to Gabriel (1994:323) The two-step flow of communication model, or Multistep Flow Model, says that most people form their opinions under the influence of opinion leaders, who in turn are influenced by the mass media. So according to this model, ideas flow from mass media to opinion leaders, and from them to a wider population.

This theory asserts that information from the media moves in two distinct stages. First, individuals (opinion leaders) who pay close attention to the mass media and its messages receive the information. Opinion leaders pass on their own interpretations in addition to the actual media content. The term 'personal influence' was coined to refer to the process intervening between the media's direct message and the audience's ultimate reaction to that message. Opinion leaders are quite influential in getting people to change their attitudes and behaviors and are quite similar to those they influence. The two-step flow theory has improved our understanding of how the mass media influence decision making. The theory refined the ability to predict the influence of media messages on audience behavior, and it helped explain why certain media campaigns may have failed to alter audience attitudes and behavior. The two-step flow theory gave way to the multistep flow theory of mass communication or diffusion of innovation theory. (Katz 1957:72).

4.11. Listeners' recommendations/ on "Jember" Content, format, and style

In general, "Jember" radio program received wider acceptance in that area because it is the only way to own radio and acquire information on important issues. Yet through observation and interview, the researcher learnt that there are differences in opinions among the community regarding the format and style of presentation of "Jember" radio program. Most Older members of the group whom the researcher approached said they agree that the content, format and style of the program suit them. But sometimes, it is a bit fast and difficult to hear. As a result, they are more interested in the discussion as they use it for clarification of issues which they could not

listen to in the program (GD2/FGD 2,2) (MI: 1,AI:6) (GD4/ FGD4,5) AI:5, MI:2). On the other hand, others said the program format lacks consistency, sometimes it would be better if it includes creativity to transmit the message for instance using poems. Most of the listeners said it would be much better if the presentation of the program incorporates such issues in its format to make the program more entertaining. The researcher also observed in one listeners' group discussion that most of the members were much more interested in the story that was transmitted using poems.

More than anything from the event, I was very much amazed by literature and poetry and it relates with my case. I didn't think that a husband might help his wife during pregnancy in household work to share her burden. However, since I heard a story presented in poem, the character forced me to see my life and how I treated my wife and it made me feel guilty. And then, I decided, I have to help my wife in household activities during her pregnancy and become role model to others. I also decided to take her to the health center at least four times in nine months. (GD/FGD2,7 Mana weste gult may 4,2016)

According to Singhal & Rogers(1999) Entertainment-Education (EE) is an approach in which social messages are incorporated into entertainment programmes. The strategy is to combine the efforts of

1. a creative team that designs the storyline, incorporating socially informative messages, and
2. an evaluation team that uses communication and behavioural theories to achieve and measure behaviour change.

"Entertainment-Education is the process of purposively designing and implementing a media message both to entertain and educate, in order to increase audience member's knowledge about an educational issue, create favourable attitudes, and change overt behaviour."

According to target audience of Jember, includes some entertainment education format in to the content, as scholars noted its more effective to address the issues what plan to disseminate. The researcher also observed some creative work got an attention between listeners during their discussion.

Chapter Five

Conclusion and recommendations

5.1 Introduction

This chapter makes conclusion based on the key findings of the study, gives recommendations and provides directions for future researches on listeners' group as it specifically, examined the functions and roles of listeners' group in facilitating communication among rural communities; in encouraging behavioral changing through enhancing and informing the society as change agents; how RLGs help to expand ordinary people's awareness; and how the community is influenced or impacted by the maternal health issues through the activities of the listeners' group.

5.2 Conclusion

RLGs can provide a forum for sharing and discussing both personal and communal issues. They provide opportunities for both reaction and partaking. Ordinary people discuss their views and grievances about the development activities through various traditional community associations where they attended. Then the community leaders present the issues to the radio producers. Therefore, the RLCs can play a middle role between the community and the radio station in rural development. Accordingly, the following conclusion can be made:

- Ordinary people participate in these development initiatives thereby enabling community development and self-development or sufficiency. In communication for development, therefore, the role of listeners' group is to provide information to their community and promote development issues. As Inagaki (2007) has observed, the success of communication intervention can be measured when changes amounting to the realization of specific goals such as reduction in death of mothers during delivery are achieved. Therefore, this information helps to raise people's awareness on social problems and this triggers self-reflection among them to do something about their problems. While involvement of opinion leaders is seen as a vehicle to achieving development goals, the

findings of this research demonstrate that different levels of participation achieve great results.

- The group discussions are well-thought-out as a vibrant part of the radio program, both by facilitators and listeners. It is an instance where radio messages are discussed by local listeners. As important as this stage is, to clarify the issues, and break the silence of the society.
- The interpersonal communication associated with RLGs plays a big role in influencing behavioural change and adoption of best practices among members and the community. This system of information flow triggers reactions leading to the adoption of desirable behavioural patterns (Inagaki, 2007). This relates to the capabilities approach in the sense that development cannot take place without changes in attitudes among the people concerned (Servaes, 2000). Therefore, changes in attitudes and adoption of desirable behaviour as a result of information and skills imparted to them can contribute to expanding people's capabilities, and radio listeners facilitates this process.

