Health Promotion and Non-communicable Disease Prevention and Control: A Discourse Analysis of Health Education Practices of Health Workers at Axum Town

Negassi Abay G/Medhin

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Health Promotion and Non-communicable Disease Prevention and Control: A Discourse Analysis of Health Education Practices of Health Workers at Axum Town

Negassi Abay G/Medhin

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This is to certify that the thesis prepared by Negassi Abay G/Medhin entitled: *Health Promotion and Non-communicable Disease Prevention and Control: A Discourse Analysis of Health Education Practices of Health Workers at Axum Town*, and submitted in fulfilment of the requirements for the Degree of Doctor of Philosophy in Applied Linguistics & Communication (ALCM) complies with the regulations of the University and meets the accepted standards with respect to originality and quality.

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Examiner Prof. Masibo Lumaka Signature _____ Date 23.05.2018

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Declaration

I, the undersigned, declare that this thesis is my original work and has not been presented for a degree or diploma in any other university, and that all the sources that I have used or quoted have been properly indicated and acknowledged by a means of complete references.

Name: Negassi Abay

Signature: _____

Date: _____

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Abstract

Health Promotion and Non-communicable Disease Prevention and Control: A Discourse Analysis of Health Education Practices of Health Workers at Axum Town
Negassi Abay
Addis Ababa University

This thesis aimed to explore health promotive and non-communicable disease (NCD) preventive discourses as enacted in the health education practices of health workers and their clients' talks. Thus, the study sought to: (i) examine meanings attached to NCDs by community members of Axum town; (ii) analyse how discourses of NCD prevention are constructed in the study setting; (iii) explain practices/activities that are enacted to promote health and prevent NCDs; (iv) reveal inhibiting discourses in promoting health and preventing NCDs; and (v) identify discursive strategies that could strengthen health workers' health education practices. To this effect, the study employed qualitative research approach. And discourse data were gathered through audio recording of health extension workers' (HEWs') health teachings, focus group discussions of network members and in-depth interviews of health workers, women development army (WDA) leaders, and community members (patients and their family members). To analyse the data, Fairclough's three-dimensional model in tandem with Gee's method of discourse analysis was employed.

The study revealed the following findings on the side of the people: (i) local people associated NCDs with different notions; they associated NCDs to some people, namely the rich; (ii) the community considered NCDs as diseases that could occur due to the act of evil spirit. With regard to HEWs, the findings show that HEWs engage themselves in teaching their clients on NCD prevention by emphasizing the discourse of 'prevention first', disclosing NCD cases, and encouraging participants reflect on their local views during the health education sessions. They were observed empowering their clients to prevent NCDs as per the philosophy of the health extension program (HEP). In addition, health workers were also found enacting healthy practices such as eating healthy food, staying active, having early medical check-up and avoiding risks which were also recognized as healthy practices by members of the community. Moreover, the study disclosed that the community's inherent assumptions and cultural practices were inhibiting factors in the promotion of healthy practices to prevent NCDs. The participants of the study think that advocacy, experience sharing, and empowerment are good strategies in the promotion of preventative practices against NCDs.

The study recommends that it is important that schools and other public institutions on top of the Ministry of Health should be involved in the cultural transformation with regards to beliefs and thinking related to NCDs in that NCDs are preventable and are not limited to certain groups of people. Every one of us is vulnerable to NCDs if we fail to take appropriate precautions. What the HEWs are doing is the right course of action and needs to be supported with resources and trainings. More research needs to be done focusing in health communication and promotion practices with reference to use of language especially and empowerment of communities.

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Abbreviations and Acronyms

ARoHE – Audio Record of Health Education

ATHO – Axum Town Health Office

BCC – Behaviour Change Communication

CDs – Communicable Diseases

CVD – Cardio-Vascular Diseases

DPHP – Disease Prevention and Health Promotion

FMoH – Federal Ministry of Health

HEAT – Health Education and Training

HEP – Health Extension Program

HEW(s) – Health Extension Worker(s)

HP – Health Professional

IDI – In-depth Interview

IEC – Information Education Communication

LMIC(s) – Low- and Middle-Income Countrie(s)

NCD(s) – Non Communicable Disease(s)

PNCD– Patient of Noncommunicable Disease

FPNCD – Family of Patient of Noncommunicable Disease

SSA – Sub-Saharan Africa

WDA – Women Development Army

WHO – World Health Organization

Definition of Key Terms

Discourse (big 'D') refers to the combination of language with other social practices (e.g. behaviour, values, ways of thinking, clothes, food, customs, perspectives) within a particular discourse community (Gee, 2011a).

Disease prevention refers to performing knowledge-based activities ahead of time so as 'to make the subsequent progress of the disease improbable' (Figueira, Ferreira, Schall, & Modena, 2009, p. 2).

Health refers to the state of complete physical, mental, and social wellbeing and not the mere absence of disease or infirmity (WHO, 1988).

Health Communication, in a more general sense, refers to all aspects and modes of communication that take place within medical contexts or broadly relate to the subject of health and illness (Harvey & Adolphs, 2012, p. 470).

Health Promotion is the 'process of enabling people to increase control over, and to improve their health' (WHO, 1986); and it 'involves social, economic, and political change to ensure the environment conducive to health' (Mackintosh, p. 14).

Health Education refers to activities that seek to inform individuals on the nature and causes of health/illness and risks associated with their lifestyle behaviour; as a result, motivate individuals to accept a process of behavioural change through directly influencing their values, beliefs, and attitude systems (Whitehead, p. 313).

Local knowledge refers to all forms of knowledge that are grounded in personal familiarity and/or derived from lived experiences which could be outside the boundaries of 'accepted' or 'authoritative' paradigms (Higgins & Norton, 2010, p. 8).

Chapter One: Introduction

This chapter begins with the general background of the study. Then, it states the problem. The section attempts to justify why this study is considered worth investigating. It also presents major and specific objectives along with basic research questions that are formulated to achieve these objectives. Next, an attempt has been made to illustrate the significance of the study followed by sections that pinpoint the study's scope and limitation. Finally, the organization of the thesis is described.

1.1 Background of the Study

Non-communicable diseases (NCDs), which are also termed as '*lifestyle*' diseases (indicating that they are related to people's manner of living), '*non-infectious*' diseases (referring to their non-transmissible nature) or '*chronic*' diseases (denoting their long-lasting nature), pertain to health conditions that cannot be transmitted from one person to another through any sort of contact. In other words, these illnesses do not result from an acute infectious process unlike their counterpart communicable diseases (CDs). They (NCDs) rather progress slowly in a person in a relatively long period of time (WHO, 2005; Gautam, 2012) even without showing any visible symptoms as compared to infectious diseases. However, after the diseases' (NCDs') manifestations develop and reach at its chronic stage, there may be prolonged health damage.

NCDs encompass four major health conditions. These include cardiovascular diseases (CVD) (such as heart attacks and stroke), cancer, chronic respiratory diseases (like chronic obstructed pulmonary disease and asthma) and diabetes (WHO, 2005). Traditionally, people considered such diseases as the problems of the industrialized world in general and affluent class in particular. However, studies and health reports assert that NCDs are no longer the problems of rich countries; they will rather be the near future health challenges of developing countries. Particularly, as Boutayeb & Boutayeb (2005) state these diseases are now highly prevalent in developing countries of which Ethiopia cannot be an exception. Likewise, Asaria, Chisholm, Mathers, Ezzati, & Beaglehole, (2007) also indicate that three-fourth of NCDs occur in low and middle income countries (LMICs).

Moreover, even though these diseases are not transmissible, they constitute a major cause of untimely and preventable deaths globally (WHO, 2005; Gautam, 2012; Khandelwal, 2013). Similarly, these illnesses are becoming the growing health challenges in the developing world due to individuals' lifestyle changes (Pekka, Pirjo, & Ulla, 2002) which resulted from the economic development and modernization of these countries (Arora, Pillia, Dasgupta, & Gard, 2014). Specifically, tobacco use, poor diet and being physically inactive are the potential behaviour-related risk factors for developing NCDs across the globe (Paulik, Boka, Kertesz, Balogh, & Nagymajtenyi, 2010).

According to WHO's (2013) report, cancer is the most common non-communicable disease in high income countries as compared to other countries. Specifically, cancer is the number one killer in high income countries as it accounts for 37.5% of the total mortality that occurred in 2008. Next to cancer, CVD and diabetes, together, account for 27.7% of the total death in these countries. Besides, 3.4% of mortality that occurred in 2008 in high income countries was due to chronic respiratory conditions (WHO, 2013).

With regard to LMICs, CVD and diabetes accounted for the highest share of mortality in 2008 (WHO, 2013). Specifically, in low income countries, death from CVD and diabetes account for 27.7% of the total death. However, in lower middle income countries the percentage of mortality from CVD and diabetes goes up to 33.8%. Likewise, in upper middle income countries, mortality from CVD and diabetes account for 36.6%. Following mortality from CVD and diabetes, cancer attributes for 11.4%, 18.6%, and 19.6% of the total deaths in low, lower middle and upper middle income countries respectively. Besides, out of the total mortality in 2008, 5.9% in low, 9.0% in lower middle and 3.4% in upper middle occurred due to chronic respiratory conditions (WHO, 2013). This can suggest that the rise of these lifestyle illnesses along with infectious diseases bring double health burdens to people who live in developing countries.

In the Ethiopian context, the condition seemed to be similar. NCDs are responsible for about half (48.5%) of the mortality that occurred in 2008 (WHO, 2013). CVD and diabetes accounted for one-fourth (25.4%) of the total death that occurred in 2008. In addition, cancer accounts for 7.1% of the total death whereas 6.2% is attributed due to

chronic respiratory conditions. Likewise, according to the annual report of Axum Town Health Office (ATHO, 2014), in the study setting, i.e. Axum town, chronic respiratory diseases were the leading causes of morbidity for three consecutive years. Specifically, chronic respiratory diseases accounted for 31.99%, 29.05% and 29.42% of morbidity in 2004 E.C., 2005 E.C., and 2006 E.C. respectively (ATHO, 2014).

Aside from the statistical confirmations displayed in the former paragraphs trying to demonstrate the ascent of NCD incidences around the world, including the study setting, studies show that a large portion of these illnesses are preventable. Given this, the trend needs to be mitigated through devising preventive mechanisms because 'investing in prevention and improved control of NCD would improve the quality of life and well-being of people, communities and societies' (Donev, Lazarevik, & Simonovska, 2007, p. 518). For instance, NCD incidences could be reduced or avoided via promoting healthy lifestyles and enacting preventive activities. Put other way, the prevention of NCDs can be achieved through creating and recreating health promotive and NCD preventive discourses. In relation to this, Fessahaye et al. (2012) suggested that NCD prevention could be successful when people are provided with adequate information about the potential causes of these illnesses. For that, health communication activities have to incorporate health promotive discourses that are directed towards preventing NCD incidences.

Furthermore, as Gee (2011a) illustrates, people can *say things*, *do things* and *be things* through language. In other words, language enables people to inform others (saying), act upon different issues they are encountering in their daily life (doing), and express their identity (being). This suggests that language plays central role in the process of inculcating discourses of NCD prevention because people's understanding towards the surrounding reality (world) is mediated and constructed via language (Starks & Trinidad, 2007; Shabani & Dogolsara, 2015). In addition, since language is the crucial element for shaping and/or reshaping the understandings of people towards a certain issue, in this case NCD prevention, discourse analysis serves as a tool to look into how people use language to *say things* (informing others about NCD prevention), *do things* (engage in NCD prevention activities) and *be things* (develop identity of NCD prevention). In this regard, Harvey & Adolphs (2012, pp. 470-471) confirm that

discourse analysis creates opportunity 'to see exactly what changes are taking place and in which direction'. In the same vein, Lupton (1992) states that:

> Discourse analysis is a valuable way of understanding the underlying assumptions inherent in health professionals' communication *[talks of health workers in my case]* with their clients *[health workers' target audiences (local community members)]*, lay health beliefs and the messages and meanings about health issues disseminated in the popular media (p. 149). (Italics added)

With these concerns, I felt it is imperative to explore and analyse discourses of health promotion and NCD prevention enacted in the health workers' health education practices from an applied linguistics perspective because such perspective is essential in uncovering 'a deeper understanding of the production and dissemination of [a particular] knowledge' (Higgins & Norton, 2010, p. 1).

1.2 Statement of the Problem

International and local evidence indicated that Ethiopia is among the low-income countries that are suffering from double mortality burden caused by communicable and non-communicable diseases these days. It is also indicated that prevalence of NCDs is increasing and will be a serious problem in the near future unless appropriate intervention measures are devised to prevent these diseases. Nevertheless, IEC/BCC activities in health communication mainly focus on the prevention and control of communicable diseases. In addition, NCDs remain getting little attention in LMICs, particularly in Sub-Saharan Africa (SSA). Consequently, these diseases are becoming the current and future health challenges of developing countries (Belal, 2006; Stern, Puoane, & Tsolekile, 2010; Fessahaye, et al., 2012) such as Ethiopia in general and poor communities of urban areas (Mayosi, Flisher, Lalloo, Sitas, Tollman, & Bradshaw, 2009) in particular.

Moreover, my personal experience and observation made me feel that there are misunderstandings and misconceptions towards the nature of NCDs. For instance, people considered NCDs as the problems of the affluent class. For that, it is common to overhear the association of NCD incidences only with the rich. The Tigrigna phrase '*ሕማም ሃፍታም*' (literally to mean '*the disease of the rich*') is used to refer to any type of NCDs. As a result, when people (especially 'the poor' ones) catch the disease (an

NCD), say, hypertension, they are referred as a person who is a victim of '*the disease of the rich*' ('*ሕማም ሃፍታም ሒዝዎ/ሒዝዋ::*'). This could indicate that people within the locality consider vulnerability to NCDs as associated with the affluent class. However, NCD incidences are recently common among people who are economically poor (Aikins, Boynton, & Atanga, 2010). The association of NCD incidences with the rich is a misconception that could result from the community's misunderstandings towards the nature of NCDs. Therefore, since everyone who is exposed to potential risk factors is vulnerable to develop any type of NCDs, there need to look into why people perceive NCDs as health problems of the rich. And this can be achieved by examining what community members say and do to prevent and reduce NCD incidences.

In fact, the Ethiopian Federal Ministry of Health (FMoH) attempted to incorporate health communication discourses on NCDs in the Ethiopian health extension program (HEP). FMoH and its respective Regional Bureaus in cooperation with Health Education and Training (HEAT) team (of Open University-UK) and Ethiopian health sciences specialists have prepared thirteen *Innovative Learning Modules* on different health issues. These modules aim at scaling up the theoretical knowledge of health extension workers (HEWs), practitioners and new trainees of the HEP (FMoH, 2004). One of the modules deals with *Non-Communicable Diseases, Emergency Care and Mental Health*. HEWs use the knowledge they acquired from such modules and their trainings for educating community members and help them bring some behavioural changes towards maintaining and/or producing their own health. To this end, HEWs of Axum town have been engaging in providing door-to-door health services apart from the health education sessions held with one-to-thirty network members. During my preliminary observations, I have learnt that the issue of NCD prevention is among the concerns of health education practices enacted by the HEWs. In addition, physicians provide patients some sort of advice on how to reduce and prevent NCD incidences along with the prescriptions for treating NCD cases. However, the discourses of health promotion and NCD prevention enacted in the health education practices of health workers remained unexplored.

Furthermore, the issue of NCDs is an emerging issue and discourse in Ethiopia. There is paucity of studies in this regard in the Ethiopian context. So far, to my best search, I have assessed some international and local studies which dealt with issues on NCDs

(*see section 2.8.3 for detail*). These studies mainly focus on the medical aspect of the issue under investigation in general and more or less focused on two major topics, prevalence and potential or associated risk factors, in particular. Specifically, some of the previous studies assessed the prevalence of NCDs by examining mortality and morbidity caused by such diseases (e.g., Awoke, Damen, & Tekebash, 2012; Awoke, Damen, Tekebash, & Kidane, 2012; Bizu, et al., 2012; Nshisso, Reese, Bizu, Seblewengel, Yemane, & Williams, 2012). Whereas others examined the potential or associated risk factors of NCDs in different social contexts (e.g., Asaria, Chisholm, Mathers, Ezzati, & Beaglehole, 2007; Yadav and Krishnan, 2008; Stern, Puoane, & Tsolekile, 2010; Mishra, 2011; Patel, et al., 2011; Schmidt, et al., 2011; Ekpenyong, Udokang, Akpan, & Samson, 2012; Fessahaye, et al., 2012; T/kiros, Huruy, & Abadi, 2014). However, almost no study attempted to consider the social aspect (language use/discourse) of the issue under investigation. Thus, as most, if not all, of the studies conducted did not consider the social aspect, which is very crucial to reveal 'complexities of the social dimension of risk perception', there need to conduct a study that goes beyond simple assessments to in-depth discussions of accounts that could end up with developing 'theoretical perspectives' (Lupton, 1992, p. 146). Thus, this study is an attempt to fill in the gap by conducting a discourse based study because 'discourse has the potential to reveal valuable insights into the social and political contexts in which varied discourses about health take place' (Lupton, 1992, p. 146).

1.3 Research Questions

This study endeavoured to answer the following research questions.

1. What meanings do people attach to NCDs?
2. How were NCD prevention discourses constructed in the study setting?
3. What practices were being enacted via the language use of health workers to promote health and prevent NCDs in the research site?
4. What inhibiting discourses did health workers face in inculcating health promotive and NCD preventive discourses?
5. What needs to be done to construct health promotive and NCD preventive discourses within the locality?

1.4 Objectives of the Study

1.4.1 General Objective

The general objective of this study was to explore health promotive and NCD preventive discourses as reflected in the health workers' and their clients' talks.

1.4.2 Specific Objectives

The study specifically aimed to:

1. Analyse meanings attached to NCDs by community members of Axum town,
2. Uncover how discourses of NCD prevention were constructed in the study setting,
3. Reveal discourse practices that were enacted to promote health and prevent NCDs within the locality,
4. Examine inhibiting discourses in promoting health and preventing NCDs,
5. Identify discursive strategies that could strengthen health workers' health education practices.

1.5 Significance of the Study

Exploring discourses of health promotion and NCD prevention could have both theoretical and practical contributions. As stated in section 1.2, available studies on NCDs have primarily focused on the medical aspects of the issue under investigation and almost no study has employed a discourse analytic approach. Thus, conducting a discourse analytic research in an attempt to investigate an issue about which very little is known would add value into the efforts undergone to promote health and prevent NCDs. More specifically, this study is hoped to provide deeper insights into the issue of health promotion and NCD prevention in the developing context that in turn extends the existing literature. In addition, exploring local understandings towards the notion of NCDs would benefit government bodies and development partners. They might consider the findings of the current study in preparing and/or revising health education materials directed towards NCD prevention.

Besides, health workers, as practitioners of the healthcare system at grass root level, along with their target audience (community members of the locality) would indirectly benefit from the findings of the current study because they are consumers of the materials produced by concerned bodies on NCD prevention. Furthermore, this study is expected to provoke more research work in health communication activities in Ethiopia.

1.6 Scope of the Study

As discussed earlier, urban dwellers are subjected to sedentary lifestyles that could result in developing NCDs. On top of this, alcohol intake, unhealthy diet (low level of consumption of fruits and vegetables) and physical inactivity, which are among the potential risk factors of NCDs, are more common in towns than that of countryside. Therefore, this study does not include the rural settings; it rather demarcates itself to an urban setting. Essentially, this study takes an urban setting, i.e., Axum town, as its research site because I believe that addressing the health burden of a particular town would be an outset to address such health issues in other urban settings. Apart from this, this study focuses only on discourse of health promotion and NCD prevention. The reason is that the four major types of NCDs share the same risk factors, and the medication of such diseases 'will remain hugely inadequate for the foreseeable future' in Africa (Dalal, et al., 2011, p. 895). Therefore, this study delimits itself to the exploration of discourse of health promotion and NCD prevention because, for one thing, I personally believe that we should not wait years until the diseases become the major death causes across the country, and for another thing, we should not learn from crisis and wait until the problem knocks every body's house.

Furthermore, theoretically, this study is limited to Gee's D/discourse. The reason for this is that meaning is 'situated in specific social and discourse practices, and is, in fact, continually transformed in those practices' (Gee, 2011b, p. 20). Thus, it is important to go beyond language-in-use (*small 'd'* discourse) to investigate health promotive and NCD preventive discourses that prevail within that particular discourse community. In other words, one has to study *Discourse*, which in Gee's definition, refers to *'language plus other stuffs'* for the investigations of what people are saying

(informing), doing (action) and being (identity). This helps to explore the discourse gaps people have in following health ways and practices to prevent NCDs.

Methodologically, this study opted for Fairclough's three-dimensional model along with Gee's method of discourse analysis. For one thing, Fairclough's and Gee's methods of discourse analysis are mainly concerned with analysing how language is used to construct, maintain and change identities and practices of a particular discourse community towards a particular issue, in this case NCD prevention. Furthermore, discourse analytic approach is effective in explaining people's inherent understandings and assumptions towards the nature of NCDs. In addition, discourse analysis is believed to be helpful in explaining local people's practices by examining the meanings attached to NCDs because the meaning people give to an event determines what they do in their social practice and continues to influence subsequent practices (Gee, 2011b). For another thing, these approaches provide their own tools of inquiry and comprehensive discussions of key concepts of discourse analysis (*for details, see section 3.8*).

1.7 Limitation of the Study

Every study, no matter how well it is structured, is subjected to certain limitation that has to be acknowledged. For that, in this study, due to its qualitative nature, data were gathered from smaller sample size. Thus, I acknowledge that the results of this study can only reflect the experiences of a particular discourse community towards the issue in question, i.e. health promotion and NCD prevention. Therefore, the findings of this study may not be able to provide a representative picture of the entire population. Consequently, there need to be cautious when interpreting the research findings.

1.8 Organization of the Thesis

This dissertation comprises five chapters. The first chapter presents the general introduction to the study. This section focuses on a general background and the statement of the problem of the study. It also presents the general and specific objectives, research questions, significance, scope and limitation of the study as well as organisation of the study. The second chapter deals with review of related literature and theoretical frameworks that guide the current study. It begins by providing

insights into the major concepts of the study. Then, an overview of empirical studies is presented. Finally, it provides the theoretical framework of the existing body of knowledge within which the current study falls. The third chapter demonstrates the research methodology. It consists of sections such as research paradigm, research approach, research site, participants of the study, sampling technique, data collection tools, data collection and analysis procedures, method of data analysis, ensuring trustworthiness and ethical considerations. The fourth chapter presents a detailed presentation and analysis of the discourse data gathered via different instruments. The final chapter, chapter five, presents an overall summary, conclusion and implications of the study. It also proposes further research areas.

Chapter Two: Review of Related Literature

This chapter discusses major concepts on which the current study focuses. It also presents an overview of empirical studies. First, an attempt has been made to provide synoptic insights into the major and related concepts of this project. Then, an overview of empirical studies follows.

2.1 Concepts of Discourse

Obviously, *discourse* is central to studies that employ discourse analysis as a method of analysis or as a theory. Most importantly, as Shabani and Dogolsara (2015) indicate, discourse becomes one of the major essential concepts of contemporary thinking in disciplines across the humanities and social sciences because 'discourse analysis is a part of the linguistic turn in the social sciences and the humanities that emphasizes the role of language in the construction of social reality' (Talja, 1999, p. 460). For that, an attempt has been made to look into the notions of discourse since the major objective of the current study is exploring health promotive and NCD preventive discourses.

The term 'discourse' has carried many and an all-embracing meanings because 'language is connected to almost everything that goes on in this world' (Shabani & Dogolsara, 2015, p. 1040). However, for the current study's purpose, it is has been attempted to discuss two views towards the notion of *discourse*. The first notion of discourse views *discourse* as a *structural pattern* of a particular language that is beyond the sentence level. For instance, to Mills (1997) and Cameron (2001), discourse refers to a sequence of sentences or utterances that form a 'text'. Specifically, Mills (1997) views discourse as 'a structure that extends beyond the boundaries of the sentence' (p. 132). In the same vein, Cameron (2001) considers discourse as 'language above the sentence' (p. 10). This notion, which views discourse as a structural pattern beyond the level of sentence, seems to be the manifestation of the philosophical claim that views language as a set of rules. However, 'language is not merely an abstract set of rules, rather it is a means of social action' (Shabani & Dogolsara, 2015, p. 1040). Therefore, there need to look at the notion of discourse beyond the structuralist point of view. Here, comes the second notion of discourse.

The second notion is quite functional. It views discourse as '*language in use*' or '*language in social context*'. In relation to this, Fairclough (1992) describes discourse as 'situational context of language use' involving 'the interaction between reader/writer and text' (p. 3). In the same vein, Gee (2011a) views discourse as 'language in use'. Gee (2011a), of course, puts a distinction between little 'd' (*d*iscourse) and big 'D' (*D*iscourse). He views *discourse* ("little d") as 'language-in-use or stretches of language (like conversations or stories)' (p. 34), whereas, *Discourse* (big 'D'), refers to the combination of language with other social practices (behaviour, values, ways of thinking, clothes, food, customs, perspectives) within a specific group. Likewise, Conley and O'Barr (1998), as cited in Tracy and Mirivel (2009, p. 155) put discourse into two domains. These are "*micro-discourse*", which Gee called small-'*d*' (*discourse*), and "*macro-discourse*", which are termed as the big-'*D*' (*Discourse*) by Gee.

From the second notion of discourse, we can deduce that discourse for one thing reflects our *social practices* and *strategic actions*. For another thing, it includes all forms of *meaning-making* and *sense-taking* '*objective realities of the world*'. Moreover, we can see that this notion of discourse lends itself to the emergence of different discourses such as medical discourses, educational discourses, political discourses, legal discourses, media discourses, etc. Keeping this in mind, this study holds the second notion of discourse as it attempts to explore discourses of health promotion and NCD prevention in a specific social context.

2.2 Origins and Development of Discourse Analysis

Discourse analysis was first coined by Zellig Harris. Harris (1952), as cited in McCarthy (1991, p. 5), produced a paper that dealt with discourse analysis. In other words, Harris was the first linguist to analyse text beyond the sentence level. He had an interest to look at linguistic elements within a stretched text. In fact, his discourse analysis is *'far cry'* as compared to the current discourse analysis (McCarthy, 1991, p. 5). However, Zellig Harris's paper brought a fundamental shift of analysis – from sentence level analysis to discourse level analysis since the major concern of linguists of that time was to *analyse single sentences* or *analysis at sentence level not beyond a sentence*.

These days, linguists are engaging in studies that deal with discourse analysis. However, its emergence is not only the result of studies in linguistics, but also the contribution of other researchers who pursued studies in sociology, psychology, anthropology and psychotherapy (Hugh, 2004). In relation to this, Bavelas, Kenwood, & Phillips (2002) assert that discourse analysis started as a result of many disciplines. They indicate that it emerged as a result of studies in many other disciplines.

> Discourse analysis began in branches of philosophy, sociology, linguistics, and literary theory, and it is continuing to develop in additional disciplines such as anthropology, communication, education, and psychology (p. 103).

Furthermore, the emergence of discourse analysis across fields rest on the original meaning of the verb *discourse*. According to Bavelas, Kenwood, & Phillips (2002, p. 103), the verb *discourse* had an original meaning '*to travel across a course or terrain*' which in turn makes discourse analysis to travelling across many other field of studies, 'often into new territory, rather than staying in one place'.

Besides, in 1960s and 1970s, language philosophers who dealt with the study of pragmatics played tremendous role in the development of discourse analysis, too (McCarthy, 1991). In addition, the Prague School of Linguists are amongst the contributors to the development of discourse analysis. They were interested in 'the structure of information in discourse' which points out the relation between grammar and discourse (McCarthy, 1991, p. 6).

Moreover, British and American scholars have also contributed to the development of discourse analysis. In Britain, Halliday's functional approach to language influenced discourse analysis (McCarthy, 1991). Thus, the study of the social functions of language becomes the emphases of discourse analysis. For that matter, studies, which were carried out at the University of Birmingham, assessed the language use at different interactional situations and came up with various discourses. The interactions include 'debates, interviews, doctor-patient interactions, service encounters, as well as monologues' (McCarthy, 1991, p. 6). MacCarthy (1991, p. 6) also states that British scholars were also concerned with 'structural-linguistic criteria on the basis of the isolation of units, and sets of rules defining well-formed sequences of discourse'.

American discourse analysis, being influenced by *ethnomethodological* works, had the intent to a thorough investigation of small communities' real interactions that occurred in real situations. The purpose of such analysis was to inspect 'types of speech events such as storytelling, greeting, rituals and verbal duels in different cultural and social settings' (McCarthy, 1991, p. 6). Such purpose puts conversation analysis under the umbrella of discourse analysis since the major concern of conversation analysis is to closely observe behaviour of speakers in a speech as well as recurrent patterns that occur in a given real data. Thus, American scholars have contributed to the division and specification of types of discourse along with social limitations of politeness and thorough description of face saving acts in speech. McCarthy (1991) puts the contribution of American scholars to the specifications of discourse analysis, though it overlaps with British work in pragmatics, in his book as follow:

> The American work has produced a large number of descriptions of discourse types, as well as insights into the social constraints of politeness and face-preserving phenomena in talk, overlapping with British work in pragmatics (p. 6).

Having said this much on the origin and development of discourse analysis, now it is imperative to say few on what discourse analysis is and why it is relevant to the current study. According to Bavelas, Kenwood, & Phillips (2002, p. 102), discourse analysis is a 'systematic study of naturally occurring (not hypothetical) communication in the broadest sense, at the level of meaning (rather than as physical acts or features)'. Moreover, when discourse analysis is seen from applied linguistics perspective, it is a 'study of language in action within the social contexts in which it is used' (Shabani & Dogolsara, 2015, p. 1040). Both definitions indicate that discourse analysis is a means to examine the language use at its immediate context – where it occurs.

Given that, discourse analysts should examine the naturally occurring language instead of 'secondary sources such as reports or descriptions of what was said, meant, or understood' (Bavelas, Kenwood, & Phillips, 2002, p. 104). Specifically, "a discourse analyst might examine talk occurring during encounters with friends, phone calls, job interviews, doctor's visits, and so forth" (Bavelas, Kenwood, & Phillips, 2002, p. 103). By examining naturally occurring talks, a discourse analyst can

‘explore how knowledge, meaning, identities, and social goods are negotiated and constructed through language-in-use’ (Starks & Trinidad, 2007, p. 1375).

In addition, doing discourse analysis can be based on the two perspectives on the notions of discourse discussed in the previous section (section 2.1). Specifically, the analysis can be done from structural or functional point of view. In relation to this, Bavelas, Kenwood, & Phillips (2002) state:

> Some researchers look at language from a more structural or formal point of view in order to analyse, for instance, the linguistic devices that can be seen to constitute language. Other researchers take a more functional approach, looking at language use in its social context – for example, examining questions about who uses language, when, how, and for what purposes (p. 108).

However, language, being part of the social life, is interrelated with all compponents of the social life. As Fairclough (2003, p. 2) argues ‘discourse analysis (a version of ‘critical discourse analysis’) is based upon the assumption that language is an irreducible part of social life, dialectically interconnected with other elements of social life’. For that, looking at language from the structural point of view could mean ignoring the social aspect and focus only on the linguistic divices. Therefore, since this study examines health promotive and NCD preventive discourses reflected in the language use of a certain social group, it considers the more functional approach of discourse analysis in the analysis process.

2.3 Language and Context

What someone says can be better understood not only by examining the message that the words carry alone but also by considering the context where they are uttered. For that, people should use context-specific language in order to be understood by their interlocutors. Otherwise, communication would be a mess because ‘language and interaction are best understood in context’ (Shaw & Bailey, 2009, p. 415). This may indicate that the language and context relationship is very essential for effective communication. However, the question “Does a language use determine the context or the context determines the use of language?” is a very controversial issue in discussing the language-context relationships. For example, taking a particular meeting, one can ask ‘is the language use makes the meeting to be a meeting or the

meeting makes the language use to be a language of meeting?' In some cases, a language use may change the context or vice versa. Holtgraves (2008) writes the following on the dynamic connections of language and context.

> The language-social context relationship becomes quite complicated because language and context are constantly changing—they exist in a dynamic relationship with one another. Changes in socially meaningful language variables can alter the context, and changes in the context (e.g., new people entering the conversation) can alter participants' use of language (p. 188).

Furthermore, according to Gee (2011a), language is always used from a perspective and occurs within a context. Besides, context is a substantial determinant for an individual's identity (being), the understanding of language-in-use and the nature of discourse analysis. For that matter, an utterance out of its context may mean different when compared with the meaning it may carry in its immediate context. He also states that there is no 'neutral' use of language. This is to mean that language use is context-specific. Thus, while doing discourse analysis one has to consider the context as well. Gee (2011a) puts the importance of context in discourse analysis as follow:

> When we speak or write we never say all that we mean. Spelling everything out in words explicitly would take far too long. Speakers and writers rely on listeners and readers to use the context in which things are said and written to fill in meanings that are left unsaid, but assumed to be inferable from context (p. 100).

What we can understand from Gee's view is that analysing a certain language use without its immediate context cannot be complete and reliable. In addition, the relationship of language and context is inevitable. Therefore, the current study, being a study that explores discourses of health promotion and NCD prevention, considered the immediate contexts of the discourses while analysing health promotive and NCD preventive discourses reflected in the talks of health workers and their clients.

2.4 Language in Shaping/Reshaping Identity

Language plays a very crucial role in shaping human's identity (or being). In other words, people's perception and thought of the world is determined by their use of language (Holtgraves, 2008). This indicates the language-identity relationships. In relation to this, Gee (2011a) asserts that there are important connections among what

someone is saying (informing) with what he/she is doing (action) and with his/her being (identity). In the following statement, it is shown the saying (informing) and being (identity) connections.

> Language allows us to be things. It allows us to take on different socially significant identities. We can speak as experts—as doctors, lawyers, anime aficionados, or carpenters—or as "everyday people." To take on any identity at a given time and place we have to "talk the talk," not just "walk the walk." When they are being gang members, street-gang members talk a different talk than do honor students when they are being students. Furthermore, one and the same person could be both things at different times and places (Gee, 2011a, p. 2).

In the same vein, Holtgraves (2008, p. 187) states that "People cannot help but disclose aspects of their identity when they talk". This implies the relationship of language use and identity of the language user. Therefore, investigating the language use of a certain social group at a particular context may enable a researcher to see how a particular language use can shape and/or reshape the social identity of a particular discourse community.

Of course, some argue that there is a difference between individual identity and social identity. However, according to Edwards (2009), personal identity does not develop or constructed with out the existence of social identity. He further elaborates that there is a common humanstore from which the uniqueness of an individual will emerge. Edwards (2009) states:

> Our personal characteristics derive from our socialisation within the group (or, rather, groups) to which we belong; one's particular social context defines that part of the larger human pool of potential from which a personal identity can be constructed. Thus, individual identities will be both components and reflections of particular social (or cultural) ones, and the latter will always be, to some extent at least, stereotypic in nature because of their necessary generality across the individual components (p. 20).

From Edward's elaboration on the relationship between individual and social identities, one can infer that there is no as such rigid difference between individual identity and social identity because individual identity reflects part of the social identity where that individuality comes from. I personally go with this idea because 'people do not merely have an individual stance (or attitude); they also partake of general beliefs and shared theories about the nature of the world' (Radley & Billig,

1996, p. 223). For instance, when an individual is requested to reflect his/her perspective on how a certain disease can develop and be prevented, he/she cannot only provide his/her personal view but also reflect how the society views the issue in question. In relation to this, Radley and Billig (1996, p. 223) conclude that 'what people say about health and illness refiects not only their individual perspectives upon these matters but also the way that society constructs these issues'. As a result, this study considers only part of a large discourse community to see how language shapes and reshapes discourse of prevention, i.e. NCD prevention, of that social group.

2.5 Language as Social Action (Practice)

There is no doubt about the co-existence of language and society. People use language to perform different social activities (actions) because 'our conversations are socially determined' (Ertem, 2013, p. 77). We use language to perform varieties of *social actions* (Onwuegbuzie, Dickinson, Leech, & Zoran, 2009). Gee (2011a), on his part, confirms the mutual coexistence of language and social practice. It is impossible to have 'one without the other' (Gee, 2011a, p. 18) because 'language use is clearly a social enterprise' (Holtgraves, 2008, p. 191). In other words, language is regarded as a social practice (action). In relation to this, Holtgraves (2008) further states the following:

> Language, when it is used, is an action. More important, it is also a social action—an action embedded within a web of many interpersonal determinants and consequences. First, and most fundamentally, to use language is to perform an action". [More specifically] It is an attempt to alter the world in some way (as with declaratives and directives) or to commit oneself to a particular depiction of the world (as with assertives) or to describe one's inner state (as with expressive) (p. 180).

Likewise, Bavelas, Kenwood, & Phillips (2002, p. 110) assert that discourse is the preponderant social practice from which '*social world*' and '*social lives*' are created. As a result, 'it is possible to see interpersonal communication not merely as reflecting individuals' views of the social world, but as creating and sustaining the social world, as the fabric of social life itself' (Bavelas, Kenwood, & Phillips, 2002, p. 110).

Furthermore, as conversational event is implanted within huge store of social activities, there need to realize the 'discourse context, the operation of interpersonal

processes, and interactant coordination' (Holtgraves, 2008, p. 182). Therefore, communicators should be aware of how to put their intentions into 'linguistic actions' to make their addresses (interlocutors) understand the intended health message/s. This can be done by possessing 'some type of action grammar' and understanding the nature of a 'particular conversational and social context' (Holtgraves, 2008, pp. 180-181). In addition, Holtgraves (2008) states that effective communicators should also realize others to get their purpose achieved. Put differently, 'When we perform speech acts, we expect others to recognize the acts we perform; we expect our words to have some effect on the recipient' (Holtgraves, 2008, p. 191). Pursuant to this fact, this study involves in an investigation of social practices that the health workers need their target audiences recognize as being accomplished in terms NCD prevention.

2.6 Health Communication: Definition and Approaches

In this section, an attempt has been made to discuss what health communication is and how studies on health communication are approached.

2.6.1 Definition of Health Communication

Different scholars define health communication in a slightly different ways. For example, Zoller and Dutta (2008, p. 3) consider health communication as a kind of communication that pertains to 'the array of communication processes and messages that are constituted around health issues'. Likewise, to Harvey and Adolphs (2012, p. 470), health communication refers to 'all aspects and modes of communication that take place within medical contexts or broadly relate to the subject of health and illness'. From this, one can note that health communication, concisely, is communicating about *health* or *illness*.

Health communication can also be seen as an approach that aims at transmitting health messages to empower communities as a whole in producing and maintaining their own health. In relation to this, Schiavo (2007) puts a detailed definition of health communication. In her book, *'Health Communication: From Theory to Practice*', she has integrated several definitions of health communication to bring a comprehensive definition. Her new emerged definition of health communication read as follow:

> Health communication is a multifaceted and multidisciplinary approach to reach different audiences and share health-related information with the goal of influencing, engaging, and supporting individuals, communities, health professionals, special groups, policymakers and the public to champion, introduce, adopt, or sustain a behaviour, practice, or policy that will ultimately improve health outcomes (Schiavo, 2007, p. 7).

Here, we can see that health communication is a broader concept under which health messages can be transmitted to shape or reshape individuals' behaviour towards producing or maintaining health. Put other way, health communication is an approach that plays great role 'in the process of advocating for and improving individual or public health outcomes' (Schiavo, 2007, p. 4).

In addition, as Harvey and Adolphs (2012, p. 471) discussed 'communication is a central aspect of health and healthcare provision', especially, with regard to 'how discourse produces a cause and effect' which in turn helps 'the patient to adopt or modify certain behaviours'. Consequently, contemporary health communication studies are attempting to look into discourses of health and illness rather than investigating the biomedical aspects of health related issues. Regarding to this, Harvey and Adolphs (2012) state that:

> … rather than emphasizing the technical, scientific assumptions of medicine, much contemporary research in health communication now emphasizes patients' voices and perspectives, personal narratives of health and illness. Such research prioritizes the role of discourse in patients' accounts of health and illness, exploring the discursive means by which people articulate and make sense of their condition (p. 471).

Here, one can ask 'why do we need to emphasize on discourse?'. The answer for this could be that language plays central role 'in constituting practices that take place within a range of medical settings' (Harvey & Adolphs, 2012, p. 470). Therefore, looking into the language-use within the medical setting could enable researchers examine how health and illness are constructed and/or reconstructed by health professionals and their clients.

Similarly, in the Ethiopian health extension program, HEWs are engaging in health communication activities to help communities produce and maintain their own health. Therefore, this study attempts to explore discourses of health promotion and NCD

prevention as operated in the HEWs' teachings, physicians' and their clients' accounts and documents that address NCDs as well.

2.6.2 Approaches to Health Communication Studies

In terms of perspective, as Zoller and Dutta (2008) assert, health communication studies can be located in two major categories. They are '*process-based perspective*' and '*message-based perspective*'. Process-based perspective emphasizes on how 'health meanings are constituted, interpreted, and circulated, investigating processes of symbolic interaction and structuration as they relate to health' (Zoller & Dutta, 2008, p. 3). However, the second category, *message-based perspective*, rather focuses on 'the creation of effective messages about health, and it attempts to address strategies for creating effective communication that would accomplish the goals of the involved stakeholders' (Zoller & Dutta, 2008, pp. 3-4). Pertaining to its objectives stated in chapter one, this study opts to the first category, i.e. process-based perspective.

Furthermore, Zoller and Dutta (2008) discuss that there are four approaches which health communication studies can be grouped into. These are post-positivistic, interpretive, critical, or cultural studies. The *post-positivistic approach*, which is quantitative in nature, focuses on 'explaining, controlling, and predicting various levels of health outcomes by investigating the roles of communicative, social, and psychological variables' (Zoller & Dutta, 2008, p. 5). In addition, health communication studies that employ such approach aim at generalizing or replication of results. The second approach to health communication, i.e. *interpretive approach*, is qualitative in nature and 'emphasizes the construction of meanings related to health and medicine' (Zoller & Dutta, 2008, p. 6). This approach enables a researcher to 'provide a detailed account of the processes and phenomena that are enacted in health settings' (Zoller & Dutta, 2008, p. 12). The third approach is known as *critical approach*. This approach uncovers how health communication builds up power relationships which in turn marginalize part of a society. Moreover, studies applying critical approach 'provide entry points for looking at the ways in which human agency is enacted as social actors resist power relationships through various communicative acts' (Zoller & Dutta, 2008, p. 13). The fourth approach, *cultural approach*, is an intersection between the interpretive and critical approaches. This approach

emphasizes on how 'social structures are constituted at macro and micro levels' (Zoller & Dutta, 2008, p. 8). Moreover, Zoller & Dutta (2008, p. 14) indicate that cultural approach 'judges research in terms of its ability to connect issues of meaning, culture, and power'. In other words, this approach bridges the connection between *meaning, culture* and *power.*

2.7 Health Promotion vs. Health Education

Health promotion is sometimes used as an alternative concept to health education. Put other way, they have been used as interchangeable concepts. However, these two health concepts are distinct due to their emphasis. According to Whitehead (2008), health promotion emphasizes on health burdens that are related to socioeconomic status of individuals and the environment they live in. He further states that health education is a narrow concept in which goals of health promotion could be achieved. Concisely, health promotion is a broader concept that incorporates health education. Mackintosh (1996) defines health education activities as 'activities which raise an individual's awareness, giving the individual the health knowledge required to enable him or her to decide on a particular health action' (p. 14). Here, we can see that health education involves giving information and teaching individuals and communities how to achieve better health, a common role within nursing. Similarly, Whitehead (2004) defines health education as:

> …activities that seek to inform the individual on the nature and causes of health/illness and that individual's personal level of risk associated with their lifestyle behaviour. Health education seeks to motivate individuals to accept a process of behavioural change through directly influencing their values, beliefs, and attitude systems (p. 313).

Furthermore, Martins, et al. (2015) consider health education as an activity that could benefit both the individual and the society as a whole to act upon producing and maintaining health. In this regard, they write:

> Health education is a social practice, whose process contributes to the formation of critical consciousness of the people about their health problems, from their reality, and stimulates the search for solutions and organization for individual and collective action (Martins, et al., 2015, p. 2409).

However, health promotion, being a broader concept as compared to health education, includes health education, health maintenance and protection, community and environmental development, and health policy advocacy (King, 1994). In relation to this, Mackintosh (1996) discusses the activities that health promotion actors have to engage in. She briefly states that health promotion:

> … involves social, economic, and political change to ensure the environment is conducive to health. It requires a nurse educate an individual about his or her health needs, but also demands that the nurse play a role in attempting to address the wider environmental and social issues that adversely affect people's health (p. 14).

Likewise, as Elsubai (2007, p. 10) states health promotion is much more 'concerned with developing health potential and achieving health gains' due to its broadness that goes 'beyond maintaining health to improving health status'. Therefore, health promotion includes health education, identification and reduction of health risks for selected individuals and populations, empowerment, advocacy, preventative health care, and health policy development.

2.8 Overview of Empirical Studies

So far, to my best search, I have assessed some international and local studies which dealt with health promotion and disease prevention, HEP in Ethiopia and non-communicable diseases. I have put these available studies into three categories: health promotion and disease prevention, HEP in Ethiopia, and studies on NCDs. Apart from this, a section is added to evidence that NCDs are becoming a current and future health challenges of humanity across the globe.

2.8.1 Health Promotion and Disease Prevention

The major trouble that the developing world are facing is related to health. Cognizant to this, developing countries are engaging in devising mechanisms to avert health related problems. In relation to this, Strobach and Zaumseil (2007) indicate that poor countries have introduced various mechanisms 'to promote and communicate health knowledge among specific target populations, and to build awareness and teach appropriate and responsible behaviour' (p. 129). Here, we can see that promoting health through educating people by providing appropriate health messages that enable

them (people) develop *responsible behaviour* is among the crucial things to avert health related problems in the developing world. In other words, people could engage in producing and maintaining their own health when health promotive activities equip people with the necessary health related knowledge. And disease prevention is among the activities that people could engage in to produce their own health.

According to Figueira, Ferreira, Schall, & Modena (2009, p. 2), disease prevention refers to performing knowledge-based activities ahead of time so as 'to make the subsequent progress of the disease improbable'. Such early action towards preventing diseases could be the result of health promotive activities because health promotion involves a process that targets at empowering people to improve their health and avoid risks (WHO, 1986). In this regard, Donev, Lazarevik, & Simonovska (2007) write:

> … the greatest potential for health gain lies in a comprehensive strategy that simultaneously promotes population-level health promotion and disease prevention programmes and actively targets groups and individuals at high risk, while maximizing population coverage with effective treatment and care (p. 526).

Studies conducted in relation to disease prevention and health promotion (DPHP) indicated the essentiality of incorporating such concepts in coursebooks. For example, Richard, Gendron, Beaudet, Boisvert, Sauve, & Garceau-Brodeur, (2010) conducted a study that examined the conceptualizations of DPHP among nurses from local public health organizations in Montréal, Québec. Their study, being a *collaborative qualitative* study attempted to investigate meanings attributed to DPHP and DPHP activities of nurses during the study time. They conducted semi-structured interviews with 41 nurses who were selected using non-random sampling technique. To this end, their study came up with the following findings. Almost no nurses mentioned the fundamental notions of DPHP such as *empowerment* and *health determinants* in their discourses. In addition, participants of the study appeared to engage in *traditional health education activities* that aimed at an *individual target*. Furthermore, most of the participants of the study were found to be unable to distinguish the difference between the concepts of 'health promotion' and 'disease prevention'. For that, they suggested that *nursing curricula* and *continuing education* programs have to incorporate public

health practice domains to enable nurses effectively play their role in ensuring the health of a particular society.

Most importantly, health promotion, with a balanced involvement of *all significant players* (those who influence determinants of health), is key to create '*empowered and self-determined community*' that could produce and maintain its own health (Raeburn, Akerman, Chuengstiansup, Mejia, & Oladepo, 2007, p. 89). Specifically, it is a very essential strategy in devising NCD prevention mechanisms and thereby ensures health of a target population (Manoncort, 2013). Since NCDs are lifestyle diseases that develop in a relatively long period of time, health promotion attached to early life with 'adequate support to parents and young children is an important investment in physical and emotional development' in order to overcome the 'lifelong consequences' of such diseases (Donev, Lazarevik, & Simonovska, 2007, p. 526). Therefore, health promotion strategies that promote health in general and enable people take early preventive actions towards disease prevention in particular ensure health in the developing world.

Similarly, in the Ethiopian context, disease prevention remains very essential component of the country's health system. For that, the Ethiopian health extension program focuses on disease prevention and health promotion along with 'minimum curative services' (Abebe, Mengistu, & Mekonnen, 2008, p. 302). Therefore, as Kesetebirhan, Addis, & Sentayehu (2014) conclude, prevention of diseases has to be coupled with health promotion to bring good health in the Ethiopian context. Moreover, health promotive and health education activities aim at creating 'a situation in which as much of the population as possible adopts behaviours within nationally defined guidelines' (Backett, Davison, & Mullen, 1994, p. 277). Keeping this fact in mind, the current study attempts to explore discourses of health promotion and disease prevention (NCD prevention) by examining health education practices of health workers towards promoting health and preventing NCDs at grass roots level.

2.8.2 Health Extension Program in Ethiopia

The Health Extension Programme (HEP), being an innovative community based initiative, has been introduced during the *Third Health Sector Strategic Plan*. The major aim of this program is to create healthy environment and healthful living by

making available essential health services at the grass root level (FMoH, 2005; Sebastian & Hailemariam, 2010). In addition, the Ethiopian HEP, with the aim of providing equitable access to health services via the deployment of HEWs at each kebele of the country, gives priority to the prevention and control of diseases with active community participation (Yayehyirad, Yemane, Amir, Hailay, & Awash, 2007). More specifically, being a community-based program, it encourages local communities to participate and engage in producing and maintaining their own health (FMoH, 2007; Tekle-Ab, 2007; Sebastian & Hailemariam, 2010). Apart from this, as Tekle-Ab (2007, p. 75) states, HEP can serve as 'the most important institutional framework for achieving the Millennium Development Goals (MDGs)' in the Ethiopian context.

To achieve the major aim of the HEP, females, who completed grade 10, were recruited from localities and then got a one-year training. Then, they went back to the communities where they came from and served as health service providers at grass root level. At the beginning of the HEP implementation, more than 33, 000 health extension workers have been deployed across the country to provide health services that focus on *sustained preventive health actions* and *increased health awareness* among the localities (FMoH, 2005).

As studies indicate, the HEP is bringing remarkable changes in improving community members' health status. In relation to this, Hailom (2011, p. 48) states that 'Ethiopia's HEP has shown tangible positive impacts on community health, in disease prevention, family health, and environmental hygiene and sanitation'. In addition, with regard to the HEWs' attitude towards HEP, Yayehyirad, Yemane, Amir, Hailay, & Awash (2007, p. 237) found that they (HEWs) 'have positive attitude to HEP in general and to the training program in particular'. However, the medium of instruction, i.e. English, is found to be problematic for the trainers to follow up and understand the contents of the courses during their stay in the one-year training (Yayehyirad, Yemane, Amir, Hailay, & Awash, 2007). This could affect the teachings of HEWs at grass root level since they (HEWs) transfer the knowledge they acquired during the training. Cognizant to this, Yayehyirad, Yemane, Amir, Hailay, & Awash (2007, p. 235) have suggested that the medium of instruction of the course during HEWs' training should be a local language, i.e. the language of the locality where the HEWs

came from. Furthermore, it has also been indicated that even though the Ethiopian HEP has shown visible 'impacts on promotion and preventive services', there is still much to do on developing 'communication and negotiation skills' of administrative officials in order 'to mobilize the community to do more work in disease prevention' (Hailom & Aklilu, 2008, p. 3).

In an attempt to examine factors that might affect the quality of health extension workers training in Ethiopia, Zufan, Amsalu, & Kaasboll (2011) came up with two major observations. First, they found that there was no revision of curriculum since its development. Second, they observed *shortage of teaching facilities* in the training centres and *lack of on-job training* for teachers. Their study was a case study that employed interview for collecting data from thirty-two informants. They claimed that their approach helped them to explore the outlooks of participants of the study towards conditions that may affect the quality of HEWs. Based on the major findings of their study, they recommend that teachers have to receive on-job training to update their knowledge, and training facilities have to be well equipped for the betterment of the training. They further suggest that the synergy between the training institutions and the health system is very essential for improving the quality of HEWs' training.

Awash, et al., (2007) conducted an exploratory qualitative study that aimed at examining the working conditions and job satisfaction of the first batch HEWs of the Ethiopian HEP. They employed in-depth interviews to collect data. Results of the study demonstrated that there were challenges in creating harmony among the *staffing pattern at the health post level*, *guiding time-use*, *work schedule* and *relationship with the community*. They also observed that the *reporting* and *health management information system* was weak. In addition, their study indicated that such challenges were associated with *poor transportation* and *communication facilities*. For that, they concluded that these challenges should be addressed to create conducive working conditions for HEWs at community level.

In another exploratory qualitative inquiry, Yemane, et al., (2007) attempted to *assess needs*, *define priorities* and *identify resources* in order to *plan appropriate* continuing education (CE) *programs* and *prepare reference materials* in the Ethiopian context. Their study was carried out with an assumption that considers *CE* along with reference and other resource materials on health-related issues as an important tool for

achieving the MDGs in the developing world. To achieve their objective, they reviewed documents and employed an in-depth field study in 27 woredas which were randomly selected from all regions of the country. And the participants of the study were HEWs, nurses, health officers who have been working in the selected woredas since the HEP was initiated. The findings of their study revealed that nearly none of the HEWs received adequate trainings since their deployment. In addition, Yemane, et al., (2007) observed that HEW training modules were the only reference materials available at the health post level. This could indicate that HEWs could not update their knowledge due to unavailability of adequate reference and other resource materials and lack of adequate in-service trainings. Cognizant to this, Yemane, et al., (2007) suggested that there is need to provide much attention to CE since HEWs could update their knowledge and use such knowledge to educate communities.

2.8.3 Studies on NCDs

To begin with the interntional studies, Asaria, Chisholm, Mathers, Ezzati, & Beaglehole (2007), based on the global goal set by WHO in 2005 which aims at reducing mortality from NCDs at the rate of 2% every year, examined the death rate that could be reduced in a decade range. They chose two population-based interventions: reduce salt intake and control tobacco use. Their study was a comparative study that assessed 23 countries among which Ethiopia is included. They have used 'WHO Comparative Risk Assessment' in order to estimate the distribution of risk factors associated with salt intake and tobacco use. The result of the study shows that 13.8 million deaths could be reduced within 10 years period which covers from 2005 to 2015. They have calculated the financial cost of the implementations of the intervention; and thus, estimated that the inteventions can cost less than US$ 0.40 for a person per year in the low-income and lower middle-income countries, and US$ 0.50-1.00 per person per year in upper middle-income countries. They have also asserted that reducing salt intake and tobacco use can contribute to the successful prevention and control of NCDs and as a result reduce mortality from such diseases.

In a survey study, Yadav & Krishnan (2008) have assessed changing patterns of diet, physical activity and obesity among urban, rural and slum populations aged 15-64 in north India. They collected data through questionnaire. They have found that risk factors are lifestyle related and are influenced by change from rural to urban lifestyle.

Their study indicates that though the prevalence of physical inactivity and obesity significantly increased from urban to rural populations, urban populations appeared to be physically inactive and over weighted as compared to rural and urban slum populations.

In a comparative study, Aikins, Boynton, & Atanga (2010) have looked the challenges of developing effective primary and secondary prevention to tackle Africa's chronic disease by taking two African countries: Ghana and Cameroon. A review of documents was employed to collect data. In their study, they have reviewed interventions and policy in both countries. And they have found that both countries have underlying differences in 'multi-institutional and multifaceted response' on chronic diseases. Their study's result also shows that churches participated in educating people about the major chronic diseases in both countries. But, none of the two countries systematically evaluated what effects do the interventions bring on health outcomes and cost-effectiveness.

In a qualitative study, Stern, Puoane, & Tsolekile (2010) investigated the experiences and perceptions of people (who migrated from countryside to town) about NCDs. For their study's data collection purpose, they employed in-depth interviews, participatory reflection and action groups, and focus group discussions. They have found that people who migrated from countryside to town changed their lifestyles such as eating patterns and physical activity. And such lifestyle modifications resulted in weight gain, but those people were not as such worried about their weight gain. Based on the findings of the study, they have suggested that there need to devise NCDs' prevention strategies that cover a wide range of risk factors.

In their work, Patel, et al. (2011) also addressed the current and future challenges of NCDs and risk factors that are related to such diseases and injuries; and examined the cost-effective handling of health disorders that are caused by NCDs. In their study, they have not shown what tools they have used to collect data. They rather depend on WHO data sources for their analysis purpose. Of course, they admitted the limitation of their analysis as it depend on global database. However, their analysis is essential to be reviewed here as it allows me to look into the risk factors that are related to NCDs. In addition to their discussions about the potential risk factors of NCDs, they

have suggested that chronic diseases and injuries should receive priority and national attention so as to achieve universal healthcare.

Likewise, Schmidt, et al. (2011) have also seen the burden and current challenges of NCDs in Brazil. In their work, they indicated that Brazil becomes a country where NCDs are rapidly increasing and they are becoming the major health concern. This study agrees with the suggestion of Patel et al. (2011) as they have also recommended that political support and due attention should be given to the prevention and control of NCDs.

Mishra (2011) has looked at the discourse of lifestyle modifications. She focuses on some print media in India. This paper discusses about the anxiety and uncertainity expressed by heart patients. It also tries to examine the risky and healthy lifestyle modifications. The study indicates that NCDs are preventable through people's engagement in different health care practices. This paper is quiet different from the papers reviewed above for its engagement on the discourse of lifestyle modifications, i.e. it involves text analysis. However, Mishra's work only focuses on the textual aspect of discourse analysis. However, text by its own cannot be a reliable variable rather than being an instance of data. Thus, discourse analysis should include both the textual and contextual dimensions in order to uncover valuable insights in relation to the discourses of health that occur in a specific context. Lupton (1992) emphasizes the importance of the textual and contextual dimensions in analysing health discourses in her statement as follow:

> [Discourse analytic] studies should include analyses of the health messages disseminated in the popular media (other than those sponsored by the government), interpersonal communication and the social context in which health communication occurs. (p. 146).

In a cross-sectional study, Ekpenyong, Udokang, Akpan, & Samson (2012) examined the age and sex specific burden and associated risk factors of NCDs in adult population of Uyo Metropolis, Nigeria. To achieve this, they collected quantitative data from 2780 participants using a semi-structured questionnaire. In addition, they used *anthropometric* and *non anthropometric* measures to measure participant's anthropometric variables (weight, height and waist circumference (WC)). The findings of their study revealed that the overall prevalence of NCDs in the study area

was 32.8%. They also found that *age*, *area of residence*, *work stress*, *triglyceride levels* and *positive family history* were associated with the prevalence of NCDs. Apart from this, in their study, it is indicated that *physical inactivity*, *high total cholesterol level*, *high general adiposity*, *high central adiposity* and *poor dietary habits* were equally significantly associated with the prevalence of NCDs. For this, Ekpenyong, Udokang, Akpan, & Samson (2012) concluded that the high prevalence of NCDs in Nigeria was precipitated by modifiable and non-modifiable life style factors. And they suggested that concerned bodies should devise intervention mehanisms that target on such risk factors to reverse the trend.

In another worldwide study, Lee, Shiroma, Lobelo, Puska, Blair, & Katzmarzyk (2012) estimated the cause of physical inactivity on major NCDs. They found that physical inactivity causes 6–10% of the major non-communicable diseases of coronary heart disease, type 2 diabetes, and breast and colon cancers. In this study, it is also indicated that the cause of physical inactivity on major NCDs is 5.2% in Ethiopia.

Echouffo-Tcheugui & Kengne (2012), in their paper, *'A United Nation high level meeting on chronic non-communicable diseases: utility for Africa?*', assessed whether or not African countries benefit from the United Nations' (UN) High Level Meeting on NCDs. They proposed two major issues of which the UN Summit can positively influence the prevention and control of NCDs in African countries. The first thing is to increase awareness of NCDs among the politicians (decisions makers) which in turn results in the formulation of policy in relation to the prevention and control of such diseases. Secondly, they asserted there need to pay due attention for the far neglected and understudied diseases.

Locally, Awoke, Damen, & Tekebash (2012) looked at the double mortality burden among adults in Addis Ababa. Their study covers mortality from both infectious and non infectious diseases that occurred from 2006 to 2009 in Addis Ababa. They employed verbal autopsie, a method of interviewing, as instrument to collect data. Their study's result indicates that mortality from non communicable diseases, communicable diseases and injuries account for 51%, 42% and 6% of the total death rate respectively. They assert that NCDs are the major cause of death among adults in Addis Ababa which can be taken as an instance of urban setting of the country. In

their study, they also indicate that NCDs are becoming the major health problems of the productive human power.

In addition, Awoke, Damen, Tekebash, & Kidane (2012) also investigated patterns of mortality in governmental and non-governmental hospitals which are found in Addis Ababa. The major objective of this study was to examine the mortality patterns from both infectious and non-infectious diseases in governmental and non-governmental hospitals in Addis Ababa. Their data depend on review of death reoprts in both private and governmental hospitals. In this study, they indicated that Ethiopia is suffering from both NCDs and CDs. They have found that mortality from NCDs peaks up from 30% to 71% since 2008. More specifically, the results of this study show that 59% of the deaths attributed to communicable diseases including maternal conditions and nutritional deficiencies, 31% of the deaths were occurred due to non communicable diseases and 12% attributed to injuries. They have also found that NCDs become the contributors to the high rate of deaths of both governmental and non governmental hospitals of Addis Ababa, Ethiopia. As a result, they recommended that there need to consider non-communicable diseases and devise intervention mechanisms for the prevention and control of such diseases.

In a cross sectional study, Fessahaye, et al. (2012) describe the distribution of risk factors for chronic non-communicable diseases at Gilgel-Gibe Field Reearch Center, Southwest Ethiopia. For collecting data, they used questionnaire, interview and physical examinations. They found that the magnitude of risk factors for chronic non-communicable diseases is considerably high in the study population. Consequently, they suggest that appropraite preventive measures and strategies should be designed to prevent and control these risk factors.

Studies also conducted in a specific type of NCDs. Nshisso, Reese, Bizu, Seblewengel, Yemane, & Williams (2012) have conducted a study to detemine the prevalence of hypertension and diabetes among members of an Ethiopian occupational cohort; and to examine the proportion of adults who were aware of their conditions. Data were gathered through questionnaire in this study. They found that hypertensives never having had their blood pressure checked prior to their previous blood glucose test. They also found that newly diagnosed diabetes (during their study) had never a previous blood glucose test. Besides, the high prevalence of hypertension and diabetes

reported in their study confirms findings from other sub-saharan africa countries, and extends the literature to urban dwelling Ethiopians where non-communicable diseases are emerging as a major public health concern.

Another study was also conducted to evaluate the prevalence of mental distress and its correlates among working Ethiopian adults by Bizu, et al. (2012). This study was a cross-sectional study. Data about participants' socio-demographic and lifestyle characteristics was collected via structured questionnaire. Besides, self-reporting questionnaire (SRQ) was used to assess mental distress. Their study confirms that there found high prevalence of mental distress among working adults in Ethiopia. As many other studies reviewed in this section, Bizu et al. (2012) recommended that the workforce institution should provide targeted prevention and intervention programs to improve the mental health of their employees. They also indicate that National mental health policy that outlines and addresses mental distress among working adults is warranted.

In a rural setting, Berhe, et al. (2013) have conducted a study to estimate population level causes of death in rural communities of northern Ethioipia. They used verbal autopsy data that were collected by trained interviewers. The data from verbal autopsie were then classified by two physicians based on the International Classification of Disease manual. The findings of this study show that, in the rural district, mortality due to chronic non-communicable diseases was very high. In addition, they found that proportion of deaths from non-communicable diseases and accidents was very high. For that matter, they suggest that formulation of chronic diseases prevention and control strategies is needed.

T/kiros, Huruy and Abadi (2014) conducted a quantitative study in an attempt to assess potential risk factors that are associated with type 2 Diabetes mellitus in central zone of Tigray, North Ethiopia. To achieve the major objective of their study, they employed structured questionniare. They found that *smoking*, *poor diet, physical inactivity overweight/obesity* and *hypertension* were the potential risk factors for developing type 2 diabetes mellitus. As a result, they recommended that policy makers, health professionals as well as the community in large should emphasize in primary and secondary prevention activities. However, their study did not attempt to

look beyond the causes, such as deeper understandings of the the community in relation to the issue in question.

2.8.4 NCDs: The Current and Future Health Challenge

In this section, I have tried to show to what extent NCDs become issue of concern at global and national levels. On a global level, as to WHO's (2011) report, NCDs are the major death causes since 63% of the total worldwide deaths that occurred in 2008 occurred due to such diseases. A study by Khandelwal (2013) also indicates that the proportion of NCDs of the entire death occured worldwide is becoming high. Although the burden of NCDs is expanding across the globe, the prevalence rate of these diseases is getting high in the developing countries (Boutayeb & Boutayeb, 2005; Ekpenyong, Udokang, Akpan, & Samson, 2012). And out of the total worldwide deaths from NCDs in 2008, 80% of them occurred in LMICs (Asaria, Chisholm, Mathers, Ezzati, & Beaglehole, 2007). In relation to the deaths that are caused by NCDs below the age of 60, low- and middle-income countries take the lion's share (Adeyi, Smith, & Robles, 2007; WHO, 2011). Specifically, in low-income countries such as Ethiopia, deaths under 60 from NCDs account for 41% which is more than three times of the deaths in high-income countries which account for 13% of death under the age of 60 (WHO, 2011).

Moreover, WHO (2006) indicates that people who die from NCDs die young in SSA than any other part of the world. In the same vein, Dalal et al. (2011) state that the load from communicable and non communicable diseases in SSA is higher than other regions. Stern, Puoane and Tsolekile (2010) also note that out of 10 countries, with highest rate of diabetes, 7 countries are of the developing ones. Speciffically, the mortality from diabetes is fourfold in SSA than the world's average death rate (Stern, Puoane, & Tsolekile, 2010). In addition, taking cardiovascular disease (CVD) as another instance, in rich and industrialized countries people who die from CVD die 10 years older than people who die from the same disease in sub-Saharan Africa (WHO, 2006). Thus, since death rates that are attributed by NCDs in LMICs are occurring in the '*economically productive years of life*' than the developed countries, it does affect the developing countries' struggle to pull their people out of poverty in one way or the other (Schmidt, et al., 2011; Khandelwal, 2013). In the same vein, Bloom et al. (2011) also assert that one-half of mortality from chronic diseases occur during people's

main productive years; consequently, such diseases (NCDs) entail challenges on the developments of countries across the world. Besides, it is foretold that by the year 2020 out of 10 deaths from NCDs 7 will occur in developing countries (Khandelwal, 2013; Boutayeb & Boutayeb, 2005). WHO (2011) also estimates that, by 2030, chronic diseases will be the major cause of death in LMICs unless preventive measures are set by all state members of WHO.

In the Ethiopian context, it is indicated that Ethiopia is suffering from both CDs and NCDs (Awoke, Damen, Tekebash, & Kidane, 2012). In its 'NCDs Country Profile', WHO (2013) estimates that deaths from NCDs in the year 2008 account for 48.5% of mortality in Ethiopia – (the mortality does not include deaths from injuries). The Ethiopian Federal Ministry of Health (FMoH) has also assessed the level of mortality from NCDs in the year 2008. The report shows that NCDs have contributed to the 'high level of mortality and morbidity' in the Ethiopian context (FMoH, 2010, p. 13). This indicates that NCDs is becoming health burden in Ethiopia as well which might result from inattention given to health promotion and prevention of such diseases.

From what has been discussed in the preceding paragraphs, we can deduce that NCDs are becoming, for one thing, current and future health burden of developing countries. In other words, non-communicable diseases are coming to the forefront lists of humans' health challenges, especially in the developing countries such as our country, Ethiopia. For another thing, they, alongside communicable diseases, are contributing to the high rate of mortality of people at their economically productive years of life in the developing countries. And such untimely death rates from both infectious and non infectious diseases can negatively affect the growth of any given country. Furthermore, it might also be an alert for developing countries, such as Ethiopia, to give due attention and work hard to prevent such diseases before they overtake the leading positions of communicable diseases and become health burden difficult to control. In addition, the preventive aspects of non-communicable diseases is cost-effective than the treatments of such diseases. And thus, there need to address such health challenges through conducting studies since this area of study is far neglected and understudied field in the developing countries though NCDs are becoming the major health problems in these countries.

2.9 Theoretical Framework of the Study

The purpose of this section is to outline the theoretical framework of social constructionism and Gee's theory of D/discourse within which this study is located.

2.9.1 Social Constructionism

Berger & Luckman (1966) are the pioneer contributors to the development of social constructionism. In their book that is entitled *The Social Construction of Reality,* they underline that human beings play great role in constructing social structures. According to them, the objective social world is the creativity of humans. They assert that humans construct the objective social world in order to live socially. This indicates that the cultural groups or subgroups are the creators of the objective social world they share with others. Humans are not only the creators of the objective social world, but as they are influenced by what they create, they are also creatures of what they create (Berger & Luckman, 1966; Lupton D. , 2003). In the same vein, Burr (2003) notes that the taken-for-granted or objective reality of the world is constructed via people's day-to-day interactions. In other words, the day-to-day interactions of people create shared knowledge and common ways of understandings of the world. Such shared knowledge and common ways of understandings is maintained through a process in which human beings are involved because 'knowledge and social action go together (Burr, 2003, p. 5). In addition to this, Burr (2003) specifically states that:

> Defining illness and disease is not simply a matter of identifying the presence of pathology. It is a deeply social matter involving the interpretation of our experience within our particular cultural context of assumptions, norms and values as well as the economic structure of our society. It is also a matter of power relations (p. 40).

Furthermore, Lupton (2003, p. 12) indicates that the major concern of social constructionist is to investigate 'the social aspects of biomedicine, the development of medico-scientific and lay medical knowledges and practices' because the social constructionist perspective 'does not necessarily call into question the reality of disease or illness states or bodily experiences'. More specifically, Lupton (2003, p. 12) enunciates that 'all knowledges are inevitably the products of social relations, and are subject to change rather than fixed'. Here, we can see that knowledge is dispersed

within the society so that a shared knowledge (reality of the world) could emerge out of the social interactions of a particular discourse community.

Hence, members of a particular discourse community can construct discourse of NCD prevention within their locality because, as Sachs (1996, p. 634) states 'prevention is constructed out of communication in daily practice and action'. This is to mean that a particular discourse community creates a shared knowledge on a particular issue, in this case NCD prevention, through its day-to-day interactions. Such shared knowledge, which is constructed through the consensus of that particular discourse community, becomes a taken-for-granted or objective reality of the world. For example, in the past, vulnerability to NCDs is associated with only the affluent class and aged people. Thus, considering NCDs as the problem of the rich and old people is taken-for-granted or objective reality though recent studies indicate that NCDs are also becoming challenges of the poor and young people, too (Aikins, Boynton, & Atanga, 2010). Here, it is not to mean that we should not worry about the affluent and aged people. However, as NCDs affect the health of all human beings who are exposed to potential risk factors, such association indicates the misconceptions of people towards vulnerability of NCDs. Such misconceptions towards vulnerability of NCDs can be mitigated through creating awareness on the nature and prevention mechanisms of such diseases.

Moreover, as studies reveal, NCDs are currently becoming the urgent but 'far neglected' diseases in developing countries (*see section 2.8.4*). For that, there need to inculcate health promotive and disease preventive discourses which can replace the old-fashioned association of NCDs with the rich and the old to enable people lead healthy lives by producing and maintaining their own health. And such inculcation process requires peoples' day-to-day interactions that results in constructing shared knowledge about NCD prevention. This shared knowledge could later be taken-for-granted reality regarding to NCD prevention within the locality. In addition, the way of understanding NCDs can be determined by the communities' day-to-day interactions and their discussions with HEWs. When people talk about a certain issue, in this case health promotion and NCD prevention, in their everyday interactions, the construction of shared knowledge about that particular issue would emerge. Health workers' language use can play central role as mediator of knowledge from which the

community interpret and construct identity of NCD prevention. Therefore, this study is guided by social constructionist theory for it attempts to discover how the discourse community use language to construct and/or reconstruct discourses of health promotion and NCD prevention.

2.9.2 Gee's Theory of D/discourse

Gee's (2011a) theory of D/discourse lies on the distinction between *discourse* (little 'd') and *Discourse* (big 'D'). Little 'd' (*discourse)* refers to 'language-in-use or stretches of language (like conversations or stories) in the talks of HEWs, physicians, community members and documents about the prevention of NCDs. In other words, what HEWs and their clients talk in relation to health promotion and NCD prevention pertains to little 'd' (*discourse)*. In addition, the stories written in local and national documents are also considered as little 'd' (*discourse)* for the current study's purpose. However, this study aims to go beyond the description of stretches of language, i.e. little 'd', because considering both the language and other stuff could provide full picture of the issue under investigation. Gee (2011a) terms this as big 'D' (*Discourse)*.

Discourse (big 'D') refers to the combination of language-in-use in the talks of health workers and community members with their other social practices (behaviour, values, ways of thinking, clothes, food, customs, perspectives) within these social groups. Put differently, big 'D' (*Discourse)* in this study refers to what health workers and their target audience (community members) say plus how, why and in what context/situation they say so. For that, *Discourse* (big 'D') incorporates the manner that health workers and their clients talk, listen, act, interact, believe, think and feel in relation to health promotion and NCD prevention.

According to Gee's theory of D/discourse, members of a particular discourse community build *identities* and *activities* not just through language, but by using language together with other 'stuff' that isn't language. For instance, if one has to get recognized as a member of a certain group, he/she has to *speak* and *act* in the 'right' way as that particular discourse community does. In other words, being recognized as member of a certain sort of discourse community is not only seen in terms of '*talking the talk*' but also in terms of '*walking the walk*' (Gee, 2011a). For example, HEWs' health teachings at grass root level and health workers' professional advice are

directed towards promoting health in general and preventing NCDs in particular. Such health workers' educational activities are believed to empower community members develop preventive identities and engage in healthy practices aimed at avoiding or reducing the instances of developing NCDs. Thus, community members may take the initiative of preventing NCDs themselves following the education they received. This could mean that they are empowered to produce and maintain their own health with regard to NCDs – an indication of developing identity of NCD prevention. And such identity of NCD prevention can be reflected in what community members say and do. Therefore, the current study attempts to look into language plus other social practices in relation to NCD prevention.

Given the nature of big 'D', it is obvious that language-in-use or stretches of language (*small 'd' – discourse*) can be taken as component of *Discourse (big 'D')*. This implies that *small 'd' (discourse)* can be addressed while examining *big 'D'* (*Discourse*). In relation to this, Tracy and Mirivel (2009) suggested that the micro- and macro-discourse could be combined in doing a discourse-based study. Thus, the talks of health workers, and community members and texts in the documents can be seen within how, why and in what contexts do health workers and their target audience say. The following figure illustrates the relationship between Gee's *D/discourse*.

Figure 1: Diagrammatic Representation of Gee's Big-D (Discourse) and Small-d (discourse)

Chapter Three: Research Methodology

This chapter demonstrates the research methods employed in this study. First, it discusses the research paradigm. Next, it presents the research approach. Then, an attempt is made to describe the research site, participants of the study, sampling technique, methods of data collection, data collection procedures and method of data analysis. Finally, ensuring trustworthiness is described followed by a section that deals with ethical considerations.

3.1 Research Paradigm

The study assumes that health promotive and NCD preventive discourses are the products of the interactions held among community members. Members of a particular discourse community involve in an interacting process to create or recreate a shared reality (Burr, 2003). In the current study, for instance, identity of NCD prevention can be constructed through the interactions held between HEWs and their clients during the health education sessions and community members' day-to-day interactions with each other towards the issues of NCDs. In particular, as discussed elsewhere, the current study attempted to look into how people use language to construct or reconstruct certain identity, i.e. identity of NCD prevention. In addition, as Creswell (2007) points out, reality is not fixed; it is rather multiple, so this study looks the issue in question in a different angle (*applied linguistics perspective*) and come up with certain 'reality' in relation to health promotion and NCD prevention. Therefore, the study is underpinned in the philosophical claim that asserts the objective reality of a surrounding social world is socially constructed and/or reconstructed via people's day-to-day interactions (Berger & Luckman, 1966; Burr, 2003). Put other way, the current study is rooted under the social constructivist research paradigm.

3.2 Research Approach

As part of the major tasks, a study has to employ appropriate method of inquiry that could best answer the research question/s formulated in that particular study. For that, selection of appropriate method of inquiry is determined by the objective/s of the study along with the philosophical and theoretical assumptions under which that

particular study is located. This study attempting to explore health promotive and NCD preventive discourses enacted in the health education practices of health workers and their clients opts qualitative research approach for the following reason. For most, the research objectives of the current study can be best achieved through employing qualitative data collection methods because qualitative methodology are effective to have an in-depth inquiry 'into people's belief systems and the ways in which they use particular discourses to give meaning and expression to their ideas' (Lupton D. A., 2005, p. 452).

In addition, qualitative inquiry allows researchers to describe the experiences and perceptions and analyse them inductively based on participants' meanings (Dornyei, 2007; Creswell, 2012; Abdullahi, Senekal, Zyl-Schalekamp, Amzat, & Saliman, 2012). To this end, discourse data were gathered from secondary and primary sources. The secondary sources were documents. These include teaching modules on NCDs, HEP manuals, health policy documents and health reports on NCDs. The primary sources were audio recordings of HEWs' actual teachings and focus group discussions (FGDs) of one-to-five network members, interviews with HEWs, leaders of women development armies (WDAs), physicians, patients of NCDs and their family members. Therefore, the nature of sources of data guided by the objectives of this study favoured qualitative approach.

Furthermore, as discussed in chapter one, this study is an attempt to investigate an issue about which very little is known in the Ethiopian context. Investigating an issue in detail requires the involvement of few people who could provide detailed information. Thus, this study involves few people as participants of the study for getting detailed information about the phenomenon under investigation. And involving few participants in a study and looking into an issue under investigation in detail is among the characteristics of qualitative research. Most importantly, as Groom & Littlemore (2011, p. 92) state, examining 'what things happen, how things happen, and why things happen in particular real-world situations' is the major concern of qualitative inquiry. Therefore, this study employed qualitative research approach in an attempt to describe, analyse and interpret health promotive and NCD preventive discourses enacted in the health education practices of health workers (HEWs and physicians).

3.3 Research Site

Axum was the research site. Axum is the capital town of Central Zone of Tigray Regional State. It is administratively divided into four 'Kebeles'[1]. It has a number of health facilities including one general hospital, one referral hospital, two public health centres and four private clinics. According to the National Population and Housing Census of Ethiopia in 2007, the population of the town is approximately 44,629 out of which 20,729 are men and 23,900 are women (CSA, 2008).

Axum was selected as research site of this study for the following reasons. The first reason was related to accessibility of data. I have been working in Axum town since 2006. Thus, I hoped that my familiarity to the area would enable me have access to the intended data. Besides, in my preliminary observations, I had observed that there was a regular discussion (once a week) held among one-to-thirty network members on different health issues. Such health discussions include family health (maternal and child health, family planning, nutrition), hygiene and environmental sanitation (excreta disposal, healthy home environment, personal hygiene) and disease prevention and control (prevention and control of CDs and NCDs) at 'Ketena' level ('Ketena' is a lower administrative structure within Kebele). HEWs and leaders of WDAs, in some cases, facilitated such health discussions. In addition, the discussions aimed at bringing behavioural changes that result in creating healthy society. However, how the discourses of health promotion and NCD prevention being used by health workers influence communities' behaviour need to be investigated because no study has tried to look into such issue in the research site.

On top of this, NCDs are becoming the major concern of urban settings. In Axum town, for instance, the number one cause of morbidity is chronic respiratory diseases. According to the annual report of Axum Town Health Office (ATHO) on 'Ten Top Causes of Morbidity of Axum Town', chronic respiratory diseases account for the highest share of mortality in the years of 2004 E.C., 2005 E.C., and 2006 E.C. (ATHO,

[1]Kebele is a local administration leveled as lower structure of government with 5,000 people.

2014) . Therefore, keeping these points into consideration, the current study attempted to explore health promotive and NCD preventive discourses as reflected in health education practices of HEWs and their clients' (community members) talks within the study setting, i.e. Axum town.

3.4 Participants of the Study

Participants of the study include HEWs, physicians, leaders of WDAs, one-to-five network members, patients of NCDs and their families. HEWs and physicians were included as participants of this study for they are sources of health-related information within the locality. In addition, members of the community (WDAs leaders, network members, patients of NCDs and their family members) were considered as sources of data for the current study since they are members of the target discourse community who participate in the production and reproduction of discourses of health promotion and disease prevention, in this case, NCD prevention.

3.5 Sampling Technique

In a qualitative inquiry, sampling is not as such concerned with the representativeness of a particular population. Put other way, with respect to its inherent nature, there is no need to gather information by providing equal chance to the entire population for obtaining reasonable results. This is because, on the one hand, qualitative research is mainly concerned with providing 'detailed and thick descriptions of smaller data sets' (Groom & Littlemore, 2011, p. 62). Thus, in qualitative inquiry, what matters is not necessarily to give equal chance to the target population in selecting sample; however, what matters is to select participants 'who have experienced the phenomenon under study' using non-probability sampling technique (Starks & Trinidad, 2007, p. 1375). On the other hand, as Mays & Pope (1995, p. 110) contend that conducting a qualitative study 'is generally more time consuming and expensive' than its counterpart, i.e. quantitative research. For that, probability sampling is not usually feasible for selecting participants of a particular study that employs qualitative inquiry (Mays & Pope, 1995). Furthermore, analysing discourse requires an intensive task so that it is advisable to analyse the accounts of few participants in detail (Talja, 1999).

In light of this, the current study, being a discourse-based qualitative study, employed purposive sampling technique to select participants who could provide in-depth and first-hand information about the issue under investigation. To this end, for the current study, fifty-four (54) participants were purposefully selected to collect the intended discourse data. Specifically, eleven HEWs (seven HEWs for in-depth interviews and four HEWs to record the health education sessions), ten physicians (all for in-depth interviews), and thirty-three community members (four WDA leaders, three NCD patients, and two family members of NCD patients for in-depth interviews; and twenty-four network members to participate in the FGDs) were selected.

3.6 Methods of Data Collection

The instruments that were used to gather discourse data on the issue under investigation include audio recordings of health education sessions, in-depth interviews, focus group discussions, and document reviews. As discussed earlier, the study was conducted at Axum town. Thus, participant of the study were drawn from this town. I have conducted twenty-six interviews with different types of respondents. To be specific, I interviewed seven HEWs, four leaders of WDA, three NCD patients, two family member of NCD patients. The interviewees were all from the networks from which audio recordings of HEWs' health education sessions have been taken. I have also interviewed ten physicians from three public health facilities (six physicians from two health centres and four from a hospital). Apart from this, four actual health education sessions were audio-recorded. Moreover, twenty-four network members (four groups consisting of six members each) participated in this study for FGD purpose.

3.6.1 Audio Recording

Audiotaping of interactions is the primary task in discourse analytic studies (Tracy & Mirivel, 2009). It is a very essential tool to capture human interactions as occurred naturally in a given social context, for instance, in my case, the interaction between HEWs and their target audience during the health education sessions. In addition, recording and analysing 'participants' speech provides insight about how the participants deploy language to accomplish their objectives and position themselves in relation to others' (Starks & Trinidad, 2007, p. 1376). Keeping this in mind, audio

recording was used as primary source of data collection for this study. During my visit, four HEWs had planned to have health education sessions on the issues of NCD prevention. For that, the available health education sessions on NCDs were audio recorded for this project. Before recording the health education sessions on health promotion and NCD prevention, I, first, explained the purpose of the current study and assured participants of the health education sessions that the discourse data would be used only for academic purpose. Then, after I got consent from them, I did the recordings of their interactions during the health education sessions on NCDs.

3.6.2 In-Depth Interview

One of the instruments through which data was collected is in-depth interview. The reason for collecting data via such instrument lies on the following assumptions. Firstly, discourse data gathered via such instrument could be used to uncover 'regular interpretative practices through which participants construct versions of actions, cognitive processes, and other phenomena' (Talja, 1999, p. 459). For that, I believed that the information gathered through in-depth interviews would enable me to explore the discourses of health promotion and NCD prevention that are being used to enact, and uncover practices (activities) that the physicians, HEWs and leaders of WDAs seek to get their target audience (community members) recognize as being accomplished. In addition, in a discourse-based study, interviews can be used to address issues with different participants that are relatively difficult to be achieved via *naturalistic materials* (Potter, 1996).

Furthermore, in-depth interviews allow a researcher to dig into the central issue of the study by asking probing questions that might emerge from the participants' answers to interview guide questions. Besides, in-depth interview allows interviewees to discuss their experiences and ideas about NCD prevention without restrictions. In this regard, Pierret (1993, p. 13) states that interviews appeared to be worthy to allow people 'to freely express feelings as they talk about their lives and practices'. Apart from this, interviewing people is the best method to investigate how individuals conceive and feel about a particular issue under investigation (Groom & Littlemore, 2011). Most importantly, Radley & Billig (1996, p. 229) suggest that information gathered via interviewing sick or healthy individuals can 'depict or represent a wider shared reality'.

Putting the above points into consideration, in-depth interviews were held with HEWs, physicians, leaders of WDAs, patients of NCDs, and family members of patients of NCDs. The major concern of the in-depth interviews was to explore participants' perspectives towards preventing NCDs and their engagement in the prevention process. In addition, via this instrument, it has been endeavoured to explore the inhibiting discourses in promoting health and preventing NCDs. To this effect, the interview guides began with general questions about NCDs and meanings attached to them, followed by questions about the social practices enacted towards preventing these diseases. All the interviews held with different respondents (*see section 3.6*) were audio recorded through the support of note taking, and then, were transcribed and translated into English (*see appendixes I & J*).

3.6.3 Focus Group Discussion

Focus group discussions (FGDs) are effective in eliciting data on the cultural norms of a group and in generating broad overviews of issues of concern to the cultural groups or subgroups represented (Bender & Ewbank, 1994; Lupton & Chapman, 1995). This type of data collection tool, unlike individual interviews, allows researchers to examine the 'dimension of interactions' among participants of a particular FGD (Wong, 2008, p. 256). It is also an essential method that enables groups of people exchange their perspectives and lived experiences towards an issue under investigation (Lupton & Chapman, 1995). Apart from this, FGDs are beneficial for researchers who engage in conducting health-related studies because they (FGDs) 'can encourage participation from people [who are] reluctant to be interviewed on their own or who feel they have nothing to say' (Kitzinger, 1995, p. 299). Essentially, discourse data resulted from FGDs are crucial in discourse analytic studies for such data 'stem from discursive interactions that occur among focus group participants' (Onwuegbuzie, Dickinson, Leech, & Zoran, 2009, p. 7). To this end, FGDs are basically helpful in the current study in exploring people's knowledge and experiences about NCD prevention which can be used to examine what they think plus how they think and why they think in a certain way. Therefore, by setting agenda for discussions on the nature of NCDs and NCD prevention, FGDs took place among network members within the locality.

Concerning the size of an FGD, there is no agreed cut off point. Some scholars, such as Bender & Ewbank (1994) and Wong (2008), suggest that an FGD has to be formed with six to twelve participants. However, Adams & Cox (2008) contend that an FGD has to be formed with six or seven participants and it should not be conducted with less than three participants. They also suggest that the maximum number of participant in an FGD has to be eight because to have larger group members is subjected 'to break off to talk in sub-groups and leave people out of the discussion' (2008, p. 24). For the current study, pre-existing groups, i.e. one-to-five network members, were the participants of the FGDs because one way of forming FGDs is to use the pre-existing groups (Onwuegbuzie, Dickinson, Leech, & Zoran, 2009). Thus, each FGD conducted in this study consisted of six members.

Furthermore, with regard to how many FGDs are enough in a particular study; some scholars suggest a range that indicates the minimum and maximum numbers of FGDs to reach data saturation. For example, as to Krueger (1994) and Morgan (1997), three to six focus groups are enough to reach data saturation and/or theoretical saturation. In light of this, I felt that conducting less than three FGDs could be subjected to lack of data sufficiency. Therefore, I conducted four FGDs among network members within the locality. The FGDs were intended to discover the meanings attached to NCDs. Apart from this, data from FGDs were used to examine community members' local knowledge on NCD prevention and the activities that the community engage in to prevent these diseases.

It is obvious that every FGD has to be facilitated by a moderator. The responsibility of the moderator is to facilitate the FGD, motivate participants to talk, and control those who unwisely taking too much time in order to let other participants have time to add their say (Onwuegbuzie, Dickinson, Leech, & Zoran, 2009). Furthermore, it is the task of the facilitator to take notes during the FGDs. For that, I, the researcher, facilitated the FGDs. In conducting the FGDs, I introduced myself and explained the purpose of the study, the time given, my role and their roles in the FGD at the beginnings of each FGD. The FGDs were audio-recorded through the consent of the participants.

3.6.4 Document Review

In discourse analysis, written texts or documents can be used for analysis purpose (Fairclough, 2003). Thus, documents were used as source of the discourse data for the current study. Documents were reviewed by taking notes on discourses of health promotion and NCD prevention that appeared in different parts of the documents. The document review included examining training modules, HEP manuals and health policy documents. *Non-Communicable Diseases, Emergency Care and Mental Health* is one of the training modules from which HEWs are expected to acquire the knowledge they would use to teach the communities they came from. Therefore, this training module was assessed to see health promotion and NCD prevention discourses. In addition, health policy documents and HEP manuals on NCDs were also reviewed. I believed that document review would enable me to look at what sort of identity/identities are the discourses being used to enact. The review also served as an outset of issues that could be used to develop in-depth interview guide and set agenda for FGDs.

3.7 Data Collection and Analysis Procedures

3.7.1 Data Collection Procedures

In collecting discourse data for the current study, I have employed the following data collection procedures. Firstly, I met sixteen HEWs at four kebeles, namely Hawelti, Kindeya, Hailom and Maebel, found in Axum town. In fact, there were eighteen (18) HEWs in Aksum town. However, sixteen (16) HEWs were approached to collect the required data for the current study. The major reason to contact only sixteen (16) HEWs was due to the fact that two (2) of the HEWs were supervisors. They did not directly engage in the health education practices enacted to promote health and prevent NCDs; but they rather did a supervision about the health education activities enacted by the rest sixteen (16) HEWs. Therefore, since the major purpose of the current study was to analyse the actual health promotive and NCD preventive discourses enacted in the HEWs' health teachings and their clients' talks, HEWs that were engaging in providing health education were contacted and informed about the purpose of the current study. All of the HEWs showed their willingness to participate in the study and provide any information they are required to offer. However, I had

learnt that four of the HEWs had planned to discuss about NCDs with network members during my visit. The rest twelve HEWs had planned to discuss health issues other than NCDs, such as family planning, hygiene and prevention of communicable diseases. Therefore, I decided to record the available four health education sessions. Then, audio recording of the actual health education sessions on NCDs took place. As stated above (see 3.6.1), the purpose of audio recording the teachings of HEWs was to examine the actual discourses of health promotion and NCD prevention enacted in the health education sessions. Then, the recordings were followed by in-depth interviews with HEWs. I interviewed seven out of the twelve HEWs, who had planned to discuss health issues other than NCDs, to further explore health promotive and NCD preventive discourses. The reason to interview seven out of the twelve HEWs was that they had recently discussed the issues of NCD prevention with their target groups – they held health education on the issues of NCD prevention one-to-two weeks before my arrival for data collection.

In the meantime, four WDA leaders were interviewed before conducting FGDs with other one-to-five network members because they (WDA leaders) are sources of health-related information for members of the one-to-thirty networks. In addition, there were three patients of NCDs and two family members of NCD patients who attended the health education sessions. Therefore, I interviewed three NCD patients and two family members of NCD patients having appointments convenient to them. I had also interviewed ten physicians from health facilities that comprise the kebeles in Axum town as their catchment areas. Finally, four FGDs took place among one-to-five network members.