5.2 Recommendations:

- Listeners group members need to be provided with at least one formal training on the basic knowledge about the role of a facilitator during their membership. Because after two year, their time as members of the group ends. Therefore, it is necessary to give trainings to new members. In most cases, once such campaigns end and the issues receive attention, they might not continue. Hence, to avoid these inconsistencies and take responsibilities for establishing other friendship clubs like 'Family of Jember' by previous listeners [among community members to carry on discussing social issues] to raise the awareness on the issue in other kebeles in remote areas which do not have listeners' groups. This will keep the momentum between the society to achieve behavioural change among the community and other targeted areas.
- The program must include creative way of storytelling like short drama, soliloquy, poem, to catch the listener's attention and made the issue memorable. And also in a creative way must address the demarcation between one issues with other.

- Jember comes as a community radio to encourage the participation of the community on social issues. Because when radio is managed by the community, it gives them opportunity to actively take part in the program, select the style of hosting and the issues entertained, the language and the slang, and the likes. This generally will create room to accommodate their preferences and test. Further, it is also possible to entertain and raise the awareness of the community on other harmful traditional practices side by side with maternal health issues. Either in the case of 'Jember' or other development radio programs, it is salient to ensure the active participation of local communities for the sake of effectiveness by creating platform for community radio. Because community radio gives room for participation and decision making process to the community from the very beginning. Such kinds of opportunity create sense of belongingness.
- Kebeles who have listeners' group compared with others not included in this BBC project, have changed. The community have more information on the issue and have brought about behavioural change in their practice. That is why the leaders of health center & HEWs recommended, if possible, expanding the experiences to other kebele. Hence, BBC Media action or others should work for social development programs to address rural area community until the infrastructure being well, use a mechanism of listeners group to address developmental agendas in all kebeles.
- Finally, the government has to invite other stakeholders to address various challenges of the rural community by formulating listeners' groups on various developmental issues. This is because, it takes time to reach all rural communities through the mainstream media due to lack of infrastructure. Because the investment of infrastructure is more expensive than building social centred information dissemination mechanism.

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Appendix I

Observation Guideline

1. How does the listening session carry on?
2. What are the reactions of listeners during the listening session?
3. What content is being broadcast?
4. How is the move from listening to discussion made?
5. Who controls the discussion?
6. Who facilitates the group discussion?
7. How is decision get hold of?
8. How is inference stretch finally?
9. What is done in the final stages?

Appendix II A
List of Focus Group Discussants

Group One

No	Name	Group	Code	Sex	Resident
1	B. K	GD 1	FGD 1	F	Mankusa/Tebelma got
2	M. K	GD 1	FGD 2	F	Mankusa/tachfarfa Got
3	A. B	GD 1	FGD 3	F	Mankusa/ wana Got
4	Y. A	GD 1	FGD 4	M	Mankusa/Tebelma Got
5	S.Y	GD1	FGD 5	M	Mankusa/Moza Got
6	S. A	GD 1	FGD 6	F	Mankusa/Yosef Got
7	G. M	GD 1	FGD 7	M	Mankusa/Moza

Group Two

No	Name	Group	Code	Sex	Resident
1	B. B	GD 2	FGD 2,1	F	ManaWesteGult/degumesobit
2	S.G	GD 2	FGD 2,2	F	ManaWesteGult/Tachfarfa
3	Y. C	GD 2	FGD 2,3	F	ManaWesteGult
4	Y. N	GD 2	FGD 2,4	M	ManaWesteGult
5	S. D	GD 2	FGD 2,5	M	ManaWesteGult
6	G. K	GD 2	FGD 2,6	M	ManaWesteGult
7	T. T	GD 2	FGD 2,7	F	ManaWesteGult

Group Three

N_o	Name	Group	Code	Sex	Resident
1	T. A	GD 3	FGD 3,1	F	AgomamamitTebelma
2	T. A	GD 3	FGD 3,2	F	AgomamamitTebelma
3	A. G	GD 3	FGD 3,3	F	AgomamamitTebelma
4	G. Y	GD 3	FGD 3,4	M	AgomamamitTebelma
5	D. A	GD 3	FGD 3,5	M	AgomamamitTebelma
6	T. H	GD 3	FGD 3,6	M	AgomamamitTebelma
7	A. B	GD 3	FGD 3,7	F	AgomamamitTebelma

Group Four

N_o	Name	Group	Code	Sex	Resident
1	M. M	GD 4	FGD 4,1	F	Goy Webeshet/Abiselote Got
2	A.S	GD 4	FGD 4,2	M	Goy Webeshet
3	A. E	GD 4	FGD 4,3	M	Goy Webeshet
4	G. Y	GD 4	FGD 4,4	M	Goy Webeshet
5	T. G	GD 4	FGD 4,5	M	Goy Webeshet
6	T. A	GD 4	FGD 4,6	F	Goy Webeshet/Enderfet Got
7	L. G	GD 4	FGD 4,7	F	Goy Webeshet

Appendix II B

Discussion guide for FGD

1. Is this the only occasion you listen to the radio?
2. Do you like the way the programs are presented?
3. Which contents do you like most?
4. What topics would you like to have more of?
5. Do you get such information in the programs?
6. What needs to change about the program?
7. Do you think the programs are good?
8. Do you trust the program?
9. Is the language used in the programs simple or difficult?
10. How important are the group discussion stages?
11. What will be done after the group discussion?
12. Do you share the information gained from the group discussion with friends or family?
13. What do you feel has to change about the group discussion?