3.7.2 Data Analysis Procedures

i) Transcribing and Translating Discourse Data

Discourse analysis of spoken interaction requires transcription through an in-depth examination of the audio recording/s (Tracy & Mirivel, 2009). Thus, having collected the required discourse data via different instruments, the job of transcribing followed because producing transcripts of audio recording/s is crucial for discourse analytic studies (Tracy & Mirivel, 2009). I used verbatim transcription so as not to lose content of the data gathered. During transcription, I used 'Listen N Write' software.

'Listen N Write' software is developed with special features that simplify the transcription work as it enables transcribers to control play/pause, rewind and forward via keys (F5 for Play/Pause, F6 for Rewind and F7 for Forward). Moreover, the audio stream automatically played back a few seconds when the PAUSE key is pressed. For that, 'Listen N Write' allowed me to rewind and forward the audio records by setting seconds where to stop for re-listening words or phrases. By doing so, I transcribed thirty-four audio recordings for the current study. These include twenty-six recordings of in-depth interviews, four FGDs and four recordings of health education sessions.

To keep the anonymity of individuals, all the names mentioned in the transcriptions are pseudonyms. In addition, turns are numbered in order to indicate where the sample extracts are taken from. After transcribing the audio records, I have translated the Tigrigna versions of the transcriptions into English. The translation was not a word-for-word type of translation. Rather, an attempt has been made to express what has been said in the source language (SL) into the target language (TL) in a relatively meaningful way. In other words, I used semantic translation because it, for one thing, gives emphasis for SL, and for another thing, 'fulfils the two main aims of translation – accuracy and economy' (Newmark, 1988, p. 47).

ii) Creating Major and Sub-Categories

According to Starks & Trinidad (2007, p. 1377), analysing discourse data is 'inherently subjective because the researcher is the instrument for analysis'. For this, the researcher decides labelling sections or parts of the discourse data into categories. Therefore, once the task of transcription and translation was done, my next job was coding and categorizing the data. Firstly, I have read the transcripts as a whole because I believed that reading the entire transcript/s could enable me locate the potential or relevant accounts/s to answer the research question during my second readings. Then, I read the transcripts line by line very carefully. During my second reading, I jotted down notes of my first impressions of each transcription. Secondly, I started labelling relevant words, phrases, sentences and sections in the transcripts which I thought relevant to answer the research questions stated in chapter one. Apart from this, labelling relevant pieces were also done in terms of Gee's building tasks of language. Thirdly, I read all the codes created and decided on the most important codes. Then, I grouped codes and created sub categories that could be put under the

major categories which reflected the main themes of the research questions of this study. Finally, I started to discuss the results of the study using Fairclough's three-dimensional model along with Gee's method of discourse analysis. During discussing results of the study, Gee's preconceived concepts of discourse analysis were discussed in line with the themes or categories that have emerged from the data gathered. The following table summarizes the major and sub- categories emerged from the data.

Table 1: Major and Sub-categories Identified for Analysis

1. Meanings Attached to NCDs 1.1 NCDs as the Diseases of the Affluent Class 1.2 Physical Form/Shape as Vulnerability Indicator 1.3 NCDs as God's Order or Devil's Act 1.4 NCDs as Sources of Fear of Sudden Death and Hopelessness
2. Constructing Identity of NCD Prevention 2.1 Prioritizing the Discourse of 'Prevention First' 2.2 Disclosing NCD Cases 2.3 Reflecting Views (Local Knowledge Claims)
3. Practices/Activities Enacted to Prevent NCDs 3.1 Healthy Eating as NCD Prevention Practice 3.2 Staying Active as NCD Prevention Act 3.3 Early Medical Check-up as a Way to Detect NCDs 3.4 Risk Avoidance as a Way to Produce and Maintain Health
4. Inhibiting Discourses in Promoting Health and Preventing NCDs 4.1 Misconceptions 4.2 Ingrained Traditional Practices
5. Building Discourse of Health Promotion and NCD Prevention 5.1 Advocacy 5.2 Experience Share 5.3 Empowerment

3.8 Methods of Data Analysis: Gee's Method of Discourse Analysis and Fairclough's Three-Dimensional Model

This study employed Fairclough's three-dimensional model and Gee's method of discourse analysis. Fairclough's three-dimensional model and Gee's method of discourse analysis are found helpful in explaining key health messages and identify gaps in the process of inculcating health promotive and NCD preventive discourses. In the following sections, I have tried to discuss these analytical tools in relation to the current study's major concerns.

3.8.1 Fairclough's Three Dimensional Model

Fairclough (1995a) views discourse as a composite of three interrelated elements: *text* (a spoken or written language text), *discursive practice* (an instance of discourse practice involving the production and interpretation of text) and *social practice* (a piece of social practice involving the explanation of text). Put differently, discourse analysis adheres to Fairclough's three-dimensional model involves the analysis of the three discrete but interlinking levels of discourse. To this effect, in this study, it has been attempted to go through the three interrelated levels of discourse while analysing the discourse data gathered via multiple data collection instruments. The following diagram demonstrates the interconnectedness of the three dimensions of discourse (Fairclough, 1995a).

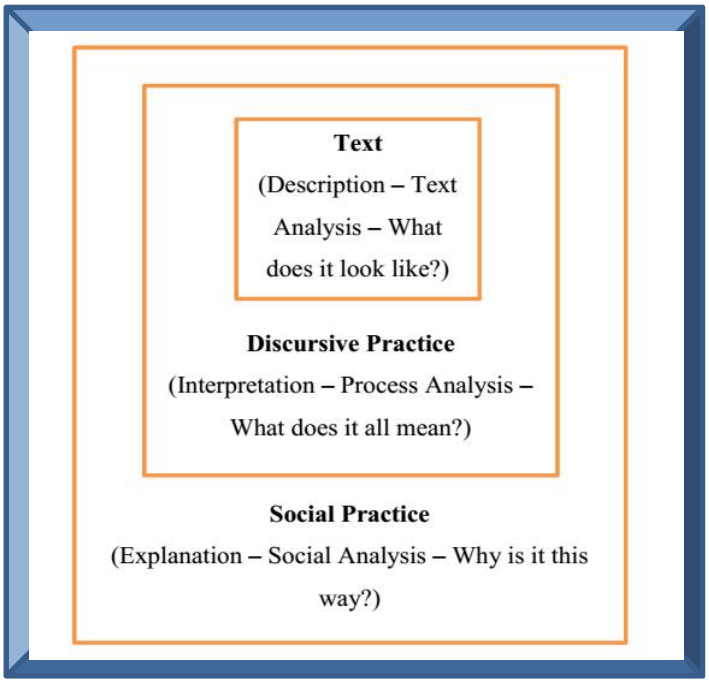

Figure 2: Fairclough's Three Dimensional Model

The first facet of Fairclough's three-dimensional model views discourse as a text. And the major concern of this level is to describe the text. Specifically, it focuses on the description of contents of the text by considering word choices, intertextuality, grammatical constructions and organization of the text. For that, at this level, a discourse analyst essentially searches for what is expressed within the text. In the current study, extracts are taken from the entire discourse data produced by variety of participants for the same. Health workers' and their clients' talks can help us see how

their language use connects or disconnects things with regard to NCD prevention to/from each other. For example, by examining the language of a particular text on the issues of health promotion and NCD prevention, we can figure out the significance attached to or the connection established between things in relation to the issues of talk, i.e. health promotion and NCD prevention.

However, Fairclough (1995a) further discusses that text cannot be examined out of the wider social context. In this regard, he states that 'the connection between text and social practice is seen as being mediated by discourse practice' (1995a, p. 133). This suggests that the three dimensions of discourse are interrelated and go through each other during the analysis process. Therefore, there comes the second dimension of discourse. This domain or level of analysis examines the production and consumption of the text (discursive-practice). This dimension of discourse includes all the agents that could contribute to the production and consumption of the text. In this regard, Fairclough (1995b) states that:

> '… [Discursive practice] involves various aspects of the processes of text production and text consumption. [And] some of these have a more institutional character where as others are discourse processes in a narrower sense' (p. 58).

Here, we can see that discourse practice pertains to the production and reception of messages, in my case, the production and consumption of health messages towards promoting health and preventing NCDs. As Gee (2011a) puts, members of a particular discourse community enact their social identities and relationships when they engage in a particular form of discourse practice. For instance, the interactions among health workers and their clients can reveal the sort of social identity and relationship that the participants of the communicative events have. Therefore, this level of discourse analysis is essential in exploring the association of the text with the wider context that contributed to the production and consumption of the text.

The third aspect of Fairclough's three-dimensional model is to examine discourse as social practice. This dimension of discourse is concerned with the persisting social, ideological and hegemonic practices within a particular society. In addition, in this level of analysis, a discourse analyst has to explain how these practices shape (and are shaped by) discursive practices because social practice, which incorporates discourse,

does not only mirror the surrounding world; however, it additionally takes a dynamic part in bringing some sort of social change. Furthermore, it is through understanding the wider social context that a discourse analyst can better explain a particular communicative event. Therefore, at this level of analysis, there need to go beyond the stretches of language, i.e. small 'd' discourse to use Gee's term. Thus, a discourse analyst has to examine and uncover the *unsaid* from what is *said* because as Fairclough (2003, p. 11) asserts 'What is 'said' in a text always rests upon 'unsaid' assumptions'. In the current study, the focus is not only on what is said (text) but it also focuses on who said and why it is said in an attempt to examine the activities/practices that are associated with the stretches of language (the text).

3.8.2 Gee's Method of Discourse Analysis

Whatsoever speech we make and text we write has a purpose of constructing or building seven *tasks* or *areas of reality* (Gee, 2011b). For instance, the talk between health workers and their clients is a two-way communication that targets at building/constructing a certain 'reality', in this case, constructing identity of NCD prevention. Such construction of identity of disease prevention can be revealed by examining the language building tasks. According to Gee (2011b), there are in total seven different building tasks for creating interpretations. It has been tried to discuss the building tasks in relation to the major and specific objectives of the current study.

Language can be used to indicate the level of *significance* of things (Gee, 2011b). For example, the language used by health workers to show the level of significance of NCD prevention can be an indication of their views towards promoting health in general and NCD prevention in particular. Language is also used to show others recognize what is going on (*practices*) (Gee, 2011b). For instance, what people do to prevent NCDs can reflect their understandings about NCDs and how these diseases can be prevented. Therefore, analysing the language use of health workers and their addresses would be helpful to see the sort of social practices they are engaging in to prevent or reduce NCD incidences.

Identity, another focus of analytical framework for this study, can also be constructed via language use. Health workers construct identity of NCD prevention when they provide health education to their addresses. Leaders of WDAs also construct identity

of NCD prevention for themselves and play their roles in helping network members construct such identity. Such construction of identity, if appropriately constructed, can influence the behaviour of community members towards NCD prevention.

Moreover, language can also be used to signal the kind of relationships people construct, wish to construct with whom they are communicating (Gee, 2011b). This building task refers to social *relationships* that health workers (HEWs and physicians) and WDA leaders build with their target audiences (community members). For example, in one-to-five network discussions or HEWs' teachings, HEWs or WDA leaders may use formal or informal language in a way which shows their social relationships with their target audiences. Therefore, how HEWs and WDA leaders talk in a given discussion with regard to health promotion and NCD prevention can influence community members' outlook and behaviour towards constructing identity of NCD prevention.

We use language to render certain things connected or relevant (or not) to other things, that is, to build connections or relevance. For that, health workers' use of language may also target to build *connections* on how risk factors are connected to the prevalence of NCDs. In addition, they (health workers) can show the relevance of avoiding risk factors in preventing NCDs via their language use. Such building task can play its role in influencing the behaviour of a particular community towards NCD prevention because the misconceptions about NCDs could be cleared up by showing the scientific relevance of risk avoidance for avoiding or reducing NCD incidences.

Lastly, not necessarily least, people use language to build *sign systems and knowledge* (Gee, 2011b). The training modules on NCDs that are communicated to HEWs are written in English. However, the knowledge of NCDs, risk factors and prevention of NCDs is communicated in health workers' and their addresses' native language, i.e. Tigrigna. Particularly, the teachings of HEWs, talks of WDA leaders and locally prepared documents privilege the language that is spoken by the community than any other language. Of course, in some cases, HEWs talks and knowledge on prevention of NCDs may de-privilege the sign systems of the community. In addition, health policy of the country in general and HEP in particular privileges disease prevention. Thus, in this study, it has been attempted to look at what sort of sign systems and

knowledge is favoured or disfavoured in the talks of health workers (HEWs & physicians), WDA leaders and community members.

In addition, Gee's tools of inquiry were also considered as *thinking devices* that can guide the analysis of health promotive and NCD preventive discourses. These include situated meanings, figured worlds, social languages, intertextuality, *Discourses* (big 'D') and *Conversation* (big 'C'). I have tried to integrate only four tools of inquiry, which fit the purpose of this study, into analysing the discourses of health promotion and NCD prevention.

Situated meanings – Gee (2011a) also calls it *'utterance-token meanings'* – refer to the specific meanings given, such as meanings attached to issues related to NCDs, during HEWs and their addresses' interactions in a certain situation or context. For example, when HEWs discuss hypertension, which refers to pressure of blood not to the rise of red blood cells (RBC), members of the community may attach the wrong meaning based on their experiences. Thus, such misunderstandings may affect the transmission of key health messages. Therefore, there need to look at the situated meanings attached to issues related to health promotion and NCD prevention in the explorations of identities and practices that the discourses being used to enact.

Besides, people create images or pictures in their heads that are associated with utterances. This is what Gee (2011a) terms as *figured worlds*. In other words, what comes to people's mind when they hear the word 'hypertension' is considered as the picture/image they create in association with that particular word. For instance, the community might associate hypertension with fat people though some thin people may be hypertensive, too. Such associations indicate a person's 'first thought' or 'taken-for granted' assumptions about how something works in the world when it is typical or normal (Gee, 2011a, p. 77). This taken-for-granted assumption is connected to the different situated meanings given to a particular word.

Social languages refer to health workers' and their addresses' uses of variety of styles and socially situated languages that can allow them express their multiple identities. Understanding social languages of health workers and their addresses that are used in different social contexts would enable me identify the taken-for-granted reality in relation to health promotion and NCD prevention. Therefore, in the analysis, social

languages that could determine the construction of discourses of health promotion and NCD prevention were emphasized.

In addition to social languages, health workers and their addresses may quote texts outside of their immediate discourses. In other words, in intertextuality words may be borrowed or switched from one social language and used in another (Gee, 2011a). The texts that are quoted from outside an immediate discourse may play roles in constructing and/or reconstructing identities/practices of NCD prevention. Therefore, intertextuality along with social languages was among the thinking devices that guide the analysis of discourses of health promotion and NCD prevention.

Therefore, Fairclough's three-dimensional model of discourse along with Gee's method of discourse analysis is believed to be appropriate for exploring discourses of health promotion and NCD prevention. Particularly, in this study, Fairclough's three-dimensional model guided the level of analysis whereas Gee's language building tasks were used as analytical tools. The following diagram represents the combination of Fairclough's three-dimensional model and Gee's method of discourse analysis.

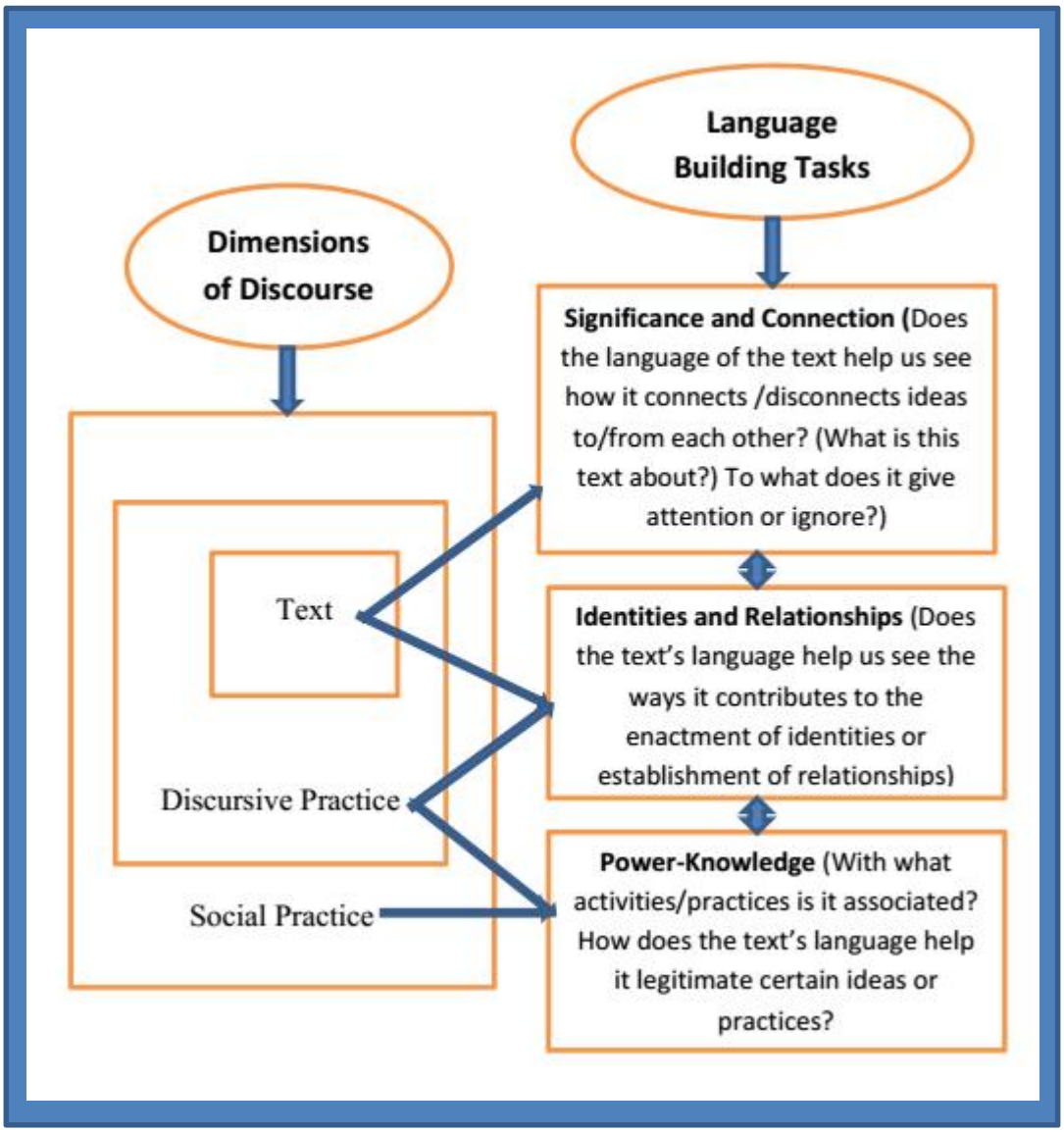

Figure 3: Combining Fairclough's Three Dimensional Model and Gee's Language Building Tasks

3.9 Ensuring Trustworthiness

As Shenton (2004) states, a researcher who engages in qualitative study has to examine four major validating parameters to ensure trustworthiness. These include credibility, transferability, dependability and confirmability. The first validating strategy, i.e. credibility, refers to ensuring the truth of the findings. The second one, transferability, pertains to the concept of transferring results to another similar social context. Another validating parameter, dependability, is concerned with providing adequate information about the process – in-depth methodological descriptions. The fourth validating parameter, named as confirmability, is related with being neutral

while analysing and interpreting the participants' accounts. Therefore, throughout the study, I have attempted to address these issues in order to ensure trustworthiness.

Particularly, being a qualitative study, this study requires developing data collection instruments. Thus, data collection tools were developed after reviewing literature and documents on NCDs. The interview and FGD guides were prepared in English. After receiving valuable comments and suggestions from my supervisor, the English versions of the guides were translated into Tigrigna. In translating the English versions into Tigrigna, two Doctoral students in Applied Linguistics and Communication and I, the researcher, participated (we all are native speakers of Tigrigna language). First, we did the translation alone. Then, we met and discussed on the appropriateness of each translation produced by three of us. Finally, we produced a more likely equivalent Tigrigna version of the interview and FGD guides that were prepared in English.

Before using the tools to collect data, there need to examine content validity of the instruments. In qualitative studies, expert review is one of the primary evaluation strategies to examine dependability of data gathering instruments (Creswell & Miller, 2000; Shenton, 2004). Therefore, the interview and FGD guides of this study were given to three experts in applied linguistics (two PhDs – one from abroad who have been contacted via e-mail and one from local university who has a PhD in Applied Linguistics and Development) and a PhD student of Applied Linguistics and Communication at Addis Ababa University. The interview and FGD guides were provided to the experts along with the research objectives of the current study. The experts agreed that the data collection tools could collect dependable data to answer the research questions.

Furthermore, discourse data were gathered through multiple data collection instruments. Employing variety strategies to collect data is among the validation parameters to ensure trustworthiness in qualitative inquiry (Shenton, 2004). In addition, the study involved the use of different types of informants, who were genuinely willing to take part in the study, as sources of data to obtain rich picture about the phenomenon under scrutiny. Apart from this, the discourse data is presented in full, i.e. the Tigrigna texts along with the English versions, (*see appendices I-O*) to enable readers examine the analyses and discussions of sample texts presented under

the emerged categories. It has also been attempted to provide sufficient descriptions of methodological issues, such as data collection methods, procedures, and methods of data analysis, etc. For that, it is hoped that the analyses of the discourse data would provide full description of the issue in question that could in turn enable readers to compare the instances of the phenomenon described in the current study with those they have observed in their social contexts.

3.10 Ethical Considerations

One of the major issues that a researcher should consider while conducting a particular study is the ethical consideration. For instance, unlike a quantitative investigator, a researcher is a key instrument in pursuing a qualitative inquiry. Therefore, a researcher who pursues a qualitative study has to involve closely and interact with participants in person, for instance, in the interviewing and observing sessions. In addition, the anonymity of participants' identities and confidentiality of their responses is very crucial in qualitative research due to the impact it might create on participants' lives. In this regard, Groom & Littlemore (2011, p. 80) suggested that 'researchers need to attend particularly carefully to the ethical implications of their research' because qualitative inquiry 'is often highly personal, and in some cases potentially even intrusive'.

Therefore, as usual duty of a researcher, I respected the rights of participants, research sites, and other related issues. I got official letters from concerned bodies to access data for the current study (*see appendixes C & D*). Besides, I accessed the intended data through the informed consent of the participants of the study and other concerned bodies in the research setting. Specifically, participants were well-informed about the purpose of the current research (*see appendix E*). Thus, they did so voluntarily and anonymously. Besides, interviews and FGDs were arranged at times and locations most convenient to respondents. Moreover, the data were stored in appropriate place using respondent codes to keep respondents' details confidential.

Chapter Four: Data Presentation, Analysis and Discussion

This chapter deals with data presentation, analysis and discussion. As discussed in section 3.7, the task of labelling, coding and categorizing of themes has been done after examining the entire accounts. Following so, in this chapter, selected extracts are presented under the emerged major-and sub-categories in an attempt to answer the research questions of this study. Specifically, the analysis and discussion of discourse data is organised around the specific objectives of the study.

4.1 Meanings Attached to NCDs

As stated in unit one, section 1.3.2, one of the current study's specific objectives was to look into the meanings that people in the study setting attach to NCDs. People establish *connection/disconnection* between things via their language use. In other words, they use language to render the *association* or *disassociation* of certain things with others (Gee, 2011b). Particularly, as McClean (2005, p. 634) states 'individuals attach meaning to illness or disease, so that they can make sense of it in terms of their life experience'.

To this end, an attempt has been made to reveal meanings attached to NCDs by the discourse community as operating in their talks. I examined the entire discourse data gathered via different data collection instruments to see meanings attached to NCDs by community members of the locality by using Fairclough's three dimensional model and Gee's method of discourse analysis. By doing so, I have come across with some categories that have emerged from the data gathered. Participants' accounts revealed that people within the locality associate NCDs with different notions. Specifically, they consider NCDs as: (1) diseases to which certain groups are vulnerable while others are not*;* (2) diseases that could occur due to *God's Order* or *Devil's Act*; and (3) diseases that could be sources of *fear of sudden death* and *hopelessness*.

Therefore, for analysis purpose, such local perspectives towards the nature of NCDs are labelled as *'NCDs as the diseases of the affluent class', 'physical form/shape as vulnerability indicator', 'NCDs as God's Order or Devil's Act',* and *'NCDs as source of fear of sudden death and hopelessness'*. I have attempted to discuss participants'

accounts under the emerged categories to evidence how members of the locality conceive NCDs.

4.1.1 NCDs as the Diseases of the Affluent Class

In this section, evidence is generated from different participants' discourse data to show the local perspective towards the notion of NCDs. As can be understood from the accounts, people within the locality consider NCDs as the health problems of the rich. Their talks signal the connection between *'the state of being susceptible to develop NCDs'* with *'economic status of individuals'*. Below are sample accounts that attempt to evidence the local perspective towards connecting NCD incidences with the affluent class.

Extract-1

[26] ***ጥሙር ጥዕና:*** *... ናይ 'ሃፋትም ሕማም' ይበሃል እዩ ግን ትኽክል ኣይኮነን እቲ ኣካይዳ። ሕዚ ኣፍቶም ረጎድቲ እዮም ኣፍቶም ሃፋትም እዮም ንሶም ከምዚ ስለዝምገቡ ኣብኦም እዩ መብዛሕቲኡ እቲ ሕማም ይረአ እዩ ይበሃል እዩ ሓቂይ? ጌጋ እዩ። ኣብ ድኻታት እውን ይረአ እዩ። መምፂኡ ካልእ ኮይኑ ኣብ ድኻታት እውን ይረአ እዩ ጥራሕ ስለ ጣፋጭ ነገር ስለ ዝበላዕኻ ስለዝሰተኻ ኣይኮነን ኣብ ድኻ እውን ይረአ እዩ ኣብ ቀጢን ሰብ እውን ይረአ እዩ። ኣብ ሃፍታማት እውን ይረአ እዩ። ግን እቲ ኣባሃላ እንታይ ኣሎ ሱቕ ኢልካ ዝፀንሐ ናይ ሃፋትም ሕማም ዝበሃል ጌጋ እዩ እቲ ኣካይዳ ንሱ ( ) ...።*

HEW: *.... It is also said that NCDs are the diseases of the rich. However, such association is wrong. People say that NCDs are found among the rich and fat, right? But this is wrong. It can be seen even among the poor. The cause is not only taking delicious food. So, it can be seen in both the rich and poor. Nevertheless, there is traditional association of NCDs with only the rich which is totally wrong.*

(ARoHE-1)

[342] ***ተሓታቲት:****...ትሕት ዝበሉ ዓቕሚ ዘለዎም እንድሕር ኮይኖም ዋላ ከምኡ ክተምህሮም ከለኻ ብውነ ኣይሰምዑኻን። 'እንታይ ኣነ ኣበይ ክይረኽበኒ እንታይ በሊዐ እየ፣ እንታይ ሰትየ እየ እሱ ዝሕዘኒ' ዝበል እምነት ስለዘለዎም ዘይምቕባል ኣሎ።...*

Interviewee: *... the poor do not attentively follow our teachings. They rather say 'I cannot be vulnerable to develop such diseases for I don't have anything to drink and eat'. ...*

(IDI5-HP5)

[402] ***ተሓታቲ:*** *ቢቃ ፍልይ ዝበለ ተጓንፎ እቲ ናይ ደም በዝሒ ኩነታት ሕጂ እ 'ደም በዝሒ ኣለካ ወይን ደም ድፍኢት ደም ኣለካ' ክትብሎ ከለኻ ሰብ ልክዕ እቲ ኣብ ደምና ዘሎ እቲ ፈሳሲ ደም ከም ምብዛሕ ገይሮም ይርድኣዎ እሞ ስለዚ 'እዙይ ኣነ ካበይ ኣምፂአዮ፣ እንታይ በሊዐ እየ ኣነ' ንኣብነት ካብ ገጠር ዝመፅእ ሰብ 'እንታይ በሊዐ እየ እሞ ዝኹሉ ሰራሕ እንዳሰራሕኩስ ደም ካበይ ኣምፂአዮ እየ ከምዚ ትብለኒ' ኢሎም ዘይቕበልዎ ሰባት ኣለዉ።...*

Interviewee: *Well, when people are diagnosed that they have blood pressure, they understand it that the amount of blood in the body has increased. For that, they say 'where can I get it, I don't have enough to eat'. For instance, people*

who come from the countryside reject the results and say 'how do you say this to me, I work too much'. ...

(IDI7-HP7)

[578] ***ተሓታቲት፡*** *... በቲ ናይ ሳይንስ ተደረኽካ ንስኻ ክተምህሮም ከለኻ እንታይ ይብሉ 'ኣይ እዚ'ኮ ብእግዚኣብሄር እዩ እምበር እንታይ እዩ እንታይ በሊዐ እንታይ ሰትየ እየ ከምዚ መፅዩኒ' እዩ ዝብል። 'ኣነ ዝበልዖ ነገር የብለይን ካብታ ድጋም እንጀራ ኣይሓልፍን።'*

Interviewee: *... when you teach them based on the scientific evidences, they say 'this is God's order; otherwise, how could this happen because I do not have enough to eat and drink; I do not even exceed eating more than a slice of 'Injera'.*

(IDI12-HEW2)

In a health education session, the HEW attempted to deal with wrong understandings of the locality about the nature of NCDs – the cause and notion of vulnerability. She began by describing what community members of the locality think of these diseases. She indicated that NCDs are believed to be the diseases of the rich because the well-off people have access to everything that risks them to develop NCDs *(turn 26)*. However, this is not the only case. Vulnerability to NCDs cannot be connected always to being rich. She further puts that all type of people can be vulnerable to NCDs (*But this is wrong. It can be seen even among the poor* (*turn 26*)). The expression '*this is wrong*' (*ጌጋ እዩ*) indicates that community members wrongly associate NCDs with the rich and weighty. This might come from their traditional beliefs/practices that have been constructed over many years. Moreover, the appearance of the expression *'the cause is different'* (*መምዚኡ ካልእ ኮይኑ)* indirectly indicates that the cause of NCDs is not what the community think of. From the HEW's perspective, delicious food and soft drinks are not the only risks of developing NCDs (*the cause is not only taking delicious food/ (turn 26)*). Here, the use of the term '*only*' (*ጥራሕ)* is indicative that the HEW wants to alert community members consider additional risk factors other than *consumption of delicious food.* This could mean that members of the community associate NCD incidences with the affluent class due to the dietary habits of those people, the rich.

The association of vulnerability to NCDs with the affluent class is also reflected in an interview with a physician. According to the physician, community members of the locality resist accepting results that indicate they develop NCDs. The meaning they attached to NCDs became an obstacle to transmit health messages about such diseases during the health education sessions. The expression '*the poor do not attentively*

follow our teachings' (turn 342), reveals that the poor are less/not vulnerable to develop NCDs. This could mean that people in a low economic status do not consider themselves as vulnerable to develop any type of NCDs. Put other way, people who have less to eat and drink are not susceptible to develop such diseases (*I cannot be vulnerable to develop such diseases for I don't have anything to drink and eat (turn 342)*). The use of the expression '*I cannot be vulnerable to develop such diseases'* is indicative that there are individuals who consider NCDs as the diseases of some other groups by excluding themselves from being susceptible to develop such diseases. Particularly, the use of the phrases '*initay belī'ā*' *(እንታይ በሊዐ) and 'initay setiye*' *(እንታይ ሰትየ)* seem to convey a message that indicates NCDs are the diseases of the rich.

Another interviewee also indicated that some people do have wrong understandings about such diseases. For example, they perceive blood pressure as having excess blood within their body (turn 402). For that, it is unbelievable for them to accept medical results since they believe that there is no way to catch such disease being poor (*'where can I get it, I don't have enough to eat/ (turn 402)*. In this sentence, the producer of the text seems to indicate that it is the individuals' style(s) of living that risks them to develop NCDs. In fact, unhealthy diet is among the risks that results in developing NCD incidences. However, the person considers him/herself as invulnerable to develop such diseases being unable to have enough food consumption.

Moreover, community members believed that they could not be at risk to develop NCDs for they do not have enough to eat. The expression '*I do not have enough to eat and drink' (turn 578)* indirectly indicates that the individual could not be at risk unless God has decided to happen. It could also indicate the knowledge that the locality possessed towards how people could develop NCDs. In addition, the use of the expression '*I do not even exceed eating more than a slice of 'Injera' (turn 578)* reveals their belief that they cannot be at risk for they do not eat too much. Here, even though it remained unsaid, we can see that *'vulnerability to develop NCDs'* is associated with *'richness'* which in turn implies that *'the poor'* are *less/not vulnerable* to develop such diseases. Similarly, the sentence *'I do not have anything to eat' (turn 578)* implies that *having nothing to eat* (*poverty*) could guarantee individuals to be invulnerable for developing NCDs. However, in reality anyone is susceptible to

develop any type of NCDs unless the individual is in a position to avoid potential risk factors.

4.1.2 Physical Form/Shape as Vulnerability Indicator

In the section above, we have seen that community members of the study setting associate the instance of developing NCDs with being wealthy. Such local perspective seems to determine their belief towards considering physical form/shape as indicator of vulnerability to develop different types of NCDs. The following accounts are taken from different data sources to evidence that community members of the locality consider physical form/shape as vulnerability indicator.

Extract-2

[3] ***ጥመር ጥዕና:*** *...ሕዚ እንታይ ኢና ንበል ኣብ ረጎድቲ ይበሃል እዩ። ኣብ ቀጠንቲ እውን ይረአ እዩ። ሓቂይ?*
HEW: *...well we say. It is said that [NCDs] are common among the overweight. It also occurs among the thin; am I right?*
[4] ***ተሳታፈት 2:*** *ሽኮርያስ ወረ ንቀጢን እያ ትረአ::*
Participant 2: *Diabetes is especially common among the thin.*

(ARoHE-1)

[272] ***ተሓታቲት:*** *...ሕዚ እንታይ እዩ ምንም ዘይርዱኡኻ እንእዉ። 'ኣነስ እዛ ኑብሲ ሒዘስ ከመይ ደም በዝሒ ዝሕዘኒ' ገለ ኢሎም ብጣዕሚ ዘይቕበልዎ እንእዉ።...*
Interviewee: *...some do not understand. They reject [medical results] by saying 'how can I become hypertensive having this skinny body?'...*

(IDI3-HP3)

[369] ***ተሓታቲት:*** *...ካልእ ያው ርጉድ ዝበለ ሱቕ ኢልካ ኣብ ደገ ክትሰምዖም ከለኻ ርጉድ ዝበለ ሰብ እንተኾይኑ 'ሽኮርያ ይህልዎ እዚ እኳ' 'ሃፍታም ስለዝኾነ ሽኮርያ ይህልዎ እዩ ደም በዝሒ ይህልዎ እዩ'። እና ከምዚታት ኣሎ እዩ ኣብቲ ሕብረተሰብ። ገና ኣዐርዩ ኣይተቐረፈን ግን ሕዚ ብመጠኑ እንዳተረደኦ እዩ ዝኾይድ ዘሎ ዋላ ኣብ ቀጢን ሰብ ከምዘሎ እቲ ሕማም ማለት እዩ።*
Interviewee: *... Apart from this, people in this community associate blood pressure and diabetes with wealth and overweight. They say 'this can have blood pressure and diabetes because he is fat and rich'. Such traditional belief is still not cleared. But, the community is being aware to some extent that the thin can also be vulnerable for such diseases.*

(IDI6-HP6)

[553] ***ተሓታቲት:*** *...ሃይፐርቴንሽን ኣለዋን። ብርግፅ ሰውነተን እውን ብዙሕ ረጓድ ኣይኮናን ቅጥን ዝበላ እየን። ሕዚ ንሰን እንታይ እየን ኢለን ...'ኣነ ተውሳኽይ ቋንጣ ቀርየ ዝኣኹስ ካቢይ ኣምፂእዮ እየ ደም በዝሒ ዝሕዘኒ።'...*
Interviewee: *...she is hypertensive. In fact, she is not as such fat; she is physically thin. She asked me 'how could I be hypertensive as I remain skinny'....*

(IDI11-HEW1)

[625] ***ተሓታቲት፡*** *...ማለት ናይቲ ደም በዝሒ ኣፍልጦስ ዘይምህላው ኣሎ። ከም ብበዝሒ እምበር እንታይ ስለዝኾነ እዩ ደም በዝሒ ዘጋጥሞሰ ብዝብል ሕዚ ቀጢን እንተኾይኑ ሰብ 'ዋእ ኣነ እንታይ ነብሲ እንኣኒ እንታይ ምግቢ በሊዐ' ምናምን ዝብል ኣሎ ኣተሓሳስባ እሱ ግን ቐስ ብቐስ ትርጉም ናይቲ ደም በዝሒ ብዘተኽእለ መጠን በቲ ዝሓተታና መሰረት ነተርጉመለን ኢና።*

Interviewee: *... There is misunderstanding of the concept blood pressure. They consider blood pressure as having too much blood. For instance, there is a traditional belief that goes 'how could I become hypertensive for I am thin and have nothing to eat'. However, we do our best to clear up such beliefs.*

(IDI13-HEW3)

[677] ***ተሓታቲት፡*** *ኣፍቲ ሕብረተሰብ ብዙሕ ኣፍልጦ የብሉን። ...እንደውም ሕዚ እንታይ እዩ ዝበለካስ 'ኣነ ቀጢን እንዳሃለኹሰ ደም በዝሒ ኣለካ ኢሎምኒ'። ምስ ርጉዲ ምስ ካልእ ካልእ ዘትሓሕዞ ሰብ ኣሎ እዩ። 'ኣነስ ከመይ ኢሉ እዩ ንዓይ ከምዚ ክኸውን ዝኽእል' ዝብል ኣሎ...*

Interviewee: *There is no awareness within the community. ... They simply say 'they told me that I have blood pressure though I am thin'. They associate NCDs with fatness and other things. There are also people who say 'how could I be victim of this type of disease'. ...*

(IDI15-HEW5)

[687] ***ተሓታቲት፡*** *... ደም በዝሒ ብኽመይ ረጉድ እንተኾይንካ፣ ካልእ ካልእ እንተኾይንካ ጥራሕ ኣብ ቀጢንስ ዘሎ ዘይመስሎ ሕብረተሰብ ኣለና። ሕዚ 'ኣነስ ኣብ ምንታይ ኣካለይ እያ ከምዚኣ ኮይና፤ ንዓይሰያ ደም በዝሑኒ' ዝብል ሰብ ኣሎ። ኣይሰኣንን'ውን። ሰቕ ኢሉ ማለት ካብ ኣፍልጦ ሕፅረት እዩ...*

Interviewee: *... there are community members that consider blood pressure as the problem of the overweight and they think that the thin are not susceptible for such disease. For that, they go saying 'how can I develop such disease having this body' and 'unbelievably I have blood pressure'. Such traditional beliefs are the result of the community's lack of knowledge towards NCDs. ...*

(IDI15-HEW5)

[708] ***ተሓታቲት፡*** *ኣነ ብዙሕ ዘጋጠመኒ ሕማቅ ነገር የለን። ግን ሓፈሻዊ እንታይ ይብል እዩ 'ኣነስ ረጓድ ኣይኮንኩን ከመይ ኢሉ እዩ መፂኡ ብእግዚኣብሄር ወሪዱኒ እዩ እምበር ኣነስ ረጉድ'ውን ኣብ ረጎድቲ እዩ ዝረኦ ዝበሃል' ይበሃል እዩ።...*

Interviewee: *I haven't faced as such bad thing. However, generally individuals say 'I am not fat; how could it happen to me; it has been imposed by God; it is believed that it is common among the fat.' ...*

(IDI16-HEW6)

[1034] ***ተሓታቲት፡*** *ዋእ ንሱ ደኣ እንታይሸሙ እዩኮ ግድን ረጉድካ ኣይኮነን ደም በዝሒ ዝሕዝ ቀጢን ኣሎ እንድዩ ዝሕዞ ንሱ ደኣኒ። ኣይይ ንሱ ብዛዕባ ርጉዲ ርጉዲ ኮላሊት እንተኾይኑ እምበር ኣብ ናይ ደም ከፈላሊ ኣይኽእልን።...*

Interviewee: *Blood pressure is not only the problem of the overweight. It can also be manifested among the thin. Overweight can be related with kidney disease. ...*

(IDI21-WDA4)

[1138] ***ተሓታቲት፡*** *...ደም በዝሒ ኣብ ረጎድቲ እዩ ኣብ ጥዑም ስለ ዝበልዎ እዮም።...*

Interviewee: *...blood pressure occurs among the fat because they eat delicious foodstuffs....*

(IDI23-P2)

As can be seen in the above extract (turn 3), the HEW shares the local *perspective* towards vulnerability or susceptibility to develop NCDs. She purposely expresses the local perspective towards the notion of vulnerability to NCDs. Of course, her use of all-inclusive pronoun '*we*' in *'ንብል'* (*we say),* instead of using '*you*', for example *'ትብሉ'* (you say), to address the audience or using '*they/some*', for instance *'ይብሉ'* /they/some say/' to refer others, seems to indicate that she shared the perspectives of the community towards the notion of vulnerability. However, her sentence does not end up with similar construction–'*we' construction*. Specifically, she did not say *'ንብል ኢና'* (*we say)* after the phrase *'ኣብ ረኺዮቲ'* (*among the weighty*), she rather said *'ይበሃል ኣዩ'* (*it is said*). The shift from positioning herself as part of the situation (*considering NCDs as the diseases of the overweight/fat*) to disassociating herself from such perspective could indicate her attempt to reveal that the local perception of NCDs as diseases of the fat. The expression '*[NCDs] are common among the weighty'* (*turn 3*) could indicate that people within the locality establish connection between *'vulnerability to NCDs'* and *'individual's physical size'*. Put other way, *fatness* appears to be an indicator of *vulnerability* to NCDs. Such association could indicate the community's misconception towards the nature of NCDs. How did the HEW attempt to clear such misconception? The HEW immediately attempted to signal the possibility of being vulnerable to develop NCDs even for the thin ones. She said that *it [NCD] also occurs among the thin*. Even though it is not explicitly stated, the HEW's talk implies that everyone could be vulnerable to develop NCDs.

In addition, the HEW wants her message (*the issue of susceptibility/vulnerability*) to be shared with her target audience. For that, her sentences ends with a question tag (*'ሓቀይ?' /'am I right?'/*). This indicates the HEW's intention to hear from the participants about the notion of vulnerability. As a result, a participant immediately reflects her view towards the essence of vulnerability. She indicates that the thin are also vulnerable to develop NCDs. However, the participant not only indicates the possibility of being vulnerable to NCDs, but she also indicates that the thin are vulnerable to a specific type of NCD, i.e. diabetes. From the perspective of the participant, diabetes is common among the thin. The participant's utterance shows a connection between diabetes and thinness (*diabetes is especially common among the thin (turn 4))*. The term '*were*' (ዋረ) is not carrying its literal meaning, which could refer to English words such as *hearsay, gossip* or *rumour*. However, the term comes

with a situated meaning to put an emphasis to the connection between developing diabetes and the thin. In other words, the situated meaning of the term '*were*' (ወረ), *i.e.* '*especially'*, is central to indicate the association between *thinness* and *vulnerability* to develop diabetes.

Furthermore, in an interview, a HEW indicated that some people resist accepting results that indicate they are hypertensive. Why did they do so? In her talk, she disclosed that their resistance seems to be the outcome of the knowledge (inaccurate) they possessed towards vulnerability. Some people believed that they could not be hypertensive for they are thin. Specifically, it is unimagined for the thin to be vulnerable to develop blood pressure (*'how can I become hypertensive having this skinny body!' (turn 272)*). Here, the use of *'እዛ ኮሸሌ ሓዚኽ'* (*having this skinny body)* indirectly indicates that they (patients) considered *physical appearance* as a means of *disease identification*. Furthermore, the interrogative statement, '*how can I become hypertensive?*' *(turn 272)*, reveals the individual's belief, especially the thin, towards vulnerability of developing NCDs. Put other wary, such people consider vulnerability to develop hypertension as *some other's* problem, namely the fat. For that, members of the community tend to consider physical form as NCD vulnerability indicator.

Moreover, as can be seen in turn 369, a physician describes the traditional belief that the community possessed towards the state of being vulnerable to develop NCDs, particularly blood pressure and diabetes. Community members associate blood pressure and diabetes with physical form and wealthiness (*this can have blood pressure and diabetes because he is fat and rich (turn 369)*). Such local perspective, considering the rich and weighty as vulnerable to develop blood pressure and diabetes, implies that physically thin and poor people consider themselves as invulnerable for developing such diseases. Consequently, they appear to resist accepting medical results that indicate they have developed some type of NCDs (*see turn 272*). This may in turn affect the efforts undergone to inculcate NCD prevention discourses because those who consider themselves as invulnerable to develop such diseases might engage in unhealthy practices.

In turn 553, a HEW also expressed that community members, especially those who are physically thin, positioned themselves as invulnerable to NCD incidences. Her utterance, '*In fact, she is not as such fat; she is physically thin*' *(turn 553)*, is

indicative that it seems uncommon to think that *the thin* could be vulnerable to develop blood pressure within the locality. Here, we can see that the HEW also shares the general notion that the thin are not vulnerable to blood pressure even though being overweight is a major contributor to NCDs such as high blood pressure and diabetes. In an attempt to exemplify her point towards the locality's *shared perspective* on the notion of vulnerability, she employed intertextuality. She quoted what her addressee said during her door-to-door health education service. The sentence '*how could I be hypertensive as I remain skinny*?' (*turn 553*) indirectly indicates that only fat people are vulnerable to develop blood pressure whereas physically thin are less vulnerable to such disease. It could also indicate the belief that the patient possessed towards how blood pressure develops. Here, the term '*tewisaẖey*' (*ተወሳኻይ*) (to mean '*I have nothing done*') is central to indicate the individual's invulnerability of developing hypertension. In addition, the phrase '*k'wanit'a k'eriye*' (*ቋንጣ ቀርየ*) (to mean '*remain skinny*' or '*dry grilled meat*') reveals that the individual's physical appearance, i.e. *becoming skinny or thin*, is considered as a guarantee for invulnerability of developing blood pressure. Such belief may result from thinking that thin people have less amount of blood while the fat ones have much more blood in their body. Put differently, people connect blood pressure with the rise of amount of blood. However, blood pressure*,* as the term *pressure* indicates, is the force pushing blood against ones blood vessels; pressure on blood vessels which could be associated to narrowness of the vessels affected by different causes.

Considering the HEWs' accounts in turns 625, 677 & 687, the association of NCD incidences with physical form is foregrounded. People within the locality perceive physical form/shape as NCD vulnerability indicator. As a result, they raise a question towards the notion of vulnerability to develop NCDs when they feel they are physically thin (*'how could I become hypertensive for I am thin and have nothing to eat' (turn 625); 'they told me that I have blood pressure though I am thin' (turn 677)*). They consider that their physical form, becoming thin, can guarantee their invulnerability to develop such diseases (*'how could I be victim of this type of disease'* (turn 677)). Why do members of the community perceive physical form/shape as NCD vulnerability indicator? As indicated in the HEWs' accounts, such local perspective resulted from lack of awareness or misconceptions towards the

notion of NCDs (‘*There is misunderstanding*’ (turn 625); ‘*there is no awareness within the community*’ (turn 677)).

Another HEW also expressed her experience on what community members of the locality say about the nature of NCDs, particularly blood pressure. Within the locality, vulnerability to NCDs seems to be connected with one’s physical form/shape (*‘I am not fat; how could it happen to me; … it is believed that it is common among the fat.’* (*turn 708*)). Particularly, the community connect the instance of developing blood pressure with physical form/shape. The expressions ‘*I am not fat*’ and ‘*it is believed that it is common among the fat*’ indicate the local perspective towards the essence of vulnerability. Put other way, community members perceive that the thin are invulnerable to develop NCD incidences such as blood pressure. This could mean that considering vulnerability to develop NCDs in terms of physical shape seems to be a shared local perspective within the study setting.

A WDA leader reflected her view towards the essence of vulnerability. She felt that both the thin and the fat could be vulnerable to develop blood pressure (‘*Blood pressure is not only the problem of the overweight. It can also be manifested among the thin’* (*turn 1034*). Here, we can see that the interviewee disconnects physical form/shape from being indicator of vulnerability to develop blood pressure. Her utterance is indicative that everybody is vulnerable to develop blood pressure if the individual is exposed to risk factors. However, in her talk, it is revealed that the essence of vulnerability is associated with physical form/shape in terms of kidney disease (‘*Overweight can be related with kidney disease*’ (*turn 1034*)). From her perspective, even though left unsaid, the image that comes to her mind when she heard about kidney disease is the physical appearance of an individual, i.e. visualising the fat not the thin.

In an interview, a patient also indicates the connection between *vulnerability to NCDs* and *physical appearance*. She expressed that *the fat* are vulnerable to develop a specific type of NCDs, i.e. *blood pressure*. However, she did not simply show the connection of *fatness* with *vulnerability to develop blood pressure*. She rather reasoned out why fat people become vulnerable to develop blood pressure than their counterparts, the thin. From her perspective, the reason for connecting *fatness* with *vulnerability to develop blood pressure* is the consumption of delicious foodstuffs. In

her sentence, '…*blood pressure occurs among the fat because they eat delicious foodstuffs*' (*turn 1138*), she did not only show the connection between blood pressure and fatness but she also showed a connection between consumption of delicious foodstuffs and developing blood pressure. Here, she considered consumption of delicious foodstuffs as a risk factor to develop blood pressure. In other words, the patient indirectly connects developing blood pressure with consuming delicious foodstuffs that sounds somewhat scientific. Whilst no mention of the invulnerability of the thin to develop blood pressure is made, the expression '…*blood pressure occurs among the fat* …' implies that the thin are invulnerable to develop blood pressure. Of course, fatness is among the risk factors that results in developing any type of NCDs. However, thinness does not guarantee invulnerability of developing any of these diseases. In this regard, in an FGD among network members, a participant revealed the possibility of being vulnerable to develop blood pressure even among the thin. She expressed that '*the thin also has blood pressure*' (*FGD-2, turn 172*). The term '*iwin*' (እውን) /*also/* indicates the possibility of developing hypertension regardless the physical appearance of an individual. In addition, her talk indirectly indicates that anyone could be at risk to develop any type of NCDs apart from being risky to develop such diseases due to ones' weight.

Therefore, from the participants' accounts discussed in the preceding paragraphs, one can deduce that there is still knowledge gap within community members of the locality towards how NCDs could be caused even though health workers are engaging in health education activities that are directed to empower community members of the locality in this regard.

4.1.3 NCDs as God's Order or Devil's Act

It is also revealed that community members of the locality view NCDs as health problems that occur due to *God's order* or *Devil's act.* According to participants' accounts, people within the locality do not consider NCDs as health problems that can be treated through getting medical treatments at health facilities. They rather perceive these diseases as health problems imposed by *God's anger* or *Devil's act*. For that, they prefer to consult alternative medication for treating/healing their NCD cases. The

following extracts are presented in an attempt to evidence community members' local perspectives about how they catch NCDs.

Extract-3

[313] ***ተሓታቲ፡*** *...መብዛሕቲኡ እቲ ሕብረተሰብ እንታይሰሙ ዘብሎ ብቑጠዐ ናይ እግዚኣብሄር ገለመለ ምስኡ እዮም ዘተሓሕዘው። እምበር ልክዕ ከምቶም እንታይሰሙ ናይ ጥዕና ፀገም ገይሮም እንታይሰሙ ኣይግንዘብዎን። ...*

Interviewee: *... Most members of the community associate these diseases with God's indignation and some other things. They do not perceive NCDs as health problems. ...*

[315] ***ተሓታቲ፡*** *... ናይ ሸኮርያ ይኹን ከምዚ ናይ ደም በዝሒ ሒዝዎም ናብ ማይጨሎትና ብሆሊ ዋተር ገለመለ ዝኸዱ'ውን ብዙሓት እዮም። ከምዚ ናይ ኢፕሌፕሲ ይኹን ገለመለ ብዙሓት ዝኸዱ ኣለዉ እዮም። ... ግን ፕራክቲካሊ ግን ምስ ቑጠዐ ናይ እግዚኣብሄር ገይሮም ዝወስድዎ ኩነታት ከምዘሎ እዩ።*

Interviewee: *... so many people go to Holy water when they develop blood pressure and diabetes. Those who have epilepsy also prefer going to Holy water. ... Practically, they associate these diseases with God's indignation.*

IDI4 (HP4)

[578] ***ተሓታቲት፡*** *...በቲ ናይ ሳይንስ ተደሪኽካ ንሰኻ ከተምህሮም ከለኻ እንታይ ይብሉ 'ኣይ እዚ'ኮ ብእግዚኣብሄር እዩ እምበር እንታይ እዩ እንታይ በሊዐ እንታይ ሰትየ እየ ከምዚ መፅዩኒ' እዩ ዝብል። 'ኣነ ዝበልዖ ነገር የብለይን ካብታ ድጋም እንጀራ ኣይሓልፍን::'*

Interviewee: *...when you teach them based on the scientific evidences, they say 'this is God's order; otherwise, how could this happen because I do not have enough to eat and drink; I do not even exceed eating more than a slice of 'Injera'.*

(IDI12-HEW2)

[648] ***ተሓታቲት፡*** *...ኣፍቲ በዝሒ ደም እቲ ናይ ደም በዝሒ ሸሙ ደኣ ከምኡ ይበሃል እምበር እቲ ናይ ደም ግፊት እዩ ዝበሃል፤ ንሱ'ውን ካብ ርጉዲ ዝመፅእ ከኸውን ይኽእል፤ ኤክሰርሳይስ ብበዝሒ ዘይምርካብ'ውን ይመፅእ እዩ። እና እቲ ሕብረተሰብ ግን ሱቕ ኢሉ በቃ ከም ናይ እግዚኣብሄር ወደቕ ዓይነት ገይሩ ዝወስዶ ኣሎ።...*

Interviewee: *... Blood pressure can be caused due to overweight and physical inactivity. However, some members of the community associate such disease with the act of God's anger. ...*

(IDI14-HEW4)

[1057] ***ተሓታቲት፡*** *...ደም በዝሒ ዋላ ኣይፈልጥን ነይረ ደም በዝሒ ዝበሃል ደም ዋሕዲ እዩ ነይሩ ሕማመይ እምበር ደም በዝሒ ዝበሃል ኣይፈልጥን።...በዚኣ ድርብይ ኣበለይ ኣምላኽ። ኣምላኽ ዝደርበየ እዩ...*

Interviewee: *...my problem was anaemia not blood pressure. I had not experienced blood pressure. ...God has thrown it upon me. It is God's imposition....*

(IDI22-P1)

As depicted in the above extract, community members of the study setting associate the instance of developing NCDs with *God's act*. In turn 313, the producer of the text

indicates that most of the community members of the locality do not consider non-communicable diseases as health problems (*they do not perceive NCDs as health problems* (*turn 313)*). However, they rather connect these diseases with God's indignation (*Most members of the community associate these diseases with God's indignation and some other things (turn 313)*). The use of the expression *'most of the community*' is indicative that connecting the instance of developing NCDs, particularly blood pressure and diabetes, with *God's order* is a shared perspective within the community. To this effect, members of the community prefer to go to Holy Water for treating/healing blood pressure and diabetes because they perceive the occurrence of these diseases as the manifestation of *God's anger,* perhaps due to their wrong doings. This implies that community members' understandings/perspectives towards NCDs determine their social practices directed to getting rid of NCD incidences. For example, people who consider NCDs as imposed by God's order or Devil's act perform alternative medication rather than avoiding risk factors and engage in healthy practices (*turn 315*). This may affect the process of inculcating health promotive and NCD preventive discourses targeted at enabling the community produce and maintain their own health.

Similarly, in an interview, a HEW describes what clients say about NCDs. When the HEW discussed the concept of NCDs on scientific basis, community members tend to argue bringing their local perspective (*when you teach them based on the scientific evidences, they say 'this is God's order; otherwise, how could this happen because I do not have enough to eat and drink* (*turn 578*)). Her utterance '*when you teach them based on the scientific evidences'* indicates that the producer of the text situates herself as the authority to provide health information based on scientific evidences whereas the community is in a position to receive health message from her. However, her target audience impose their resistance to reject the relevance of risk factors that are believed to be scientifically connected with developing NCDs. They rather associate developing NCD incidences with the act of God's anger *(turn 578)*. In other words, from the community's perspectives, one can develop any type of NCDs due to *God's anger*, perhaps because of an individual's wrong doings. This could be an indication of the community's inherent assumptions towards the nature of NCDs.

The association of developing NCD incidences with *God's indignation* is also reflected in a patient's talk. In an interview, a patient expressed her view about the causes of NCD incidences. She believed that she could not be vulnerable to develop blood pressure because she had already been anaemic. In Tigrigna, the term '*waḥidī*' (ዋሕዲ) (literally to mean *less*) and '*beziḥi*' (በዝሒ) (literally to mean *more*) are antonyms. The coinage of these two words with the term *'ደም'* (blood) renders the oppositeness of the two types of diseases – *blood pressure* and *anaemia*. As a result, people tend to feel that one of the diseases could not exist if the other already existed. The patient's sentence, '*my problem was anaemia not blood pressure' (turn 1057*), is indicative of her views (*patient's perspective*) towards being vulnerable to both diseases at the same time. Here, her talk reveals that she would not develop blood pressure for she had been once anaemic. In other words, it was unexpected for her to be hypertensive because her preconceived disease is anaemia. For that, she connected developing hypertension with the *act of God* not with other risk factors (such as unhealthy diet, physical inactivity and alcohol). Moreover, the use of the expressions *'ድርብይ ኣበለይ ኣምላኽ'* (*God has thrown it upon me*) and *'ኣምላኽ ዝደርበየ'* (*God's imposition*) imposes emphasis to the connection between *God's act* and *vulnerability to NCDs*. Such connection could imply that other risk factors are less or not relevant to developing NCD incidences. In addition, attaching *God's act* with *developing NCDs* could be one of the ways to externalize one's own responsibility of developing NCDs as such diseases are believed to be related to lifestyles of individuals.

It is also revealed that community members of the study setting associate NCDs with Devil's act. Particularly, mental illness and nerve disease are believed to be caused due to the act of Satan/Devil. Let us examine the following accounts under extract-4.

Extract-4

[410] ***ተሓታቲ:*** *...እንታይ ደኣ 'ጋኔን ዊዑኒ'፣ 'ሰይጣን ረኺቡኒ' እና 'ካልኦት ቸግራት ኣጋጢሙኒ' ኢሉ ናብ ዘይኮነ ነገር ሺፍት ዝገብር ወይን ደሞ ካልእ ጥርጣረ ዝጥርጥር ሰብ ብዙሕ እዩ። በዚ ተኸቲሉ ደሞ ናብ ማይጨሎትን ናብ ካልኦት ዘይኮነ ትራዲሽናል ሕክምና እዩ ዘድህብ። ምስ በተለይ ናይ ነርቪ ሕማም ሕማም ገይሩ ዘይወስዶ ሕብረተሰብ እዩ ዘለና። ስለዚ ኣብዚ ብዙሕ ትምህርትን ብዙሕ ፃዕርን ዘድልዮ እዩ ኮይኑ ዝስመዐኒ።*

Interviewee: *... They rather say 'Devil hit me', 'Satan visited me' and 'I faced some other problems'. Many people suspect that such diseases can occur due to such reasons. For that, they prefer using traditional medicine and going to Holy water. Particularly, members of the community do not consider nerve*

problem as a disease. Therefore, I feel that it requires much effort in educating the community in this regard.

(IDI7-HP7)

[580] ***ተሓታቲት፡*** *...ንምሳሌ ሓደ ኣለኒ ኢፕሌፕሲ የውድቕ እዩ። ከምኡ ኢሉ ኣይወገፀንን እቶም ከባቢ እዮም ከስታይ ገይሮምኒ ማለት እዩ። ...ምስ ወዱ ምስ ደቁ ከምዘለዎ ንባዕሉ'ውን ናይ ሰኑኣእምሮ ችግር ኣለዎ ማለት እዩ። እቶም ዝወልዶም ቆልዑ'ውን ግን ከምኡ። ...እና ሕዚ እዚኦም ቕስ ኢልካ ክተዋግዓም ከለኻ እንታይ እዮም ዝብሉ 'በቃ ሰብ ርካብ እዩ' ይብሉ እዮም። ...*

Interviewee: *... for example, I have an epileptic; he faints. He did not tell me but I heard from others in the locality. ...The man has mental problem; his children also share the same problem. ... When you approach them and ask about the cause, they say that someone has envenomed them (i.e. man-made). ...*

(IDI12-HEW2)

[648] ***ተሓታቲት፡*** *ኣብቲ ሕብረተሰብ ኣፍቲ ናይ ኣእምሮ ክትወስድ ከለኻ ሓደ ንሱ እዩ እቲ 'ናይ ሰይጣን እዩ' ዝብል ነገር ወይ 'ሰብ ውዒሉሉ እዩ' ዝብል ነገር። ከምኡ ዝበለ ነገራት እዩ ዘበዝሕ። ካብኡ ተደሪኹ'ውን ኣብ ከንዲ ናብ ሕክምና ክቕድም ምእሳር፣ ንማይጨሎት ምኻድ ከምኡ ዝበለ ነገራት ይረአ ማለት እዩ።...*

Interviewee: *In the community, when you examine the belief towards mental illness, people often say that mental illness can occur due to the act of Satan or somebody's evil act. They have such perspectives. For this, they rather go to Holy water instead of going to health facilities for curing this disease. ...*

(IDI14-HEW4)

[708] ***ተሓታቲት፡*** *...ሕዚ ናይ ኣእምሮ ሸግር ዘለዎም ሰባት እንተኾይኖም 'ሰብ ውዒሉሎም' 'ቀናእ ውዒልዎ' ገለ ምናም ንፍቕድኡ ማይጨሎት ምኻድ ኣሎ እዩ።...*

Interviewee: *... when someone is mentally ill, it is believed that someone envenomed that person. For that, they go to Holy water to get cure of such disease. ...*

(IDI16-HEW6)

[935] ***ተሓታቲት፡*** *ሕዚ ኣብዚኣ ኣሎ ዝሓመመ ናይ ኣእምሮ ሸግር ዘለዎ ወዲ ኣያ ተወልደ። ሕዚ ንሱ ሸግር ኣለዎ ካብ ትምህርቲ ዩኒቨርሲቲ መፂኡ እዩ ሓደ ሻብ ወዓኹኹም ይብል። 'ሰብ እዩ ውዒሉሉ' 'ወደቓ እግዚኣብሄር እዩ' ሕሜት ይበሃል እዩ። 'እንታይኮን ኮይኑ ኣብኡ' 'እንታይኮን ገይሮምሉ' ይበሃል እዩ...*

Interviewee: *There is a guy, Ato Tewelde's son, who has mental problem. He came from a university. He sometimes become aggressive and tries to hit people. People gossip that he became mentally ill due to 'somebody's evil act' or 'God's order'. It is said 'what have they done to him there' ...*

(IDI20-WDA3)

The above extract shows that community members of the locality associate NCDs with the act of Satan/Devil. There is a traditional belief within the locality about how NCDs can occur. A physician describes what clients say in relation to NCD incidences, particularly nerve case. In his talk, it is indicated that community members of the locality do not consider nerve disease as a disease. They rather

associate nerve case with Devil's act. They go saying '*Devil hit me' (ጋኔን ቧዐኒ /ganēn wī'unī/)* or *'Satan visited me' (ሰይጣን ረኽቡኒ /seyit'an reẖībunī/)* when they develop NCDs, particularly nerve disease and mental illness. As a result, the community prefer to consult traditional healers and go to Holy Water due to their understandings about how NCDs occur ('*for that, they prefer using traditional medicine and going to Holy water*' (*turn 410*)). This could be due to the complicated health damage since such disease ends up with partial or complete body paralysis. In addition, the use of the concluding sentence emphasizes the importance of inculcating discourses of health promotion and NCD prevention to clear up the community's inherent assumptions and cultural practices ('*Therefore, I feel that it requires much effort in educating the community in this regard'* (*turn 410*)).

Besides, within the locality, there is association of *mental illness* with *malignity* of others. Mental illness is considered as a problem that occurs due to the act of Satan or somebody's evil act (*turns 580, 648, 708 & 935*). For example, as can be inferred from the HEW's account in *turn 580*, community members of the locality consider epileptics as those who are envenomed by others. Particularly, the use of the expression '*someone has envenomed'* implies that the community believe that mental illness is caused due to someone's evil act. Here, one can ask why community members associate mental illness with someone's evil act. According to the HEW's account in *turn 580*, there are family members who are mentally ill within the locality. The HEW described a case in which mental illness occurs among family members, i.e. a man along with his children *('the man is mentally ill and those who are begotten from this man are also mentally ill'* (turn 580)). From this, one can see that the vulnerability of community members of the same family to develop mental illness may be among the reasons for associating *mental illness* with *someone's evil act*.

The community's shared knowledge claim towards how mental illness is developed is also highlighted in another HEW's talk. Community members view mental illness as a health problem manifested due to some evil acts (*... when you examine the belief towards mental illness, people often say that mental illness can occur due to the act of Satan or somebody's evil act.* (*turn 648)*). Another HEW also claimed that community members of the locality connect the instance of developing mental illness with somebody's evil act (*when someone is mentally ill, it is believed that someone*

envenomed that person. For that, they go to Holy water to get cure of such disease. (*turn 708*)). From the HEWs' accounts, considering mental illness as the disease of those who are victims of the evildoings of others seems to be a shared perspective among community members of the locality. And such shared local perspective towards how mental illness is caused could determine their social practice towards treating/healing such disease. To this end, community members of the locality prefer alternative medication rather than visiting health facilities due to their perspectives about the nature of NCDs, particularly mental illness (*For this, they rather go to Holy water instead of going to health facilities for curing this disease.*/ (*turn 648*)).

Furthermore, the association of mental illness with '*God's order*' and '*malignity of others*' is also observed in a WDA leader's talk. The WDA leader described the local perspective towards how mental illness is developed. She disclosed a case in an attempt to evidence what community members think of *mental illness* (*There is a guy, Ato Tewelde's son, who has mental problem. He sometimes become aggressive and tries to hit people. (turn 935)*). In her utterance, the local perspective towards how an individual becomes mentally ill is revealed. They view mental illness as a problem manifested due to '*God's order*' or '*malignity of others*' (*People gossip that he became mentally ill due to 'somebody's evil act' or 'God's order'. It is said 'what have they done to him there.* (*turn 935*)). The use of the expression '*what have they done to him there*' indicates that the community directly associate *mental illness* with *someone's evildoings*. Therefore, from the accounts discussed in the preceding paragraphs, one can reasonably conclude that there is still knowledge gap among members of the community towards the nature of NCDs even though health workers engaged in health education activities that could empower the community to produce and maintain their own health.

4.1.4 NCDs as Sources of Fear of Sudden Death and Hopelessness

Participants of the study also expressed their fear of sudden death that could result from developing NCD incidences. They visualize NCDs as sources of *fear of sudden death* and *hopelessness.* Sample extracts have been presented below to explicate the community's sense of fear of sudden death and hopelessness towards developing NCDs.

Extract-5

[124] ***ተሳታፊት 2፡*** *እወ ንፈርሕ።*
Participant 2: *Yes, we fear.*
[125] ***ሓታቲ፡*** *ንምንታይ?*
Interviewer: *Why?*
[126] ***ተሳታፊት 2፡*** *... ሰሪሐ ከይበልዕ ድየ ብሕማም ከምዚ ኢለ ክጓሳቑል ክጓሳቑል እንዳበልካ ትጭነቕ ትፈርሕ ኢኻ።*
Participant 2: *... you fear saying 'am I going to unable to work to earn for my living and being wretched due to developing such diseases.*

(FGD-2)

[477] ***ተሓታቲት፡*** *ደም በዝሒ ሕዚ የፍርሉም። ሽኮርያ እውን ካንሰር ከዓ እንየ ሕዚ። ካብ ምንታይ ከምዝመፅእ ስለዘይፈልጥዎ።*
Interviewee: *They fear of blood pressure, diabetes as well. There is also cancer. They worry about these because they do not know the causes.*

(IDI9-HP9)

[941] ***ተሓታቲት፡*** *ደም በዝሒ ማዘረይ ንባዕሊይ ኣለዋ እዩ።*
Interviewee: *My mother is hypertensive.*
[942] ***ሓታቲ፡*** *እና ሕጂ እንታይ ትብሉ? መጀመርያ ሕጂ ደም በዝሒ ኣለክን ከበሃላ ከለዋ ኣዬኺ እንታይ ተሰሚውክን?*
Interviewer: *What do you say? What did you feel when you heard that your mother had blood pressure for the first time?*
[943] ***ተሓታቲት፡*** *ብጣዕሚ ቢቃ ፈሪሕና።*
Interviewee: *We were very frightened.*
[944] ***ሓታቲ፡*** *ንምንታይ ፈሪሕኽን?*
Interviewer: *Why?*
[945] ***ተሓታቲት፡*** *ደም በዝሒ ሰለ ዝቕትል።*
Interviewee: *Because blood pressure kills.*
[946] ***ሓታቲ፡*** *ይቕትል እዩ ኢልክን ትሓስባ?*
Interviewer: *You think that it kills?*
[947] ***ተሓታቲት፡*** *እወ።*
Interviewee: *Yes.*

(IDI20-WDA3)

[1118] ***ተሓታቲት፡*** *ብጣዕሚ ፈሪሐ ነይረ። እንዲያውም እንኳ*ይ *እስካብ ሕዚ ከምዚ ሕዚ ክፀንሕ እቲ ሸው ጠነሰ ነቲ ቦኽረይ እውን ዝወፅእ ኣይመሰለንን ብሓቂ*
Interviewee: *I was very frightened. I did not even think that I could stay until now. I also thought I could not deliver my first child.*

(IDI23-P2)

[1077] ***ተሓታቲት፡*** *ዋይ ዋይ እንድዒ ይቃለስ ኣለኹ። ...*
Interviewee: *I do not know. I am struggling. ...*

(IDI22-P1)

In a focus group discussion among network members, a participant expressed her fear towards developing NCDs. She said that she fears developing NCDs because the

instance of developing NCDs can destruct her normal life and bring her a permanent health damages (*you fear saying 'am I going to unable to work to earn for my living and being wretched due to developing such diseases.*(*turn 126*)). The expressions *'ሰሪሐ ከይበልዕ'* (*inability to work to earn for my living*) and *'ብሕማም ከምዚ ኢለ ክጓሳቕል'* /*to be wretched due to such disease/*, in her talk, revealed her stressful fear towards developing NCDs. In addition, her use of second person pronoun '*you*' in '*you fear*' (*ትፈርሕ ኢኻ*) instead of '*I fear*' (*ይፈርሕ ኣየ*) appears to indicate the normalness of experiencing such sense of fear towards developing NCD incidences within the community. Particularly, from her perspective, *unfitness* and *wretchedness* are the compounded burdens of developing NCD incidences. Therefore, when such people hear about NCDs, the image that comes to their mind is *being wretched* or *being misery*. Gee (2011b) calls this *figured world,* the 'first thought' or 'taken-for granted' assumptions about how something works in the world when it is typical or normal.

Specifically, community members view NCDs such as blood pressure, diabetes and cancer as sources of fear. In an interview, a physician indicated that community members of the locality show their worry towards developing blood pressure (*they fear of blood pressure (turn 477)*). In addition, diabetes is another type of NCDs that is considered as source of fear within the locality. Apart from this, cancer is also becoming additional source of fear for community members of the study setting (*turn 477*). Here, one can ask why do members of the community perceive such diseases as sources of fear. From the physician's perspective, people consider these diseases as sources of worry because their causes remain unknown (*because they do not know the causes.* (*turn 477*). However, it could also be due to the meanings they (community members) attach to the notion of NCD. For instance, those who connect NCD incidences with *the act Satan* or *malignity of others* may feel that their NCD cases could not be cured. Therefore, such feeling may end up with developing sense of fear towards NCD incidences.

As can be seen from the conversation above (*turns 941-947*), the association of *blood pressure* with *sudden death* let community members experience fear towards developing blood pressure. For instance, a WDA leader disclosed that her mother has developed blood pressure (*my mother is hypertensive.* (*turn 941*)). To this end, a probing question was forwarded to reveal what she, including her family, felt when

she first heard that her mother has developed blood pressure. They were frightened (*turn 943*) because they thought that blood pressure is a killer (*turn 945*). Here, the use of the all-inclusive '*we*' in '*we were very frightened (ብጣዕሚ በቃ ፈሪሕና*) is indicative that her family as a whole was experiencing sense of fear towards her mother's blood pressure case. Here, we can see the connection that members of the locality made between blood pressure and sudden death. This implies that the community visualizes blood pressure as incurable disease and those who develop it are subjected to pre-mature death. For that, the image that comes to people's mind when they hear the term blood pressure is death – *sudden death*.

Furthermore, patients experience *fear of sudden death* when they hear, for the first time, that they contract blood pressure. For instance, a patient expressed that she was shocked when she heard that she developed blood pressure (*I was very frightened* (*turn 1118*)). During that time [when she was told she developed blood pressure], it was impossible for her to think that she could live longer (*I did not even think that I could stay until now. I also thought I could not deliver my first child.*(*turn 1118*)). The use of the intensifier '*very*' (*ብጣዕሚ*) in '*I was very frightened*' indicates the level of her *shock*. In addition, the appearance of the expression '*ዝወፅኦ ኣይመሰለንን ብሓቂ*' ('*ziwe̱ts'i' ayimeselenin biḥak'ī*') stresses that she nearly lost her confidence of staying alive. Therefore, the image that came to the patient's mind in relation to blood pressure was *'death' – 'sudden death'*. In other words, the patient's sense of fear appeared to be the result of her visualization of immediate death in connection to the instance of developing blood pressure.

In addition, feeling hopelessness towards recovering from NCD incidences is also observed through another patient's speech. Particularly, a patient was asked to express her view towards the preventability of NCD incidences. The reply to this question shows the patient's uncertainty towards getting recovery even though she is attempting to deal with her case (*I do not know. I am struggling.* (*turn 1077*). She feels that she is struggling to get recovery from her health problem; however, she is unsure whether she can get rid of her case. The use of the expression '*I do not know*' (*ዋይ ዋይ ኣንድዓ*) reveals her feeling towards incurability of blood pressure. Here, one can infer from the patient's account that the patient loses hope towards managing her case and able to live longer. Put other way, the patient takes the incurability of her

health problem, i.e. blood pressure, for granted. For that, from her (patient's) perspective, it seems to be normal to suffer from developing blood pressure due to its incurable nature.

However, why do members of the locality develop such sense of fear of sudden death and hopelessness towards developing NCDs, particularly blood pressure? One of the reasons for associating *sudden death* with *blood pressure* could be due to community members' misinterpretations of the information they receive from health workers about the consequences of such disease. For example, one of the HEW informed community members about the possibility of *being paralyzed* and *susceptible to sudden death* due to developing blood pressure *(turn 547)*. Here, the HEW constructs the concept of blood pressure by connecting the disease, i.e. blood pressure, with its deadly consequences, *paralysis* and *sudden death*. This implies that the HEW wants the community recognize the consequences of developing blood pressure and thus attempt to engage in healthy practices to avoid the instances of developing blood pressure. In addition, the association of blood pressure with pre-mature death is also reflected in a physician's talk. The physician's speech depicts that blood pressure is a silent killer ('*blood pressure kills suddenly' (turn 281)*). The use of the phrase '*sudden killer*' (*ብድንተ ዝቕትል*) could be an indication for the unknown development of the case, i.e. blood pressure. In other words, the case develops without any symptoms and the individual's knowledge. Therefore, the community could visualise blood pressure as incurable disease and associate it with its deadly consequences.

Moreover, in an in-depth interview, a health worker expressed the incurability of blood pressure. He said that blood pressure is an *incurable disease* that people cannot avoid if once developed. The physician claimed that people can only extend their lifetime by performing moderate physical activity and some other activities when they once develop blood pressure ('*even though blood pressure cannot be completely cured, people can live a bit longer by doing some sort of moderate physical activity' (turn 190))*. Put other way, hypertensive cases can live a bit longer by performing moderate physical activities. Here, the appearance of the phrase *'live a bit longer*' *(ንእሽተን ክነብር*) depicts that performing physical activity can *somewhat* extend individuals' lifetime. The use of the intensifier *'a bit'* denotes that health workers are in a position to determine how long patients could stay alive after contracting a particular disease, in

this case blood pressure. In addition, the use of '*completely*' (*ሙሉ ንሙሉ*) in his talk indirectly puts an emphasis to the *impossibility of restoring level of blood pressure* to its normal position after an individual develops the disease, i.e. blood pressure. From the health workers' accounts, we can deduce that health workers within the locality attempt to alert members of the community about the incurability of developing blood pressure and its deadly consequences. To this effect, community members of the locality experience sense of fear and hopelessness towards developing blood pressure. Therefore, there need to empower the community visualize that most of the NCDs are preventable through engaging in healthy practices.

4.2 Constructing Identity of NCD Prevention

The major aim of HEP in Ethiopia is to enable its citizens to take responsibility for producing and maintaining their own health. To this end, HEWs are expected to give due attention to disease prevention while they educate members of a particular discourse community. Put other way, their main duty is to construct *identity of disease prevention,* in this case NCD prevention*,* among community members and thereby enable the community engage in activities directed towards producing and maintaining their own health*.* Therefore, in this study, an attempt has been made to see how health workers construct discourses of NCD prevention. Varieties of participants' accounts were considered to examine the strategies employed by HEWs to construct NCD prevention discourses.

As emerged from the data, HEWs used the following discursive practices during the process of constructing discourses of NCD prevention. These are: 1) putting emphasis on preventive measures in order to enable the community engage in healthy practices; 2) disclosing NCD cases in an attempt to alert community members consider their practices; and 3) initiating participants of health education sessions reflect their views as part of the inculcation process. Therefore, in the sections below, sample extracts are presented under the emerged themes to discuss how HEWs attempt to construct *identity of NCD prevention* in their health education practices. The emerged themes are labelled as *prioritizing the discourse of 'prevention first', disclosing NCD cases,* and *reflecting views (local knowledge claims)*.

4.2.1 Prioritizing the Discourse of 'Prevention First'

The data revealed that HEWs within the study setting advocate the preventive aspects of NCDs. Particularly, as emerged from the accounts of different type of respondents (HEWs & WDA leaders) and HEWs' health teachings and FGDs of network members, HEWs emphasized on how to prevent or reduce NCD incidences during the process of constructing discourses of NCD prevention. The analyses of sample accounts below exemplify this.

Extract-6

[11] ***ጥሙር ጥዕና፡*** *... መከላኸሊኡ መንገዲ ድማ ጣፋጭ ነገር ዘይምብላዕ። ካብኡ ድማ መኻከለኛ ሰራሕ ዓቐምኻ ኣድካሚ ሰራሕ እንተሰሪሕኻ እውን [ፀገም'የ] መኻከለኛ ሰራሕ እውን ምስራሕ። ካብኡ ካፍቶም ጣፋጭ ድማ ከም ሸኮር፣ ከም ቡና፣ ከም ጨው ክንቅንስ ኣለና። ቀኒስካ ተመጣጣኒ ምግቢ እውን ጣፋጭ ነገር ንወስድ እንተኾይና እውን ፅቡቕ ኣይኮነን። ባዕልና ክንከላኸሎ ንኽእልስ ክንከላኸሎ ተቐዳዲምካ እውን ሕዚ መብዛሕቲኦም ደሓን እንዳሃለዉ መድሓኒት እንተጀሚርካ'ውን ፅቡቕ ኣይኮነን። ብምግቢ ምክልኻል እውን ይከኣል እዩ። ብምኻድ መንገዲ መኻከለኛ ሰራሕ እንዳሰራሕና እውን እንዳሰራሕና ክቕንስ ይኽእል እዩ።*

HEW: *... the prevention mechanism includes avoiding delicious foods, then doing moderate exercise but not heavy work because it has its own side effect. We have to reduce sugar, coffee and salt intake. In addition, we have to take a healthy diet. It is risky to take delicious food. Therefore, we have to take care of things that we can prevent. It is not good to begin taking medicines; some hurry to start though they are fine. It is also possible to prevent such diseases via nutrition. It can also be reduced by doing moderate activities and walking.*

[12] ***ተሳታፊት 2፡*** *ንመሃሮ እንደየለናን። እንካብ ሓሚምካ ንንዳሕክምና ንቐደም ምክልኻል ዝበሃል እኮ ኢኺ ኩሉ መዓልቲ ተረድእና። ሕዚ ድማ ኣብ ዕብየት እዚ ጥዑም ነገር ክትቅንስ ኣለካ። ( ) ንሕና ነታ ህይወትና ባዕልትና ክንከላኸል ኣለና።*

Participant 2: *We are being educated. You [HEW] always tell us that 'an ounce of prevention is a pound of cure'. So, you have to reduce taking delicious food at older ages. We have to take care of our own health.*

(ARoHE-1)

[91] ***ተሳታፊት 2፡*** *ኣነስ ቅድሚ ሕክምና ምኻድ ተቐዳዲምካ ምክልኻል ዝብል ከምኡ እዩ ከምቲ ዝበለኦ እዩ።*

Participant 2: *I share what has been said. I think we have to focus on preventive aspect rather than treatment.*

(FGD-1)

[576] ***ተሓታቲት፡*** *... ኣመጋግበአን ክስተኻኽላ ከምዘለወን፣ ጨው ዘለዎ ከምገባ ከምዘይብለን፣ ... ስለዚ ኣብ ኩሉ መዳይ ሸኮር ይኹን ጨው ይኹን ዝተመጣጠነ ገይረን ክበልዓ፤ በተለይ ኣብ ናይ ዲያቤቲክ እንተኾይኑ ሸኮር'ውን ክስትየ ከምዘይብለን...*

Interviewee: *... I advise them to modify their dietary habits and to avoid salt intake. ... I advised to take moderate amount of salt and sugar. Especially, people who are diabetic should avoid sugar intake. ...*

(IDI12-HEW2)

[816] ***ተሓታቲት፡*** *... ጥዕናና ንኽንረክብ እንድሕር ደሊኽን እቲ ትወስድኦ ምግቢ ብዝተፈላለየ ክኸውን ኣለዎ። ጨው ብበዝሒ ክትወስድ ኣይትኽእላን:: ኣብ ርእሲ ፈሳ ፈሳ ንኽትበልዓ ኣይትኽእላን። ጥዕናስ ኣብ ኢድና እያ እየን ዝብላና። ኣብ ሕክምና ኣይኮነን ኣብ ኢድና እያ ባዕርስና ከምዝገበርናያ እያ እየን ዝብላና።*

Interviewee: *... take variety of foodstuffs if you want to produce your own health. They advise us to reduce salt intake and not to eat too much fat. They inform us that it is not at health facility; it is rather at our hands. They tell us that our health is the product our act.*

(IDI18-WDA1)

[919] ***ተሓታቲት፡*** *ሕማም ሽኮር ክይረኽበና ክንጥንቀቕ ኣለና ሽኮር እውን ክትቅንሳ ኣለክን። ስብሒ ነጭር ቅብኣት እውን ክትቅንሳ ኣለክን ኢለን የምህሩና።*

Interviewee: *We have to care of developing diabetes. They tell us 'reduce sugar intake'. They also teach that we have to reduce fat consumption.*

(IDI20-WDA3)

In the above extract, turn 11, the HEW illustrated that people can produce their own health at home by performing preventive activities. The importance (*significance*) of avoiding risk factors in reducing instances of developing NCD incidences has been highlighted. Particularly, in her talk, she elaborates the possibility of reducing NCD incidences by performing *moderate physical activity* such as *walking* (*turn 11*). In addition, her utterance shows that the community can prevent the instances of developing NCDs via nutrition (*turn11*). This implies that the HEW attempts to construct identity of NCD prevention by describing preventive activities directed towards NCD prevention. This could in turn enable community members produce their own health at low cost.

Valuing the significance of prevention, the HEW advised community members not to hurry to start medicine *('It is not good to begin taking medicines'* (*turn 11*). Her advice signals the *essentiality* of performing preventive activities to avoid or reduce NCD incidences. In her account, the use of constructions such as *'ይከኣል እዩ'* (*it is also possible*...) and *'ይኽእል እዩ'* (*it can also be*...) in her talk puts emphasis on the *preventability* of NCDs. Moreover, the use of all-inclusive '*we*', in her sentences (e.g. '*we have to reduce*' /*ክንቅንስ ኣለና*/, '*we can prevent*' /*ባዕልና ክንክላኸሉ*/ instead of using second person pronoun '*you*' as in '*you can prevent*'/*ክትክላኸሉ ትኽእሉ*/, '*you have to reduce*'/*ክትቅንሱ ኣለኩም*/, is indicative of the HEWs' attempt to construct identity of NCD prevention by making herself part of the community and the situation. Put other way, the use of such sentence construction, for one thing, reveals that everyone, including the HEW, is vulnerable to develop NCDs; and, for another thing, shows the

possibility of preventing NCD incidences through ones' own effort – engaging in healthy practices.

The concept of '*prevention first*', which is the manifestation of '*prevention is better than cure*', is also observed through a participant's talk. The participant confirmed that the HEW focused on disease prevention during her teachings (*'we are being educated. You [HEW] always tell us that 'an ounce of prevention is a pound of cure'* (*turn 12*)). The HEW's usual health education practice is foregrounded. The use of the expression '*you always tell us*' (*ኩሉ መዓልቲ ተረድኦና*) indicates that the HEW's common health education practice is advocating disease prevention activities. The effect of such advocacy is reflected in the participants' final sentences (*'so, you have to reduce taking delicious food at older ages. We have to take care of our own health'* (*turn 12*)). Here, the producer of the text suggested what everybody, particularly the old, should do to avoid the instance of developing NCDs. In addition, her final sentence indicates that producing one's own health– taking responsibility of own health – is an essential preventive practice that everyone has to deal with to prevent NCD incidences (*'we have to take care of our own health*' (*turn 12*). At this point, we can see that members of the community appear to be concerned with producing and maintaining their own health. This view, *taking responsibility to produce and maintain own health*, goes with the targets that the HEP in Ethiopia is looking to achieve through the HEWs' health education practices. Therefore, the discourse of NCD prevention operated in the participant's speech could be the manifestation of the discourse of '*prevention better than cure*' which has been constructed through the HEWs' health education practices.

The essence of '*prevention first*' is also reflected in a focus group discussion among network members. For example, a participant of an FGD rendered significance to prevention of NCDs in her talk ('*I think we have to focus on preventive aspect rather than treatment'* (*turn 91*)). In her account, the use of the phrase '*prevention first*' (*ተቐዳዲምካ ምከለኻለ)* appear to indicate that the major concern has to be preventing these diseases. Her utterance is also suggestive that NCDs could be avoided by performing preventive activities before catching these diseases. In addition, even though remained unsaid, her talk implies that maintaining health after catching these diseases (NCDs) seems to be difficult. Therefore, this may indicate that the

community own the discourse of '*prevention first*', perhaps, being influenced by the HEWs' efforts directed towards constructing NCD prevention discourses.

Furthermore, HEWs enact preventive activities through their house-to-house health service delivery. For example, HEWs carry BP apparatus to measure community members' blood pressure level during their door-to-door visit. This could serve as part of the process of constructing identity of NCD prevention since HEWs are the immediate sources of health information for community members at grass root level. In this regard, a HEW described the sort of advice she provided during the door-to-door health service delivery. Her professional advice targeted at how community members avoid or reduce NCD incidence ('*I advise them to modify their dietary habits and to avoid salt intake…I advised to take moderate amount of salt and sugar. Especially, people who are diabetic should avoid sugar intake…'* (*turn 576*)). Particularly, the HEW's account rendered significance to modifying dietary habit as a way to avoid or reduce NCD incidences. At the same time, her talk appeared to indicate healthy and unhealthy diets in relation to developing or avoiding NCD incidences. This could be an indication of the HEWs' endeavour to construct identity of NCD prevention by highlighting the possibility of avoiding or reducing NCD incidences through healthy diet.

As can be inferred from the WDA leaders' talks displayed in the above extract (*turn 816, & 919*), HEWs emphasized on the possibility of preventing NCD incidences through engaging in healthy practices. HEWs are in a position to tell community members about what '*to do*' and '*not to do* 'with regard to NCD prevention. In support of this, one of the WDA leader described the specific activities that the HEWs wanted them engage in. According to her account, HEWs inform them that everybody is responsible to producing his/her own health ('… it [*health*] *is not at health facility; it is rather at our hands*' (*turn 816*)). The appearance of the expression 'it [*health*] *is not at health facility*' indicates the HEWs' attempt or effort in constructing identity of NCD prevention by privileging the preventive aspects of the diseases rather than discussing about medical treatment of these diseases. In addition, her account shows that HEWs emphasize the possibility of being healthy/unhealthy due to one's own acts (*'it is rather at our hands'* (*turn 816*)). In other words, the possibility of producing one's own health at home is at the hand of that particular individual

because health is all the way with us. If we keep it and do the right things to make health stay with us, it can stay. However, if we let it go, it goes and we suffer to bring it back.

Similarly, another WDA leader indicated that HEWs wanted community members engage in preventive activities. HEWs educate them (community members) about what they should specifically do to avoid the instances of developing NCDs (‘*we have to take care of developing diabetes. They tell us ‘reduce sugar intake’. They also teach that we have to reduce fat consumption’* (*turn 919*)). This implies that HEWs warn community members to consume healthy diet in order to avoid or reduce NCD incidences. Therefore, from the accounts discussed in the preceding paragraphs, we can conclude that HEWs attempted to inculcate discourse of NCD prevention through enabling the community to engage in healthy practices.

4.2.2 Disclosing NCD Cases

Disclosing cases is also among the strategies that HEWs employ to construct and/or reconstruct discourses of NCD prevention. The data shows that HEWs disclose NCD cases to back up their teachings and in turn enable community members learn from the lived experiences of NCD patients. In addition, patients of NCDs also disclose their cases during the health education sessions to share their views with regard to the issues of NCDs. This could help community members visualize the causes and consequences of these diseases and as a result take preventive actions directed towards avoiding or reducing NCD incidences. The following extract is supposed to evidence that *disclosing NCD cases* was among the discursive practices employed to shape/reshape their (community members’) identity towards NCD prevention.

Extract-7

[7] ***ጥሙር ጥዕና:*** *... ኣብዚ ጉጅለ ማለት ኣብ ከባቢና በተለይ ንሕና ሰብ ሞያ ዘይንፈልጦ እንተሃሊና እውን ንዓና እውን ከምዚ ከምዚ ዝበለ እንአ እዩ ክትትል የድልዮ እዩ ኢልካ እውን ክዝረብ ኣለዎ። ሕዚ ኣቶም ንፈልጦም እንዳ ባህታ ኣለዉ ማለት እዩ።*
HEW: *... if there are such cases in your area, you have to inform us [HEWs] to follow them up when in case we do not identify them as patients of such diseases. For example, among those we know is Bahta.*

(ARoHE-1)

[30] ***ተሳታፊት 4፡*** *... ንባዕለይ ሕዚ ደም በዝሒ ኣለኒ ይከታተል እየ ይኸይድ እየ ይፈልጦ እየ። ንኻልኦት ሓሚምና ዝበላኒ እውን ከመይ ይገብረክን ከምዚ ይገብረኒ ኪዳ በላ እንዳበልኩ እየ ዝሰደን። እቲ ኣተሓምምኡ ስለዝፈልጦ እየ*

Participant 4: *... I, for instance, have blood pressure. I regularly follow up medical check-ups. I also give advice to those who become sick to go to health facility for check-ups because I know the symptoms of the disease.*

(ARoHE-1)

[32] ***ጥሙር ጥዕና፡*** *... ንኣብነት ከም እኒ ኣደይ በሪሃ ደም በዝሒ ኣለወን ኣሰሚ እውን ኣለወን እዩ። ሕዚ ንሳተን ከምኡ ዝገበር ሕማምስ ብኸመይ ንከላኸሎ ከመይ እንተገበርና እዩ እቲ ሕማም ንኡ ዝጠፍእ? ...*

HEW: *... for example, W/ro Beriha is hypertensive and asthmatic. So, what should we do to avoid and prevent such diseases?*

(ARoHE-2)

[702] ***ተሓታቲት፡*** *...ንኣብነት ሸኮር በሽታ ከም ደሃብ ኢለ ኣብነት እየ ዝነግረን። ረጓድ እያ፣ ሸኮር በሽታ ኣለዋ፣ ደም በዝሒ ኣለዋ። ሸሸው እዩ ዝለዓላ። ሐዚ ንሳ ኩላሊት'ውን ኣለዋ። ኩሉ ተደራሪቡ እዩ። ጨጓራ'ውን ኣለኒ ትብል፣ ኩላሊት ኣለኒ ትብል፣ ደም በዝሒ ኣለኒ፣ ሸኮር በሽታ ኣለኒ። ንኽኪይድ'ውን የፀግመለይ እዩ። ሸግረኛ እየ ኢላ ብዙሕ ነገር ጥርዓን ተቕርብ እያ። ንሳ ድማ መጀመርያ ተመጣጣናይ ምግቢ እንተትበልዕ ነይራ ተኽሊ ነገር እንተተተኩር ነይራ እ ጣፋጭ ነገር እንተዘይትበልዕ ነይራ እንቋቋሐ፣ ሲጋ፣ ሰብሒ ዘለዎ እንተዘይትበልዕ ነይራ እዚ ሕማም እዚ ኣይምመፃን ነይሩ። ተኽሊ ክትፈትዋ ኣለክን ኢልና ንዛረበን። ዘይተረደእን ነገር ድማ ኣብዚኣ ኣትኩር ኣቢለን እየን ዝሓታ። በተለይ ብናታ ኣብነት ገይርና ርኡይ ዝኾነ ነገር ሰለንጥይቖን ከመይ እዩ? ቀጢን ሰብስ እንኣ እንዶ ዝሕዞ ገለ ምናምን ኢለን ይጥይቕ እየን። ግን ኣብ ሮጉድ ጥራሕ ዘይኮነስ ከንደይ ረጎድቲ'ውን ጥዑያት ኣለዉ እዮም። ግን ብኣጋጣሚ ኮይኑ ናይቲ ኣመጋግባ ስርዓት ተኸቲልካ ዘይምኻድ እዩ ኢልና ንናገረን ኢና።*

Interviewee: *... For instance, Dehab is fat and she is hypertensive and diabetic. In addition, she has kidney disease. She also says that she has stomach-ache. She says she couldn't even walk. She says she is rather poor. Had she taken balanced diet, consumed vegetables, avoided fatty and delicious food, she wouldn't have developed such diseases. So, we tell them that they should consume vegetables. They ask about the things they don't understand. We support our teachings by mentioning NCD cases to enable them see the essence of susceptibility. We tell them that there are some fat people who are free of such diseases. The reason for developing NCDs is unhealthy dietary habits.*

(IDI16-HEW6)

[953] ***ተሓታቲት፡*** *እወ ንቲ በዓል ገዛይ ኣዲኡ ነይረን ከምኡ ኢለን ዲቃቕ እየን ደም በዝሒ ከምኡ ነይሩወን እታወይ ከምዚ ኢላስ ማዘር ከምዚ ኢላስ ደም በዝሒ ነይርዋ ከምዚ ኢላ ሓያ እያ ኢለየን ተሓኪመን ንሰን እውን ይከታተላ ኣለዋ።*

Interviewee: *Yes. My husband's mother had also blood pressure. She is very thin. I told her my mother had blood pressure but she has recovered from her case as she followed up medical treatment. For that, my husband's mother also start the medical treatment.*

(IDI20-WDA3)

In a health education session, a HEW seeks information from community members about unknown (unregistered) NCD cases/patients within the community. In fact, HEWs are the immediate sources of health information. However, as depicted in the above extract, the HEW requested participants of the health education session to

inform them (HEWs) in case there are NCD patients within the community who remained unnoticed by the HEWs (*turn 7*). Here, the HEW's utterance is indicative that she wants community members to take responsibility in disclosing NCD cases for the community and patients' benefit. The identification of NCD cases would benefit the patients because HEWs are in a position to provide medical advice and follow-up at grass root level. It could also indirectly benefit community members for they may learn from a lived experience of NCD patients on NCD prevention during their day-to-day interactions and network discussions. For example, the HEW provided an instance by naming an NCD patient who lives within that community (*turn 7*). Here, the disclosure of an NCD patient seemed to benefit the community. The HEW named an NCD patient to let participants of the health education session visualize the notion of NCDs, perhaps the causes and consequences. This could be the manifestation of the Tigrigna saying '*Memihārin āyigiberika memihārinike āyeši'inika*' (*መምህሪ ኣይግበርካ መምህርንክ ኣየስእንካ)* (literally to mean 'let there be someone whom you would get lesson from') in mind.

Furthermore, there are also patients who share their lived experiences with other community members by publicizing their cases. Such disclosure could help community members who seek information from those who have contracted such diseases because they (patients) have already disclosed their cases for their own or others' benefit. In a health education session, a participant discloses her case ('*I, for instance have blood pressure'* (*turn 30*). Her disclosure could benefit others as they could learn from her lived experience. For instance, the patient claimed that she performed a sort of mini medical investigation because she knew very well about the disease, i.e. blood pressure (*I also give advice to those who become sick to go to health facility for check-ups because I know the symptoms of the disease.'* (*turn 30*). Here, she positioned herself as an agent who is able to share health information with other community members regarding to the specific disease she suffers from. For that, she provides advice about what community members have to do in order to get remedy for their health problem. Such experience share could play great role in shaping the community's views towards how to deal with NCDs. It could also alert members of a locality to take preventive measures as they could visualize the diseases. This goes with a Tigrigna saying that says '*men yiniger zinebere men yeridi'i ziḵ'ebere'(መን ይንገር ዝነበረ መን የርድኦ ዝቐበረ።*) (literally to mean: the one who should tell

is the one who witnessed the event happening; and the one who confirms death of a person is the one who attended the funeral). A person who experiences a particular event can tell well about that event than any other person who does not experience it. In other words, if people share ideas on what causes and how to prevent a particular health problem, they will be in a better position to avoid that particular disease.

Moreover, disclosing an NCD case during health education sessions is also observed in another HEW's teaching. Particularly, as can be seen in the above extract, the HEW exemplifies her teaching by naming a patient of NCDs when she requested participants of the health education session to offer possible preventive measures (*'for example, W/ro Beriha is hypertensive and asthmatic. What should we do to avoid and prevent such diseases?*' (*turn 32*)). The HEW did not simply ask participants of the health education session about how to prevent NCDs. She rather disclosed an NCD case to enable participants visualize the diseases which in turn help them (community members) to start thinking about the preventive measures. From the HEW's perspective, disclosing such case could bring a *state of preparedness* among community members of the locality towards preventing NCD incidences. Put differently, disclosing NCD cases, being part of the process of inculcating NCD prevention discourses, could serve as an alert for community members of the locality to engage in preventive activities because people would learn from others' lived experiences.

As depicted in another HEW's account, disclosing NCD cases during health education sessions to support the HEW teachings on NCDs appears to be a common discursive practice employed by HEWs. It is believed that community members could benefit from the disclosure of NCD cases during construction/reconstruction of discourses of NCD prevention. As indicated in *turn 702*, the HEW disclosed an NCD case to educate her target audience about how NCDs develop and how to reduce or avoid these diseases. Her talk shows how she inculcates the discourse of NCD prevention by disclosing an NCD case. From her perspective, the instances of developing NCDs are related with individuals' eating habits. To this effect, her sentence indicates that the patient had contracted such diseases due to her dietary habits – consumption of unhealthy diets ('*Had she taken balanced diet, consumed vegetables, avoided fatty and delicious food, she wouldn't have developed such diseases.'* (*turn 702*)). From her

account, we can deduce that, for one thing, it is one's own responsibility to produce or lose his/her own health; and for another thing, community members of the locality can avoid or reduce the instances of developing NCDs by modifying their dietary habits. From her account, we can deduce that, by disclosing an NCD patient's case, the HEW wants to transmit a health message that it is one's own responsibility to produce or lose his/her own health. Such health message could alert community members of the locality that they can avoid or reduce the instances of developing NCDs by modifying their dietary habits.

To a question that asks whether WDA leaders discuss about NCD by disclosing NCD cases in their network discussion, a WDA leader confirmed that they do so. As can be understood from the text in *turn 953*, the WDA discloses her mother's hypertension case to let her mother-in-law feel that blood pressure can be cured. She told her mother-in-law that her mother once developed blood pressure; however, her mother has already recovered since she got the necessary medical treatment (*'I told her my mother had blood pressure but she has recovered from her case as she followed up medical treatment.' (turn 953*)). As a result, her-mother-in-low is now getting the medication to get cure being influenced by the story that the WDA told her. Here, we can see that sharing the story of NCD cases could alert other members of community engage in activities that are directed towards preventing these diseases or visit health facilities to get further medical or professional advice and/or treatment. In general, as can be deduced from the accounts in the above extract, disclosing NCD cases appeared to be a way to inculcate NCD prevention discourses which in turn empower communities produce or maintain their own health.

4.2.3 Reflecting Views (Local Knowledge Claims)

HEWs attempt to construct identity of NCD prevention by making their target audience reflect their perspectives towards how to prevent NCDs. During health education sessions, the HEWs spent time to make each participant say something about NCD prevention. The following extract attempts to illustrate how discourse of NCD prevention is being constructed.

Extract-8

[17] ***ጥሙር ጥዕና፡*** *ሰምረት በላ እንዶ ሪኢቶ ሃባ። እንታይ ሰቕ ትብላ ከምዘይትፈልጣ። መቼም ኣብዚ ኣነ እንተዝኸይድ ከንደይ ነገር ምተዛረብክን።*

HEW: *Simret, give your comment. Why do you keep silent as if you know nothing? Had I gone, you would have talked a lot.*

[18] ***ተሳታፊት 2፡*** *ዋይ ዋይ!*

Participant 2: */wɑj wɑj/ [a lot] (an expression of excitement)*

[19] ***ጥሙር ጥዕና፡*** *(ሰሓቕ) ዝሃፍታ ብቻ እያ ትፈልጥ?*

HEW: *(laughing) Only Zihafta knows about this?*

[20] ***ተሳታፊት 3፡*** *ንሱ ደኣ*

Participant 3: *That is not the case.*

[21] ***ጥሙር ጥዕና፡*** *እሞ በላ እንዶ ተዛረባ።*

HEW: *So, say something.*

[22] ***ተሳታፊት 2፡*** *ናብ ዕብየት ስለተፀጋዕኹ እየ።*

Participant 2: *I am getting old.*

[23] ***ተሳተፍቲ፡*** *(ሰሓቕ)*

Participants: *(Laughing)*

[24] ***ተሳታፊት 2፡*** *ፈውሲይ ክፈልጥ። ኣኣኣ*

Participant 2: *I want to know my remedies.*

(ARoHE-1)

[44] ***ጥሙር ጥዕና፡*** *ሽኮር በዝሒ ደም በዝሒ ብምንታይ ክንከላኸሎም ንኽእል? ክንከላኸሎም እንተኽኢልናስ ካብ ኣመጋግባና ድዩ ወይስ እንታይ እዩ? ኣመጋግባና ከንብል እንተለናስ ብኽመይ ማለትና እዩ?*

HEW: *How can we prevent diabetes and blood pressure? Do we prevent them via nutrition? If so, How? What do we mean by dietary habit?*

[45] ***ተሳታፊት 3፡*** *ኣመጋግባ ደኣ እንታይሸሙ ጨው ዘይበዝሑ ምግቢ ምጥቃም ቅብኣት ዘይብሉ*

Participant 3: *Dietary habit means reducing salt intake and avoiding fatty food.*

[46] ***ጥሙር ጥዕና፡*** *እወ*

HEW: *Yes.*

[47] ***ተሳታፊት 3፡*** *ዝተመጣጠነ ምግቢ ምውሳድ ኩሉ ሻዕ ሓደ ዓይነት ዘይምስራሕ ብዘለናስ ብዓቕምናስ ሎሚዓንቲ ዝበላዕናዮ ከንደግሞ የብልናን ከምኣ እዩ። እቲ ቕንዲ ነገር ግን ቅባኣትን ነገር እና ጨው ዘይምጥቃም።*

Participant: *Taking balanced diet – We should not eat the same foodstuffs all the time. We have to take varieties according to our capacity. The major thing is to avoid salt intake and fatty food.*

[50] ***ጥሙር ጥዕና፡*** *እሺ። ሰሚራ ደም በዝሒ ዘለዎም ሰባትሰ እንታይ እንታይ እንተገበሩ እዩ ዝገድፎም?*

HEW: *Well, Semira, what specific activities should hypertensive patients do to be cured from their health problem?*

[51] ***ተሳታፊት 4፡*** *በላ ኣስቲ ክሰምዕ ኣነ እንድዒ ኣይፈልጦን።*

Participant 4: *I don't know. Let me hear from you.*

[52] ***ጥሙር ጥዕና፡*** *እ? ታሕጓስ ገፅኪ መሊስኪ እሞ ተዛረቢ። ትቕድሒ ኢኺ ዘለኺ።*

HEW: *What? Tahgaus, turn your face and say something. You are being recorded.*

[53] ***ተሳታፊት 5፡*** *እንታይ ክዛረብ ኣነስ ኣይፈልጦን።*

Participant 5: *What can I say for I don't know?*

[54] ***ጥሙር ጥዕና፡*** *ዋይ! ዓስራይ ክፍሊ ኮይንክስ ዘይትፈልጥዮ?*

HEW: *My God! You don't know though you are grade ten!*

[55] ***ተሳተፍቲ፡*** *(ሰሓቕ)*

Participants: *(laughing)*

[56] ***ጥሙር ጥዕና፡*** *ይዛረበኪ እኮ ኣለኹ። ተዛረቢ እንዶ እንታይ እያ ገፃ መሊሳ?*

HEW: *I am talking to you. Say something, why do you turn your face?*

[57] ***ተሳታፊት 5፡*** *እንታይ እየ እሞ ክዛረብ?*
Participant 5: *What can I say?*
[58] ***ጥሙር ጥዕና፡*** *ብምንታይ ብምንታይ ገይሮም ከከላኸሉዎ ይኽእሉ? ሰዓዳ ተዛረቢ*
HEW: *How could people prevent NCDs? Seada, tell us.*
[59] ***ተሳታፊት 6፡*** *ጨው ብምልካዕ*
Participant 6: *By reducing salt.*
[60] ***ጥሙር ጥዕና፡*** *እወ*
HEW: *Yes.*
[61] ***ተሳታፊት 5፡*** *ቡና ኸሎ ብዝተወሰነ ምውሳድ*
Participant 5: *In addition, reducing coffee intake.*
[62] ***ጥሙር ጥዕና፡*** *እሺ*
HEW: *Ok.*
[63] ***ተሳታፊት 6፡*** *ዝተወሰነ ድማ ሕክምና ምግባር*
Participant 6: *Having medical follow up.*
[64] ***ጥሙር ጥዕና፡*** *ሕክምና ምውሳድ እ? ሽኮር ገይርካ ቡና ዘይምስታይ*
HEW: *Well having medical check-ups. Avoid drinking coffee with sugar.*
[65] ***ተሳታፊት 7፡*** *ሽኮር ገይርካ ዘይምስታይ*
Participant 7: *Yes, avoid drinking coffee with sugar.*
[66] ***ጥሙር ጥዕና፡*** *ዘይምስታይ ኢልኪያ እወ። ካብኡ ተመጣጣናይ ምግቢ ድማ ጨው ዘይብሉ ምግቢ ምብላዕ እ?*
HEW: *You mentioned it. Then, taking balanced diet and eating food without salt. Ok?*
[67] ***ተሳታፊት 7፡*** *እወ።*
Participant 7: *Yes.*

(ARoHE-2)

The conversation between the HEW and participants above (*turns 17-24*) shows how the HEW gets the participants reflect their perspectives (local knowledge claims) towards preventing NCDs. She tried to break the silence by naming individuals. The use of the expressions '*give your comment*' (*turn 17*) and '*so, say something.*'(*turn 21*) indicate the HEW's authoritative voice – her socially situated identity. She puts herself in a position of enabling participants of the health education session engage in the interacting process to construct discourse of NCD prevention. She further questioned the participants' silence for she knew they have something to say about the issue of discussion ('*Why do you keep silent as if you know nothing?'* (*turn 17*)). Here, her sentence implies that she valued the local knowledge that the community members possessed regarding to the topic of discussion, i.e. NCDs prevention. In her later sentence, she indicates that their silence would have been broken had she gone (*'had I gone, you would have talked a lot.'* (*turn 17*)). Her sentence implies that they talk a lot in an informal situation than expressing their views in a health education session, which is a bit formal. Therefore, her acknowledgement of the participants' knowledge seems to create a context in which participants feel they are in a position

to add their own perspectives about the issue under discussion. This could initiate them reflect their personal understandings no matter how relevant or irrelevant their perspectives could be.

Furthermore, as can be seen in *turns 44-67*, another HEW attempts to inculcate identity of NCD prevention through letting community members reflect on the specific preventive measures. She did not simply tell them the preventive measures herself though she had the position to do so. She rather let participants identify the difference between healthy and unhealthy diets. Specifically, she requested participants reflect what *healthy* and *unhealthy diets* mean to them (*'what do we mean by dietary habit?'* (*turn 44*)). One of the participants expressed the *significance* of reducing salt and avoiding fat in preventing NCDs through diet. From the participant's perspective, healthy diet means food that has less amount of salt and food without fat (*'Dietary habit means reducing salt intake and avoiding fatty food.'* (*turn 45*). Put other way, *reducing salt (ጨው ዘይበዝሉ)* and *avoiding fat (ቅቡኣት ዘይብሉ)* from meals ensure the possibility of maintaining health via nutrition. Overall, the participant of the health education session indicates that people have to avoid salt and fat intake (*'the major thing is to avoid salt intake and fatty food.' (turn 47*)). The use of the phrase '*the major thing*' (*ኦቲ ቸንዲ ነገር*) emphasizes the significance of avoiding salt and fat intake to avoid instances of developing NCDs. In addition, taking similar food items all the time could result in distracting individuals' health *(turn 47)*. Therefore, people have to make their meals balanced to avoid the instances of developing NCD incidences. Of course, household's economic status can matter in preparing and serving balanced diet to family members. However, the participant expressed the possibility of preparing balanced diet that considers the households' economic status (*'we have to take varieties according to our capacity.' (turn 47)*). Here, the reflections of the participants are indicative of their views towards NCD prevention - that they believe they could secure their health through modifying their dietary habits.

The use of the affirmative *'yes'* (*turns 46 & 60*) and 'ok' (*turn 62*) reinforce the participants to add more on what to do to prevent NCD incidences. Particularly, the conversation that goes on among the HEW and participants shows the HEW's attempt to transmit health message that indicates blood pressure and diabetes are preventable.

However, some participants kept silent while others preferred to listen for they believed they are unknowledgeable when the HEW asked them to reflect what they know about the issue of discussion (*'I don't know. Let me hear from you'* (*turn 51*)). In addition, the HEW believed that literate participants could better reflect their understandings to support her teachings. For that, she was surprized that a tenth grade student did not know about NCDs (*'My God! You don't know though you are grade ten!'* (*turn 54*)). This implies that it is unthinkable and unbelievable to hear someone who is being educated saying 'I don't know about a particular issue'. This could be the manifestation of the Tigrigna saying '*Zeyitemehāre āyedehin zeyitewe̱k'ire āyet'ihin*'(*ዘይተምሃረ ኣየድሕን ዘይተወቕረ ኣየጥሕን*) (literally to mean: the one who is not literate cannot salvage as a grinding mill that is not configured cannot grind).

Moreover, the HEW goes naming participants to reflect their views on how to prevent NCDs. The HEW attempted to educate community members by making the health education session participatory. This could show how she positioned her target audiences. She seemed to recognize that the discourse of prevention could be constructed or reconstructed through the interactions held among participants. For that, she reinforces participants to engage in reflecting their views on the issue of discussion. Such engagement (taking part in the discussion) could enable participants to perform preventive measures. For instance, she forwarded a question about the specific activities hypertensives have to do to avoid their health problem *('What specific activities should hypertensive patients do to be cured from their health problem?*' (*turn 50*)). Here, the HEW wants the participants to think of the specific activities that have to be done to prevent and cure blood pressure. While they list down the activities that one has to perform to prevent a specific type of NCDs, i.e. blood pressure, they are constructing identity of prevention among themselves. Therefore, the HEWs' effort to make community members provide their perspectives could be the manifestation of constructing or reconstructing of discourses of NCD prevention through making health education sessions interactive.

4.3 Practices/Activities Enacted to Prevent NCDs

People use language to enact *activities* and let others recognize what activities are taking place within a particular social context. Thus, in the current study, an attempt

has been made to reveal practices enacted via the language use of health workers to prevent NCDs. As can be inferred from the participants' accounts presented in the following sections, health education practices include '*do*' and '*don't do*' sort of activities. Particularly, the talks of health workers are found to be enacting activities that community members of the locality have to recognize concerning NCD prevention. In addition, these activities are also reflected in the talks of WDA leaders and network members. Examining the entire accounts of participants of the current study, there emerged the following themes that are labelled as i) *healthy eating as NCD prevention practice, ii) staying active as NCD prevention act, iii) early medical check-up as a way to detect NCDs,* and iv) *risk avoidance as a way to produce and maintain health*.

4.3.1 Healthy Eating as NCD Prevention Practice

HEWs are agents of the healthcare system at grass root level. They are responsible to enable community members of a particular area engage in activities that target at preventing diseases and maintaining health. In addition, physicians are in a position to provide advice (in and out of the health facilities) to community members in general and patients in particular on what they (community members) have to do to produce and maintain their own health. For that, regarding to NCD prevention, health workers of the study setting want community members to have engage in consuming healthy diets. In other words, health workers want community members of the locality recognize that they (community members) can avoid or reduce the instances of developing NCDs through modifying their dietary habits. The following accounts are indicative that modifying dietary habits is among the activities that health workers need to be recognized by community members as NCD prevention practice.

Extract-9

[32] ***ጥሙር ጥዕና:*** *... ንኣብነት ኣብ ኣመጋግባና መፂና ናይ ኣመጋግባና ሰርዓት ዘለዎ ኣመጋግባ እንተተመኒብና እዞም ሕማማት ክጠፍኡ ከምዝኽእሉ ንኣብነት ጨው ኣብዚሕና ንበልዕ እንተኾይና ደም በዝሒ ዘለዎ ጨው ኣብዚሑ እንተበሊው ማይ ኣብዚሑ ከሰቲ እዩ ካብኡ ብኡ ልክዕ ድማ እቲ ደም የብዝሕ እዩ ናብ ዘይተደለየ ነገር ይኣቱ እዩ። እንደገና ድማ መስተ ዝሰቲ ሰብ እንተኾይኑ ኣብቲ ኣመጋግባና ድማ ሓደ ዓይነት ምግቢ ንበልዕ እንተኾይና ፍጮማ ዘለዎ ምግቢ ስብሒ ዝበዝሑ ምግቢ ንበልዕ እንተኾይና እውን ያው ነቲ ሕማም መጋደዲይ ምኽኑ ...*

HEW: *... for example, concerning our diet, if we take healthy diet, the incidence of developing these diseases can be avoided. For instance, if we take excess salt, if a person with blood pressure consumes excess salt, he/she will take too much*

water. And taking too much water will result in increasing blood pressure level. In addition, those who take alcohol and if we consume similar food types and food rich in salt and fat, the incidence of developing that disease can be aggravated. ...

(ARoHE-2)

[202] ***ተሓታቲት፡*** *... ናይ ምክልኻል ወይን ደሞ እሱ ክገብሮ ዝኽእል ነገር ከዓ ያው ከምቲ ዓንተዎይ ብእንትኡ ብጠቕላላ ዝነገርኩኻ ያው ብንፅል ያው ኑቲ ውልቀሰብ ያው ማለት እዚ መድሓኒት እዚ ትወስዶ ኣለኻ ኣጋጣሚ እዚ ሕማም ስለዘለካ ወይን ደሞ ለምሳሌ ፀቕጢ ደም ስለዘለካ ግን ብተወሳኺ ደሞ ኣብ ዝኻ ንጉሆ ተሲእካ እንቅስቃሴ ክትገብር ክትክእል ኣለካ፣ እዚ እዚ ምግቢ ደሞ ክትጥቀም ክትክእል ኣለካ፣ እዚ እዚ ምግቢ ደሞ ክትወስድ የብልካን ኢለ ናይ ባዕለይ ዝኾነ ምኽሪን ማዕዳን ይህብ።*

Interviewee: *... regarding to NCD prevention or the activities that one has to do, I provide advice at individual level. For instance, I tell the individual 'you are taking medicine for blood pressure but you have to perform physical activity every morning at your home'. In addition, I, myself, provide advice to an individual 'you have to consume this and that and you should avoid this sort of food types'.*

(IDI1-HP1)

[243] ***ተሓታቲት፡*** *ኣብዚ ክመፁ ከለዉ ያው ፎሎውኣፕ ከምዘድልዮም እቲ ኒትሩሸናል እውን እንታይ እንታይ ክወስዱ ከምዘለዎም ንነግሮም ኢና። ምሕባር ንሕብር ኢና። ያው ብግሊ እውን ዝጠየቕኒ ጎረባብቲ'ውን እንተልዮም ከምዚ ዓይነት ምኽሪ እየ ኣነ ዝነግሮም።*

Interviewee: *When they come here [health centre] we tell them they have to have regular medical check-ups and we also tell them the types of food they should and should not take. I also personally provide such advice for my neighbours and those who ask me.*

(IDI2-HP2)

[278] ***ተሓታቲት፡*** *... ኣብዚ ዝመፀኒ ሰብ ኩሉ ሰብ በቲ ዘለና ማለት እየ ደም በዝሒ ኪይህልዎ ኩሉ ሰብ ቼክ ይገብሮ። ካብኡ እንድሕር ደም በዝሒ ዘርኢ ምልክታት እንተልኡ ብዛዕባ ኣመጋግባ ኣድቫይስ ይህብ። ብዛዕባ ጨው ኪይበልዑ፣ ቡና ብቻ ኣመጋግበኦም ከስተኻኽሉ ከምዘለዎም፣ ...*

Interviewee: *... When people come here, I check their blood pressure. If the result indicates a rise of blood pressure level, I provide advice on dietary habit. I tell them to avoid salt and coffee intake and modify their diet. ...*

(IDI3-HP3)

[557] ***ተሓታቲት፡*** *... እቲ ሽይድካ እቲ ሕብረተሰብ ግንዛበ ክፍጠር ምግባር እዩ እቲ ንሕና ንሰርሑሉ። ያው ኣመጋግባና ክነስተካኽል፣ ምንቅስቓስ ክንገብር፣ እንድሕር ተወሳኺ ካፍቲ ቅድሚ ሕዩ ዝነበረና ምግቢ ኣመጣጢና እንተተመጊብና'ውን እቲ ሕማም ክቕንስ ዝኽእል ምኺኑ፣ ...*

Interviewee: *... we work on creating awareness among community members. We tell them that if we modify our diet, perform physical activity and eat balanced diet, the incidence of such disease can be reduced. Even such diseases can be reduced if we consume balanced diet. ...*

(IDI11-HEW1)

[584] ***ተሓታቲት፡*** *ኣነ ሕዚ እንታይ እየ ዝብለን ንምሳሌ ኣብዞም ሸኮርያ ዘለዎም ኣመጋግበኣም ጣፋጭ ነገር ክበልዑ ከምዘይብሎም፣ በኣትክልቲ መጠን ኣትክልቲ እዚ ሰላጣ፣ ቆስጣ እዚታት ከምገቡ፣ ዘይቲ ዘይብሉ ምንም እዚኣ ትብል ጨው ዘይብላ፣ እዚኣታት ቢቃ ንባዕልኹም ዝመጣጠኑም ንነብስኹም*

ትወስዱ'ም በታ ነምህረኩም ዘለና፤ ምቾት እንተምፂእልኩም ትቕፅሉ ብኣ፤ ምቾት እንተዘየምፂኢልኩም ድማ ዝኾነ ሸግር እንተፈጢርልኩም ምሳና ትዘራረቡ ኢለ እየ ኣነ ዘምህር። ...

Interviewee: *I tell, for instance, diabetic patients to take nutrient foodstuffs and avoid delicious food. I advised them to take vegetables such as salad, cabbage and so on. I tell them that they have to avoid salt and fat intake. Apart from this, I teach them that they have to put our teachings into practice then continue such practices if they feel comfortable; but if they do not, I tell them to consult us.* ...

(IDI12-HEW2)

[633] ***ተሓታቲት፡*** *... ሕዚ ሰዕረት እንተኾይኑስ በቃ ሸሮስ ናይ ድኻ፤ ሲጋ ጥራሕ፤ ኣትክልቲ ገለመለ'ውን ናይ ዝፀገሞ ገይርካ ምውሳድ ኣሎ። ማን ሓዋዊሱ ክበልዕ ከምዘለዎ፤ ዋላ ኣብ ዓመት በዓል እስቲል ቆፅላ መፅሊ ክወስኽ ከምዘለዎ ኢና ኣስተምህሮ ንህብ። ፍሪምረ ንዘይተመሓላለፍቲ ሕማማት ክከላኸል ከምዝኽእል ንማንኛውም እንዳበልና ኣስተምህሮ እንዳሃብና ኢና።*

Interviewee: *... For instance, 'shiro' is considered as the poor's diet, eating only meat during fasting. In addition, people consider vegetables as the diet of underprivileged. However, we educate them that they have to balance their diet and even eat vegetables during festivities. We are providing education about the possibility of preventing NCDs via fruit consumption.*

(IDI13-HEW3)

[718] ***ተሓታቲት፡*** *... ናይ ኣመጋግባ ሰርዓት'ውን ተኽቲሎም ክኸዱ ከምዘለዎም እዚ ኣምሂርና ንኸይድ።*

Interviewee: *... We also educate that they should modify their dietary habits.*

(IDI16-HEW6)

In a health education session, a HEW described the connection between NCDs and personal behaviour and practices. In her talk, it is revealed that unhealthy dietary habit is a shared behavioural risk factor within the locality. Thus, the HEW attempted to alert participants of the health education session towards what everybody has to do to prevent or reduce NCD incidences. Specifically, the possibility of avoiding the incidences of NCDs through healthy eating is highlighted (*'concerning our diet, if we take healthy diet, the incidence of developing these diseases can be avoided.'* (*turn 32*)). Here, the use of conditional sentence type-I in her speech puts emphasis to the possibility of avoiding NCD incidences via modifying dietary habits. In addition, the HEW's language use targets at enabling the community recognize the connection between unhealthy food intakes and NCD incidences because taking unhealthy diet can aggravate the instances of developing NCDs (*'if we consume the similar food types and food rich in salt and fat, the incidence of developing that disease can be aggravated'* (*turn 32*)). This implies that unhealthy dietary habits of individuals contribute to the incidences of NCDs within the locality. Consequently, community members need to examine their dietary habits since healthy eating is among the healthy practices that have to be enacted to prevent or reduce NCD incidences.

Furthermore, the HEW attempted to inculcate discourse of NCD prevention by positioning herself as part of the situation (engaging in modifying dietary habits). Her use of all-inclusive pronouns 'we' in '*if we eat*' *(እንተመገብና)* and 'our' in '*our diet*' (*ኣመጋግባና)* indicate that the HEW considered herself as vulnerable to the incidences of NCDs if she does not care about her dietary habits. This could be an attempt to construct discourses of NCD prevention and thereby enable participants of the health education session think that healthy eating should be everybody's concern.

Apart from this, the HEW described the sort of activities that clients need to recognize in relation to preventing specific type of NCDs, i.e. blood pressure. Healthy eating is a way to avoid NCD incidences in general and blood pressure in particular. In her talk, the HEW attempted to justify why salt intake is not advisable for those who have developed blood pressure. Overconsumption of salt results in taking too much water that ends up with the rise of blood pressure level (*'if a person with blood pressure consumes excess salt, he/she will take too much water. And taking too much water will result in increasing blood pressure level' (turn 32)*). At this point, the HEW reflects local perspective. There is a local knowledge claim towards the connection between taking too much water and the level of blood pressure. People traditionally believe that taking too much water can raise the level of blood pressure. As a result, the HEW purposely reflected such belief in an attempt to show the connection between the risk factor, i.e. salt intake and the rise of blood pressure level.

Providing medical advice on what a client has *to do* and *not to do* is a health promotive practice. As depicted in *turns 202, 243* and *278*, physicians provide medical advice as health promotive practice for producing and maintaining health during their interactions with patients and community members of the locality. For instance, as can be inferred from turn 202, the producer of the text indicated that he wanted community members recognize healthy eating as a way to reduce the instances of developing NCDs. He provides an advice about what sort of food type should be taken or avoided to stay healthy (*'I, myself, provide advice to an individual 'you have to consume this and that and you should avoid this sort of food types. ' (turn 202)*). Here, the producer of the text considers himself as a mere source of health information while community members of the locality are in a position to receive such information from a health professional like him. The use of the first

person pronoun '*I*' is indicative that the physician holds the power of providing a sort of activities that one has *to do* or *not to do* to prevent or reduce NCD incidences. In addition, the use of the expressions *'you have to consume' (ከትጥቀም ከትከእል ኣለካ)* and '*you should avoid*' *(ከትወስድ የብልካን)* are indicative that the health promotive advice includes '*do*' and '*don't do*' list that have to be performed by community members to prevent or reduce NCD incidences. Therefore, this could indicate that health workers are engaging in providing professional advice as part of the health promotive practice that could enable community members of the locality recognize healthy practices and thereby enact such practices to avoid or reduce NCD incidences.

Furthermore, physicians have the power to provide professional advices on how to prevent NCDs apart from prescribing medicines for treating NCD cases. As depicted in the extract above, physicians inform their clients about the specific sort of foodstuff they should or should not consume to prevent or reduce NCD incidences (*'we also tell them the types of food they should and should not take.*' (*turn 243*). In addition, the producer of the text claimed that she personally engaged in providing health promotive advice even outside the health facility (*'I also personally provide such advice for my neighbours and those who ask me.' (turn 243)*). This implies that physicians play their roles in constructing discourses of NCD prevention during their interactions with patients at work and other community members such as their neighbours out of work. Here, one can deduce that physicians provide professional advice as part of the health promotive practices directed towards NCD prevention.

Similarly, another physician indicated their engagement in enabling community members recognize that healthy eating is helpful to avoid or reduce NCDs incidences. As depicted in her account, the physician engaged in informing clients about healthy eating (*'I provide advice on dietary habit' (turn 278)*). Specifically, her first activity is to check clients' health status. Then, based on the results of the check-up, she provided dietary-based advice (*'I tell them to avoid salt and coffee intake and modify their diet' (turn 278)*). Here, her advice on dietary habit seemed to be an attempt to let her clients recognize the importance of healthy eating in preventing or reducing the instances of developing NCDs. In other words, even though remained unsaid, her utterance is suggestive that physicians wanted the community recognize the possibility of avoiding or reducing NCD incidences through modifying one's dietary

habits. Thus, one can understand that health workers in the study setting enact NCD prevention practices by promoting healthy lifestyles and thereby enable the community produce and maintain their own health.

In addition, HEWs enact activities directed towards enabling the community prevent non-communicable diseases. As can be inferred from *turn 557*, HEWs' major duty is to create awareness among community members with regard to NCD prevention. The producer of the text indicated that HEWs are engaging in health promotive activities that could empower community members of the locality produce and maintain their own health *(we work on creating awareness among community members. (turn 557)*. In her talk, the use of the expression '*creating awareness*' (*ግንዛበ ክፍጠር ምግባር*) indicates the HEWs' responsibility on providing health information towards a particular health matter, in this case NCD prevention. Here, we can see that the producer of the text positioned herself as the immediate source of health information for members of the community. In addition, she indicates the possibility of reducing NCD incidences through having healthy dietary habits ('*such diseases can be reduced if we consume balanced diet* ' (*turn 557*)). This implies that the producer of the above text want community members realize that people can reduce the instances of developing NCDs via having healthy diet. Thus, one can deduce that HEWs enact activities to enabling community members of the locality take responsibility in producing and maintaining their own health through modifying dietary habits.

Furthermore, another HEW's account shows that the community receives professional advice on the specific activities to be enacted to prevent or reduce NCD incidences. The HEWs' advice includes '*do*' and '*don't do*' sorts of activities (… *to avoid delicious food … to take vegetables such as salad, cabbage and so on*/ (*turn 584*)). This implies that HEWs wanted the community recognize healthy eating as a regular social practice in order to produce and maintain health. In addition, community members have to consult HEWs if they feel discomfort with the activities they perform based on the advice they received from the HEWs ('*I teach them that they have to put our teachings into practice then continue such practices if they feel comfortable; but if they do not, I tell them to consult us'* (*turn 584*)). Here, we can see that the HEWs are the immediate sources of information for the community in this regard. In other words, the community members of the locality are receivers of health

information from HEWs with regard to what *to do* and *not to do* to avoid or reduce NCD incidences.

As depicted in turn 633, there is a local claim that considers some sort of food, particularly consumption of vegetables, as the diet of the poor/underprivileged. For that, the community tend to consume only meat during fasting days. Cognizant to such misunderstandings, HEWs within the locality provide health education about the significance of fruit and vegetable consumption to avoid the instance of developing NCDs (*'we are providing education about the possibility of preventing NCDs via fruit consumption*' (*turn 633*)). This implies that HEWs engaged in activities that promote healthy practices such as fruit intake as a way to get rid of NCD incidences. In other words, they (HEWs) need their clients recognize that having healthy diet can enable them (community members) prevent or reduce NCD incidences.

In sum, as can be inferred from the health workers' accounts, health workers put their efforts to make members of the locality aware of the potential behavioural risk factors and thereby influence them (community members) change their lifestyle trends to avoid or reduce NCD incidences. In other words, health workers are in a position to provide professional advices that enable the community make healthy choices to prevent NCDs. The health workers' attempt to enable community members of the locality recognize the association of NCD incidences with personal behaviour and practices could be the manifestation of NCD prevention discourses that appeared in health documents. For example, in the HEP training module on NCDs, it is indicated that HEWs have to engage in providing professional advice as part of their health promotive and preventive practices. The following extract is taken from HEP training module to evidence this.

> *As a Health Extension Practitioner, you should advise your community members to engage in regular physical activity, avoid tobacco use, choose a diet rich in fruit and vegetables and avoiding foods that are high in fat, sugar and salt, and maintain a healthy body weight* (2004, p. 7). *... [An extract from HEP module on NCDs]*

As can be seen in the above extract, HEWs are expected to provide specific professional advice and promote healthy practices that in turn enable community members engage in healthy-lifestyle practices. The use of the expression '*you should*

advise' in the above text is indicative that it is the HEWs' mandatory duty to provide health information regarding to the specific activities that community members have to perform to prevent or reduce the instances of developing NCDs.

In the preceding paragraphs, it has been attempted to uncover health worker's health promotive and preventive activities enacted to enable the community recognize the significance of healthy eating in avoiding or reducing NCD incidences. It is also revealed that community members recognize the association between unhealthy diet and NCD incidences. The community's recognition of healthy eating as NCD prevention practice is reflected in the respondents' talks. The following sample accounts are presented to explicate their recognition towards the significance of healthy eating to avoid or reduce NCD incidences.

Extract-10

[97] ***ተሳታፊት 6፡*** *... ኣመጋግባና ኣትክልቲ ዝበዝሑ ፈሳማ ዝበዝሑ ቅብኣት ዝበዝሑ ክንበልዕ የብልናን።*
Participant 6: *... concerning our diet, we should not eat fatty food. We should eat vegetables.*

[98] ***ሓታቲ፡*** *ቅብኣት ዝበዝሑ ምብላዕ እንታይ ስለዘስዕብ እዩ?*
Interviewer: *What is your reason for not eating fatty food?*

[99] ***ተሳታፊት 6፡*** *ንዝተፈላለዩ ሕማማት የስዕብ ንድኻም ልቢ ይሹን ጨጎራ ይሹን ዝተፈላለዩ ሕማም የጥቅዕ እዩ።*
Participant 6: *Because eating fatty food can be a cause for different diseases such as heart disease and gastric or stomachal disease.*

(FGD-1)

[163] ***ተሳታፊት 4፡*** *... ምግቢ ክትሰርሕ ከለኻ ብጥንቃቐ ክምትሰርሑ ሎሚዓንቲ ሕዚ ንኣብነት ሲጋ እንተበሊዐ ፅባሕ ድማኒ ናይ ቆፅሊ ክሰርሕ ኣለኒ ካብኡ ክምኡ እንተገይረ ድሑር ሕማም ኣይመፀንን። ...*
Participant 4: *... as you prepare your food carefully, for instance, if I eat meat today, I have to eat vegetables tomorrow. By so doing, 'ድሑር ሕማም' (NCDs) cannot exist. ...*

(FGD-2)

[790] ***ተሓታቲት፡*** *ክይሓመምካ ድማኒ ያው እዩ ንሱታት ፈሳማ እንድሕር ኣስተኻኺልካ ብመጠኑ ተመጣጣነ ምግቢ እንድሕር ወሲድካ፤ ሕዚ ንጉሆ ርኹብ እንድሕር ኮይንካ በሊዕኻ ቆሰጣ ክትመስሕ ትኽእል ክትመስሕ ኣለካ፤ ቆሰጣ መሲሕኻ እውን ዋላ ርኹብ ደኣ እምበር ዋላ ኣብ ምንጉኡ እውን በርበረኻ ገይርካ ንጥዕናኻ ያ እዩ። ጥዑም ፀሊእኻ ክይኮንካስ ክይፈተኻ ዶምካ እውን ክትሓድር ኣድላዩ እዩ ዝበል ናይ ባዕሊይ።*
Interviewee: *One can prevent NCDs by eating healthy diet. For instance, wealthy people can take varieties of food to avoid risks. When you have fatty food for you breakfast, you have to have vegetables for lunch. You should sometimes skip meals. I think skipping meals is not to mean that one dislikes to eat delicious food but to be healthy.*

[816] ***ተሓታቲት፡*** *... ጥዕናና ንኽንረክብ እንድሕር ደሊኽን እቲ ትወስድኦ ምግቢ ብዝተፈላለየ ክኸውን ኣለዎ። ጨው ብበዝሒ ክትወስድ ኣይትኽእላን።። ኣብ ርእሲ ፍጫማ ፍጫማ ንኽትበልዓ ኣይትኽእላን። ጥዕናስ ኣብ ኢድና እያ እየን ዝብላና። ኣብ ሕክምና ኣይኮነን ኣብ ኢድና እያ ባዕርስና ከምዝገበርናያ እያ እየን ዝብላና።*

Interviewee: *... take variety of foodstuffs if you want to produce your own health. They advise us to reduce salt intake and not to eat too much fat. They inform us that it is not at health facility; it is rather at our hands. They tell us that our health is the product our act.*

(IDI18-WDA1)

[905] ***ተሓታቲት፡*** *ስብሒ ዝበዝሑ፣ ቅብኣት፣ ሽኮር እውን ብበዝሒ ዘይምውሳድ*

Interviewee: *Avoiding foodstuffs rich in fat; and avoiding sugar intake.*

[911] ***ተሓታቲት፡*** *ንምክልኻል ቢቃ ስብሒ ነገር ዘለዎ ሽኮር ነገር ይኹን ብዙሕ ኣይንጥቀምን።*

Interviewee: *We don't consume fatty food stuffs and sugar.*

[919] ***ተሓታቲት፡*** *ሕማም ሽኮር ከይረኽበና ከንጥንቀቕ ኣለና ሽኮር እውን ክትቅንሳ ኣለክን። ስብሒ ነገር ቅብኣት እውን ክትቅንሳ ኣለክን ኢለን የምህሩና።*

Interviewee: *We have to care of developing diabetes. They tell us 'reduce sugar intake'. They also teach that we have to reduce fat consumption.*

(IDI20-WDA3)

[1192] ***ተሓታቲት፡*** *እንታይ እሞ እየ እታ ዝገልፃ ዘለኹ እኮ እያ በታ ዝፈልጣ ንሳ እያ። በቲ ሓኪም መምርሒ ዝሃበና ብኣ ኢና ንኽይድ ንሕና። ጨው ከይትበልዑ፣ ስቡሕ ሲጋ ከይትበልዑ፣ ቅብኣት ከይትበልዑ ስለዝበለና ብኣኣ ድማ ንሕና ተቐጢብና ንበልዕ።*

Interviewee: *What can I say? That is all what I know. We do things as what the physician told us to do so. The physician ordered us no to eat fatty food and not to include salt in our meals; and we do so as per to the physician's order.*

(IDI25-PF1)

As depicted above, dietary habit appears to be the major concern of community members of the locality. They consider healthy diet as a way to prevent NCD incidences. Their talks seemed to be the manifestations of HEWs' orders (professional advices) that include '*do*' and '*don't do*' list of activities (*see extract-9*). For instance, a participant of an FGD expressed that they should not eat fatty food rather she felt they have to consume vegetables (*'concerning our diet, we should not eat fatty food. We should eat vegetables'* (*turn 97*)). From her perspective, when people often take vegetables and avoid consuming fatty food, NCD incidences would be avoided or reduced. This implies that the community rendered significance to fruits and vegetables consumption in preventing or reducing NCD incidences. In addition, according to the participant's account, avoiding fat is not only significant to avoid NCD incidences but it also helps to avoid the occurrence of some other diseases such as heart disease and stomach-ache (*'because eating fatty food can be a cause for different diseases such heart disease and gastric/ stomachal disease' (turn 99)*). In other words, fat intake is associated with developing multiple diseases. This could

indicate community members' healthy practices enacted to prevent or reduce NCD incidences.

Moreover, another participant indicated that healthy diet (eating variety foodstuffs) could avoid the instance of developing NCDs. The participant of the FGD stressed that everybody has to prepare food carefully and consume variety of food to stay healthy and avoid NCDs (*'as you prepare your food carefully, for instance, if I eat meat today, I have to eat vegetables tomorrow. By doing so, NCDs cannot exist.' (turn 163)*). In other words, her account shows the possibility of avoiding or reducing NCD incidences via eating balanced diet (having healthy diet). Such reflection could indicate the participant's view that in turn reveals activities that the community engaged in to prevent NCD incidences. In addition, as can be seen in turn 162, NCD is termed as '*diḥur ḥimam*' (*ድሑር ሕማም*) in Tigrigna. The term '*diḥur*' (*ድሑር*) /literally to mean delay/ could imply, for one thing, that such disease develops in a very long time; and for another thing, it develops due to cumulative effect of risk factors. This could mean that the community starts to own expertise-like discourse on the nature of NCDs.

The practice enacted by the health workers is also reflected in WDA's talk. In an interview, a WDA leader indicated that people could avoid the instances of developing NCDs by managing their dietary habits (*'when you have fatty food for your breakfast; you have to have vegetables for lunch'* (*turn 790*)). From the WDA leader's perspective, the type of food that someone has consumed could have connection with developing or avoiding NCD incidences. Moreover, healthy dietary habit includes skipping meals ('*sometimes you should skip meals*' (*turn 790*). Here, *skipping meals* is considered as essential social practice that members of the locality have to perform to stay healthy. In addition, even though remained unsaid, her utterance reflects the community's perspective towards the relevance of food avoidance to prevent or reduce NCD incidences. Such local perspective may be the manifestation of considering NCDs as the diseases of the rich (*see section 4.1.1*). Therefore, health workers within the locality attempt to inculcate discourses of NCD prevention by influencing the community's perceptions and then enable them (community members) make healthy choices and engage in healthy practices (*see section 4.2*).

As revealed from the WDA's talk in turn 816, HEWs educate the community about the specific healthy practices that community members have to engage in to avoid or reduce NCD incidences. The WDA leader illustrated what the HEWs told local people to do (in terms of their dietary habits) to prevent NCD incidences ('*take variety of foodstuffs if you want to produce your own health. They advise us to reduce salt intake and not to eat too much fat.'* (*turn 816*)). In her talk, she indicated that community members of the locality are in a position to receive health information from HEWs and perform activities directed towards preventing NCDs accordingly. Specifically, she claimed that HEWs promote healthy practices during their teachings. This could mean that HEWs need clients recognize healthy practices as a strategy to reduce or avoid NCD incidences.

Another WDA leader also expressed that unhealthy dietary habits, such as consuming excess fat and sugar, are the risk factors for developing NCD incidences. Particularly, the WDA leader described what she did at home to prevent NCD incidences with regard to their dietary habits (*'we don't consume fatty food stuffs and sugar.'* (*turn 911*)). From her perspective, the amount of food intakes matter for being vulnerable to NCD incidences. As a result, she claimed that they did not consume excess sweet and fatty foodstuffs. This implies that overeating some sorts of foodstuffs, particularly sugar and fat intake, is believed to be unhealthy practice within the study setting. In addition, the WDA leader's account is suggestive that her expertise-like knowledge (describing the risks for developing NCD incidences and how to manage such cases through healthy practices) seems to be acquired from the HEWs' teachings (…*'they tell us 'reduce sugar intake'. They also teach that we have to reduce fat consumption.' (turn 919)*). This could mean that HEWs are inculcating discourses of NCD prevention by promoting healthy practices that enable members of the community modify their dietary habits.

Furthermore, community members of the locality perform NCD prevention activities as per to the professional advice they receive from health workers. As depicted in the text in *turn 1192*, the activity that the health workers need to be recognized by community members is reflected in the talk of a family member of an NCD patient. In her response to a question 'what do you think should be done to prevent NCDs?', the interviewee claimed that they performed what they were told to do by physicians in

order to prevent or reduce NCD incidences. She illustrated the specific healthy practices that they are advised to perform regarding their eating habits (*The physician ordered us no to eat fatty food and not to include salt in our meals; and we do so.'* (*turn 1192*)). Here, we can see that the producer of the text does not only indicate the sorts of healthy practices she engaged in, but her talk also shows that physicians use their expertise knowledge to exercise power. In addition, her sentence, '*we do so as per to the physician's order'* is indicative that they take the information they receive from physicians for granted.

4.3.2 Staying Active as NCD Prevention Act

In the above section, an attempt has been made to evidence that health workers within the study setting promote healthy practices, i.e. healthy eating. Particularly, they need their clients recognize healthy eating as essential NCD prevention practice. In addition, it is revealed that health workers wanted community members recognize physical activity as another NCD prevention act. In their speeches, health workers claimed that they engage in empowering clients realize the preventive activities directed towards NCD prevention. In this section, health workers' accounts are presented to evidence this.

Extract-11

[278] ***ተሓታቲት፡*** *... እንድሕር ደም በዝሒ ዘርኢ ምልክታት እንተልኡ ብዛዕባ ኣመጋግባ ኣድቫይስ ይህብ። ብዛዕባ ጨው ከይበልዑ፣ ቡና ብቻ ኣመጋግበኣም ከስተኻኽሉ ከምዘለዎም፣ ኤክሰርሳይስ ከዓ ኤክሰርሳይስ ምግባር ፅቡቕ ከምዝኾነ ኣድቫይስ ይህብ ማለት እዩ።*

Interviewee: *... If the result indicates a rise of blood pressure level, I provide advice on dietary habit. I tell them to avoid salt and coffee intake and modify their diet. Apart from this, I advise them that doing exercise is good.*

(IDI3-HP3)

[377] ***ተሓታቲት፡*** *ኣነ ያው ዋላ ኣብቲ ዝተፀዋዕኽዎ ሓደ ቦታ'ውን ከይቀረየ ሄልዝ ኢጁኬሽን ይህብ እየ ማለት ካብ ባዕለይ ማለት እዩ። ኣብዚ ዝመፀ'ውን ነንሕድሕዲኡ ሄልዝ ኢጁኬሽን ንህብ ኢና በተለይ ዕድሜኣም ኣብ ዝደፍኡ ከምዚ ከምዚ ክመፀኩም ይኽእል እዩ። ኩላሊት ክመፅእ ይኽእል እዩ። እ ሃይፐርቴንሽን ክመፅእ ከምዝኽእል፣ ሄርት ፈይለር ይኽእል እዩ ዕድመ እንዳደፋእኩም ምስ ኩድኩም እዚ እዚ ምግቢ ክትቅንሱ ኣለኩም፣ ምንቅስቓስ ፅቡቕ እዩ ኮፍ ኣይትበሉ ኢልና ንመኽሮም ኢና ዋላ ኣብዚ ይኹን ዋላ ኣብ ደገ ወፂና ማለት እዩ። ...*

Interviewee: *I personally provide health education wherever I am invited to provide such service. We also provide health education for those who come here. Particularly, we inform those who are aged that they can be vulnerable for developing kidney disease, hypertension and heart attack. For that, we advise them that they have to avoid some sort of foodstuffs and to be physical*

active. We provide such advice here at health facility and during the fieldwork. …

(IDI6-HP6)

[529] ***ተሓታቲ፡*** *… ኤክሰርሳይስ ኣንሕና እውን ሚጀር ትሪትመንትና እዩ፡፡ እስፔሻሊ ንሽኮር ሕሙማት ንደም በዝሒ እውን ከምዝቐፅል ንፈልጥ ኢና፡፡ ከብደት ከምዝቕንስ ንፈልጥ ኢና፡፡ ንልቢ ሕሙም ግን ከምኡ ኣይንመኽሮን ኢና ምኽንያቱም ምጉዑዛዝ ኣይኽእልን፡፡ ሶ እዚ ብተለምዶ ብእግሪ እየ ዝኸይድ ባጃጅ ኣይሳፈርን ኤክሰርሳይስ ግበር ኢንሼቲቭ ኣሎ እዩ ታፍቲ ህዝቢ ንሱ እውን ንኽነዳብሮ እውን እዩ እቲ ሓደ፡፡ ኣንሕና እውን ከም ትሪትመንት ፐሮቶኮል ኩሉሻዕ ኢና ኣድቫይዝ ንገብሮም፡፡ …*

Interviewee: *… Exercise is our major treatment. Particularly, we know that exercise could elongate the life of diabetic patients as well as hypertensives. We also know that it is effective to lose weight. However, we do not advise those who have heart cases because they could not engage in such activity. There is traditional practice with in the locality, i.e. preferring walking than taking a Bajaj. So, we want to strengthen such traditional practice. And, we take this as our treatment protocol and advise them all the time. …*

(IDI10-HP10)

[557] ***ተሓታቲት፡*** *… መብዛሕቲኦም ብፍላይ ኣብዘም ሃፍታማት ሃፋትም ዝኾኑ ሰባት ኮፍ ኢልካ ናይ ምውዓል፣ ሰራሕተኛ ገይርካ ስራሕ ካ ናይ ምስራሕ ባህርያት ኣለዎም። እዚሲ ምንቅስቓስ ኣብ ዝኻ ኢታ ዓርስኻ ክትከእላ ትኽእል ነገር ምንቅስቓስ ባዕላ ከም ሓደ ሰፖርት ክጠቅም ዝኽእል ም኿ኑ ኢና ንሕና ነምህሮም።*

Interviewee: *… Especially, the well-off people are physical inactive. Such people do not work. They spend their time out of work. They rather hire maidservants. Therefore, we educate them about the importance of physical activity to prevent NCDs.*

(IDI11-HEW1)

[615] ***ተሓታቲት፡*** *… ምንቕስቓስ'ውን ኩሉግዜ ብታክሲ ምኻድ ፅቡቕ ከምዚይኮነ፤ ንጡሆን ምሽትን ብዝተኽኣለ መጠን ምንቅስቓስ ከምዘድሊ ካብ ፍርቂ ሰዓት ንላዕሊስ ብእግሪ ክኸዳ ከምዘለወን፤ ከምዚ ገይርና ከምንከላኸሎ። …*

Interviewee: *… In addition, it is not good to take taxi all the time rather they should walk for more than half an hour every morning and evening. We can prevent these diseases this way. …*

(IDI13-HEW3)

As can be inferred from the accounts in the above extract, health workers advocate the significance of staying active in producing and maintaining public health in general and preventing NCD incidences in particular. For instance, as depicted in *turn 278*, a health worker claimed that her professional advice includes indicating the significance of being physically active to stay healthy and thereby avoid the incidences of such diseases. She indicated that it is her usual health promotive practice to provide professional advice about the importance of physical activity in relation to NCD prevention apart from the regular treatment protocols or practices such as examining laboratory results and prescribing medicines. Particularly, her

concluding sentence '*I advise them that doing exercise is good*' *(turn 278)* is indicative that she wanted her clients connect *staying active* with *staying healthy*. This could indirectly convey a message that the health worker wants the community consider performing physical activity as a healthy practice to reduce or avoid NCD incidences.

Likewise, another physician indicated that health workers engage in providing health education that could help community members recognize physical activity as a way to get rid of developing NCD incidences. The physician claimed that it is their regular health promotive practice to indicate the importance of staying active for producing and maintaining one's own health (*'we advise them that they have to avoid some sort of foodstuffs and to be physical active. We provide such advice here at health facility and during the fieldwork.' (turn 377)*). From her perspective, it is not only the medical treatments that can help individuals maintain health but it is also the healthy practices that the individuals engage in that enable them maintain their own health. This could imply that taking prescribed medicines alone could not cure such diseases, however; the prevention of these diseases could be effective via providing health information directed towards influencing community members' perceptions and practices and thereby enable the community engage in healthy-lifestyle practices. For that, during their health education activities, health workers emphasized the relevance of exercise in preventing or reducing NCD incidences. For instance, the use of the expressions '*exercise is essential*'*(ምንቅስቃስ ፅቡቕ እዩ*) and '*be physically active*'*(ኮፍ ኣይትበሉ)* in the physician's talk appear to alert her target audiences consider their lifestyles and thereby produce their own health at home.

Furthermore, an internist who examines NCD patients confirmed that physicians promote healthy-lifestyle practices such as physical activity as part of the health promotive practices they enacted. He indicated that they consider physical activity as their major treatment protocol while they provide professional advices (*'we take this as our treatment protocol and advise them all the time.'* (*turn 529*)). In his talk, he claimed that they regularly engage in promoting healthy practices in relation to NCD cases. The use of the adverbial phrase '*all the time*' (*ኩሉ·ግዜ*) is indicative of his claim. In addition, in his next sentences, he described why they (health workers) wanted their clients recognize physical activity as a way to reduce or avoid NCD incidences.

He indicated that they, having expertise knowledge, value the health benefits of being physically active. Apart from this, the producer of the text expressed his observation that people within the locality traditionally prefer walking than taking Bajaj. Strengthening such traditional practice, which is believed to have health benefit in reducing or avoiding NCD incidences, is crucial to empower the community produce and maintain their own health (‘*There is traditional practice with in the locality, i.e. preferring walking than taking a Bajaj. So, we want to strengthen such traditional practice.’* (*turn 529*)). Thus, from the physicians’ accounts, health workers wanted their clients consider physical activity as a major NCD prevention practice.

Similarly, as part of their health education activities, HEWs initiate community members of the locality engage in preventive practices. As can be inferred from the text in *turn 557*, HEWs engaged in educating the community consider physical inactivity as unhealthy practice. In other words, the HEWs need members of the community recognize physical activity as essential healthy practice to prevent NCD incidences. Particularly, she indicated that rich people spent much of their time being physically inactive because maidservants do even small household activities (*‘the well-off people are physical inactive. Such people do not work. They spend their time out of work. They rather hire maidservants.’ (turn 557)*). This implies that community members, particularly the rich, seem to be unaware of the health benefit they could get from being physically active. For that, there is a need to clear up such unawareness or to fill the knowledge gap. In this regard, the HEW indicated that it is their usual duty to inform people about the significance of physical activity in preventing NCD incidences *(turn 557)*. Therefore, from the HEW’s account, we can deduce that the producer of the text wants her clients recognize the importance of being physically active, such as performing light exercises at home, to prevent or reduce NCD incidences.

As depicted in the HEW’s account in turn 615, the HEW shares her expertise knowledge in an attempt to create awareness among community members about the significance of physical activity to prevent NCD incidences. Her talk indicates that she wanted community members recognize staying active as a means to get rid of developing NCDs. Particularly, the HEW wanted the community recognize the connection between walking and reducing the instances of developing NCDs. For that,

she provided professional advice for her clients that they have to perform an exercise for at least half an hour every day *(turn 615)*. This implies that the HEW, for one thing, wanted to convey a health massage that alert members of the community consider physical inactivity as one of the risk factors to develop NCDs; and for another thing, she wanted to indicate the relevance of performing repetitive physical activity for the production or maintenance of own health. Therefore, from her account, we can deduce that she promotes healthy-lifestyle practices, such as privileging walking than using transportation, while she provides health information to community members of the locality about NCD prevention.

The recognition of staying active as a way to reduce or avoid NCD incidences is reflected in an FGD and a patient's talk as well. In an FGD, a participant stressed the significance of staying active to prevent instances of developing NCDs. Similarly, in an interview, a patient also illustrated the relevance of physical activity to prevent or reduce NCD incidences. Let us examine the following extract.

Extract-12

[163] ***ተሳታፊት 4፡*** *... ዕረፍቲ ሓደ ክህልወኒ የብለይን ክንቀሳቐስ ኣለኒ።።*
Participant 4: *... I should not take too much rest. I have to exercise.*
(FGD-2)

[1126] ***ተሓታቲት፡*** *ገዲፈዮ ስለዝገደፍኩዎ እወ ስለዝገደፍኩዎ። እቲ ይንቀሳቐሰሉ ዶ ነይረ ሪኢ ኻይ ኮፍ ምስ በልኩ እቲ ቱቦ ይንፋሕ ኣሎ ሱቕ ኢሉ ቢቃ ይፀብብ ኣሎ። ሕዚ ታብኡታት የእትዩኒ። እምበር ስፖርት ዝሰርሕ ሰብ እንዲያውም ምንም ኣይኸውንን። ስለ ስፖርት ዝሰርሕ ዝነበርኩ እውን እዩ እቲ ሕማማት ንሱ ተፃዊረ ክሳብ ሕዚ ተፃኒሐ እንእኹ።*
Interviewee: *I stopped performing physical activities. When I quitted sport, my body was swollen and as a result, blood vessels became narrow. That was why I became hypertensive. People, who are physically active, cannot be victims of such diseases. I believe that I stayed alive till now apart from my health problem due to the sport I had performed.*

[1134] ***ተሓታቲት፡*** *ሕዚ ኣነ እነኹ ንባዕለይ ደም በዝሒ ነይሩኒ ብምግባይ ይኹን ብኣሰራራሓይ ይኹን ብኹሉ ተኸታቲለ ሕዚ ደም በዝሒ እንሀ ኮፍ እንተይለሉ እኮ ሱቕ ኢሉ ክቕፀፅ ይኽእል እዩ። እንድሕር ዘይተንቀሳቒሰ እንተዘይሰሪሐ ኣታ ዝዓቕመይ ኣታ ዝኽእላ ክንቀሳቐስ ኣለኒ ኣፍታ ዝኽእል። ሕዚ ኩሊት እንሀ ኩሊትኪ ቆሲላ ኢየ ዝኾነ ነገር ሓፍ ኣይተብሊ እንድሕር ኢሉኒ ሓኪም ንኣብነት ክምኡ ተባሂለ ስለዝነበርኩ ንሳ ሓፍ እንተየበልኩ ኣታ ዓቕመይ ዝኽእላ ድንን ቅንዕ እንተይለ ... ይሕላኽሎ ኣለኹ ማለት እዩ።*
Interviewee: *For instance, I had blood pressure. I regulated my nutrition and follow up medical check-ups. Had I simply sat, my blood pressure would have risen. I perform physical activity to my level. I can prevent non-communicable diseases by performing physical activity. And if one has been victim of kidney infection, he/she shouldn't carry heavy loads. By so doing, we can prevent such disease.*

[1136] ***ተሓታቲት፡*** *... ኣብ ምንቅስቓስ እውን እቲ ዝዓቕሙ ዝፈቐዶ ክንቀሳቐስ ኣለዎ። ሰብ ኮፍ እንድሕር ኢሉ እማ ብሰሩ እውን ቱቦ ይዕየ እኮ ኣሎ ከመይ ኢሉ ክንቀሳቐስ እታ ዓቕሙ ዝኽእሎ ተንቀሳቒሱ ሰሪሑ ከኣቱ ኣለዎ። እንደገና ፀሓይ ከምኡታት ነገር ፀሓይ እውን ሕማቕ እዩ በዝሒ ፀሓይ እዝታት ምኽሪ ይፅድል ኣነ ማለት እዩ።*

Interviewee: *... Apart from this, physical activity is essential to prevent NCDs. If people are physically inactive and sat for long time, blood vessels will block blood cells from moving to and fro. Therefore, people have to perform physical activity to their level. In addition, too much sun light is not also good for health. So, I provide such advices.*

(IDI23-P2)

As can be seen from the accounts displayed above (*turns 163, 1126, 1134 & 1136*), the community recognize physical activity as healthy-lifestyle practice. In support of this, an FGD participant expressed her recognition towards reducing or avoiding NCD incidences through staying active. She felt that people need to perform physical activity along with having healthy diet to prevent NCD incidences (‘*I should not take too much rest. I have to exercise.*’ (*turn 163*)). Here, the grammatical constructions of ‘*I have to*’ and ‘*I shouldn’t*’ put emphasis on the significance of performing physical exercise and modifying lifestyles to stay healthy and prevent instances of developing NCDs. Thus, we can say that the producer of the text seemed to possess expertise-like discourse that could be shared with other members of the community, for example with her neighbourhood during their day-to-day interactions and network discussions.

Likewise, in an interview, a patient of NCD brought her lived experience to describe the significance of being physically active to stay healthy and avoid NCD incidences. She claimed that physically active people are invulnerable to develop NCDs (*‘People, who are physically active, cannot be victims of such diseases.’ (turn 1126)*). To this effect, she believed that it is her lifestyle change that made her develop such disease (*‘I stopped performing physical activities. When I quitted sport, my body was swollen and as a result, blood vessels became narrow. That was why I became hypertensive.’* (*turn 1126*)). This implies that quitting performing physical activity resulted in developing NCDs such as blood pressure. However, she felt that she managed to elongate her life for she was physically active (*‘I believe that I stayed alive till now apart from my health problem due to the sport I had performed.’ (turn 1126)*). Here, we can see the value that the patient gives to the significance of physical activity in preventing or reducing NCD incidences. This could be an indication of the health

workers' effort in enabling the community recognize the importance of healthy-lifestyle practices to prevent or reduce NCD incidences.

Furthermore, the patient indicated that she received professional advice from a physician that helped her realize NCD incidences can be reduced by making healthy choices (*turn 1134*). As a result, she engaged in healthy-lifestyle practices to combat her NCD cases. Put other way, she became aware that individual's modern lifestyle trends could be determinant for developing any of the NCDs. For instance, she described the association of being physically inactive with the rise of blood level (*'Had I simply sat, my blood pressure would have risen.' (turn 1234); 'If people are physically inactive and sat for long time, blood vessels will block blood cells from moving to and fro.' (turn 1236)*). From her accounts, we can see that she possessed expertise-like knowledge. This could mean that members of the community are taking responsibility for preventing themselves from NCDs being empowered via the health workers' health education practices.

4.3.3 Early Medical Check-up as a Way to Detect NCDs

As discussed in the sections above, health workers need clients engage in healthy-lifestyle practices to prevent or reduce NCD incidences. As a result, health workers claimed that they promote healthy-lifestyle practices as part of their health education activities they enacted. Their claims are also reflected in the community members' accounts. In addition, health workers need their target audiences recognize early medical check-up as a means to detect NCDs and perform preventive activities accordingly. In the following extract, sample accounts are presented to evidence that health workers engage in enabling members of the community consider *early medical screening* as healthy practice apart from *healthy eating* and *staying active*.

Extract-13

[422] ***ተሓታቲ፡*** *...ከመይ እዩ እቲ ሰብ እዚ ሕማም ዶ ኣለኒ ወይ ደም ኤርሲ ሕማም እንታይከ ይህልወኒ ኢሉ ዘይምምርማሩ ዘይምፍላጡ ኣብ ሕማቕ ሓደጋታት ይወድቕ ኣሎ፡፡ ሰትሮክ ኮይኑ ይመፅእ፡፡ ኣብዚ ምስ መፀ ከዓ ኦልሬዲ ሞት እዩ ካልእ ብዙሕ ዘብል ነገራት የለን፡፡ ...*

Interviewee: *... they don't even ask themselves 'what sort of diseases am I vulnerable to' and then getting prepared for treatment. They are getting into complicated health burden due to unawareness and not having early medical check-ups. They come here after they get into stroke. And their final result is death. ...*

(IDI8-HP8)

[539] ***ተሓታቲት፡*** *ቄል ማለት ዘይተሓላለፉ ሕማማት ሓደ ሓዲኡም ምልክት የብሎምን። ሶ ክሊኒክ ኦር ዋትኤቨር ሆሰፒታል ኦር ጥዕና ጣብያ ቪዚት ብምግባር ዝርከቡ በተሊይ ናይ ደም በዝሒ። ደም በዝሒ ምልክት የብሉን። ሓደሓደ ሰብ ናይ ባዕሉ ዘተሓሕዞ ክሳደይ ሓዘኒ ርእሰይ ሓዘኒ ክስታይ ሓዘኒ ይብል እዩ። ግን እዚ ናይ ደም በዝሒ ምልክት ኣይኮነን። ሶ ኣፍተር ኦል ደም በዝሒ ምልክት የብሉን። ክመፅእ እንተሎ በጉድኣት እዩ ዝመፅእ ወይ ብልምሻ ካሊእ ሳዕቤን ኣምፂኡ ዝመፅእ እና ኖርማል ክኸውን ዘለዎ ከም ናተይ በዓል ሞያ ማንኛውም ሰብ ሜዲካል ቼክኣፕ ዝበሃል ፎርማል ዝኾነ ክትትል ክህልዎ ኣለዎ። ኣብ ዓመት ክልተ ዝኽእል ድማ ኣብ ዓመት ኣርባዕተ ዘይኽእል ድማ ኣብ ዓመት ሓደ ቢያንስ ቼክ ክግበር ግዴታ ምኺኑ። ሶ ሜዲካል ቼክኣፕ ብቻ እዩ ነንኮሚዩኒካብል ዲዘዝ ፒክ ዝኽእል እና ኣት ሊሰት ፕሪቨንቲቭ ኣስፔክት ክሰራሕ ዝኽእል እና ኣነ ንሱ ጥራሕ እየ ዝላቦ።*

Interviewee: *Well, some of the NCDs do not show any symptom. They can only identified by visiting health facilities, say clinics or hospitals. Particularly, blood pressure doesn't have any symptom. Some people simply associate blood pressure with severe headache. But this is not the symptom of blood pressure, after all blood pressure doesn't have any symptom. When they come here, they come with severe health damage such as paralysis. It requires regular medical check-up. At least every person has to have medical check-up twice a year and if possible four time a year. However, it is mandatory to have medical check-up once a year. Therefore, it is only through early medical check-up that NCDs can be detected and the prevention of NCDs could be effective.*

(IDI10-HP10)

[543] ***ተሓታቲት፡*** *ሕራይ ሕዩ እዞም ዘይተመሓላለፍቲ ሕማማት ዝበሃሉ መጀመርያ ከም በዓል ሃይፐርቴንሽን፣ ሜንታል ሄልዝ እና ከም ዲያቤትስ ሜሊተስ ዝበሉ እዚኦም ከም ዘይተመሓላለፍቲ ሕማማት ወሲድና ኣብቲ ሕብረተሰብ ንሕና ከነምህር እንተለና እዚኣቶም ካብ ሰብ ናብ ሰብ ዝሓልፍ ሕማም ዘይኮነ ምኺኑ ኑቲ ግለሰብ ንሱ ግን እዞም ፀገም እዚኦም እንተሊኦም እንድሕር ብእዋኑ ዘይተሓኪምዎም፣ ብእዋኑ እንተዘይተኸታቲለምዎ ናብ ዝዓበየ ፀገም ከውድቕዎም ዝኽእሉ ምኺኑ ኢና እቲ ንሕና ነብረሀሉ።*

Interviewee: *Well, hypertension, mental illness and diabetes are non-communicable diseases. Taking these diseases into consideration, we educate the community that such diseases cannot be transmitted from person to person. However, we inform community members that such diseases induce health damages if people do not have early medical check-ups and treatments.*

(IDI11-HEW1)

[718] ***ተሓታቲት፡*** *ማለት ባዕሉ እቲ ሓማማይ ሰብ ናብ ጥዕና ትካል ከይዱ እኹል ኣገልግሎት ክረክብ ኣለዎ ብግዚኡ ብእዋኑ። ማለት ሕክምና ኣይረክብን ኣየድሕነንን እግዚኣብሄር ወሪዱኒ እዩ ኢሉ ሱቕ ክብል ከምዘይብሉ፣ ሕክምናስ ከድሕን ከምዝኽእል ክእምኑ ከምዘለዎም ኢና ነአምን። ...*

Interviewee: *The patient, him/herself, has to go to health facility early in order to get appropriate medication. People shouldn't stay away of health facility due to their belief that NCDs cannot be cured via medicine since they are imposed by God. We attempt to convince clients believe that NCDs can be cured via medicine. ...*

(IDI16-HEW6)

As depicted in the above extract (*turns 422, 539, 543* and *718*), early medical check-up is one of the activities enacted by health workers to enable the community recognize it as healthy practice. For instance, a physician indicated that people come

to health facilities with a complicated NCD cases and then shortly die (*'they come here after they get into stroke. And their final result is death.' (turn 422)*). Community members faced such complicated health problem due to lack of knowledge (*'ዘይምፍላጡ'*) and lack of performing early medical check-up (*'ዘይምምርማሩ'*). Furthermore, the physician's account signals the association of lack of having early medical check-up with health damage and pre-mature death. This could mean that having early medical check-up is significant for producing and maintaining health in general and preventing or reducing NCD incidences in particular. For that, the producer of the text above (in *turn 422*) signals that he wants his clients consider early medical check-up as a strategy or healthy practice to examining one's own health status and then act accordingly.

In addition, the significance of early medical check-up for detecting NCD cases and thereby produce and maintain one's own health has been signalled in another physician's account. NCD incidences can be detected through medical screening because some of the NCDs, particularly blood pressure, do not have symptoms (*'Well, some of the NCDs do not show any symptom…blood pressure doesn't have any symptom.' (turn 539)*). In fact, some people associated symptoms such as *severe headache* and the *stress* they feel around the neck with developing blood pressure (*'some people simply associate blood pressure with severe headache.' (turn 539)*). However, according to the physician's account, these are not the symptoms of blood pressure. It is rather believed that blood pressure could occur without any symptoms and with sever health damages such as stroke and paralysis. Therefore, from his perspective, the only way to detect incidences of such disease is to have regular medical check-up (*'it is only through medical check-up that NCDs can be detected' (turn 539)*). In his talk, he stressed that prevention of NCDs could be effective by initiating community members to have medical check-ups as their regular healthy practice at least once a year *(turn 539)*. The use of the phrase '*being mandatory*' (*ግዴታ ምኸኑ*), in *turn 539*, is to stress that regular medical check-up is a *required* healthy practice that everyone has to perform to prevent or reduce NCD incidences. This implies that health workers in the study setting need community members of the locality recognize medical screening as a regular healthy practice to detect NCD cases and produce or maintain one's own health.

Furthermore, as can be inferred from the HEWs' accounts in *turn 543* and *718*, HEWs indicated that they engage in providing health information about the significance of early medical check-up for producing and maintaining their clients' health. HEWs claimed that they explained the nature of non-communicable disease by telling the consequences that might result from negligence of medical check-ups. In *turn 543*, the HEW indicated that she educated community members about the significance of having regular medical check-ups. She informed members of the community to recognize that failure to have early medical check-up entails a severe health damage (*'we inform community members that such diseases induce health damages if people do not have early medical check-ups and treatments'* (*turn 543*)). Her talk is indicative that she wants the community visualize the consequences of not having regular medical check-up and thereby consider early medical screening as a healthy practice that they have to engage in to reduce or avoid NCD incidences. In addition, the HEW positioned herself as an immediate source of health information, in this case health issues related to NCD prevention within the locality while their target audiences are health message receivers.

Similarly, another HEW indicated that they are in a position to convince the community consider regular medical check-up as healthy practice that could contribute to the reduction or avoidance of NCD incidences. She felt that wrong understandings or limited knowledge towards the notion of NCD makes members of the community perceive NCD as something that occurred due to order of God. Therefore, they use their expertise knowledge to enable clients clear up such wrong understandings (*'We attempt to convince clients believe that they have to believe that NCDs can be cured via medicine'* (*turn 718*)). Therefore, from the HEWs' utterances, we can deduce that *having early medical check-up* is among the healthy practices that HEWs need their clients recognize as being accomplished for producing or maintaining own health. This could mean that health workers within the research site promoted healthy-lifestyle practices being cognizant of the longstanding assumptions that the community possessed towards the nature of NCDs.

The essence of recognizing early medical check-up as a way to examine ones' health status and as healthy practice to produce and maintain health is also reflected in community members' talks. In focused group discussions among network members,

participants revealed that *medical check-up* is among the practices that the HEWs need them (network members) recognize. They expressed the essentiality of medical check-up for preventing NCDs before such diseases occur. The following extract attempts to show the appearance of professional perspective towards having early medical check-ups as manifested in the talks of participants of the FGDs and in-depth interview with WDA leader.

Extract-14

[82] ***ተሳታፊት 4፡*** *ኣብ ብእዋኡን ክትትል ምግባር፣ ሕክምና ክይድካ ምክትታል ማለት እዩ ክብደትካ እውን ክይውሰኽ ምቕናስ ምግቢ ሓደ ንኡ ካልኣይ ድማኒ ብእዋኑ ቢቃ ክትትል ክይድካ መዕቃን ኪሎኻ ምፍላጥ እውን ምምርማር ማለት እዩ።*

Participant 4: *Having regular and early medical check-ups; regulating body weight by reducing food intake. Secondly, one has to get his/her own weight measured. In addition, people have to have medical check-ups.*

[84] ***ተሳታፊት 5፡*** *እወ እቶም ትወስዶም ምግብታት ጨው ምቕናስ፣ ቡና ምቕናስ ክይድካ ድማ ምልካዕ ኩነታትካ ምፍላጥ እዩ እንታይ ደኣ።*

Participant 5: *Yes, reducing salt intake from our dishes; reducing coffee intake and having regular medical check-ups. That is all.*

(FGD-1)

[156] ***ተሳታፊት 1፡*** *ፅቡቕ እዩ ኣቐዲምካ ሕክምና ክይድካ ሕማምካ ክትፈልጥ ኣለካ። ጥዕናኻ እውን ክመይ ክምዘሎ ምግንዛብ ፅቡቕ እዩ።*

Participant 1: *That is a good idea. One has to know his/her health condition having medical check-ups. It is very essential to know our health condition.*

(FGD-2)

[980] ***ተሓታቲት፡*** *ዋይ ዋይ ዘይምክትታል ናይ ባዕሎም ዘይምክትታል ንቕደም ኣብ ግዚኡ ዘይምርማር ምስ ሓለፎም ግን ናብ ሓደጋ በፂሖም እንኣዉ። እንተዝክታተሉ በብወርሑ ወይ ብምንታይ እዩ ዝለዓለና ዘሎ እንተዝብሉ ነይሮም እስካዕ ኣብኡ ዘጥቅዕ ኣይምመፀን ነይሩ።።*

Interviewee: *Oh, it is due to not having medical check-up. They are getting such health problem since they didn't have early medical check-up. Had they had early medical check-up, they wouldn't have been hypertensives.*

(IDI21-WDA4)

As indicated in the above extract, *turn 82, 84* & *156*, participants expressed that performing early medical check-up is a way to reduce the possibility of developing NCDs (*turn 82*). In addition, participants indicate the importance (*significance*) of medical check-up to regulate their weight and modify their lifestyles which in turn results in producing and maintaining their own health (*turn 82 & turn 84*). Such regulation of weight (which definitely deals with nutrition and performing physical activity) and modification of lifestyle could at least minimize the incident, i.e.,

developing NCDs, if not avoided. The connection made between *medical check-up* and *lifestyle modification* could reflect their knowledge towards the importance of early medical check-ups. The use of the phrases '*having medical check-up*' (*ክትትል ምግባር*, *turn 82*) and '*knowing own health status*' (*ኩነታትካ ምፍላጥ*, *turn 84*) appear to be the manifestation of professional perspectives within community members' discourse of NCD prevention.

Furthermore, another participant of an FGD indicates that the very first thing that people have to do is to get diagnosed at health facility (*'one has to know his/her health condition having medical check-ups.'* (*turn 156*)). It is also beneficial to have medical check-up for everyone since it is a way to examine one's own health status (*turn 156*). This could be an indication of community's recognition of medical check-up as one of the activities they have to engage in to prevent and reduce instances of developing NCDs.

However, in an interview with WDA's leader, it is disclosed that there are some people within the locality who got their NCD cases complicated due to their negligence to have early medical check-ups. As a result, people are suffering from the consequences of NCD incidences because they fail to have early medical check-up before their cases getting worse (*turn 980*). In her talk, she stressed that NCD patients could have averted their cases had they had early medical check-ups. From her perspective, unable to have early medical check-up ends up with a complicated health problem. This could mean that having early medical check-up has not been fully recognized as healthy practice yet. In other words, there is still knowledge gap within the locality with regard to recognizing early medical check-up as healthy practice in preventing or reducing NCD incidences. In fact, the WDA's utterance indirectly indicated that she recognizes the relevance of early medical check-up for producing and maintaining one's own health. Therefore, the WDA leader, being source of health information for network members, could play her crucial role to enable community members recognize having early medical check-up as healthy practice to produce and maintain their own health in general and prevent or reduce NCD incidences in particular.

4.3.4 Risk Avoidance as a Way to Produce and Maintain Health

It is the responsibility of individuals to create their own health in particular and a particular society's wellbeing at large by avoiding or reducing health risks (Lupton D. , 1993; Frank & Jepson, 2013). Similarly, in preventing or reducing NCD incidences, individuals have to be aware of the potential risk factors and then engage in activities (healthy practices) directed towards avoiding such risks. In the current study, participants' accounts are indicative that members of the community are aware of the potential risk factors; and they recognize risk avoidance as healthy practice to avoid or reduce NCD incidences. In the following extract, sample accounts are presented to disclose the activities that the participants of this study carry out and need to carry out to avoid potential risk factors that result in developing NCD incidences.

Extract-15

[80] ***ተሳታፊት 3፡*** *ካብ ዘይምጥንቃቐ ቢቃ ሸለልተኝነት ሱቐ ኢልካ ጣፋጭ ነገር ብምብዛሕ ምንም ኣይከውንን ትብል ድሕሪኡ ከዓኒ የሕመካ ምስሓመምካ ከኣ ይርደኣካ ማለት እዩ። ካብኡ ምስ ሓመምካ ታብ ነስሓ ማለት እዩ ንቐደም ምጥንቃቐ ከበዝሕስ የብሉን ቢቃ ብመጠኑ ምብላዕ ምጥቃም።*

Participant 3: *Carelessness or negligence and taking excess sweet can lead to such diseases, but people understand the reason after they once became patients. Therefore, before becoming victims of such diseases, we have to focus on prevention.*

[86] ***ተሳታፊት 1፡*** *እንታይ ድዩ መሲሉካ ቅድሚ ምክልኻል እንድዩ ካብ ምግቢ ክትከላኸል ኣለካ። መሲካ እውን ደም በዝሒ እውን ሸኾርኮር እዩ ዘምፀኦ ምንዋፅ እዩ ዘምፀኦ። ካብኡ እውን ምስ ቆልዑትካ ይኹን ምስ ገዛኻ ካብ ሸኾርኮር ክትቁጠብ ኣለካ።*

Participant 1: *The first thing is prevention. We can prevent NCDs via nutrition. In addition, hypertension is caused due to stress - 'fekerker'. Therefore, we have to avoid stress – 'fekerker' that occur due to disagreement among the family members.*

[87] ***ሓታቲ፡*** *ሸኾርኮር ክንብል ኮለና?*

Interviewer: *What do you mean by 'fekerker'?*

[88] ***ተሳታፊት 1፡*** *ጭንቀት ማለት እዩ። ምጭንናቕ ሕዚ ደም በዝሒን ንሸኮርያን መንቀሊ እዮም ዝበሃሉ ኣነ ከም ዝፈልጦ። ካብኡ እውን ክንክልከል ኣለና።*

Participant 1: *It is to mean stress. To my understanding, stress is the cause for hypertension and diabetes. Therefore, we have to avoid stress.*

[104] ***ተሳታፊት 3፡*** *እቲ ዘድሊ እንድሕር ኣወጊድናዮም ያው ክውገዱ ይኽእሉ እዮም።*

Participant 3: *If we do the right thing, they can be prevented.*

[109] ***ተሳታፊት 5፡*** *ብኣበሃህላ እውን ኣሎ 'ሰለስተ ፃዕዳታት ምቕናስ' ወለዲ ዝበልዎ። ብፍላይ ልዕሊ ኣርብዓ ዓመት ካብ ጨው ካብ ስብሒ ነገር ካብ ሸኮር ክንቅንስ ከምዘለና መልእኽቲ እዩ ዘመሓላልፍ ምኽንያቱም ልዕሊ ኣርብዓ ዓመት ብዙሕ ኮፍ ስለዘሎ።*

Participant 5: *There is a saying from elders that says 'cut out of the three white stuffs'. Especially, people who are above forty years old have to reduce salt, fat and sugar because people above forty are physically inactive.*

(FGD-1)

[136] ***ተሳታፊት 1፡*** *ኣልኮል ነገር ዘይምውሳድ፣ ኣልኮል ሽጋራ እውን ክትወስድ የብልካን። ምንቅስቓስ ኣሎ። ብዙሕ ኮፍ ምባል እውን ፀገም ኣለዎ። ምንቅስቓስ ኣድላዩ እዩ።*

Participant 1: *Avoiding alcohol intake; alcohol and cigarette should not be taken. Physical activity – too much rest is not good for health. Physical activity is essential.*

[138] ***ተሳታፊት 1፡*** *ደም በዝሒ ንምቕናስ እንተኾይኑ ጨው ቀጢበ ክሰርሕ ኣለኒ። ካብዚ ኣስሚ ገለ ከዓ መስካ ገዛ ምፅራይ፣ ንሽኮርያ ሸኮር ቀኒስካ ምግባር በዝሒ ቡና ዘይምውሳድ፣ መስተ እንታይሸሙ ነገርም ዘይምውሳድ።*

Participant 1: *To reduce blood pressure, I have to reduce salt intake during food preparation. For asthma cleaning our houses; and for diabetes reducing sugar and coffee intake. In addition, we have to avoid alcohol.*

[154] ***ተሳታፊት 6፡*** *ደም በዝሒ ክይሕዘካ ጨው ቡና እውን ዘይምብዛሕ፣ ሸኮርያ ክይትሕዘካ ድማ ሸኮር ብዙሕ ዘይምስታይ ብዙሕ ሸኮር እውን ዘይምብዛሕ*

Participant 6: *To prevent blood pressure, reduce salt intake and reduce coffee intake as well; and to prevent diabetes, reduce sugar intake and coffee.*

[185] ***ተሳታፊት 4፡*** *በቃ ቅብኣት ነገር ምግብስ ምብላዕስ ከተቋርፅ ኣለካ ከም ቡና ከም ቡና ኮይኑ ሻሂ ዝተሓወሶ ማለት እዩ። ከም ኣልኮል መስተ ካብኡ ጣፋጭ ዝኾነ ፈጣማ ምብላዕ ማለት እዩ ዘይምብላዕ በቃ ኣትክልቲ ጨው ዘይብሉ ምብላዕ ማለት እዩ።*

Participant 4: *Fatty food should be avoided. Other drinks such as coffee, coffee with tea and alcohol should also be avoided. In addition, we have to avoid fatty and delicious food and take only vegetables without salt.*

(FGD-2)

[860] ***ተሓታቲት፡*** *ሓደ ሓፊስ ቅብኣት ንወስድ ነይርና ቀጢን ቅብኣት ቀይርና ኣለና። እቲ ምህሮ ንሱ ምስ ሰማዕና ማለት ስብሒ ኣይነአቱን። ዋላ እቲ ስብሒ ንበይኑ ግድፍ ኣቢልና እቲ ቀይሕ ቀይሕ ስግኡ ንሰርሖ። ኣብ ከምኡታት ተመኩሮ ወሲደ ኣለኹ ማለት እዩ። ...*

Interviewee: *The first thing is changing oil type. We used to cook using thick oil. We used to include fats in our dishes, but now we have started to avoid fat. We only eat meat without fat. This is what I have experienced. ...*

(IDI19-WDA2)

[992] ***ተሓታቲት፡*** *ጨው መስተ ሰዋ ቢራ እንተኾይኒ ኣረቂ ሓዲጋ እዩ። ኣብኣተን ፀገም እዩ። ( ) ሕዚ ቡና ንባዕሉ እውን ካብ ዓቕምኻ ንዓኹብ እንተኾይኑ ሕማም እዩ። ኣብኣተን ፀገም እዩ። ካብኡ ንታሕቲ ግን ዝሕሸ እዩ ዝብሎ በቲ ናይ ባዕሊይ።*

Interviewee: *Salt, alcohol such as beer and 'siwa' are dangerous. Taking too much coffee which is beyond the required amount is also a problem. These are the dangers. But, I think it is healthy to only take minimum amount.*

(IDI21-WDA4)

[1110] ***ተሓታቲት፡*** *ሕዚ ንባዕለይ እንኣኹ እንዶ ደም በዝሒ ነይሩኒ እንታብ ጨው ቀኒስ እታ ቡና ቀኒስ ያው እቲ ነብሰይ እውን ተነፋፊሐ ዝነበርኩ ቀኒስ ናርማል ኮይነ እንኣኹ ከም ድላየይ ይኸይድ ኣለኹ። ሕዝስ ካፍቲ ፀገም ዘምፅእ እንድሕር ቀኒስካ ናይ ግድነት ጥዕና ከመፅእ ኣለዎ እዩ እየ ዝብል ኣነ ብእምነተይ።*

Interviewee: *For example, I had blood pressure. I reduced salt and coffee intake. I also lost weight and I became normal. Now I can walk here and there. Therefore, I believe that avoiding risk factors will definitely bring health.*

[1136] ***ተሓታቲት፡*** *ጨው ዘለዎ ዘይምብላዕ። ብሱሩ እማ ታብ ኣርብዓ ዓመት ንደሓር ብሱሩ ጨውን መስተን ክተርፉ ኣለዎም እየ ዝብል ኣነ። ጨውን መስተን እዚ ሽጋራ ይኹን ከምኡ ኣልኮል ነገር ጫት ከምኡታት እዚታት ዝዕውፍ ርእሰ ኻሰ ክተርፍ ኣለዎ። ...*

Interviewee: *Avoid salt intake. I believe that salt intake and alcohol should totally be avoided after the age of forty. Salt, alcohol, Chat and cigarette that could be the cause for mental disturbance should be avoided. ...*

(IDI23-P2)

[1168] ***ተሓታቲ፡*** *ኣነ ንባዕለይ ጨው ዘይብሉ ይበልዕ እ ቡቲ ናይ ደም ማለት እዩ ንኡ ነታ ሽኮር እንተኾይና ከዓ ቡና ዝሰቲ እንተኾይነ ብዘይ ሽኮር እሰትያ፣ ሻሂ ጠቕላላ ኣይሰትን። እና ብኸምኡ ኢና ንኸዶ።*

Interviewee: *I personally eat food without salt to reduce my blood pressure. For the diabetes, I drink coffee without sugar. And I don't drink tea at all. That is how I manage.*

(IDI24-P3)

[1180] ***ተሓታቲ፡*** *... ነገራት እዚ ኣይንበልያን ንሕና ስብሒ ሰቡሕ እንተኾይኑ ሕዚ ከከ ከከንዲ ጣፍ ዝኾና እንዳኣረኹ እየ ዝድርቢ ምኽንያቱ ከይሕመና ኢለ ከይንጉዳእ ኢለ። ጨው እውን ኣይንእትውን ኣይንበልዕን ሰለዚ ንኡ እዩ ዘለና። ካብ ምግቢ ድማ እንታይ እያ እንተተረኺባ ኢታ ሸሮ እያ እምበር ካልእ እንታይ ንበልዕ ዋላ ሓንቲ ካልእ የብልናን።*

Interviewee: *... taking fat and salt result in developing non-communicable diseases. We don't eat fat. I stripped all tiny fat leftovers from our dishes because I felt we would be sick due to fat intake. We also avoided salt from our diet. In fact, we don't have the capacity to eat food stuffs other than 'Shiro'.*

(IDI25-PF1)

As depicted in the above extract, *turn 80*, a participant of an FGD indicated the connection between the instances of developing NCDs and a cumulative effect of unhealthy dietary habits. Community members take delicious food because they do not see an immediate impact of such foodstuffs on their own health *(turn 80)*. The appearance of the terms '*carelessness*' (*ዘይምጥንቃቕ*) and '*negligence*' (*ሽለልተኝነት*) signal that those who are suffering from NCDs are responsible for developing such diseases. In addition, *remorse* (*ሃሩ*) cannot do anything in reversing the situation after catching the disease. In her utterance, she discloses the relevance of NCD prevention practices such as avoiding unhealthy diet to avoid *self-reproach/remorse* that could occur after developing these diseases (*turn 80*). Therefore, from her perspective, the primary concern of individuals should be avoiding potential risk factors such as delicious food intake in an attempt to prevent or reduce NCD incidences.