Appendix III A
List of Facilitator

No	Name	Group	Code	Sex	Resident
1	M. D	MF1	HE, F:I1	F	MankussaDeguma
2	L. M	MF 2	HE, F:I2	F	MankussaDeguma
3	F. M	GW 3	HE, F:I3	F	Goy Webeshet
4	T. M	GW 4	HE, F:I4	F	Goy Webeshet
5	S. M	MW 5	HE, F:I5	F	ManaWesteGult
6	N. A	MW 6	HE, F:I6	F	ManaWesteGult
7	Y. B	AT 7	HE, F:I7	F	AgomamitTebelma
8	A. D	AT 8	HE, F:I8	F	AgomamitTebelma

Appendix III B
Interview Guide to Facilitators

1. How were you given the role of a facilitator?
2. What are your major tasks?
3. What sorts of programs does the listeners demand most ?
4. How do you rate the participation of the listeners group?
5. How interested are listeners in the programs?
6. What are the major problems you encountered as a facilitator?
7. How do you solve these problems?
8. What do you think are the achievements of the jember plan?
9. How important to you think are the Group Discussions?
10. What do you think motivates listeners to keep on listening?
11. How do you think the programs can be improved?
12. How do you rate the level of participation of the listeners in the group? Are they inactive listeners? Or energetic volunteers?
13. How close is the relationship between the community and listener group?
14. What changes have you observed in the community since the beginning of the Jember?

Appendix IV A
List of Residents Interview

N_o	Name	Sex	Code	Resident
1	A. Z	M	MI:1	Mana
2	M. B	F	MI:2	“
3	T. A	F	MI:3	“
4	G. B	F	MI:4	“
5	G. E	F	AI:5	Agomamit
6	Y. T	F	AI:6	“
7	K. M	M	AI:7	“
8	T. A	F	AI:8	“
9	A. G	M	GI:9	Goy Webeshet
10	K. A	F	GI:10	“
11	G. S	F	GI:11	“
12	A. G	F	GI :12	“
13	T. A	F	MDI:13	MankusaDeguma
14	W. A	M	MDI:14	“
15	Y. B	F	MDI:15	“
16	M. Y	F	MDI:16	“

Appendix IV B
Interview Guide for resident

1. Do you think delivery need preparation?
2. What you feed your infant at birth?
3. How long you plan to breast feeding your baby?
4. How long your birth spacing?
5. How is your plan regarding to number of children?
6. When you birth your first child?
7. Where you give abirth?
8. What is your plan to health center delivery?
 - 8.1 If yes/ no why?
9. Do you have any information about listeners group in your community?
10. What they are doing in a community?
11. Do you meet them before? When & where?
12. What do you get from them?
13. Did you believe them? Why?
14. What is the role of them in your maternal life?
15. Did you observe any change in your community and your life?
16. Do you have any information about maternity issues before?
 - 16.1 . If yes what was your action?
17. How evaluate their work in your community?
18. Any change in your life after information you got from listener group?
19. Did you vaccine all your kids?
20. how you evaluate husbands participation in maternity issues?

Appendix V A
List of Health Center Manager

No	Name	Sex	Code	Resident	JOB
1	N. A	M	HCM:I1	Mankusa	Mankusa Health Center Mananger
2	Y. C	M	HCM:I2	Agomamit	Agomamit Health Center Manager

Appendix V B
Interview Guide for Health Center Manager

1. How do you rate the role the radio listeners' group plays?
2. What are some gaps you think need filling?
3. What has been achieved so far?
4. How important do you think are the radio programs?

Appendix VI A
List of Organizer

No	Name	Sex	Code	Resident	JOB
1	H. A	F	BBC:I1	Addis Ababa	Mankusa Health Center Mananger
2	T. F	M	BBC:I2	Bahirdar	A/R/S Jember Listeners Group Coordinator

Appendix VI B
Interview Guide for organizers

1. What is Jember content?
2. What is the aim of the program?
3. Do you think they met?
4. What are the major problems you encounter?
5. For what sort of information does the community demand in jemberprograms
For?
6. What is the significance of the group discussion?
7. Is there trust and open talk in the group sessions and with the organizers?

Declaration

I, the undersigned, declare that this thesis is my original work and all the sources of materials used for the thesis have been duly acknowledged.

KibreTesfaye

Name

Signature

Date