Similarly, a participant of an FGD expressed that *stress* is the main cause for developing diabetes and blood pressure *('to my understanding, stress is the cause for hypertension and diabetes'* (*turn 88*)). This indicates her understanding (local knowledge), which could also be a shared knowledge of the community, towards the causes of diabetes and blood pressure. Her use of the terms '*sheḫeriker' (ሸ̱ሽርከር*) and '*minwats'* (*ምንዋፅ*) (both terms refer to the term *stress*) revealed that stressful life of

individuals could be a cause for developing blood pressure. For that, she suggests that everyone has to avoid stress (*we have to avoid stress* (*turn 86*)). Here, her suggestion implies that everybody has to engage in activities that enable him/her avoid stress in order to avoid the instances of developing NCDs, especially blood pressure. In addition, the two terms, '*sheḫeriker' (ሸኽርኽር*) and '*minwats'* (*ምንዋፅ*), expressed the mental disturbance of an individual rather than indicating health situation that involves the physical body of the individual. Therefore, from the participants' perspective, engaging in activities that aim at relaxing ones' mind is central to avoid developing NCDs, especially blood pressure. Here, one can see that the community own expertise-like knowledge in relation to NCD prevention that could be the manifestation of the healthy practices enacted by health workers.

As depicted in turn 109, another participant of an FGD utilizes intertextuality to create connection between avoiding risk factors and reducing instances of developing NCDs. She quoted what the elderly of the community say in relation to risk avoidance ('*there is a saying from elders that says 'cut out of the three white stuffs'* (*turn 109*)). The use of the expression '*cut out of the three white stuffs*' (*ሰለስተ ፃዕዳታት ምቕናስ*) indicates that people can produce or maintain their own health by reducing them because they ('*three white stuffs*' – fat, sugar and salt) are among the potential risk factors for developing NCDs. For that, she uses such reference to support her view towards the significance of avoiding risk factors to prevent NCD incidences. She further expressed the significance of reducing the '*three whites*' especially for people above the age of forty because they are physically inactive during their forties *(turn 109)*. From her perspective, the saying that goes '*cut out of the three white stuff'* targets at alerting people who aged forty and above because they are physically inactive. This could imply that physically inactive individuals have to engage in reducing *the three white stuffs* or to perform physical activities to prevent or reduce NCD incidences.

Moreover, in another focused group discussion (FGD-2), participants disclosed their awareness about the potential risk factors for developing NCDs. For instance, a participant of the FGD indicated that members of the community could avoid NCD incidences by avoiding risks. She specifically stated that everybody has to avoid alcohol and cigarette to prevent NCDs (*'avoiding alcohol intake; alcohol and cigarette should not be taken'* (*turn 136*)). Her utterance is indicative that a complete

avoidance of alcohol and cigarette intake is an essential practice to avoid instances of developing NCDs. In addition, in her account, it is revealed that physical activity is relevant to avoid or reduce NCD incidences (‘*too much rest is not good for health. Physical activity is essential*’ (*turn 136*)). She views physical activity as an essential practice to reduce or avoid NCD incidences apart from avoiding risk factors such as drinking (alcohol) and smoking. This could be the manifestation of the community’s understandings, which could have been shaped via the health education activities enacted by health workers within the locality, about the potential risks and the sort of activities they have to engage in to prevent NCD incidences.

Furthermore, as can be seen in turn 138, the participant identified risk factors in terms of their connection to a specific type of non-communicable diseases. It is indicated that reduction of salt intake can help to reduce the level of blood pressure (*’to reduce blood pressure, I have to reduce salt intake’ (turn 138)*). The use of the expression *‘I have to reduce salt*’ indicate that reducing salt is an essential practice that everybody has to perform to reduce the level of blood pressure. In addition, the producer of the text indicated that reducing sugar intake would also be helpful to regulate blood glucose – diabetes *(for diabetes reducing sugar’ (turn 138)*). This could imply that the community recognize risk avoidance as a way to produce and maintain health.

Likewise, another participant of the same FGD described the specific activities that people have to perform to prevent specific types of NCDs. She focused on two types of NCDs and their risk factors – *salt* and *sugar* intakes (*’to prevent blood pressure, reduce salt intake; and to prevent diabetes, reduce sugar and coffee intakes’* (*turn 154*)). Here, we can see the association of *blood pressure* with *salt intake* and *diabetes* with *sugar intake*. Therefore, reducing salt intake appears to be a means to avoid blood pressure, whereas to reduce sugar intake is to avoid developing diabetes. The use of the expression ‘*reduce coffee intake as well*’ (*ቡና እውን ዘይምብዛሕ*) indicates her belief towards coffee – she considers coffee as additional risk factor to develop blood pressure. From her perspective, the major things that community members of the locality have to recognize in the effort of preventing blood pressure and diabetes are reducing *salt* and *sugar* intakes.

In *turn 185*, another participant of an FGD also illustrated the specific activities that an individual has to do to prevent NCD incidences. As depicted in her account, avoiding fatty foodstuffs is an essential activity that people have to perform in order to prevent NCD incidences because foodstuffs rich in fat are dangerous for one's health. Therefore, she suggested that one has to avoid fatty foodstuffs from his/her dishes ('*fatty food should be avoided'* (*turn 185*)). In addition, avoiding alcohol and delicious food and eating vegetables without salt are relevant healthy practices to prevent NCDs ('*take only vegetables without salt'* (*turn 185*)). Thus, from the FGD participants' accounts, one can deduce that members of the community are becoming aware of the behavioural risk factors due to, perhaps, the health promotive and NCD prevention practices enacted by health workers.

In in-depth interviews with different people (leaders of WDAs, patients of NCDs and their family members), it is also disclosed that the community recognize risk avoidance as healthy practice to produce and maintain health with regard to NCDs. Specifically, leaders of WDAs were asked to described the specific activities (healthy practices) they perform to prevent NCDs. They listed the specific healthy practices they perform to prevent or reduce NCD incidences. For example, as depicted in *turn 860*, a WDA leader described what they do to prevent the instances of developing NCDs. As depicted in her account, their first activity was to change oil type since they noticed the consequences of thick oil consumption *(turn 860).* In addition, they avoided fats from their dishes *(turn 860)*. From her perspective, '*thick oil*' (*ሓፈሰ ቅበአት*) and '*fat*' (*ስቡሕ)* consumption appear to be the compound risk factors for developing NCDs. Therefore, they acted against such unhealthy food intakes to stay healthy. This could be an indication of the community's recognition of risk avoidance as healthy practice to produce and maintain their own health in general and avoid or reduce NCD incidences in particular.

The recognition of risk avoidance as healthy practice to prevent NCD incidences is also observed through another WDA leader's account. As can be seen in turn 992, the WDA leader indicated her belief towards salt and alcohol consumptions. Salt and alcohol intakes are risky for health. Particularly, alcohol consumption is dangerous *(turn 992)*. In addition, her utterance indicates that excess coffee intake would also be additional risk factor for developing NCD incidences *(turn 992)*. The WDA leader

personally believed that moderate coffee intake would be safe *(turn 992)*. From her perspective, salt, alcohol and excess coffee intakes are believed to be risk factors for developing NCD incidences. This implies that the instances of developing NCDs can be reduced by reducing salt, alcohol and coffee intakes.

Similarly, NCD patients and their family members engage in activities directed towards managing NCD cases. A patient, for instance, indicated that people could avoid NCDs by reducing *salt* and *coffee* intakes. She expressed her lived experience of reducing her blood pressure level via reducing *salt* and *coffee* intakes. The patient believed that she recovered from her case, i.e. blood pressure, because she regulated her *salt* and *coffee* intakes (*turn 1110*). Therefore, from the patient's perspective, blood pressure can be managed through reducing risk factors, particularly salt and coffee intakes. This implies that it is the responsibility of an individual, for example, the patient, to maintain his/her own health through avoiding risk factors. In addition, as depicted in the patient's later speech, a total avoidance of *salt* and *alcohol* intake is mandatory to ensure health and live longer after the age of forty (*'salt intake and alcohol should totally be avoided after the age of forty' (turn 1136))*. Moreover, cigarette and 'Chat' intakes are also among the risk factors that one has to avoid for producing or maintaining his/her own health. From the patient's perspective, such risk factors are not only causes for developing NCD incidences but they are also sources of *tenseness* – mental disturbance. This implies that the patient possessed an expertise-like knowledge on how to prevent or reduce NCD incidences.

Another patient also illustrated the activities he performed to maintain his own health. In his talk, it is revealed that the patient has developed both blood pressure and diabetes. Therefore, the activities that the patient engaged in are directed towards managing each of his cases. Particularly, avoiding salt intake is considered as healthy practice to manage blood pressure level, whereas sugar intake is believed to aggravate diabetes (*turn 1168*). From his perspective, salt intake can aggravate the level of blood pressure while sugar intake would contribute to the complication of diabetic cases. In other words, the consumption of *salt* and *sugar* is believed to be unhealthy practice, particularly for those who develop blood pressure and diabetes. This implies that community members within the study setting appear to be cognizant of the relevance of '*cutting out of the three whites*' to produce and maintain health.

Besides, a family member of an NCD patient indicated that her family avoids risk factors to reduce NCD incidences and stay healthy. She described the risks that they totally avoided in an attempt to ensure her family's health. In her talk, she indicated that they avoid fat and salt intakes since they are aware of the consequences of such consumptions *(turn 1180)*. In other words, the interviewee along with her family labels fat and salt intakes as unhealthy practice that one has to avoid or reduce NCD incidences. Her sentence '*I stripped all tiny fat leftovers from our dishes*' (*ከከንዲ ጣፍ ዝኾና እንዳእረኹ እየ ዝድርቢ*) indicate the family's recognition of the relevance of risk avoidance, i.e. avoiding fat, to produce and maintain health. In addition, the use of the terms '*keyihimena*' (*ክይሕመና*) and '*keyiniguda*'' (*ክይንጉዳእ*) as reasons for avoiding fat and salt intakes show their awareness towards the consequences of consuming unhealthy diet. Here, we can see that members of the community are taking the responsibility of preventing themselves from NCD incidences. This could imply that the health promotive and preventive activities enacted by health workers within the study setting are empowering the community identify unhealthy practices which risks them to develop NCD incidences.

4.4 Inhibiting Discourses in Promoting Health and Preventing NCDs

In promoting health and preventing diseases, health workers have to inculcate health promotive and preventive health messages that enable their clients (community members) produce and maintain their own health. In addition, to bring behavioural change of a particular discourse community towards disease prevention, in this case the prevention of NCDs, health messages have to be directed to replace the taken-for-granted assumptions or beliefs that could aggravate the prevalence of such diseases. In fact, there could be resistance in inculcating *new discourses* into the *existing discourses* that have already been developed or practiced through times within a particular discourse community. For that, health workers may face challenges that hinder the effective transmission of health promotive and disease preventive health messages.

To this end, in this study, an attempt has been made to uncover inhibiting discourses that the health workers within the locality faced during their health education

activities. As emerged from health workers' accounts, the inhibiting discourses in promoting health and preventing NCDs rooted in the ingrained traditional assumptions and cultural practices of the discourse community. In the following sections, sample accounts are presented under the emerged themes, *misconceptions* and *ingrained traditional practices,* to evidence the challenges that health workers face during the inculcation process.

4.4.1 Misconceptions

Understanding towards a particular health issue, in this case the notion of NCDs, can guide a particular discourse community's social practices. People could perform healthy or unhealthy practices due to their understandings towards the nature of NCDs. Put other way, the existing local knowledge on NCDs could be valuable or worthless for the on-going efforts to inculcate health promotive and NCD preventive discourses. For example, community members who have knowhow about the nature of NCDs could engage in healthy practices. However, those who misconceived the nature of NCDs could be a challenge during the process of inculcating health promotive and NCD preventive discourses.

In the current study, it is disclosed that the community's inherent assumption is one of the challenges that the health workers faced while they enact health promotive and preventive activities aimed at preventing or reducing NCD incidences. The following sample accounts reveal how misunderstandings of the community affect the inculcation process of health messages towards promoting health and preventing NCD incidences.

Extract-16

[225] ***ተሓታቲት፡*** *... ሕጂ ሓደ ሓዲአም ደም በዝሒ ኣለካ ክትብሎም ከለኻ ንባዕሉ 'ዋእ ደም ውሒዱና እምበር እንታይ በሊዕና ኢና ደም ዝበዝሓና' ዓይነት እንታይ'ሞ ፀቕጢ ምኽኑ ዘይርድኣም'ውን ኣለዉ ኣፍቲ ሕብረተሰብ ሓደሓደ ግዘ ዘሸግረካ ማለት እዩ። ያው እቲ ቃል እንድዩ ባዕሉ ደም በዝሒ ስለዝበሃል ደም በዚሑ ዝብል እዮም ዝርድኣዎ። ግን ፀቕጢ ምኽኑ እቶም ዝገለፀልና ፀቕጢ ምኽኑ ነረድኣም ንፍትን ኢና። ግን ሕጂ ደም በዚሑኪ ደም በዝሒ ኣለኩም እዚ መድሓኒት ክትወስዱ ኢኹም እንተኢልካዮም 'እንታይ በሊዕና ኢና ንሕና ደም ዝበዝሓና' ዝዓይነቱ'ውን ኣረዳድኣ ኣለዎም ሓደ ሓዲአም ማለት እዩ።*

Interviewee: *... for instance, when we tell them that they are hypertensive, some raise a question: 'how could it be' because they misunderstand the nature of blood pressure, and they think their problem is anaemia. They do not consider the problem as pressure ('ፀቕጢ') but as the rise of red blood cells ('ደም በዚሑ').*

When we tell them that they should start taking medicine for they develop hypertension, they say 'how could we become hypertensive for we do not have anything to eat'.

[231] ***ተሓታቲት፡*** *... ሕጂ ኣብ ገዛኦም ብዙሕ ግዘ ዘይረኽብዎም ነገራት ደገ ተፀዊዕኻ እንተረኺብካ ያው ምብላዕ ዓይነት ነገር ማለት እዩ። ... ብተወሳኺ ድማ ናይ ፍልጠት ሕፅረት እዩ። ሓንቲ ግዘ ብምውሳዶም ዘምፀኦ ለውጢ የለን ኢሎም ምሕሳብ'ውን ክኸውን ይኽእል እዩ። 'እንታይ ኣለዎ ድዩ ሓንሳብ እንተበላዕኩ ንሎምዓንቲ' ዓይነት ነገር'ውን ኣሎ እዩ። ይብሉና'ውን እዮም ማለት እዩ።*

Interviewee: *... when people are invited to festive meal out of their homes, it is common to take food types, which they could not get at their own home. ... Apart from this, there is lack of knowledge. They think that taking such food [food types that are not recommended] seldom would not bring any health problem. They ask us 'what is wrong with taking such food types once at a time'.*

[233] ***ተሓታቲት፡*** *... ሓደሓደ ግዘ ድማ ዋላ ሮንግ ዝኾነ ርድኢት'ውን ኣለዎም። ሓደ ብቐዳማይ ሕዚ ኣጋጣሚ ኮሚዩኒቲ ወፂና ነይርና 'ጨው ኣዮዲን ዘለዎ'ዶ ትጥቀሙ?' ብዝብል እዩ እቲ ጥያቄ ንሕና ኣዮዲን ዘለዎ ይጥቀሙ'ዶ ኢይጥቀሙን ንምፍላጥ። ግን ንሳ ኣደ እንታይ ኢያ ኢላትና 'ኣነ ደም በዝሒ ስለዘለኒ ኣዮዲን ዘለዎ ኢና እንጥቀም' እየን መልሰን ነይሩ። ማለት ኣዮዲን ዘለዎ ጨውቲ ሃይፐርቴንሽን ንዘለዎ ሰብ ክወሲድ ከምዝኽእል ዘዓይነት ኣተሓሳሰባ'ውን ኣለወን። ሕጂ ጨው ጨው እዩ። ...*

Interviewee: *... sometimes they have wrong understandings. Last time, for instance, we went out for community service. We wanted to know whether they use iodinated salt or not, so that we forwarded a question: 'do you use iodinated salt?' A mother replied 'we use iodinated salt because I have blood pressure. They consider that iodinated salt has no risk for hypertensives, but iodinated salt is salt. ...*

(IDI2-HP2)

[266] ***ተሓታቲት፡*** *... ሓደ ሓዲኡ ከዓ እንታይ ዝብል እንኣ 'ዘይምምጋብ እዩ ሕማም እምበር ምምጋብሰ ምንም ሕማም ኣየምፅእን' ...*

Interviewee: *... there are some people who say that it is going without food that can cause a disease not taking some sort of foodstuffs. ...*

[276] ***ተሓታቲት፡*** *... ነብሶም ሕዚ ደቀኞቲ ሰባት ክትነግሮም ተለኻ ዘይቕበሉ ሓደሓደ ሓላሓሊፉ እዩ ብዙሕ ኣይኮንን ግን ዘይምብላዕ 'እዚኣ ሒዘ እዛ ነብሲ ሒዘስ' ኢሉ 'ዘይምብላዕ እዩ ሕማም እምበር እዚ ደም በዝሒስ ኣነ ኣይሕዘንን' ገለ ኢሎም እንትን ሪጀክት ዝገብርዎ ሰባት ኣለዉ እምበር ካልእ ነገር ዘጓነፈኒ የለን።*

Interviewee: *... some thin people resist accepting that they are hypertensive. They believe that they can be sick if they do not eat. They associate blood pressure only with their weight. They say that they cannot be hypertensive for they are thin. For that, they tend to reject the result. That is what I face nothing else.*

(IDI3-HP3)

[319] ***ተሓታቲ፡*** *እቲ ተግባራት ናይቲ ሕብረተሰብ ከጋድዱ ዝኽእሉ ጥብቐ ኢልካ ብዘዕባ እቲ ሕማም ኣፍልጦ ዘይምህላው። ሱቕ ኢሉ ሓደሓደ ብዘብሎ ብዝወረ ወረታት'ውን መሰረት ገይርካ እንታይሲሙ ዝኽይድ ኣሎ እዩ። ...*

Interviewee: *The traditional belief that can aggravate such diseases is lack of awareness. Some people do not have knowledge rather they are guided by the hearsay of individuals. ...*

IDI4 (HP4)

[330] ***ተሓታቲት፡*** *... እና እቲ ሕብረተሰብ ኣብዞም ዘይተመሓላለፍቲ ነገራት እኹል ዝኾነ ኣፍልጦ የብሉን። እ ኣብ ኣመጋግባ ይኹን ከገብሮም ዝግበኡ ነገራት ይኹን እኹል ዝኾነ ኣፍልጦ የብሉን። እና እቲ ክፍተቱ ካብ ላዕሊ ጀሚሩ ትኹረት ዘይተወሃቦ ነገር ምኳኑ እዩ።*

Interviewee: *... For that, the community did not get adequate information on NCDs. They do not have adequate knowledge about what to do in terms of dietary habits. Therefore, the gap lies on not giving much attention to these diseases.*

[334] ***ተሓታቲት፡*** *... መብዛሕቲኡ እንታይ እዩ ብሕልፊ ኣብዞም መነባብርኦም ትሕት ዝበለ ሰባት እንተኾይኖም ከምዚ 'ደም በዝሒ ኣለካ' ክትብሎም ከለኻ ናይ ... ዘይምቕባል ኣሎ እዩ። ምኽንያቱም 'ኣነ እንታይ በሊዐ እየ'ሞ ዶመይ እንዳሓደርኩ ደመይ ዝበዝሐ' ምባል፧ ...*

Interviewee: *... Most of the time, those who are economically poor resist to accept results when they are told they develop blood pressure. They say 'how can I be hypertensive for I have nothing to eat'. ...*

(IDI5-HP5)

[436] ***ተሓታቲ፡*** *... ሕዚ ኣብዚ መርሚርኻ ፀቕጢ ደም ክትዕቅኖ ከለኻ ኣይ ደም በዝሒ ኣለካ ክትብሎ ከለኻ ኣነ ደም ዋሕዲ እምበር ደም በዝሒ ልበሃል የብለይን፡፡ ...*

Interviewee: *... When I measure clients' level of blood pressure and tell them that the result indicates high blood pressure, they say 'I have no blood pressure rather my problem is anaemia'. ...*

(IDI8-HP8)

[547] ***ተሓታቲት፡*** *... ኣብ ሜንታል ሄልዝ ግን ክትዛረብ ከለኻ ክተምህሮም ከለኻ ሕዩ ተሓኪሙ ኩሓዩ ዝኽእል ምኻኑስ ኣይኣምኑልን ብግልፂ። ቢቃ ይሙግትኻ እዮም። ንኣብነት ሕዩ ሓንቲ ኣለዋ ኣብዚ ቐረባ ቦታ እዚኣ 'እዚስ ክንደይ ግዘ ዝደኽምኩሉ ክንደይ ዓመት ዝደኽምኩሉ ሕዩ እንታይ እሞ ንስኺ ሕዩ ንስኺ ሕዩ እዚ ክትብልኒ ከለኽስ ኣይመሰለንን ግን ማይጨለይተይ ፂዒረ ሕጂ'ውን ማይጨሎት ክፅዕር እየ ክቕፅል እየ እምበር ኣብ ሕክምናስ ምንም ለውጢ ኣይረኽብኩሉን' ክሳብ ናብ ክንድኡ እዮም ዝኸዱ። ኣብ ሜንታል ሄልዝ ዘለዎ ኣረኣእያ ሕዩ'ውን ገና እዩ ዝብል እምነት እዩ ዘለኒ።*

Interviewee: *... however, when we teach about mental illness, they do not believe that mental illness is curable via medication. They argue when we try to convince them that mental illness is curable. For example, there is a woman who said that she had done a lot to get her son cured from mental illness. She said that she will continue taking her son to Holy water for she couldn't find any solution form medical treatment. For that, the community's belief towards mental illness is still a problem.*

(IDI11-HEW1)

[1065] ***ተሓታቲት፡*** *ደም በዝሒ ምስ በሉኒ ደኣ ክሻው ኣይፈለጥዎን ኢለ ገዲፈዮ ደም ዋሕዲ እንድዩ ሕማመይ ደኣ ኣነ ደኣ የግዳ ሕዚ ምስሓመምኩ ድየ በዚሑኒ ብዝብልስ ገዲፈዮ። ደሓር 'እንታይ ኮይንከን ደኣ ቀልጢፍክን ንዒ እንድዩ ዝብል መዝገብክን' ይብለኒ ምስ ሓመምኩስ ከይደ ማለት እዩ። ዋእ እቲ ደም እቲ ሕክምናስ ብስሩ እውን ከምቲ ሕማመይ ዘይኮነ ዘይተኣማመንኩሉ ኮይነ ኢለዮ። 'ከመይ ኢልክን?' ኣነ ሕማመይ ብቆንጆይ እንተለኹ እኳ ደም ዋሕዲ እዩ ሕማመይ ሕዚ ግን በዝሒ ምስ በልኩምኒ ሎሚ ደኣ ግዳ እንታብ ምንታይ ኣምፂእዮ ብዝብል እየ ገዲፈዮ ኢለዮ ኣብ እ ... ጤና ጣብያ እዩ። ደሓር እንታይ ኢሉ ገሊፁለይ ንሱ 'እንካብ ምቑት መዓስ ኮይኑ ደም በዝሒ ዝለዓል ቱቦኻ ይዕያሞ መዛወሪ ይስእን ብዝኾነ እዩ ናብ ርእስኻ ዝድይብ እምበር ብርኽበትን ብርጉደትን ኣይኮነን ዝለዓል'*

Interviewee: *When they told me that my health problem was blood pressure, I quitted for I believed that they knew nothing. When I came back for the second time, the doctor asked me why I didn't come on time. I replied that I didn't believe the results. He asked me 'why'. I told him that my health problem was anaemia when I was young, so how could I become hypertensive in my older*

ages. Then he told me that blood pressure is not only caused due to wealthiness and overweight. The reason to develop blood pressure is the narrowness of blood vessels for it blocks blood cells from going back and forth of different parts of body.

(IDI22-P1)

As depicted in the above extract, *turn 225*, members of the community do have misunderstandings towards how NCDs develop. For instance, they misconceived the nature of blood pressure. They believed that they would not develop blood pressure for they have already anaemia – *a deficiency of red blood cells* (*turn 225*). This implies that the community felt that anaemia and blood pressure could not exist at the same time in one person. Why do they believe that a person who has anaemia is invulnerable for developing blood pressure? The producer of the text expressed that the misunderstanding of the community members arises from the use of terms. The misconception towards the meaning of blood pressure arises due to the meaning of the term '*beziḥī*' *(በዝሒ)* coined with the term *blood*. The term '*beziḥī*' *(በዝሒ)* is not an equivalent word for '*pressure*'. It rather refers to the *rise* of something in *quantity* not the *force of flow* of something, in this case blood. As a result, community members considered blood pressure as the rise of quantity of blood in their body. Therefore, they go saying '*how could we become hypertensive for we do not have anything to eat*'*(turn 225)*. This implies that it appears to be normal for those who are poor to be anaemic but it is surprising for them to be hypertensive since they have nothing to eat. In addition, the oppositeness of the terms '*ዋሕዲ*' (*waḥidī*) and '*በዝሒ*' *(beziḥī)* puts the oppositeness of *anaemia* and *blood pressure* that make the community think these two diseases could not occur at once. However, in reality, an anaemic person can also be hypertensive. Such misconceptions may affect the process of inculcating health promotive and NCD preventive discourses. Therefore, there need to address such local understandings that might stem from the longstanding traditional assumptions/beliefs the community possessed towards the nature of NCDs during the health education practices.

Furthermore, the physician, in her later speech (in *turn 231*), indicated the community members' misconception towards how NCD incidences could develop. Community members believed that taking fatty foodstuff *rarely* would not have as such significant impact on their health (*turn 231*). However, the fat that has been taken through time with an assumption '*eating fatty food once has no effect on health*' could have a

cumulative effect of fat storage that could aggravate the instances of developing NCDs. In addition, the expression '*what is wrong with taking such food types once at a time*' may be an indication of the community's inability to see the cumulative effect of such unhealthy diet to their health. The inability to see the cumulative effect of such dietary habit, *fat intake*, could be due to the unavailability of enough food in their homes *(turn 231*). This implies that the local understandings towards the nature of non-communicable diseases and risk factors to develop NCD incidences appear to be traditional. Such understandings could be rooted in the longstanding traditional beliefs of the community, i.e. anything that goes into stomach could be useful for one's health and growth. There is a Tigrigna saying '*zibeli'ā meni'ā*' (*ዝበልዐ ሞንዐ*) (literally to mean 'a well fed has the strength to pull'). This could encourage people to take their diet.

As depicted in *turn 233*, the producer of the text utilizes intertextuality to evidence individuals' local perception towards how blood pressure develops. She quoted a mother's reply to her question as indicative of the mother's misconception in this regard. During a house-to-house health service delivery, she asked the mother '*do you use iodinated salt'*. The mother replied that she uses iodinated salt for she is hypertensive (*turn 233*). Here, we can see that the mother not only confirmed her use of iodinated salt in their dishes but she also reasoned out why she consumed iodinated salt. However, her reason of using iodinated salt is indicative of her confusion towards why iodinated salt has to be consumed. Such confusion could be the manifestation of misconceptions of the community towards how NCDs develop. In fact, health workers educate community members to use iodinated salt in their dishes by telling them the nutritional value that the consumption of iodinated salt could provide them. However, the data revealed that there is still misconception towards the nature of NCDs that could arise from such confusion. Therefore, health workers have to deal with clarifying such misunderstandings.

Community members' misconceptions towards the nature of NCDs are also revealed in an interview with another health worker. The interviewee indicated that some members of the locality say that eating could not cause any type of disease *(turn 266)*). The use of the term '*minim*' (*ምንም - literally to mean 'nothing'*) could signal their certainty towards their (community members') assumption that a particular disease

would not occur due to their dietary habits. In addition, the use of the expressions ‘‘*ዘይምምጋብ እዩ ሕማም* (*turn 266*)) and *‘ዘይምብላዕ እዩ ሕማም’* (*turn 276*) *(both phrases refers to 'going without food is the cause for illness')* could be indicative of their views towards the concept of healthy dietary habit. Put other way, local people assume that only *going without food* could be a cause to develop a particular disease. In fact, going without food could be a cause to develop a particular disease, however; the sort of food that has to be consumed also matters with regard to the instances of developing NCDs. Moreover, the interviewee indicated that community members associate the instance of developing NCDs with their physical size; for that, they say that they would never develop blood pressure (*turn 276*). This could be the manifestation of local perceptions towards the nature of NCDs, especially blood pressure. Of course, such local perceptions could have been shaped through the experiences they (community members) have come across within their locality. For example, among the three patients I interviewed, one, who has developed both diabetes and blood pressure, was relatively overweight. For that, members of the locality who experience such case could associate blood pressure with an individual’s physical form. However, even though overweight is among the potential risk factors of NCDs, the thin could also be vulnerable for developing such diseases if they are exposed to other risk factors such as physical inactivity, unwise alcohol intake, unhealthy diet, etc.

It is also revealed that community members’ limited knowledge contributes to local people’s misconception about the nature of NCDs. As can be inferred from *turns 319, 330 and 334*, health workers claim that community members of the locality do not have adequate knowledge about the nature of NCDs. For instance, a health worker indicated that the community’s lack of adequate knowledge determined their social practices and made them engage in unhealthy practices (*turn 319*). In addition, their local knowledge about the nature of NCDs is guided by the hearsay that goes on among community members of the locality (*turn 319*). This implies that there is still knowledge gap within the community towards how NCDs develop though health workers are enacting health promotive and NCD preventive practices (*see section 4.3*). Therefore, there is a need to consider such local perspectives and clear them up by inculcating health promotive and NCD preventive discourses that could enable the

community engage in healthy practices aimed at producing and maintaining their own health.

Considering the health worker's account in *turn 334*, clients' lack of adequate knowledge about NCDs lead them to resist professional advices and pay no attention to preventive activities directed towards NCD prevention. Particularly, his talk discloses that economically poor people misconceived the nature of NCDs; so they tend to reject medical results (*turn 334*). Community members' misconceptions towards the nature of NCDs may result from the meaning they attached to these diseases. As discussed in *section 5.1.1*, there are community members who conceive NCDs as the diseases of the well-off people. Such misconception may be a reason to make members of the community resist and, perhaps, engage in unhealthy practices that in turn aggravate the instances of developing NCDs.

Apart from this, an interviewee indicated that patients come to health facility with a predetermined illness. In other words, they guessed what their health problem could be. As can be seen in *turn 436*, the producer of the text described that some clients resist accepting medical results if the results of the diagnosis does not match with the disease they have already guessed to be their health problem, a predetermined disease (*turn 436*). This implies the community's misconception towards the nature of NCDs, particularly how blood pressure develops. Such misconception could affect the enactment of health promotive and NCD preventive practices. For instance, a patient expressed that she went to health facility with a predetermined disease, i.e. anaemia. However, her diagnosis indicated that her problem was blood pressure not anaemia. The result did not match with what she expected when she came to the health facility for medical check-up. For that, she quitted the follow-up even though she was advised to have regular check-up as per to the medical appointment made (*turn 1065*). This implies that the patient lost her confidence in medical check-up, which is one of the health promotive and disease preventive practices, because she felt that the physician did not know her real health problem (*turn 1065*). Here, one can see that such misconception could affect the health promotive and disease preventive practices enacted by health workers within the locality.

In addition, the patient felt that she could not be hypertensive at her older ages because her known health problem since her younger ages is anaemia (*turn 1065*).

The patient's utterance shows that she associated hypertension with the *rise of quantity* of blood cells not with the *pressure* (the force applied to enable blood cells flow back and forth). In other words, the producer of the text believed that one who has already had deficiency of red blood cells (anaemia) could not develop blood pressure. For that, she considered herself as invulnerable to develop blood pressure because she once developed anaemia. However, an individual could be hypertensive and anaemic at once.

In interviews with HEWs, it is also indicated that the longstanding traditional belief of the locality becomes an obstacle in transmitting health information regarding to a specific type of NCDs, i.e., mental illness. Community members of the study setting appear to resist any health information that deals with curability of mental illness via medication (*turn 547*). The phrase '*they do not believe*' (*ኣይኣምኑለን ብማለፂ)* shows that members of the community disprivilege the curability of mental illness through medical treatment. They rather consulted alternative medicine, particularly Holy water, to heal mental illness since they felt that they didn't observe any change after they went through the medical treatment offered in the health facilities (*turn 547*). In addition, the use of the expression '*they argue*' *(ቢቃ ይሙግትኻ ኣዮም*), in her account, indicate how difficult it is to convince members of the community believe that mental illness can be cured via medication.

In sum, from the accounts displayed under extract-16, we can deduce that misconception or lack of adequate knowledge about the nature of NCDs not only risks community members to develop NCDs but it also worsens or complicates their cases.

4.4.2 Ingrained Traditional Practices

As revealed from the data, ingrained traditional practices are found to be the inhibiting discourses that could affect the inculcation process of heath promotive and NCD preventive discourses. The following extract attempts to evidence that the ingrained traditional practices of the community affect the effort undergone to promote health and prevent NCDs.

Extract-17

[204] ***ተሓታቲ፡*** *... መብዛሕቲኡ ግዘ ኣይ ቲንክ በበሃህላ እዩ ይመስለኒ ሕዚ ናይ ደም በዝሒ ገለ ክትብል ከለኻ ወይን ደም ናይ ፀቓጢ ደም መድሓኒት ክትህብ ከለኻ መብዛሕቲኡ ሰብ ስለ ቡና ይጥይቐካ። 'ኣነስ ቡና ይሰቲ እየ'ም ከመይ ክገብር ኣለኒ?' ዝብል ጥያቄ ይህበካ። ማለት እንተተኻኢሉ ምግዳፍ ይምረፅ። ኣነ ዝህቦም ማዕዳ ደም እንተተኻኢሉ ምግዳፍ ይምረፅ። ግን ክንገድፍ ኣይንኽእልን ዝብሉ ሰባት ከዓ ኣለዉ። ስለዚ ቢያንስ እንድሕር ክትገድፉ ዘይትኽእሉ ኮይንኩም ያው ማለት ክይተደጋገመ ያው ሓንቲ ኣዎል ኣዝሒልኩም ክትሰትዩ ትኽእሉ ኢኹም ዝብል ሓበሬታ ይህቦም።*

Interviewee: *... most of the time, when we talk about hypertension or when we prescribe medicine for hypertensives, most people ask about coffee. I think this may be due to traditional belief. Some ask 'I drink coffee so what should I do?' I advise them to avoid drinking coffee if possible. However, there are individuals who say that they cannot avoid coffee at all. Therefore, I advise them that they should take one 'awol' [one cup of coffee] (ኣዎል – the first cup of coffee served in an Ethiopian coffee ceremony) by making it cool.*

(IDI1-HP1)

[515] ***ተሓታቲ፡*** *... በተለይ ኣሎ ኣይ ዶንት ኖው ሃው ማች ሳይንቲፊካሊ ቤዝድ ምኽኑ ሞሪንጋ ዝበሃል ቆፅሊ ኣሎ ንሸኮር የጥፍእ ንኽስታይ የጥፍእ ንኽስታይ ንዅሉ ንዅሉ መድሓኒት እንዳበሉ ይሰተይዎ እዮም። ግን እቲ ንሕና ዊተነስ ዝገበርናዮ ኢቭንዞ ታንጂብል ዝኾነ ሲታዲ ዋላ እንተዘይሃለወና ሳዕቤኑ ግን ንርእዮ ኣለና ኢና። ፍርቆም ፓራላይዝድ እንዳኾኑ ይመፁ ኣለዉ። መድሓኒት ኣቋሪፆም ናብኡ ምኽያድ ካብኡ ናብ ፀበል ቄል ፀበል ናይ ባዕሉ ሮል ክህልዎ ይኽእል ግን ፋክቱ ግን ትሪተብል ምኽኑ ኢዝሊ ኮንትሮል ዝግበር ምኽኑ ኣንደርስታንድ ዝገብርዎ ነገር የለን እና ምስ ካልእ ምትሕሓዝ ኢን ኤ ኬዝ ንምሳሌ ምስ ደም በዝሒ ክመፅእ እንተሎ ኣይ ትማሊ ተናዲደ ነይረ ከምዚ ድግስ በሊዐ ነይረ ሸኮር ኣለካ ክትብሎ ከለኻ ድማ ኣይ ትማሊ ብዝሕ ዝበለ ክስታይ በሊዐ ነይረ ዒልቦ በሊዐ ነይረ በለስ በሊዐ ነይረ ኢልካ ኣርግዩ ምግባር ኣሎ እዩ። ግን ንሕና ድማ ኣለካ ቅድሚ ምባልና ናይ ባዕልና ክራይተርያ ኣለዉና እዮም። ሱቕ ኢልና ኣይኮናን ኣለካ ኢልና ንልጥፍ ኦን ዘ ስፖት። ሶ እቲ ክራይተርያ ተኽቲልና ክንኪይድ ከምዚ ዓይነት ፀገማት ከምዘሎ እወ ኣሎ እዩ።*

Interviewee: *... Particularly, there is a traditional medicine known as 'Moringa' which people use to cure diabetes and other types of NCDs but I don't know how much this medicine is scientifically approved. However, what we witnessed is that they are getting into complicated health problems after using this traditional medicine. Some become paralyzed for they quit taking prescribed medicines. Then they go to Holy water. In fact, Holy water can have its role in healing such diseases. They don't understand that these diseases are treatable. They associate with other things. For example, when they are told that they develop blood pressure, they say 'I was angry yesterday'. And for diabetes, they say 'I ate some sugar and maize yesterday'. However, when we diagnose, we have criteria; we don't simply tell that they have some sort of NCDs.*

(IDI10-HP10)

[561] ***ተሓታቲት፡*** *እቲ ዘጋጥመና ዕንቅፋት እንታይ እዩ ካብቲ ድሑር ሕብረተሰብ ድሑር ባህሊ ዝመፀ ኣተሓሳሰባ ስለዘሎ ሕዚ ከም ሓደ እምነት ማይጨሎት ገይርካ ምውሳድ ኣሎ። ኢፕሌፕሲ እንተኾይኑ ዘውድቕ እንተኾይኑ እውን 'ሰይጣን እዩ ረኺብዎ ብቕትሩ ከኸድ፣ ብለይቲ ክኸድ። እዚ ሕክምና ኣየድሕኖን ናብ ማይጨሎት ኢና ንኸይድ' ምባል፤ እዚ ሱቕ ኢሉ ዓበድበድ ዝብል ሰብ ቢቃ ሰነ ኣእምርኡ ዘይቆፃፀሮ ሰብ እንተኾይኑ'ውን 'ቀውሲ እዩ ከምኡ እዩ። ቢቃ ብረሳሕ ቦታ ስለዝሓለፈ ቀትሪ መዓልቲ ሰይጣን ረኺብዎ። እዚ ሕክምና እንታይ ከድሕኖ ኢልከምዎ ኢኹም።' ሕጂ ኣብ ሕክምና ወሲድካስ እዚ ሰብ እዙይ ካብቲ ሕብረተሰብ ባዕሉ'ውን ከተንፅሎ የብልካን፤ ኣቕርቦ ኮፍ ኣቢልካ ናይ ባዕልኻ ኣቕሪብካ ኣዋጋዓዮ ክትብሎ ከለኻ እቲ ሕብረተሰብ 'እዚማ ኣበይ ይሰምዓካ። እዚ ቀደም ሰይጣን ወቒዑ ኣጉል ዘትረፎ ሰብ።' ከምዚ ዓይነት ኣበሃህላታት ኣሎ እዩ። እዚ ዕንቅፋት ዝብሎ እዚ እዩ። ከተምህር ከለኻሲ ማይጨሎት እዩ ዝኣምን። በተለይ ነዞም ከምዚ ዓይነት ሕማም ማይጨሎት እዩ ዝኣምን እቲ ሕብረተሰብ።*

> ***Interviewee:*** *The challenges that we face rooted in backward and traditional beliefs of the community. The first thing is that there is a belief that Holy water can cure such diseases. For example, epilepsy is associated with Satan. Epileptics are considered to be beaten by Satan when he goes alone during mid-night and mid-day. They believe that epilepsy cannot be cured medically. For that, they take epileptic people to Holy water. When they see mentally ill person, they call that person a 'mad'/ 'crazy' person. They believe that mental illness is associated with satanic acts. For that, they do not take medication as solution for mental illness. They rather say that mentally ill persons are worthless for Satan has hit them. We face such challenges when we educate the community about NCDs. They believe in Holy water to prevent such diseases.*
>
> *(IDI11-HEW1)*

As depicted in the above extract, *turn 204*, people who developed blood pressure found to be worried about quitting coffee not the disease. The producer of the text indicated that clients with NCD cases, particularly those who develop blood pressure, commonly raise a question about what they could do regarding to their coffee intake (*turn 204*). Here, the association of coffee intake in relation to the level of blood pressure seem to indicate people's concern to avoid risk. However, in his later sentence, the physician indicated that there are situations in which patients resist to stop drinking coffee (*turn 204*). Here, we can see that some patients do not want to see their daily practice, i.e. coffee ceremony, to be in the '*don't do*' list. For that, people worry about quitting such daily practice when health workers advised them to avoid coffee intake.

Their worry might emerge from fear of quitting the ceremony because it is a common and daily cultural practice in almost everyone's family within the locality. Obviously, physicians have the power to warn people about what sorts of food and drink they should or should not take after and before developing NCDs. However, the physician's account shows that some community members of the locality resist avoiding coffee even though health worker's advice includes coffee intake under the '*don't do*' list of activities. As a result, the advice they (health workers) forwarded targets at alerting clients to reduce the quantity of coffee consumption (*turn 204*). The shift of the physician's professional advice from telling his clients avoid coffee to reduce their coffee intake could indicate that the physician feels that members of the community cannot avoid such traditional social practice at once. Therefore, he modified his professional advice to fit his clients' social practices. Therefore, from

this, one can deduce that the community's traditional practices could affect the inculcation of discourses of health promotion and NCD prevention.

In *turn 515*, a physician also disclosed that the community's cultural practices affect their (health workers') efforts of inculcating health promotive and disease preventive discourses. He claimed that members of the community engaged in activities that worsen their cases due to their ingrained traditional practices. For instance, community members of the locality used a plant known as 'Moringa' to heal different types of NCDs (*turn 515*). The use of the phrase '*medicine for all*' /ንሹሁ መድሓኒት/ in his speech shows that the community considered 'Moringa' as herbal medicine that cures all types of NCDs. From his perspective, using 'Moringa' as an alternative medicine appears to be a common traditional practice within the locality. However, such traditional practice resulted in with severe health damages (*turn 515*). This implies that the community did not see the possibility of preventing these diseases via medication at health facilities. For that, they quitted taking medicines and started alternative medicines such as taking 'Moringa' and going to Holy water (*turn 515*). In his utterance, the physician expressed his belief towards using Holy water as alternative medicine to manage NCD cases. He felt that Holy water could have its own role to heal such diseases though he believed that the community did not consider NCDs as diseases that could be easily controlled (*turn 515*). Here, the physician attempted to disassociate Holy water from being unhealthy practice while he stressed that taking 'Moringa' for treating or healing NCD incidences is unhealthy practice. This could imply that the physician tend to value the community's indigenous healing practice, i.e. going to Holly water, since such activity is considered as a cultural practice to heal and/or avoid illnesses with in the locality.

In another HEW's account, it is also revealed that the community privileged indigenous medication, such as Holy water, and disprivileged medical treatments to heal mental illness (*turn 561*). From her perspective, consulting Holy water for treating and healing mental illness is an ingrained cultural practice within the community that becomes an obstacle for inculcating health promotive and disease preventive discourses (*turn 561*). In addition, the community associated mental illness with the act of Devil/Satan (*turn 561*). This implies that such association of mental illness with the act of Devil/Satan may be determinant to stick to alternative medicine

rather than taking medical treatment at health facilities since Holy water is religiously believed to purify evil spirits.

As depicted in *turn 561*, HEWs tried to clear up community members' misconception towards mental illness during their health education practices. However, members of the community tend to resist accepting health education messages regarding the curability of mental illness via medical treatment (*turn 561*). The use of the expression '*ሰይጣን ወቺው ኣጉል ዘትረፎ ሰብ*' discloses the community's knowledge claim towards the essence of mental illness that in turn indicates their social practices. Overall, members of the community appeared to privileged non-medical treatment to heal or treat NCD incidences, particularly mental illness. Here, one can ask 'why do members of the locality disprivilege medical treatment regarding to curing mental illness?' This could be due to the community's misconceptions towards the nature of NCDs and the meanings they attached to the notion of NCDs (*see section 4.1*).

In sum, from the accounts analysed above, we can deduce that with all the efforts undergone by health workers to empower the community construct identity of NCD prevention, the taken-for-granted cultural assumptions and practices remained as inhibiting discourses that affected the inculcation of NCD prevention discourses. Therefore, the health education activities of health workers need to be backed up with other mechanisms that could make the scientific evidences on the nature of NCDs replace the existing local views.

4.5 Building Discourse of Health Promotion and NCD Prevention

In the section above, the inhibiting discourses that could potentially affect the process of inculcating health promotive and preventive discourses are discussed. However, there comes a question that goes '*how such inhibiting discourses could be dismantled*'. In other words, what should be done to inculcate health promotive and disease preventive discourses that target at enabling the community make healthy decisions/choices apart from the health education practices enacted by the health workers within the locality? In this section, an attempt has been made to discuss the way forward to produce and reproduce discourses of health promotion and NCD prevention. In the extracts below, interviewees suggested different strategies which

could strengthen the health education activities enacted by health workers in the study setting.

4.5.1 Advocacy

Lean (2007) and Diedong (2013) confirms that media is crucial to promote health issues which in turn shapes/reshapes the understandings/knowledge of a certain discourse community towards a particular health issue. Likewise, in the current study, interviewees suggested that advocacy could play great role in shaping/reshaping NCD prevention discourses. As emerged from the participants' accounts, advocating health promotive and disease preventive discourses via media can support the on-going health workers' efforts of inculcating such discourses during their health education practices.

Extract-18

[216] ***ተሓታቲ፡*** *ያው ከም ሰብ ምያ ደረጃ ንሕናውን ኣብ ታሕቲ ወሪድና ከንገብሮ ንኽእል ከሀሉ ይኽእል እዩ። ለምሳሌ፡- ያው ኣብ ሓደሓደ መድረኻት ኣብ ትምህርት ቤት ይኹን ኣብ ሃይማኖታዊ መድረኻት ይኹን ፕላስ ስለዘም ዘይተመሓላለፍቲ ሕማማት ወይን ደሞ እዘም ክሮኒክ ዲዝዝ እንበሎም ስለንሶም ያው ነቲ ሕብረተሰብ ብዝርድኡ ነገር ገይርካ ብትግርኛ ፅሒፍካ ኣብዚ ዋላ ኣብዚ ጥዕና ትካል ፅሒፍካ ስለ ደም በዝሒ ድዩ፣ ስለ ድኻም ልቢ ድዩ፣ ስለ ስኳር ሕማም ድዩ ያው ስለ ካንሰር ድዩ ካልእ ስለ እዚኣቶም ፅሒፍካ በብልምዓት ጉጅለኡ ኣብ ቀበሌ ኣኼባታት ከሀሉ ኽሎ ፕላስ ከምቲ ዓንተዎይ ዝበልከዎ ኣብ ትምህርቲ ቤታት'ውን ከምኡ ኣስተምህሮ እንተሂብና ያው እቲ ሕብረተሰብ ወይን ደሞ እቲ ነባራይ ናይዚ ኽባቢ ያው ዝተወሰነ ግንዛበ ሒዙ ከኽይድ ይኽእል እዩ ኢለ ይሓስብ።*

Interviewee: *Well, we as health service providers, there may be something that we have to do at grass root level such as some religious gatherings and schools. In addition, the community should receive health education about non-communicable diseases or chronic diseases (blood pressure, heart attack, diabetes, cancer) via the language they understand, Tigrigna. By so doing, health education should be given at development army level, Kebele meetings and as I have mentioned earlier in religious gatherings. I think the community or resident would also be aware of these diseases if we provide health education even in school settings.*

(IDI1-HP1)

[348] ***ተሓታቲት፡*** *ያው ሓደ ከምቲ ዝበልናዮ ብጥሙር ጥዕና በኩል ኣሎ እዩ። ያው ገዛ ንገዛ ስለዝኣትዋ። ካብኡ ኽዓ ማስ ሚድያ እውን ክስፋሕፋሕ ከኽእል ኣለዎ። ምኽንያቱም ሕጂ ኣብ ሚድያ እንተረኢና ብዙሕ ግዘ ብዛዕባ ፋሚሊ ፕላኒንግ, ብዛዕባ ኤስ ቲ ኣይ ኣሎ ኣብዚ ሕጂ ሰዓት ማለት እዩ። ስለዚ ልክዕ ከምኡ ደሞ እዞም ዘይተመሓላለፍቲ ሕማማት ደሞ ልክዕ ብሚድያ፣ ብሬድዮ ብቴለቪዥን እንድሕር ኣመሓላሊፍናዮ ቢያንስ የትም ገጠር ከይድካ ሬድዮ ዘይብሉ ኣይርከብን ኣብዚ ሕጂ ሰዓትና ንኹሉ ሕብረተሰብ ከባፀሐሉ ይኽእል እዩ። ብሕልፊ ኣብ እንትን እቲ ሕብረተሰብና ሚድያ ብጣዕሚ ይሕታተል እዩ። ስለዚ ብሚድያም እንተዝስረሐሉ ኣብ ኩሉ ብሓፃሩ ከንበፅሕ ንኽእል ኢና።*

Interviewee: *The first thing is through the HEWs since they provide door-to-door health service. In addition, the issue of NCDs has to get airtime on mass media. Health issues such as family planning and infectious diseases (STI)*

have got air on mass media. Therefore, the issue of NCDs has to be broadcasted on radio and TV so as to reach every community member. There is no one who hasn't at least radio even in the rural areas. Our community follows the media. Therefore, via using mass media we can reach the community.

(IDI5-HP5)

[379] ***ተሓታቲት፡*** *እወ ሕዚ ንኣብነት ኣብ ትግራይ ማለት እዩ ማስ ሚድያ የለን። ጤና በቤትዎ እንተዝሀሉ ፅቡቕ ነይሩ ብትግርኛ ማለት እዩ። ሕዚ ኣብ ኣዲስ ኣበባ ይንገር እዩ ግን እቲ ቋንቋ ኩሉ ኣዋር ዘይከንብሮ ይኽእል እዩ። ጤና በቤትዎ ፅቡቕ እዩ ማለት ካብ ሓደ ካብቲ ናይ ሓደሓደ ጎረቤት ዓዲ ዝርእዮ ብትግርኛ እንዲያውም ብዙሕ እዮም ካብ ናይ ጎረቤት ዓዲ ዝርድእዎ ያው ብትግርኛ ስለዝኾነ ንሱታት ፅቡቕ እዩ ይብል። ንቕፃላይ ማስ ሚድያ እንትዝሀሉ ኣብ ትግራይ ናይ ባዕሉ ዝኸኣለ ጤና በቤትዎ እንተዝሀሉ ፅቡቕ እዩ።*

Interviewee: *Well, for instance, there is no mass media in Tigray. There should be 'tena bebetwo' in Tigrigna. The language can be spoken in Addis Ababa but everybody couldn't be aware of it. There is similar program in a neighbouring country which is understood by the locality since the language is Tigrigna. Therefore, there should be 'tena bebetwo' in the mass media for the future in Tigray.*

(IDI6-HP6)

[416] ***ተሓታቲት፡*** *ሓደ እቲ መረኸቢ ሜላ ንጥቀመሉ ኣብ ጥዕና ትካል መፂኡ ሓደ ዒሰራ ሰላሳ ሰብ ክእከብ ከሎ ኣብኡ ሄልዝ ኢጁኬሽን ወይን ደሞ ትምህርቲ ከም ኣጀንዳ ገይርካ ክዘራረብ ኣቐዲምካ ቅድሚ ሕክምና ምጅማር ሓደ ዓብዩ መንገዲ እዩ። እ ካልኣይ ከዓ ኣብ ዝተፈላለየ ሰብሰባታት፣ ቤተክርስትያናት ኣልዒልካ እውን ህዝቢ ኣብ ትረኽበሉ ኣብ ዝተኣከበሉ ከም ሓደ ዓብዩ ክሰታይ ሒዝካ መደብ ሒዙ እቲ በዓል ሞያ፣ እ እቲ መንግስቲ ኩላትና ኮይና በዞም መንገዲ እዚኦም ክንረኽቦ ንኽእል ኢና እቲ ሕብረተሰብ ችግር የብሉን ከም ሓደ ፕሮግራምን ፕላንን እንድሕር ሒዝና ተላዒልና ከም ዝበለካ ዘለኹ ኣብ ጥዕና ትካል፣ ኣብ ቤተክርስትያን ኣብ ሰብሰባታት እ ኣብ በዚ መንገድታት ኣብ ገዛ ንገዛ ኣብ እንገብሮ መንገዲ ዝግበር ስራሕትታት ምስቲ ካልእ ነኒ ንነኒ ናይ ጥዕና ስራሕቲ ነኒ ንነኒ እውን እዚኦም ኣብ ግምት ኣእቲኻ ክስርሓሉ ይከኣል እዩ። በዚ መንገዲ እዚ እውን ነቲ ሕብረተሰብ ክንረኽቦ ንኽእል ኢና ዝብል ግምት ኣለኒ።*

Interviewee: *The first mechanism to reach members of the community is to provide health education at health facility before providing health services. Secondly, every concerned body, the government, health workers and all of us have to plan to educate community members in different public and religious gatherings. We can reach members of the community via these methods – providing health education at health facility and public or religious gatherings. In addition, we can also educate community members through having a door-to-door health service along with our regular duties.*

(IDI7-HP7)

[493] ***ተሓታቲት፡*** *ደጋጊምካ ምእማን። ኣለዋኒ ሕዚ ጎረባብተይ ኣነ ምእማን እዩ። ያው እኳ ኩሉ እንዳገደፉ ሕዚ ናብቲ መድሓኒተን ይኣትዋ ኣለዋ።*

Interviewee: *Convincing now and then. For instance, I am convincing my neighbours. They are now taking their medicines by quitting other practices.*

(IDI9-HP9)

[571] ***ተሓታቲት፡*** *ኣብዚ ኣስተያየት ኣለና። ... ዶክተር ኣቐሪብካ ብስልኪ ይኹን ብፅሑፍ ኣቢልካ ግን ሰብ ከመሃር ይኽእል እዩ። 'ሓኻይም ኣብ ስቱድዮ' ... ብዙሕ እየ ዝመሃር ሕዚ። ... ብደምቢ እየም ዘምህሩና ብዘዕባ እዚ። ትግርኛውን ስለዝኾነ እቲ ብዝሕ ዝበለ ሰብ ተጠቃማይ ኣሎ ... ሕዚ ኣብ ትግራይና እዚ ጅማሮ እዚ እንተዝጅመርስ ብዙሕ ምተምሃረ ዝበል ግምት እዩ ዘለኒ ብወገነይ።*

Interviewee: *We have comment on this. ... Doctors should be invited and provide health education and answer to questions from viewers. For example, I have gained a lot from 'Doctors at Studio'. There are also so many people who benefited from such program for the program is transmitted in Tigrigna. Therefore, I think had there been such program on Tigray TV, people could have learnt a lot.*

(IDI11-HEW1)

[637] ***ተሓታቲት፡*** *ማስ ሚድያ እውን እንተንጥቀም ፅቡቕ እዩ። ሕዚ ብዝበለፀ ብማስ ሚድያ እንተሪኢና ኣብዚ ትኹረት የለን። ዋላ ሓንቲ ሰሚዐ ኣይፈልጥን። ኣብ ፋሚሊ ፕላኒንግ ኣብ ወሊድ ካልእ ካልእ ኣሎ እዩ። ኣብዚ ግን የለን። ኣብኡ'ውን እንተዝኣቱ ምኽንያቱም ኩሉ ሰብስ እንተነኣሰ ዳርጋ ኣብዚ ሕዚ እዋን ቴለቪዥን ዘይብሉ ገዛ እኳሰ የለን። ሕዚ ሓንቲ ኣድቨርታይዝ እኳ ኣብኣ ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ተዝግለፅ ምስቲ ንሕና እንገብሮ ድኻም ተወሳኺ ክኸውን ይኽእል እዩ።*
Interviewer: *It is good to use mass media. When we look at the concerns of the media, NCDs do not receive attention at all. I haven't heard anything about NCDs in the mass media. The concern is on family planning, delivery, and others but not NCDs. So, discussing the issues of NCDs in the mass media could support our effort of educating the community in this regard because almost everybody owns a TV.*

(IDI13-HEW3)

[777] ***ተሓታቲት፡*** *ካብኡ ሱቕ ኢልካ ካብ ኮተት ካብ ደርፊ ካብ ሓደሓደ ነገር ምጥን ንእሰ ኢላ እንተዝመሓላለፍ። ሓደ ሰዓት እውን ኩሉ ሰብ ይከታተሎ ኢለ ይሓስብ። ደስ በሃሊ ሰሓቢ ብዝኾነ መልክዑ ፕላስ ብኤፍ ኤም እንተዝሓልፍ። ሕጂ ብኤፍ ኤም ስለ ኤች ኣይ ቪ ዝኾነት ወገን ኣላ ኩሉ ግዘ ትዛረብ ይመስለኒ ኣነ ብዙሕ ስለዘይከታተል ግን ብኡ እውን ተዝሓልፍ ሕጂ ሓደሓደ ኣዴታት ከተብለን እዛ ከምዚኣዶ ተብላ ጤና በቤትዎ ሕጂ ብዙሕ ሰብ እዩ ዝከታተሎ። እና ሕዚ እከለ እኮ ከምዚ ነይሩ ከምዚ ሕማም እኮ ነይሩ ይብለካ እዩ። ብትግርኛ ከምኡ እንተዝቐርብ ነይሩ ብኤፍ ኤም ይኹን ቴለቪዥን ዘይብሉ ብሬድዮ ብሞባይሉ ይሰምዕ ብሬድዮ ይሰምዕ ፅቡቕ እዩ ይብል። ካልኣይ ነገር ከኣኒ ባጀት እንተዝህሉ ማለት እዩ እዘን ኣዶ ወንበራት ኣኪብካ ተምህረን ካፍቲ ናህና ፍልይ ብዝበለ መልክዕስ ትምህርቲ ምሃብ እዩ። ካልኣይ ከምቲ ካሊእ ሕጂ ከም ናይ ኤች ኣይ ቪ ከም ሜኒንጂይትስ ከም ናይ ሚዝልስ ብፅሑፍ ወረቐት በረርቲ ወረቐታት ካብ ዝብተን ስለ ቲቢ ሕዚ ብዙሕ ወረቐት እዩ ዝብተን ስለ ንሱ እውን ትኹረት ተዋሂብዎ ወረቐቕቲ ሊፈሌት መምሃሪ ንኹሎም ጉጅለታት ዝኾን ንኹሉ ሰብ ዝኾን እንተዝብተን ይብል ኣነ ንባዕለይ። ከምኡ ገይርካ እንተተምህሮ እቲ ሕብረተሰብ ንእሽተይ ደኾን ለውጢ ምመፅ ኢለ ይሓስብ።*
Interviewee: *So, instead of broadcasting worthless programs and songs there should be a short and precise program on it. I think that everyone watches the one-hour TV program. In addition, it has to be broadcasted on FM. For instance, the issue of HIV has got airtime on FM. There is a woman that talks about this. I am not a regular listener but many people watch the TV program known as 'tena bebetwo'. People talk about health issues that they have watched on such program. Therefore, I think it will be good if such health issues get air on FM and TV because people can even hear radio programs on their mobile phone. Apart from this, educating WDA leaders by allocating budget could be successful to provide health education and support our teachings. There should also be written materials such as leaflets prepared for all WDA members. By doing so, I think there could be significant change in this regard.*

(IDI17-HEW7)

As can be inferred from the health workers' accounts displayed under extract-18, advocating health promotive and disease preventive discourses via different

mechanisms enable the community make healthy decisions/choices towards NCD prevention. Put other way, it is through advocacy that community members of the locality could be equipped with necessary health information about NCD prevention. For instance, in an interview with a physician, it is indicated that community members' misconceptions about the essence of NCDs could be cleared up by providing health education. In his talk, the producer of the text expressed his feeling that they (health workers) are in a position to inculcate health promotive and disease preventive discourses at grass root level *(turn 216*). He specifically described how the community could be approached to shape/reshape their understandings towards NCD prevention. Community members can be reached and receive health information with regard to NCD prevention at different social events. This could include schools and religious gatherings. While educating the community about the issues of NCDs, health education has to privilege the language that the community understands (*turn 216*). The use of the phrases '*ሕብረተሰብ ብዘርይኦ*' and '*ብትግርኛ ፅሑፍካ*' could imply that previously prepared materials dealt with NCDs privileged other language which majority of community members within the locality could not understand. Therefore, in order to enable community members understand the content of the health messages; every health message has to be produced in Tigrigna language. From his perspective, awareness creation towards NCD prevention could be effective through advocating health promotive discourses using the language of the community.

Furthermore, another physician expressed that the issue of NCD prevention has to receive due attention in the mass media apart from providing door-to-door health education by the HEWs. According to her observation, no TV or radio program pays attention to the issues of NCD prevention unlike other health matters such as family planning and infectious diseases which are frequently broadcasted (*turn 348*). From her perspective, the community can be reached through the media since everyone has at least a personal radio. Therefore, the issue of NCDs has to receive due attention and has to be broadcasted on the mass media, particularly on radio. The inculcation of health promotive and disease preventive discourses could be effective if the issue of NCDs is on air via radio transmission because it is a common practice to listen to radio programs within the locality (*turn 348*).

In *turn 379*, the producer of the text described the significance of advocating health promotive and disease preventing discourses in shaping or reshaping clients' understandings towards the nature of NCDs. She backs up her claim by mentioning a TV program known as 'Tena Bebetwo' which is broadcasted in the national station in Amharic. Such TV program that deals with health matters is essential to inculcate NCD prevention discourses. However, not all community members of the locality might understand the medium of instruction *(turn 379)*. As a result, advocating health promotive and disease preventive discourses using the native language, i.e. Tigrigna, would be effective to support the health workers' health education practices and thereby enable the community make healthy decisions. For instance, she described the benefit that her target audiences got from a TV program broadcasted from a neighbouring country, Eritrea. Members of the community benefited from such TV program since the medium is Tigrigna language (*turn 379*). Therefore, it would be better to launch a TV program that deals with health matters on Tigray TV to shape or reshape understandings of community members towards the nature of NCDs and its prevention mechanisms.

Another way of building discourses of health promotion and NCD prevention is to provide health education within health facilities. According to a physician, providing health education at health facilities before they begin their regular work could serve as a major mechanism to equip clients with the necessary health information about NCD prevention (*turn 416*). In addition, it could also be possible to advocate health promotive and disease preventive discourses during religious and public gatherings along with the house-to-house sort of health service delivery. In his talk, the physician also pointed that advocating discourses of health promotion and NCD prevention need to be integrated with other health-related services that are regularly provided by health workers within the locality (*turn 416*). Here, we can see that the producer of the text puts himself including other health workers at the centre of inculcating discourses of health promotion and NCD prevention.

In another in-depth interview, a physician also disclosed such claim in her answer to what specific activities she engaged in to promote health and prevent NCDs. As depicted in *turn 493*, the producer of the text considered herself as an agent to advocate health promotive and disease preventive discourses. She indicated that

health workers should put their maximum efforts to enable the community make healthy decisions/choices towards preventing or reducing NCD incidences (*ደጋጊምካ ምእማን። (turn 493)*). The use of the term '*degagīmika*' ('*ደጋጊምካ*' – literally to mean '*now and then')* in her sentence is indicative that the inculcation of health promotive and disease preventive discourses requires health workers' regular efforts. Put other way, health workers are in a position to influence the community make healthy choices in relation to NCD prevention. For instance, the producer of the text in turn 493 claims that she engaged in enabling members of the community make healthy decisions. In her utterance, it is revealed that she considered convincing members of the community, particularly her neighbours, produce and maintain their own health as part of her regular duty. In addition, her enactment of health promotive and NCD preventive activities enabled her target audiences avoid unhealthy practices and start taking medicines *(turn 493)*.

Furthermore, the essentiality of advocacy for educating community members about NCD prevention is spotlighted. In the HEW's speech, the use of all-inclusive pronoun 'we' as in '*we have comment on this*' (*turn 571*) indicates their (HWEs') shared perspective towards the need of media for building health promotive and NCD preventive discourses. In an attempt to support her view towards the essentiality of mass media in educating members of the community, she provides an instance of a TV program that deals with the prevention of health conditions such as NCDs. The TV program is known as '*Doctors at Studio'* (*ሓኪይም ኣብ ስቱዲዮ*), and it aims at educating people about different health situations. Community members are benefiting from such TV program because it privileged the language of the community, i.e., Tigrigna (*turn 571*). The HEW claimed that she also benefited from such TV program. Her use of the expressions '*they teach as about this very well'* and *'I have learned a lot'*, in *turn 571,* are indicative that TV programs such as '*Doctors at Studio*' play great role in inculcating health promotive and disease preventive discourses in general and in equipping HEWs along with their clients with the necessary health information in particular. Consequently, community members of the locality could learn a lot from health education transmitted through the mass media where an invited doctor provides clarifications and answers to questions raised by the audience towards the health issue under discussion (*turn 571*). In sum, from the HEW's perspective, health promotive and NCD preventive discourses could be

effectively inculcated if the social actors are exposed to such health education practices in their day-to-day life.

Another HEW also shared such perspective. In her talk, it is indicated that it is significant to use mass media for advocating health promotive and NCD preventive activities that enable community members produce and maintain their own health (*turn 637*). However, practically, the issue of NCDs does not receive due attention in the mass media (*turn 637*). She indicated that she has never heard any program in the mass media about NCD related issues (*turn 637*). Rather, as disclosed in her talk, health messages about other health matters such as family planning and delivery got due attention in the mass media. This could mean that the health workers' effort of educating the community about family planning, delivery and other related health issues is backed up by health information broadcasted in the mass media. However, NCDs are among the less covered, if not forgotten, health issues in the mass media. Therefore, there need to pay attention to such health issues on TV and radio programs as a way to inculcate health promotive and NCD preventive discourses that empower individuals produce and maintain their own health. Particularly, transmitting health messages about NCD prevention via the mass media would be supportive for the efforts HEWs undertake to promote health in general and prevent NCD in particular (*turn 637*). Here, we can see that the construction of health promotive and disease preventive discourses requires the engagement of different social actors apart from the health workers' health education activities.

Different agents could do the job of advocating health promotive and NCD preventive discourses. The first thing is the media. Of course, as the HEW puts at the beginning her speech, most of the airtime is occupied with entertainments. Therefore, it would be better to transmit short and attractive programs (for instance, health messages about NCD prevention) instead of broadcasting worthless programs and songs all the time (*turn 777*). The HEW utilizes intertextuality to back up her claim about the significance of advocating health promotion and NCD prevention discourses via mass media. She illustrated that her addresses benefited from a TV program known as 'Tena Bebetwo' and shared the knowledge they acquired from such program with other community members (*turn 777*). Likewise, there should be such health related program in Tigrigna language, particularly on FM radio. Broadcasting the issue of

NCD prevention on radio, particularly on FM, could be effective in inculcating NCD prevention discourses since listening to FM radio on mobile is a common practice these days (*turn 777*).

In addition, in her account, it is also revealed that leaders of WDAs could also be agents of advocacy for building health promotive and NCD preventive discourses within the locality. Budget should be allocated to equip leaders of WDAs with the necessary health information that could help them support the inculcation process (*turn 777*). Apart from this, health promotive and NCD preventive discourses could be inculcated through disseminating written materials such as leaflets as it is done for preventing infectious diseases such as measles, HIV, TB and meningitis (*turn 777*). Besides, the community would bring behavioural change with regard to NCD prevention if every network member received leaflets on the issues of NCDs (*turn 777*). From her perspective, disseminating written materials such as leaflets is another way of constructing NCD prevention discourses within the locality.

4.5.2 Experience Share

In the section above, an attempt has been made to discuss how advocacy plays role in constructing health promotive and NCD preventive discourses. In this section, another way of inculcating such discourses is discussed. As emerged from participants' accounts, creating a context in which members of the locality get opportunity to share their lived experiences with regard to NCDs is found to be helpful in building discourses of NCD prevention. The following extract is an attempt to evidence the interviewees' suggestions in this regard.

Extract-19

[253] ***ተሓታቲት፡*** *ከም ናተይ ሕጂ ማለት እዚ ከምዚ ሃይፐርቴንሲቭ ዘለዎም ወይ ዲያቤቲከ ዝኾኑ ማሕበር ኣደራጂኻ ፊከስዱ ዝኾነ ታይም ዝእከብሉ ገይርካ ኣስተምህሮ ምሃብ። ምኽንያቱም ሼርዱ ብዙሕ ነገር ክገብሩ ይኽእሉ እዮም እየ ዝብል ሓሳብ እዩ ዘለኒ። ከምኡ እንተዝህሉ ምኽንያቱ ዝኾነ ኮመን ዝኾነ ነገር ዘለካ'ውን ምድልላይ ነገር ክህሉ እዩ። ከም ማሕበር ኣቋቑመካ ትምህርቲ ዝወሃብሉ። ሕዚ ኣብ ጥቂር ኣንበሳ ከምኡ ከምዘሎ ይሰምዕ ኣነ። ኣብዚ'ውን ከምኡ ዓይነት ነገራት ሼር ክገብሩ ጉቲ ምምሃር'ውን ብሓንሳብ ሓቢርካ ፅቡቕ እዩ ኢለ ይሓስብ።*

Interviewee: *To me, hypertensive and diabetic patients should have associations in which they can receive health education within fixed time for they can share experiences if they are organized in associations. This is what I think. If there are associations in which education can be offered, there may be sense of gatherings of people of the common experience or interest. I have*

heard that there is such association at Tikur Anbessa hospital. It would be nice to establish such associations for sharing experience. I think it would also be nice to provide education in such gatherings.

(IDI2-HP2)

[292] ***ተሓታቲት፡*** *ያው እቲ ሕብረተሰብ ምኽክር ምግባር የድሊ ይመስለኒ ኣፍልጦ ክህልዎ ማለት እዩ። በተለይ ኣብ ኣመጋግባ ሕዚ ብጣዕሚ እዩ ክስታይ ዝገብር ዘሎ። ቢቃ ኣፀቢቕካ ምብላዕ፤ ቅብኣት ዘለዎ ካልእ ነገር ምብላዕ ከም ፅቡቕ ዝወስድ ሓደሓደ ሰብ ኣሎ እና እቲ ዘይፈልጥ ምስቲ ዝፈልጥ ኮይኑ ነንባዕሉ እንተዝመኻኸር' ሞ ካብኡ ኣብቲ ኣመጋግባ ኣትክልቲ ክወስድ ከምዝግበኡ፤ ካልእ ነገር ጨው፣ ቡና ከብዝሕ ከምዘይግብኡ፤ ዝፈልጥን ዘይፈልጥን እንተዝመኻኸር ፅቡቕ እዩ ይመስለኒ።*

Interviewee: *Well, I think there should be discussion at community level to create awareness, especially on dietary habits. There are some people who consider eating too much and taking fatty food as good for health. Therefore, I think, there should be discussion among those who have knowledge and those who do not with regard to the importance of eating vegetables and reducing of salt and coffee intake.*

[293] ***ሓታቲ፡*** *ንኣብነት ብምንታይ መንገዲ?*

Interviewer: *For example, in what ways?*

[294] ***ተሓታቲት፡*** *ንምሳሌ እድር ኣሎ። ኣብ እድር፤ ልምዓት ጉጅለ እንሀ። ብዛዕባ ጥዕና እዩ ዝነጋገርሉ። ኣብ ልምዓት ጉጅለ ብዛዕባ እዚ ምርድዳእ ይከኣል እዩ። ኣብቲ እድር፣ ኣብቲ ናይ ባዕሉ ንባዕሉ ሃይማኖታዊ እንትን' ውናይ ክረዳዳእ ይኽእል እዩ። ነንባዕሉ ኣብ ብዙሕ ዝራኸቦሎም ቦታታት ኣለዉ።*

Interviewee: *For example, there is 'Edir'. There is also development army in which health issues can be discussed. In addition, people can also discuss about such health issues in religious gatherings. There are different occasions in which people meet.*

(IDI3-HP3)

As illustrated above, *turn 253*, providing health education for patient of NCDs by establishing organizations that comprises such patients could be helpful to build health promotive and NCD preventive discourses within the locality. The establishment of such organizations could have benefits for both patients and health workers within the locality. Health workers may benefit from such organization since they can easily approach patients of NCDs collectively and then transmit health messages on how to manage NCD cases. In addition, members of the organization, i.e. patients of NCDs, could also benefit for they could share their lived experiences with regard to NCD incidences (*turn 253*). This could also indirectly benefit community members because patients of NCDs, who might be equipped with relevant health messages during discussions with health workers, may discuss about NCD prevention with other community members, particularly their family members. In support of this, the producer of the text utilizes intertextuality that indicates there is an association in which patients of NCDs are members of the association at Tikur Anbessa Hospital, Addis Ababa (*turn 253*). For that, she believed that there should also be such association in the study setting since community members could learn

from each other's lived experiences (*turn 253*). From her perspective, sharing experience among patients of NCDs is a way to build discourses of health promotion and NCD prevention within the locality.

Furthermore, another interviewee also indicated that sharing knowledge could fill the knowledge gap among community members. There should be a sort of discussion among community members towards the issue of NCDs (*turn 292*). In doing so, people could build their awareness via discussing on health issues with those who are knowledgeable (*turn 292*). Put other way, sharing experiences could be a means to educate local communities prevent NCD incidences. For example, some people considered taking fat and eating too much as important for their own health (*turn 292*). However, unhealthy diet, for instance, too much fat intake, is among the risk factors for developing NCD incidences. This may indicate their local understandings towards what healthy and unhealthy diet could mean. According to the physician's account, '*overeating*' and '*consuming fat*' appeared to be considered as healthy diet within the locality. Therefore, it could be very essential for members of the community to share their knowledge on how to prevent NCDs (*turn 292*). In other words, community members of the locality could be able to produce and maintain health through sharing experiences on the specific activities they have to perform to prevent or reduce NCD incidences. Apart from this, local gatherings such as '*Eidir*' (ኣይር) and development army discussions could play a pivotal role to share experiences and knowledge on the nature of NCDs (*turn 294*). Therefore, from the physician's account, experience sharing among community members could play its role in building health promotive and NCD preventive discourses in the study setting.

4.5.3 Empowerment

According to Brandstetter, McCool, Wise, & Loss (2012), empowerment is among the characteristics of the WHO vision of health promotion. This means that health promotive activities aimed at preventing NCD has to be supported through the empowerment of HEWs. Empowering HEWs is a way to empower communities produce and maintain their own health. When HEWs are equipped with the necessary and updated knowledge regarding to NCDs, they can be in a position to empower the community in terms of producing and maintaining their own health in general and

prevent or reduce NCD incidences in particular. The following extract attempts to evidence the significance of refreshing courses to help HEWs update their knowledge with regard to NCDs.

Extract-20

[598] ***ተሓታቲት፡*** *... ንሕና በቃ በታ ዝሓዝናያ ሞያ እያ እምበር ዘይተመሓላለፍቲ ሕማማት ከመይ እዮም፤ እንታይ እዩ መበገሲኡም፣ በበይ እዩ፣ ከመይ እዩ ንሕና ሪፍሬሸመንት የድልየና እዩ። ዝኾነ ሕድሕድ ድርጅት ይኹን ብከልል ጥዕና ቢሮ ይኹን ሪፍሬሸመንት የድልየና እዩ ንሕና። ዓቕሚ ንምፍጣር፤ ንሕና ዓቕሚ እንተወሲኽና ዓቕምና ኣከማቺና ከይድና ክነረድኦ ንኽእል ኢና። በቲ ዝሓዝናዮ እንዳኾነ ግን ናህና ዓቕሚ እንዳታሓተ እንዳደሽመ እዩ ዝኸይድ ሪፍሬሸመንት እንተረኺብካ ግን እንዳዕበኻ ሰለትኸይድ ፍልጠትካ ክተረድኦ ትኽእል ኢኻ።*

Interviewee: *... we are providing health education based on the knowledge we acquired when we were trained as health professionals. We need additional refreshment courses on the nature and causes of non-communicable diseases. Such refreshment can build up our capacity and as a result, we can educate our target audiences confidently. However, without any refreshment course, our teachings would not be effective.*

(IDI12-HEW2)

[720] ***ተሓታቲት፡*** *... ሱቕ ኢልና ናይ ባዕልና ብተለምዶና ሒዝናዮ ዝመፀና ናይቲ ሞያና እንተዘይኮይና ሪፍሬሸ ዝበሃል የለን። የለን። በቃ ባዕልትና ኢና ሱቕ ኢልና ንዘውር፣ ንዘውር በቃ ሪፍሬሸ ባዕሎም ወሲዶም ይመፁ እቶም ሓለፍቲ ብላዕሊ እቶም ሱፐርቫይዘራት ንዓና መደብ የውርዱልና ንሕና ተግበርቲ ኢና እምበር ስልጠና ዝበሃልስ ኣባና ትኹረት የብሉን። እዙይ እዙይ በተለይ እዞም ኖንኮሚዩኒኬብል ዲዝዝ ሱቕ ኢልና ሒዝናዮም ዝመፃና ነርስ ክንመሃር ከለና እንተዘይኮይኑ ሪፍሬሸ ዝሃበና ነገር ሰብ የለን። በዚ ሕዚ ግዘ ናይቲ ሕብረተሰብ ኣመፃእኣ ዝንእ ሕዚ እቲ ሕማም እዚ እናገደደ ይኸይድ ኣሎ። እንታይ እዩ ዘምፅኡ ዘሎ እዚ ኽ እንታይ እዩ ዝብል ሪፍሬሸ ዝሃበና ሰብ የለን።*

Interviewee: *... We are referring to the knowledge we acquired while we were trained as nurses. Our bosses, the supervisors took refreshment courses and ordered us to put the assignments into practice. We are the practitioners but we haven't had any training at all. We are using our previous knowledge on NCDs. These diseases are on the rise these days; however, nobody has provided us refreshment on what causes these diseases and what they are.*

(IDI16-HEW6)

The above extract shows that HEWs need refreshment courses. They seem to lack refreshment training since they graduated as HEWs from training centres (*turn 598*). For that, the HEW stressed that they badly need training on the nature of NCDs – causes and prevention mechanisms. In her speech, the use of the all-inclusive pronoun '*we*' as in '*We need additional refreshment courses*' is indicative that HEWs within the locality are in need of refreshment courses that could enable them update their knowledge with regard to NCDs. She further illustrated that members of the locality could benefit from the trainings that would be provided to them (HEWs). Particularly, as depicted in the HEW's account, empowering health extension workers is indirectly

empowering the community (*turn 598*). When HEWs receive refreshment courses with regard to the current developments of the issue in question, i.e. NCD prevention, they (HEWs) can be equipped with the necessary knowledge that can be transferred to community members of the locality through health workers' health education practices (*turn 598*). However, if HEWs do not receive any refreshment course, they may lose their confidence while they provide health education to community members since their knowledge is limited to what they acquired during their trainings some years back (*turn 598*). This could affect the process of inculcating health promotive and NCD preventive discourses in one way or the other. Therefore, empowering HEWs through providing refreshment courses could play its role in building health promotive and NCD preventive discourses within the locality.

Another HEW also described the significance of getting refreshment for building health promotive and NCD preventive discourses within the locality. In her talk, she indicated that they (HEWs) did not receive any update with regard to the issues of NCDs; they rather educate the community based on their un-updated knowledge (*turn 720*). As depicted in her account, the HEW claimed that those who do not engage in the actual health education practices receive the refreshment (*turn 720*). However, HEWs do not receive any training even though they are practitioners of the health care system at grass root level *(turn 720).* This implies that the health message intended to reach the community at grass root level may remain up there since inappropriate individuals participate in the trainings or refreshment courses. From the HEW's perspective, lack of refreshment or knowledge update could affect the construction of discourses of NCD prevention within the locality. This could mean that the empowerment of HEWs is essential to support their health promotive and disease preventative practices they enact. In other words, updating the existing knowledge of HEWs could enable them engage in health education activities aimed at empowering the community produce and maintain their own health. From the HEWs' accounts discussed above, one can reasonably conclude that the knowledge gap observed among members of the community could be filled through providing on job-trainings to HEWs apart from the essence of advocacy and experience share on the nature of NCDs.

Chapter Five: Summary, Conclusion and Implications

This chapter presents summary, conclusion made and implications drawn from the study with areas identified for further research.

5.1 Summary

The study findings show that the community in the study setting associated NCDs with different notions. The study indicated that the community perceived NCDs as diseases to which certain groups are vulnerable while others are not. NCD is associated with rich people who are in most cases fat. Members of the community who are thin and poor appear to resist accepting medical results that indicated positive results for NCD. Another finding is that the community considered NCDs as the diseases that occur due to *God's Order* and some say it is inflicted by the *Devil's Act*; especially those who felt are not vulnerable like the thin and the poor. The study also indicated that members of the community considered such diseases (NCDs) as sources of *fear of sudden death* and *hopelessness*.

It is also revealed that the community's inherent assumptions and cultural practices were the inhibiting discourses that could affect the construction of NCD prevention discourses. Specifically, the analysis of data indicated that the community had wrong understandings towards the nature of NCDs (*see section 4.4*). Community members of the study setting misconceived the notion of NCDs – the causes and prevention mechanisms. In addition, the study indicated that the ingrained cultural practices of the discourse community affected the health workers' endeavour to inculcate health promotive and disease preventive discourses. It was noted that members of the community engaged in *unhealthy practices,* such as *taking alternative medicines*, due to their misconceptions towards what caused an NCD incidence and how one could prevent it.

The analyses of data showed that HEWs employed different strategies to inculcate health promotive and NCD preventive discourses during their health education practices. As revealed from the recordings of the HEWs' teachings and their clients' talks, HEWs emphasized on how to prevent NCDs during the health education sessions. Particularly, HEWs prioritized the discourse of '*prevention first*' during their

health education activities in order to empower the community engage in healthy practices directed towards producing good health by protecting themselves from illness. HEWs were observed to help the target people transform their belief of NCDs through constructing an identity of NCD prevention. They promoted the culture of disclosure and the relevance of undergoing medical check-ups. In effect, patients of NCDs who disclosed their cases received close follow up from HEWs in terms of getting professional advice on the specific activities that had to be performed by the patients to maintain their own health. Community members were also beneficial from the disclosure of NCD cases since the lived experiences of NCD patients played important role in enabling community members recognize the consequences of NCDs. The strategy used by HEWs helped communities to engage in healthy practices such as *modifying dietary habits* and *having medical check-up*. Besides, initiating community members reflect their view was found among the strategies that the HEWs employed to construct NCD prevention discourses. HEWs spent time to enable participants of the health education sessions bring their local knowledge on the issue of NCD prevention into discussion. By doing so, participants of the health education sessions shared their perspectives on how to prevent NCDs.

The study further disclosed that health workers promoted NCD prevention practices that in turn empowered communities to engage in activities led to preventing or reducing NCD incidences. As reflected in the health workers' and their clients' talks, the NCD prevention practices that were intended to be recognized by the community were: *healthy eating, staying active, having early medical check-up* and *avoiding risks*. During the health education sessions, FGDs among network members and in-depth interviews with different types of respondents, the importance of engaging in healthy practices had been highlighted. This showed that the health workers' health education practices led to transfer of knowledge on NCD prevention to community members. As a result, the community, being empowered by the health workers' health education activities, started taking the initiative to produce and maintain their own health. For example, members of the community recognized *healthy eating* as essential NCD prevention activity that they had to put into practice to produce and maintain health. It is also revealed that *staying active,* along with modifying dietary habits, was considered as a way to avoid or reduce the instances of developing NCD incidences. Apart from this, the analysis of data indicated that members of the community

realized *having early medical check-up* as healthy-lifestyle practice for detecting NCD incidences and avoiding risk factors. Furthermore, the study showed that community began to recognize the significance of engaging in healthy practices to avoid or reduce NCD incidences (*see section 4.3*) even though there is still knowledge gap among community members of the research site (*see section 4.4*).

Participants of the study suggested some mechanisms that could strengthen the ongoing health education practices of health workers towards constructing NCD prevention discourses. As emerged from the participants' accounts, advocacy was found as one of the strategies that could be used to inculcate health promotive and NCD preventive discourses which could have in turn empowered the community produce and maintain own health. The study indicated the significance of advocating a particular health matter, in this case NCD prevention, via mass media to shape or reshape people's understandings towards the issue of concern, i.e. NCD prevention. Broadcasting issues of NCDs on TV and radio programs could back-up the ongoing efforts of inculcating discourses of health promotion and NCD prevention at grass root levels. Health workers could be used as agents of advocacy to inculcate such discourses during their interactions with members of the community outside the health facilities. The WDA (women development army) leaders could be health promoters with regard to NCD prevention. Sharing experiences among patients of NCDs and conducting community-based discussions among members of the community members would also be additional way of inculcating discourses of health promotion and NCD prevention. Apart from this, building the capacity of HEWs through training could make the work of NCD prevention effective.

5.2 Conclusion

Based on the findings of the current study, it can be concluded that communities' understandings or perspectives towards NCDs determine their practices and vulnerability to NCDs. Socio culturally constructed beliefs about NCD remain a major challenge in NCD prevention practices. However, with diligent work in health promotion being done by the HEWs, it is possible that communities can be empowered with the knowledge and use of healthy practices to prevent themselves from NCDs. As the prevention of NCD requires basic transformation in the

community's conception of health in general and NCD in particular, it is important that HEWs are supported by the media and other sectors in their health promotion activities. Particularly, they have to be given more training on communication skills and motivation in the work they do.

5.3 Implications

Drawing from the major findings and conclusion of this study, the following recommendations are made for consideration and implementation by concerned bodies.

As indicated in *section 5.1*, the community associated NCDs with different causes that are not scientifically proved. Therefore, there is a need to clear up such misconceptions. And this can be done through strengthening the HEWs' home-based health education programs. HEWs' home-based health education programs could be strengthened through empowering both the HEWs and WDA leaders. HEWs should receive on job trainings on NCDs to update their knowledge and transfer such knowledge into their target audiences during the door-to-door health education services. In addition, WDA leaders could also be supportive for the HEWs' home-based health education programs if they are trained well in this regard.

In addition, there should be routine public education for promoting healthy lifestyle practices through educational campaigns at schools, health facilities and religious places. Apart from this, the issue of NCDs should also receive due attention like any other infectious disease on the mass media since these disease (NCDs) are becoming the current and future health burdens of people in the developing world. Therefore, exposing communities to discourses of NCD prevention regularly through the aforementioned ways would initiate them engage in healthy practices such as having healthy diet and performing indoor and/or outdoor physical exercise.

Furthermore, NCD prevention programs should be integrated into school curriculum. The integration of NCD prevention programs into the school curriculum could benefit both the students and their family members. Students could benefit from such integration since they could identify the potential risk factors at their early ages. Therefore, they may act upon reducing or avoiding the risk behaviours. Family

members, particularly parents, could also benefit from such integration because their children, being influenced by the teachings, may promote healthy lifestyle practices.

5.4 Further Research Area

This study endeavoured to explore discourses of health promotion and NCD prevention as reflected in the health workers' and their target audiences' talks. To investigate more on the topic, it may be necessary to study (i) what doctors say to their patients suffering from NCD while treating them; (ii) how the media depicts people with NCD cases such as diabetes, hypertension and the like; and (iii) more on policy analysis with regards to NCDs nationally and internationally.

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Appendices

Appendix – A: Data Collection Instruments (English Version)

i) In-depth Interview Guide for Health Professionals

Good morning/Good afternoon

My name is Negassi Abay. I am a student of Addis Ababa University in the Department of Foreign Languages and Literature, Applied Linguistics and Communication Unit. I am here today to discuss about NCDs prevention, risks and care. I will be using a tape recorder in addition to notes I take on what you say. All you say are confidential and used for research purposes only. Your name will not be recorded to protect your confidentiality.

Thank you in advance for your cooperation!

I) NCDs and Meanings Attached

1. Can you tell me about the prevalence of NCD in this area?

   Probe:

   (i) Which is the most prevalent type of NCD in this community? Why?
   (ii) What do people think about NCD?
   (iii) What do people say about it? What local term do they use to describe NCDs, and what do they say about diabetes, hypertension, cancer and others?
   (iv) Who are at risk for NCDs in this community? Why?
2. In this community, do people talk about the nature and prevention of NCDs?

   Probe:

   (i) Do they ask you for any information regarding to NCD illnesses? Which type of NCDs is their major concern? Why?
   (ii) Do people ever come see you for medical check-ups? Are they aware of having early medical check-ups can minimize developing NCD, and undetected and untreated NCD can worsen treatment and cure?
   (iii) What sorts of advice do you give them to prevent, treat and cure NCDs?
   (iv) Is there any special story that you can share me in this regard?

II) Practices/Activities Built or Enacted to Prevent NCDs

1. As healthcare provider, what do you do to promote health and prevent NCDs?

   Probe:

   (i) What activities are you involved with? Why?

(ii) What advice do you give community members to combat risk factors of NCDs, and what other diseases could be prevented by doing so?

2. What do you do to treat and cure NCD illnesses?

Probe:

(i) How do you treat people with a chronic illness?
(ii) How can you support the people diagnosed with NCD illnesses, say diabetes, cancer and hypertension, in this community? Why?

III) Challenges in Promoting Prevention of NCDs

1. What traditional beliefs and practices do you think contribute to the prevalence of NCDs?
2. What are the dominant traditional beliefs and practices that contribute to prevalence of NCDs?
3. What sorts of words or sayings make promoting the prevention of NCDs difficult?

IV) Building Discourse of Health Promotion and Prevention of NCDs

1. What sort of indigenous knowledge does the local community possess regarding to NCDs? Probe:
   (i) Is the local communities' knowledge privileging or de-privileging prevention of NCDs? How?
   (ii) If the local communities' knowledge is de-privileging prevention of NCDs, what do you do to inculcate discourse of prevention of NCDs?
2. What is the indigenous knowledge that creates opportunity to promote health and prevent NCDs?

V) Suggestions

1. What do you think should be done to promote health and prevent NCDs at grass root level?

   Probe:

   (i) What promotional activities are needed to improve local communities' awareness towards prevention of NCDs?
   (ii) What health education messages should be given to help to reduce the risk factors of NCDs in this community?
   (iii) What channels should be used reach all community members? Why?

Is there anything else you would like to tell me regarding health promotion and preventing NCDS?

Thank you very much!

ii) In-depth Interview Guide for Health Extension Workers

Good morning/Good afternoon

My name is Negassi Abay. I am a student of Addis Ababa University in the Department of Foreign Languages and Literature, Applied Linguistics and Communication Unit. I am here today to discuss about NCDs prevention, risks and care. I will be using a tape recorder in addition to notes I take on what you say. All you say are confidential and used for research purposes only. Your name will not be recorded to protect your confidentiality.

Thank you in advance for your cooperation!

I) Knowledge of NCDs and Meanings Attached to NCDs

1. Tell me what you know about NCD.
   Probe:
   (i) What do people think about NCD?
   (ii) Which is the most prevalent type of NCD in the community where you work? Why?
   (iii) What do people say about it? What local term do they use to describe NCDs, and what do they say about diabetes, hypertension, and others?
   (iv) Do you think that everyone is at risk for NCDs? How and why?
2. In this community, do people talk about the nature and prevention of NCDs?
   Probe:
   (i) Do they ask you for any information regarding to NCD illnesses? Which type of NCDs is their major concern? Why?
   (ii) What sorts of advice do you give them to prevent, treat and cure NCDs?
   (iii)Is there any special story that you can share me in this regard?

II) Constructing Identity of Prevention of NCDs

1. Do your target audience feel comfortable to discuss about prevention of NCD illnesses?
   Probe:
   (i) If yes, what do they say? If no, why not?
   (ii) How do you approach your target audience during your teachings? Why?
2. What sort of identity do you try to enact or get your target audience recognize? Why?
   Probe:
   (i) What sort of stories do you tell your target audience to let them develop identity of prevention? How do you make your teachings being understood by your target audience?
   (ii) Can you tell me any story that you have told them to show the significance of avoiding risk factors in preventing NCDs?
   (iii) How do your target audience react to instances of NCDs prevention you

raised during discussions? What do they say?

III) Practices/Activities Built or Enacted to Prevent NCDs

1. As healthcare provider, what do you do to promote health and prevent NCDs? What activities are you involved with? Why?
2. What roles do WDA leaders and one-to-five network members play to promote health and prevent NCDs in this community? What do they say and do to prevent NCDs? How do they do so?
3. Can you describe any mobilization activities that this community has undertaken to prevent NCDs?

IV) Challenges in Promoting Prevention of NCDs

1. What challenges do you face in transmitting health messages regarding to health promotion and prevention of NCDs?
2. What traditional beliefs and practices do you think contribute to the prevalence of NCDs?
3. What are the dominant traditional beliefs and practices that contribute to prevalence of NCDs? What sorts of words or sayings make promoting the prevention of NCDs difficult?

V) Building Discourse of Health Promotion and Prevention of NCDs

1. What type of materials do you use to promote health and prevent NCDs?

   Probe:

   (i) Do you think that the materials include adequate information which enables you to promote prevention of NCD illnesses?
   (ii) What sorts of stories are included in the teaching materials? Do you think they are relevant to promote prevention of NCDs? If yes, how? If no, why not?
2. What sort of indigenous knowledge does the local community possess regarding to NCDs?

Probe:

(i) Does such knowledge encourage or discourage prevention of NCDs? How?
(ii) If the local communities' knowledge is de-privileging prevention of NCDs, what do you do to inculcate discourse of prevention of NCDs?

VI) Suggestions

1. What do you think should be done to tackle prevalence of NCD illnesses? How?
2. What educational and promotional activities are needed to improve awareness towards prevention of NCDs? What channels should be used reach all community members? Why?

Is there anything else you would like to tell me regarding health promotion and NCDs prevention?

Thank you very much!

iii) In-depth Interview Guide for WDA Leaders

Good morning/Good afternoon

My name is Negassi Abay. I am a student of Addis Ababa University in the Department of Foreign Languages and Literature, Applied Linguistics and Communication Unit. I am here today to discuss about NCDs prevention, risks and care. I will be using a tape recorder in addition to notes I take on what you say. All you say are confidential and used for research purposes only. Your name will not be recorded to protect your confidentiality.

Thank you in advance for your cooperation!

I) Knowledge towards NCDs

1. Tell me the types of disease exist in your community?
   Probe:
   (i) What types of communicable (CD) and non-communicable diseases (NCDs) exist?
   (ii) What do you know about the difference and similarity of CDs and NCDs?
   (iii) Which type of NCDs (blood pressure, heart attack, or diabetes (type 1/type 2) or cancer) is the most prevalent NCD in your community? Why?
   (iv) What are the risk factors of NCDs?
   - Do you think that everyone is at risk for developing NCD? If yes, how; if no, why not?
   - What sort of food stuffs do you think help you avoid risk factors of developing NCDs? Why? What types of food do you think causes for developing NCD? Why?

   (v) How can NCD be cured or treated?
   - What do people do to prevent, treat and cure people with NCD illnesses?
2. What are the major discussion topics that HEWs deal within their teachings in relation to NCDs?
   Probe:
   (i) What sort of stories do HEWs tell you in this regard? What are the major themes of the stories?
   (ii) Do you discuss such health issues in your one-to-five network discussions? How and why?
   (iii) Can you tell me any story that HEWs have told you? Or any other story that you have come across in your one-to-five network discussions?
3. What is your opinion to the Tigrigna saying: '**ካብ ሓሚምካ ሕክምና ተኸናኺንካ ጥዕና**'? Why?

II) Practices/Activities towards Promoting Health and Preventing NCDs

1. As leader of development army, what do you do to promote health and prevent NCDs?

   Probe:

   (i) What activities are you involved with in terms of promoting health and preventing NCDs? Why? What do you say and do to reduce risk factors of NCDs?

   (ii) How do you treat people with a chronic illness?

   (iii) What could a person **start/stop** doing in order to reduce risk of developing any type of NCDs (*diabetes, hypertension, heart attack or cancer)?* Why?

2. What have HEWs been doing to help local community members prevent NCDs?
3. Can you describe any mobilization activities that your community has undertaken to promote health and prevent NCDs?

III) Discourse of Health Promotion and Prevention of NCDs

1. In your community, what do people say about NCD illnesses?

   Probe:

   (i) What local term do they use to describe NCDs, and what do they say about diabetes, hypertension, and others?

   (ii) How would they describe a person who develops any type of NCDs (cancer, blood pressure, diabetes, heart attack, etc.)? What do they say about a person who dies of NCD?

2. In terms of '*what to do*' and '*what not to do*', what sorts of advice do HEWs provide you?

   Probe:

   (i) Tell me in terms of preventing and treating NCD illnesses.

   (ii) Do you put them into practice? Can you tell me any sort of story in this regard?

   (iii) How do such sorts of advice help you reduce risk factors?

IV) Suggestion

1. What do you think could be done to help your community prevent, cure and treat NCDs?

   Probe: In terms of:

   (i) Doing exercise (physical activity),

   (ii) Balanced diet, and

   (iii) Having early medical check-ups?

Thank you very much.

iv) In-depth Interview for Patients of NCD

Good morning/Good afternoon

My name is Negassi Abay. I am a student of Addis Ababa University in the Department of Foreign Languages and Literature, Applied Linguistics and Communication Unit. I am here today to discuss about NCDs prevention, risks and care. I am interested in all your ideas, comments and suggestions. Please feel free to tell me what you know and think about NCDs and related risks. I will be using a tape recorder in addition to notes I take on what you say. All you say are confidential and used for research purposes only. Your name will not be recorded to protect your confidentiality. If you don't want to participate in the interview or decline to answer any question you can do so.

Thank you in advance for your cooperation!

I) Knowledge towards NCDs

1. Tell me what you know about NCD?
   Probe:
   (i) What are the common NCD illnesses in your community?
   (ii) What are the causes of NCDs?
   (iii) Who do you think are at risk for NCDs? Why?
   (iv) How can NCD be prevented, cured or treated?
2. Which type of NCDs (blood pressure, heart attack, or diabetes (type 1/type 2) or cancer) is your case?
   Probe:
   (i) When were the signs of developing NCD first recognized? How did you become aware of the symptoms? What did you do?
   (ii) How did you feel when you first heard that your problem was NCD? How did your family members feel about your case? What did they say?
   (iii) Have you ever thought that you were at risk for any type of NCDs? Why or why not?
   (iv) What did you think the cause for you develop such disease?
   (v) Have you ever tried any traditional treatment to cure the disease? What did you do? Why?

II) Practices/Activities towards Preventing and Treating NCDs

1. What did you do to prevent NCDs?
   Probe:
   (i) Do you think that NCDs are preventable? How or why not?

(ii) What specific activities do you do to treat your case?

(iii)From your experience, what could a person **start/stop** doing in order to reduce risk of developing any type of NCDs (*diabetes, hypertension, heart attack or cancer)?* Why?

2. In your community, what do people say about NCD illnesses?

   Probe:

   (i) What local term do they use to describe NCDs, and what do they say about diabetes, hypertension, and others?

   (ii) How would they describe a person who develops any type of NCDs (cancer, blood pressure, diabetes, heart attack, etc.)? What do they say about a person who dies of NCD?

3. In terms of '*what to do*' and '*what not to do*', what sorts of advice do health professionals provide you?

   Probe:

   (i) Tell me in terms of preventing and treating NCD illnesses.

   (ii) Do you put them into practice? Can you tell me any sort of story in this regard?

   (iii)How do your family members help you treat your problem? What specific things do they do for you? Why?

III) Suggestion

1. What do you think could be done to help your community prevent, cure and treat NCDs?

Thank you very much!

v) In-depth Interview Guide for Family Members of Patients of NCD

Good morning/Good afternoon

My name is Negassi Abay. I am a student of Addis Ababa University in the Department of Foreign Languages and Literature, Applied Linguistics and Communication Unit. I am here today to discuss about NCDs prevention, risks and care. I am interested in all your ideas, comments and suggestions. Please feel free to tell me what you know and think about NCDs and related risks. I will be using a tape recorder in addition to notes I take on what you say. All you say are confidential and used for research purposes only. Your name will not be recorded to protect your confidentiality. If you don't want to participate in the interview or decline to answer any question you can do so.

Thank you in advance for your cooperation!

I) Knowledge towards NCDs

1. Tell me what you know about NCD?
   Probe:
   (i) What are the common NCD illnesses in your community?
   (ii) What are the causes of NCDs?
   (iii) Who do you think are at risk for NCDs? Why?
   (iv) How can NCD be prevented, cured or treated?
2. Which type of NCDs (blood pressure, heart attack, or diabetes (type 1/type 2) or cancer) is your family member's case?
   Probe:
   (i) When were the signs of developing NCD first recognized? How did your family member become aware of the symptoms? What did he/she do?
   (ii) How did you feel when you first heard that your family member's problem was NCD? What did you say?
   (iii) Have you ever thought that any of your family members were at risk for any type of NCDs? Why or why not?
   (iv) What did you think the cause for your family member develops such disease?
   (v) Have you ever tried any traditional treatment to cure the disease of your family member? What did you do? Why?

II) Practices/Activities towards Preventing and Treating NCDs

1. What did you do to prevent NCDs?
   Probe:

(i) Do you think that NCDs are preventable? How or why not?
(ii) What specific activities do you do to treat your family member's case?
(iii) From your experience, what could a person **start/stop** doing in order to reduce risk of developing any type of NCDs (*diabetes, hypertension, heart attack or cancer)?* Why?

2. In your community, what do people say about NCD illnesses?

Probe:

(i) What local term do they use to describe NCDs, and what do they say about diabetes, hypertension, and others? What about other family members? What do they say about any type of NCDs?
(ii) How would they describe a person who develops any type of NCDs (cancer, blood pressure, diabetes, heart attack, etc.)? What do they say about a person who dies of NCD?
(iii) How do you help your family member treat his/her problem? What specific things do you do for him/her? Why?

III) Suggestion

1. What do you think could be done to help your community prevent, cure and treat NCDs?

Thank you very much.

vi) FGD Guide for One-to-Five Network Members

Organize by: Membership in the one-to-five network discussions

Introduction

Good morning/afternoon! Welcome to our discussion. First of all, I would like to introduce myself. My name is Negassi Abay. I am a student of Addis Ababa University in the Department of Foreign Languages and Literature, Applied Linguistics and Communication Unit.

The major purpose of having this discussion is to discuss about issues related to health promotion and prevention of NCDs. I am very interested in all your ideas. Since the comments and suggestions you provide are highly valuable, you can raise everything that you feel with regard to the topics. Feel free to provide either positive or negative comments or suggestions. But please speak in turn to record your comments and suggestions at ease. All the information you provide in this discussion would be kept strictly confidential, and would be used for only academic research purpose**.**

Topics: Knowledge of NCDs, Meanings attached to NCDs, Discourse of Prevention

I) <u>Knowledge of NCDs and Meanings attached to NCDs</u>

1. Tell me what you know about NCD?
   <u>Probe:</u>
   (i) What image does it come to your mind when you hear any type of NCDs?
   (ii) Do you know anyone (neighbour, friend or family member) who develop or die due to NCD (cancer, heart attack, liver, hypertension, diabetes, etc.)? Can you tell me any special story about how the person got and what he/she did to treat NCD?
   (iii) What are the risk factors of NCDs? How can we avoid or reduce such risk factors? Do you think that everyone is at risk for NCDs? How and Why?
2. What are the major discussion topics that HEWs deal within their teachings in relation to NCDs? What sort of stories do HEWs tell you in this regard? What are the major themes of the stories?
3. Do you ever talk to others about prevention of NCDs? What do you say? Why?
   <u>Probe:</u>
   (i) What are your sources of information? Tell me how such sources of information help you prevent, treat and cure NCD illnesses?
   (ii) What is your opinion to the Tigrigna saying: '**ካብ ሓሚምካ ሕክምና ተሸናሺንካ ጥዕና**'? Why?

II) Practices/Activities towards Promoting Health and Preventing NCDs

1. As member one-to-five network, what do you do to promote health and prevent NCDs?
   Probe:
   (i) What activities are you involved with in terms of promoting health and preventing NCDs? Why? What do you say and do to reduce risk factors of NCDs?
   (ii) How do you treat people with a chronic illness in your neighbours or within family?
   (iii) What could a person **start/stop** doing in order to reduce risk of developing any type of NCDs (*diabetes, hypertension, heart attack or cancer)?* Why?
2. Can you describe any mobilization activities that your community has undertaken to promote health and prevent NCDs?

III) Discourse of Health Promotion and Prevention of NCDs

1. In your community, what do people say about NCD illnesses?
   Probe:
   (i) What local term do they use to describe NCDs, and what do they say about diabetes, hypertension, cancer, heart attack and others?
   (ii) How would they describe a person who develops any type of NCDs (cancer, blood pressure, diabetes, heart attack, etc.)? What do they say about a person who dies of NCD?
2. In terms of '*what to do*' and '*what not to do*', what sorts of advice do HEWs provide you?
   Probe:
   (i) Tell me in terms of preventing and treating NCD illnesses.
   (ii) Do you put them into practice? Can you tell me any sort of story in this regard?
   (iii)How do such sorts of advice help you reduce risk factors?

IV) Suggestion

1. What do you think could be done to help your community prevent, cure and treat NCDs?

Thank you very much.

Appendix – B: Data Collection Instruments (Tigrigna Version)

i) ቃለ-መሕትት ንሰብ ሙያ ጥዕና

<u>መእተዊ</u>

ከመይ ትሓድሩ/ራ/ ከመይ ትውዕሉ/ላ?

ኣነ ነጋሲ ኣባይ ይበሃል። ኣብ ዩኒቨርሲቲ ኣዲስ ኣበባ ክፍሊ ትምህርቲ ቋንቋታት ወፃኢን ስነፅሑፍን ተምሃራይ ተግባራዊ ስነልሳንን ኮሚዩኒኬሽንን እየ። ብዛዕባ ምክላኻል ዘይተመሓላለፍቲ ሕማማት መረዳእታ ንምእካብ ዝተወሰኑ ሕቶታት ክሓተኩም/ክን ይደሊ። ሓሳባትኩም/ን ንምቕራፅ መቕረፀ ድምፂ ክጥቀም እየ። ሽምኩም/ን ብመቕረፀ ድምፂ ኣይቕረፅን። ብተወሳኺ ትህብዎ/ኣ ሓሳባት ሚስጥራዊነቱ ዝተሓለወን ንዚ ፅንዓት ጥራሕ ዝውዕል ምኻኑ ከረጋግፀልኩም/ክን ይፈቱ።

ንዝግበረለይ ምትሕብባር ኣቐዲመ ከመስግን ይፈቱ!

<u>ሀ) ዘይተመሓላለፍቲ ሕማማትን ዝወሃቦም ትርጉምን ዝምልከት</u>

1. ኣብዚ ከባቢኹም/ን ዝርግሐ ዘይተመሓላለፍቲ ሕማማት እንታይ ይመስል?
   (i) ኣየናይ ዘይተመሓላለፊ ሕማም እዩ ብበዝሒ ንኣባላት እዚ ማሕበረሰብ ዘጥቅዕ? ንምንታይ?
   (ii) ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ሰባት እንታይ ይሓስቡ?
   (iii)ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ሰባት እንታይ ይብሉ? ንዘይተመሓላለፍቲ ሕማማት ዝገልፁ ናይ ትግርኛ ቃላት ወይድማ ሓሳባት እንታይ እንታይ እዮም? ሰባት ብዛዕባ ሕማም ሽኮር፣ ፀቕጢ ደም፣ ድኻም ልቢ፣ ካንሰርን ካልኦት ዘይተመሓላለፍቲ ሕማማት እንታይ ይብሉ?
   (iv)ኣብዚ ማሕበረሰብን ሳዕቤናት ዘይተመሓላለፍቲ ሕማማት ክቃልዑ ዝኽእሉ ሰባት ከመይ ዝበሉ እዮም? ንምንታይ?
2. ኣብዚ ማሕበረሰብ እዚ ሰባት ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ይዘራረቡ'ዶ?
   (i) ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ሓበሬታ ካባኹም/ክን ንምርካብ ይሓትኹም/ክን'ዶ? ብቐዳምነት ዘተሓሳስቦም ዓይነት ዘይተመሓላላፊ ሕማም ኣየናይ እዩ? ንምንታይ?
   (ii) ኣብ ከባቢኹም ሰባት ኣብ ዘይተመሓላለፍቲ ሕማማት ሕክምናዊ ክትትል ንምግባር ናብ ጥዕና ትካልኩም ይመፁ'ዶ? ወቕቱ ዝሓለወ ክትትል ሕክምና ካብ ዘይተመሓላላፊ ሕማም ክከላኸል ከምዝኽእል እኹል ኣፍልጦ ኣለዎም'ዶ? ግቡእ ክትትል ሕክምና ዘይምክያድ ንዘይተመሓላለፍቲ ሕማማት ምክልኻል ይኹን ምሕካም ኣፀጋሚ ክገብሮ ከምዝኽእል'ከ እኹል ኣፍልጦ ኣለዎም'ዶ?
   (iii)ሰባት ዘይተመሓላለፍቲ ሕማማት ንምክልኻል ይኹን ፈውሲ ንኽረኽቡ እንታይ ዓይነት ሓበሬታን ምኽሪን ትህብዎም/ኦም?
   (iv)ምስዚ ዝተትሓዘ ትነግሩኒ ዝኾነ ይኹን ተጓንፎ'ዶ ኣሎ?

<u>ለ) ንጥፈታት ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዝምልከት</u>

1. ከም ሰብ ሙያ ጥዕና ዘይተመሓላለፍቲ ሕማማት ንምክልኻልን ብዛዕባ ጥዕና ንምስትምሃርን እንታይ ተግባራት ትፍፅሙ/ማ?
   (i) ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ኣብ ምንታይ ተግባራት ትነጥፉ/ፋ? ንምንታይ?

(ii) ሳዕቤናት ዘይተመሓላለፍቲ ሕማማት ንምንካይ እንታይ ዓይነት ምኽሪ ንኣባላት እዚ ማሕበረሰብ ትህቡ/ባ? በዚ መንገዲ እዚ እንታይ ዓይነት ካልኦት ሕማማት ምክልኻል ይከኣል?

2. ንምክልኻል ይኹን ንምሕካም ዘይተመሓላለፍቲ ሕማማት እንታይ ትገብሩ/ራ?
   (i) ብዘይተመሓላለፍቲ ሕማማትን ዝተትሓዙ ሰባት ከመይ ትከናኸንዎም/ኦም?
   (ii) ኣብዚ ማሕበረሰብ ብዝኾነ ዓይነት ዘይተመሓላላፊ ሕማም (ሕማም ሽኮር፣ ፀቕጢ ደም፣ ድኻም ልቢ፣ ካንሰር ወዘተ) ንዝተትሓዘ ሰብ ብኽመይ መልክዕ ትሕግዝዎ? ንምንታይ?

<u>ሐ) ዕንቅፋት ምስትምሃር ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዝምልከት</u>

1. ንዝርገሐ ዘይተመሓላለፍቲ ሕማማት ከጋድዱ ዝኽእሉ ባህላዊ ኣተሓሳስባታትን ተግባራትን እዚ ማሕበረሰብ እንታይ እዮም ኢልኩም/ክን ትሓስባ?
2. እቲ ቕንዲ መጋደዲ ዝርገሐ ዘይተመሓላለፍቲ ሕማማት ባህላዊ ኣተሓሳስባን ተግባርን እዚ ማሕበረሰብ እንታይ እዩ?
3. እንታይ ዓይነት ኣበሃህላታትን ቃላትን ንምስትምሃር ምክልኻል ዘይተመሓላለፍቲ ሕማማት ኣፀጋሚ ይገብሩ?

<u>መ) ዛዕባታት ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዝምልከት</u>

1. እዚ ማሕበረሰብ ዘይተመሓላለፍቲ ሕማማት ብዝምልከት እንታይ ዓይነት ሀገር በቆል ፍልጠት ኣለዎ?
   (ii) ሀገር በቆል ፍልጠት እዚ ማሕበረሰብ ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ዘጠናኽር ድዩ? ብኽመይ?
   (iii)ሀገር በቆል ፍልጠት እዚ ማሕበረሰብ ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ዘየጠናኽር እንተኾይኑ ብኽመይ መልክዑ ብዛዕባ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ሓሳባት ኣብዚ ማሕበረሰብ ተስርፁ?
2. ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ከጠናኽር ዝኽእል ሀገር በቆል ፍልጠት እዚ ማሕበረሰብ እንታይ እዩ?

<u>ረ) ሪኢቶ</u>

1.ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ብደረጃ ማሕበረሰብ እንታይ ክግበር ኣለዎ ኢልኩም/ክን ትሓስቡ/ባ?
   (i) እዚ ማሕበረሰብ ኣብ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዘለዎ ኣፍልጦ ክብ ንኽብል እንታይ ዓይነት ንጥፈታት ክትግበሩ ይግባእ?
   (ii) ንምንካይ ሳዕቤናት ዘይተመሓላለፍቲ ሕማማት እንታይ ዓይነት መልእኽትታት ትምህርቲ ጥዕና ክወሃቡ ይግባእ?
   (iii)ንኹሉ ኣባል ማሕበረሰብ ንምስትምሃር እንታይ ዓይነት ሜላ ክንጥቀም ይግባእ ኢልኩም/ክን ትሓስቡ/ባ? ንምንታይ?
   (iv)ካልእ ብዛዕባ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዘይተጠቐሰ ነገር እንተሃልዩ?

የቕንየለይ!

ii) ቃለ-መሕትት ንሰራሕተኛታት ጥሙር ጥዕና

መእተዊ

ከመይ ትሓድሪ/ ከመይ ትውዕሊ?

ኣነ ነጋሲ ኣባይ ይበሃል። ኣብ ዩኒቨርሲቲ ኣዲስ ኣበባ ክፍሊ ትምህርቲ ቋንቋታት ወፃኢን ስነፅሑፍን ተምሃራይ ተግባራዊ ስነልሳንን ኮሚዩኒኬሽንን እየ። ብዛዕባ ምክላኻል ዘይተመሓላለፍቲ ሕማማት መረዳእታ ንምእካብ ዝተወሰኑ ሕቶታት ክሓተኪ ይደሊ። ኣብዚ ቃለ-መሕትት ካባኺ ዝረኽቦ ዝኾነ ይኹን ሓሳብ ንዚ ፅንዓት ኣዚዩ ጠቓሚ ስለዝኾነ ብዘይምስካፍ ዝስመዐኪ ሓሳብ ክትገልፂ ትኽእሊ ኢኺ። ሓሳባትኪ ንምቕራፅ መቕረፀ ድምፂ ክጥቀም እየ። ሽምኪ ብመቕረፀ ድምፂ ኣይቕረፅን። ብተወሳኺ ትህብዮ ሓሳብ ሚስጥራዊነቱ ዝተሓለወን ንዚ ፅንዓት ጥራሕ ዝውዕል ምኻኑ ከረጋግፀልኪ ይፈቱ።

ንዝግበረለይ ምትሕብባር ኣቐዲመ ከመስግን ይፈቱ!

<u>ሀ) ዘይተመሓላለፍቲ ሕማማትን ዝወሃቦም ትርጉምን ዝምልከት</u>

1. ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እንታይነት'ዶ ትነግርኒ?
   (i) ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ሰባት እንታይ ይሓስቡ?
   (ii) ኣየናይ ዘይተመሓላለፊ ሕማም እዩ ብበዝሒ ንማሕበረሰብ እዚ ከባቢ ዘጥቅዕ? ንምንታይ?
   (iii)ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ሰባት እንታይ ይብሉ? ንዘይተመሓላለፍቲ ሕማማት ዝገልፁ ናይ ትግርኛ ቃላት ወይድማ ሓሳባት እንታይ እንታይ እዮም? ሰባት ብዛዕባ ሕማም ሽኮር፣ ፀቕጢ ደም፣ ድኻም ልቢ፣ ካንሰርን ካልኦት ዘይተመሓላለፍቲ ሕማማት እንታይ ይብሉ?
   (iv)ኣባላት እዚ ማሕበረሰብ ንሳዕቤናት ዘይተመሓላለፍቲ ሕማማት ተቓላዕቲ እዮም ኢልኪ'ዶ ትሓስቢ? ብኽመይ ወይ ድማ ንምንታይ?
2. ኣብዚ ማሕበረሰብ እዚ ሰባት ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ይዘራረቡ'ዶ?
   (i) ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ሓበሬታ ካባኺ ንምርካብ ይሓትኹ'ዶ? ብቐዳምነት ዘተሓሳስቦም ዓይነት ዘይተመሓላላፊ ሕማም ኣየናይ እዩ? ንምንታይ?
   (ii) ሰባት ዘይተመሓላለፍቲ ሕማማት ንምክልኻል ይኹን ፈውሲ ንኽረኽቡ እንታይ ዓይነት ሓበሬታን ምኽሪን ትህብዮም?
   (iii)ምስዚ ዝተትሓዘ ክትነግርኒ ትኽእሊ ዝኾነ ይኹን ተጓንፎ'ዶ ኣሎ?

<u>ለ) ምፍጣር መንነት ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዝምልከት</u>

1. ኣብ እዋን ኣስተምህሮኺ ተሳተፍቲ ብሙሉእ ቀልበን'ዶ ይከታተላኺ?
   (i) መልስኺ እወ እንተኾይኑ፤ እንታይ ይብላ? መልስኺ ኣይፋል እንተኾይኑ፤ ንምንታይ?
   (ii) ተሳተፍቲ እቲ ኣስተምህሮ ብኽመይ ትቕርብየን? ንምንታይ?
2. ተሳተፍቲ ኣስተምህሮኺ እንታይ ዓይነት መንነት ንኽህልወን ኢኺ ትፅዕሪ? ንምንታይ?
   (i) መንነት ምክልኻል ዘይተመሓላለፍቲ ሕማማት ንምስራፅ እንታይ ዓይነት ዛንታታትን ተሳተፍቲ ኣስተምህሮኺ ትነግርየን? ኣስተምህሮኺ ተሳተፍቲ ብኽመይ መልክዑ ንኽጭበጥኣ ትገብሪ?
   (ii) ንኣገዳስነት ምንካይ ሳዕቤናት ዘይተመሓላለፍቲ ሕማማት ከረድእ ዝኽእል ኣብነት'ዶ ክትነግርኒ?
   (iii)ኣብ ኣስተምህሮኺ ንተልዕልዮም ኣብ ምክልኻል ዘድህቡ ኣብነታት ተሳተፍቲ ከመይ ይርእየኣም? እንታይ ይብላ?

ሐ) ንጥፈታት ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዝምልከት

1. ከም ወሃቢት ግልጋሎት ጥዕና ዘይተመሓላለፍቲ ሕማማት ንምክልኻልን ብዛዕባ ጥዕና ንምስትምሃርን እንታይ ተግባራት ትፍፅሚ? ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ኣብ ምንታይ ተግባራት ትነጥፊ? ንምንታይ?
2. ግደ መራሕቲ ጉጅለ ልምዓት ኣብ ምክልኻል ዘይተመሓላለፍቲ ሕማማት እንታይ እዩ? ብዛዕባ እዚ እንታይ ይብላ? ብኽመይ መልክዑ የተግብርኦ?
3. ብዛዕባ ኣብ ከባቢኽን ዝካየድ ኣብ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዘድህበ ዝኾነ ዓይነት ንጥፈት ንገርኒ።

መ) ዕንቅፋት ምስትምሃር ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዝምልከት

1. ኣብ ምስትምሃር ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዘጓነፉኺ ፀገማት እንታይ እንታይ እዮም?
2. እቲ ቕንዲ መጋደዲ ዝርገሐ ዘይተመሓላለፍቲ ሕማማት ባህላዊ ኣተሓሳስባን ተግባርን እዚ ማሕበረሰብ እንታይ እዩ?
3. እንታይ ዓይነት ኣበሃህላታትን ቃላትን ንምስትምሃር ምክልኻል ዘይተመሓላለፍቲ ሕማማት ኣፀጋሚ ይገብሩ?

ረ) ዛዕባታት ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዝምልከት

1. ንምስትምሃር ምክልኻል ዘይተመሓላለፍቲ ሕማማት እትጥቀምሎም ሓገዝቲ ፅሑፋት እንታይ እንታይ እዮም?
   (i) እዞም ሓገዝቲ ፅሑፋት ንምስትምሃር ምክልኻል ዘይተመሓላለፍቲ ሕማማት እኹል ሓበሬታ'ዶ ኣለዎም?
   (ii) ኣብዞም ሓገዝቲ ፅሑፋት እንታይ ዓይነት ዛንታታት ተኻቲቶም ይርከቡ? እዞም ዛንታታት ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ዘጠናኽሩ እዮም ኢልኪ'ዶ ትሓስቢ? ብኽመይ ወይድማ ንምንታይ?

2. እዚ ማሕበረሰብ ብዘይተመሓላለፍቲ ሕማማት ብዝምልከት እንታይ ዓይነት ሀገር በቆል ፍልጠት ኣለዎ?
   (i) ሀገር በቆል ፍልጠት እዚ ማሕበረሰብ ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ዘጠናኽር ድዩ? ብኽመይ?
   (ii) ሀገር በቆል ፍልጠት እዚ ማሕበረሰብ ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ዘየጠናኽር እንተኾይኑ ብኽመይ መልክዑ ብዛዕባ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ሓሳባት ኣብዚ ማሕበረሰብ ተስርፂ?

ሰ) ሪኢቶ

1. ንምክልኻል ዝርግሐ ዘይተመሓላለፍቲ ሕማማት እንታይ ከግበር ኣለዎ ኢልኪ ትሓስቢ? ብኽመይ?
2. እቲ ማሕበረሰብ ኣብ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዘለዎ ኣፍልጦ ክብ ንኽብል እንታይ ዓይነት ንጥፈታት ክትግበሩ ይግባእ? ንኹሉ ኣባል ማሕበረሰብ ንምስትምሃር እንታይ ዓይነት ሜላ ክንጥቀም ይግባእ? ንምንታይ?
3. ካልእ ብዛዕባ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዘይተጠቐሰ ነገር እንተሃልዩ?

የቕንየለይ!

iii) ቃለ-መሕትት ንመራሕቲ ጉጅለ ልምዓት

መእተዊ

ከመይ ትሓድራ/ ከመይ ትውዕላ?

ኣነ ነጋሲ ኣባይ ይበሃል። ኣብ ዩኒቨርሲቲ ኣዲስ ኣበባ ክፍሊ ትምህርቲ ቋንቋታት ወፃኢን ስነፅሑፍን ተምሃራይ ተግባራዊ ስነልሳንን ኮሚዩኒኬሽንን እየ። ብዛዕባ ምክላኻል ዘይተመሓላለፍቲ ሕማማት መረዳእታ ንምእካብ ዝተወሰኑ ሕቶታት ክሓተክን ይደሊ። ኣብዚ ቃለ-መሕትት ካባኽን ዝረኽቦ ዝኾነ ይኹን ሓሳብ ንዚ ፅንዓት ኣዚዩ ጠቓሚ ስለዝኾነ ብዘይምስካፍ ዝስመዐክን ሓሳብ ክትገልፃ ትኽእላ ኢኽን። ሓሳባትክን ንምቕራፅ መቕረፀ ድምፂ ክጥቀም እየ። ሽምክን መቕረፀ ድምፂ ኣይቕረፅን። ብተወሳኺ ትህብኦ ሓሳባት ሚስጥራዊነቱ ዝተሓለወን ንዚ ፅንዓት ጥራሕ ዝውዕል ምኻኑ ከረጋግፀልክን ይፈቱ።

ንዝግበረለይ ምትሕብባር ኣቐዲመ ከመስግን ይፈቱ!

<u>ሀ) ኣፍልጦ ዘይተመሓላለፍቲ ሕማማት ዝምልከት</u>

1. ኣብ ከባቢኹም እንታይ ዓይነት ሕማማት ኣለዉ?
    (i) ኣየኖት ዓይነት ተመሓላለፍትን ዘይተመሓላለፍትን ሕማማት ኣብ ከባቢኹም ይርኣዩ?
    (ii) ተመሓላለፍትን ዘይተመሓላለፍትን ሕማማት ብምንታይ ይመሳሰሉ? ብምንታይ'ከ ይፈላለዩ?
    (iii)ኣየናይ ዘይተመሓላለፉ ሕማም (ሕማም ሽኮር፣ ፀቕጢ ደም፣ ድኻም ልቢ፣ ካንሰር ወዘተ) እዩ ብበዝሒ ማሕበረሰብ እዚ ከባቢ ዘጥቅዕ? ንምንታይ?
    (iv)ሳዕቤናት ዘይተመሓላለፍቲ ሕማማት እንታይ እንታይ እዮም?
        - ኩለሰብ ንሳዕቤናት ዘይተመሓላለፍቲ ሕማማት ተቓላዓይ እዮ ኢልክን'ዶ ትሓስባ? ብኽመይ ወይ ድማ ንምንታይ?
        - እንታይ ዓይነት መግቢ ንምንካይ ሳዕቤናት ዘይተመሓላለፍቲ ሕማማት ይጠቕሙ ኢልክን ትሓስባ? ንምንታይ? ኣየኖት ዓይነታት መግቢን ዘይተመሓላለፍቲ ሕማማት የቃልዑ? ንምንታይ?
    (v) ዘይተመሓላለፍቲ ሕማማት ብኽመይ ክንከላኸሎም ንኽእል? ሰባት ንምክልኻል ይኹን ንምፍዋስ ዘይተመሓላለፍቲ ሕማማት እንታይ ይገብሩ?
2. ሰራሕተኛታት ጥሙር ጥዕና ኣብ ዝህብኦ ትምህርቲ ትኹረት ሂበን ዘልዕልኦ ኣብ ዘይተመሓላለፍቲ ሕማማት ዘድህቡ ኣርእስትታት እንታይ እንታይ እዮም?
    (i) ብዛዕባ እቶም ኣርእስቲ እንታይ ዓይነት ዛንታታት ይነግራኽን? ቕንዲ መልእኽቲ እቶም መመያየጢ ኣርእስትታትን ዛንታታትን እንታይ እዩ?
    (ii) ብዛዕባ እዞም መልእኽትታት ጥዕና ኣብ ኔትዎርክ ሓደ ንሓሙሽተ ትዝትያሎም'ዶ? ብኽመይ? ንምንታይ?
    (iii)ምስዚ ዝተትሓዘ ክትነግራኒ ትኽእላ ዝኾነ ይኹን ተጓንፎ'ዶ ኣሎ?
3. 'ካብ ሓሚምካ ሕክምና ተኸናኺንካ ጥዕና' ኣብ ዝብል ብሂል ትግርኛ ዘለክን ሪኢቶ እንታይ እዩ? ንምንታይ?

<u>ለ) ንጥፈታት ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዝምልከት</u>

1. ከም መራሒት ጉጅለ ልምዓት ዘይተመሓላለፍቲ ሕማማት ንምክልኻል እንታይ ተግባራት ትፍፅማ?

(i) ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ኣብ ምንታይ ተግባራት ትነጥፉ? ንምንታይ? ሳዕቤናት ዘይተመሓላለፍቲ ሕማማት ንምንካይ እንታይ ትፍዕማ? ብዛዕባ ምንካይ ሳዕቤናት ዘይተመሓላለፍቲ ሕማማት እንታይ ትብላ?

(ii) ኣብ ከባቢኽን ንዝርከቡ ብዘይተመሓላለፍቲ ሕማማት ዝተትሓዙ ሰባት ከመይ ትከናኸነኡም?

(iii) ሓደ ሰብ ሳዕቤናት ዘይተመሓላለፍቲ ሕማማት (ሕማም ሸኮር፣ ፀቕጢ ደም፣ ድኻም ልቢ፣ ካንሰር ወዘተ) ንምንካይ እንታይ ክገብር ኣለዎ? ክገብሮም ዘይግብኡ ነገራት እንታይ እንታይ እዮም? ንምንታይ?

2. ሰራሕተኛታት ጥሙር ጥዕና ማሕበረሰብ እዚ ኸባቢ ካብ ዘይተመሓላለፍቲ ሕማማት ዓርሱ ንኽከላኸል እንታይ ዓይነት ንጥፈት ይትግብራ ኣለዋ?

3. ብዛዕባ ኣብ ከባቢኽን ዝካየድ ኣብ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዘድህበ ዝኾነ ዓይነት ንጥፈት ንገራኒ።

<u>ሐ) ዛዕባታት ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዝምልከት</u>

1. ኣብ ከባቢኽን ሰባት ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እንታይ ይብሉ?

(i) ንዘይተመሓላለፍቲ ሕማማት ዝገልፁ ናይ ትግርኛ ቃላት ወይ ድማ ሓሳባት እንታይ እንታይ እዮም? ሰባት ብዛዕባ ሕማም ሸኮር፣ ፀቕጢ ደም፣ ድኻም ልቢ፣ ካንሰርን ካልኦት ዘይተመሓላለፍቲ ሕማማት እንታይ ይብሉ? ካልኦት ኣባላት ስድራቤትኩም/ክን'ከ ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እንታይ ይብሉ?

(ii) ብዘይተመሓላላፊ ሕማም ንዝተትሓዘ ሰብ ከመይ ይገልፅዎ? ብዛዕባ ብዘይተመሓላላፊ ሕማም ዝሞተ ሰብ'ከ እንታይ ይብሉ?

2. ሰራሕተኛታት ጥሙር ጥዕና ብዛዕባ ክትትግብርኡ ዝግበኣክንን ዘይግበኣክንን እንታይ ምኽሪ ወይ ድማ ማዕዳ ይህባኽን?

(i) ብመዳይ ምክልኻልን ምሕካምን ዘይተመሓላለፍቲ ሕማማት ብዝርዝር እንታይ ይብላኽን?

(ii) ነዞም ዝተውሃብክን ማዕዳታት ኣብ ተግባር ተውዕለኡም'ዶ? ብኽመይ? ብኣብነት ኣረዳኣኒ?

(iii)እዞም ማዕዳታት ንምንካይ ሳዕቤናት ዘይተመሓላለፍቲ ሕማማት ብኽመይ ሓጊዞምኽን? ብኣብነት ይግለፃለይ?

<u>መ) ሪኢቶ</u>

1. ማሕበረሰብ ከባቢኽን ዘይተመሓላለፍቲ ሕማማት ንኽከላኸል እንታይ ክግበር ኣለዎ ትብላ? ንኣብነት፡- ብመዳይ ስፖርታዊ ምንቅስቓስ፣ ዝተመጣጠነ መግቢን እዋኑ ዝሓለወ ክትትል ሕክምናን?

የቐንየለይ!

iv) ቃለ-መሕትት ንሕሙማት ዘይተመሓላለፍቲ ሕማማት

<u>መእተዊ</u>

ከመይ ትሓድሩ/ራ/ ከመይ ትውዕሉ/ላ?

ኣነ ነጋሲ ኣባይ ይበሃል። ኣብ ዩኒቨርሲቲ ኣዲስ ኣበባ ክፍሊ ትምህርቲ ቋንቋታት ወፃኢን ስነፅሑፍን ተምሃራይ ተግባራዊ ስነልሳንን ኮሚዩኒኬሽንን እየ። ብዛዕባ ምክላኻል ዘይተመሓላለፍቲ ሕማማት መረዳእታ ንምእካብ ዝተወሰኑ ሕቶታት ክሓተኩም/ክን ይደሊ። ኣብዚ ቃለ-መሕትት ካባኹም/ኽን ዝረኽቦ ዝኾነ ይኹን ሓሳብ ንዚ ፅንዓት ኣዚዩ ጠቓሚ ስለዝኾነ ብዘይምስካፍ ዝስመዐኩም/ክን ሓሳብ ክትገልፁ/ፃ ትኽእሉ/ላ ኢኽም/ን። ሓሳብኩም/ክን ንምቕራፅ መቕረፀ ድምፂ ክጥቀም እየ። ሽምኩም/ን ብመቕረፀ ድምፂ ኣይቕረፅን። ኣብ ዝኾነ ሰዓት ካብ ምስታፍ ንምቁራፅ ንክትምልስዎ/ኦ ዘይደለኹም/ኽን ዝኾነ ሕቶ ንዘይምምላስን መሰልኩም/ክን ዝተሓለወ እዩ። ብተወሳኺ ትህብዎ/ኦ ሓሳባት ሚስጥራዊነቱ ዝተሓለወን ንዚ ፅንዓት ጥራሕ ዝውዕል ምኻኑ ከረጋግፀልኩም/ክን ይፈቱ።

ንዝግበረለይ ምትሕብባር ኣቐዲመ ከመስግን ይፈቱ!

<u>ሀ) ኣፍልጦ ዘይተመሓላለፍቲ ሕማማት</u>

1. ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እንታይ ትፈልጡ/ጣ?
    (i) ኣብ ከባቢኹም ልሙድ ዝኾኑ ዓይነት ዘይተመሓላለፍቲ ሕማማት እንታይ እንታይ እዮም?
    (ii) ንዘይተመሓላለፍቲ ሕማማት ኪቃልዑ ዝኽእሉ ነገራት እንታይ እንታይ እዮም?
    (iii) ንሳዕቤናት ዘይተመሓላለፍቲ ሕማማት ኪቃላዕ ዝኽእል መን እዩ? ብኸመይ? ንምንታይ?
    (iv) ነዞም ሳዕቤናት ብኸመይ ክነወግዶም ወይ ድማ ክንክዮም ንኽእል? ዘይተመሓላላፊ ሕማም ብኸመይ ክንሕውዮ ንኽእል?
2. በየናይ ዓይነት ዘይተመሓላላፊ ሕማም (ሕማም ሸኮር፣ ፀቕጢ ደም፣ ድኻም ልቢ፣ ካንሰር ወዘተ) ኢኹም/ኽን ተታሒዝኩም/ክን?
    (i) ምልክታት እቲ ሕማም ንፈለማ እዋን መዓስ ተራእዮም? ብኸመይ'ከ ፈሊጥኩም/ክን? እንታይ'ከ ገይርኩም/ክን?
    (ii) ብዘይተመሓላላፊ ሕማም ከምተትሓዝኩም/ክን ምስ ሰማዕኹም/ኽን እንታይ ተሰሚዕኩም/ክን? ካልኦት ኣባላት ስድራቤትኩም'ከ እንታይ ተሰሚዕዎም? ብዛዕባ እዚ'ኽ እንታይ ኢሎም?
    (iii)ንዘይተመሓላለፍቲ ሕማማት ኪቃላዕ ይኽእል እየ ኢልኩም/ክን'ዶ ትሓስቡ/ባ ነይርኩም/ክን? ብኸመይ ወይ ድማ ንምንታይ?
    (iv)ብዘይተመሓላላፊ ሕማም ንምንታይ ተታሒዝኩም/ክን ይመስለኩም/ክን?
    (v) ካብ ዘይተመሓላላፊ ሕማም ንኽትፍወሱ/ሳ ባህላዊ ሕክምና ፈቲንኩም/ክን'ዶ ነይርኩም/ክን? እንታይ ገይርኩም/ክን? ንምንታይ?

<u>ለ) ንጥፈታት ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዝምልከት</u>

1. ንምክልኻል ዘይተመሓላለፍቲ ሕማማት እንታይ ተግባራት ፈፂምኩም/ክን?
    (i) ዘይተመሓላለፍቲ ሕማማት ምክልኻል ይከኣልእዩ'ዶ ኢልኩም/ክን ትሓስቡ/ባ? ብኸመይ ወይ ድማ ንምንታይ?

(ii) ካብ ዘይተመሓላለፍቲ ሕማም ንኽትፍወሱ/ሳ እንታይ ዓይነት ንጥፈታት ፈፂምኩም/ክን?

(iii) ካብ ተመኩሮኹም/ኽን ተበጊስኩም/ክን ሓደ ሰብ ሳዕቤናት ዘይተመሓላለፍቲ ሕማማት (ሕማም ሽኮር፣ ፀቓጢ ደም፣ ድኻም ልቢ፣ ካንሰር ወዘተ) ንምንካይ ክንብሮም ዝግባእ ወይ ድማ ዘይግባእ ነገራት እንታይ እንታይ እዮም? ንምንታይ?

2. ኣብዚ ከባቢኹም/ኽን ሰባት ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እንታይ ይብሉ?

(i) ንዘይተመሓላለፍቲ ሕማማት ዝገልፁ ናይ ትግርኛ ቃላት ወይ ድማ ሓሳባት እንታይ እንታይ እዮም? ሰባት ብዛዕባ ሕማም ሽኮር፣ ፀቓጢ ደም፣ ድኻም ልቢ፣ ካንሰር ንካልኦት ዘይተመሓላለፍቲ ሕማማት እንታይ ይብሉ? ካልኦት ኣባላት ስድራቤትኩም/ክን'ከ ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እንታይ ይብሉ?

(ii) ብዘይተመሓላላፊ ሕማም ንዝተትሓዘ ሰብ ከመይ ይገልፅዎ? ብዛዕባ ብዘይተመሓላላፊ ሕማም ዝሞተ ሰብ'ከ እንታይ ይብሉ?

3. ሰብ ሞያ ጥዕና ብዛዕባ ክትትግብርዎ/ኦ ዝግበኣኩም/ክን ንዘይግበኣኩም/ክንን እንታይ ምኽሪ ወይ ድማ ማዕዳ ይህብኹም/ኽን?

(i) ብመዳይ ምክልኻል ንምሕካም ንዘይተመሓላለፍቲ ሕማማት ብዝርዝር እንታይ ይብልኹም/ኽን?

(ii) ነዞም ዝተውሃብክን ማዕዳታት ኣብ ተግባር ተውዕልዎም/ኦም'ዶ? ብኸመይ? ብኣብነት ኣረዱኡኒ/ኣኒ?

(iii) ኣባል ስድራቤትኩም ካብ ሕማሙ ንኽትፍወሱ/ሳ ወይ ድማ ንምክልኻል ዘይተመሓላለፍቲ ሕማማት እንታይ ዓይነት ሓገዝ ይገብርልኩም/ክን? ብዝርዝር ይግለፁለይ/ይግለፃለይ? ንምንታይ?

<u>ሐ) ሪኢቶ</u>

1. ማሕበረሰብ ከባቢኹም/ኽን ዘይተመሓላለፍቲ ሕማማት ንኽከላኸል እንታይ ክግበር ኣለዎ ትብሉ/ላ?

የቕንየለይ!

v) ቃለ-መሕትት ንስድራ ቤት ሕሙማት ዘይተመሓላለፍቲ ሕማማት

<u>መእተዊ</u>

ከመይ ትሓድሩ/ራ/ ከመይ ትውዕሉ/ላ?

ኣነ ነጋሲ ኣባይ ይበሃል። ኣብ ዩኒቨርሲቲ ኣዲስ ኣበባ ክፍሊ ትምህርቲ ቋንቋታት ወፃኢን ስነፅሑፍን ተምሃራይ ተግባራዊ ስነልሳንን ኮሚዩኒኬሽንን እየ። ብዛዕባ ምክላኻል ዘይተመሓላለፍቲ ሕማማት መረዳእታ ንምእካብ ዝተወሰኑ ሕቶታት ክሓተኩም/ክን ይደሊ። ኣብዚ ቃለ-መሕትት ካባኹም/ኽን ዝረኽቦ ዝኾነ ይኹን ሓሳብ ንዚ ፅንዓት ኣዚዩ ጠቓሚ ስለዝኾነ ብዘይምስካፍ ዝስመዐኩም/ክን ሓሳብ ክትገልፁ/ፃ ትኽእሉ/ላ ኢኽም/ን። ሓሳባትክን ንምቐራፅ መቐረፀ ድምፂ ክጥቀም እየ። ሽምኩም/ን ብመቐረፀ ድምፂ ኣይቐረፅን። ኣብ ዝኾነ ሰዓት ካብ ምስታፍ ንምቁራፅ ንክትምልስዎ/ኦ ዘይደለኹም/ኽን ዝኾነ ሕቶ ንዘይምምላስን መሰልኩም/ክን ዝተሓለወ እየ። ብተወሳኺ ትህብዎ/ኦ ሓሳባት ሚስጥራዊነቱ ዝተሓለወን ንዚ ፅንዓት ጥራሕ ዝውዕል ምኻኑ ከረጋግፀልክን ይፈቱ።

ንዝግበረለይ ምትሕብባር ኣቐዲመ ከመስግን ይፈቱ!

<u>ሀ) ኣፍልጦ ዘይተመሓላለፍቲ ሕማማት</u>

1. ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እንታይ ትፈልጡ/ጣ?
    (i) ኣብ ከባቢኹም ልሙድ ዝኾኑ ዓይነት ዘይተመሓላለፍቲ ሕማማት እንታይ እንታይ እዮም?
    (ii) ንዘይተመሓላለፍቲ ሕማማት ኪቃልዑ ዝኽእሉ ነገራት እንታይ እንታይ እዮም?
    (iii) ንሳዕቤናት ዘይተመሓላለፍቲ ሕማማት ኪቃላዕ ዝኽእል መን እዩ? ብኽመይ? ንምንታይ?
    (iv) ነዞም ሳዕቤናት ብኽመይ ክነወግዶም ወይ ድማ ክንክዮም ንኽእል? ዘይተመሓላላፊ ሕማም ብኽመይ ክንሕውዮ ንኽእል?
2. ኣባል ስድራ ቤትኩም/ክን በየናይ ዓይነት ዘይተመሓላላፊ ሕማም (ሕማም ሽኮር፣ ፀቕጢ ደም፣ ድኻም ልቢ፣ ካንሰር ወዘተ) እዩ ተታሒዙ?
    (i) ኣባል ስድራቤትኩም/ክን ብዘይተመሓላላፊ ሕማም ከምተትሓዘ ዝሕብሩ ምልክታት እቲ ሕማም ንፈለማ እዋን መዓስ ተራእዮም? ብኽመይ'ከ ፈሊጡ/ጣ? እንታይ'ከ ገይሩ/ራ?
    (ii) ኣባል ስድራቤትኩም/ክን ብዘይተመሓላላፊ ሕማም ምትሓዙ/ዛ ምስ ስማዕኹም/ኽን እንታይ ተሰሚዕኩም/ክን? እንታይ ኢልኩም/ክን?
    (iii) ዝኾነ ኣባል ስድራ ቤትኩም/ክን ንዘይተመሓላለፍቲ ሕማማት ተቓላዓይ እዩ ኢልኩም/ክን'ዶ ትሓስቡ/ባ ነይርኩም/ክን? ንምንታይ?
    (iv) ኣባል ስድራ ቤትኩም/ክን ብዘይተመሓላላፊ ሕማም ንምንታይ ተታሒዙ/ዛ?
    (v) ኣባል ስድራቤትኩም/ክን ካብ ዘይተመሓላላፊ ሕማም ንኽፍወስ ባህላዊ ሕክምና ፈቲንኩም/ክን'ዶ ነይርኩም/ክን? እንታይ ገይርኩም/ክን? ንምንታይ?

<u>ለ) ንጥፈታት ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዝምልከት</u>

1. ንምክልኻል ዘይተመሓላለፍቲ ሕማማት እንታይ ተግባራት ፈፂምኩም/ክን?
    (i) ዘይተመሓላለፍቲ ሕማማት ምክልኻል ይከኣል እዩ'ዶ ኢልኩም/ክን ትሓስባ? ብኽመይ ወይ ድማ ንምንታይ?

(ii) ብዘይተመሓላለፍቲ ሕማምን ዝተትሓዘ/ት ኣባል ስድራ ቤት ካብቲ ሕማም ንምፍዋስ እንታይ ዓይነት ንጥፈታት ትፍፅሙ/ማ?

(iii)ካብ ተመኩሮኹም/ክን ተበጊስኩም/ክን ሓደ ሰብ ሳዕቤናት ዘይተመሓላለፍቲ ሕማማት (ሕማም ሽኮር፣ ፀቓጢ ደም፣ ድኻም ልቢ፣ ካንሰር ወዘተ) ንምንካይ ክገብሮም ዝግባእ ወይ ድማ ዘይግባእ ነገራት እንታይ እንታይ እዮም? ንምንታይ?

2. ኣብዚ ከባቢኹም/ክን ሰባት ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እንታይ ይብሉ?

(i) ንዘይተመሓላለፍቲ ሕማማት ዝገልፁ ናይ ትግርኛ ቃላት ወይ ድማ ሓሳባት እንታይ እንታይ እዮም? ሰባት ብዛዕባ ሕማም ሽኮር፣ ፀቓጢ ደም፣ ድኻም ልቢ፣ ካንሰር ንካልኦት ዘይተመሓላለፍቲ ሕማማት እንታይ ይብሉ? ካልኦት ኣባላት ስድራቤትኩም/ክን' ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እንታይ ይብሉ?

(ii) ብዘይተመሓላላፊ ሕማም ንዝተትሓዘ ሰብ ከመይ ይገልፅዎ? ብዛዕባ ብዘይተመሓላላፊ ሕማም ዝሞተ ሰብ'ከ እንታይ ይብሉ?

(iii) ኣባል ስድራቤትኩም ካብ ሕማሙ ንኽፍወስን ንምክልኻል ዘይተመሓላለፍቲ ሕማማት እንታይ ዓይነት ሓገዝ ትገብርሉ/ላ? ብዝርዝር ይግለፁለይ/ይግለፃለይ?

<u>ሐ) ሪኢቶ</u>

1. ማሕበረሰብ ከባቢኹም/ክን ዘይተመሓላለፍቲ ሕማማት ንኽከላኸል እንታይ ክግበር ኣለዎ ትብሉ/ላ?

የቐንየለይ!

vi) ምይይጥ ጉጅለ ኣባላት ሓደ ንሓሙሽተ

<u>መእተዊ</u>

ከመይ ትሓድራ/ ከመይ ትውዕላ?

ናብዚ ምይይጥ ጉጅለ እንኳዕ ደሓን መፃኽን። ኣቐዲመ ዓርሰይ ከፋልጥ። ኣነ ነጋሲ ኣባይ ይበሃል። ኣብ ዩኒቨርሲቲ ኣዲስ ኣበባ ክፍሊ ትምህርቲ ቋንቋታት ወፃኢን ስነፅሑፍን ተምሃራይ ተግባራዊ ስነልሳንን ኮሚዩኒኬሽንን እየ።

ቀንዲ ዕላማ እዚ ምይይጥ እዚ ብዛዕባ ምክላኻል ዘይተመሓላለፍቲ ሕማማት ንምዝታይ እዩ። ኣብዚ ምይይጥ ተልዕልኡ ዝኾነ ይኹን ሓሳባት ንዚ ፅንዓት ኣዚዩ ጠቓሚ ስለዝኾነ ብዘይምስካፍ ዝስመዐክን ሓሳብ ክትገልፃ ትኽእላ ኢኽን። ኮይኑ ግን ሓሳባትክን ብኣግባቡ ብመቐረፀ ድምፂ ንምቕራፅ በብተራ ንኽትዛረባ ይላቦ። ብተወሳኺ ትህብኡ ሓሳባት ሚስጥራዊነቱ ዝተሓለወን ንዚ ፅንዓት ጥራሕ ዝውዕል ምኻኑ ከረጋግፀልክን ይፈቱ።

ኣርእስትታት ዘተ፡- ኣፍልጦ ዘይተመሓላለፍቲ ሕማማት፣ ንዘይተመሓላለፍቲ ሕማማት ዝወሃብ ትርጉም፣ ንጥፈታት ምክልኻል ዘይተመሓላለፍቲ ሕማማት፣ ዛዕባታት ምክልኻል ዘይተመሓላለፍቲ ሕማማት

<u>ሀ) ኣፍልጦ ዘይተመሓላለፍቲ ሕማማት ዝምልከት</u>

1. ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እንታይ ትፈልጣ?
    (i) ብዛዕባ ዝኾነ ዓይነት ዘይተመሓላለፍቲ ሕማማት እንትትሰምዓ ናብ ኣእምሮኽን ዝመፅእ ሓሳብ/ምስሊ እንታይ እዩ?
    (ii) ብዘይተመሓላለፍቲ ሕማማት ዝሞተ ወይድማ ዝተትሓዘ ሰብ (ጎረቤት፣ መሓዛ፣ ኣባል ስድራቤት) ኣሎ’ዶ? ብዛዕባ እዚ’ዶ ክትነግሩኒ? ከመይ ከምተትሓዘ፣ ንምክልኻል እቲ ሕማም እንታይ እንታይ ከምተገብራ ንገራኒ?
    (iii)ንዘይተመሓላለፍቲ ሕማማት ከቃልዑ ዝኽእሉ ነገራት እንታይ እንታይ እዮም? ነዞም ሳዕቤናት ብኽመይ ክነወግዶም ወይድማ ክንክዮም ንኽእል? ኩሉሰብ ነዞም ሳዕቤናት ዝተቓለዐ እዩ ኢልክን’ዶ ትሓስባ? ብኽመይ? ንምንታይ?
2. ሰራሕተኛታት ጥሙር ጥዕና ኣብ ዝህብኡ ትምህርቲ ትኹረት ሂበን ዘልዕልኡም ኣብ ዘይተመሓላለፍቲ ሕማማት ዘድህቡ ኣርእስትታት እንታይ እንታይ እዮም? ብዛዕባ እቶም ኣርእስቲ እንታይ ዓይነት ዛንታታት ይነግሩኽን? ቕንዲ መልእኽቲ እቶም መመያየጢ ኣርእስትታትን ዛንታታትን እንታይ እዩ?
3. ብዛዕባ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ምስ ካልኦት ሰባት ኣውጊዕኽን’ዶ ትፈልጣ? እንታይ ኣውጊዕኽን? ንምንታይ?
    (i) ፍልፍል ሓበፌታኽን እንታይ እዩ? እቶም ፍልፍል ሓበፌታት ኣብ ምክልኻል ይኹን ምሕካም ዘይተመሓላለፍቲ ሕማማት ክንደየናይ ሓገዝቲ እዮም?
    (ii) ‘ካብ ሓሚምካ ሕክምና ተኸናኺንካ ጥዕና’ ኣብ ዝብል ብሂል ትግርኛ ዘለክን ሪኢቶ እንታይ እዩ? ንምንታይ?

<u>ለ) ንጥፈታት ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዝምልከት</u>

1. ከም ኣባል ሓደ ንሓሙሽተ ዘይተመሓላለፍቲ ሕማማት ንምክልኻል እንታይ ተግባራት ትፍፅማ?

(i) ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ኣብ ምንታይ ተግባራት ትነጥፉ? ንምንታይ? ሳዕቤናት ዘይተመሓላለፍቲ ሕማማት ንምንካይ እንታይ ትፍፅማ? ብዛዕባ ምንካይ ሳዕቤናት ዘይተመሓላለፍቲ ሕማማት እንታይ ትብላ?

(ii) ኣብ ከባቢኽን ንዝርከቡ ብዘይተመሓላለፍቲ ሕማማት ዝተትሓዙ ሰባት (ጎረቤት ወይድማ ኣባል ስድራቤት) ከመይ ትከናኸነኡም? እንታይ ትገብራሎም?

(iii) ሓደ ሰብ ሳዕቤናት ዘይተመሓላለፍቲ ሕማማት (ሕማም ሽኮር፣ ፀቕጢ ደም፣ ድኻም ልቢ፣ ካንሰር ወዘተ) ንምንካይ እንታይ ክገብር ኣለዎ? ክገብሮም ዘይግብኡ ነገራት እንታይ እንታይ እዮም? ንምንታይ?

2. ኣብ ከባቢኽን ዝካየድ ኣብ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዘድህበ ዝኾነ ዓይነት ንጥፈት ንገራኒ።

<u>ሐ) ዛዕባታት ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዝምልከት</u>

1. ኣብዚ ማሕበረሰብ እዚ ሰባት ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እንታይ ይብሉ?
   (i) ንዘይተመሓላለፍቲ ሕማማት ዝገልፁ ናይ ትግርኛ ቃላት ወይድማ ሓሳባት እንታይ እንታይ እዮም? ሰባት ብዛዕባ ሕማም ሽኮር፣ ፀቕጢ ደም፣ ድኻም ልቢ፣ ካንሰርን ካልኦት ዘይተመሓላለፍቲ ሕማማት እንታይ ይብሉ?
   (ii) ብዘይተመሓላላፊ ሕማም ንዝተትሓዘ ሰብ ከመይ ይገልፅዎ? ብዛዕባ ብዘይተመሓላላፊ ሕማም ዝሞተ ሰብ'ከ እንታይ ይብሉ?
2. ሰራሕተኛታት ጥሙር ጥዕና ብዛዕባ ከተተግብርኡ ዝግበኣከንን ዘይግበኣከንን እንታይ ምኽሪ ወይ ድማ ማዕዳ ይህባኽን?
   (i) ብመዳይ ምክልኻል ንምሕካም ንዘይተመሓላለፍቲ ሕማማት ብዝርዝር እንታይ ይብላኽን?
   (ii) ነዞም ዝተውሃብከን ማዕዳታት ኣብ ተግባር ተውዕሎኡም'ዶ? ብኽመይ? ብኣብነት ኣረዳኣኒ?
   (iii)እዞም ማዕዳታት ንምንካይ ሳዕቤናት ዘይተመሓላለፍቲ ሕማማት ብኽመይ ሓጊዞምኽን? ብኣብነት ግለፃለይ?

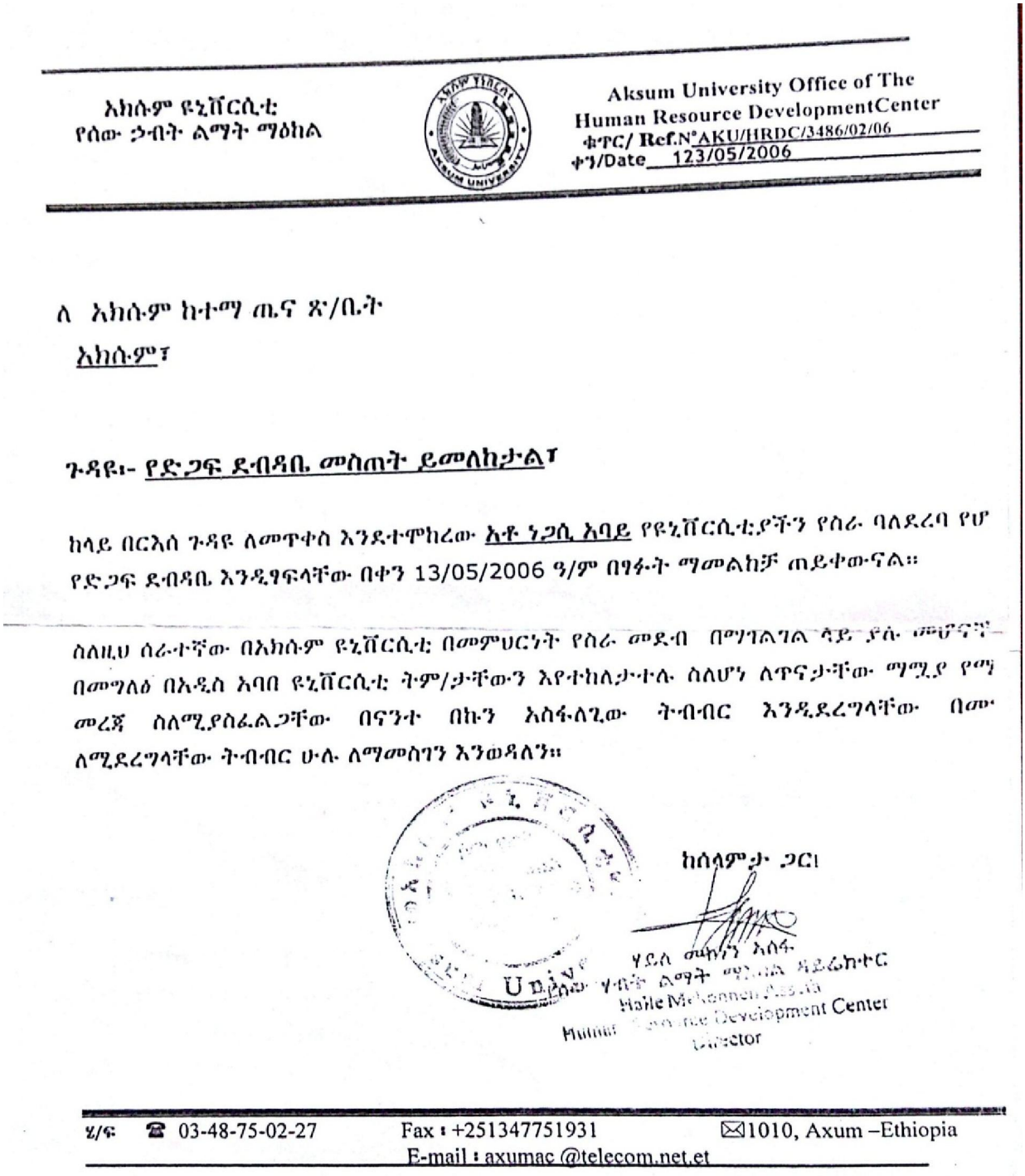
<u>መ) ሪኢቶ</u>

1. ማሕበረሰብ ከባቢኽን ዘይተመሓላለፍቲ ሕማማት ንኽከላኸል እንታይ ክግበር ኣለዎ ትብላ?

የቐንየለይ!

Appendix – C: Letter of Request for Cooperation

This is a request letter issued from Aksum University to Axum town Health Office. This letter requests the office for their willing cooperation rendered to the researcher to access data.



አክሱም ዩኒቨርሲቲ
የሰው ኃብት ልማት ማዕከል

Aksum University Office of The
Human Resource DevelopmentCenter
ቁጥር/ Ref.N°AKU/HRDC/3486/02/06
ቀን/Date 123/05/2006

ለ አክሱም ከተማ ጤና ጽ/ቤት
አክሱም፣

ጉዳዩ፡- የድጋፍ ደብዳቤ መስጠት ይመለከታል፣

ከላይ በርእሰ ጉዳዩ ለመጥቀስ እንደተሞከረው አቶ ነጋሲ አባይ የዩኒቨርሲቲያችን የስራ ባለደረባ የሆ
የድጋፍ ደብዳቤ እንዲፃፍላቸው በቀን 13/05/2006 ዓ/ም በፃፉት ማመልከቻ ጠይቀውናል።

ስለዚህ ሰራተኛው በአክሱም ዩኒቨርሲቲ በመምህርነት የስራ መደብ በማገልገል ላይ ያሉ መሆናቸ
በመግለፅ በአዲስ አባበ ዩኒቨርሲቲ ት/ታቸውን እየተከታተሉ ስለሆነ ለጥናታቸው ማሚያ የማ
መረጃ ስለሚያስፈልጋቸው በናንተ በኩን አስፋለጊው ትብብር እንዲደረግላቸው በሙ
ለሚደረግላቸው ትብብር ሁሉ ለማመስገን እንወዳለን።

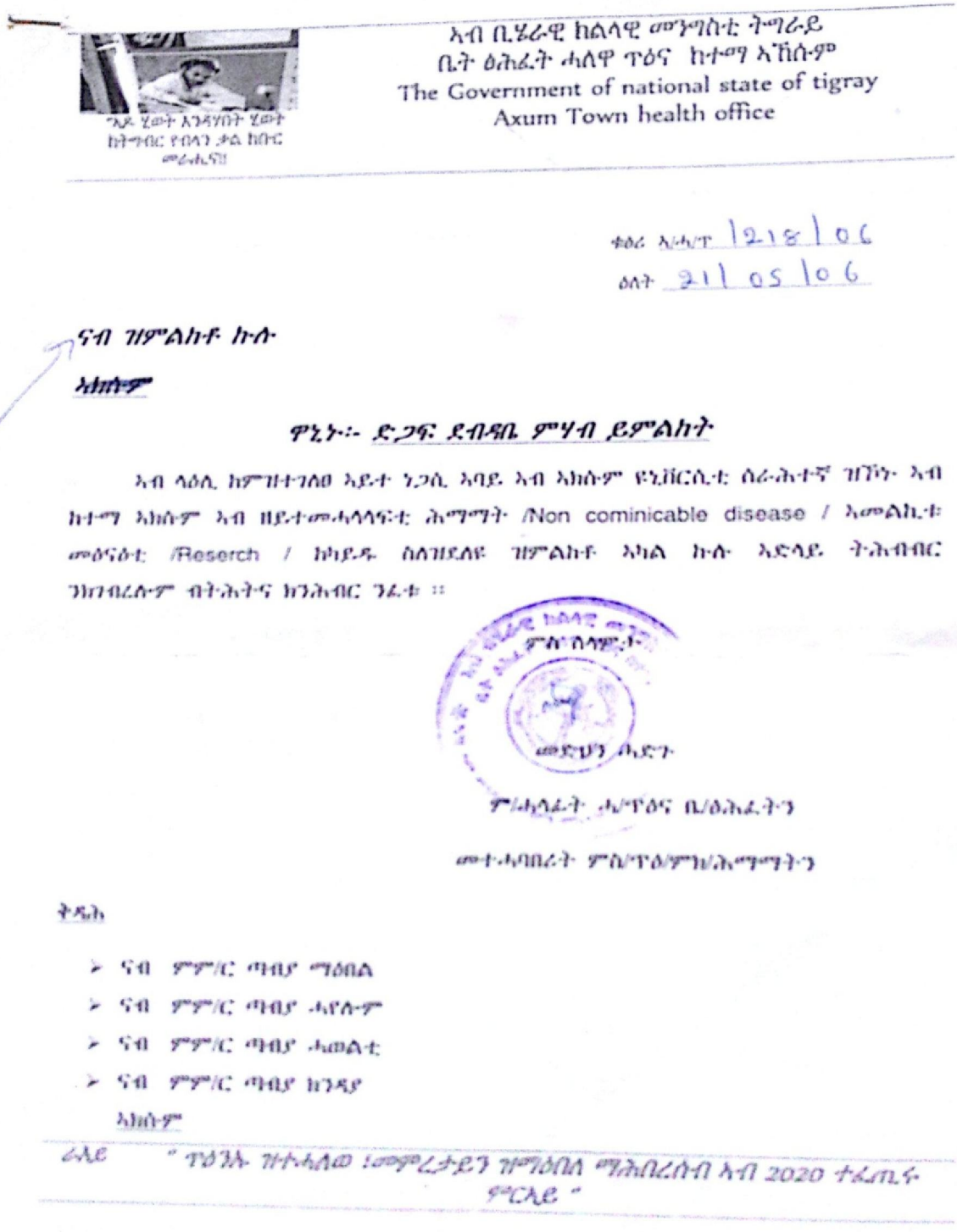
ከሰላምታ ጋር፣

ሃይለ መኮንን አሰፋ
የሰው ኃብት ልማት ማዕከል ዳይሬክተር
Haile Mekonnen Assefa
Human Resource Development Center
Director

ስ/ቁ ☎ 03-48-75-02-27 Fax ፡ +251347751931 ✉1010, Axum –Ethiopia
E-mail ፡ axumac @telecom.net.et

Appendix – D: Letter of Permission to Access Data

This is a copy of letter issued from Axum town Health Office to allow the researcher access research data from health workers and community members of Axum town.



ኣብ ቢሄራዊ ክልላዊ መንግስቲ ትግራይ
ቤት ፅሕፈት ሓለዋ ጥዕና ከተማ ኣኽሱም
The Government of national state of tigray
Axum Town health office

ቁፅሪ ኣሓፕ 1218/06
ዕለት 21/05/06

ናብ ዝምልከቶ ኩሉ
ኣክሱም

ዋኒኑ፡- ድጋፍ ደብዳቤ ምሃብ ይምልከት

ኣብ ላዕሊ ከምዝተገለፀ ኣይተ ነጋሲ ኣባይ ኣብ ኣክሱም ዩኒቨርሲቲ ሰራሕተኛ ዝኾነ ኣብ ከተማ ኣክሱም ኣብ ዘይተመሓላላፍቲ ሕማማት /Non cominicable disease / ኣመልኪቱ መፅናዕቲ /Reserch / ክካይዱ ስለዝደለዩ ዝምልከቶ ኣካል ኩሉ ኣድላይ ትሕብብር ንክገብረሉም ብትሕትና ክንሕብር ንፈቱ ::

ምስ ሰላምታ

መድህን ሓድጉ
ም/ሓላፊት ሓ/ጥዕና ቤ/ፅሕፈትን
መተሓባበሪት ም/ጥዕ/ም/ሕ/ሕማማትን

ቅዱሕ
- ናብ ም/ር ጣብያ ማዕበል
- ናብ ም/ር ጣብያ ሓየሉም
- ናብ ም/ር ጣብያ ሓወልቲ
- ናብ ም/ር ጣብያ ከንዳያ

ኣክሱም

ራእይ " ጥዕኹ ዝተሓለወ ፡መምረታይን ዝምዕበለ ማሕበረሰብ ኣብ 2020 ተፈጢሩ ምርኣይ "

Appendix – E: Consent Form (English Version)

A study for a thesis to be submitted to the Department of Foreign Languages and Literature in fulfilment of the requirements for the degree of Doctor of Philosophy in Applied Linguistics and Communication

Informed Consent to Participate in Research

Title of the Study: Health Promotion and Non-Communicable Disease Prevention and Control: A Discourse Analysis of Health Education Practices of Health Workers at Axum Town

Researcher: Negassi Abay

Faculty Sponsor: Addis Ababa University, School of Graduate Studies, Department of Foreign Languages and Literature

Purpose: You are invited to participate in this study. The purpose of the study is to gather information about health education practices enacted to promote health and prevent non-communicable diseases.

Procedure: If you agree to take part in the study, I will ask you some questions about NCDs prevention practices, risks and other related issues. Furthermore, I will be using a tape recorder in addition to notes I take on what you say during interviews, FGDs and health education sessions.

Confidentiality:

The information that you provide is confidential. This means that your information will be kept private and will not be shared with the health staff here or with anyone else. Your name will not be recorded and will not be presented on the report. The information I collect will be used for the purpose of a thesis to be submitted only to Addis Ababa University to the department of Foreign Languages and Literature in fulfilment of the requirements for the degree of Doctor of Philosophy in Applied Linguistics and Communication. This means that you do not have to participate if you do not want to. If you agree to participate, you can refuse to answer any questions that you do not feel comfortable answering. You can also

withdraw from this study at any time. You will not incur any penalties if you refuse to participate or if you decide to withdraw from the study. This will take about not more than 60 minutes.

Study benefits and risks:

There is no direct benefit for your participation in this study; however, the answers you provide may help for the success of my study that is conducted for a PhD thesis to be submitted to Addis Ababa University. Furthermore, the data collected through this study may contribute to the effectiveness of the on-going health education practices enacted by health workers to promote health and prevent NCDs.

Voluntary participation:

You have a right to decide not to participate in the study or, if you do decide, to change your mind in any moment of the interview, FGDs or the health education session. If you have any questions regarding the study, you may contact me, Negassi Abay at 0910593109/0923305510.

Do you agree to participate in the study including for the recording of your voice?

_____Yes _____No

I have read the consent form to the participant(s) and the participant(s) has (have) agreed to participate in the study. Furthermore, the participant(s) allowed me to record her/his (their) voice by using audio tape-recording during interview, FGDs or health education sessions.

Name and signature of the researcher

_____

Appendix – F: Consent Form (Tigrigna Version)

ኣብ ዩኒቨርሲቲ ኣዲስ ኣበባ ትምህርቲ ክፍሊ ቋንቋታት ወፃእን ስነፅሑፍን ንሳልሳይ ዲግሪ መፅናዕቲ ዝውዕል ፅሑፍ ምስ ኣባላት ማሕበረሰብ፣ ሕሙማት ዘይተመሓላለፍቲ ሕማማትን ስድረኦምን፣ ሰራሕተኛታት ጥሙር ጥዕናን ሓኻይምን ንዝግበር ናይ ቃለ-መሕትት፣ ጉጅለኣዊ ምይይጥ፣ ወይ ኣብ ዝካየድ ትምህርቲ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ካብ ተሳተፍቲ ሓበሬታ ንምእካብን ብመቕረፀ ድምፂ ንምቕዳሕን ዘኽእል ሰነድ ውዕል ስምምዕነት፡፡

ርእሲ ናይቲ መፅናዕቲ ፡ ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ብሰራሕተኛታት ጥዕና ዝግበር ናይ ምክልኻል ተግባራት ዝድህስስ መፅናዕቲ

ዕላማ፡ ኣብዚ መፅናዕቲ ተሳታፋይ ንኽትኾኑ/ና ተዓዲምክን/ኩም ኣለኽን/ኹም፡፡ ንስኽን/ኹም ኣብዚ መፅናዕቲ ንኽትሳተፉ/ፉ ዝተመረፅክናሉ/ዝተመረፅኩምሉ ምኽንያት ኣብ ዝካየድ ትምህርቲ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ተሳታፊት ስለዝኾንክን/ኩም እዩ። ዕላማ ናይዚ መፅናዕቲ ኣብ ከባቢና ብሓኻይምን ሰራሕተኛታት ጥሙር ጥዕናን ዝካየድ ትምህርቲ ምክልኻል ሕማም ዘይተመሓላለፍቲ ሕማማት ኣብ እንታይ ዓይነት ተግባራትን ዘድህበ ምኽኑን ኣብ ከይዲ ምሕላፍን ምቕባልን መልእኽቲ ክፍጠሩ ንዝኽእሉ ፀገማት ብዝምልከት ካብ ኣባላት እዚ ማሕበረሰብ፣ ሕሙማት ዘይተመሓላለፍቲ ሕማማትን ስድረኦምን፣ ሰራሕተኛታት ጥሙር ጥዕናን ሓኻይምን ሓበሬታ ንምእካብ እዩ።

ኣካይዳ እቲ መፅናዕቲ፡ ኣብዚ መፅናዕቲ ንምስታፍ እንተተስማዕሚዕኽን ብዛዕባ ቀንዲ ተግባራት ምክልኻል ዘይተመሓላለፍቲ ሕማማት ክሓተኽን እዩ። እዚ ቃላዊ-መሕትት ካብ 60 ደቓይቕ ዘይበዘሐ ግዘ ዝወስድ እዩ። ከምኡ'ውን ምሳኽን ንዝገብሮ ቃለ መሕትት ወይ ጉጅለኣዊ ምይይጥ ድምፅኽን ክቕርፆ እየ፡፡ ካባኽን ዝረኽቦ ሓበሬታ ናይ ሳልሳይ ዲግሪ ትምህርተይ ንምዝዛም ክሕግዘኒ እዩ።

ስግኣት፡ ሎሚ ኣብዚ መፅናዕቲ ንዘልዕልኡ/ዎ ሃሳባት ካልኦት ሰባት ክፈልጥዎ ዝኽእሉሉ ዕድል ኣዝዩ ዝተሓተ እዩ፡፡ እዙይ ከይኽውን ክንገብሮ እንኽእል ኣድላዩ ዘበለ ኩሉ ጥንቓቐ ክገብር እየ፡፡ ስምኽን/ኩም ኣብዝኾነ ይኹን ሰነዳት ናይቲ መፅናዕቲ ፈፂሙ ዘይምዝገብ እንትኸውን፡፡ ኣብ እዋን መፅናዕቲ ዝሃብክንኡ/ዝሀብኩምዎ ሓበሬታ ምርኣይ ዝኽዕል ኣነ ናይቲ ፅንዓት መካየዲ ጥራሕ እየ፡፡ ኣብ ግልጋሎት ዝውዕል እውን ኣብ ዩኒቨርሲቲ ኣዲስ ኣበባ ትምህርቲ ክፍሊ ቋንቋታት ወፃእን ስነፅሑፍን ንሳልሳይ ዲግሪ መኽንቲ ዝውዕል ናይ መፅናዕታዊ ግልጋሎት ጥራሕ እዩ፡፡ ኣባኽን/ኹም ይኹን ኣብ ስድራቤትክን/ኩም ዝበፅሕ ዝኾነ ይኹን ፀገም ከምዘየለ እምነተይ እዩ። ብተወሳኺ'ውን ኣብዚ መፅናዕቲ ንምስታፍ ፈቓደኛ ምኽንክንን/ምኽንኩምን ወይድማ ዘይምኽንክንን/ዘይምኽንንኩም ካብ ዝኾነ ይኹን ትካል ጥዕና እትረኽብኡ/ኣትረኽብዎ ግልጋሎት ፅዕንቶ ኣይህልዎን።

ኣብዚ መፅናዕቲ ምስታፍ ዘምፅኡ ረብሓ፡ ኣብዚ መፅናዕቲ ብምስታፍክን ብቐጥታ ትረኽብኡ/ትረኽብዎ ዝኾነ ይኹን ዓይነት ረብሓ የለን። ኮይኑ ግና ካብቲ ዝካየድ መፅናዕቲ ዝርከብ መረዳእታ ብዋናነት ንዓይ ንቲ ሳልሳይ ዲግሪ መፅናዕተይ ብጉቡዕ ክዛዝም ዘድልየኒ እንትኾን፤ ከምኡውን ኣብ ከባቢና ብሰራሕተኛታት ጥዕና ዝግበር ናይ ምክልኻል ተግባራት ደገፍቲ ዝኾኑ ሓሳባት ንምምንጫው ከምኡውን ኣብ ከይዲ ምሕላፍን ምቕባልን መልእኽቲ

ምክልኻል ዘይተመሓላለፍቲ ሕማማት ክፍጠሩ ንዝኽእሉ ፀገማት ፍታሕ ንምእላሽ ኣብ ዝግበር ፃዕሪ ናትክን/ኩም ምላሽ ረብሓ ክህልዎ እዩ።

ክፍሊት፡ ኣብዚ መፅናእቲ ብምስታፍክን ዝኽፈል ምንም ዓይነት ክፍሊት የለን።

ምስጥራዊነት መረዳእታ፡ ብዝተኽላለኒ መጠን ሚስጥራዊነት መልስኽን/ኹም (ሓበሬታኽን/ኹም) ክሕሉ እየ። ስምክንን/ኩምን መንነትክንን/ኩምን ክገልፅ ዝኽእል ሓበሬታ ኣብቲ ዝወፅእ ፅሑፋዊ ፀብፃብ ወይ ሪፖርት ኣይግለፅን። ብተወሳኺ'ውን እቲ ሓበሬታ ንመፅናዕቲ ጥራሕ ክውዕል እዩ።

ኣብ ድሌት ዝተመስረተ ተሳትፎ፡ ተሳትፎ እዚ መፅናዕቲ ኣብ ድሌት ዝተመስረተ እዩ። ኣብዚ መፅናዕቲ ንዘይምስታፍ ናይ ምውሳን ኣብ ዝኾነ ሰዓት ድማ ካብ ተሳትፎ ናይ ምቁራፅ ሙሉእ መሰል ኣለካን/ኩም። ከምኡ'ውን ክትምልስኦ/ስዎ ዘይደለኽንኦ/ኹምዎ ዝኾነ ሕቶ ንዘይምምላስ መሰልካን/ኩም ዝተሓለወ እዩ። ብተወሳኺ'ውን ድሕሪ ምዝዛም እዚ ቃላዊ መሕትት ወይ ጉጅለኣዊ ምይይጥ ወይ ከዓ ኣብ ትምህርቲ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዝሃብክንኦ/ክምዎ መረዳእታ ኣብዚ መፅናዕቲ ንኽይካተት ናይ ምሕታት መሰልካን/ኩም ዝተሓለወ እዩ።

ሓበሬታ፡ ነዚ መፅናዕቲ ዝምልከት ንዝህልወክን/ኩም ዝኾነ ዓይነት ሕቶ ወይ ቅሬታ ናይዚ መፅናዕቲ መካየዲይ ንዓይ ንነጋሲ ኣባይ ብቐፅሪ ስልኪ 0910593109/0923305510 ብምድዋል ክትዘራረባ/ቡ ትኽእላ/ሉ ኢኽን/ኹም።

ኣብዚ ፅንዓት ንምስታፍ ዝተረኽበ ስምምዕነት፡ ካብዚ ዝገለፅኩልክን/ኩም ሓሳባት ግልፂ ዘይኾነ ነገር እንተሃሊዩ ንምብርህራህ ድልው እየ። ሕዚ ኣብዚ መፅናዕቲ ንምስታፍ ቃለ-መሕትት፣ ጉጅለኣዊ ምይይጥ፣ ትምህርቲ ምክልኻል ዘይተመሓላፍቲ ሕማማት ንምግባርን ድምፅኽን/ድምፅኹም ንክቕረፅ ድልውቲ ዲኽን/ድኹም?

እወ_____ ኣይፋል_____

ንተሳታፊት እዚ ቅጥዒ ስምምዕነት ቃል ብቃል ኣንቢበለን/ኣንቢበሎም፣ ተሳታፊ/ት ኣብዚ ፅንዓት ንምስታፍ ድሌት ከመዘለ/ዎዋ ተሰማሚዑ/ዓ። ብተወሳኺ ድምፃ ብመቕረፂ ድምፂ ንክቅዳሕ ፈቒደናለይ/ፈቒደሙለይ።

ሽምን ፊርማን ተመራማራይ፡ _____

Appendix – G: Participants' Profiles

SN	Interviewee's / Record's Code	Sex	Age	Education	Position of Respondent	Type of Respondents
1	ARoHE1	na	na	na	na	Network Members
2	ARoHE2	na	na	na	na	Network Members
3	ARoHE3	na	na	na	na	Network Members
4	ARoHE4	na	na	na	na	Network Members
5	FGD1	na	na	na	na	Network Members
6	FGD2	na	na	na	na	Network Members
7	FGD3	na	na	na	na	Network Members
8	FGD4	na	na	na	na	Network Members
9	IDI1(HP1)	M	26	1st Degree	Health Officer	Physician
10	IDI2(HP2)	F	32	1st Degree	Health Officer	Physician
11	IDI3(HP3)	F	33	1st Degree	Health Officer	Physician
12	IDI4(HP4)	M	38	1st Degree	Health Officer	Physician
13	IDI5(HP5)	F	31	1st Degree	Health Officer	Physician
14	IDI6(HP6)	F	33	1st Degree	Health Officer	Physician
15	IDI7(HP7)	M	46	Diploma	Clinical Nurse	Physician
16	IDI8(HP8)	M	43	1st Degree	Clinical Nurse	Physician
17	IDI9(HP8)	F	39	1st Degree	Clinical Nurse	Physician
18	IDI10(HP10)	M	36	2nd Degree	Internist	Physician
19	IDI11(HEW1)	F	48	Diploma	Clinical Nurse	HEW
20	IDI12(HEW2)	F	37	Diploma	Clinical Nurse	HEW
21	IDI13(HEW3)	F	32	1st Degree	Health Officer	HEW
22	IDI14(HEW4)	F	42	Diploma	Clinical Nurse	HEW
23	IDI15(HEW5)	F	32	1st Degree	Health Officer	HEW
24	IDI16(HEW6)	F	42	1st Degree	Clinical Nurse	HEW
25	IDI17(HEW7)	F	27	Diploma	Clinical Nurse	HEW
26	IDI18(WDA1)	F	40	8th Grade	Housewife	WDA
27	IDI19(WDA2)	F	39	8th Grade	Housewife	WDA
28	IDI20(WDA3)	F	27	7th Grade	Housewife	WDA
29	IDI21(WDA4)	F	36	5th Grade	Housewife	WDA
30	IDI22(P1)	F	73	3rd Grade	Housewife	Patient
31	IDI23(P2)	F	36	9th Grade	Housewife	Patient
32	IDI24(P3)	M	80	Iliterate	Pensioner	Patient
33	IDI25(PF1)	F	63	Iliterate	Housewife	Patient's Family
34	IDI26(PF2)	F	40	Iliterate	Housewife	Patient's Family

Appendix – H: Key for Tigrinya-English Transliteration

ሀ	ሁ	ሂ	ሃ	ሄ	ህ	ሆ						
hā	hu	hī	ha	hē	h, hi	ho						
ለ	ሉ	ሊ	ላ	ሌ	ል	ሎ			ሏ			
le	lu	lī	la	lē	l, li	lo			lwa			
ሐ	ሑ	ሒ	ሓ	ሔ	ሕ	ሖ						
ḥā	ḥu	ḥī	ḥa	ḥē	ḥ, ḥi	ḥo						
መ	ሙ	ሚ	ማ	ሜ	ም	ሞ			ሟ			
me	mu	mī	ma	mē	m, mi	mo			mwa			
ሠ	ሡ	ሢ	ሣ	ሤ	ሥ	ሦ						
se	su	sī	sa	sē	s, si	so						
ረ	ሩ	ሪ	ራ	ሬ	ር	ሮ			ሯ			
re	ru	rī	ra	rē	r, ri	ro			rwa			
ሰ	ሱ	ሲ	ሳ	ሴ	ስ	ሶ			ሷ			
se	su	sī	sa	sē	s, si	so			swa			
ሸ	ሹ	ሺ	ሻ	ሼ	ሽ	ሾ			ሿ			
she	shu	shī	sha	shē	sh, shi	sho			shwa			
ቀ	ቁ	ቂ	ቃ	ቄ	ቅ	ቆ	ቈ	ቊ	ቋ	ቌ	ቍ	
k'e	k'u	k'ī	k'a	k'ē	k', k'i	k'o	k'we[E]	k'wī	k'wa	k'wē	k'wi	
ቐ	ቑ	ቒ	ቓ	ቔ	ቕ	ቖ	ቈ	ቊ	ቌ	ቍ	ቍ	
k̲'e	k̲'u	k̲'ī	k̲'a	k̲'ē	k̲', k̲'i	k̲'o	k̲'we[E]	k̲'wī	k̲'wa	k̲'wē	k̲'wī	
በ	ቡ	ቢ	ባ	ቤ	ብ	ቦ			ቧ			
be	bu	bī	ba	bē	b, bi	bo			bwa			
ተ	ቱ	ቲ	ታ	ቴ	ት	ቶ			ቷ			
te	tu	tī	ta	tē	t, ti	to			twa			
ቸ	ቹ	ቺ	ቻ	ቼ	ች	ቾ			ቿ			
che	chu	chī	cha	chē	ch, chi	cho			chwa			
ኀ	ኁ	ኂ	ኃ	ኄ	ኅ	ኆ	ኈ	ኊ	ኋ	ኌ	ኍ	
hā	hu	hī	ha	hē	h, hi	ho	hwe[E]	hwī	hwa	hwē	hwi	
ነ	ኑ	ኒ	ና	ኔ	ን	ኖ			ኗ			
ne	nu	nī	na	nē	n, ni	no			nwa			
ኘ	ኙ	ኚ	ኛ	ኜ	ኝ	ኞ			ኟ			
nye	nyu	nyī	nya	nyē	ny, nyi	nyo			nywa			
አ	ኡ	ኢ	ኣ	ኤ	እ	ኦ			ኧ			
ā, 'ā	u, 'u	ī, 'ī	a, 'a	ē, 'ē	i, 'i, (-)	o			'wa			
ከ	ኩ	ኪ	ካ	ኬ	ክ	ኮ	ኰ	ኲ	ኳ	ኴ	ኵ	
ke	ku	kī	ka	kē	k, ki	ko	kwe[E]	kwī	kwa	kwē	kwi	
ኸ	ኹ	ኺ	ኻ	ኼ	ኽ	ኾ	ዀ	ዂ	ዃ	ዄ	ዅ	
he	hu	hī	ha	hē	h, hi	ho	hwe[E]	hwī	hwa	hwē	hwi	

ወ	ዉ	ዊ	ዋ	ዌ	ው	ዎ					
we	wu	wī	wa	wē	w, wi	wo					
ዐ	ዑ	ዒ	ዓ	ዔ	ዕ	ዖ					
‘ā	‘u	‘ī	‘a	‘ē	‘, ‘i	‘o					
ዘ	ዙ	ዚ	ዛ	ዜ	ዝ	ዞ			ዟ		
ze	zu	zī	za	zē	z, zi	zo			zwa		
ዠ	ዡ	ዢ	ዣ	ዤ	ዥ	ዦ					
zhe	zhu	zhī	zha	zhē	zh, zhi	zho					
የ	ዩ	ዪ	ያ	ዬ	ይ	ዮ					
ye	yu	yī	ya	yē	y, yi	yo					
ደ	ዱ	ዲ	ዳ	ዴ	ድ	ዶ			ዷ		
de	du	dī	da	dē	d, di	do			dwa		
ጀ	ጁ	ጂ	ጃ	ጄ	ጅ	ጆ					
je	ju	jī	ja	jē	j, ji	jo					
ገ	ጉ	ጊ	ጋ	ጌ	ግ	ጎ	ጐ	ጒ	ጓ	ጔ	ጕ
ge	gu	gī	ga	gē	g, gi	go	gwe[E]	gwī	gwa	gwē	gwi
ጠ	ጡ	ጢ	ጣ	ጤ	ጥ	ጦ			ጧ		
t’e	t’u	t’ī	t’a	t’ē	t’, t’i	t’o			t’wa		
ጨ	ጩ	ጪ	ጫ	ጬ	ጭ	ጮ			ጯ		
ch’e	ch’u	ch’ī	ch’a	ch’ē	ch’,ch’i	ch’o			ch’wa		
ጸ	ጹ	ጺ	ጻ	ጼ	ጽ	ጾ					
p’e	p’u	p’ī	p’a	p’ē	p’, p’i	p’o					
ፀ	ፁ	ፂ	ፃ	ፄ	ፅ	ፆ			ፏ		
ts’e	ts’u	ts’ī	ts’a	ts’ē	ts’,ts’i	ts’o			ts’wa		
ፀ	ፁ	ፂ	ፃ	ፄ	ፅ	ፆ					
ts’e	ts’u	ts’ī	ts’a	ts’ē	ts’,ts’i	ts’o					
ፈ	ፉ	ፊ	ፋ	ፌ	ፍ	ፎ			ፗ		
fe	fu	fī	fa	fē	f, fi	fo			fwa		
ፐ	ፑ	ፒ	ፓ	ፔ	ፕ	ፖ					
pe	pu	pī	pa	pē	p, pi	po					
ቨ	ቩ	ቪ	ቫ	ቬ	ቭ	ቮ					
ve	vu	vī	va	vē	v, vi	vo					

The above Tigrinya-English transliteration key is adapted from *Tigrinya Grammar*, edited by John Mason published by The Red Sea Press, Inc., Lawrenceville, New Jersey, 1996.

Appendix – I: Transcripts of the Tigrigna Discourse Data

(i) Audio Recording of Health Education - 1 (ARoHE-1)

Turn	The Tigrigna Text
[1]	**ጥሙር ጥዕና፡** ኩሉና ተኣኪብና ክንዘራረብ ኢና ውሳነ እውን ወሲና ነይርና። ግን ዝመፀት የላን። እታ ብቐዳማይ ዝመፀት ሕዚ'ውን መፂአን እንአዋ። እቲ ዘይመፅእ ዘሎ ሰብ'ውን እገለ ተሪፉ ኢልና ኣይንትረፍ። ንዐአን ናባና ክንስሕበን ክንገብር ዘለና። ብዙሕ ፃዕሪ ዘድልየና። ትፈልጣ እኮ ኢኽን እዛ ጉጅለ እዚኣስ ንጉሆ ንጉሆ ንጉሆ ንመፃ ኢና ሓቀይ? ካፍተን ቀጠናና ለውጢ ዘይብላ ጉጅለ ከምዚኣ ዝተፅዓራ ጉጅለ የላን። ገሊአን ጉጅለታት ኣተሓሕዝ ምስ ኣበልካየን ባዕለን ርእሰን ክኢለን እየን ዝመያየጣ። ግን ንስኽን ብጣዕሚ እተን ዘይመፃ እውን እኒ እገለ መፂአን ኢልና ኣይንትረፍ። ንዐአን እንዳእመና ኢና ሒዝናየን ክንመፅእ ዘለና። ንመፅእ ኩሉሻዕ ንመፅእ ኣፍታ ሰዓትና እተን ዘይመፃ እውን እንዳእመና እንዳእመና ናበይ ኢና ንኽይረን? ናብ ባዕልና ኢና ክንኽይረን ዘለና። እምበር ንሰን ዘይመፃ ንሕናውን ኣይንመፅን ኢልና ክንዘራረብ የብልናን ብስሩ። በተለይ ጠርነፍቲ ኣብየናና ኢልክን ፃዕሪ እዩ ዘድልዮ። ንስኽን ንኽትልወጣ እማ ብዙሕ ዓብዩ ፃዕሪ እዩ ዘድልየክን ፈተና ኣለዎ እዩ። ሱኽ ኢሉ ብሓንሻዕ ኣይኾየረልካን። ግን ናባና ክንቅይረን ዓብዩ ፃዕሪ የድልየና እዩ። ተስፋ እውን ክንቆርፅ የብልናን። ያውም ዕቁብ እቋር እንተንጅምር ኩላ ባዕላ እያ ክትመፅእ ነይራ። እንአዋ እኮ እየን ኣብ ገሊኡ ከምኡ ኢለን ጀሚረን ደሓር ሕዚ ብሰላሰአን ኣትየን። ካብኡ ኣብ ምይይጠን እውን ኣትየን ነታ ዕቋረን ዕቁብ እውን ጀሚረን ብሰላሰአን። ባዕሉ እዩ ዝስሕበካ እቲ ኣኼባ ብተደጋጋሚ ንምስራፅ ክተካይድ ከለኻ። ንሕና ውሑዳት ኢና ዋላ ሓሙሽተ ኮይንክን እንተኣመያይጥክን እንተኣካይድክንኡ ዘይመፅእ ሰብ የለን። ኩሉ እዩ ባዕሉ ባዕሉ ሓቲቱ እውን ይኣቱ እዩ ናብቲ ጉጅለ። እንታይ ደኣ እኒ እገለ ተሪፈን እኒ እገለ ተሪፈን ኢልና ከምኡ ክንብል የብልናን። ክንልውጠን ኢና ክንፅዕር ዘለና። ክንመያየጥ በተለይ ሓሙሽቴና እንታይ እየን ኮይነን ዝቐርያ ዘለዋ ከይድና እውን እንታይ እዩ ፀገምክን ኢልና እውን ክንፍትሽ ኣለና። በተለይ ሓሙሽቴና እማ እንዳተመያየጥና እንታይ እዩ እቲ ፀገሙ ኣብ ውሽጥኽን እንታይ እዩ ዘየእከበክን ፀገም እንአ ኢልና ክንፍትሾ ኣለና። ከምኡ እኮ እየን ዝገብራ እንታይ እዩ እቲ ፀገም ኢለን እኮ ከይደን ፈቲሸን የእትወአን ኣለዋ እየን። ኣብየና ኢልናስ ተስፋ ክንቆርፅ የብልናን። ብዙሕ ፃዕሪ እዩ ዘድልየካ። ውድብና እኮ ክትጅምር ተላ ብኽንደይ ድያ ጀሚራ ናብዚ ሰላም እዚ ኣምፂኣትና እንኣ እ? ትፈልጣ እኮ ኢኽን ኩሉ ኣብ ሓራ መሬት ዝነበረ እኮ እዩ እናስ ፃዕሪ የድሊ እዩ። ተስፋ ክንቆርፅ የብልናን። ክንፅዕር ኢና ዘለና። ኣብየናና ኣብየናና ኢልና ተስፋ ክንቆርፅ የብልናን። ንሕና እንተጠንኪርና እተን ዝተርፋ እውን ናበይ እየን ዝመፃ ናባና እየን ዝልወጣ ክንልውጠን ኢና። እምበር ተስፋ ክንቆርፅ የብልናን። ካብኡ እዚ ኢለ ሕዚ ዘይተመሓላለፍቲ ሕማማት ዝበሃሉ ከም ደም በዝሒ፣ ሽኮርያ እ? እዚ ትፈልጥኦ እንዲኽን?
[2]	**ተሳታፊት 1።** እወ
[3]	**ጥሙር ጥዕና፡** እዚታት ካብ ሰብ ናብ ሰብ ዘይመሓላለፍ ሕማም ማለት እዩ። ካብኡ መብዛሕቲኡ መነሽኡ ጣፋጭ ምግቢታት ( ) ኣብ ዓበይቲ ሕዚ እንታይ ኢና ንብል ኣብ ረንድቲ ይበሃል እዩ። ኣብ ቀጠንቲ እውን ይረአ እዩ። ሓቀይ?
[4]	**ተሳታፊት 2።** ሽኮርያስ ወረ ንቀጢን እያ ትረአ፡፡
[5]	**ጥሙር ጥዕና፡** እወ። እዝታት ኣሎ እዩ እና ብዛዕባ በዝሒ ሽኮርያ'ውን ኣብ ከባቢና ዝፍለጡ እንተሃልዮም ደም ዘለዎም እውን ዝፍለጡ ኣለውና እዮም ከምምህላው ሽኮርያ እውን
[6]	**ተሳታፊት 1፡** ሽኮርየ እውን ኣለዉ።።
[7]	**ጥሙር ጥዕና፡** እወ እሞ። እዚኣቶም እውን ኣብቲ ጉጅለ ማለት ኣብ ከባቢና በተለይ ንሕና ሰብ ሞያ ዘይንፈልጦ እንተሃሊና እውን ንዓና እውን ከምዚ ከምዚ ዝበለ እንአ እዩ ክትትል የድልዮ እዩ ኢልካ እውን ክዝረብ ኣለዎ። ሕዚ እቶም ንፈልጦም እንዳ ባህታ ኣለዉ ማለት እዩ።
[8]	**ተሳታፊት 1፡** መሓመድ እውን ኣሎ ብቐዳማይ ኣፍቲ ናይ ነፃ ዘይኣእተኽንኡ ናይ ሽኮር ስለዘላቶስ ካብ ናይ ግሊ እዩ ኣምፂኡ።።
[9]	**ጥሙር ጥዕና፡** መሓመድ፡፡ ዋ! እቲ ሰብኣይ?
[10]	**ተሳታፊት 1፡** እወ።
[11]	**ጥሙር ጥዕና፡** እህ! እወ እቲ ከምኡ እቲ ኢንፎርሜሽን እቲ ሓደሓደ ካብኡ መከላኸሊኡ መንገዲ ድማ ጣፋጭ ነገር ዘይምብላዕ። ካብኡ ድማ መኻከለኛ ስራሕ ዓቐምኻ ኣድካሚ ስራሕ እንተሰሪሕኻ እውን ( ) መኻከለኛ ስራሕ እውን ምስራሕ። ካብኡ ካፍቶም ጣፋጭ ድማ ከም ሽኮር፣ ከም ቡና፣ ከም ጨው ክንቅንስ ኣለና። ቀኒስካ ተመጣጣኒ ምግቢ እውን ( ) ጣፋጭ ነገር ንወስድ እንተኾይና እውን ፅቡቕ ኣይኮነን። ባዕልና ክንከላኸሎ ንኽእልስ ክንከላኸሎ ተቐዳዲምካ እውን ሕዚ መብዛሕተኦም እ ደሓን እንዳሃለዉ መድሓኒት እንተጀሚርካ'ውን ፅቡቕ ኣይኮነን። ( ) ብምግቢ ምክልኻል እውን ይከኣል እዩ። ብምኻድ መንገዲ ( ) መካከለኛ ስራሕ እንዳሰራሕና እውን እንዳሰራሕና ክቕንስ ይኽእል እዩ። እ እስኪ ንስኽን ሓደ ሓደ በላ ዝሃፍታ።

[12] **ተሳታፊት 2፡** ንመሃሮ እንደየለናን። እንካብ እ ሓሚምካ ንንዳሕከምና ንቐደም ምክልኻል ዝበሃል እኮ ኩሉ መዓልቲ ተረድእና። ሕዚ ድማ እ ኣብ ዕብየት እዚ ጥዑም ነገር ክትቅንስ ኣለካ። ( ) ንሕና ነታ ህይወትና ባዕልትና ክንከላኸል ኣለና።

[13] **ጥሙር ጥዕና፡** ተወሳኺ ኣብኡ ትውስኻሉ? ክንከይድ ኢና ትብላ ነይርክን። እሞ ኣፍቲ ዝሃፍታ ዝበለቶስ ተወሳኺ?

[14] **ተሳታፊት 2፡** እዚኣ እኮ ንዓና እኮ እዩ። በዝሐት ንዓና እኮ ፀበበት ንዓና እያ ጥቕምና እያ። ብምንታይ ንኺድ እዩ ( ) ሕማም እውን ብምንታይ ንከላኸል ማለት እዚ ብጣዕሚ ፅቡቕ እዩ ዝኾነ ሓደሓደ ሓደሓደ ( ) ሱቕ ኢሉ ኣይኮነን ሰብ ዝዛረብ።

[15] **ጥሙር ጥዕና፡** ለምለም

[16] **ተሳታፊት 2፡** እቲ ሓደ ዝፈልጦ ሓደ ኣይፈልጦን።

[17] **ጥሙር ጥዕና፡** እ ስምረት በላ እንዶ ሪኢቶ ሃባ። እንታይ ስቕ ትብላ ከምዘይትፈልጣ። መቼም ኣብዚ ኣነ እንተዝኽይድ ክንደይ ነገር ምተዛረብኪን።

[18] **ተሳታፊት 2፡** ዋይ ዋይ!

[19] **ጥሙር ጥዕና፡** (ሰሓቕ) ዝሃፍታ ብቻ እያ ትፈልጥ?

[20] **ተሳታፊት 3፡** ንሱ ደኣ

[21] **ጥሙር ጥዕና፡** እሞ በላ እንዶ ተዛረባ።

[22] **ተሳታፊት 2፡** [ኣነ] ናብ ዕብየት ስለተፀጋዕኹ እየ።

[23] **ተሳተፍቲ፡** (ሰሓቕ)

[24] **ተሳታፊት 2፡** ፈውሰይ ክፈልጥ። ኣኣኣ

[25] **ተሳታፊት 3፡** ኣብ ረጉድ ጥራሕ ዶ ኮይኑ …

[26] **ጥሙር ጥዕና፡** ኣብ ረጉድ ጥራሕ ኣይኮነን። ሕዚ እንታይ ይበሃል እዩ ናይ 'ሃፋትም ሕማም' ይበሃል እዩ ግን ትኽክል ኣይኮነን እቲ ኣካይዳ። ሕዚ ኣፍቶም ረጎድቲ እዮም ኣፍቶም ሃፋትም እዮም ንሶም ከምዚ ስለዝምገቡ ኣብኡም እዩ መብዛሕቲኡ እቲ ሕማም ይረአ እዩ ይበሃል እዩ ሓቀይ? ጌጋ እዩ። ኣብ ድኻታት እውን ይረአ እዩ። መምፂኢኡ ካልእ ኮይኑ ኣብ ድኻታት እውን ይረአ እዩ ጥራሕ ስለ ጣፋጭ ነገር ስለዝበላዕኻ ስለ ዝሰተኻ ኣይኮነን ኣብ ድኻ እውን ይረአ እዩ ኣብ ቀጢን ሰብ እውን ይረአ እዩ። ኣብ ሃፍታማት እውን ይረአ እዩ። ግን እቲ ኣባሃላ እንታይ ኣሎ ሱቕ ኢልካ ዝፀንሐ ናይ ሃፋትም ሕማም ዝበሃል ጌጋ እዩ እቲ ኣካይዳ ንሱ ( )። በሊ እንዶ ትዕበ በሊ'ማ ትዕበ ሓሳብ ወሲኽሉ። ትፈልጢ ኢኺ ስለ ትፈልጥዮ ኢኺ።

[27] **ተሳታፊት 3፡** ንሳ ደኣ ደም በዝሒ እንኣኒ ትብለካ እያ።

[28] **ተሳታፊት 1፡** ሽኮርያ ኣለዋ ኩላሊት ኩላሊት ኣለታ።

[29] **ተሳታፊት 2፡** እህእ

[30] **ተሳታፊት 4፡** እንታይ ኣሎማ ንሕና ( ) ኣይርድኣናን። ሰብ ብሱሩ እማኒ እቲ ኣኼባ እንተኾነ ንዅላህና እዩ። ( ) ፀገማት ኣባና ይርከብ። ኩሉ ኣባና ይርከብ። ደም በዝሒ እንተኾነ ግድን ሃፍታም ዘይኮነስ ብስሩ ኣብ ድኻታት እውን ንባዕለይ ሕዚ ደም በዝሒ ኣለኒ ይከታተል እየ ይኽይድ እየ ይፈልጦ እየ። ንኻልኦት ሓሚምና ዝበላኒ እውን ከመይ ይገብረክን ከምዚ ይገብረኒ ኪዳ በላ እንዳበልኩ እየ ዝሰደን። እቲ ኣተሓምምኡ ስለዝፈልጦ እየ። ሕዚ ግን እቲ ኣይርድኦን። ናብዚኣ ንዓ ተመያይጥና ባዕልትና ክንፈትሖ እንተተባሂልካማ ኣይርድኦን እቲ ሰብ።

[31] **ጥሙር ጥዕና፡** ካልእ? በተለይ በቲ ልምዓት ጉጅለ ግን ብስሩ ክንልመን የብልናን ሓደራኽን በጃኽን፡፡ በላይ እውን ትምህርቱ ከምህር እዩ። ብቐዳማይ እውን ኣብዚኣ ኣኪቡክን ብቐዳማይ እውን ኣብዚ ምሳይ መፂኡ ነይሩ። ማለትሲ እቲ ኣረዳድኣ ፀገም እ እንታይ እዩ እንኣ እቲ ፀገም እውን ኩላ ምስ ተኣከበት ኢና ክንፍትሾ። እንታይ እዩ እንኣ ክንብሎ እምበር እንታይ እዩ እቲ ፀገም እውን ክርደኣካ ኣይከኣለን። ኣብዚ ክንእከበክን ከለና እውን ምንም ፀገም የብልናን ክንእከብ ኢና ዓርቢ ዓርቢ ተባሂላ እውን ትውሰን። ግን ኣፍታ ሰዓታ መፂኻ'ውን ምእካብ የለን። እንታይ እዩ እቲ ፀገሙ ወይስ እቲ በዓል ሞያ ድዩስ ወይ ነቲ ናይ መንግስቲ መደብ ዝመፅእ ድዩስ ኣይርደኣካን። ሕዚ እቲ መደብ ከውርዶ ተሎ መንግስቲ እዩ። ወይ ኣነ ትርሓስ ኣይኮንኩን ወይ በላይ ኣይኮነን ዘውርዶ። ወይ እተን ልምዓት ጉጅለ ኣይኮናን ጠርነፍቲ ኣይኮናን ዘውርድኦ መንግስቲ ብላዕሊ ዘውረዶ ኣተግብሩ ተባሂልና ኢና መተግበሪ ድማ ንሕና ንዓኽን ክንህበክን ንስኽን መተገበርቲ ኢኽን ትኾና ኣብ ባይታ ወሪድክን ግን ንምንታይ ኢና ናይ መንግስቲ መደብ ንፃረር ዘለና ናይ መንግስቲ እኮ ኢኽን ትፃረራ መንግስትስ ኣየድልየናን ማለት እዩ። ከምኡ እንኣ እቲ ኣተሓሳስባ ክርደኣካ ከሎ ግን ንምንታይ ኢና እታ ዘላትና ሰዓት መፂና ተኣኪብና ተመያይጥና ርብዒ ሰዓት እውን እኮ ትኣኽለና እያ ነዊሕ ሰዓት እውን ኣይንወስድን ናብ ሰስርሑ ክኸይድ እዩ ሰብ። ግን ( ) በተለይ ዓቢዩ ትኹረት ሂብና ነተን ዘይመፃ እውን ናብ ባዕልና ንስሓቡን። እገለ ኣይትመፅን እገለ ኣይትመፅን እንዳበልና ን ትብለፅ ኣላ ኣብ ገዝኣ ን ዛህራ ሒዛታ ትወፅእ ተእምና ሓንቲ ኣብ ገዝኣ ዘላ ኣእሚና ሒዛ ክትመፅእ ኣለዋ። ክነእምን ኢና ዘለና በቃ እገለ ኣብያትና እንዳበልና ንድሕሪት ክንምለስ የብልናን ብስሩ ዋላ ዓሰርተ ሰብ ንኹን እኹል ኢና ዓሰርተ ዋላ ንጉሆ ንጉሆ ንተኣከብ። እገለ ተሪፋ እያ እሞ እቲ ኣኼባ ይትረፍ ኢልና ክነትርፎ የብልናን። እ? ካብኡ እታ ፕሮግራምና እውን ትፈልጣ ኢኽን ሰዓት ሰለስተ ሰንበት ቁርሲ ኣቆራሪስክን ምስ ሰደድክን መፂኽን ናይ ርብዒ ሰዓት እኮ እያ ትኣኽለና

እንተተኣኪብና ኣፍታ ሰዓት ሰዓት'ውን ኣይንወስድን። ሕዚ እኮ ኮፍ ካብ ንብል ሰለስተ ኣርባዕተ ሰዓት ኮይኑ እንአ እና ፅቡቕ ኣይኮነን። ንቕፃሊ እውን ከምኡ ክድገም የብሉን። ፀሓፊት'ውን ምስ መፀት ካልእ መምርሕታት ክነውርዶ ኢና ብስሩ። ትርር ዝበለ መምርሒ እንተውሪድክን እማ ንስኽን እውን ጥንክር ትብላ ሓሙሽቴኽን ጠርነፍቲ። ስለዝጥንክራ እተን ሓሙሽተ ( ) እንተይፈተዋ ኣፍታ ሰዓቱ ዝመያየጥ ዘሎ ቃልሲ እኮ የድልዮ እዩ። ብዙሕ ፃዕሪ ይድልዮ እዩ። ግን ጠርነፍቲ እንተጠንኪርና እተን ታሕተዎት ይጥንክራ እየን። ሓሙሽቴና እንዳእመና ነምፅአን ካፍተን ሓሙሽተ እንተተሪፉ እውን ኣፍታ ቀፃላይ ኣእሚና ክነምፅእ ኣለና። ናይ ምእማን ስራሕቲ ኢና ክንሰርሕ ዘለና።

(ii) Audio Recording of Health Education - 2 (ARoHE-2)

Turn	The Tigrigna Text
[32]	**ጥሙር ጥዕና፡** ንሕና ኩሉ ግዘ ብፕሮግራምና መሰረት ሕዚ እቲ ፕሮግራም ከም ናይ ወትሩና ኣይኮናን ዘለና ግን ንመያየጥ ነይርና ኢና ከምምይያጥ መጠን እቲ ንመያየጠሉ ርእሲ እውን ያው ከምትፈልጥኦ ኣዶ ኣብ ገዛ ክትወልድ የብላን ቆልዓ እውን ዘይተኸተበ ክቐሪ የብሉን ካብኡ ከባቢያዊ ፅሬት እውን ክነፅሪ ከምዘለና እ ብድሕሪኡ እውን እቲ ዕስራ ሜትሮ እውን ከምነፅሪ ከምዘለና እውን ንመሃር ኢና ግን ብዝበለፀ እቶም ተመሓላለፍቲ ሕማማት ዘይኮኑ ዝበሃሉ ሕማማት እውን ( ) ንመያየጦም ኢና። በተለይ እቶም ግንን ኢሎም ዝረአዩ ከም ደም በዝሒ ሽኮር በሽታ እዞም ኣስሚ ዘውድቕ ሕማማት ሓደሓደ ኣለዉ ሕልፍ ሕልፍ ኢሎም ዝረአዩ ነገራት ሕዚ ንሳቶም ብኸመይ ንከላኸሎም ዝብል ኣፍቲ ትምህርትና እውን ንሓደሓደ ሻዕ ንርስዖም ኢና ንሓደሓደ ሻዕ ግን ኣካቲትና ንመሃሮ ኣለና። ንሳቶም ብዛዕባ ንሱ ሕዚ ንኣብነት ሽኮር በሽታ ዘለዎ ሰብ እንተሃሊዩና ወይ ደም በዝሒ እንተልይዎ ንኣብነት ከም እኒ ኣደይ በሪሃ ደም በዝሒ ኣለወን ኣስሚ እውን ኣለወን እዩ። ሕዚ ንሳተን ከምኡ ዝገብር ሕማምስ ብኸመይ ንከላኸሎ ከመይ እንተገበርና እዩ እቲ ሕማም ንሱ ዝጠፍእ ዝብል እዩ ከም ሓደ ንሕና እንታይ ዓይነት እውቀት ኣለና እንታይ ዓይነት ፍልጠት ኣለና። ንሕና ኩሉ ግዘ ንመያየጦም እዞም ሕማም እዚኦቶም ብኸመይ ንከላኸሎም ክንበሃል ተለና ንኣብነት ኣብ ኣመጋግባና መፂና ናይ ኣመጋግባና ስርዓት ዘለዎ ኣመጋግባ እንተተመጊብና እዞም ሕማማት ክጠፍኡ ከምዝኽእሉ ንኣብነት ጨው ኣብዚሕና ንበልዕ እንተኾይና ደም በዝሒ ዘለዎ ጨው ኣብዚሑ እንተበሊው ማይ ኣብዚሑ ክሰቲ እዩ ካብኡ ብኡ ልክዕ ድማ እቲ ደም የብዝሕ እዩ ናብ ዘይተደለየ ነገር ይኣቱ እዩ። እ እንደገና ድማ መስተ ዝሰቲ ሰብ እንተኾይኑ እ ኣብቲ ኣመጋግባና ድማ ሓደ ዓይነት ምግቢ ንበልዕ እንተኾይና ጮማ ዘለዎ ምግቢ ስብሒ ዝበዝሖ ምግቢ ንበልዕ እንተኾይና እውን ያው ነቲ ሕማም መጋደዳይ ምኟኑ ኩሉግዘ ከም ክስታይ ንመያየጠሉ ኢና ንፈልጦ ኢና። ሕዚ እኳ ኣነ ዝገለፅኩዋ ኩሉግዘ ኣፍቲ ኣኼባና ንግምግሞ ንእከቦ ንመሃሮ እንድዩ ብዝበለፀ ሕዚ ካብቶም ዘይተመሓላለፍቲ ሕማማት ዝበሃሉ ትፈልጠኦም ኢኽን ኣንተዎይ እውን ገሊፀልክን እየ ከም ደም በዝሒ ከም ሽኮር በሽታ ከም ኣስሚ ከም ዘውድቕ ሕማም። ስለዚ ንሱ ትፈልጥኦ ኢኽን ሕጂ ግን ንኣብነት ካብኣቶም ካፍቶም ዝገለፅክዎም ሕዚ እስቲ ፃድቃን፡፡
[33]	**ተሳታፊት 1።** እ?
[34]	**ጥሙር ጥዕና፡** እስቲ ንገርኒ ካፍቶም ተመሓላለፍቲ ዘይኮኑ ሕማማትስ ብምንታይ ብምንታይ ክንከላኸሎም ንኽእል?
[35]	**ተሳታፊት 2፡** ቅልጥፍ ቅልጥፍ በሊ ሕዚ
[36]	**ጥሙር ጥዕና፡** ኮፍ በሊ በዚ
[37]	**ተሳታፊት 2፡** እዛ ቡና ክተፅወዐኒ እያ። ቀልጥፊ።
[38]	**ጥሙር ጥዕና፡** (ሰሓቕ) እ?
[39]	**ተሳታፊት 1፡** ሕማም ሽኮር እንተኾይኑ ( ) እቲ ጨው ዘይምብዛሕ
[40]	**ጥሙር ጥዕና፡** በሊ እንዶ የዐርኺ ተዛረቢ ዓው ኢልኪ
[41]	**ተሳታፊት 1፡** ዘይክእል እሞ
[42]	**ጥሙር ጥዕና፡** ይፅበየኪ እየ እኮ ዘለኹ ካልኦት ከ? ኣንታ እዛ ገነት ኣትያ ድያ? ኣስተያየት ኣስተያየት ኣዐሪኺ ኣፀቢቅኪ ካብተን ዝተዛረብኩወን ሕዚ
[43]	**ተሳታፊት 3፡** መጀመርያ ገዛ ፅሬት ምሕላው ካልኣይ ደሞ እንታይሽሙ ኣዮዲን ጨው ብምጥቃም ጨው እንተይኣብዛሕኻ ምግቢ ምስራሕ ካብኡ ከዓ ካብ ገዛ ደረጅኡ ማለት እዩ ፅሬት እንታይሽሙ
[44]	**ጥሙር ጥዕና፡** ሽኮር በዝሒ ደም በዝሒ ብምንታይ ክንከላኸሎም ንኽእል? ክንከላኸሎም እንተኸኢልናስ ካብ ኣመጋግባና ድዩ ወይስ እንታይ እዩ? ኣመጋግባና ክንብል እንተለናስ ብኸመይ ማለትና እዩ?
[45]	**ተሳታፊት 3፡** ኣመጋግባ ደኣ እንታይሽሙ ጨው ዘይበዝሖ ምግቢ ምጥቃም ቅብኣት ዘይብሉ
[46]	**ጥሙር ጥዕና፡** እወ
[47]	**ተሳታፊት 3፡** ዝተመጣጠነ ምግቢ ምውሳድ ኩሉ ሻዕ ሓደ ዓይነት ዘይምስራሕ ብዘለናስ ብዓቕምናስ ሎሚዓንቲ ዝበላዕናዮ ክንደግሞ የብልናን ከምኣ እያ። እቲ ቐንዲ ነገር ግን ቅባኣትን ነገር እና ጨው ዘይምጥቃም።
[48]	**ጥሙር ጥዕና፡** ሕዚ ሽኮር በዝሒ ዘለዎ ሰብ ብተለምዶ እቲ ንፈልጦ ወይ ድማ ቢቲ ናይ ሕብረተሰብና ኣበሃላ ሕዚ መድሓኒት ቀጥቂጥካ ናይ ሽኮር በሽታስ ኣሎ እዩ ይበሃል ሕዚ እቲ ሕብረተሰብ ይጥቀም'ዶ ይመስለኪ? ከምኡ'ዶ ይጥቀም? ፈውሲ ቐጥቂጥካ መድሓኒት እዩ ኢሉ ዶ ይኣምን እቲ ሰብ? ንዓኺ እየ እኮ ገነት::
[49]	**ተሳታፊት 3፡** ብሕክምና ዝተብሃሎ እምበር ብሓበሻ ገለ እማ ዝወስድ የለን ብዚ ሎሚ ግዘ
[50]	**ጥሙር ጥዕና፡** እሺ። ሰሚራ ደም በዝሒ ዘለዎም ሰባትስ እ እንታይ እንታይ እንተገበሩ እዩ ዝገድፎም?
[51]	**ተሳታፊት 4፡** በላ ኣስቲ ክሰምዕ ኣነ እንድዒ ኣይፈልጦን።

[52] **ጥሙር ጥዕና፡** እ? ታሕጓስ ገፅኪ መሊስኪ እሞ ተዛረቢ፡፡ ትቐድሒ ኢኺ ዘለኺ።
[53] **ተሳታፊት 5፡** እንታይ ክዛረብ ኣነስ ኣይፈልጦን።
[54] **ጥሙር ጥዕና፡** ዋይ! ዓስራይ ክፍሊ ኮይንክስ ዘይትፈልጥዮ?
[55] **ተሳተፍቲ፡** (ሰሓቕ)
[56] **ጥሙር ጥዕና፡** ይዛረበኪ እኮ ኣለኹ። ተዛረቢ እንዶ እንታይ እያ ገፃ መሊሳ?
[57] **ተሳታፊት 5፡** እንታይ እየ እሞ ክዛረብ?
[58] **ጥሙር ጥዕና፡** ብምንታይ ብምንታይ ገይሮም ክከላኸልዎ ይኽእሉ? ሰዓዳ ተዛረቢ
[59] **ተሳታፊት 6፡** ጨው ብምልካዕ
[60] **ጥሙር ጥዕና፡** እወ
[61] **ተሳታፊት 5፡** ቡና ኸሎ ብዝተወሰነ ምውሳድ
[62] **ጥሙር ጥዕና፡** እሺ
[63] **ተሳታፊት 6፡** ዝተወሰነ ድማ ሕክምና ምግባር
[64] **ጥሙር ጥዕና፡** ሕክምና ምውሳድ እ? ሽኮር ገይርካ ቡና ዘይምስታይ
[65] **ተሳታፊት 7፡** ሽኮር ገይርካ ዘይምስታይ
[66] **ጥሙር ጥዕና፡** ዘይምስታይ ኢልኪያ እወ። ካብኡ ተመጣጣናይ ምግቢ ድማ ጨው ዘይብሉ ምግቢ ምብላዕ እ?
[67] **ተሳታፊት 7፡** እወ።
[68] **ጥሙር ጥዕና፡** ወዲእና ኣለና።

(iii) Focus Group Discussion - 1 (FGD-1)

Turn	The Tigrigna Text
[69]	**ሓታቲ፡** ኣነ ስመይ ነጋሲ ኣባይ ይበሃል ኣብ ኣዲስ ኣበባ ዩኒቨርሲቲ ተምሃራይ እየ። ኣብ ምክልኻል ዘይተመሓላለፍቲ ሕማማት መፅናዕቲ ኣብ ምክያድ ይርከብ። ሕጂ ምሳኽን ብዛዕባ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ንምዝታይ ይደሊ። ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ሓደሓደ ሕቶታት ክሓተክን ይደሊ። ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እንታይ ትፈልጣ?
[70]	**ተሳታፊት 1፡** ከም ኩላሊት ከም ሽኮርያ ድዩ?
[71]	**ሓታቲ፡** እወ። ብዛዕባ እዚኣቶም እስከ እንታይ ትፈልጢ ንኣብነት? ወይድማ ሕማም ሽኮር እንትበሃል ተሎ ናብ ኣእምሮኺ ዝመፅእ ምስሊ እንታይ እዩ?
[72]	**ተሳታፊት 1፡** በቃ ኣነስ ካብኡ ክጥንቀቅ ኣለኒ ኢልካ ስነ ኣእምሮኻ ትጥንቀቕ ንባዕልኻ በቲ ናቱ ሕማም ( ) ንባዕልኻ። ካብኡ ነፃ ትኽውን ማለት እዩ። ካብኡ ሪኢኻስ ትመሃር ኣለኻ።
[73]	**ሓታቲ፡** ካልኦትክን ከ? ንኣብነት ኣብዚ ከባቢኽን በዚ ሕማም ዝተትሓዘ ወይድማ ዝሞተ ሰብ እንተሃልዩ እንታይ ይበሃል?
[74]	**ተሳታፊት 2፡** ኣብዚ ከባቢና ከምኡ ዘጋጥም የለን።
[75]	**ሓታቲ።** ነዞም ዘይተመሓላለፍቲ ሕማማት ኩላህና ክንቃላዕ ንኽእል ኢና ኢልክን ትሓስባ'ዶ?
[76]	**ተሳታፊት 2፡** ተቃሊዕና እባ ሕማምና ፈሊጥናስ ናይ ባዕልትና ክንክን ንኽንገብር
[77]	**ሓታቲ፡** ንዘይተመሓላለፍቲ ሕማማት ዝኾነ ሰብ ክቃላዕ ይኽእል እዩ ኢልክን ትሓስባ'ዶ?
[78]	**ተሳታፊት 2፡** እወ ንሓስብ።
[79]	**ሓታቲ፡** ንምንታይ እስኪ ንኣብነት?
[80]	**ተሳታፊት 3፡** ካብ ዘይምጥንቃቕ በቃ ሽለልተኝነት ሱቕ ኢልካ ጣፋጭ ነገር ብምብዛሕ ምንም ኣይከውንን ትብል ድሕሪኡ ከዓኒ የሕመካ ምስሓመምካ ከኣ ይርደኣካ ማለት እዩ። ካብኡ ምስ ሓመምካ ታብ ነስሓ ማለት እዩ ንቕደም ምጥንቃቕ ክበዝሕስ የብሉን በቃ ብመጠኑ ምብላዕ ምጥቃም።
[81]	**ሓታቲ፡** ንምክልኻል ዘይተመሓላለፍቲ ሕማማት እንታይ እንታይ ተግባራት ትፍፅማ እሰቲ? ሕጂ ቅድም ኢላ ጣፋጭ ነገር ዘይምብዛሕ ኢላትና ተወሳኺ እንታይ ክግበር ኣለዎ ንምክልኻል ዘይተመሓላለፍቲ ሕማማት?
[82]	**ተሳታፊት 4፡** ኣብ ብእዋኡካ ክትትል ምግባር፣ ሕክምና እ ከይድካ ምክትታል ማለት እዩ ክብደትካ እውን ከይውስኽ ምቕናስ ምግቢ ሓደ ንሱ ካልኣይ ድማኒ ብእዋኑ በቃ ክትትል ከይድካ ምዕቃን ኪሎኻ ምፍላጥ እውን ምምርማር ማለት እዩ።
[83]	**ሓታቲ፡** ካልእ ተወሳኺ?
[84]	**ተሳታፊት 5፡** እወ እቶም ትወስዶም ምግብታት ጨው ምቕናስ፣ ቡና ምቕናስ ከይድካ ድማ ምልካዕ ኩነታትካ ምፍላጥ እዩ እንታይ ደኣ።
[85]	**ሓታቲ፡** ካልእ ተወሳኺ ኣሎ'ዶ? ሕጂ ንስኻትክን ኣባላት እቲ ጉጅለ ልምዓት ኢኽን ከም ኣባላት ጉጅለ ልምዓት ንምክልኻል ዘይተመሓላለፍቲ ሕማማት እንታይ ንጥፈታት ትፍፅማ? ንኣብነት ጎረቤት ወይድማ ኣባል ስድራ ቤት በዞም ሕማም ንኽይተሓዝ እንታይ ትገብራ?
[86]	**ተሳታፊት 1፡** እንታይ ድዩ መሲሉካ ቅድሚ ምክልኻል እንድዩ ካብ ምግቢ ክትከላኸል ኣለካ። እ መሲካ እውን ደም በዝሒ እውን ሸኽርከር እዩ ዘምፀኦ እ ምንዋፅ እዩ ዘምፀኦ። ካብኡ እውን ምስ ቆልዑትካ ይኹን ምስ ገዛኻ ካብ ሸኽርከር ክትቁጠብ ኣለካ።
[87]	**ሓታቲ፡** ሸኽርከር ክንብል ከለና?
[88]	**ተሳታፊት 1፡** ጭንቀት ማለት እዩ። ምጭንናቕ ሕዚ ደም በዝሒን ንሽኮርያን መንቀሊ እዮም ዝበሃሉ ኣነ ከም ዝፈልጦ። ካብኡ እውን ክንክልከል ኣለና።
[89]	**ሓታቲ፡** ካልእ ከ? ዝስመዐክን ተዛረባ።
[90]	**ተሳታፊት 1፡** ሳራ ተዛረቢ።
[91]	**ተሳታፊት 2፡** ኣነስ ቅድሚ ሕክምና ምኻድ ተቐዳዲምካ ምክልኻል ዝብል ከምኡ እዩ ከምቲ ዝበለኦ እዩ።
[92]	**ሓታቲ፡** ብጥሙር ጥዕና ኣብ ዝተፈላለዩ ዛዕባታት ጥዕና ትምህርትን ምኽሪን ትወሃባ ኢኽን እሞ ነዞም ምኽርታት ኣብ ተግባር ተውዕልኦም'ዶ? እስኪ ብኣብነት ግለፃለይ።
[93]	**ተሳታፊት 6፡** እወ ገዛኽን ኣፅርያ ሽንት ቤትክን ኮስትራ ኩሉ መረባኽን ፅረጋ ትብለና እያ። ፀራሪግና ኢና። ዳካ ንበይኑ ገይርና። ከሙኡታት ኢላ ኣምሂራትና ገይርና ኢና።
[94]	**ሓታቲ፡** ኣመጋግባ ብዝምልከት ከ?
[95]	**ተሳታፊት 6፡** ከምኡ እውን ኢላትና ኩሉ ነጊራትና እያ። ነተግብሮ ኢና።
[96]	**ሓታቲ፡** እስቲ ንኣብነት ንምክልኻል ዘይተመሓላለፍቲ ሕማማት እንታይ ትገብሩ ኣብ ገዛኹም?

[97] **ተሳታፊት 6፡** ማለትሲ ምግቢ ብፅሬቱ ቅድሚያ ናይ እንታይ እዩ ዝበሃል ዘሎ ናይ ከባቢና ዘሎ ይኹን ናይ ገዛና ፅሬት ኢና ንሕሉ። ኣመጋግባና ኣትክልቲ ዝበዝሑ ጮማ ዝበዝሑ ቅብኣት ዝበዝሑ ክንበልዕ የብልናን።

[98] **ሓታቲ፡** ቅብኣት ዝበዝሑ ምብላዕ እንታይ ስለዘስዕብ እዩ?

[99] **ተሳታፊት 6፡** ንዝተፈላለዩ ሕማማት የስዕብ ንድኻም ልቢ ይኹን ጨጎራ ይኹን ዝተፈላለዩ ሕማም የጥቅዕ እዩ።

[100] **ሓታቲ፡** 'ካብ ሓሚምካ ሕክምና ተኸናኺንካ ጥዕና' ዝብል ኣበሃህላ ትግርኛ ዘለክን ሪኢቶ እንታይ እዩ?

[101] **ተሳታፊት 2፡** ብዝኻኣልና ኣብ ዘለናዮ ገዛ ንጥንቀቕ ኢና። ካብኡ ንኽንቁጠብ ካብ ዝኾነ ሕማም ንኽንድሕን ንጥንቀቕ ኢና። ጥንቃቐ ንገብር ኢና።

[102] **ሓታቲ፡** ኣብ ከተማና ከም ፀቕጢ ደምን ሕማም ሽኮርን ብበዝሒ ይረኣዩ ኣለዉ። ኮይኑ ግና ከንከላኸሎም ንኽእል ሕማማት እዮም ኣብ ምክልኻል ኣድሂብና እንተሰሪሕና። እስኪ ብኣኽን ወገን እንታይ እንተተገበረ እዩ እዞም ሕማማት ከንክዩን ከነወግዶምን ንኽእል ኢልክን ትሓስባ?

[103] **ተሳታፊት1፡** ንሱ ደኣ

[104] **ተሳታፊት 3፡** እቲ ዘድሊ እንድሕር ኣወጊድናዮም ያው ክውገዱ ይኽእሉ እዮም።

[105] **ተሳታፊት1፡** ቡና፣ ጨው

[106] **ተሳታፊት 2፡** መጠናዊ ዝኾነ

[107] **ተሳታፊት 1፡** እዚ ጣፋጭ ዝተብሃለ እውን ኩሉ እዚ ዝነበረና እንዳመፀት እንተቕንስናዮ እቶም ሕማም ክውገዱ ይኽእሉ እዮም።

[108] **ሓታቲ፡** እስኪ ካልእ?

[109] **ተሳታፊት 5፡** ብኣበሃህላ እውን ኣሎ 'ሰለስተ ፃዕዳታት ምቕናስ' ወለዲ ዝብልዎ። ብፍላይ ልዕሊ ኣርብዓ ዓመት ካብ ጨው ካብ ስብሒ ነገር ካብ ሽኮር ክንቕንስ ከምዘለና መልእኽቲ እዩ ዘመሓላልፍ ኣለዎም ምኽንያቱም ልዕሊ ኣርብዓ ዓመት ብዙሕ ኮፍ ስለዘሎ።

[110] **ሓታቲ፡** ካሊእ?

[111] **ተሳታፊት 3፡** እወ ንሱ እዩ እቲ ዝግለፅ ዘሎ እዩ። ልክዕ እዩ ኣብ ዕብየትካ ይኹን ኣብ ቁልዕነትካ ተኸናኺንካ ነብስኻ ንምሕላው ፅቡቕ እዩ። በተለይ ጨው ፅቡቕ ኣይኮነን። ክትቅንስ ትኽእል ኢኻ። መስካ ብተወሳኺ እውን ኣብዚ ተኽልታት ክትበልዕ ከለኻ እውን ዝመጣጠነካ ምግቢ ማለት እዩ። ማለት ሕዚ ፍራምረ ነገራት ኩሉ ኣይጠልቦን ኩሉ እውን ኣይፀልኦን ዝኸውን ክትበልዖ ከለኻ ግን እቲ ዝሰማመዐካ ምግቢ ክትበልዕ ኣለካ ክትጥዒ እንተኾይንካ ናይ ልቢ ድኻም ኣሎ ናይ ዝኾነ ነገራት ኣሎ ምስ ነብስኻ ክኸይድ ዘይኽእል ማለት እዩ። ሕጂ ዝተወሰነ ሰብ ሽሮ ኣይደፍእን እዚ ጨው ዘይበዝሑ ስልሲ ንባዕሉ ዘይቲ ብዙሕ እንተኾይንካ ዓቂንካ መስካ ተወሳኺ እውን ኣልጫ መሳሊ ከምኡታት በቃ ዝተፈላለየስ ንነብስኻ ንምክንኻን ማለት እዩ ካልእ ኣይኮንን። እዚ ደም በዝሒ እውን እንድሕር ዓቂንካዮ እቲ ጨው ቁሩብ ከመሓይሽ ይኽእል እዩ። ምስቲ ደምናስ ስለዘበላሹ እኮ እዩ እምበር ካልእ እንታይሽሙ ስለዘይብሉ ብተወሳኺ እውን መስካ ኣብ ጨው ኣዎዲን ሕዚ ተጠቕማ ይብላና እየን እወ ንጥቀም ኢና እቲ ኣፈላሊኡ ስለዝነግራና ብዙሕ እኳ ንሕና እንተዘይፈለጥናዮ በቲ ዘምህራና ሰሚዕና ንሱ እውን ንጥቀም ኢና። ያው ፅቡቕ እዩ እቲ ዘምህራና ትምህርቲ እውን ፅቡቕ እዩ። ብተወሳኺ እውን ብዛዕባ እቲ ሕክምና ዝበልካዮ እውን ከይድካ እንተይሓዘካ እቲ ሕማም ዝኾነ ነገር መቼም እንተተኸላኺልካስ ካብ ኩሉ እንዳደሓንካ ካብ ኩሉ ነፃ ነገር እንዳኾንካ ትኽይድ ኢኻ። ሕማምካ እንተፈሊጥካ እውን ካልኣይ ነቶም ዘለዉ ደቓኻ ይኹን ዝኾነ ጎረቤትካ ይኹን ዝኾነ መቼም ምክልኻል ተምፅእ ኢኻ መጀመርያ ንህይወትካ ካብኡ ነቲ ዘሎ ምሳኻ ሕብረተሰብ ተኸላኺልካ ሕማምናስ ክንሓብእ ኣይንኽእልን። ዝተወሰነ ንሕና ፈሊጥና ተኸላኺልና ናብ ስድራና ይኹን ናብ ጎረቤትና ይኹን ንኹሉ እንተሓለፈ ተኸናኺንካ እንድሕር ከይድካስ ፅቡቕ እዩ እየ ዝብል ኣነ።

[112] **ሓታቲ፡** ምናልባት ዘይተጠቐሰ ትብልኡ ነገር እንተሃልዩ?

[113] **ተሳተፍቲ፡** የለን።

[114] **ሓታቲ፡** የቕንየለይ።

(iv) Focus Group Discussion - 2 (FGD-2)

Turn	The Tigrigna Text
[115]	**ሓታቲ፡** ኣነ ነጋሲ ኣባይ ይበሃል። ኣብ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዘድህበ መፅናዕቲ ኣብ ምክያድ ይርከብ። ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ሓደሓደ ሕቶታት ክሓተክን ይደሊ። መጀመርያ ኣፍልጦ ኣብ ዘይተመሓላለፍቲ ሕማማት ብዝምልከት ክንዘራረብ እሞ ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እንታይ ትፈልጣ? ካብዚ ክጅምር ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እንታይ ትፈልጢ ንስኺ?
[116]	**ተሳታፊት 1፡** ደም በዝሒ ሽኮር ካልእ ኣስሚ
[117]	**ሓታቲ፡** ካልኦት ክ? ሕጂ ኣስሚ ደም በዝሒ ሕማም ሽኮር ዘይተመሓላለፍቲ ሕማማት እዮም። ነዞም ቃላት ክትሰምዒ ከለኺ ናብ ኣእምሮኺ ዝመፅእ ሓሳብ እንታይ እዩ?
[118]	**ተሳታፊት 1፡** ኣይ ንባዕልኻ ምጥንቃቕ እምበር ፈሪሕኻም ክትስንብድ ክትድንግፅ የብልካን። መስዐቢኡ ብምንታይ ምኻኑ ክትፈልጥ ኣለካ። ብምንታይ መከላኸሊኡ ደሞ ግምግም ኣቢልካ ኣብ እንታይሽሙ ክተውዕሎ ኣለካ።
[119]	**ሓታቲ፡** እሺ ካልኦት ክ?
[120]	**ተሳታፊት 2፡** በቃ ከምኡ ከም ዝበለቶ።
[121]	**ሓታቲ።** እስኪ ግለፅለይ? ሕጂ ሽኮርያ ክበሃል ከሎስ እንታይ ሓሳብ ይመፅእ ናባኺ?
[122]	**ተሳታፊት 2፡** ብናይ ባዕለይ ድኣ ምጥንቃቕ እዩ እምበር።
[123]	**ሓታቲ፡** ምፍራሕ ኣሎ ድዩ? ሕጂ ኣብ ከባቢኹም ሓደ ሰብ ብሕማም ሽኮር ተታሒዙ እንተተባሂሉ ምድንጋፅ ኣሎ'ዶ?
[124]	**ተሳታፊት 2፡** እወ ንፈርሕ።
[125]	**ሓታቲ፡** ንምንታይ?
[126]	**ተሳታፊት 2፡** ምኽንያቱም ሕማም እሳ ክትበሃል ከላ ሳዕቤን ስለዘለዋ ኣነ ማለት ሰሪሐ ከይበልዕ ድየ ብሕማም ከምዚ ኢለ ክጓሳቐል ክጓሳቐል እንዳበልካ ትጭነቕ ትፈርሕ ኢኻ።
[127]	**ሓታቲ፡** ነዞም ሕማማት ከቃልዑ ዝኽእሉ ነገራት እንታይ እዮም? ብምንታይ ክመፁ ይኽእሉ ክስዕቡ ይኽእሉ?
[128]	**ተሳታፊት 2፡** ብጨው
[129]	**ሓታቲ፡** እሺ
[130]	**ተሳታፊት 3፡** በዝሒ ቡና ብምስታይ
[131]	**ሓታቲ፡** ካልእ ኸ?
[132]	**ተሳታፊት 3፡** ሕክምና ብዘይምግባር
[133]	**ሓታቲ፡** ክትትል ዘይምክያድ ማለት ድዩ?
[134]	**ተሳታፊት 3፡** ክትትል ዘይምክያድ በዝሒ ሽኮር ምስታይ፣ ስብሒ፣ በዝሒ ሽኮር ምውሳድ
[135]	**ሓታቲ፡** ካልእ ኸ? ሕጂ ኣብዚ እ ብበዝሒ ሽኮር ምጥቃም፣ እ ስብሒ ጮማ ዝበዝሑ ምግቢ ምብላዕ ገለ ተባሂሉ ኣሎ። ካልእ ተወሳኺ ዶ ኣሎ ነዞም ሕማማት ከስዕቡ ዝኽእል?
[136]	**ተሳታፊት 1፡** ኣልኮል ነገር ዘይምውሳድ፣ ኣልኮል ሽጋራ እውን ክትወስድ የብልካን። ምንቅስቓስ ኣሎ። ብዙሕ ኮፍ ምባል እውን ፀገም ኣለዎ። ምንቅስቓስ ኣድላዩ እዩ።
[137]	**ሓታቲ፡** እሺ። ብጥሙር ጥዕና ሰራሕተኛ ትምህርቲ ጥዕና ከምትወሃባ ተዓዚበ እየ እሞ ነዞም ዝወሃቡኽን ትምህርቲ ኣብ ተግባር ተውዕሎአም'ዶ? ኣብ ተግባር ተውዕሎም እንተኾይንክን ሕጂ ንኣብነት ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ኣብ ገዛኽን ትፍፅምኣ ተግባራት እስኪ በብሓደ ንገራኒ።
[138]	**ተሳታፊት 1፡** ደም በዝሒ ንምቕናስ እንተኾይኑ ጨው ቆጢበ ክሰርሕ ኣለኒ። ካብዚ ኣስሚ ገለ ከዓ መስካ ገዛ ምፅራይ፣ ንሽኮርያ ሽኮር ቀኒስካ ምግባር በዝሒ ቡና ዘይምውሳድ፣ መስተ እንታይሽሙ ነገርም ዘይምውሳድ።
[139]	**ሓታቲ፡** ካልእ ኸ ተወሳኺ?
[140]	**ተሳታፊት 4፡** ጨው ዘይምብዛሕ
[141]	**ሓታቲ፡** ካልእ ኸ? ኣትክልቲ ኸ ትጥቀማ'ዶ?
[142]	**ተሳታፊት 4፡** እወ ንጥቀም ኢና።
[143]	**ሓታቲ፡** ጮማ ዝበዝሑ ምግቢ ኸ ኣይትበልዓን?
[144]	**ተሳታፊት 4፡** ንበልዕ እሞ ብዙሕ ኣይኮነን። (ሰሓቕ) ብዙሕ ኣይኮነን ነይርና ነይርና ኢና ንጥቀም ኣከታቲልናስ ስለ መነባብሮ ስለዘይፈቅድ ኣዐሪና ኣይንጥቀምን።
[145]	**ሓታቲ፡** ብስሩ ግን መነባብሮ ጥራሕ ዘይኮነስ ነቲ ሕማም ከምዘቃልዕ ሓሲብከን ዲኽን ወይስ ክንረኽቦ ስለዘይንኽእል ብዝብል?
[146]	**ተሳታፊት 4፡** እወ እንታይ ደኣ።

[147] **ሓታቲ፡** እ?
[148] **ተሳታፊት 5፡** ክርክብ እውን ዘይከኣል ነይርካ ነይርካ እዩ ዝብላዕ እምበር ስጋስ ኣይርክብን እቲ ኣትክልቲ ገለመለ ግን ንበልዕ ኢና።
[149] **ሓታቲ፡** ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ከ ኣብ ከባቢኽን ምስ ጎረባብቲ ይኹን ምስ ኣባላት ስድራ ቤት ትመያየጣ ተዋግዓ'ዶ? ሕጂ ብዛዕባ ደም በዝሒ ትመያየጣ'ዶ?
[150] **ተሳታፊት 5፡** እወ ጨው ኣይተብዝሓ፣ ቡና እውን ኣይተብዝሓ
[151] **ሓታቲ፡** እስቲ ሓሳብኪ ኣካፍልኒ
[152] **ተሳታፊት 6፡** ይብልኡ እንደ ኣለዋን ንሱ ደኣ።
[153] **ሓታቲ፡** እሞ ንስኺ ትብልዮ ድማ
[154] **ተሳታፊት 6፡** ደም በዝሒ ከይሕዘካ ጨው ቡና እውን ዘይምብዛሕ፣ ሽኮርያ ከይትሕዘካ ድማ ሽኮር ብዙሕ ዘይምስታይ ብዙሕ ሽኮር እውን ዘይምብዛሕ
[155] **ሓታቲ፡** ኣብ ትግርኛ ሓደ ኣበሃህላ ኣሎ 'ካብ ሓሚምካ ሕክምና ተኸናኺንካ ጥዕና' ዝብል ማለት እዩ። ኣብዚ ዘለክን ኣረኣእያ/ሪኢቶ እንታይ እዩ?
[156] **ተሳታፊት 1፡** ፅቡቕ እዩ ኣቑዲምካ ሕክምና ከይድካ ሕማምካ ክትፈልጥ ኣለካ። ጥዕናኻ እውን ከመይ ከምዘሎ ምግንዛብ ፅቡቕ እዩ።
[157] **ሓታቲ፡** እና ሕጂ ተተግብርኡ እዚ ተኸናኺንካ ጥዕና ዝበል?
[158] **ተሳታፊት 3፡** እወ።
[159] **ሓታቲ፡** እስኪ እንታይ ትገብራ? ሕጂ ቅድም ኢላ ከምዝበለቶ ኣቑዲምካ ሕክምናዊ ክትትል ምግባር ሓደ ነገር እዩ። ካልእ ተግባራት እስኪ ኣብ ገዛ ትገብርኡም ነገራት?
[160] **ተሳታፊት 3፡** ደም በዝሒ ዘለዎ ሕክምና ዶ ይኽይድ እ ከምዚ ኣለካ እንድሕር ተባሂሎም እ ንደም በዝሒ ዘብሎ እ ዝቕንሶ ጨው እውን ኣውሒድካ ምጥቃም፣ ሽኮር ዘይምብዛሕ፣ ቡና እውን ደጋጊምካ ዘይምስታይ ምዕቃን ካብኡ ድማ መስካ ፃባ እውን ክትንኪ ኣለካ
[161] **ሓታቲ፡** ኣብ ገዛ ንስኺ ትገብርዮ ተግባራት ድዩ እዚ ሕጂ?
[162] **ተሳታፊት 3፡** እወ።
[163] **ተሳታፊት 4፡** መጀመርያ ከባቢና ነፅርይ። ካብኡ ምግቢ ክትሰርሕ ከለኻ ብጥንቃቐ ከምትሰርሑ ሎሚዓንቲ ሕዚ ንኣብነት ስጋ እንተበሊዐ ፅባሕ ድማኒ ናይ ቆፅሊ ክሰርሕ ኣለኒ ካብኡ ከምኡ እንተገይረ ድሑር ሕማም ኣይመፀንን። ዕረፍቲ ሓደ ክህልወኒ የብለይን ክንቀሳቐስ ኣለኒ
[164] **ሓታቲ፡** ካልእ ተወሳኺ ኸ?
[165] **ተሳታፊት 2፡** እዚ ተኽሊ መኽሊ ምብላዕ ምጥቃም ደም ንበዝሒ እዩ ቡና ዘይምብዛሕ
[166] **ሓታቲ፡** እምበር ሕጂ ብዛዕባ እዚ ደም በዝሒ ዝሓዞ ሰብስ ሱቕ ኢሉ ወዲያው ዝመውት ገይርካ ምሕሳብ ክህሉ ይኽእል ወይ ደም በዝሒ እንተሃልይዎ ሰብ ምስ ርጉዲ ምትሕሓዝ ረጉድ ጥራሕ ዝተሓዝ ገይርካ ምሕሳብ
[167] **ተሳታፊት 3፡** ቀጢን እውን ኣለዎ እዩ።
[168] **ሓታቲ፡** ከምኡታት ነገር የለን?
[169] **ተሳታፊት 3፡** ቀጢን እውን ደም በዝሒ ኣለዎ እዩ።
[170] **ሓታቲ፡** ትፈልጥኡ ኢኽን እዚ? እ ኣብ ረጉድ ጥራሕ ከምዘይኮነ
[171] **ተሳታፊት 3፡** እወ ንፈልጦ።
[172] **ሓታቲ፡** ምናልባት ሓደ ሓደ ግዜ ኣበሃህላታት ኣሎ እዩ። ረጉድ ሰብ እንተሓሊፉ እዚ እኮ ሽኮርያ ከትህልዎ ትኽእል እያ ገለ ኢልካ - ብጣዕሚ ረጉድ እንተኾይኑ። ግን እቲ ሕማም ምስኡ ጥራሕ ዝተትሓዘ ኣይኮነን።
[173] **ተሳታፊት 5፡** ኣብ ኩሉ እዩ ኣብ ቀጢንን ኣብ ረጉድን ኣይብልን።
[174] **ሓታቲ፡** ጥራሕ እንታይ እዩ ከትሕዘካ ዝኽእል እቶም ቅድም ኢልና ከንጠቕሶም ዝፀናሕና?
[175] **ተሳታፊት 5፡** እወ።
[176] **ሓታቲ፡** ኣብ መወዳእታ ጥሙር ጥዕና ቤተሰብ ዝነግራኽን ክትገብርኡ ዝግበኣካንን ዘይግበኣካንን ተግባራት ብዝርዝር ንገራኒ።
[177] **ተሳታፊት 4፡** ኣይ ፅሬት ናይ ገዛኽን ኣካይዳ ኣብ ፀብሒ ጨው ኣዮዲን ተጠቕማ ኣብ ገዛኽን ኣይትውለዳ
[178] **ሓታቲ፡** ንስኺ ኸ?
[179] **ተሳታፊት 6፡** ከምቲ ዝበለቶ እዩ እምበር ኣነ … ኣፅርያ መረባኽን ፅሬት ቆልው እንተሒዝክን ሕማም ኣይመፀክንን እያ ትብለና።
[180] **ሓታቲ፡** ብዛዕባ ኣመጋግባ ኸ?
[181] **ተሳታፊት 6፡** ኣመጋግባ እማ ኣቁሕትና ሓፂብና ክንሰርሕ ኣለና።
[182] **ሓታቲ፡** ኣብ መወዳእታ ንምክልኻል ዘይተመሓላለፍቲ ሕማማት እንታይ ክግበር ኣለዎ ትብላ?

[183] **ተሳታፊት 1፡** ብውልቀሰብ እንተኾይኑ በቃ ኣብ መጀመርያ እንታይሽሙ ፅሬት ክህሉ ኣለዎ። ዳሕራይ ከዓ ዝተመጣጠነ ምግቢ ክወስድ ኣለዎ። ከምቲ ዝተብሃለ ቅብኣት ዘይምጥቃም ኣልኮል ዘይምውሳድ ብኻልኣይ ደረጃ ከዓ ሕክምና ከይድካ ምክትታል ማለት እዩ። ካብኡ ዝበሉኻ ሰሚዕኻ ምትግባር ማለት እዩ።

[184] **ሓታቲ፡** ካልእ ተወሳኺ ኣሎ’ዶ?

[185] **ተሳታፊት 4፡** በቃ ቅብኣት ነገር ምግብስ ምብላዕስ ክተቋርፅ ኣለካ ከም ቡና ከም እ ቡና ኮይኑ ሻሂ ዝተሓወሶ ማለት እዩ። ከም ኣልኮል መስተ እ ካብኡ ጣፋጭ ዝኾነ ጮማ ምብላዕ ማለት እዩ ዘይምብላዕ በቃ ኣትክልቲ ጨው ዘይብሉ ምብላዕ ማለት እዩ።

[186] **ሓታቲ፡** ካልእ ተወሳኺ ኣሎ’ዶ?

[187] **ተሳተፍቲ፡** የብልናን

[188] **ሓታቲ፡** የብልክንን እሺ ብጣዕሚ እየ ዘመስግን።

(v) In-depth Interview with Health Professional – 1 (IDI1-HP1)

Turn	The Tigrigna Text
[189]	**ሓታቲ፡** ኣብዚ ከባቢኹም ዝርግሐ ዘይተመሓላለፍቲ ሕማማት እንታይ ይመስል?
[190]	**ተሓታቲ፡** ያው ዝርግሐ ዘይተመሓላለፍቲ ሕማማት በተለይ ኣብ ከተማና ንእሽተን ናይ ስኳር ሕማም ወይን ደሞ ኣ ናይ ስኳርና ናይ ደም በዝሒ ንእሽተን ብዝተወሰነ መልክዑ ብኣብዝሓ ኣሎ ክበሃል ይከኣል እዩ። እስፔሻሊ ኣ ማነው ኣ ዲያ እንትን ሶሪ ኣ ዲኤም ወይ ድማ ስኳር በሽታ ብኣብዝሓ መልክዑ ኣሎ። ማለት ያው ሽኮር በሽታ ኣብ ክልተ መልክዑ መቒልና ክንርኦ ንኽእል ኢና። ኣ ዲኤም ዋን እና ኣ ዲኤም ታይፕ ዋን እና ዲኤም ታይፕ ቱ። ብመብዛሕቲኡ ግዘ ኣብዚ ሕዚ እዋን ኣብዚ ዲኤም ታይፕ ቱ ኣብ ከተማና ብኣብዝሓ ኣ ንሕና በተለይ ኣብ ሆስፒታል፤ ኣብዚ'ኳ መድሓኒት ኣገልግሎት የብልናን ናይ DM። ግን ኣብ ሆስፒታል ብዙሕ ክንርኢ ከለና ዲኤም ታይፕ ቱ እዩ ተጠቃሚ ዘለና። ግን ንሱ'ውን ብ ሓደሓደ ኣስተምህሮታት ይወሃብ እዩ። ያው ኣ ካብ መጠን ንላዕሊ ዝኾነ ቅብኣት ዘለዎ ምግብታት ብምጥቃም፣ ኣ ያው ካብ መጠን ንላዕሊ ያው ናይ ሰብነት ክብደት ብምውሳኽ ምናምን ከምዘጋጥሞም ያው ሓደሓደ በተን ናይ ጥሙር ጥዕና ኣብዚ ሓደሓደ ማለት ኣብ ሰሙን ሓደ ግዘ ሓሙስ ሓሙስ መፂእን ኣኼባ ዝገብርኡ ኣሎ። እና ብኽምኡታት ኣ እንዳወሰኽ ወይ ድማ እንዳተጋነነ ከመዝፅእ ኽሎ ሓደሓደ መረዳእታታት ይህባና እየን። ያው ስኳር በዝሒ ማነው ደም በዝሒ'ውን ብዝተወሰነ መልክዑ እንኦ እዩ። ንሱ'ውን ያው መብዛሕቲኡ ግዘ ኣብዚ እንደውም ኣብቲ ዳታና ክረአ ኽሎ መብዛሕቲኡ ግዘ ካብ ኣርብዓ ዓመት ንላዕሊ ዘለዉ ሰባት እስፔሻሊ ካብ ደቂ ተባዕትዮ ንላዕሊ ኣብ ደቂ ኣነስትዮ ወይን ደሞ ኣዴታት እዩ ብዙሕ ዘሎና ያው ንሱ'ውን እም ሓደሓደ ኣስተምህሮታት ይወሃብ እዩ። ... ማለት ብዙሕ እንኳን እቲ ናይ ደም በዝሒ ሙሉእ ንሙሉእ ክጠፍእ እንተዘይከኣለ ግን ያው ኣ ብዝተወሰነ ስፖርት ምንቅስቓስ ይኹን ሓደሓደ ነገር ብምስራሕ ማእኸላይ ዝኾነ ወይን ደሞ ጥዕንኡ ዝሓለወ ማለት ጥዕንዑ ሓልዩ ንእሽተን ክነብር ወይን ደሞ ክነብር ከምዝኽእል ኣስተምህሮታት ይወሃብ እዩ ማለት እዩ። ካብኡ ኣብ ናይ ድኻም ልቢ እና ወይን ደሞ ኣ ሲኤችኤፍ እንብሎ እና ኣብ ኣ ካልእ ኣ ኣብ በቃ ኣብ ሲኤችኤፍ ደሓን እዩ ዝብል ኣብዚ ኽተማና ማለት እዩ። ካልእ ኣ ኣብዞም ክሮኒክ እንብሎም ወይን ደሞ ዘይተመሓላለፍቲ ሕማማት እንብሎም ብዙሕ የለን። ያው ኣብ ካንሰር ምናምን'ውን ኣሎ። ግን ኣብዚ ጥዕና ጣብያና ክሻዕ ሐዚ ያው ብጥዕና ጣብያ'ውን ደረጃ ስለዝኾነ ብዙሕ ዲያግኖዝ ምናምን ኣብዚ ዝተቐመጠ ወይን ደሞ ሳስፔክት ዝተገበረ ነገር የለን። ግን ኣብ ሆስፒታል ግን ኣሎ ከምዝበሃል ወይን ደሞ ኣብዚ ክልቲኡ ካቸመንትና እ ሓየሎም እና ማዕበል ናይዚ ጥዕና ጣብያ ካቸመንት እዩ ናይ ሚሊንየም ጥዕና ጣብያ ማለት እዩ። ያው ኣብ ክልቲኡ ከምዘለዉ ውስናት ሰባት ግን ያው ዝሐሸ ግን ናይ ድኻም ልቢ እዩ በቲ ዘለና ዘይተመሓላለፍቲ ሕማማት።
[191]	**ሓታቲ፡** ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ሰባት እንታይ ይሓስቡ? ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እንታይ ይብሉ?
[192]	**ተሓታቲ፡** ያው መብዛሕቲኡ ኣብዚ ሰዓት እዚ ኣብ ስኳር እዩ መብዛሕቲኡ በቃ እቲ ሰብ'ውን ኣ ብተደጋጋሚ ስኳር በሽታ እንዳተጋነነ ይመፅእ ስለዘሎ ኣብኡ ያው ሓደሓደ እንታይ ዓይነት ጥንቃቐ ክገብሩ ከምዘለዎም ወይ ድማ እንታይ ዓይነት ምክልኻል ክገብሩ ከምዘለዎም ያው ሓደ ሓደ ኣስተምህሮ እንተዝወሃበና ዝብል ኣፍቲ ጥሙር ጥዕና ወይ ድማ ኣፍቲ ልምዓት ጉጅለ ታሕቲ ወሪዱ ምዝርራባት ይገብራ እየን። ያው ንሱ ደግሞ እቲ ክግበር ዝግብኡ ለምሳሌ ኣብ ቅድም ከምዝበልኩዎ ኣብዚ ናይ ኣ ስኳር በሽታ ወይን ደሞ ዲያቤትስ ሜሊተስ እንብሎ ያው ኣትክልቲ ንኽነዘውትር ኣለና ኣብ ኣመጋግባና ማለት እዩ። እንቅስቃሴ ደሞ ንጉሆ ንጉሆ ሓደሓደ ስፖርት ተሲእና ያው ብመጠን ማለት ከከም ዓቕምና ያው ዋላ ብንእሽተን መጠነኛ ዝኾነ ስፖርት ክንሰርሕ ክንከእል ኣለና። ክብደት'ውን ዘይምውሳኽ ማለት እዩ። መጠነኛ ዝኾነ ክብደት ያው ምስ ቁመትናን ኣ ምስ ርጉድናን ባላንስ ገይርና ክንከይድ ክንክእል ኣለና ማለት እዩ። እና እዙይ ዓይነት ኣስተምህሮ ክወሃብ ንኽወሃቦስ ሓደሓደ ኣ ዝጥይቑ ሰባት ኣለዉ እዮም። እና በርግጠኝነት ደግሞ እተን ጥሙር ጥዕና ይህበኡም እየን። እና መብዛሕቲኡ ደሞ ዝጥይቕ ያው ከምቲ ዝብለካ ዘለኹ ኣብ ስኳር በሽታ እና ኣብ ካንሰር፤ ካንሰር'ውን ኣብዚ ሰዓት እዚ ብጣዕሚ ዝፈ እንዳፈርሐ እዩ ሰብ ምኽንያቱም መነሽኡስ እንታይ እዩ፤ ምኽንያቱም ክንገብሮ ዘለና ቅድመ ጥንቃቐ ክንፈልጥ ስለዘለና እንታይ ክንገብር ክንክእል ኣለና ዝብል ነገር ኣሎ። ግን ያው ኣብታ ናይ ስኳር ከምታ ዝበልኩኻ እዩ ኣብ ካንሰር ግን ያው ስፖርት ጠቓሚ እዩ። ያው ዞሮ ዞሮ እስፖርቲ ክንሰርሕ ከምዘለና ይንገረን እዩ።
[193]	**ሓታቲ፡** ብበዝሒ ኣብዚ ኽባቢ ሰባት ብሕማም ሽኮር ከምዝጥቅዑ ገሊፅካለይ ኣለኻ። ምስዚ ተተሓሒዙ'ውን ብፀቕጢ ደም ከምዝጥቅዑ ገሊፅካለይ ኣለኻ። ኣብዚ ማሕበረሰብ እዚ ንሳዕቤናት ዘይተመሓላለፍቲ ሕማማት ክቃልዑ ዝኽእሉ ሰባት ከመይ ዝበሉ እዮም?
[194]	**ተሓታቲ፡** ንዞም ዘይተመሓላለፍቲ ሕማማት ክቃልዑ ዝኽእሉ ሓደ ያው ንእሽተን ናይ ኣካል እንቅስቃሴ ወይን ደሞ ናይ እስፖርቲ እንቅስቃሴ ዘይገብሩ ሰባት፤ ካልኣይ ደሞ ያው ካብ መጠን ንላዕሊ ዝሓለፈ ኣ ምርጓድ ዘለዎም እዮም ወይ ደሞ ዝረነዱ ሰባት። ካብኡ ከኣ ያው ዘይተመጣጠነ ምግቢ ዝወስዱ ሰባት ማለት

ዘይተመጣጠነ ምግቢ ክብለካ ከለኹ ንምሳሌ፡- ያው በቃ ቅብኣት ዝበዘሐ፣ ጣፋጭ ነገር ምናምን ያው እዝታት ዝወስዱ ሰባት በብዝሓ ዝርኢ ማለት ኣብዞም ክልተ ነገራት እስፔሻሊ ኣብ ረኀድቲ ሰባት እና እንቅስቃሴ ዘይገብሩ ፕላስ ደሞ አ ቅብኣት ነገር ዝወስዱ ሰባት ማለት እዩ።

[195] **ሓታቲ፡** ኣብዚ ማሕበረሰብ ቀንዲ ዘተሓሳስቦም ዘይተመሓላለፉ ሕማም ሕማም ሽኮር ከምዝኾነ ነጊርካኒ፤ ብተወሳኺ'ውን ብዛዕባ እዚ ኣስተምህሮ ንኽወሃቦም ከምዝሓቱ ኣብራህሪህኻለይ ኣለኻ። ሰባት ኣብ ዘይተመሓላለፍቲ ሕማማት ሕክምናዊ ክትትል ንምግባር ናብ ጥዕና ትካልኩም ይመፁ'ዶ? ሕክምናዊ ክትትል ብምግባር ካብ ዘይተመሓላለፍቲ ሕማማት ምክልኻልን ምድሓንን ከምዝከኣል ኣፍልጦ ኣለዎም'ዶ?

[196] **ተሓታቲ፡** ኣ ክትትል ንምግባር ይመፁ እዮም። ለምሳሌ፡- ያው ባይ ዘ ወይ ኣብ ኩሉ ኣብዞም ዘይተመሓላለፍቲ ሕማማት ክትትል ይገብሩ እዮም። ግን ክትትል ክገብሩ ከለዉ ኣ ሕዚ ኣብ ናይ ሽኮር ምናምን ኣብዚ መድሓኒት ዘይክረኽቡ ይኽእሉ እዮም። ግን እንድሕር ሃሊዩዎም ኣብዚ ንምሳሌ፡- ላቦራቶሪ ምናምን ተሰሪሕሎም እንድሕር ሃሊዩዎም ያው ንሆስፒታል ሪፈር ገይርካ ሕክምና ንኽከታተሉ ይግበር እዩ። ኣብዚ ናይ ፀቕጢ ደም ወይን ደሞ ደም በዝሒ እንብሎ ከዓ ኣ ኣብዚ መድሓኒት ንህቦም ኢና ማለት እዩ።

[197] **ሓታቲ፡** ሰባት ዘይተመሓላለፍቲ ሕማማት ንምክልኻል ይኹን ፈውሲ ንኽረኽቡ እንታይ ዓይነት ሓበፌታን ምኽሪን ትህቦም?

[198] **ተሓታቲ፡** ኣነ ምኽሪ ክህብ ከለኹ ንምሳሌ ከምቲ ሕዚ ኣብ ምርመራ ክፍሊ ሓደ ሰብ ዲያግኖዝ ተገይሩ ወይን ደሞ መነፀርታ ተገይሩሉ ኣ ናብ ፋርማሲ ክፍሊ ክመፅእ ኽሎ ለምሳሌ ናይ ደም በዝሒ ወይን ደሞ ናይ ፀቕጢ ደም ክኽውን ይኽእል ስለዚ ኣ እቲ መድሓኒት ክህቦ ከለኹ ክገብሮ ዝኽእል ነገር ኣ ወይን ደሞ እቲ መድሓኒት ምስ ወሰደ ያው ናይቲ መድሓኒት ሳይድ ኢፌክት ኣብ ሰውነቱ ዳሕራይ ክወስዶ ኽሎ ኣብ ሰውነቱ ዘምፅኦ ሳዕቤን ከምዚ ከምዚ እንተገይሩካ ያው ናይቲ መድሓኒት ባህሪ ስለዝኾነ ከምዚ ዓይነት ከይተደናገፅካ ናይቲ መድሓኒት ባህሪ ስለዝኾነ ብዘይምጭንናቕ ክትወስዶ ክትክእል ኣለካ ካብኡ ደሞ ምስዚ መድሓኒት ዘይኽዱ እዚ እዚ ነገራት እዮም ኢለ ምኽሪን ማዕዳን ሂበ ይሰዶም።

[199] **ሓታቲ፡** ኣብ ትሪትመንት ዘድህበ ማለት እዩ።

[200] **ተሓታቲ፡** እወ ኣብ ትሪትመንት ዘድህበ።

[201] **ሓታቲ፡** ኣብ ምክልኻል'ከ? ንኣብነት፡- ብፀቕጢ ደም ንዝሓመመ ሰብ ንኻልኦት ዘይተመሓላለፍቲ ሕማማት ከይቃላዕ ኣብ ምክልኻል ዘድህበ እንታይ ምኽሪ ትህብ?

[202] **ተሓታቲ፡** እወ። ንሱ ከምቲ ዝብለካ ዘለኹ ያው ናይቲ መድሓኒት ወይን ደሞ ናይቲ ትሪትመንት እ እንትን እየ ዝነግሮ ዘለኹ ናይ ምክልኻል ወይን ደሞ እሱ ከገብሮ ዝኽእል ነገር ከዓ ኣ ያው ከምቲ ዓንቶዎይ ብእንትኑ ብጠቕላላ ዝነገርኩኻ ያው ብንፅል ያው ኑቲ ውልቀሰብ ያው ማለት እዚ መድሓኒት እዚ ትወስዶ ኣለኻ ኣጋጣሚ እዚ ሕማም ስለዘለካ ወይን ደሞ ለምሳሌ ፀቕጢ ደም ስለዘለካ ግን ብተወሳኺ ደሞ ኣብ ገዛኻ ንጉሆ ተሲእካ እንቅስቃሴ ከትገብር ከትክእል ኣለካ፤ እዚ እዚ ምግቢ ደሞ ከትጥቀም ከትክእል ኣለካ፤ እዚ እዚ ምግቢ ደሞ ክትወስድ የብልካን ኢለ ናይ ባዕለይ ዝኾነ ምኽሪን ማዕዳን ይህብ።

[203] **ሓታቲ፡** ብዛዕባ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ምኽሪን ማዕዳን ከወሃብ ከሎ ዕንቅፋት ክኾኑ ዝኽእሉ ባህላዊ ኣተሓሳስባታትን ተግባራትን እዚ ማሕበረሰብ ኣለዉ'ዶ? እንታይ እዮም?

[204] **ተሓታቲ፡** እወ መብዛሕቲኡ ግዘ እ ኣይ ቲንክ በበሃህላ እዩ ይመስለኒ ሐዚ ናይ ደም በዝሒ ገለ ክትብል ከለኻ ወይን ደሞ ናይ ፀቕጢ ደም መድሓኒት ክትህብ ከለኻ መብዛሕቲኡ ሰብ ስለ ቡና ይጥይቕካ። 'ኣነስ ቡና ይሰቲ እየ'ሞ ከመይ ክገብር ኣለኒ?' ዝብል ጥያቄ ይህበካ። ማለት እንተተኻኢሉ ምግዳፍ ይምረፅ። ኣነ ዝህቦም ማዕዳ ደሞ እንተተኻኢሉ ምግዳፍ ይምረፅ። ግን ክንገድፍ ኣይንኽእልን ዝብሉ ሰባት ከዓ ኣለዉ። ስለዚ ቢያንስ እንድሕር ክትገድፉ ዘይትኽእሉ ኮይንኩም ያው ማለት ከይተደጋገመ ያው ሓንቲ ኣዎል ኣዝሒልኩም ክትሰትዩ ትኽእሉ ኢኹም ዝብል ሓበፌታ ይህቦም።

[205] **ሓታቲ፡** ስለዚ ፀቕጢ ደም ምስ ቡና ምስታይ የተሓሕዘዎ?

[206] **ተሓታቲ፡** ብበዝሒ ሰባት ንዓይ ይጥዩቑኒ እዮም ማለት እዩ።

[207] **ሓታቲ፡** ንዝርገሐ ዘይተመሓላለፍቲ ሕማማት ከጋድዱ ዝኽእሉ እትብሎም ተግባራት ኣብዚ ማሕበረሰብ ዝፍፀሙ ተግባራት ኣለዉ'ዶ?

[208] **ተሓታቲ፡** በቃ እዚ እ ዝርግሐ ዘይተመሓላለፍቲ ሕማማት ማለት ብባዕለይ ሱቕ ኢለ ጀነራሊ ክሪኣ ከለኹ ማለት በቃ ብዙሕ ኣብዚ ያው ሰብ ኣልኮላዊ መስተ እንተዝቕንስ፤ ዝተመጣጠነ እንተዝምገብ ነይሩ plus ደሞ ስፖርታዊ እንቅስቃሴ እንተዝገብር ነይሩ ያው ብዙሕ ኣ እቶም ዘይተመሓላለፍቲ ሕማማት እንብሎም ወይ ከዓ ክሮነክ ዲዝዝስ እንብሎም ብዙሕ ዘይክጋደዱ ይኽእሉ ነይሮም እዮም ኢለ ይሓስብ።

[209] **ሓታቲ፡** ስለዚ ኣብዚ ከተማ ስለዝኾነ ኣልኮላዊ መስተ ብበዝሒ ይውሰድ እዩ ኢልካ ትሓስብ?

[210] **ተሓታቲ፡** ብበዝሒ ይውሰድ እዩ። ከም ሓደ ፋክተርr ገይርና ክንወስዶ ንኽእል ኢና።

[211] **ሓታቲ፡** ኣብዚ ማሕበረሰብ ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ከጠናኽሩ ዝኽእሉ ተግባራት ኣለዉ'ዶ?

[212] **ተሓታቲ፡** ኣይ ኣብዚ'ኳ

[213] **ሓታቲ፡** ብዙሕ እንትን የብልካን?

[214] **ተሓታቲ፡** እወ።

[215] **ሓታቲ፡** ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ብደረጃ ማሕበረሰብ እንታይ ከግበር ኣለዎ ኢልካ ትሓስብ?

[216] **ተሓታቲ፡** ያው ከም ኣ ከም ሰብሞያ ደረጃ ንሕናውን ኣብ ታሕቲ ወሪድና ከንገብሮ ንኽእል ከሀሉ ይኽእል እዩ። ለምሳሌ ያው ኣብ ሓደ ሓደ መድረኻት ኣብ ትምህርት ቤት ይኹን ኣብ ሃይማኖታዊ ኣ ማለት ኣብ ሃይማኖታዊ መድረኻት ይኹን ፕላስ ደሞ ሓደ ፅቡቕ ወይን ደሞ ፅቡቕ ስራሕቲ እንዳሰርሑ ዝርከቡ ኣብዚ ሰዓት እዚ ኣብ ጥዕና ተንከፍ ጥሙር ጥዕና ቤተሰብ እዮም። ስለዚ ኣብ ጥሙር ጥዕና ቤተሰብ ደሞ ያው ካብዚ ዝወፅእ በዓል ሞያም ኣሎ ኣብ ሰሙን ሓደ ግዘ። ኣብ ደገ ወፂኦም ናይ ደገ ዝሰርሓ ጥሙር ጥዕና ቤተሰብም ኣለዋ። ያው ንዕአን ስለዞም ዘይተመሓላለፍቲ ሕማማት ወይን ደሞ እዞም ከሮኒክ ዲዝዝስ እንብሎም ስለንሶም ያው ነቲ ሕብረተሰብ ብዝርድኦ ኣ ማለት ብዝርድኦ ነገር ገይርካ ብትግርኛ ፅሒፍካ ኣብዚ ዋላ ኣብዚ ጥዕና ትካል ፅሒፍካ ስለ ደም በዝሒ ድዩ፣ ስለ ድኻም ልቢ ድዩ፣ ኣ ስለ ስኳር ሕማም ድዩ ኣ ያው ስለ ካንሰር ድዩ ካልእ ስለ እዚኣቶም ፅሒፍካ በብልምዓት ጉጅልኡ በቢ ሓደሓደ ግዘ ደሞ ኣብ ቀበሌ ኣኼባታት ከሀሉ ኸሎ plus ከምቲ ዓንተዎይ ዝበልክዎ ኣብ ሃይማኖታዊ በዓላት ሓደ ሓደ ኣስተምህሮ ምሃብ ማለት እዩ። ኣብ ትምህርቲ ቤታት'ውን ከምኡ ኣስተምህሮ እንተሂብና ያው እቲ ሕብረተሰብ ወይን ደሞ እቲ ነባራይ ናይዚ ኸባቢ ያው ዝተወሰነ ግንዛበ ሒዙ ክኸይድ ይኽእል እዩ ኢለ ይሓስብ።

[217] **ሓታቲ፡** ካልእ ብዛዕባ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዘይተጠቐሰ ነገር እንተሃልዩ?

[218] **ተሓታቲ፡** ኣነ ኩሉ ተገሊፁ እዩ ኢለ እየ ዝሓስብ።

[219] **ሓታቲ፡** ብጣዕሚ እየ ዘመስግን።

(vi) In-depth Interview with Health Professional - 2 (IDI2-HP2)

Turn	The Tigrigna Text
[220]	**ሓታቲ፡** ኣብዚ ከባቢኹም ዝርግሐ ዘይተመሓላለፍቲ ሕማማት እንታይ ይመስል?
[221]	**ተሓታቲት፡** ኣብዚ ከባቢና ሕዚ ከም ያው ከም ደም በዝሒ፣ ሽኮርያ ዝኣመሰሉ ካብቲ ናይ ቀደም ብዝሕ ዝበለ ንፁር ዳታ ዋላ'ኳ ኣይሃልወና ካፍቲ ፍልይ ዝበለ ብበዝሒ ይረኣዩ ኣለዉ እዮም። እስፔሻሊ እኳ ብዙሕ ግዘ ንርእዮ ሃይፐርቴንሽን እዩ ኣብዚ ኸባቢና ማለት እዩ።
[222]	**ሓታቲ፡** ንምንታይ ይመስለኪ?
[223]	**ተሓታቲት፡** ያው ኣነ እቲ ማሕበረሰብ እቲ ናይ ኣነባብራ ኩነታት እዩ ክኸውን ዝኽእል ዝብሎ ኣነ ማለት እዩ። እና ብበዝሒ ያው እንታይ እዩ ክብደት ምውሳኽ ኣሎ ኣብ ዕድመ ድሕሪ ልዕሊ ሓምሳ ኣብ ዝኾኑ ዕድመታት ክብደት ምውሳኽ'ውን ኣሎ እዩ። ካብኡ ድማ ተኽታቲልካ ኩነታትካ ዘይምፍላጥ'ውን ኣሎ። ካብኡ ኒዩተሪሽን ዋላ ተመኺርካው'ን ኮንስታንት ዝኾነ በቲ ዝግበኦ ሕጂ ክብደት ንኽይውስኽ ጮማ ከይትወስዱ ኢልካ ምምካር ክህሉ ይኽእል። ግን ጮማ ይገድፍዎ'ሞ ግን ሓደ መዓልቲ ክልተ መዓልቲ ምንም ኣይኮነን እንዳበልካ ሓላሓሊፍካ ምውሳድ፣ መድሓኒት ምቁርራፃት'ውን ኣሎ እዩ።
[224]	**ሓታቲ፡** ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ሰባት እንታይ ይሓስቡ? ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እንታይ ይብሉ? ነዞም ዘይተመሓላለፍቲ ዝገልፁ ቃላት ትግርኛ ኣለዉ'ዶ?
[225]	**ተሓታቲት፡** እወ ዝገልፅሎም ቃላታት ኣለዉ። ሕጂ ሓደ ሓዲኦም ደም በዝሒ ኣለካ ክትብሎም ከለኻ ንባዕሉ 'ዋእ ደም ውሒዱና እምበር እንታይ በሊዕና ኢና ደም ዝበዝሓና' ዓይነት እንታይ'ሞ ፀቕጢ ምኽኑ ዘይርድኦም'ውን ኣለዉ ኣፍቲ ሕብረተሰብ ሓደሓደ ግዘ ዘሸግረካ ማለት እዩ። ያው እቲ ቃል እንድዩ ባዕሉ ደም በዝሒ ስለዝበሃል ደም በዚሑ ዝብል እዮም ዝርድእዎ። ግን ፀቕጢ ምኽኑ እቶም ዝገለፁልና ፀቕጢ ምኽኑ ነረድኦም ንፍትን ኢና። ግን ሕጂ ደም በዚሑኪ ደም በዝሒ ኣለኩም እዚ መድሓኒት ክትወስዱ ኢኹም እንተኢልካዮም 'እንታይ በሊዕና ኢና ንሕና ደም ዝበዝሓና' ዝዓይነቱ'ውን ኣረዳድኣ ኣለዎም ሓደሓዲኦም ማለት እዩ።
[226]	**ሓታቲ፡** ስለዚ ናይ ቃላት ኣጠቓቕማ'ውን?
[227]	**ተሓታቲት፡** እወ ናይ ቃላት ኣጠቓቕማ'ውን ናይ ባዕሉ factor ኣለዎ። የሸግር እዩ።
[228]	**ሓታቲ፡** ኣብዚ ማሕበረሰብ እዚ ንሳዕቤናት ዘይተመሓላለፍቲ ሕማማት ክቃልዑ ዝኽእሉ ሰባት ከመይ ዝበሉ እዮም? ንምንታይ?
[229]	**ተሓታቲት፡** መብዛሕቲኡ ግዘ ኣነ ዝርእዮም ኮፍ ዝበሉ እኳ ብዙሕ ኣይኮኑን ዝርኢ ኣነ። ክብደት ኣሎ ግን ዝረኽብካዮ ምብላዕ ዓይነት ነገር ዘዘውትሩ እየ ኣነ ዝርኢ። ሕጂ ብዙሕ ዘይግደሱ ኣብ ምግቢ ዝረኽብካዮ ዓይነት ምብላዕ። ዋላ ክብደት ሃሊዎም ምናልባት ሕጂ ክብደት ዘይብሉ ሰብ ብዙሕ እንተዘይተጨነቐ'ውን ዘይከፍረሐካ ይኽእል እዩ። ክብደት ምስ ሃለዎ ግን ዋላ ዘይምጥንቃቕ ዘዘውትሩ ዝረኽብዎ ኣብ ምብላዕ ነገር ዘይምምራፅ ዓይነት ማለት እዩ። ከምኡ ዓይነት ሰባት እየ ዝርኢ'ምበር ብዙሕ ዝተፈለየ ነገር
[230]	**ሓታቲ፡** ከየማረፁ ንኽበልዑ ዝዕድሞም ነገር እንታይ እዩ?
[231]	**ተሓታቲት፡** ንሱ ሓደ እንታይ እዩ ኢኮኖሚካል ባክግራውንድ ክህልዎ ይኽእል እዩ። ዝረኽብካዮ ምብላዕ ዘይምምራፅ ማለት እዩ። ሕጂ ኣብ ገዝኡም ብዙሕ ግዘ ዘይረኽብዎም ነገራት ደገ ተፀዊዕኻ እንተረኺብካ ያው ምብላዕ ዓይነት ነገር ማለት እዩ። እዚ ሓደ ናይ ባዕሉ ኢኮኖሚክ ባክግራውንድ ካብኡ ድማ ዘይምፍላጥ'ውን። ብተወሳኺ ድማ ናይ ፍልጠት ሕፅረት እዩ። ሓንቲ ግዘ ብምውሳዶም ዘምፅእ ለውጢ የለን ኢሎም ምሕሳብ'ውን ክኸውን ይኽእል እዩ። 'እንታይ ኣለዎ ድዩ ሓንሳብ እንተበላዕኹ ንሎምዓንቲ' ዓይነት ነገር'ውን ኣሎ እዩ። ይብሉና'ውን እዮም ማለት እዩ።
[232]	**ሓታቲ፡** ኣብዚ ማሕበረሰብ እዚ ሰባት ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ይዘራረቡ'ዶ?
[233]	**ተሓታቲት፡** የውግዑ እዮም ይሰምዕ እየ። ሕጂ እንታይ ፀቕጢ ደም ብዛዕባ ፀቕጢ ደም ከውግዑ ይሰምዕ። ሓደሓደ ግዘ ድማ ዋላ ሮንግ ዝኾነ ርድኢት'ውን ኣለዎም። ሓደ ብቐዳማይ ሕዚ ኣጋጣሚ ኮሙኒቲ ወፂና ነይርና 'ጨው ኣዮዲን ዘለዎ'ዶ ትጥቀሙ?' ብዝብል እዩ እቲ ጥያቄ ንሕና ኣዮዲን ዘለዎ ይጥቀሙ'ዶ ኣይጥቀሙን ንምፍላጥ። ግን ንሳ ኣደ እንታይ ኢያ ኢላትና 'ኣነ ደም በዝሒ ስለዘለኒ ኣዮዲን ዘለዎ ኢና እንጥቀም' እየን መልሰን ነይሩ። ማለት ኣዮዲን ዘለዎ ጨውሲ ሃይፐርቴንሽን ንዘለዎ ሰብ ከወስድ ከምዝኽእል ዝዓይነት ኣተሓሳስባ'ውን ኣለወን። ሕጂ ጨው ጨው እዩ። ንሕና ብ ኒዩትሪሽናል ሳፕሊመንት ኢና ኣዮዲን ዘለዎ ጨው ንኽጥቀም ንመክር እምበር ደም በዝሒ ስለዘለዎስ ኣዮዲን ዘለዎ ጨው ምንም ኣይብሎን ማለት ግን ኣይኮነን። እና ሮንግ ዝኾነ ርድኢት'ውን ሓደሓደ ግዘ ኣሎ እዩ።
[234]	**ሓታቲ፡** ብቐዳምነት ዘተሓሳስቦም ዓይነት ዘይተመሓላላፊ ሕማም ኣየናይ እዩ? ንምንታይ?
[235]	**ተሓታቲት፡** ሃፐርቴንሽን፣ ሽኮር'ውን ኣሎ። እ ካሊእ'ኳ ዘይተመሓላለፍቲ ሕማማት ንሶም እዮም ብ ኮመንሊ ዝሰምዖም።

[236] **ሓታቲ፡** ኣብ ከባቢኹም ሰባት ኣብ ዘይተመሓላለፍቲ ሕማማት ሕክምናዊ ክትትል ንምግባር ናብ ጥዕናኹም ይመፁ’ዶ?

[237] **ተሓታቲት፡** ናብዚ እወ ይመፁ እዮም። ግን እቲ ዓብዪ ፀገም እንታይ እዩ ምቁርራፅት ኣሎ እዩ። ጀሚርካ ምቁርራፅት ኣሎ። እንታይ እዩ በቃ ቀፃላይ ምኽኑ እቲ ክትትልሲ ሓደሓደ ግዘ ነኺርካዮም ዋላ ኣየብሉን። ሕዚ ኢቨን ካርድ ከየውፅኡ ሓደሓደ ግዘ መፂኦም ሱቕ ኢሎም ደም ፀቕጦም ተለኪዖም ንኽኸዱ ይደልዩ። ንሕና ግን እዚ ኣይንደልዮን ምኽንያቱ ፕሮግረሱ ክንፈልጦ ኣለና። ዘን ዝውሰኽ ነገር እንተሃልዩ ከውሰኽ፤ ዝቕነስ እንተሃልዩ ክቕነስ ኮንቲነስ ዝኾነ ፎሎውኣፕ ክህልዮም ኢና ንደሊ።

[238] **ሓታቲ፡** ወቕቱ ዝሓለወ ክትትል ሕክምና ካብ ዘይተመሓላፊ ሕማም ክከላኸል ከምዝኽእል እኹል ኣፍልጦ አለዎም’ዶ? ግቡእ ክትትል ሕክምና ዘይምካያድ ንዘይተመሓላለፍቲ ሕማማት ምክልኻል ይኹን ምሕካም ኣፀጋሚ ክንብሮ ከምዝኽእል’ከ እኹል ኣፍልጦ አለዎም’ዶ?

[239] **ተሓታቲት፡** ኣፍልጦ ኣለዎም ኢለ ክብል ኣይኽእልን እየ ኣነ። ማለት ናይ ባዕልና’ውን ሸግር ክህሉ ይኽእል። ሓደሓደ ግዘ ሕሙም ብበዝሒ ክህልወካ ኸሎ እታ ሸዓ ፎሎውኣፕ ገይርካ ኔክስት ክከታተሉ ከለዎም ፀቒጥካ ዘይምንጋር’ውን ክህሉ ይኽእል እዩ። ብዙሕ ኣፍልጦ ኣለዎም ግን ኢለ ኣይሓስብን። ሕጂ እስፔሻሊ ኮምፕሊኬሽን ብጣዕሚ ዘሸግር ዘሎ ኣብዚ ከተማ ሃይፐርቴንሲቭ ስትሮክ እዩ። ፎሎውኣፕ የብሎምን። ሃየፐርቴንሲቭ ምኽኖም ይፍለጥ ግን ፎሎውኣፕ የብሎምን። ዘን ፓራላይዝደ ይኾኑ። ከምዚ ዓይነት ኮምፕሊኬሽን ብዙሕ እዩ ዘሎ ኣብዚ ከተማ ዝረአ ማለት እዩ። እዚ ግን ካብ ኮንቲነስ ፎሎውኣፕ፣ መድሓኒት ምቁራፅ ዘይምባል ዝመንጨወ እዩ።

[240] **ሓታቲ፡** ሰባት ዘይተመሓላለፍቲ ሕማማት ንምክልኻል ይኹን ፈውሲ ንኽረኽቡ እንታይ ዓይነት ሓበሬታን ምኽሪን ትህብዮም?

[241] **ተሓታቲት፡** ከመይ?

[242] **ሓታቲ፡** ንኣብነት ናብዚ ትካል ጥዕና መፂኦም ይኹን ከም ኣካል እቲ ማሕበረሰብ ኣብ ከባቢኹም ካብ ዘይተመሓላለፍቲ ሕማማት ንኽከላኸሉ፤ እቶም ዝተትሓዙ ድማ ፈውሲ ንኽረኽቡ እትህብዮ ሓበሬታ እንታይ እዩ?

[243] **ተሓታቲት፡** ኣብዚ ክመፁ ከለዉ ያው ፎሎውኣፕ ከምዘድልዮም እቲ ኒትሩሽናል እውን እንታይ እንታይ ክወስዱ ከምዘለዎም ንነግሮም ኢና። ምሕባር ንሕብር ኢና። ያው ብግሊ እውን ዝጠየቕኒ ጎረባብቲ’ውን እንተልዮም ከምዚ ዓይነት ምኽሪ እየ ኣነ ዝነግሮም።

[244] **ሓታቲ፡** ንምክልኻል ዘይተመሓላለፍቲ ሕማማት እትገብርዮ ፍልይ ዝበለ ንጥፈት ኣሎ’ዶ?

[245] **ተሓታቲት፡** ፍልይ ዝበለ ነገር የብለይን።

[246] **ሓታቲ፡** ብዛዕባ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ኣስተምህሮ ክወሃብ ከሎ ዕንቅፋት ክኾኑ ዝኽእሉ ባህላዊ ኣተሓሳስባታትን ተግባራትን እዚ ማሕበረሰብ ኣለዉ’ዶ? እንታይ እዮም?

[247] **ተሓታቲት፡** ዘጋጠመኒ ነገር እኳ የለን። ፎኮስ እንገብረሉ ሕዚ እንታይ እዩ ኣብቲ ኮምኒኬብል ዝኾኑ ዲዝዝ እዩ። ንሶም ፕሪቨንታብል እውን ስለዝኾኑ ብኣብዝሓ ማለት እዩ። ፊዚቢሊትኡ ማለት እዩ። ብዙሕ ግዘ ነን ኮምኒኬብል ኣርእስቲ ወሲድና’ውን ብዙሕ ግዘ ዘምሃርናሉ ኣየጋጠመንን። ካብኡ ፍልይ ኣብ ቻለንጅ ከምህሮም ከለኹ ፍልይ ዝበለ ቻለንግ ኣየጋጠመንን።

[248] **ሓታቲ፡** ብርግፅ ትኹረት ኣብ ምዕባይ ዝርከባ ሃገራት ኮሚኒኬብል ዲዝዝ እዮም። ኮይኑ ግን ብዝተገብረ ኣስተምህሮ ለውጥታት ኣሎ እዩ። ሕጂ ግን ኣብ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ኣስተምህሮ እንተዘይተዋሂቡ ድሕሪ ቁሩብ ግዘ ቀንዲ ፀገም እዘን ሃገራት ክኸውን ይኽእል እዩ። ጥሙር ጥዕና ብዛዕባ እዚ የምህራ እየን ኢለ ይሓስብ። ኣብዚ ዘለኪ ሪኢቶ።

[249] **ተሓታቲት፡** ግን ያው ኣነ ሕዚ ኣብቲ ናይ ጥሙር ጥዕና እንትናት’ውን ንሳተፍ ኢና እና ነን ኮምኒኬብልኣነ ከም ዝረኣኹዎ ብናተይ ኣስተያየት እንተኾይኑ ብዙሕ ፎከስ ኣይግበሮን። በቃ ፎከስና ኣፍቲ ፕሪቨንተብል ዝኾኑ እዩ በቃ። እስፔሻሊ ምስ ሳኒቴሽን ዝተትሓዙ ነገራት ከመፁ ዝኽእሉ ነገራት እዩ ፎከስ ንገብር። ፎከስ ገይረን ንሱ ይኸዳ እንተኾይነን ቆንጆ እዩ። ግን ኣነ ከም ናተይ ኣስተያየት ግን ፎከስ ኣይግበሮን።

[250] **ሓታቲ፡** ሕጂ ብዙሕ ነገር ነጊርክኒ ኣለኺ። ኣብ መወዳእታ ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ብደረጃ ማሕበረሰብ እንታይ ክግበር ኣለዎ ኢልኪ ትሓስቢ?

[251] **ተሓታቲት፡** ያው ሕዚ ከምዚ ናተይ ዋላ ቅድሚ ሕጂ ብፍሉይ ኣይሓሰብኩን ሕዚ ካብ ትነግረኒ ነገራት እኳ ንባዕለይ ዝተርኣየኒ ነገር እንታይ እዩ ካብቲ ፓኬጅ ከምዝበልካዮ ካብቲ ናይ ጥሙር ጥዕና ፓኬጅ እዘን ነንተመሓ … ዘይተመሓላለፍቲ ሕማማት ፎከስ ገይርና ክንሰርሕ ከምዘለና እዩ ዝርደኣኒ ሕጂ ኣነ ማለት እዩ።

[252] **ሓታቲ፡** ካልእ ኣብ ምክልኻል ዘይተመሓላለፍቲ ሕማማት እዚ ማሕበረሰብ ዘለዎ ኣፍልጦ ክብ ንኽብል እንታይ ዓይነት ንጥፈታት ክትግበሩ ይግባእ?

[253] **ተሓታቲት፡** ከም ናተይ ሕጂ ማለት እዚ ከምዚ ሃይፐርተንሲቭ ዘለዎም ወይ ዲያቤቲከ ዝኾኑ ማሕበር ኣደራጂኻ ፊከስድ ዝኾነ ታይም ዝእከብሉ ገይርካ ኣስተምህሮ ምሃብ። ምኽንያቱም ሼርድ ብዙሕ ነገር ክገብሩ ይኽእሉ እዮም እየ ዝብል ሓሳብ እዩ ዘለኒ። ከምኡ እንተዝህሉ ምኽንያቱ ዝኾነ ኮመን ዝኾነ ነገር ዘለካ'ውን ምድልላይ ነገር ክህሉ እዩ። ከም ማሕበር ኣቋቑምካ ትምህርቲ ዝወሃብሉ። ሕዚ ኣብ ጥቁር ኣንበሳ ከምኡ ከምዘሎ ይሰምዕ ኣነ። ኣብዚ'ውን ከምኡ ዓይነት ነገራት ሼር ክገብሩ ንቲ ምምሃር'ውን ብሓንሳብ ሓቢርካ ፅቡቕ እዩ ኢለ ይሓስብ።

[254] **ሓታቲ፡** ንምንካይ ሳዕቤናት ዘይተመሓላለፍቲ ሕማማት እንታይ ዓይነት ኣብ ምክልኻል ዘድህቡ መልእኽትታት ትምህርቲ ጥዕና ክወሃቡ ይግባእ? ንኹሉ ኣባል ማሕበረሰብ ንምስትምሃር እንታይ ዓይነት ሜላ ክንጥቀም ይግባእ ኢልኪ ትሓስቢ?

[255] **ተሓታቲት፡** ብተወሳኺ ሚድያታት'ውን ምጥቃም እስፔሻሊ ሕዚ ኤፍ ኤም ላሎ ሰብ ብዙሕ ዝከታተሎ ማለት እዩ። ብኡታትው'ን ሚድያታት ምጥቃም ማለት እዩ። ካልእ ተወሳኺ ነገር

[256] **ሓታቲ፡** ምናልባት ፅሑፋት ብምብታን ክኽውን ይኽእል?

[257] **ተሓታቲት፡** ከምኡ'ውን ክኽውን ይኽእል'ዩ ግን እንታይ እዩ ፅሑፍ ምብታን እኳ ብዙሕ ግዘ ሰብ ይቕደድ ገለ ስለዝኾነ ብዙሕ ግዘ ከይህልዎ ይኽእል እዩ። ሕዚ ሬድዮ ብጣዕሚ ሰብ ይከታተል እዩ። ካብ ሬድዮ ሰሚዕኻዮ'ውን ዝኾን እንዳሰራሕኻውን ክተዳምዖ ትኽእል ስለዝኾነ እንዳኸዱ ኣብ መንዲ'ውን ከዳምፅዎ ዝኽእሉ ስለዝኾነ ፊዝብል እዩ። ይምቹ እዩ። ምቹው'ውን እዩ። ክተዳምዖ'ውን ቆንጆ እዩ።

[258] **ሓታቲ፡** ካልእ ብዛዕባ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዘይተጠቕሰ ነገር እንተሃልዩ?

[259] **ተሓታቲት፡** ፍሉይ ነገር ማለት ሕዚ እንታይ እዩ ሓደሓደ ግዘ ከምቲ ዝበልካዮ ሕብረተሰብ ዝብሎ ነገራት ዘሸግሩ ነገራት ኣለዉ። ሕዚ ሃይፐርተንሲቭ እንተኾይኑ እ ማሕንቐታት ዝኾኑና ማለት ዘሸግሩና ነገራት ኣብ ኣቶምስ ብፍሉይ ነገር ክስራሕ ክኽእል ኣለዎ። ምስቲ ሚድያ ዝተትሓዘ ማለት እዩ። ኣብ ኣቶምስ ብፍሉይ እንተዝስራሕ ነቲ ሕብረተሰብ'ውን እቲ ዘሸግር ነገራት እንዳተቐረፈ ምኸደ ዝብል ነገር እዩ ዘለኒ።

[260] **ሓታቲ፡** ብጣዕሚ እየ ዘመስግን።

(vii) In-depth Interview with Health Professional -3 (IDI3-HP3)

Turn	The Tigrigna Text
[261]	**ሓታቲ፡** ኣብዚ ከባቢኹም ዝርግሐ ዘይተመሓላለፍቲ ሕማማት እንታይ ይመስል?
[262]	**ተሓታቲት፡** ኣብዚ ሕዚ ግዘ ናይ ዘይተመሓላለፍቲ ሕማማት ብዙሕ እዩ ዝርአ ኣብዚ ኽባቢ። በተለይ ሃይፐርቴንሽን፣ ዲያቤትስ ብበዝሒ ኣብዚ ኽባቢ ዝረአዩ።
[263]	**ሓታቲ፡** ምኽንያቱኽ እንታይ ይመስለኪ?
[264]	**ተሓታቲት፡** ሕዚ ኣነ ኣብዚ ኽባቢ ናይ ኣመጋግባ እንትን ይመስለኒ። በተለይ ኣብ ሃፋትም ኣብ ኢኮኖሚኡም ደሓን ዝኾኑ ሰባት እዩ መብዛሕቲኡ ዝረአ። ሓደ ሓዲኡ ሃይፐርተንሽን ኣብ ዘይሃፋትም'ውን ከረአ ይኽእል እንድዩ ግን ብሓፈሻ ከረአ ከሎ ምስቲ ኣመጋግባ እንትን ይመስለኒ ኣነ። ካብኡ ኣብ ባዕሉ ምናምን ኤክሰርሳይስ ኣብ ምግባር'ውን ብዙሕ እንትን ዝገብሮ ሰብ የለን። ዘይምስራሕ እዩ ማለት ዕረፍቲ ገለ ዝደሊ እዩ ምድላይ እንአ እና ምስኡ ዝተትሓዘ ይመስለኒ ኣነ ኣብዚ ኽባቢ እዚ።
[265]	**ሓታቲ፡** ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ሰባት እንታይ ይብሉ?
[266]	**ተሓታቲት፡** ሕዚ እንታይ እዩ ብተለይ ሃይፐርተንሽን ብዙሕ ሰብ ኣፍልጦ እንኤሉ። ብጣዕሚ በቃ ናይ ጨው፣ ቡና ገለታት ዘብል ምኺኑ። ኣመጋግባኻ ቅብኣት ዝበዘሑ ነገር ከምኡታት ንነብስኻ እንድሕር ትወስኽ ኮይንካ ንሶም ዝመፁ ምኺኖም ሓደ ሓዲኡ ሰብ ዝፈልጦ እንአ። ሓደ ሓዲኡ ከዓ እንታይ ዝብል እንአ 'ዘይምምጋብ እዩ ሕማም እምበር ምምጋብስ ምንም ሕማም ኣየምፅእን' ዝብል ሓደሓደ ሰብ ሓሊፉ ሓሊፉ ኣይሰኣንን። መብዛሕቲኡ ግን ሓደጋ ከምዘለዎ እዩ ዝርድኡ ማለት እዩ።
[267]	**ሓታቲ፡** ኣብ ከባቢኹም ሰባት ኣብ ዘይተመሓላለፍቲ ሕማማት ሕክምናዊ ክትትል ንምግባር ናብ ጥዕና ትካልኩም ይመፁ'ዶ?
[268]	**ተሓታቲት፡** እወ ብዙሓት እዮም ዝመፁ።
[269]	**ሓታቲ፡** ብቐዳምነት ዘተሓሳስቦም ዓይነት ዘይተመሓላላፊ ሕማም ኣየናይ እዩ?
[270]	**ተሓታቲት፡** ብቐዳምነት እዚ ደም በዝሒ እዮም ብጣዕሚ ክስታይ ዝብልዎ። ሽኮር ዝልኩዑ'ውን ብዙሕ ብዙሓት ይመፁ እዮም። ሕዚ ንሕና ኣብዚ ሰለዘይብልና ብዙሕ ኣየመፁናን እምበር። ምብዛሕ ብበዝሒ ዝመፁና ሕዚ ናባና ደም በዝሒ ቼክ ንምግባር፤ እ እንታይ ኣመጋግባ ከመይ ኢሎም ከምገቡ ከምዝግብኡም ኣድኻይስ ንምርካብ ገለ ይመፁ እዮም። ብዙሕ ሰብ ናባና ዝመፅእ ብ ሃይፐርተንሽን እዩ።
[271]	**ሓታቲ፡** ምስዚ ዝተትሓዘ ዘጋጠመኪ ነገር እንተሃልዩ?
[272]	**ተሓታቲት፡** ማለት ኣነ ሕዚ ክልከያ ከለኹ መብዛሕቲኡ ዘይ ንኻልእ ሕማም ዝመፁ'ውን እኒአዉ ከምኡ ደም ዝርከቦም ማለት ኢና። ሕዚ እንታይ እዩ ምንም ዘይርዱኡኻ እንአዉ። 'ኣነስ እዛ ነብሲ ሒዘስ ከመይ ደም በዝሒ ዝሕዘኒ' ገለ ኢሎም ብጣዕሚ ዘይቐበልዎ እንአዉ። እና በዝሒ ደም ማለት ብዙሕ ደም ኣሎ ማለት ከምዘይኮነ ገለ ብጣዕሚ ነረድኡም። ደሓር ከዓ ይርድኡዎ ማለት እዩ።
[273]	**ሓታቲ፡** ናባኹም መፂኡም ሕክምናዊ ክትትል ከመዘካይዱን ሓበሬታ ካባኹም ከምዝረኽቡ ነኺርክኒ ኣለኺ። ወቕቱ ዝሓለወ ክትትል ሕክምና ካብ ዘይተመሓላላፊ ሕማም ክከላኸል ከምዝኽእል ወይ ድማ ግቡእ ክትትል ሕክምና ዘይምኪያድ ንዘይተመሓላለፍቲ ሕማማት ምክልኻል ይኹን ምሕካም ከጋድዶ ከምዝኽእል ኣፍልጦ ኣለዎም ኢልኪ'ዶ ትሓስቢ?
[274]	**ተሓታቲት፡** እወ። ሕዚ ናብዚ ዝመፁ ኣፍልጦ ስለዘለዎም እዩ ዝመስለኒ ማለት ከምዝርድኡ ኣነ። እና ኣፍልጦ ሃልይዎም እቲ ደሞም ኣበይ ደረጃ ኣሎ? ይበዝሕ ድዩ ዘሎ ይትሕት ድዩ ዘሎ? ስኳሮም ኣበይ ደረጃ ኣሎ? ክልከፁ ስለዝደለዩ ኣፍልጦ ስለዘለዎም እዩ እየ ዝብል ኣነ። እና እቲ ኣፍልጦ'ውን ደሓን ንዚኣቶም ብተለይ ደም በዝሒ ብጣዕሚ ኣፍልጦ ኣለዎ። ሰብ ክልካፅ ይደሊ በቃ።
[275]	**ሓታቲ፡** ያው ናብዚ ከመፁ ኽለዉ ምኽሪ ይወሃብ እዩ። ንስኺ ምኽሪ ክትህቢ ከለኺ ዘጓነፈኪ ዝተፈለየ ነገር'ዶ ኣሎ ተስታውስዮ?
[276]	**ተሓታቲት፡** ማለት ንሱ እቲ ዘጓነፈኒ ነገር ሕዚ እቲ ከመይ ኣብዞም ማለት ብ ነብሶም ሕዚ ደቀቕቲ ሰባት ክትነግሮም ተለኻ ዘይቐበሉ ሓደሓደ ሓላሓሊፉ እዩ ብዙሕ ኣይኮንን። ግን ዘይምብላዕ 'እዚኣ ሒዘ እዛ ነብሲ ሒዘስ ኢሉ? ዘይምብላዕ እዩ ሕማም እምበር እዚ ደም በዝሒስ ኣነ ኣይሕዘንን' ገለ ኢሎም እንትን reject ዝገብርዎ ሰባት ኣለዉ። እምበር ካልእ ነገር ዘጓነፈኒ የለን።
[277]	**ሓታቲ፡** ከም በዓል ሙያ ጥዕና ዘይተመሓላለፍቲ ሕማማት ንምክልኻልን ወይ ድማ ብዛዕባ ጥዕና ንምስትምሃርን እንታይ ተግባራት ትፍፅሚ?
[278]	**ተሓታቲት፡** ሕዚ ኣነ መብዛሕቲኡ ኣብዚ እንድየ ዝሰርሕ ገለ ኣብዚ ዝመፀኒ ሰብ ኩሉ ሰብ በቲ ዘለና ማለት እዩ ደም በዝሒ ከይህልዎ ኩሉ ሰብ ቼክ ይገብሮ። ካብኡ እንድሕር ደም በዝሒ ዘርኢ ምልክታት እንተልኡ ብዛዕባ ኣመጋግባ advice ይህብ። ብዛዕባ ጨው ከይበልዑ፣ ቡና ብቻ ኣመጋግበኡም ከስተኻኽሉ ከምዘለዎም፤ ኤክሰርሳይስ ከዓ ኤክሰርሳይስ ምግባር ፅቡቕ ከምዝኾነ ኣድኻይስ ይህብ ማለት እዩ።

[279] **ሓታቲ፡** ኣብዚ ማሕበረሰብ ብዝኾነ ዓይነት ዘይተመሓላላፊ ሕማም (ሕማም ሽኮር፣ ፅቕጢ ደም፣ ድኻም ልቢ፣ ካንሰር ወዘተ) ንዝተትሓዘ ሰብ ከመይ ይገልፅዎ ወይድማ ብኽመይ መልክዕ ይሕግዝዎ?

[280] **ተሓታቲት፡** ኩሉ ሰብ ብዛዕባ እዚ እንትን ክህልዎ ኣፍልጦ ክህልዎ ብዛዕባ ደም በዝሒ ሕዚ ብድንገት ዝቕትል ምኽኑ ገለታት ስለዘሎ ከምኡ እንክብካቤ ክገብሩ ኣብ ( ) ካልእ ሰብ ዋላ ጨው ክይበልዕ። ነንባዕሉ ኣብቲ ልምዓት ጉጅለ'ውን ክስታይ ስለዘብሉ ብጣዕሚ እዮም እንትን ዝረዳድኡ ማለት እዩ ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እምበር ምግላል የለን።

[281] **ሓታቲ፡** ብዛዕባ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ኣስተምህሮ ክወሃብ ከሎ ዕንቅፋት ክኾኑ ዝኽእሉ ባህላዊ ኣተሓሳስባታትን ተግባራትን እዚ ማሕበረሰብ ኣለዉ'ዶ? እንታይ እዮም?

[282] **ተሓታቲት፡** ማለት ሕዚ ዘለዎም ዋላ ከምዚ ዓይነት እንትን ዘለዎም ዋላ ሃይፐርተንሽን ሃልይዎም ሕዚ ክገብረዎም ዘይግብኦም ነገራት ኣድኻይዝ ይግበር እዩ። ግን ንሶም ገዲፎም ወይ መድሓኒቶም ኣቋሪፆም ናብ ዝለዓለ እንትን ዝኣትዉ ነገራት ኣለዉ። እቲ ክወስድዎ ዘይግበኦም ጨው ይኹን ዋላ ቡና ዋላ ካልእ ነገር ዘይ ... ቀፃልነት ዘይምህላው ማለት እዩ። እቲ ኣፍልጦ እንዳሃለየስ ዋላ ኣብ ተግባር ግን ቀፃልነት ዘይምህላው ሓደሓደ ሓላሓሊፉ እዩ ኣብ ብዙሕ ሰብ ኣይኮነን ከምኡታት ኣሎ ካብ ዝተዓዘብኩዎ።

[283] **ሓታቲ፡** ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ከጠናኽር ወይ ድማ ክድግፍ ዝኽእል ባህላዊ ኣተሓስስባን ተግባራትን እዚ ማሕበረሰብ እንታይ እዩ?

[284] **ተሓታቲት፡** ሕጂ እንታይ እዩ ቀሊል ስራሕ ምስራሕ ገለታት የብልዎ እዮም ሕዚ። መንገዲ ምኻድ። ስኳ ኢልካ ኩሉ ግዘ ዎክ ትገብር እንተኾይንካ ንጥዕናኻ ፅቡቕ ምኽኑ ገለ ይወስድዎ እዮም።

[285] **ሓታቲ፡** ምናልባት ከተማ ስለዝኾነ ዋላ ሓፂር መንገዲ ብባጃጅ ምኻድ ክህሉ ይኽእል እዩ?

[286] **ተሓታቲት፡** ብእግሪ ምኻድ ዝደሊ ሰብ እንኣ። ሕዚ ሓደ እንኣ ኩሉግዘ በቃ ናብ ባጃጅ ደይቡ ዘይፈልጥ። ኩሉሻዕ ብእግሩ ይኸይድ። ሃይፐርተንሽን ነይርዎ ደሓር እንትን ኮይንሉ። ደሓን ኮይኑ ማለት እዩ።

[287] **ሓታቲ፡** ደሓን ኮይኑ?

[288] **ተሓታቲት፡** እወ። እና ኩሉግዘ ብእግሩ ዝኸይድ ከምኡ ዓይነት ሰብ ኣሎ እዩ ሓላሓሊፉ።

[289] **ሓታቲ፡** እና ከምዚ ዓይነት ኣብነት እንዳሃበኩም ኣስተምህሮ ትህቡ'ዶ?

[290] **ተሓታቲት፡** እወ።

[291] **ሓታቲ፡** ኣብ መወዳእታ ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ብደረጃ ማሕበረሰብ እንታይ ክግበር ኣለዎ ኢልኪ ትሓስቢ?

[292] **ተሓታቲት፡** ያው እቲ ሕብረተሰብ ምኽኽር ምግባር የድሊ ይመስለኒ ኣፍልጦ ክህልዎ ማለት እዩ። ብተለይ ኣብ ኣመጋግባ ሕዚ ብጣዕሚ እዩ ክስታይ ዝገብር ዘሎ። በቃ ኣፀቢቕካ ምብላዕ፤ ቅብኣት ዘለዎ ካልእ ነገር ምብላዕ ከም ፅቡቕ ዝወስድ ሓደሓደ ሰብ ኣሎ እና እቲ ዘይፈልጥ ምስቲ ዝፈልጥ ኮይኑ ነንባዕሉ እንተዝመኻኸር'ሞ ካብኡ ኣብቲ ኣመጋግባ ኣትክልቲ ክወስድ ከምዝግበኦ፤ ካልእ ነገር ጨው፣ ቡና ከብዝሕ ከምዘይግብኦ፤ ዝፈልጥን ዘይፈልጥን እንተዝመኻኸር ፅቡቕ እዩ ይመስለኒ።

[293] **ሓታቲ፡** ንኣብነት ብምንታይ መንገዲ?

[294] **ተሓታቲት፡** ንምሳሌ እድር ኣሎ። ኣብ እድር፤ ልምዓት ጉጅለ እንህ። ብዛዕባ ጥዕና እዩ ዝነጋገርሉ። ኣብ ልምዓት ጉጅለ ብዛዕባ እዚ ምርድዳእ ይከኣል እዩ። ኣብቲ እድር፣ ኣብቲ ናይ ባዕሉ ንባዕሉ ሃይማኖታዊ እንትን'ውናይ ክረዳዳእ ይኽእል እዩ። ነንባዕሉ ኣብ ብዙሕ ዝራኸበሎም ቦታታት ኣለዉ።

[295] **ሓታቲ፡** ካልእ ብዛዕባ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዘይተጠቕሰ ነገር እንተሃልዩ?

[296] **ተሓታቲት፡** ማለት እንታይ'ሞ። ኣነ ሕዚ እንታይ እየ ዝብል ዘለኹ ሓደ ዝኾነ ቆፅሊ ኣሎ ዝበልዕዎ። ዝሰትይዎ ማለት እዩ። ን ሃይፐርተንሽን

[297] **ሓታቲ፡** ንፀቕጢ ደም ኢሎም ዝሰትይዎ? እንታይ እዩ?

[298] **ተሓታቲት፡** ምስ ሻሂ ዝሰትይዎ።

[299] **ሓታቲ፡** ሞሪንጋ ድዩ - ሽፈራው ዝብልዎ?

[300] **ተሓታቲት፡** እወ ከምኡ ዝበሃል ቆፅሊ። ንሱስ ክንደየናይ እዩ እዩ? ንሱስ ኣብቲ ፅንዓትካ እንድሕር ዝካተት ኮይኑ እንታይ እቲ እንትኑ? ውሒዱና ይብሉ እዮም ሕዚ

[301] **ሓታቲ፡** ንሱ እንዳተጠቕሙ?

[302] **ተሓታቲት፡** እወ። ንሱ ወሲደስ ሒሹኒ በቃ።

[303] **ሓታቲ፡** መርሚርክንኣም ከ?

[304] **ተሓታቲት፡** እወ። ይወርድ እዩ። እቲ ጨው ገለ ንብል። ስለዝቕነሱ፤ ካልእ እቲ advice እንህቦም'ዶ ይኽውን ግን የብለካ እዩ በቃ።

[305] **ሓታቲ፡** ባህላዊ ዝኾነ መንገዲ ተጠቒሞም ከምዝሓዩ ይነግርኹም ኣለዉ ግን ኣየናይ እዩ ኣድሒንዎ ግን ኣሸጋሪ እዩ?

[306] **ተሓታቲት፡** እወ።

[307] **ሓታቲ፡** ብጣዕሚ እየ ዘመስግን።

(viii) In-depth Interview with Health Professional - 4 (IDI4-HP4)

Turn	The Tigrigna Text
[308]	**ሓታቲ፡** ኣብዚ ከባቢኹም ዝርግሐ ዘይተመሓላለፍቲ ሕማማት እንታይ ይመስል?
[309]	**ተሓታቲ፡** ብጥዕና ጣብያና እቲ ዝርገሐ ዘይተመሓላለፍቲ ሕማማት ወይ ከዓ እዞም ክሮኒክ ዲዝዝስ እንብሎም ከመይ እዩ ንዝብል መጀመርያ ደረጃ ብኽተማና ደረጃ ሓደ ክልተ ጥዕና ጣብያ ሓደ ሪፈራል ሆስፒታል እና ፕራይቬት እቲ ኣክሰስ ናይቲ እንታይስሙ ደሓን ዝሓሸ እዩ። በዚ መሰረት እቲ ዝርገሐ ናይቲ ሕማም የለን ማለት ከይኮነስ ኣክሰስ እንታይስሙ ብርክት ዝበለ ስለዘሎ ሕብረተሰብ ናብኡ ከይዱ ኣብኡ እዩ ዝጥቀም ብዝብል እዩ እምበር እቲ ሕማማትስ ብኽባቢና ይረአ ኣይኮንን ማለት ኣይኮነን። ሕዚ ብጥዕና ጣብያና እ እዚ ናይ ዲያቤቲክ እኳ መብዛሕቲኡ ኣብ ሆስፒታል እዩ። ዋላ ሓደሓደ እውን ንረክብ ኢና። እንታይስሙ ሪፈር ኢልና ናብኡ ኢና ንሰዶም። ብበዝሒ ግን እዚ ሃይፐርተንሲቭ እ ሃይፐርተንሽን እንታይስሙ ብኽባቢና እውን ዋላ ጥዕና ጣብያና'ውን ብበዚሒ ይረአ እዩ። ስለዚ ኣብ ከባቢናስ እቶም ዘይተመሓላለፍቲ ሕማማት ከም በዓል ሽኮር፣ ከም እኒ ደም በዝሒ ገለመለ ፀቕጢ ደም እዚኣቶም ብደምቢ እዮም ዝረኣዩ። ዋላ ኣብ ስታፍና'ውን ኣለዉ ዋላ ደም በዝሒ ይኹን ወይ ከዓ ሽኮርያ ተጠቓዕቲ ኮይኖም ኣብ ሆስፒታል ዝከታተሉ ወይ ከዓ ኣብዚ ዝከታተሉ'ውን ኣለዉ። ስለዚ እቲ ዝርገሐ ብኽተማናስ ምንም እኳ ከንድቲ ናይ ካልእ ከምቶም ኢንፌክሽስ ዲዚዝ ብርክት ኢሉ ዝረአ እንተዘይኮነ እቲ ግን ብደምቢ ይረአ እዩ ብጥዕና ጣብያና ደረጃ ይረአ እዩ። ግን እቲ ኣባና እንታይስሙ treat ስለ ሃይፐርተንሲቭ ኬዝ ዝኾኑ ዋላ እቶም ሴቨር እውን ኣባና ትሪት ንገብሮም ኢና። ክሪቲካል እንተዘይኮይኑ መብዛሕቲኡ እ እንታይስሙ ኣ ሪፈራል ኔትዎርክ ምስ ሆስፒታል ስለነተሓሕዝ ናብኡ እዩ ሪፈር እምበር እቲ ክሮኒክ ዲዝዝስ ወይ ከዓ ዘይተመሓላለፍቲ ሕማማት ብኽባቢና'ውን ይረአዩ። ሕድሕድ ገዛ ዋላ ብጥሙር ጥዕና ቤተሰብ ኬር ኤንድ ሳፖርት ክገብራ እንከለዋ ከምዝሕብራና'ውን ብርክት ዝበሉ ብሽኮርያ ይኹን ዋላ ብደም በዝሒ ይኹን ዝተጠቕዑ በብገዝኡ ከምዘለዉ ሓበሬታ ዘብሎ ማለት እዩ።
[310]	**ሓታቲ፡** ኣብዚ ኽባቢ ንሳዕቤናት ዘይተመሓላለፍቲ ሕማማት ዝቃልዑ ሰባት ከመይ ዝበሉ እዮም?
[311]	**ተሓታቲ፡** ኣብዚ ኽባቢና ብፍላይ ምስዚ ፀቕጢ ደም ገለ ተተሓሒዙ ዝመፁ እ ልዕሊ መብዛሕቶም ልዕሊ ኣርብዓ ዓመት ኣብኡ ከባቢ እዮም። ዳርጋ ካብኡ ንላዕሊ እዩ እቲ መብዛሕቲኡ። ሕዚ ዋላ ኣብ ኩሉ ዝረአ ዘይኮነ ከከም ኬዙ ይፈላለ እዩ። እቲ ደም በዝሒ እ ቅድም ኢሎም ዝጀመሩ ዋላ ብ hereditary መልክዕ እዚ history ክነግሩኻ እንከለዉ ዘብል ኣሎ እዩ። ካብ ቀደም ኣትሒዞም እዮም። ሓሓሊፉ ሓደሓደ እንታይስሙ'ውን መስተ ብፍላይ ካብ 35 ክሳብ 45 ከባቢ ዕድመ ዘለዉ ግን ብዝተፈላለዩ ብዝተፈላለዩ መስተ ይኹን ሓደሓደ ነገራት ሱስ'ውን ዝተጠቕዑ ከምዘለዉ ኣብቲ ሂስትሪ እውን እንታይስሙ ነብል ኢና።
[312]	**ሓታቲ፡** ኣብዚ ማሕበረሰብ እዚ ሰባት ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ይዘራረቡ'ዶ? ብቐዳምነት ዘተሓሳስቦም ዓይነት ዘይተመሓላላፊ ሕማም እንታይ እዩ? ንምንታይ?
[313]	**ተሓታቲ፡** ኣተሓሳስባ ናይቲ ሕብረተሰብ እቶም ብፍላይ ኣፍቶም ናይ ዘይተመሓላለፍቲ ሕማማት ማእኸል ገይሮም ዘብልዎ ብመርገም ብገለመለ ዝመፀ እምበር ልክዕ ከምቲ ካሊእ ሕማም እንታይስሙ ዘብሉ። መብዛሕቲኡ እቲ ሕብረተሰብ እንታይስሙ ዘብሎ ብቕጠዐ ናይ እግዚኣብሄር ገለመለ ምስኡ እዮም ዘተሓሕዝዎ። እምበር ልክዕ ከምቶም እንታይስሙ ናይ ጥዕና ፀገም ገይሮም እንታይስሙ ኣይግንዘብዎን። ማእኸላይ እቲ ማጆሪቲ ናይቲ ሕብረተሰብ ክትወስድ እንከለኻ ግን እቲ ሓደሓደ ትምህርቲ እንታይስሙ ዘለዎ እንተኾይኑ ብፍላይ እዚ ኢፕሌፕሲ ገለመለ ከምኣቶም ዝመሰሉ ክተብል እንተለኻ ብቐጥታ ምስ ግዛዕ እዮም ዘተሓሕዝዎ ምስ ሃይማኖት ምስ ገለመለ እዮም ዘተሓሕዝዎ። እምበር ምስ እ
[314]	**ሓታቲ፡** ምስ እዚ ዝተትሓሓዘ ዘጋጠመካ ተጓንፎ'ዶ ኣሎ?
[315]	**ተሓታቲ፡** ኣነ እኳ ኣብዚ ጥዕና ጣብያ እኳ ብዙሕ እንታይስሙ ዘበለ ዝረኸብክዎ የለን። ግን ዋላ ሓደሓደ ብጎራብቲ፣ ብመንደር ይኹን ብኽባቢኻ ግን ከምዚ ናይ ሽኮርያ ይኹን ከምዚ ናይ ደም በዝሒ ሒዝዎም ናብ ማይጨሎት ናብ ሆሊ ዋተር ገለመለ ዝኽዱ'ውን ብዙሓት እዮም። ከምዚ ናይ ኢፕሌፕሲ ይኹን ገለመለ ብዙሓት ዝኽዱ ኣለዉ እዮም። ምስቲ ግልጋሎት ኣወሃህባ'ውን እንተቢሉካ ከምቲ ዝበልኩኻ መብዛሕቲኡም ብጀካ እቶም ፀቕጢ ደም ዘለዎም እንተዘይኮይኖም እቶም ሓደሓደ ናይ ሽኮርያ ይኹን ናይ ካልእ መሊእ ምስ ኣብ ግዛዕ ስለዝኽዱ ሆስፒታል ብዙሕ ዘጋጠመኒ ነገር የለን። ግን ፕራክቲካሊ ግን ምስ ቕጠዐ ናይ እግዚኣብሄር ገይሮም ዝወስድዎ ኩነታት ከምዘሎ እዩ።
[316]	**ሓታቲ፡** ከም በዓል ሙያ ኣብ ምክልኻል ዘይተመሓላለፍቲ ሕማማትን ኣብ ምስትምሃር ጥዕናንን እንታይ ተግባራት ትፍፅም?
[317]	**ተሓታቲ፡** ንሕና ምስቲ እንታይስሙ ምስኡ ኣተሓሒዝና ኣብ ዝተፈላለየ ኣብ ዋዕላ ህዝቢ ዘለዎ ይኹን ወይከዓ ኣብ ኣብያተ ትምህርቲ ፕሮግራም መጀመርያ በዓል ጥዕና ሙያ ፎካል ፐርሰን ኣሎ እዩ። ንሕድሕድ ጣብያ ይኹን ኣብ ሕድሕድ ኣብያተ ትምህርቲ ንቲ ሓለዋ ጥዕና ትምህርቲ ዘተሓባብር ኣሎ እዩ። እ መሊሶም'ውን እዞም ዋይ ኤፍ ኤስ (ዩዝ ፍሬንድሊ ሰርቪስ) መናእሰይ'ውን ኣብዚ እንታይስሙ ዝተጠርነፉ ኣለዉ። ንሳቶም ገይርና ኣብ

ዝተፈላለየ ቦታ እ ስፍሕ ዝበለ ትምህርቲ ይወሃብ እዩ። ብፍላይ ከዓ ምስቲ ናይ ኣመጋግባና ስርዓት ተተሓሒዙ ብዙሓት እንታይስሙ ዘቃልዑ ስለዝኾኑ ኣብኡ መሰረት ገይርና እንታይስሙ ንገብረሉ ኩነታት ኣሎ እዩ።

[318] **ሓታቲ፡** ኣብ ምክልኻል ዘድህበ ትምህርቲ ብዝተፈላለየ መንገዲ ከምትህቡ ገሊፅካለይ ኣለኻ። ኣብ ምስትምሃር ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዕንቅፋት ክኾኑ ዝኽእሉ ባህላዊ ኣተሓሳስባታትን ተግባራትን እዚ ማሕበረሰብ እንታይ እዮም ኢልካ ትሓስብ?

[319] **ተሓታቲ፡** እቲ ተግባራት ናይቲ ሕብረተሰብ ከጋድዱ ዝኽእሉ ጥብቕ ኢልካ ብዛዕባ እቲ ሕማም ኣፍልጦ ዘይምህላው። ሱቕ ኢሉ ሓደሓደ ብዝብሎ ብዝውረ ወረታት'ውን መሰረት ገይርካ እንታይስሙ ዝኽይድ ኣሎ እዩ። ሕዚ ንኣብነት፡- ብሓደሓደ ናይ ደም በዝሒ ይኹን ናይ ሽኮርያ ይኹን ሓደሓደ ነገራት እንከህልዉ ከለዉ ብፍላይ ኣፍቶም ዓበይቲ ዝኾኑ ሰባት ናይ ጥዕና ፀገም ከይኮነስ ናይ እግዚኣብሄር ቕጠዐ ገይሮም ዝወስድዎ ኩነታት ኣሎ እዩ። እዚ ምናልባት ሓደሓደ ፅልዋ የብሉን ክበሃል ኣይኽእልን ኣብቲ ሕብረተሰብ ፅልዋ። ግን እ ሎሚ ምስቲ ዘሎ ናይ ምስፍሕፋሕ ሓለዋ ጥዕና ትምህርቲ ገለመለ ኣተሓሒዝካስ ክንድ እዚ እዩ ዝበሃል ኣይኮነን። ብዙሕ ዕንቅፋት ይፈጥሩልና እዮም ዝበሃል ኣይኮነን። እቲ ሕብረተሰብ ሕዝቡ እቲ ኣበሃህላታት ኢና እቲ ዓንተዎይ እንዳገለፅናዮ ዝፀናሕና እምበር ኣፍቲ ምዕንቃፍ ብዙሕ እንታይስሙ ዘለዎ ኣይመስለንን።

[320] **ሓታቲ፡** ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ከጠናኽር ዝኽእል ባህላዊ ኣተሓሳስባን ተግባራትን እዚ ማሕበረሰብ እንታይ እዩ?

[321] **ተሓታቲ፡** ሓደ እቲ ናይ ኣመጋግባ ስርዓት ኣሎ። ብፍላይ ኣብዚ ሕጂ እዋን ብዝተፈላለየ ማስ ሚድያ ይኹን ብዝተፈላለየ እንታይስሙ ስለ ዘብሉ ኣፍቲ ናይ ኣመጋግባ ስነ ስርዓት ምስቶም ዝተፈላለዩ ዘይተመሓላለፍቲ ሕማማት ተተሓሒዙ ከገብርዎም ዝግበኦም እቲ ሕብረተሰብ ብደምቢ እንታይስሙ ኣፍልጦ ኣለዎ እዩ። ደሓን እንታይስሙ እንዳበለ እዩ ዝመፀሉ ኩነታት ኣሎ። ሕዚ እዚ ጮማ ዝኾነ ስብሒ ነገር፣ ቅብኣት ዝበዝሑ ነገር ብዙሕ ከወስድ ከምዘይብሉ፤ እዚ ናይ ጨው፣ ኣልኮላዊ መስተ ገለመለ እዚኣቶም ብደምቢ እዮም ዘብልዎም። ዳርጋ ኩሉስ ጠንቂቑ ዋላ እቲ ዝፈልጥ ሱቕ ኢሉ እንዳፈለጠ ሓደሓደ ነገራት እንተበለ ጠንቅታት ከምዘለዎ ግን ብደምቢ ይፈልጥ እዩ። ስለዚ ኣፍቲ ናይ ኣመጋግባ ኩነታት ዝውሰድን ዘይውሰድን መሚኻ ናይ ምፍላጥ ኩነታት ሓደ እዚ ሓጋዛይ እዩ። ብደምቢ እ ኣብዚ መፂና እንታይስሙ ክምርመሩ ከለዉ ቃለ-መጠይቕ ሓደሓደ ነገር ክነብል ከለና ብደምቢ እዮም ዘቡልና። ሕዚ ሬጉላር ኤክሰርሳይስ ክብድ ዝበለ ስራሕ ዋላ እንተዘይሰርሑ'ውን ንእሽተይ ንጉሆ ንጉሆ ድሕሪ ሰዓት ዝተወሰነ እንታይስሙ ከምዝሰርሑ'ውን፤ እቲ ሬጉላር ኤክሰርሳይስ እውን ጠቓሚ ምኺኑ'ውን ዝግንዘቡ ሰባት'ውን ኣለዉ እዮም። ዋላ'ውን እዘን ናይ ግሉኮ ሜትር ዝበሃል ኣሎ ኣብ ኢዶም ዘለዎም ንጉሆን ምሸትን ዝዕቅኑ ኣለዉ። እዚ ናይ ቢፒ ኣፓራተስ ፀቕጢ ደም'ውን ኣብ ገዝኡም ዝከታተሉ ኣለዉ፤ ወይ ከዓን ንጉሆን ምሸትን፣ ኣብ ሳልስቲ እንዳመፁ'ውን ቢቲ ሓኪም ትእዛዝ መሰረት ዝከታተሉ ኣለዉ እዮም። ስለዚ እቲ ሓደሓደ ኣበሃህላታት መሊኡ ኣይጠፈኣን ደኣይና ዝበልና እምበር እቲ ኣብዝሓ ፅልዋ ክትርኢ ከለኻ እኮ ኖውሃው ኣለዎ እዩ እቲ ሕብረተሰብ። ብኸመይ እዩ ዝመፅእ?፣ እንታይ እንተገበርካ እዩ ዝገድፍ? ኣፍቲ ናይ ኣመጋግባ ይኹን ኣፍቲ ናይ መነባብሮና ኩሉ ነገርናስ ንዚ ሕማም ክግበር ዝግበኡ ነገራት ሓደሓደ ነገራትስ ብደምቢ ጠንቂቑም ይፈልጡ እዮም።

[322] **ሓታቲ፡** ኣብ መወዳእታ ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ብደረጃ ማሕበረሰብ እንታይ ክግበር ኣለዎ ኢልካ ትሓስብ? ናይቲ ማሕበረሰብ ኣፍልጦ ክብ ንምባል እንታይ ዓይነት ሜላ ክንጥቀም ይግባእ?

[323] **ተሓታቲ፡** እዚ ሜላ እዙይ እቲ ንህቦ ናይ ምክልኻል ኣንፈት ኣካይዳና ይኹን ኩሉ ነገር ናይ ኣመጋግባና ይኹን ሓደሓደ ነገራት ነቲ ሕብረተሰብ ምስቶም ዘይተመሓላለፍቲ ሕማማት መሰረት ገይርና ናፍቶም ሕብረተሰብ ብመጀመርያ ደረጃ እቲ በዓል ሙያ ልክዕ ከምቶም ኢንፌክሽስ እንብሎም ተመሓላለፍቲ ሕማማት መሰረት ገይርና ክንድኡ ዝኣክል ትኹረት ሂብና'ውን ንቀሳቐስሉ ኣይኮነን። መጀመርያ እዚ ከስምረሉ ይደሊ ማለት እዩ። ስለዚ ካብ በዓል ጥዕና ሙያ ጀሚሩ ዋላ ካብቲ ሄልዝ ሄልዝ ኦፊስ ጀሚሩ'ውን ክንድኡ ዝኣክል ኣትኩሮ ይወሃቦ እዩ ከበሃል ነገራት ሕዚ እኮ ዝተፈላለዩ ማንዋላት፣ ሊፍሌታት፣ ፖስተራት ይመፁ እዮም። ግን ንዓኣቶም መሰረት ገይሩ ዝዳሎ ግን ብጣዕሚ ውሑድ እዩ። ስለዚ ካፍቲ ላዕሊ'ውን መዋቅር ጀሚሩ ክሳዕ ታሕቲ ዘሎ ከምቲ ናይ ኢንፌክሽስ እንታይስሙ ብዝተፈላለየ ሜላታት እንዳተጠቐምና ነቲ ሕብረተሰብ ነብለሉ ነዚ'ውን ክንድኡ ዝኣክል ትኹረት ሂብና እንተንቐሳቐስሉ ዝሓሸ እዩ። ካብኡ እቲ ናይ ሰብ ሙያ ጥዕና ከምዚ ኮይኑ እቲ ናይ ላዕለዋይ ኣካል'ውን ዝተፈላለዩ ፖስተራት ይኹን ሊፍሌታት ይኹን ሓደሓደ መሳርሕታት'ውን ፈንድ ኣብ ምግባር ኩነታት ኣብ ምቕራብ'ውን ብዙሕ ክንድቲ ዝድለ ኣይኮነን። ስለዚ እ ሓደ እዚ እዩ። ኣፍቲ ሕብረተሰብ እንተድኣ ሂብካዮ ብፍላይ ከዓን ናይቲ ከባቢ ዘሎ ተጠቓሚ ሕብረተሰብ መሰረት ገይርካ ከም ተርእዮ ገይርካ እንታይስሙ ተብሎ እድሕር ኮይንካ ብፍላይ ምስ ጥዕና ዝመፀ ኩነታት ብፅቡቕ እዩ ዝቕበሎ። ብፅቡቕ ይቕበል እዩ። ምናልባት ሓደሓደ ሽግራት የለዉን ማለት ኣይኮነን። ናይ ሓኪም ምኽሪ እንተተቕበልካ ምስ ዝተፈላለዩ መድሓኒት ኣልኮል ናይ ምውሳድ ይኹን ተፃባእቲ ነገራት ናይ ምውሳድ ይኹን ነገራት ክህሉ ይኽእል እዩ። እዚ የለን ማለት ኣይኮነን። ግን ብተደጋጋሚ ልክዕ ከምቲ ካልእ እንገብሮ ምርብራብ ትምህርቲ ከምኡ ልክዕ ገይርካ እንታይስሙ ተብል እንድሕር ኮይንካስ ዘይውገደሉ መንገዲ የለን። ሕዚ እዘን ጥሙር ጥዕና ቤተሰብ ሕዚ ቢቲ ናይ ጥዕና ጣብያ በጀት ቢቲ ዓቕምና ዝፈቕዶ እዞም ሓደሓደ ነገራት ሕዚ ናይ ሕድሕደን ቢፒ ኣፓራተስ ሂብና ሕድሕድ ገዛ address እንከገብራ እንከለዋ'ውን ሓደሓደ ነገራት ቼክ እንዳገበራ ክኸዳ ከምዘለወን ነቲ ዓቕሚ ጥዕና ጣብያ እንታይስሙ

ዝተገብረ ኩነታት ኣሎ። ግን እዚ ግሉኮ ሜትር ናይ ግልኮዝ መዐቀኒ ገለመለ'ውን ኣብ ካልኦት ክልላት ዝተኣታተወ ኣሎ እዩ። ሕድሕድ ገዛ ክኣትዋ ከለዋ ቼክ ዝገብራሉ ኩነታት ኣሎ እዩ። ኣብዚ ኣይተኣታተወን ኣባና። ስለዚ እቲ ሄድ ኦፊስ ወይ ከዓ እቲ ክልል ጥዕና ቢሮ'ውን ሓደሓደ ነገራት ከምዚኣቶም እ ሕድሕድ ብፍላይ ገዛ ኣባወራ ሕድሕድ ሃውስሆልድ ኣድረስ እንዳገበራ ስለዝውዕላ ኣብቶም ክሮኒክ ዲዝዝ ፎከስ ገይረን ክሰርሓ፤ ንኽሰርሓ ከዓን ሓደሓደ መሳርሕታት፣ ሓደሓደ ማንዋላት እንተዝቐርብ'ውን፤ እውን ዋላ ትሬኒንግ፣ ሕዚ እኮ ትሬኒንግ ክወሃብ እንከሎ መብዛሕቲኡ ስሩው ዘ ሆል ይር ኣፍቲ እንታይስሙ ኣፍቲ ኢንፌክሽስ መሰረት ገይሩ እዩ ዝበል። እምበር ኣብቶም ክሮኒክ ብዙሕ እንታይስሙ ኣድሂቡ ዝበል ኣይኮነን። ስለዚ ካብቲ ላዕሊ ኣትሒዙ ልክዕ ክምቶም እ ኢንፌክሽስ እንታይስሙ ንረባረቡሉ ከምኡ ቆላሕታ ሂብካ ምርብራብ የድሊ እዩ ዝብል እንታይስሙ እዩ ዘለኒ። እንድሕር እቲ ሕብረተሰብ እንድሕር ኣስተሚህርካዮ፣ እንድሕር ሓደሓደ ነገራት እንተቢልካሉ'ውን ተቐባላይ እዩ። ብዙሕ ሓደሓደ ነገር ዲስታንስ እንተሃለወ ብተደጋጋሚ ብትገብሮ እንታይስሙ ዘይልወጠሉ መንገድሰ የለን።

[324] **ሓታቲ፡** ካልእ ብዛዕባ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዘይተጠቐሰ ነገር እንተሃልዩ?

[325] **ተሓታቲ፡** መብዛሕቲኡ እዚ ምስ ሽኮርያ ይኹን ምስ ደም በዝሒ ይኹን ምስ () መብዛሕቲኡ ናብ ሆሊ ዋተር እዚ ናብ ማይጨሎት ገለመለ ዝወስድዎም ምስ ጋኔን ይኹን ምስ ገለመለ ዘተሓሕዝዎ እቲ ሕብረተሰብ እዚ ናይ ኢፒለፕሲ ወይ ከዓ ሕማም ባርያ እንዳተብሃለ ዝፅዋዕ ምስኡ ዝተትሓሓዘ እዩ እምበር ኣፍቶም ካልኦት ክሮኒክ ዲዚዝ ግን ኣፍልጦ ኣለዎ እዩ ብደምቢ እቲ ሕብረተሰብ ደሓን እዩ። እምበር ኣፍቲ ጥዕና ትካላት ይኹን ኣብ ሓደሓደ ኣኼባታት ዋላ ኣብ ገገዝኡ ኾይኑ'ውን ዝተፈላለየ ማስ ሚድያ ብዝገብሮ ኣፍልጦ ኣለዎ እዩ እቲ ሕብረተሰብ። ሕዚ ንእሽተይ ዘሎ ኣፍልጦ ግን ኣፍቲ ናይ እ ምስ ሜንታል ሄልዝ ዝተትሓሓዘ ኣብኡ ግን እንኳን'ዶ ኣፍቲ ሕብረተሰብስ ኣፍቲ በዓል ጥዕና ሙያ'ውን መሊኡ የብል እዩ እትብሎ ኩነታት ኣይኮነን። ሓደሓደ ሰልችዩ እቲ ምስ ኣበሎ ዝምኩሮ ኣሎ። ናይቶም ወለዲ ክሙክር ኢሉ ዝኣተወ ኩነታት ኣሎ። ስለዚ ኣብኡ እዩ እቲ ብዙሕ ፀገም ክህሉ ዝኽእል እምበር ኣብቶም ካልኦታት ግን ብዝግበር ሓበሬታ ብዝወሃቦም እንታይስሙ ኣፍልጦ ኣለዎም ዳርጋ ክበሃል ይከኣል እዩ። ብዝግባእ'ውን ሕዚ መስተ ዝሰትዩ ዝነበሩ ሰባት ሙሉእ ብሙሉእ መስተ ዝገድፍዎ፤ ጨው ሙሉእ ካብ ምግቦም ዝገደፍሉ፤ እዚ ናይ ምስ እዚ ናይ ሓደሓደ ነገራት ተተሓሒዙ እንታይስሙ ዝግበር ብደምቢ ዝከላኽሉ ሰባት ኣለዉ እዮም። ስለዚ እቲ ሕዝስ ሓደሓደ መሊኡ ዘይተቐረፈ ዘሎስ ምስ ናይ ሜንታል ሄልዝ ዝተትሓሓዘ እዩ እምበር ካልእ ደሓን እዩ።

[326] **ሓታቲ፡** ብጣዕሚ እየ ዘመስግን።

(ix) In-depth Interview with Health Professional - 5 (IDI5-HP5)

Turn	The Tigrigna Text
[327]	**ሓታቲ፡** ኣብዚ ከባቢኹም ዝርግሐ ዘይተመሓላለፍቲ ሕማማት እንታይ ይመስል?
[328]	**ተሓታቲት፡** ኣብ ከባቢና ኣብ ዘይተመሓላለፍቲ ሕማማት ክንርኢ ከለና ያው ካብ ቅድም ሕዚ ዝነበረ ሕዚ እንዳሰፈሐ እዩ ዝኸይድ ዘሎ። ብሕልፊ ኣብ ደም በዝሒ ብርክት ዝበሉ ሕሙማት ይመላለሱ እዮም ናባና ማለት እዩ። እና እናተመላለሱ ደሞም ይልከዑ እዮም። ግን ካብ ዝሓለፈ ክንርኢ ከለና ግን ኣብዚ ናይዚ ሕጂ ቁፅሩ እንዳወሰኸ እዩ ዝኸይድ ዘሎ።
[329]	**ሓታቲ፡** ነዞም ሕማማት ክቃልዑ ዝገብሮም ምኽንያት እንታይ እዩ ኢልኪ ትሓስቢ?
[330]	**ተሓታቲት፡** እወ ንዚ ምኽንያቱ ክኸውን ዝኽእል እንታይ እዩ እ ክንሪኦ ከለና ኣብ ሃገርና ቅድም ክብል ኣብ ተመሓላለፍቲ ሕማማት እዩ ትኹረት ዝግበር ነይሩ። ኣብዞም ዘይተመሓላለፍቲ ሕማማት ዳርጋ ዝተገለለ ነገር እዩ ነይሩ። ትኹረት ዝህቦ ኣካል ኣይነበረን። ካብ ላዕሊ ጀሚርካ ክሳብ ታሕቲ ክረአ ከሎ። እና እቲ ሕብረተሰብ ኣብዞም ዘይተመሓላለፍቲ ነገራት እኹል ዝኾነ ኣፍልጦ የብሉን። እ ኣብ ኣመጋግባ ይኹን ክገብሮም ዝግበኡ ነገራት ይኹን እኹል ዝኾነ ኣፍልጦ የብሉን። እና እቲ ክፍተቱ ካብ ላዕሊ ጀሚሩ ትኹረት ዘይተወሃበ ነገር ምኳኑ እዩ።
[331]	**ሓታቲ፡** ኣብዚ ማሕበረሰብ እዚ ሰባት ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ይዘራረቡ'ዶ? ይመያየጡ'ዶ? ናባኹም መፂኡም ሓበሬታ ይሓትኹም'ዶ?
[332]	**ተሓታቲት፡** እ ኣብዚ ሕዚ ቅድም ክብል ብዙሕ ኣይነበረን። ኣብዚ ሕዚ ግን ዝሓሸ እዩ። ምኽንያቱም ሰብ ክልካዕ ከሎ ደሙ 'ደም በዝሒ ኣለካ' ከምዚ እዩ ክበሃል ከሎ ከይዱ ሎሚ'ሞ ኣብ ካልኣይ መዓልቲ ሳልሳይ መዓልቲ ደሞ ካልኦት ሰባት ሒዞም መፂኦም 'ደምና እስከ ዓቅኑና' ገለ ይብሉ እዮም። ብሕልፊ ዝኾነ ደም በዝሒ ዝነበሮ ሰብ ክመውት ከሎ መፂኡም ናይ ዝልከዑ ቁፅሮም ብጣዕሚ እዩ ዝበዝሕ። እና እዚ ዘርኢ እንታይ እዩ ቢቃ 'ኩስቶ እኮ ደም በዝሒ ነይርዎ ስለዚ ንሱ እዩ ዝቐተሎ ስለዚ ንሕና'ውን ፅባሕ ከምኡ ኢና' ዝብል ስግኣት ይሓድሮም'ሞ እ መፂኡም ይልከዑ። ስለዚ ያው ብም ኣብዚ ሕብረተሰብ ያው እኹል ዝኾነ ኣፍልጦ ሃልይዎም ብዛዕቡ እኳ ብደምቢ እንተዘየዋግዑ ግን እቲ ሕማም ከምዘሎን ከምዝቐትሎምን ግን እናፈለጡ እዮም። ይዘራረቡ እዮም ዝበል እምነት እዩ ዘለኒ።
[333]	**ሓታቲ፡** ምናልባት ሕጂ ናብዚ መፂኡም ሕክምና ከካይዱ ከለዉ ዘጋጠመኪ ምስ እዚ ዝተትሓሓዘ ተጓንፎ'ዶ ኣሎ? ደም በዝሒ ክበሃል ከሎ ከምዚ ደም ብዙሕ ዘለካ ገይሩ ዝወስድ ሰብ ክህሉ ይኽእል እዩ።
[334]	**ተሓታቲት፡** እወ። መብዛሕቲኡ እንታይ እዩ ብሕልፊ ኣብዞም መነባብርኦም ትሕት ዝበለ ሰባት እንተኾይኖም ከምዚ 'ደም በዝሒ ኣለካ' ክትብሎም ከለኻ ናይ ምቕባል እንትን ኣሎ እዩ። ዘይምቕባል ኣሎ እዩ። ምኽንያቱም 'ኣነ እንታይ በሊዐ እየ'ሞ ፆመይ እንዳሓደርኩ ደመይ ዝበዝሐ' ምባል፤ ከምቲ ዓንተቦ ንስኻም ዝገለፅካዮ ያው ምስቲ 'በዝሒ' ብዙሕ ምኳኑ ምርዳእ እንትን ስለዘለዎ ምስቲ ፀቕጢ ዘይ ፀቕጢ ምኳኑ ዘይርደኦም ከምዚታት ኣሎ እዩ። ግን ፀቕጢ እንታይ ምኳኑ ትርጉሙ ኢና ክነረድኦም ንፍትን።
[335]	**ሓታቲ፡** ሕጂ ብዛዕባ ንጥፈታት ምክልኻል ዘይተመሓላለፍቲ ሕማማት ነውግዕ'ሞ ከም በዓል ሙያ ኣብ ምስትምሃር ጥዕና ይኹን ኣብ ምክልኻል ዘይተመሓላለፍቲ ሕማማትን እንታይ ተግባራት ትፍፅሚ?
[336]	**ተሓታቲት፡** እወ ሕዚ እንታይ እዩ ከም ምክልኻል ያው እቲ ሕብረተሰብና ኣመጋግብኡ ከስተኻኽል እዩ እቲ ዓብዩ ነገራት። እና ከምኡ'ውን ኤክሰርሳይስ ንኽሰርሑ ኣስተምህሮ ምሃብ። ብሕልፊ ሕጂ ኣባና እንታይ እዩ ምስ ጥሙር ጥዕና ቤተሰብ ኣተሓሒዝካ ንሰን ኩሉግዘ ገዛ ገዛ ስለዝኽዳ እ ቅድም ክብል እንተሪእናዮም ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ኣፍቶም ዓሰርተ ሽዱሽተ ኮምፐነንትእንተረአናዮ'ውን የለን። ግን ኣብዚ ሕጂ ሰዓት ግን እንታይ እዩ ጂ ኤስ ኣይ ኣለዉ ኣብ ከተማና እና ንሳቶም ኣብዚ ነን ኮምኒኬብል ዲዚዝ ይሰርሑ ኣለዉ እዮም። ስለዚ እሱ ምስኡ ኣተኣሳሲርካ ክኸዳ ከለዋ ሕድሕድ ገዛ ንሳተን'ውን እዚ ፈሊጠን ኣብ ቼክሊስተን ኣእቲናዮ ኢና ማለት እዩ። ኣነ ሕዚ ብውለቀይ እንታይ እዩ ኣብ ጥሙር ጥዕና ኣብ ሰሙን ሓደ ግዘ እንዳኸድኩ ምስተን ጥሙር ጥዕና ቤተሰብ ይከታተል እዩ። ስለዚ ንሳተን እንታይ እዩ እንታይ ክነገብር ኢና ፈቲና እዞም ነን ኮምኒኬብል ዲዚዝ ኣብቲ ቼክሊስተን ተኻቲቱ ሕድሕድ ገዛ ኣትየን እሱ'ውን ኣሰስ ክገብራ ከምዘለወን። ካብኡ'ውን ንኹለን'ውን ቢፒ ኣፓራተስ ተገዚኡ ተዋሂብዎን እዩ። እንተገደደ ሃይፐርተንሲቭ እንትን ንምግባር እቶም ካልኦት'ውን ከም ዲያቤትስ ገለ'ውን ኣብ ኣመሃህራ ኣስተምህሮ'ውን ክህባ ከምዘለወን፤ ብዝበለፀ ምስኣተን ብደምቢ ኢና እንትን ንብል ማለት እዩ። ንሳተን ሕድሕድ ገዛ ገዛ ዝኸድኡ ኣሰስክገብራ ከምዘለወን ከምህራ ከምዘለወን ኣብቲ ኣመጋግባ ንሕብር ማለት እዩ።
[337]	**ሓታቲ፡** እዚ ጂ ኤስ ኣይ ዝበልክዮ መንግስታዊ ድዩ ወይስ ዘይመንግስታዊ?
[338]	**ተሓታቲት፡** መንግስታዊ ኣይኮነን። ያው ኤን ጂ ኦ እዩ። ጂ ኤስ ኣይ ቅድም ክብል ኣብዚ ይሰርሕ እዩ ነይሩ። ማለት ናይ ዩ ኤስ ኣይድ እዩ። ኦርባን እዩ ዝሰርሕ ጂ ኤስ ኣይ። () ይበሃል ኣብ ኦርባን እዩ ዝሰርሕ ማለት እዩ። ሰለዚ ኣብ ኦርባን ክሰርሕ ከሎ ቅድም ክብል ኣብ ማርፕስ እዩ ፎኮሱ ነይሩ። ያው ሕጂ'ውን ኣብ ነን ኮምኒኬብል ዲዚዝ እንትን ብምግባር ኣብኡ እዩ ዝሕግዝ። ያው ካብተን ዝሕግዘን ዓድታት ድማ ኣኽሱም ከተማ ሓንቲ እኣ ማለት

እዩ። ናቶም ሳይት እያ። ስለዚ ሓደ በዓል ሞያ ላለዎም። ቢሮኡም ኣብዚ ምሳና ኣብ ጥዕና እዩ። ጥዕና ቤት ፅሕፈት ኮይኑ ግን ያው ምሳና ተኣሳሲሩ ኣብ ጥሙር ጥዕና እዩ ዝሰርሕ ማለት እዩ።

[339] **ሓታቲ፡** ብዘይተመሓላለፍቲ ሕማማት ዝተትሓዙ ሰባት ናባኹም ክመፁ ከለዉ ከመይ ትከናኸንዎም? ዝግበረሎም ሓገዝ'ከ እንታይ ይመስል?

[340] **ተሓታቲት፡** እሺ ያው ኣብቶም ኣባና መብዛሕትኦም ዝመፁ እንታይ እዮም እዞም ደም በዝሒ ዘለዎም ማለት እዩ። ብዙሕ ምስ ናይ ሽኮር ግን መዐቀኒ እንትን ግሉኮ ሜትርɪ እውን ስለዘይብልና ኣብዚ ፎሎውኣፕ ኣይግበረሎምን። ሆስፒታል እዮም ኢና ንሰዶም ማለት እዩ ክመፁ ከለዉ። እንተረኺብና ኬዝ ማለት እዩ። ኣብዞም ደም በዝሒ ዘለዎም ግን እ ብዙሕ ግዘ እንታይ ኢና ንገብር ንሕና እ ካርድ ከውፅኡ፣ ክፅበዩ፣ እ ወረፋ ክበዝሑም ከይተለክፁ ክኸዱ ይኽእሉ እዮም። ግን እንታይ ኢና ንገብር ናይ ፎሎውኣፕ ካርዲ ኢና ንህቦም። ያው እታ ዕለታን እታ ብላድ ፕሬዝር መጠናን ኣብኣ ንፅሕፈሎም። ካብኡ ወዲያውኑ ዝመፅዋ ንጉሆ ክመፁ ከለዉ ዋላ ሰብ እንድሕር ኣሎ ካርዲ ክሳዕ ዝወፅእ መጀመርያ ኣቲና ንዓኣቶም ኢና ንልክዖም ማለት እዩ። ካብኡ ያው ኣፍቲ ኣመጋግባ ኢና ብዙሕ ኣስተምህሮ ንህቦም ክጥቀምዎ ዘለዎም፤ ጨው ክበልዑ ከምዘይብሎም ብዋናነት ብሕልፊ ዓበይቲ ኤክሰርሳይስ ክሰርሑ ከምዘለዎም ኢና ኣስተምህሮ ንህቦም። ግን ያው ኩሉ ግዘ ኣፍታ ወረቐት ፎሎውኣፕ ስለ እንህቦም ንሳ ሒዞም እዮም ዝመፁ እና ንሳ ሒዞም ይኣትዉ። መብዛሕቲኡ እንታይ እዩ ሕሙም ብዝሕ እንተይሉ ካርዲ ከውፅኡ፣ ገለ ክብሉ ግዘ እንትን ስለዝብሎም መብዛሕትኦም ከዓ ዓበይቲ ምስቲ ምኽኖም'ውን ስለዝስልችዎም ክምለሱ ይኽእሉ እዮም። ግን እታ ናይ ፎሎውኣፕወረቐት ክንህቦም ከለና ቀጥታ ሱቐ ኢሎም ንሳ ሒዞም ይኣትዉ ለኪፅና እታ ዝሓለፈት'ውን ኣብኣ ስለንርኢ ስለዚ እታ መጠና እንትን ንገብረሎም። ጥራሕ መድሓኒት ዝወስድሉ ሰዓት ኣብ ወርሒ ሓደ ግዘ ካርድ የውፅኡ መድሓኒት ዝወስዱ እንተኾይኖም። ዘይወስዱ እንተኾይኖም ከዓ እታ ኣስተምህሮ ሂብና ንሰዶም ማለት እዩ።

[341] **ሓታቲ፡** ኣብ ምስትምሃር ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዕንቅፋት ዝኽእል ባህላዊ ኣተሓሳስባን ተግባራትን እዚ ማሕበረሰብ እንታይ እዩ?

[342] **ተሓታቲት፡** እወ ማለት እንታይ እዩ ሕጂ ከም ዕንቅፋታት ክንሕዞም ንኽእል እንታይ እዮ ቢያንስ ክተምህር ከለኻ እቲ ሕብረተሰብና ቀልጢፉ ናይ ዘይምቕባል ኣሎ። ግን እንደገና ኸዓ ከምቲ ዝበልኩኻ ትሕት ዝበሉ ዓቕሚ ዘለዎም እንድሕር ኮይኖም እ ዋላ ከምኡ ክተምህሮም ከለኻ ብውነ ኣይሰምዐኻን። 'እንታይ ኣነ ኣበይ ከይረኽበኒ እንታይ በሊዐ እየ፣ እንታይ ሰትየ እየ እሱ ዝሕዘኒ' ዝብል እምነት ስለዘለዎም ዘይምቕባል ኣሎ። እንደገና ኣፍቶም ዝከታተሉ'ውን እንተሪእና መስተ ገለ ዝስትዩ ሰባት እድሕር ኮይኖም እ ብዙሕ ኣፍቲ መስተ ንኽይገድፉ ክብሉ 'መድሓኒት ኣይጅምርን' ናይ ምባል ኣሎ። ብሕልፊ ኣብ መድሓኒት ኣብ ምጅማር ብዙሕ ተቓውሞ እዩ ዘሎ። እቲ ቐንዲ ግን እቲ መድሓኒት ንኽይጅምሩ 'ትጅምር ኢኻ ደምካ ይውሰኽ ኣሎ' ገለ ኣብ ትብሎም ሰዓት 'ኣይ ኣነ ኣይጅምርን ሕጂ' ገለ እዮም ዝብሉ። ብዙሕ ግዘ ኣይቐበልዋን ኣፍታ መድሓኒት ማለት እዩ። እታ መፂኡም ክትትል ክገብሩ ይደልዩ እዮም እታ ምዕቃን። ግን እታ መድሓኒት ንምውሳድ 'ክለምደኒ እዩ' ዝበሃል ኣተሓሳስባ ኣሎ። 'መድሓኒት እንተወሲደዮስ ክለምደኒ እዩ። ካብኡ ንሱ እንተቋሪፀ እ ክገደኒ ስለዝኾነ እታ መድሓኒትማ ትትረፈኒ' ዝብሉ እንትን ኣለዉ እዮም። መብዛሕቲኡም ግን እንድሕር ከምቲ ዝብለካ ዝሰትዩ ገለ እንድሕር ኮይኖም'ውን 'እታ መድሓኒት እንተጀሚረ እቲ መስተ'ውን ክገድፍ እየ' ገለ ዝብል ስግኣት ስለዝህልዎም እዩ ይመስለኒ፤ 'መድሓኒት ክውሰድ ከሎ መስተ ክውሰድ የብሉን' ዝበሃል ኣተሓሳስባ ስለዘዎም ኣብ መድሓኒት ምውሳድ ብሕልፊ እንትን ተቓውሞ ኣለዎም እዩ።

[343] **ሓታቲ፡** እዞም ክትጠቕስለይ ዝፀናሕኺ ዕንቐፋት ምክልኻል ዘይተመሓላለፍቲ ሕማማት እዮም። ባህላዊ ኣበሃህላታትን ባህላዊ ተግባራትን ኮይኖም ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ክጠናኽሩ ዝኽእሉ ነገራት እንታይ እዮም? ንኣብነት ኣብ ገጠር ብእግርኻ ምኻድ፤ ብምኽንያት ፆም ኣትክልቲ ምምጋብ?

[344] **ተሓታቲት፡** እወ ኣብዚ ማሕበረሰብ ዘሎ ያው ከምቲ ዝገለፅካዮ ፆም ብሕልፊ ኣብ ኣኽሱም ብጣዕሚ እዩ ዝዝውተር ማለት እዩ። እና እ መብዛሕትኡ ብሕልፊ እዞም ዓበይቲ እንተሪኢና ዳርጋ ኩሉግዘ ማለት እዩ ዋላ ፍልይ ዘብሎም ምስ ካልእ እንታይ እዩ ዋላ ኣብ ስዕረት ሰዓት ዋላ ይፅወም እዩ ኣብዚ ዓዲ። ስለዚ ስለዝፅወም ብሕልፊ እዞም ዓበይቲ ናይ ምፃም ባህሊ ኣሎ እዩ። ኣብቲ ሸዑ ሰዓታት ዘድልዩ ከምቲ ዝበልካዮ ኣመጋግበኡም'ውን ኣትክልቲ ናይ ምውሳድ ከስተኻኽሉ ክገብሮም ይኽእል እዩ። እ ካልእ'ውን እንደገና እንታይ እንትን ኣሎ እንድሕር ሓደ ሰብስ መድሓኒት ዝወስድ እንተኾይኑ መስተስ ኣይስተን ኢሉ ስለዝኣምን'ውን እ ይቕንሱ እዮም። እስካዕ ክንድኡ ሕጂ እንትን ይገብሩ እዮም። ሕዚ ደም በዝሒ ላለካ እንተተባሂሉ እ ቡና ግደፍ፣ ስዋ ክትሰቲ የብልካን' ከምዚ ዓይነት እዩ በቲ ሕብረተሰብ እንትን ዝብልዎ ማለት እዩ። ሱቐ ኢልካ ነንባዕሎም ዋላ ከዋግዑ ከለዉ 'ኣንታ ደምካ ወሲኻ ኢሎሙኒ እዮም' ገለ እንተይሉ 'ዋእ ንዓኣ ደኣ ስዋ ሕማቐ እያ፣ ቡና'ውን ሕማቐ እያ' ክውሰድ የብሉን ገለ ዝብል ኣተሓሳስባ ላለዎም እዩ። ቢያንስ እንታይ እዮም እዞም ነገራት እዚኣም እንተቐኒሶም ኣግራቤት ናይ ምግባር ዕድል ስለዘለዎም እሱ ክከላኸል ይኽእል እዩ።

[345] **ሓታቲ፡** ስለዚ ኣብቲ ማሕበረሰብ ዘሎ ከምዚ ዓይነት ኣተሓሳስባ ደጋፊ እዩ። ሕጂ ናብ ሪኢኾኺ ንምፃእ'ሞ ብማሕበረሰብ ደረጃ ኣብ ታሕቲ ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ክትግበር ይግበኣ ትብልዮ ነገር እንተልዩ? እንታይ ክግበር ይግባእ?

[346] **ተሓታቲት፡** እወ ሕዚ እንታይ እዩ ኣነ ኣብዚ ክብሎ ዝኽእል ኣብቶም ኣብ ዘይተመሓላለፍቲ ሕማማት እ ብዋናነት ካብ ላዕሊ ትኹረት ክወሃቦ ይግበኦ። እ ካብ ላዕሊ ሪኢና ጀሚሩ ትኹረት ተዋሂብዎ ክንቀሳቐስ። እዚ ትኹረት እንድሕር ተዋሂብዎ ከዓ እንታይ እዩ ልክዕ ኣብ ታሕቲ'ውን ንኽትግበር ንቲ ዘሎ በዓል ሞያ'ውን እኹል ኣፍልጦ ክህልዎ ኣለዎ። መጀመርያ ስልጠናታት ክረክብ ክኽእል ኣለዎ። ብደምቢ ንቲ ሕብረተሰብ ኣትዩ ቀያራይ ዝኾነ ትምህርቲ ንምምሃር እዩ። ስለዚ እቲ ሕብረተሰብ'ውን ጠንኪሩ ኣብ ምሓዝ ሕጂ ኣባና እንታይ እዩ ሕጂ ዋላ ጅማሮታት ይሃሉ፤ ጂ ኤስ ኣይ ኣለዉ ንእሽተይ የንቀሳቕስዎ እዮም። እ ኣገጣሚ ንሳቶም ፈዝ ኣውት እንተገይሮም ግን ካብ ላዕሊ ትኹረት እንተዘይተዋሂብዎ እቲ ኣብዚ ኣሎ ኣካል'ውን ትኹረት ዘይክህቦ ይኽእል እዩ። ስለዚ እዚ'ውን ጠንኪሩ ንኽቕፅል እ ዋና ነገሩ እዞም ዘይተመሓላለፍቲ ሕማማት ያው መጀመርያ ክንከላኸሎም ንኽእል እዮም። ስለዚ ኣብ ኣመጋግባና እ ኣብ ኤክሰርሳይስ ወይ ከዓ ሰውነት ምንቅሰቓስ እኹል ዝኾነ ኣፍልጦ እንተሃልይዎ ሓደ ሰብ እንተገደደ እንኳን እዚ እንድሕር ኣስተኻኺሉ ብዙሕ ነገር ክቕይር ይኽእል እዩ። ስለዚ እቲ ዋና ነገር ኣፍቲ ሕብረተሰብ ናይ ኣፍልጦ እ ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እ ናይ ኣፍልጦ ስራሕቲ ክስራሕ ክኽእል ኣለዎ መጀመርያ። እና ሕዚ ኣባና ተጀሚሩ ዘሎ ፅቡቕ ጅማሮ እዩ። ግን እዚ ክቕፅል ክኽእል ኣለዎ። ናይዚ ቀፃልነቱ ከዓ ሰስተይነብልቲኡ ክንረኢ ከለና ከዓ ሓደ ድርጅት ፈዝ ኣውት ኣብ ዝገበረ እንድሕር ዘቋርፅ ኮይኑ ችግር እዩ። ሕዚ ገና ኣብ ምጅማር እዩ ዝንአ ምንም ውፅኢቱ ብዙሕ ዝርአ እንትን ኣይኮንን። ግን ቀፃልነት ንኽህልዎ ብደምቢ ዋላ ንቲ በዓል ሞያ'ውን ጥብቕ ኣፍልጦ ብደምቢ ክረክብ ኣለዎ መጀመርያ። እ ካብኡ ደሓር ከዓ ንቲ ሕብረተሰብ'ውን በቲ ጥሙር ጥዕና ከምቲ ኮምፐነንት ሓደ ኮምፐነንት ዓርሱ ዝኸኣለ ተኣታትዩ እቲ በዓል ሞያ'ውን ስረሐይ ኢሉ እቲ ኣብ ታሕቲ ዘሎ ኣካል ንኽሕዞ ልክዕ ሕጂ ዓሰርተ ሽዱሽተ ኮምፐነንት እንተሪኢናየን ኩሉ ሰብ ናተይ ዋንነት ስለዝስመየ ጥሙር ጥዕና ይሰርሓ እየን። እዚኣ ግን እቲ ኤን ጂ ኦ እንድሕር ተቋሪፃ ንሳተን'ውን ከቋርፃኣ እየን። ዝከታተለን እንተስኢነን። ስለዚ እ ናይ ባዕሉ እንትን ኮይኑ ኣብኣቶም ተኻቲቱ እንተዝኣቱና እቲ በዓል ሞያ'ውን እዚ ስራሕና እዩ ኢሉ እንተዝቕፅለሉ ዝሓሸ ለውጢ ከምፅእ እዩ ይብል።

[347] **ሓታቲ፡** ግን እንታይ ዓይነት መራኸቢ ሜላ ተጠቒምና ኢና ክንበፅሖ ንኽእል ኢልኪ ትሓስቢ?

[348] **ተሓታቲት፡** ያው ሓደ ከምቲ ዝበልናዮ ብጥሙር ጥዕና በኩል ኣሎ እዩ። ያው ገዛ ንገዛ ስለዝኣትዋ። ካብኡ ኸዓ ማስ ሚድያ እውን ክስፋሕፋሕ ክኽእል ኣለዎ። ምኽንያቱም ሕጂ ኣብ ሚድያ እንተረኢና ብዙሕ ግዘ ብዛዕባ ፋሚሊ ፕላኒንግ, ብዛዕባ ኤስ ቲ ኣይ ኣሎ ኣብዚ ሕጂ ሰዓት ማለት እዩ። ስለዚ ልክዕ ከምኡ ደሞ እዞም ዘይተመሓላለፍቲ ሕማማት ደሞ ልክዕ ብሚድያ፣ ብሬድዮ ብቴለቪዥን እንድሕር ኣመሓላሊፍናዮ ቢያንስ የትም ገጠር ከይድካ ሬድዮ ዘይብሉ ኣይርከብን ኣብዚ ሕጂ ሰዓትና ንኹሉ ሕብረተሰብ ክባፀሐሉ ይኽእል እዩ። ብሕልፊ ኣብ እንትን እቲ ሕብረተሰብና ሚድያ ብጣዕሚ ይከታተል እዩ። ሰለዚ ብሚድያም እንተዝስረሐሉ ኣብ ኩሉ ብሓፂሩ ክንበፅሕ ንኽእል ኢና።

[349] **ሓታቲ፡** ፅቡቕ ኣብ መወዳእታ ካልእ ብዛዕባ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዘይተጠቐሰ ነገር እንተሃልዩ?

[350] **ተሓታቲት፡** ኣይ የብለይን።

[351] **ሓታቲ፡** ብጣዕሚ እየ ዘመስግን።

(x) In-depth Interview with Health Professional - 6 (IDI6-HP6)

Turn	The Tigrigna Text
[352]	**ሓታቲ፡** ኣብዚ ከባቢኹም ዝርግሐ ዘይተመሓላለፍቲ ሕማማት እንታይ ይመስል?
[353]	**ተሓታቲት፡** እወ ንኣብነት ያው ሃይፐርተንሽን ኣሎ ሓደ፣ ዲያቤትስ መሊተስ፣ ክሮኒክ ሄርት ፌለር ማለት እዩ እዚኣቶም ኣለዉ። ዝበለፀ ዝመፁ ማለት እዩ። እቲኦም እኳ ዲያቤትስ እና ሲ ኤች ኤፍ ኣብ ሆስፒታል እዩ መብዛሕቲኡ። ካብኡ ካልኦቶም ግን ክሮኒክ ሃይፐርተንሽን ይመፁና እዮም። ኩሉግዘ ኦፖይንት ከይኖም ይመፁ እዮም። ዊክሊ እውን ኣሰስ ንገብሮም ኢና። ታብኡ ባዕሉ ሱቕ ኢሉ'ውን ይመፅእ እዩ። ታብኡ መድሓኒት'ውን ዝጀመሩ እንተኾይኖም ያው ማንዝሊ ኢና ንህቦም እቲ መድሓኒት ይመፁ እዮም ኩሉ ግዘ። ያው ዝሓስብዎ 'ስብሒ ኣይንበልዕን፤ ድኻታት ኢና' ምናምን እዮም ዝብሉ ባዕሎም ማለት እዩ። ኣዌር ዝገብርዎ ንባዕሎም ማለት እዩ። ንሕና ግን ንመኽሮም ኢና ዋላ ቀጢን ይኹን ረጁድ ይኹን ፅበት ናይቲ ብላድ ቨዝልስ ምኟኑ ኢና ንነግሮም እምበር በዝሕን ዋሕድን ያው ኣነምያ እቲ ቼክ ብሄሞግሎቢን ዝስራሕ ምኟኑ ንነግሮም ኢና ማለት እዩ። ብኡ ገይርና መኺርና ኢና ንሰዶም። ታብኡ ተወሳኺ ጨው ክቕንሱ ከምዘለዎም ንመኽሮም ማለት እዩ። ታብኡ ስብሒ ነገራት ኮሌስትሮል ዝኾኑ ነገራት ክቕንሱ፣ ኤክሰርሳይስ ክገብሩ፤ ኤክሰርሳይስ እቶም ዲያቤቲክ እንታይሽሙ ሃይፐርተንሽን ዝኾኑ'ውን ዊክሊ መፂኦም ኣቴንድ ገይሮም ቼክ ንኽገብሩ ንመኽሮም ኢና ማለት እዩ። መስተ'ውን ክርሕቑ ካብ መስተ ክርሕቑ ከምዘለዎም ኢና ምኽሪ ሂብና ንሰዶም ማለት እዩ። ክሮኒክ በተለይ እቶም ሃይፐርተንሽን ማለት እዩ መብዛሕቲኦም ካልኦት ግን ያው ከምቲ ስቴጅ ኦፍ እቲ ሃይፐርተንሽን ኢና ንጥቀም። ናይ ባዕሉ እቲ ብላድ ኣፓራተስ ዝነገረና ገይርና ኢና መድሓኒት ንጅምሮ። ስቕ ኢልና ኣይኮናን ተቕዳዲምና ኣይኮናን ንጅምረሎም።
[354]	**ሓታቲ፡** ከምቲ ዝበልክኒ ሃይፐርተንሽን ብበዝሒ ይረአ ኣሎ''ሞ ምኽንያቱ እንታይ እዩ ኢልኪ ትሓስቢ?
[355]	**ተሓታቲት፡** እወ ሃይፐርተንሽን ያው ኢድዮፋቲክ እዩ ዝብሎ እቲ ሳይንስ ማለት ዝብሎ። ግን ሱቕ ኢለ ክርእዮ ከለኹ ያው እቲ ኮሌስትሮል ምጥቃም ክኸውን ይኽእል እዩ እየ ዝብል። ሕዚ ንኣብነት እዚ ዘይቲ ንባዕሉ እቲ ቀጢን ኣይጥቀምን እቲ ሕብረተሰብ። እቲ ቀጢን ወይ ወይራ ዘይቲ ኣይጥቀምን። እቲ ኮሌስትሮል ትሕዝቶ ዘለዎ እዩ ዝጥቀም። ንሱ ክኸውን ይኽእል ይብል። ምኽንያቱም እቲ ቕንዲ ማለት እዩ። ካብኡ ድማ ኣልኮሊዝም ሓደ ሓደ ነገር ክኾን ይኽእል እዩ እምበር ፕሪዲሰፖዚነግ ፋክተርስ እዮም ንሳቶም። ብርግፅ ብሳይንስ መፂና ሃይፐርተንሽን ኢድዮፋቲክ እዩ ዝብሎ። ኣነ ክኸውን ይኽእል እዩ ይብል ሱቕ ኢለ ባዕለይ ክሓስቦ ከለኹ ማለት እዩ።
[356]	**ሓታቲ፡** ኣብዚ ማሕበረሰብ እዚ ንሳዕቤናት ዘይተመሓላለፍቲ ሕማማት ክቃልዑ ዝኽእሉ ሰባት ከመይ ዝበሉ እዮም?
[357]	**ተሓታቲት፡** ኣብ እ ምንታይ እቲ ኤጅ ባዕሉ። ዕድመ ዝደፍአ እንተኾይኑ ሃይፐርተንሽን መብዛሕትኦም ኣለዎም። እቲ ዕድመ ምድፋእ ይመስለኒ ሱቕ ኢለ ክብሎ ከለኹ ማለት እዩ። እቲ ሳይንስ እኳ ዝረሓቐ እዩ። ግን ማለት እቲ ኮሌስትሮል እናፅበቦ ክኸድ ነቲ ብላድ ቨዝልስ እውን ሀይፐርተንሽን ኬዝ ይኾነና ማለት እዩ። ከምኡ እዩ ኢለ እየ ዝሓስቦ ኣነ።
[358]	**ሓታቲ፡** ኣብዚ ከባቢ ሰባት ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ይዘራረቡ'ዶ? ይመያየጡ'ዶ?
[359]	**ተሓታቲት፡** እወ ይዘራቡ እዮም። ንኣብነት መስተ እንተሰቲኻ፣ ጨው ዘለዎ ብዙሕ እንተበሊዕኻ፣ ሽኮር ትሕዝቶ ዘለዎም እንተበሊዕኻ ሽኮርያ ክሕዘካ ይኽእል እዩ ገለ ይብሉ እዮም። ዋላ ኣብቲ ሕብረተሰብ ኣብ ፀበል፣ ኣብ ገለ ስለንኸይድ ማለት ምስኦቶም እዚታት ይዛረቡ እዮም ባዕላቶም ማለት እዩ። ኩሉነገር ሓደ ሓደ ዝበዝሑ ኦረ ኣዌር ይገብሩዎ እዮም። 'ኣብ ዕቤትካ እኮ ከምዚ ይመፅእ እዩ' ይብሉ እዮም። በተለይ ረጁድ ሰብ እንተኾይኑ ኦቤሲቲ ምናምን እንተሃልዩ ፋት እውን ዲፖዝ ስለዝኽውን ክኸውን ይኽእል እዩ። ግን ሓደ ሓደ ነገር የብልዎ እዮም። ይዛረቡ እዮም። 'እንተረጁድካ ከምዚ ይመፅእ እዩ። ደም በዝሒ እኮ ሽኮርያ እኮ ይሕዘካ እዩ' ዓይነት ይበሃል እዩ ኣብ ደገ እቲ ሩመር ገለመለ ማለት እዩ።
[360]	**ሓታቲ፡** ከም ዝበልክኒ ኣብ ዝተፈላለዩ መድረኻት ሰባት ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ይዘራረቡ እዮም። ናብዚ ጥዕና ጣብያኹም መፂኦም ክትትል ይገብሩ'ዶ? ክትትል ሕክምና ካብ ዘይተመሓላላፊ ሕማም ክከላኸል ከምዝኽእልን ክትትል ሕክምና ዘይምክያድ ድማ ንዘይተመሓላለፍቲ ሕማማት ምክልኻል ይኹን ምሕካም ኣፀጋሚ ክገብሮ ከምዝኽእል'ኻ እኹል ኣፍልጦ ኣለዎም'ዶ?
[361]	**ተሓታቲት፡** ይመፁ እዮም። በተለይ ደም በዝሒ ሕዚ ኣዌር እናገበሮ እዩ እቲ ሰብ። እንታይ ይብሉ እዮም መፂኦም ዓቅናና ይብሉ እዮም። ኣንጊሆም ይመፁ። ንጉሆ'ውን ከምዝምፃእ ይፈልጡ እዮም። ንጉሆ ኣዕሪፍካ ኮፍ ኢሎም ፀኒሖም ማለት ኣዕሪፍካ ኢኻ ትዕቅኖም። ኮፍ ኢሎም ፀኒሖም 'እስቲ መረምራና' ዝብሉ ብዙሓት እዮም ሕዚ ኣዌር እናገበሮ እዩ እቲ ሰብ። ቅድሚ ሕዚ ከምኡ ኣይነበረን ሕዚ ግን ያው እቲ 'ሽኮርያ መመርመሪ ኣለኩም'ዶ? እዚ ኣለኩም'ዶ?' ዝብሉ ኣይሰኣኑን ሓደሓደ ይመፁ እዮም። ካብኡ እቲ ዘለና ንሰርሐሎም ኢና ኣብዚ።
[362]	**ሓታቲ፡** ስለዚ ግቡእ ኣፍልጦ ኣለዎም ምባል ይከኣል እዩ?

[363] **ተሓታቲት፡** ኩሉ እካ እንተዘይሃለዎ ሓደሓደ እ ሕዚ እንዳፈለጦ እዩ። ኣቑር እናገበሮ ይኸይድ ኣሎ እየ ዝብል በቲ ናይ ባዕለይ ሓሳብ ማለት እዩ። ሓደ ሓደ ተረዲእዎም ይመፁ እዮም። ዋላ () ዕቤት እንተሃልዩ ‘ርእሰይ ጭርውርው ይብለኒ’ሞ እዚስ ደም በዝሒ እዩ ዝኾን ሒዙኒ’ ኢለን ዋላ ደሓን እንዳሃለወ ብዙሕ ዘይኮነ መፂን ይምርመራ። ንምርምረን ኣድኅይስ ሂብና ንሰደን። ዕድመ እናዳደፍኣኽን ኣብ ዝኸድከንኡ ጨው ክትቕንሳ ኣለክን ካልእ ካልእ እንዳበልና ማለት እዩ። ዘለወን እንተኾይነን ድማ ያው ምኽሪ ሂብና ንኸይናደዳ፣ ንኸይበሳጨዋ ብስጭት ንባዕሉ stroke ምናምን ስለዝእቱ ኣምሂርና ኢና ንሰደን ማለት እዩ።

[364] **ሓታቲ፡** ምናልባት ምስዚ ዝተትሓዘ ዘጓነፈኪ ነገር’ዶ ይህሉ?

[365] **ተሓታቲት፡** እወ። ማለት ንኣብነት ኣብዚ እካ ኣንደር ፋይፍ እንድየ ዘለኹ ሕዚ ኦ ፒ ዲ ይሰርሕ እዩ። ሕዚ እንታይ ነይሩ ሓንቲ ሰበይቲ ነይራ ንኣብነት ማለት እዩ። ያው ሃይፐርተንሲቭ እያ ኣሰስ ገይረያ ማለት እዩ ሸዑ ኖርማል እየን ነይረን። ካብኡ ንሆስፒታል ሰዲደየን። ያው ሆስፒታል’ውን ኣሰስ ገይሮም ዝወሃብ መድሓኒት ጀሚሮም ሰዲዶመን። ግን stroke ኣትያ እንደገና ከይዳ ማለት እዩ። ስትሮክ ኣትያ ኣምፂአማ ናብዚ። ሕዚ ኣነ ንፊዝዮቴራፒ እየ ሰዲደያ ማለት እዩ። እዝታት ኣሎ እዩ። እንትን ንብር ኢና። ንሰደን ኢና ተመሊስና ማለት እዩ ኣሰስ ገይርና።

[366] **ሓታቲ፡** ሕጂ ብዛዕባ ንጥፈታት ምክልኻል ዘይተመሓላለፍቲ ሕማማት ነውግዕ’ሞ ከም በዓል ሙያ ኣብ ምስትምሃር ጥዕና ይኹን ኣብ ምክልኻል ዘይተመሓላለፍቲ ሕማማትን እንታይ ተግባራት ትፍፅሚ?

[367] **ተሓታቲት፡** ማለት ኣብዚ ብዝመፅዎ መንገዲ ዓቂና ይኹን ኣሰስ ገይርና ምኽሪ ሂብና ኢና ንሰዶም። ኩሎም ሄልዝ ኢጁኬሽን ሂብና ኢና ንሰዶም። ኣብ ጠጠረጴዛና ዋላ እቲ ሓደ ሓደ ሕሙም ማለት እዩ ደኺሙኒ ከይበልና ኢና ንመኽሮ። ደገ’ውን ይወፅእ እየ። ሕዚ ሃውስ ቱ ሃውስ ከዘውር ከለኹ መኺርና ኢና ንገድፈን። ሕዚ ዋላ ሕዚ ንኣብነት ኢዶማተስ ዘለዋ ፕሬግናንት እንተኾይና ንኣብነት ሞር ኣብ ፕሬግናንት ኢና እካ ነተኩር ከንወፅእ ከለና ግን እ ኢዶማተስ ዘለዋ እንተኾይኑ መፂኣ ቼክ ከትገብር ሃይፐርተንሽን ከይህለዋ፣ ፕሮቶኑርያ ከይህልዋ ካልእ ካልእ መኺርና ናብዚ መፂኣ ኣሰስ ከትገብር ንገብር ኢና። ካብኡ እትበልዖ ምግቢ ኣብ እ ካብ ጨው ዝበዝሑ ምግቢ ክትበልዕ ከምዘይብላ ማለት በተለይ ዕድመ እንዳደፍኡ ኣብ ዝኸዱ ጨው ዝበዝሑ ምግቢ ክትበልዕ ከምዘይብላ ንመኽሮም ኢና። ካልእ ድማ ፈሳሲ ክወስዱ ከለዉ ወይ ዘይቲ ፈሳሲ ብዙሕ ኣልኮሊዝም እንተኾይኖም ክቕነሱ ንነግሮም ኢና። ካልኣይ ዘይቲ’ውን በተለይ ስራሕ ኣብ ዘይሰርሕ ሰብ ኮፍ ኢሉ ንዝውዕል ሰብ እ እቲ ኮሌስትሮል ዘይቲ እንተዝቕንስ ኢልና ንመኽሮም ኢና። ኤክሰርሳይስ ንኽገብሩ ንመኽሮም ኢና። ዋላ እቶም ሃየፐርተንሽን ንኸይወድቁ ተጠንቂቕኩም ኢልና ስትሮክ ስለዝኣቱ ዋላ ሳደንሊ እንተወዲቕምና ስትሮክ ክኣትውና ይኽእሉ እዮም ብኡ ገይሮም። ንኸይወድቁ ተጠንቂቕም እንተገደደ 20 ደቒቓ መንገዲ ክኸዱ ንመኽሮም ኢና ማለት እዩ።

[368] **ሓታቲ፡** ኣብዚ ማሕበረሰብ ብዘይተመሓላላፊ ሕማም ንዝተጠቕዑ ሰባት ከመይ ይገልፅዎም? ብኡ ኣንፃር’ከ እንታይ ዓይነት ሓገዝ ይገብርሎም?

[369] **ተሓታቲት፡** እወ ፀቕጢ ደም ያው ሳይለንት ኪለር ምኺኑ ይርድኣም እዩ። ይብሉና እዮም እውን። ደም በዝሒ እንኤኩም እንትንብሎም ከለዉ ይጨናነቑ እዮም። ግን ንብሎም ጭንቀት እንተወሲኽኩምሉ’ውን ክብእስ እዩ እምበር ኣይቕንስን ኢልና ንመኽሮም። ሕዚ እንታይ ክገብሩ ከምዘለዎም ኣድኅይስ ሂብና ስለንሰዶም ደሓር ይርዱኡና እዮም ናብ መስተ ኣይኣትዉን። ናብዚ’ውን መፂኣም ኣተንድ ብሰሙን ሰሙን ክዕቀኑ፤ ናይ ባዕሉ ካርድ ኽዓ ተመላለስቲ ምኺኖም፤ ምንም ገንዘብ ኣይኽፈሎን። ኣምፂና ዓቂና ኢና ንሰዶም። ክንዕቅናም ከለና’ውን ረጂስተር ገይርና ኣፍታ ናይ ባዕሉ ካርዲ ንሰዶ እሞ ዝኾነ ሕሙም ሓኪም መፂኡ ክሪኦ ከሎ ክንደይ ነይሩ ዝሓለፈ ሕዚኽ ክንደይ ኣሎ ኢሉ መረኣዩ ካርዲ ሒዞም እዮም ዝኸዱ ኣበባዐሎም ማለት እዩ። ኣፖይንትመንት ካርድ ንህቦም ማለት እዩ። በዚ ኢና ንኸይድ። ካልእ ያው እ ርጉድ ዝበለ ሱቕ ኢልካ ኣብ ደገ ክትሰምዖም ከለኻ ርጉድ ዝበለ ሰብ እንተኾይኑ ‘ሽኮርያ ይህልዎ እዚ እኳ’ ‘ሃፍታም ስለዝኾነ ሽኮርያ ይህልዎ እዩ ደም በዝሒ ይህልዎ እየ’። እና ከምዝታት ኣሎ እዩ ኣብቲ ሕብረተሰብ ። ገና ኣዐርዩ ኣይተቕረፈን ግን ሕዚ ብመጠኑ እንዳተረደኡ እዩ ዝኸይድ ዘሎ ዋላ ኣብ ቀጢን ሰብ ከምዘሎ እቲ ሕማም ማለት እዩ።

[370] **ሓታቲ፡** ኣብ ምስትምሃር ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዕንቅፋት ዝኽእል ባህላዊ ኣተሓሳስባን ተግባራትን እዚ ማሕበረሰብ እንታይ እዩ?

[371] **ተሓታቲት፡** ማለት ኣቮይድ ምግባር ምግቢ ክህሉ እዩ። ንኣብነት ዕድሜኡም ኣብ እንዳደፍኡ ኣብ ዝኸድዎ ጨው ክቕንሱ ኢና ንመኽሮም እምበር ኣብሶለሊዩት ክኾኑ የብሎምን ብሕጊ ማለት እዩ። ቡቲ ሳይንስ ዝብሎ ጠቕሊሎም ክገድፍዎ የብሎምን። ምኽንያቱም ካልእ ዲፊሸንሲ እዮም ከምፅኡ። እና ንሱ ሓደ ካልኣይ ዋላ ሽኮርያ’ውን ሽኮር ኣብሶለሊዩት ዝገብሩ ሰባት ኣለዉ። ኣርቲፊሻል ሽኮር ይጥቀሙ ሱቕ ኢሎም። ዋላ ረጉድና ኢና ኢሎም ዋላ ዘይተሰርሐሎም ከሎ ኣርተፊሻል ጨው፣ ኣርተፊሻል ሽኮር ይጥቀሙ ንርኢ ኢና ሓደሓደ ማለት እዩ። ግን ንመኽሮም ኢና። ማለት ተመርሚርኩም ዲኹም ወይስ ሱቕ ኢልኩም ብግምት? ኣይ ረጉደ ንእሽተይ ክብደት ወሲኽ እሞ ጨው እዚ እየ ዝጥቀም ዝብሉ ሓደሓደ ይመፁና እዮም ግን ኖርማል እንዳሃለዉ ማለት እዩ። ግን ኣብሶለሊዩት ክኾኑ የብሉን ማለት ከከምዕድሜኡም። በተለይ ኣፍቲ ኤክሰርሳይስ ዝሰርሕ ወጣት ዕድመ እንተኾይኑ ያው ይቃፀል እዩ። መንገዲ እንተኽይዱ ዝኾነ ኤክሰርሳይስ እንተገይሩ ይቃፀል እዩ። ስብሒ ክቃፀል ይኽእል እዩ ዝብል ኣለኒ። ሕዚ ኣፍቶም ኮፍ ዝብሉ ሰባት ግን ዲፖዝ እቲ ስብሒ ንሱ ፀገም ክህሉ ይኽእል እዩ። ግን ኣብሶለሊዩት ክኾን የብሉን። ማለት ናይ ባዕሉ’ውን ንኣብነት ክንመኽሮም ከለና ጨው ኣብ በርበረ፣

ድልኽኩም ዝኣተወ ጨው ተጠቒሙ ኢና ንብሎም እምበር ኣብሶለሊዩት ክኾኑ የብሉን ኢልና ኢና ንመኽሮም። ንሳቶም ግን ኣብሶለሊዩትዝገብርዎ ሓደሓደ ነገር ኣሎ።

[372] **ሓታቲ፡** ሕጂ እዞም ዕንቒፉት ክኾኑ ዝኽእሉ እዮም። ባህላዊ ኮይኑ ንምስትምሃር ምክልኻል ዘይተመሓላለፍቲ ሕማማት ክጠቅም ዝኽእል ነገር እንታይ ኣሎ?

[373] **ተሓታቲት፡** ቅድም ክብል ናይ ማሕጎማ ምናምን ደም በዝሒ ኣለዎ ኢሎም ማሕጎማ ይጥቀሙ ይነብሩ እዮም ቅድም ክብል ማለት እዩ። ሕዚ እኳ እውን ሃውስ ቱ ሃውስ ስለንዘውር እና እቶም ፓኪጅ ኤክስቴንሽን ስለዝዘራ ያው ኣዊር እንዳኾነ ይመፅእ ኣሎ ሰብ እየ ዝብል ሕዚ። ቅድሚ ሕዚ ግን ያው ደም በዝሒስ ብማሕጎማ ዝቕንስ ገለ ይመስሎም ነይሩ። እና እዚ እዩ ካልእ ሕዚ ኣዊር እንዳገበረ እዩ።

[374] **ሓታቲ፡** ኣብ ኣመጋግባ ሕጂ ኣብ ዖም ግዘ ሰባት ዝተፈላለዩ ኣትክልቲ ይመገቡ እዮም። እዚ ድማ ብዝተወሰነ መልክዐ ሰባት ዝተመጣጠነ ምግቢ ንኽምገቡ ይገብር እዩ። ባህላዊ ተግባር ኮይኑ ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ክድግፉ ዝኽእሉ ነገራት?

[375] **ተሓታቲት፡** ያው መብዛሕቲኡ ዖሞኛ እዩ። ዋላ እቲ ፍስክ እውን ይኹን ምስቲ መነባብሮ ክኸውን ይኽእል እዩ። ዝተመቻቸወ ናብራ ዘለዎ ዘሎ የለን ብዙሕ የለን ኣብዚ። ሕዝስ እንተይሓሰብዎ ዋላ እኳ ሓሲቦሞ እንተይኮኑ እንተይሓሰብዎስ ኣትክልቲ ይበልዑ እዮም ዓተር ሽሮ ምናምን እዩ እቲ ምግቦም ማለት እዩ። እምበር ባዕሎም ሓሲቦሞ እኳ ኣይመስለንን ግን እቲ ገዝኡም ዝፈቐዶ ስለዝምገቡ እዩ።

[376] **ሓታቲ፡** ኣብ መወዳእታ ናብ ሪኢቶኺ ንምፃእ'ሞ ብማሕበረሰብ ደረጃ ኣብ ታሕቲ ወሪድካ ንምክልኻል ዘይተመሓላለፍቲ ሕማማት እንታይ ክግበር ኣለዎ ትብሊ? ኣፍልጦ እቲ ማሕበረሰብ ክብ ንኽብል ከም ኣባል እቲ ማሕበረሰብን በዓል ሞያን እንታይ ክግበር ኣለዎ ትብሊ?

[377] **ተሓታቲት፡** ኣነ ያው ዋላ ኣብቲ ዝተፀዋዕኽዎ ሓደ ቦታ'ውን ከይቀረየ ሄልዝ ኢጁኬሽን ይህብ እየ ማለት ካብ ባዕለይ ማለት እዩ። ኣብዚ ዝመፀ'ውን ነንሕድሕዲኡ ሄልዝ ኢጁኬሽን ንህብ ኢና በተለይ ዕድሜኡም ኣብ ዝደፍኡ ከምዚ ከምዚ ክመፀኩም ይኽእል እዩ። ኩላሊት ክመፅእ ይኽእል እዩ። እ ሃይፐርተንሽን ክመፅእ ከምዝኽእል፣ ሄርት ፌለር ይኽእል እዩ ዕድመ እንዳደፋእኩም ምስ ከድኩም እዚ እዚ ምግቢ ክትቅንሱ ኣለኩም፣ ምንቅስቓስ ፅቡቕ እዩ ኮፍ ኣይትበሉ ኢልና ንመኽሮም ኢና ዋላ ኣብዚ ይኹን ዋላ ኣብ ደገ ወሚና ማለት እዩ። ካልእ ያው ኣዊር ምግባር እዩ ነቲ ሰብ። ንዕኡስ ንኽኣምነና ክነረድኣ እዩ ዘለና እምበር

[378] **ሓታቲ፡** ንኣብነት እዘን ጥሙር ጥዕና ቤተሰብ ዶር ቱ ዶር እንዳኽዳ ትምህርቲ ከምዝህባ ነኺርክኒ ኣሎኺ ካልእ እንታይ ዓይነት መራኽቢ ሜላ ክንጥቀም ይግባእ?

[379] **ተሓታቲት፡** እወ ሕዚ ንኣብነት ኣብ ትግራይ ማለት እዩ ማስ ሚድያ የለን። ጤና በቤትዎ እንተዝህሉ ፅቡቕ ነይሩ ብትግርኛ ማለት እዩ። ሕዚ ኣብ ኣዲስ ኣበባ ይንገር እዩ ግን እቲ ቋንቋ ኩሉ ኣዊር ዘይክገብሮ ይኽእል እዩ። ጤና በቤትዎ ፅቡቕ እዩ ማለት ካብ ሓደ ካብቲ ናይ ሓደ ሓደ ጎረቤት ዓዲ ዝረእዮ ብትግርኛ እንዲያውም ብዙሕ እዮም ካብ ናይ ጎረቤት ዓዲ ዝርድእዎ ያው ብትግርኛ ስለዝኾነ ንሱታት ፅቡቕ እዩ ይብል። ንቕፃላይ ማስ ሚድያ እንትዝህሉ ኣብ ትግራይ ናይ ባዕሉ ዝኽኣለ ጤና በቤትዎ እንተዝህሉ ፅቡቕ እዩ።

[380] **ሓታቲ፡** ሕጂ ንኣብነት ኣብ ኣኽሱም ናይ ኤፍ ኤም ሬድዮ ፕሮግራም ኣሎ እዩ። ተደማጢ'ውን እዩ። ንስኻትኩም ተዳልዎም መልእኽትታት በዚ ናይ ኤፍ ኤም ሬድዮ ፕሮግራም ዝመሓላለፉሉ ኩነታት እንታይ ትብሊ?

[381] **ተሓታቲት፡** እወ እሱ ብፖስተር ምናምን ምቕራብ ፅቡቕ እዩ ንማንኛውም ማለት እዩ። ልክዕ ከምቲ ኤስ ቲ ኣይ ይኹን ካልእ ይኹን ዝልጠፍ ፖስተራት ብኡ ሓደሓደ ነገር ምኽሪ ፅቡቕ እዩ ነይሩ። ኣብ ትምህርቲ ቤታት ይኹን ኣብ ገለ'ውን ሄልዝ ኢጁኬሽን ክንህብ ንኽእል ኢና ችግር የብሉን። ግን ሱቕ ኢለ ክሪኦ ከለኹስ ዋላ እቲ ካብ ዘረባ ማለት እዩ ዝረእ'ውን ቲቪ እንተኾይኑ ኣቴንድ ትገብር ኢኻ ካብ ሬድዮ ቲቪ ኢካ ኣቴንድ ትገብር፡፡ ማለት ምስ ኣሻንጉሊት ምስ ገለ ናይ ባዕሎም ኤይድ ተጠቒሞም ስለዘቕርብዎ ብቲቪ እንተዝቕርብ ይምረፅ ሱቕ ኢለ ባዕለይ ክሓስቦ ከለኹ ማለት እዩ። እምበር ኤፍ ኤም ክህሉ ይኽእል እዩ። ሕዚ ኤፍ ኤም የብላናን ኣብዚ ቲቪ ግን ኣላ ኣብቲ ኣነ ንባዕለይ ክርኢ ይኽእል እየ ወፂእ ማለት እዩ። እና እቲ ሬድዮ ሬድዮ ዝጥቀም ከኣ ኣብ ገጠር እዩ እምበር ኣብ ከተማ ዝጥቀም ሰብ የለን። እና እንተዝኾንስ እንዳረአኻና እንዳሰማዕኻ እንተዝኸውን'ሞ ብቲቪ እንተዝቕርብ ብትግርኛ ፅቡቕ እዩ ንቕፃሊ።

[382] **ሓታቲ፡** ኣነ ሕቶታተይ ወዲኡ ኣሎኹ። ምናልባት ኣነ ዘይጠቕስኩዎ ካልእ ብዛዕባ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ክጥቀስ ነይረዎ እትብልዮ ነገር እንተሃልዩ?

[383] **ተሓታቲት፡** ያው ካልእ ኣብቲ ናይ እ ዘይቲ ዝብል ንባዕለይ ሱቕ ኢለ ሱቕ ኢለ ሓፈሻዊ እየ ዝመኽሮም እምበር ጥልቕ ዝበለ ክስታይ የብለይን። ኣብዞም ሓያት ምናምን ዝበሃሉ ዝረግኡ ቅብኣታት እቲ ሳይድ ኢፌክቶም ገለስ እቲ ሕብረተሰብ እንታይ እዩ ወይስ ችግር የብሎምን ተባሂሎም ዲስትሪብዩት ዝግበሩ ዘለዉስ ወይስ ምስ ሳዕቤኖም እዮም ዲስትሪብዩት ዝግበሩ ዘለዉ ንባዕለይ የብለኒ እዩ። ንሱስ እንታይ ከምዝኾነ ንባዕሉ ሕቶይ እዩ ማለት እዩ።

[384] **ሓታቲ፡** እና ኣብዝስ ተኹረት ተዋሂብዎ ክስረሐሉ ይግባእ ማለትኪ ድዩ? ጉድኣቱን ጥቕሙን ምፍላጥ

[385] **ተሓታቲት፡** ኣመዛዚንካ ማለት ነቲ ሕብረተሰብ ይጠቅም እንተኾይኑ ኦልሬዲ ይጠቅም እዩ ዲስትሪብዩት ይግበር። ሳይድ ኢፌክት እንተሃልይዎ ድማ ናፍቲ ወይራ ዘይቲ ንኽንኣቱስ እንተዝምከርና እንተንዘራረብ ፅቡቕ እየ ዝብል ናይ ባዕለይ ሓሳብ ማለት እዩ።

[386] **ሓታቲ፡** ብጣዕሚ እየ ዘመስግን።

(xi) In-depth Interview with Health Professional - 7 (IDI7-HP7)

Turn	The Tigrigna Text
[387]	**ሓታቲ፡** ኣቐዲመ ነዚ ቃለ-መሕትት ንምክያድ ፍቓደኛ ስለዝኾንካ ብጣዕሚ እየ ዘመስግን። ሕጂ ናብቲ ቃለ-መሕትት ንእቶ'ሞ ኣብዚ ከባቢኹም ዝርግሐ ዘይተመሓላለፍቲ ሕማማት እንታይ ይመስል? ሓፈሻዊ ምስሊ እንታይ ይመስል?
[388]	**ተሓታቲ፡** ያው ዘይተመሓላለፍቲ ሕማማት ዝኾኑ ኣብዚ ሕዚ እዋን ዘለናዮ ያው ካብቲ ናይ ቅድሚ ሕዚ ዝነበረ ኩነታት እም ዳርጋ እንዳወሰኸ ወይን ደሞ እንዳበዝሐ እዩ ዝርኢ። ንኣብነት ደም በዝሒ፣ እ ሽኮርያ ዝመሰሉ እ ካብ ናይ ዝሓለፈ ዕድመይ ሙሉእ ዝሰራሕኹዎ ኣብዚ ቀረባታት ዓመታት እ ናይ ምውሳኽ ባህርያት እ ኣለዎ።
[389]	**ሓታቲ፡** ንምንታይ? ሕጂ ንኣብነት ከም ደም በዝሒ ብጣዕሚ እንዳወሰኸ ከምዝኾነ ነረርካኒ ኣለኻ እሞ ምኽንያቱ እንታይ ከምዝኾነ ምግላፅ ይከኣል'ዶ?
[390]	**ተሓታቲ፡** ምኽንያቱ ያው ናይቲ ኣመጋግባ እና ናይቲ መነባብሮን እ እዩ። ምኽንያቱ ሰብ ሎሚ ብዙሕ ግዘ እ ዝበዝሕ ካብቲ ናይ ቅድሚ ሕዚ ዝነበረ ውፍረት ወይን ደሞ ክብደት ምውሳኽ እ ብበዝሒ ይረአ እዩ። ስለዚ ኣብዚ ኣፍቲ ናይ ኣመጋግባ ስርዓት ዝፈጠሮ ችግር ኮይኑ እዩ ዝመፅእ ዘሎ ኢለ ኣነ ንባዕለይ ዝግምቶ ማለት እዩ። ከምኡ'ውን እዩ።
[391]	**ሓታቲ፡** ንዘይተመሓላለፍቲ ሕማማት ዝገልፁ ናይ ትግርኛ ቃላት ወይድማ ሓሳባት እንታይ እንታይ እዮም?
[392]	**ተሓታቲ፡** እቲ ቃላት እ ዲያቤቲክ ማለት እ ሽኮር እዩ ኣብ ደም ሽኮር ምብዛሕ እ ተባሂሉ እዩ ብትግርኛ ዝፍለጥ ማለት እዩ። እቲ ደም በዝሒ ዝበሃል ደሞ ፀቕጢ ናይ ደምና እ ምውሳኽ እዩ ተባሂሉ ብትግርኛ ዝፍለጥ ማለት እዩ። እቲ ሕብረተሰብና'ውን በዚ እዩ ዝፈልጦ።
[393]	**ሓታቲ፡** ዓንተዎይ ክትገልፀለይ ከለኻ ያው ኣብ መጠን ዝሓለፈ ክብደት ምውሳኽ ከም ሳዕቤን ዘይተመሓላለፍቲ ሕማማት ሓደ እዩ'ሞ ከምኡ'ውን ኣካላዊ ምንቅስቓስ ዘይምከያድ ካልኣይ ሳዕቤን ክኸውን ይኽእል እዩ።
[394]	**ተሓታቲ፡** እወ ትኽክል።
[395]	**ሓታቲ፡** ኣልኮላዊ መስተ ምስኡ ምዝውታር'ውን ተወሳኺ ነዚኦም ከቃልዕ ይኽእል እዩ። ነዞም ዘይተመሓላለፍቲ ሕማማት ከስዕቡ ዝኽእሉ ነገራት ክቃልዑ ዝኽእሉ ኣካላት ከመይ ዝበሉ እዮም ኣብዚ ኸባቢ?
[396]	**ተሓታቲ፡** ብርግፅ ያው ኣብቲ ስራሕ ዘይሰርሑ ዘይኮነስ ሓደ ንእሽተይ እቲ እ ኢንዲኬተር ዝኾነ ግልፂ ዝኾነ ብበዝሒ ዝረኣየሉ ዘሎ ዕድመ እዩ። ምኽንያቱ መብዛሕቱ ልዕሊ ኣርብዓን ሓሙሽተን ሓምሳ ዓመት ዝኾነ ሰብ እዩ እቲ ዝበዝሐ ዝርኢ ዘለው። እ ምስኡ ተተሓሒዙ ደሞ እቲ ዕድመ ኮይኑ ኣብ ልዕሊኡ ከዓ ከምቲ ዝበልኩኻ ቅድም ኢለ እቲ ናይቲ መነባብሮ ለውጢ ምህላው እ ክብደቱ እቲ ሰብ ምውሳኽ ኣብ ልዕሊኡ ደሞ እንደገና ስራሕ ዋላ ዘይሰርሑ ይኹኑ ግን ተመጣጣኒ ዝኾነ እስፖርት እና ተመጣጣኒ ዝኾነ ምግቢ እ ምግቢ ዘይምምራፅ ኣሎ ዝዓይነቱ እዩ። ስለዚ ብዙሕ ፕሮቲን ካብ ምውሳድ ቫይታሚናት ዘለዎ ኣሕምልቲ ዘለዎ፣ ካልኦት ከምዚ ዓይነት ኣመጋግባ እንተዝጥቀም ነይሩ እ ያው እቲ ነገር ለውጢ መምፀኦ ነይሩ ዝብል ግምት ኣለኒ። ግን ኣብዚ ብሰንኪ ናይ ኣፍልጦ ዘይምርካብ እዩ ሽኮራዊ ዝኾኑ ነገራት እና ፕሮቲን ዝኾኑ ነገራት ኣብዚሕኻ ምጥቃም እዩ። ብተወሳኺ ደሞ ከምቲ ቅድም ኢልና ዘቕመጥናዮ እንታይ እዩ እቲ እ ኣካላዊ እንቅስቃሴ እውን ከም ሓደ ዓብዪ ነገር ገይርካ ዘይምርዳእ እ ዝብል ግምት እዩ ዘለኒ ኣነ።
[397]	**ሓታቲ፡** ኣብዚ ማሕበረሰብ ሰባት ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ይዘራረቡ'ዶ? ከም በዓል ሙያን ከም ኣካል እቲ ማሕበረሰብ ኣብዚ ምይይጥ ከካይዱ ትዕዘብ'ዶ? ብቕዳምነት ዘተሓሳስቦም ኣየናይ ዓይነት ሕማም እዩ?
[398]	**ተሓታቲ፡** ሕዚ እንታይ ሱቕ ኢሉ እ ካብ ንእሽተይ መሰረታዊ ዘይኮነ ሓደሓደ ነገር እንታይ እዩ ዝብል እንታይ እዩ እዚ ነገር እዚ ብኽመይ እዩ መፂኡ ኢሉ እ ናይ ግራ ምእታው ብሰንኪ እቲ ዝበልኩኻ ዘይኮነ ገይሩ ዝርድኦስ ተወሳኺ ከም ካልኦት ንኣብነት 'ኣፍቲ እኽሊ ለውጢ ኣሎ ማለት ድዩ?' 'እቲ ማዳበርያ ጥዑይ ኣይኮነን ድዩ?' 'ንሱ ድዩ ዘሕምመና ዘሎ?' ዝብል እ ናብ ዘይኮነ ሓሳባት እ ምእታው ኣሎ። ካብኡ ኣብ ገሊኡ ደሞ እቲ ትኽክለኛ ዝኾነ 'ረዑደ እየ' ኢሉ ናይ ነብሱ ኩነታት ምፍታሽ'ውን በዚ'ውን ኣፍልጦ ዝሓዙ ሰባት ከዓ እ ኣለዉ እዮም እና እ ኣብዚ ከዓ ዝተወሰነ ኣፍልጦ ዘለዎም ሰባት ኣለዉ እና 'ክብደተይ ክቕንስ እየ እ ናይ ኣመጋግባ ስርዓተይ'ውን እ ከስተኻኽል ምኽሪ ሃቡኒ፤ እንታይ እየ ክምገብ ዘለኒ ብኽመይ መንገዲ እየ ክኸይድ ዘለኒ?' ኢሎም ዝሓቱ ብዙሓት ሰባት እዮም። ንሕና ከዓ በቲ ዘለና ሞያን ዓቕምን ንገልፀሎም ኢና።
[399]	**ሓታቲ፡** እና ሕክምናዊ ክትትል ንምግባር ናብ ጥዕና ትካልኩም ይመፁ እዮም?
[400]	**ተሓታቲ፡** ይመፁ እዮም። ብጣዕሚ ብዙሕ ሰብ እዩ ዝመፅእ።
[401]	**ሓታቲ፡** ምናልባት እስኪ ምስዚ ዝተትሓዘ ዝኾነ ፍልይ ዝበለ ተጓንፎ ንኣብነት ሰባት ከምዚ ኢኻ ክምርመር መፂኡ ከምዚ ሒዙካ ኣሎ ፀቕጢ ደም ኣለካ ክትብሎ ከለኻ ዝስምዖ ስምዒት ኣሎ። ምስኡ ዝተትሓዘ ዝኾነ ፍልይ ዝበለ ተጓንፎ እንተልዩካ'ዶ ክትነግረኒ?

[402] **ተሓታቲ፡** በቃ ፍልይ ዝበለ ተጓንፎ እቲ ናይ ደም በዝሒ ኩነታት ሕጂ እ ‘ደም በዝሒ ኣለካ ወይን ደሞ ድፍኢት ደም ኣለካ’ ክትብሎ ከለኻ ሰብ ልክዕ እቲ ኣብ ደምና ዘሎ እቲ ፈሳሲ ደም ከም ምብዛሕ ገይሮም ይርድእዎ እሞ ስለዚ ‘እዙይ ኣነ ካበይ ኣምጺአዮ፤ እንታይ በሊዐ እየ ኣነ’ ንኣብነት ካብ ገጠር ዝመፅእ ሰብ ‘እንታይ በሊዐ እየ እሞ ዝኹሉ ስራሕ እንዳሰራሕኩስ ደም ካበይ ኣምጺአዮ እየ ከምዚ ትብለኒ’ ኢሎም ዘይቕበልዎ ሰባት ኣለዉ። ኣይ ከምኡ ኣይኮነን እኮ እ ኣፍቲ እ ደም በዝሒ ማለት ትርጉሙ እቲ ድፍኢት እዩ ወይን ደሞ እቲ ክንረጉድ ከለና እቲ ናይ ቱቦ ናይ ደምና ብስብሒ ይዕዖን ይፀብጠን እሞ ደሓር እቲ ደም ምሕላፍ እ እቲ ኖርማል ቅድሚኡ ዝነበረ እ ከይዱ ክቕንስ ከሎ ማለት እኮ እዩ ትርጉሙ። እቲ መበል ካልኣይ ድማ መሊሱ ብዝተፈላለየ ነገር ኣልኮል ምብዛሕ ክኾን ይኽእል፤ ጭንቂ ክኸውን ይኽእል እ ካልኦት እዚ ከምፅእዎ ዝኽእሉ ቀጠንቲ ሰባት ኣለዉ ሓቀይ ስለዚ እቲ ናይቲ እ ፍሌክሲቢሊቲ ወይን ደሞ ክስታይ ሪጂዲቲ ናይቲ ብለድ ሳፕላይ ወይን ደሞ ደራውር ሰራውር ደም ዝፍጠር ችግር እኮ እዩ ኢልካ ክተረድኦም ከለኻ እህ ኢሎም ይርድእዎ። ደሓር እንታይ ክገብሩ ከምዘለዎም’ውን ይሓቱኻ ብኡ መጠን ከዓ ንሕና ንገልፀሎም ኢና ማለት እዩ።

[403] **ሓታቲ፡** ሕጂ እምበኣር ናብ ምክልኻል ንጥፈታት ምክልኻል ዘይተመሓላለፍቲ ሕማማት ንምፃእ’ሞ ከም በዓል ሙያ ዘይተመሓላለፍቲ ሕማማት ንምክልኻል እንታይ ዓይነት ንጥፈታት ተግባራት ትፍፅም ዋላ ኣብዚ ጥዕና ትካል ክኸውን ይኽእል ኣፍቲ ማሕበረሰብ ውሽጢ’ውን ክኸውን ይኽእል?

[404] **ተሓታቲ፡** ኣነ ንባዕለይ’ዶ?

[405] **ሓታቲ፡** እወ።

[406] **ተሓታቲ፡** ኣነ ንባዕለይ ያው ልክዕ ከም በዓል ሞያን እቶም እ ሰባት ክከታተሉ ኢሎም ይኾኑ ወይን ደሞ ንኻልእ ሕማሞም ኢሎም ይመፁ እየም። ቼክ ገይርና በተለይ ምስ ዕድመ ከምቲ ዓንተዎይ ዝገለፅኩልካ ተተሓሒዙ ዝመፅእ ሰባት እ ክመፁና ከለዉ እ በቃ ኩሉ ግዘ እዚ ነገር እዚ ቼክ ገይርና ኢና ንሰዶም። ቼክ ገይርና እንተሃልይዎም ምኽሪ ሂብና እንተዘይሃልይዎም ደሞኢ እዙይ የብልካን እኔኻ ግን ንቕፃላይ ምናልባት ብኽምዚ መንገዲ እ ኣመጋግባ ይኹን ስራሕቲ ስፖርት ይኹን ክትጥቀም ኣለካ። ኣብዚ ካብዚ ዕድመ እዚ ጨው እውን ክትቅንስ ኣለካ ኢልና ንመኽሮም ኢና ማለት እዩ። ስለዚ ከምዚ ዓይነት ምኽሪ ጨው ክቕንሱ ከምዘለዎም፣ ስፖርት ክሰርሑ ከምዘለዎም እ ፕሮቲን ብቻ ወይን ደሞ ርጉዲ እ ከብዝሑ ዝኽእሉ ክብደትካ ክውሰኹ ዝኽእሉ ምግቢ ዘይኮነ ከምገብ ዘለዎ እ ቫይታሚናት ኣሕምልትታት ነገር ክጥቀም ከምዘለዎ ኣነ ብቲ ዘለኒ ዓቕመይን ስረሐይ እውን እስካዕ ዝኾነ ይመክርን ይሕግዝን እየ ማለት እዩ።

[407] **ሓታቲ፡** ምናልባት ሕጂ ንዞም ዘይተመሓላለፍቲ ሕማማት ንምንካይ ዝወሃቡ ምኽሪ ካልኦት ሕማማት ንምክልኻል ይሕግዙ’ዶ?

[408] **ተሓታቲ፡** ካልኦት’ውን ምስኡ ተተሓሒዙ ክመፅእ ዝኽእል ሕማማት ኣሎ። ሕዚ እ እንታይ ኣሎ ደም በዝሒ ሕዚ ጥራሕ ብደም በዝሒ ብቻ ኣይኮነን ዝኽሰት ናይ ኩላሊት ወይ ከዓ ናይ ስርዓተ ምፅራይ ሽንትና ችግር እንተተፈጢሩ እ ናይ ድፍኢት ደምና ወይን ደሞኢ ደም በዝሒ ምልክት የርእየካ ማለት እዩ። ስለዚ ደም በዝሒ ሰከንደሪ ወይን ደሞ ካልኣዊ ሕማም ኮይኑ ይመፅእ እዩ። ስለዚ ምርመራ ገይርካ ኣፍቲ ስርዓተ ምፅራይ ሽንቲ ዘሎ ሽግራት ወይከዓ ኣብ ኩላሊት ችግር እንተሃልይዎ ንዕኡ እ ሕክምናን ክትትልን ክገብር ከምዘለዎ ምኽሪ ንህቦ ኢና።

[409] **ሓታቲ፡** ሕጂ እምበኣር ናብዚ ኣብ ምክልካል ዘይተመሓላለፍቲ ሕማማት ክነስተምህር ከለና ወይ ምኽሪ ክንህብ ከለና ዕንቅፋት ዝኾኑ ነገራት’ዶ ኣለዉ?

[410] **ተሓታቲ፡** እወ ሕዚ ንኣብነት ደም በዝሒ ሰብ ነይርዎ ያው ስትሮክ ዝበሃል ዝተሓዙ ሰባት ኣለዉ። ስትሮክ ማለት ደሞ እ ፍርቂ ኣካል ወይን ደሞ ኣብ ገፅካ ፓራሊሲስ ገለ ዘ ዘካይድ እዩ ወይን ደሞ ዘጋጥም እዩ። ስለዚ በዚ ጉድኣት እዙይ ዝመፁ ሰባት እ ከም ብደም በዝሒ ዝተኸሰተ ወይን ደሞ ዝመፀ ገይሮም ዘይርድእዎ ሰባት ብጣዕሚ ብዙሓት እዮም። እንታይ ደኣ ‘ጋኔን ዊዑኒ’፣ ‘ሰይጣን ረኺቡኒ’ እና ‘ካልኦት ችግራት ኣጋጢሙኒ’ ኢሉ ናብ ዘይኮነ ነገር ሺፍትዝገብር ወይን ደሞ ካልእ ጥርጣረ ዝጥርጥር ሰብ ብዙሕ እዩ። በዚ ተኸቲሉ ደሞ ናብ ማይጨሎትን ናብ ካልኦት ዘይኮነ ትራዲሽናል ሕክምና እዩ ዘድህብ። ምስ በተለይ ናይ ነርቪ ሕማም እ ሕማም ገይሩ ዘይወስዶ ሕብረተሰብ እዩ ዘለና። ስለዚ ኣብዚ ብዙሕ ትምህርትን ብዙሕ እ ፃዕርን ዘድልዮ እዩ ኮይኑ ዝስመዐኒ።

[411] **ሓታቲ፡** እዚኦም ሕጂ ዕንቅፋት ክፈጥሩ ዝኽእሉ እየም’ሞ ባህላዊ ኣባሃህላ ኣተሓሳስባ ኮይኑ ግን ንምስትምሃር ዘይተመሓላለፍቲ ሕማማት ክድግፍ ዝኽእል ኣተሓሳስባኽ ኣሎ’ዶ ኣብዚ ማሕበረሰብ?

[412] **ተሓታቲ፡** እወ ያው ከምቲ ዝገለፅካዮ ነቲ ደም በዝሒ ሰብ ሓደ ሰብ እንተሃልይዎ ወይ ሽኮረ እንተሃልይዎ እ ከጋድዱ ዝኽእሉ ንቲ ሕማም ኣሎ። ኮይኑ ግን እቲ ሕብረተሰብ ባዕሉ ብዝተፈላለየ መንገዲ ብዝረኸቦ ንኣብነት ኣብዚ ሕዚ እዋን ዘለናዮ ሕብረተሰብ ዓብዪ ዓቢይቲ ነገራት እ ክረኽቦም ዝኽእል ትምህርትታት ኣለዉ። ብቴሌቪዥን፣ ብጋዜጣ፣ ብሬድዮ እ ኣብ ዝተፈላለየ ፀበላት ኣብ ዝተፈላለየ ጉዳያት ብዛዕባ ደም በዝሒ ብዛዕባ ሽኮር ኣልዒሉ ይዛረብ እዩ። ስለዚ ንሽኮር ከላዕሉ ከጋድዱ ዝኽእሉ ሽኮራዊ ዝኾኑ ምግቢ ክገድፍ ከምዘለዎ ይመኻኸሩ ይዘራረቡ እየም። እ ንደም በዝሒ’ውን ከጋድዱ ዝኽእሉ ከም ኣልኮል መስተ፣ ከም ቡና እ ከምዚ ዓይነት ኣሎ። እ እኳ ደኣስ ሓንቲ ዓንተዎ እውን ዝገለፅኩዋ ዘይገለፀኩዋ ዝተረፈት እንታይ ኣላ ሓደ ሰብ ደም በዝሒ እንተታሒዙ መድሓኒት ኣይቋረፅን። መድሓኒትካ ብደምቢ ገይርካ ተኽታተል ትብሎ እሞ ደሓር መድሓኒት ይለምድ እዩ ዝብል መድሓኒት ክወስድ ዘይደሊ ዳርጋ ብጣዕሚ ብዙሕ ዝኾነ ህዝቢ እዩ ዘለና። ስለዚ እቲ ሕብረተሰብ ባዕሉ እንደገና እቲ መድሓኒት ናይ ደም በዝሒ ምውሳድ ኮንቲነስሊ ምውሳድ ከም ከቢድ ሽግር ገይሩ

ይርድአ። ኢኮኖሚካሊ ይኹን ዋላ ናይቲ መድሓኒት ናይ ምውሳድ ይኹን ጨጓራ ከምፀአለይ እዩ ካልኦት ዝበል ኣባህላታት ኣሎ። እዙይ ሓደ ሽግር ኣሎ ኣፍቲ ሕብረተሰብ እውን እቲ ካሊእ ብጎኒ ዘሎ ሰብ ‘መድሓኒትካ ኢኻ ክትወስድ ዘለካ’ እ ‘ደም በዝሒ እንድሕር ሓደ ግዘ ተኽሲቱ ኣይምለስን’ ኢሉ ኣይኮነን ዝደፋፍኦ እኳ ደኣስ ነቲ መድሓኒት ንኽይጅምር ተቐዳዲሙ እዚ እ ዘሸግሩ ኣ ሕማቕ ኣተሓሳስባታት ኣሎ እዩ ኣፍቲ ሕብረተሰብና ኣ እና ኣጋጣሚ ሓዊሰልካ ከይኸውን እምበር ዝረሳዕኹዋ እኣ ዓንተዎ። እዚኣ ኣላ ሓንቲ ካብኡ ደሞ ከምቲ ዝበልኩኻ ኣፍቲ ሕብረተሰብ ከምኡ ዓይነት ኣፍልጦታት ኣሎ እዩ። እኒ ሽኮር ብዛዕባ ሽኮር የውግዕ እዩ። ብዛዕባ ደም በዝሒ የብል እዩ። ስለዚ ከምዚ ዓይነት ኣሎ እዩ ኣብ ዘይፈልጥ ናይ ሕክምና በዓል ሞያ ዘይኮነ ግን ድማ ኣፍቲ ነገር ከምቲ ዝነገርኩኻ ብዝተፈላለየ ዜና ማዕኸናት ዝረኽቦ ኣስተምህሮታት እ ንሓደ ዓርኩ ወይን ደሞ ንሓደ መሓዝኡ ቤተሰቡ ይመክር እዩ ይዛረብ እዩ።

[413] **ሓታቲ፡** ኣብ መወዳእታ እ ሪኢቶኻ ክሓትት እየ ዝደሊ እና ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ብደረጃ ማሕበረሰብ እንታይ ክግበር ኣለዎ ትብል? ንምስትምሃር ይኹን ኣፍልጦ እቲ ማሕበረሰብ ክብ ንኽብል ኣብ ምክልኻል ዘድህበ ማለት እዩ?

[414] **ተሓታቲ፡** እወ ሕጂ ኣብ ዓድና ዘሎ ሰማንያን ሓሙሽተን ልዕሊ ሰማንያ ዝኾኑ ሕማማት ብምክልኻል ኣቢልና ክንቆፃፀሮም ንኽእል ኢና ዝብል ፖሊሲ ናይታ ሃገርና ኣሎ። ልክዕ ከምቶም ተመሓላለፍቲ ሕማማት እዚኦም ደሞ ዘይተመሓላለፍቲ ሕማማት እዚኣቶም ልክዕ ከምቲ ካሊእ ተመሓላለፍቲ ሕማማት እነምህሮ ኣፍቲ ውሽጢ ሕብረተሰብ በተለይ ደሞ ኣብ ሕድሕድ ጣብያ ጥዕና ኬላታት ኣሎ፡፡ ስለዚ ኣብዚ ብቑዕ ዝኾነ እ በዓል ሞያ መዲብካ ሄልዝ ኤጁኬሽን ወይን ደሞ ኣስተምህሮ ክረክብ ከምቲ ካሊእ ሕማም ተኽላኺልናዮ ዘለና ፅቡቕ መንገዲ ሒዝናዮ ዘለና ነዞም ሕማማት እዚኣቶም’ውን ኣብ ቁፅፅር ክነውዕል ነቲ ሕብረተሰብና ክመሃር ናይ ኣመጋግባ ስርዓቱ ከመሓይሽ፣ እስፖርቲ ክሰርሕ እ ዝብል እ እንታይስሙ ኣለኒ እ ዝብል እምነት ኣለኒ ኣነ ከም ብውልቀይ እ ንሕና ባዕልና እውን እቲ ዝተፈላለየ ሚዲያታት እውን ቀፃሊ ዝኾነ ኣብዞም ሕማማት እዚኦም ኣድሂቡ ቀፃሊ ዝኾነ ኣስተምህሮ ከስተምህር እቲ ጥዕና በዓል ሞያ’ውን ኣፍቲ ገጠር ኣፍቲ ቁሸት ወሪዱ እዞም ሕማማት እዚኦም ልክዕ ከምቶም ካልኦት ሕማማት ተመሓላለፍቲ ገይርና ክንቆፃፀሮም ንኽእል ሲስተም እንተንፈጥር እ ናይ ኩሉ ሕብረተሰብ ሓደ ዓይነት እምነትን ስራሕን እንተዝኽውን ፅቡቕ ነይሩ ኢለ ይግምት ኣነ።

[415] **ሓታቲ፡** እንታይ ዓይነት መራኽቢ ሜላ ክንጥቀም ይግባኣና ንሕድሕድ ኣካል ማሕበረሰብ ንምብፃሕ ብዛዕባ እዚ ንምምሃር ኣፍልጦኡ ክብ ንምባል እንታይ ዓይነት መራኽቢ ሜላ?

[416] **ተሓታቲ፡** ሓደ እቲ መረኽቢ ሜላ ንጥቀመሉ ኣብ ጥዕና ትካል መፂኡ ሓደ ሲስራ ሰላሳ ሰብ ክእከብ ከሎ ኣብኡ ሄልዝ ኢጁኬሽን ወይን ደሞ ትምህርቲ ከም ኣጀንዳ ገይርካ ክዘራረብ ኣቐዲምካ ቅድሚ ሕክምና ምጅማር ሓደ ዓብዩ መንገዲ እዩ። እ ካልኣይ ከዓ ኣብ ዝተፈላለየ ስብሰባታት፣ ቤተክርስትያናት ኣልዒልካ እውን ህዝቢ ኣብ ትረኽበሉ ኣብ ዝተኣከበሉ ከም ሓደ ዓብዩ ክስታይ ሒዝካ መደብ ሒዙ እቲ በዓል ሞያ፣ እ እቲ መንግስቲ ኩላትና ኮይና በዞም መንገዲ እዚኦም ክንረኽቦ ንኽእል ኢና እቲ ሕብረተሰብ ችግር የብሉን ከም ሓደ ፕሮግራምን ፕላንን እንድሕር ሒዝና ተላዒልና ከም ዝበለካ ዘለኹ ኣብ ጥዕና ትካል፣ ኣብ ቤተክርስትያን ኣብ ስብሰባታት እ ኣብ በዚ መንገድታት ኣብ ገዛ ንገዛ ኣብ እንገብሮ መንገዲ ዝግበር ስራሕትታት ምስቲ ካልእ ጎኒ ንጎኒ ናይ ጥዕና ስራሕቲ ጎኒ ንጎኒ እውን እዚኦም ኣብ ግምት ኣእቲኻ ክስርሓሉ ይከኣል እዩ። በዚ መንገዲ እዚ እውን ነቲ ሕብረተሰብ ክንረኽቦ ንኽእል ኢና ዝብል ግምት ኣለኒ።

[417] **ሓታቲ፡** ኣነ ሕቶታተይ ወዲአ ኣሎኹ። ምናልባት ኣነ ዘይኣልዓልኩዎ ከም በዓል ሞያ ብዙሕ ነገር ኣብዚ’ውን ስለዘጋጥመካ ክለዓል ይግበኦ ነይሩ ትብሎ ብዛዕባ እዚ ዘልዓልናዮ ርእስታት እንተልዩ ኣብ መወዳእታ ክትብል ትኽእል ኢኻ?

[418] **ተሓታቲ፡** በቃ ኣነ እኳ እቶም ዘልዐልካዮም ሕቶታት ካብኡ ፍልይ ዝበለ ነገር የብለይን። ጥራሕ ሓንቲ ግን ኣጋጣሚ ክብላ ከምቲ ትብሎ ዘለኻ ክብላ ዝደሊ ኣብዚ ሕጂ እዋን ደም በዝሒ ማነው ደም ምንኣስ ኣሎ። ብዙሓት ናይ ኣዴታትን ህፃውንትን ደም ምንኣስ ኣሎ። ይኹን እምበር ግን ከም ኣጀንዳ ከምቲ ቅድም ኢልና ነውግዖ ዝነበርና ኣፍቲ ሕብረተሰብ እቲ ኣብ ገጠር ዘሎ ሕብረተሰብ ብዛዕባ ደም ምሃብ ብጣዕሚ ከም ከቢድ ነውሪ ገይሩ እዩ ዝሕዞ። ስለዚ መንግስቲ ልክዕ ከምቲ ካሊእ ስራሕቲ ኣፍቲ ገጠር ከይዱ ነቲ ሕብረተሰብ ደም ምሃብ ማለትሲ ማይነር ነገር ወይን ደሞ ብጣዕሚ ቀሊል ነገር ምኽኑ ገይሩ እ ከቢድ ፃዕሪ ዝሓትት ምኽኑ እም ሓው ንሓው ሓፍቲ ንሓፍቲ እ ውላድ ንኣቡኡ ንወለዱስ ዘይምሃብ ገይሩ ዝርድኣ ንክህብስ መንግስትን ህዝብን ሰራሕተኛን ኩሉ ሕብረተሰብሲ ኣብዚሲ ዓብዩ ወፍሪስ ክካየደሉ ኣለዎ ዝብል እምነት ኣለኒ።

[419] **ሓታቲ፡** ብጣዕሚ እየ ዘመስግን።

[420] **ተሓታቲ፡** እሺ።

(xii) In-depth Interview with Health Professional - 8 (IDI8-HP8)

Turn	The Tigrigna Text
[421]	**ሓታቲ፡** እሞ ያው ኣቐዲመ ነዚ ቃለ-መሕትት ፍቓደኛ ስለዝኾንካ ብጣዕሚ እየ ዘመስግን። ኣብ ከባቢኹም ማለት እዩ ዝርግሐ ዘይተመሓላፍቲ ሕማማት እንታይ ይመስል ሱቕ ኢልካ ብሓፈሻ ክረኣ ከሎ?
[422]	**ተሓታቲ፡** እወ ማለት ሕዚ ከመይ እኒአ ይመስለካ ከምኡ ከበሃል ከሎ ሃይፐርተንሽን ሽኮር እንድዮም እዚኣም መብዛሕቶም። ኣብ ሕብረተሰብና እናተስፋፍሐ እዩ ዝኸይድ ኣሎ፡፡ ከመይ እዩ ኣመጋግባ ክኸውን ይኽእል ኣይ ዶንት ኖው. ግን ሕዚ እንዳተስፋፍሐ ይኸይድ ኣሎ ቅድም ኢሉ ብዙሕ ኣይረኣይን ነይሩ ኢስፔሻሊ ታይፕ ቱ ዲያቤትስ ታይፕ ቱ ማለት እዩ ብዙሕ ኮመን ኣይኮነን ነይሩ ሕዚ ግን ኮመን እንዳኾነ ይመፅእ ኣሎ፡፡ ሕዚ እንታይ እዩ ዘርእየካ ኣብ ኣመጋግባ ማለት እዩ እዚ ኢኻ ትርኢ ዲያቤትስ እውን ሞስት ከምኡ ኣሎ ሃይፐርተንሽን እውን ኮመን እዩ፡፡ ኮመን እንዳኾነ ይመፅእ ኣሎ ሕዚ፡፡ ሕዚ እንታይ እዩ እንኣ በቃ ዳርጋ ፋታል ይኸውን ኣሎ ቀታላይ ይኸውን ኣሎ፡፡ ከመይ እዩ እቲ ሰብ እዚ ሕማም ዶ ኣለኒ ወይ ደሞ ኤርሊ ሕማም እንታይከ ይህልወኒ ኢሉ ዘይምምርማሩ ዘይምፍላጡ ኣብ ሕማቕ ሓዲጋታት ይወድቕ ኣሎ፡፡ ስትሮክ ኮይኑ ይመፅእ፡፡ ኣብዚ ምስ መፀ ከዓ ኦልሬዲ ሞት እዩ ካልእ ብዙሕ ዘብል ነገራት የለን፡፡ እና እዚኣም እዮም እቶም ኮመን ዘለዉ፡፡
[423]	**ሓታቲ፡** ማለት ምኽንያቱኸ ምግማት ይከኣልዶ ወይ ካብቲ እትርእዮ ኣባል ናይ እቲ ማሕበረሰብ ምስ ምኺንካ?
[424]	**ተሓታቲ፡** እዚ ሓደ ኣመጋግባ እዩ። ኣመጋግባ እዩ ፕላስ ከዓ እንታይ እንኦ እቲ ሰብ ናብ ሕክምና መፂኻ ዘይምባል ፎሎውኣፕ ቼክ ዘይምግባር ብዙሕ ችግር ኣሎ፡፡ ፎሎውኣፕ እንተዝህልዮ እሞ ቼክእንተዝገብር ነይሩ እቲ ሰብ እንታይ ክኸውን ነይሩ ማለት እዩ ኤርሊይፈልጥ እሞ እንዳተኸላኸለ ይፀንሕ ነይሩ፡፡ ዘይምፍላጡ ይፀንሕ ደሓር ኣብ መጨረሻ ሰተሮክ ምስ ኮነ ይመፅእ ይመውት፡፡ ዲያቤትስ እውን ልክዕ ከምኡ፡፡ ገና እንዳሃለየ ሕዚ እ ኦልሞስት ካብ ኣርብዓ ዓመት ሰርቲ ኤይት ካብኡ ንላዕሊ ክኸውን ከሎ ኤክሰርሳይስ እንዳገበረ ጨው ዘለዎም ነገር ሰለስተ ነገራት ሰለስተ ፃዕዳ ብምቕናስ ምክልኻል ይከኣል እዩ ነይሩ፡፡ ግን እዚ ዘይምግባር ብዙሕ ነገራት ናብ ታይፕ ቱ ዲ ኤም ይኣቱ ኣሎ መብዛሕቲኦም ሃይፐርተንሽን ልክዕ ከምኡ እዮም፡፡
[425]	**ሓታቲ፡** ኣብዚ ከባቢ ኸ ሰባት ብዛዕባ እዚ እንታይ ይሓስቡ? ማለት ከምርመሩ ከመፁ ከለዉ ተዘራርብዎም ኢኹም እሞ እንታይ ዓይነት ኣረኣእያ ኣለዎም ኣብዞም ሕማማት እዚኣም?
[426]	**ተሓታቲ፡** ኣብ ጠቕላልኡሲ ኣነ ዝበሃል ሕማምስ የብለይን ዋላስ እስከ መጨረሻ ተታሒዞም ዋላ ዋላ ተታሒዞም ኣነ ደም ዋሕዲ እምበይ ደም በዝሒ የብለይን እዩ ተረኣእይኦም እዩ፡፡ በሉ ከምዚ ከምዚ ኢልና ነረድኦም ኢና ብዙሓት ሰባት፡፡ እና ከምዚ ነገራት ስለዘሎ እዩ፡፡ እቲ ኣዌርነስ እዩ ችግሩ፡፡
[427]	**ሓታቲ፡** ነዚ ሳዕቤናት ሕጂ ቅድም ክብል ነጊርካኒ ኣመጋግባ እውን ሓደ እንትን እዩ ኣልኮላዊ መስተ ብበዝሒ ምውሳድ ኣካላዊ ምንቅስቓስ ዘይምግባር ነዚኦም ክቃልዑ ዝኽእሉ ሰባት ከመይ ዝበሉ እዮም ኣብዚ ከባቢ? ከመይ ዝበሉ ሰባት እዮም ነዚ ነዞም ሕማማት ክቃልዑ ዝኽእሉ?
[428]	**ተሓታቲ፡** መብዛሕቲኡ ግን ከምዚ ዝጥቅዑ ዝኽእሉ እንታይ እንታይ ይመስለካ እቶም ዋና ድራንከርስ እቶም ዝሰትዩ ሰባት ዋላ መናእሰይ ኮይኖም እውን ልሰትዩ ሰባት መብዛሕቱ ነዚ ነገር እዚ ተጠቓዕቲ እዮም፡፡ ዝበዝሕ ሰብ ከምዚ እዩ ሓደ ሓደ ብፋሚሊ ስለዝሓልፍ ናይ ፋሚሊ እንታእሸሙ ጀነቲከሊ ስለዝኾነ ከምኡ ዘጋጥም ኣሎ እዩ፡፡ ዘይምፍላጦም ሓደ ሓደ ግን ብናይ ባዕሎም ሰናን ኣመጋግበኦም ናብዚ ነገራት ዝዳረጉ ብዙሓት ሰባት ኣለዉ እዮም፡፡
[429]	**ሓታቲ፡** ኣብዚ ማሕበረሰብከ ብዛዕባ እዚ ያው ከም በዓል ሞያ እንደገና ኣፍቲ ማሕበረሰብ እውን ከም ኣባል እቲ ማሕበረሰብ ሰባት ይዘራረቡ ዶ ብዛዕብኡ ይመያየጡ'ዶ ብዛዕባ ዘይተመሓላለፍቲ ሕማማት?
[430]	**ተሓታቲ፡** ኣይ ብዛዕባ እዚ እኳ ዝመያየጡ ኣይመስለንን፡፡ ልሙድ ኣይኮነን፡፡
[431]	**ሓታቲ፡** ናብዚ ኸ ይመፁ ዶ ክትትል ይገብሩዶ ሕክምናዊ ክትትል ምግባር?
[432]	**ተሓታቲ፡** ምስ ተነገሮም ይመፁ እንድዮም ዝተወሰነ፡፡ ዝተወሰነ ግን ኣለካ እንዶ ዘይምቕባል ኣሎ እዩ፡፡ ዝንገር እዚ ከምዚ ኢኹም ተባሂሎም ዘይቕበሉ ኣለዉ ሱቕ ዝብሉ ኣለዉ፡፡ ሓንቲ ግዘ ተባሂሎም ዝወሃቦም መድሓኒት እውን ዘይወሰዱ ሱቕ ኢሎም ይፀንሑ ስትሮክ ኮይኖም ይመፁ፡፡ ኣብ መጨረሻ እንትን ይኾኑ፡፡ ንችግር ንሓደጋ ይቕልዑ፡፡
[433]	**ሓታቲ፡** ምናልባት ሕጂ ናብዚ ሓበሬታ ክረኽቡ ከመፁ ከለዉ እዚ ምኽርን ማዕዳን ክትህቦም ከለኻ ፍልይ ዝበለ ዘጓነፈካ ዶ ይህሉ ምስዚ ዝተትሓሓዘ ክግለፅ ዝኽእል?
[434]	**ተሓታቲ፡** ከመይ ማለት?
[435]	**ሓታቲ፡** ሕጂ ንኣብነት ደም በዝሒ ኣለካ ክትብሎ ከለኻ ዋእ ኣነ ንባዕለይ እዚኣ ነብሲ ሒዘ ከመይ ገይረ እየ? ፍልይ ዝበለ ተጓንፎ ገሊኣም ኣነ ድኻ እየ እንታይ በሊዐ እየ ዝበልዖ ሽሮ እንዳበላዕኩስ ከመይ ገይሩ እዩ ገለ ዝብል ዓይነት?
[436]	**ተሓታቲ፡** እዚ ኮመን እዩ። ሕዚ ኣብዚ መርሚርኻ ፀቕጢ ደም ክትዕቅኖ ከለኻ ኣይ ደም በዝሒ ኣለካ ክትብሎ ከለኻ ኣነ ደም ዋሕዲ እምበር ደም በዝሒ ልበሃል የብለይን፡፡ ዋይ ከምዚ ማለት እኮ እዩ ኢልካ ክተረድኦ ከለኻ እውን ብዙሕ እንታይሽሙ ልክይርደኣካ ይኽእል እዩ፡፡ እና ከምዚ ስለዝኾነ እዚ መድሓኒት ተኽታቲልኩም

ወርሒ ወርሒ እንዳመፃኹም መድሓኒት እዚ ውሰዱ ክትብሎም ከለኻ ሓደ ሓደ ኮንሸስ ዝኾኑ ሰባት ብደምቢ ይከታተሉ እዮም። ሓደ ሓደ ከዓ ዘይግደስሉ ከምዚ የጋጥም እዩ። ዳሕራይ ከዓ እንታይ ምስኮኑ ስትሮክ ኮይኖም ይኣትዩ። ይመፁ ኣብዚኣ ምስተጠቕዑ ማለት እዩ። ተጠቒያም ይመፁ ናብ ችግር ይኣትዩ። ሓደ ሓደ ይምለሱ ሓደ ሓደ ከዓ ብኡ ገይሮም ( )።

[437] **ሓታቲ፡** ምናልባት እቲ መድሓኒት ዘይወስድሉ ምኽንያትከ እንታይ ከምዝኾነ ይፍለጥዶ?

[438] **ተሓታቲ፡** ዘይምእማን እኮ እዩ እዚ። ስለዘይኣምንሉ እዩ። ስለዘይኣምንሉ ብዙሓት ሰባት ንመጀመርያ ግዘ ይሕከሙ እሞ መፂኦም ተራእዮም ደም በዝሒ ኣለካ ከምዚ ውሰድ ክበሃል ኽሎ እታ ናይ መጀመርያ ትወሃብ መድሓኒት እውን ከይወሰዱዋ ክለማመደኒ ይኽእል እዩ ስለዝብሉ ኣይትንክፍዋን። ከይተንከፉ ዳሕራይ እንታይ ይኾኑ ኣፍቲ ናይ መጨረሻ ሓደጋ ምስ በፅሑ ስትሮክ ኮይኖም ይመፁ ንምሕካሙ እውን ብጣዕሚ ኣፀጋማይ ይኸውን ኣሎ።

[439] **ሓታቲ፡** ሕጂ ናብቲ ካልኣይ ርእሲ ንምፃእ እሞ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዝምልከት ንጥፈታት እንታይ ዓይነት ንጥፈታት/ ተግባራት ትፍፅም? ኣብዚ ሕክምና እውን ክኸውን ይኽእል ኣብ ደገ ኣፍቲ ማሕበረሰብ እውን ኣቲኻ ከም በዓል ሞያ ማለት እዩ?

[440] **ተሓታቲ፡** እወ እዚ መብዛሕቲኡ እንታይ ኢና ንብል ማንም ኣለካ እንዶ ወይ ናባይ ዝቐርበኒ ሰብ ወይ ከዓ ኣብዚ ሕክምና ዝመፅእ ሰብ ደይሊ ኤክሰርሳይስ ክገብር ከምዘለዎ ንምዕድ ኢና። በተለይ ኣብ ፀቕጢ ደሙ ቼክ ገይርካ እሞ ቁሩብ በተለይ 130/90 ኣፍቲ ዳንጀር ከባቢ ክበፅሕ ከሎ እዚኣቶም እዚ ከምዚ ገይርካ ተኽላኽሎ ትብሎም ብዙሓት ሰባት ለውጢ ዘምፅኡ ኣለዉ እዮም ብ ኤክሰርሳይስ። ከምዚ ዝገብሩ ብዙሓት ሰባት ኣለዉ። ኢቭን እተን ሰለስተ ፃዕዳ ነገራት ምቕናስ እውን ንሽኮር ፅቡቕ ለውጢ ዘምፀሎም ብዙሓት ሰባት ኣለዉ እዮም። ስለዚ በዚ እንታይሽሙ ንብሎም።

[441] **ሓታቲ፡** ምኽርን ማዕዳን ትህብዎም?

[442] **ተሓታቲ፡** ምኽርን ማዕዳን ይወሃቦም።

[443] **ሓታቲ፡** ፅቡቕ። ምናልባት ሕጂ ነዞም ዘይተመሓላለፍቲ ሕማማት ንምክልኻል እዞም ሰለስተ ፃዕዳታት ምቕናስ ኣካላዊ ምንቅስቓስ ምክያድ እዚኦም ምኽሪ ትህቦም ኢኻ እና ምናልባት ካብዞም ዘይተመሓላለፍቲ ሕማማት ወፃኢ ንኻልኦት ሕማማት ክከላኸሉ ይኽእሉዶ?

[444] **ተሓታቲ፡** እወ ማለት ከምዚ ኢልካ ክትነግሮ ከለኻ እኮ እቲ ካልእ ዝስመዖም ዝነበረ ሓደ ካፊንግ ሰዓል ገለታት ዝነበሮ ይቅርዶ እዚ ክመፀንስ እቲ ሰዓል ሒዙኒ ዝነበረ እኳ ጠፊኡለይ ኻላ ከምዚ ዝበልካኒ ብዙሓት ኣለዉ ሰባት። ሓደ ሓደ ከዓ ነኺርካዮም ዘይሰምዑኻ ኣለዉ። ሓደ ሓደ ከዓ ኣዌር ዝኾኑ ሰባት ነኺርካዮም ወድያውኑ ለውጢ ዘምፅኡ ሰባት ኣለዉ። እዚ እውን ገዲፉኒ ዝብሉኻ ብዙሓት ኣለዉ።

[445] **ሓታቲ፡** ሕጂ ድማ ናብቲ ሳልሳይ ነጥቢ ንምፃእ እሞ ዕንቅፋት ንምስትምሃር ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዕንቅፋት ክኾኑ ዝኽእሉ ባህላዊ ኣተሓሳሰባታት ኣባህላታት ኣብዚ ማሕበረሰብ እንታይ እዮም?

[446] **ተሓታቲ፡** እወ ኣብዚ ኮመን ዝኾነ እንታይ እዩ እንኣ ዝኾነ ሓደ ሕማም ሓሚሙ ቀልጢፍኻ ዘይምምፃእ ናብ ባህሊ ሕክምና ምኻድ ኣሎ። እስፔሻሊ እዚ ምትኳስ ዝበሃል ነገራት እዚ ተኩሶም ገለ ኢሎም ወይ ከዓ ማይጨሎት ገለ ወዲኣም እዮም ናብዚ ዝመፁ። ሕዚ ንሕና ግን እንታይ ኢና ንቶም ካልኦት ሒዞሞም ዝመፁ ሰባት መጀመርያ ከምኡ ከግበር ኣይነበሮን ሕክምና ትመፁ እሞ ኣብ ሕክምና መፂኹም ወይ ከኣ ጎና ንጎኒ ሕክምና እውን ትሕከሙ ካብኡ ከዓ ማይጨሎት ትቕፅሉ። ከምኡ እንዳገበርኻ እዩ እምበር ከምዚ ንብሎም ሓደ ሓደ ሰባት ለውጢ ዘምፅኡ ኣለዉ ሓደ ሓደ ከዓ ብዙሕ ለውጢ ዘየምፅኡ ኣለዉ። ካልኦት ንባዕሎም ፈሊጦም ንኻልእ እውን ዘምህሩ ሰባት ኣለዉ እዮም። ስለዚ ከምዚ ዓይነት ነገራት ኣሎ።

[447] **ሓታቲ፡** ሕጂ ንኣብነት ሓደ ሓደ እዚ ነርቭ ሕማም ከጋጥሞም ከሎ ምስ ካልእ እንታይ እዩ ዝበሃል ንኣብነት ከም ሰይጣን ምውቃዕ ገለ?

[448] **ተሓታቲ፡** እወ ማጂክ ነገራት ከምኡ ምትሕሓዝ ኣሎ እዩ። ኮመን እዩ። ኣነ እዚ እዩ ሒዙኒ እምበር እዙይ ዝበሃል ኣይፈልጥን ይብሉ። ለምሳሌ ኤች ኣይ ቪ ተተሓሒዞም ምስ ነርቭ ስለዝተናኸፍ ኤች ኣይ ቪ ተተሓሒዙ ሰብ ኣይ ንስኻ ከምዚ ከምዚ እንኣካ ምርመራ ግበር ተባሂሉ ዋላ ኢቭን ፖሰቲቭ ኮይኑ ኤች ኣይ ቪ ፖሰቲቭ ኮይኑ ኣይ ነርቭ እየ እምበር ብዛዕባ እዚ ልበሃልስ የብለይን ዝበሃል ብዙሓት ኮመን ኣለዉ ኣብዚ ኤ ኣር ቲ ስለዝነበርኩ እየ ዘዋገዐካ ዘለኹ። ከምዚ ኢሎም ናበይ ይኸዱ ናብ ማይጨሎት ወይ ከዓ ናፍቶም መድሓኒት ዝገብሩ ሓደ ሓደ ሰባት እቶም ትራዲሽናል ነገር ኣብኡ እንዳኸዱ ዝከታተሉ ኣብ መጨረሻ ምስ ደኸሙ ናብዚ ይመፁ እሞ ምምላሱ ኣብ ዘይከኣል ሲዲፎሮም ብጣዕሚ ምስተሓተ ብዙሕ ነገራት ከምዚ ይኾኑ። ኢቭን ኤች ኣይ ቪ ጥራሕ ዘይኮኑ ካልኦት ሰባት እውን ልከፅ ከምኣ እዮም ዝገብሩ። ኣብ ውጪ ልውድኡዎ እቲ ዘሎ ኣብ ሕብረተሰብ ኣብ እንተስ ጠንቂሊ ምናምን ከይዶም ኩሉ ምስወድኡ እዮም ናብዚ ዝመፁ።

[449] **ሓታቲ፡** ምናልባት እዞም ክንጠቕሶም ዝፀነሕና ነዚ ዘይተመሓላለፍቲ ሕማማት ኪጋድዱ ዝኽእሉ እዮም። ክሕግዙ ዝኽእሉኽ ባህላዊ ኣተሓሳሰባታት ኣለዉዶ ማለት ነቲ ምክልኻል ክሕግዙ ዝኽእሉ? ሕክምናዊ ዘይኮኑ ማለት ሳይንሳዊ ዘይኮኑ ክኾኑ ይኽእሉ ባህላዊ ኮይኖም ግን ነዚ ክሕግዙ ዝኽእሉ ተግባራት ወይ ኣተሓሳሰባታት ኣለዉዶ?

[450] **ተሓታቲ፡** ኣይ።

[451] **ሓታቲ፡** ንኣብነት ሕጂ እንታይ ኣሎ ሓደ ሓደ ሰባት በቃ ብተለምዶ ብመኪና ዘይጥቀሙ ሰባት ኣለዉ።

[452] **ተሓታቲ፡** እወ።

[453] **ሓታቲ፡** ምናልባት እቲ መኪና ዘይምጥቃም ምስ ካልእ ነገር ኣተሓሒዞም ማለት እዩ ብሃይማኖት ገለ ኣተሓሒዞም ክኾኑ ይኽእሉ ግን ኣብኡ ከሎ እዚ ብእግሮም ምንቅስቓስ ባህላዊ ኣተሓሳስባ ሃሊይዎ ግን ነዚ ዘይተመሓላለፍቲ ሕማማት ካልኦት ተመሳሰልቲ ሕማማት ይከላኸለሎም ኣሎ ከምዚ ዓይነት ነገር ማለተይ እየ፡፡

[454] **ተሓታቲ፡** እወ ከምዚ ነገራት ኣብ ሓደ ሓደ ኮመን እዩ። ንምንታይ እዩ ምስ ፅልኢት መኪና ትራንስፖርት ሕዚ ኮመን ዝኾና ባጃጅ እየን፡፡ ሕዚ ማንም ሰብ ባጃጅ ካብ ዝመፃ ብባጃጅ ምንቅስቓስ ብእግሪ ምንቅስቓስ ንዲፉ እዩ፡፡ ሓደ ሓደ ጠቕላላ ባጃጅ ዝበሃል ተሳፈርም ዘይፈልጡ ኣለዉ፡፡ ንምንታይ ኢኹም እንተይለዮም ንምንታይ እዚኣ ቀረባ እንድያ ብእግረይ ዘይንቀሳቐስ፡፡ ክንቀሳቐስ ከለኹ ብእግረይ ሓደ ጥዕናይ ይረክብ ኣለኹ፡፡ ካልኣይ ከኣ ርጉደት ከይረጉድ ይንቀሳቐስ ኣለኹ፡፡ ፅቡቕ ድቃስ እውን ይድቅስ ዝብሉ ብዙሓት ሓደ ሓደ ሰባት ብዙሓት ኮመን ኣለዉ እዮም፡፡

[455] **ሓታቲ፡** እምበኣር ኣብ መወዳእታ ሪኢዮኻ ክሓትት እሞ ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ብደረጃ ማሕበረሰብ እንታይ ክግበር ኣለዎ?

[456] **ተሓታቲ፡** እወ ሕዚ ኮመን ኮይኑ ከምዚ እማ ሄልዝ ኢጁኬሽን እንድዩ እቲ ወሳናይ ሕብረተሰብ ክልውጦ ዝኽእል ብዝኾነ ሚድያ ናይ ሄልዝ ኢጁኬሽን ከምዚ ከምዚ ኩለን ነገራት እንተዝንገር ሕዚ ፅቡቕ ለውጥታት ክመፅእ ይኽእል እዩ። ንኣብነት ብድምፂ ወያነ ኣሎ ብድምፂ ወያነ ገይርካ ብዙሕ ነገራት እንተዝዝረብ ኢቫን ዋላ ኣብ ቴለቪዥን ንእሽተይ ፕሮግራም ኣትያ ከም ብድራማ መልክዕ ከምዚ እንተዝረአይ ለውጢ እንዳመፀ ይመፅእ እዩ፡፡ ትርእዮ ነገርን ትሰምዖን ብጣዕሚ እንታይሽሙ ለውጢ ከምፅእ ዝኽእል ከምዚ ነገራት እንተዝህልይ ፅቡቕ ለውጢ ክመፅእ ይኽእል እዩ፡፡

[457] **ሓታቲ፡** ምናልባት ካልእ ኣነ ዘይጠቐስኩዎ ግን ክጥቀስ ምስ እዚ ተተሓሒዙ ክጥቀስ ይግበኡ ትብሎ ነገር እንተሃልዩ ኣብ መወዳእታ?

[458] **ተሓታቲ፡** የለን።

[459] **ሓታቲ፡** የቐንየለይ ብጣዕሚ እየ ዘመስግን፡፡

(xiii) In-depth Interview with Health Professional - 9 (IDI9-HP9)

Turn	The Tigrigna Text
[460]	**ሓታቲ፡** እሺ ክንጅምር እሞ ያው ኣቐዲመ ነዚ ቃለ መሕትት ፍቓደኛ ስለዝኾንኪ ብጣዕሚ እየ ዘመስግን፡፡ ብምቕፃል ዘይተመሓላለፍቲ ሕማማትን ዝወሃቦም ትርጉምን ዝምልከት ክንዘራረብ እሞ ቅድሚ ናብ ዝርዝር ምእታውና ግን ዝርግሐ ዘይተመሓላለፍቲ ሕማማት እንታይ ይመስል ሓፈሻዊ ዝኾነ ምስሉ?
[461]	**ተሓታቲት፡** ማለት?
[462]	**ሓታቲ፡** ማለት ሕጂ ዘይተመሓላለፍቲ ሕማማት ካብ ናብ ጊዜ ናብ ጊዜ እንዳወሰኽ ድዩ ዝኸይድ ዘሎስ ወይ እንዳነከየ እዩ ዝኸይድ ዘሎ ከመይ ይረአ?
[463]	**ተሓታቲት፡** እንዳወሰኽ እዩ ዝኸይድ፡፡ ንኣብነት ዲያቤቲክ ሕዚ እንዳወሰኽ ይኸይድ ኣሎ፡፡ ኣንደኛ ነገር እቲ መድሓኒት ብትክክል ዘይምውሳዶም ካልኣይ ድማ እንትን ዓቕሚ እንተዘይሃልይዎም ሕዚ ኢንሱሊን ክገዝኡ እንተዘይሃልዩ የቋርፀ ኣለዉ፡፡
[464]	**ሓታቲ፡** ማለት እቲ ሕጂ ንኣብነት ፀቕጢ ደም እንተወሲድና መድሓኒት ዝጅምሩ ሰባት ከይጅምሩ ይደልዩ ዋላ ወሲዶሞ
[465]	**ተሓታቲት፡** ከይለምደና ይብሉ፡፡
[466]	**ሓታቲ፡** ኣሃ
[467]	**ተሓታቲት፡** እወ እንድሕር ጀሚርና መድሓኒት ክለምደና እንድዩ ኢሎም ዘይጅምርዎ ኣለዉ።
[468]	**ሓታቲ፡** ምናልባት ነዞም ሕማማት ዝቃልዑ ሰባትከ ከመይ ዝበሉ ይመስሉኺ ብሓፈሻ ክትርእይዮ ከለኺ?
[469]	**ተሓታቲት፡** መስተ ዝሰትዩ። መስተ ሕዚ ኣንደኛ ነገር እቲ መድሓኒት እንድሕር ውሒጦም ካፍቲ መስተ እውን ከይግደቡ ይደልዩ ኣለዉ መስተ ዝሰትዩ፡፡
[470]	**ሓታቲ፡** ማለት ብዕድመ ደረጃኺ መናእሰይ ነዚ ዝተቃልዑ እዮም ኢልካ ምርኣይ ምባል ይከኣልዶ?
[471]	**ተሓታቲት፡** መናእሰይ ደሓን እዮም።
[472]	**ሓታቲ፡** ብዙሕ ኣይኮኑን?
[473]	**ተሓታቲት፡** እወ።
[474]	**ሓታቲ፡** ኣብ ከባቢኹምከ ማለት ከም በዓል ሞያ ከምቲ ኣካል ናይቲ ማሕበረሰብ ድማ ኣፍቲ ከባቢኹም ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ይዘራረቡዶ ሰባት?
[475]	**ተሓታቲት፡** እወ ይዘራረቡ
[476]	**ሓታቲ፡** ንኣብነት ብቐዳምነት ዘተሓሳስቦም ኣየናይ ሕማም እዩ ንኣብነት ክትዕዘብዮ ከለኺ?
[477]	**ተሓታቲት፡** ደም በዝሒ ሕዚ የፍርሖም። ሽኮርያ እውን ካንሰር ከዓ እንየ ሕዚ፡፡ ካብ ምንታይ ከምዝመፅእ ስለዘይፈልጥዎ፡፡
[478]	**ሓታቲ፡** ሕክምናዊ ክትትልከ ይገብሩዶ ይመፁዶ ናብዚ?
[479]	**ተሓታቲት፡** ይመፁ እዮም።
[480]	**ሓታቲ፡** ኣፍልጦኽ ኣለዎምዶ ምባል ይከኣል? ሕጂ ንኣብነት ክትትል ሕክምና ብምግባር ካብ ዘይተመሓላፍቲ ሕማማት ምክልኻል ከምዝከኣል ክትትል እንተዘይገይረካ ግን ካጋደድ ከምዝኽእል ኣፍልጦ ኣለዎም?
[481]	**ተሓታቲት፡** እወ።
[482]	**ሓታቲ፡** ማለት ምስዚ ዝተትሓሓዘ ዘጓነፈኪ ነገር እንተልዩ ክትሕክምዮም ከለኺ ዝገልፅዎ ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ዘለዎም ግንዛበ ከመይ ከምዝገልፅዎ ወይድማ ከመይ ከምዝገለፅዎ ተጓንፎ እንተሊዩኪ ማለት እዩ ትዝክርዮ?
[483]	**ተሓታቲት፡** መድሓኒት ብምስኣኖም ወይ ብምኽባር እንተኾይኑ እምበር ሕዚ ኤች ሲ ቲ ንባዕሉ ይሰኣን እዩ፡፡ በተለይ ሕዚ ኣብ ቀረባ ኣይርከብን፡፡ ክባር ይኸውን እንድሕር ሳንቲም ስኢኖም ገለ እንተዘይገዚኦም እንታይ ከጋጥመና ኢሎም ይጨናነቑ እንደምንም ኢሎም ተፀሚሞም ክገዝእዎ ማለት ብኡ ይጨናነቑ፡፡
[484]	**ሓታቲ፡** ንጥፈታት ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዝምልከትከ ሕጂ ንስኺ ከም በዓል ሞያ እንታይ ዓይነት ተግባራት ትፍፅሚ ንምክልኻል ዘይተመሓላለፍቲ ሕማማት?
[485]	**ተሓታቲት፡** መስተ ንኽይሰትዩ ምኽሪ ይህቦም መድሓኒት ከዓ ገዚኦም ክከታተሉ ከየቋርፅዎ እውን ንክውሕጥዎ ድማ ምእማን።
[486]	**ሓታቲ፡** እሺ ምናልባት ሕጂ ምኽሪ ክትህቦም ከለኻ ዘይቕበሉ ሰባት ክህልዉ ይኽእሉ እዮም። ዕንቅፋት ክኾኑ ዝኽእሉ ነገራት እንታይ እዮም ኣብዚ ማሕበረሰብ እዚ? ባህላዊ ኣተሓሳስባታት ክኾኑ ይኽእሉ ኣባህላታት ክኾኑ ይኽእሉ፡፡
[487]	**ተሓታቲት፡** ብምግቢ ዘይንክታተሎ ይብሉ፡፡ መስተ ሕዚ ፅራይ ስዋ ንባዕሉ ይቕንስ እዩ ደም በዝሒ ይብሉ፡፡ ከምኡ ዝብልዎ እውን ኣሎ፡፡
[488]	**ሓታቲ፡** ከምኡ ዓይነት ኣተሓሳስባ ኣለዎም እዩ?

[489] **ተሓታቲት፡** እህእ
[490] **ሓታቲ፡** ግን ብሳይንስ ዝተደገፈ ኣይኮነን እዚ?
[491] **ተሓታቲት፡** ኣይድገፍን።
[492] **ሓታቲ፡** እና ነዚ እንትን ንምግባር
[493] **ተሓታቲት፡** ደጋጊምካ ምእማን፡፡ ኣለዋኒ ሕዚ ጎረባብተይ ኣነ ምእማን እዩ፡፡ ያው እኳ ኩሉ እንዳገደፋ ሕዚ ናብቲ መድሓኒተን ይኣትዋ ኣለዋ፡፡
[494] **ሓታቲ፡** ምናልባት ባህላዊ ኣተሓሳስባ ኮይኑ ግን ንምክልኻል ዘይተመሓላፍቲ ሕማማት ክድግፍ ዝኽእል ነገርከ ይህሉዶ?
[495] **ተሓታቲት፡** ኤክሰርሳይስ ክንሰርሕ ዎክ ገለ ምንቅስቓስ እምበር ካልእ የለን፡፡
[496] **ሓታቲ፡** እሺ ኣብ መወዳእታ ሪኢቶኺ እስኪ ኣብ ምክልኻል ዘድህበ ትምህርቲ ንምሃብ ብማሕበረሰብ ደረጃ እንታይ ክግበር ኣለዎ ትብሊ?
[497] **ተሓታቲት፡** ያው እቲ ምሃብ እንኣ ምምሃር ማለት እዩ፡፡ መድሓኒት ግን ንኽይከታተሉ ንኽየቋርፁ ምክትታል ክገብሩ ካብዚ ኣልኮላዊ መስተ ክውገዱ፡፡
[498] **ሓታቲ፡** እንታይከ ንኣብነት ሕጂ እቲ ጥሙር ጥዕና ኣለዋ ኣብዚ በብቀበሊኡ በብጣብኡ ትምህርቲ ዝህባና።
[499] **ተሓታቲት፡** እወ።
[500] **ሓታቲ፡** ሓደ መንገዲ እዩ ንሱ ሕጂ ኣብ ምክልኻል ዘድህበ ትምህርቲ ንምሃብ፡፡ ካልእ መራኸቢ ሜላ ተጠቒምና ከምዚ ዓይነት ትምህርቲ ንምሃብ ንኽእለሉ ኩነታት እንታይ ኣሎ ትብሊ?
[501] **ተሓታቲት፡** ብፊድዮ ይቕርብ ኣሎ ብቴለቪዥን እውን ስለዘሎ ኣብ ዝተኽኣለና ከም ጎረቤት ገለ ክንረክብ ከለና ከዓ ጊዜ እንተሃልዩና ሓሙሽተ ዓሰርተ ደቒቃ ዓብዩ ጥቕሚ እዩ ንዓኣቶም ምኽሪ እንተሂብናየን ዓብዩ ኣድኻንቴጅ እዩ ከም በዓል ሞያ መጠን ማለት እዩ፡፡
[502] **ሓታቲ፡** ኦኬ ምናልባት ኣነ ዘይጠቕስኩዎ ካብዞም ዝጠቕስኩዎም ወፃኢ ምስ ዘይተመሓላለፍቲ ሕማማት ዝተትሓሓዘ ነገር ክግለፅ ይግበኣ ትብልዮ ነገር እንተልዩ ማለት እዩ፡፡
[503] **ተሓታቲት፡** ኣብዚ ናይ ዲያቤቲክ ሕዚ ኩሉ ግዜ ኢንሱሊን መርፍእ ካብ ዝኾን ሰልችዩና ሓቢጡና ኢሎም ገለ ብዙሕ ዘቋርፁዎ ኣሎ ከኒን እንተዝኸውን ይምረፅ፡፡
[504] **ሓታቲ፡** ንሱ ኣከሰስብል ኣይኮነን እቲ ከኒን ብከኒን መልከፁ የለን ማለት ድዩ ኣብዚ?
[505] **ተሓታቲት፡** ብከኒን መልከፁ ኣሎ እዩ ግን ታይፕ ዋን እና ታይፕ ቱ ስለዝኾነ ዋላ ንቶም ታይፕ ቱ ዝወስድዎ እቲ ኢንሱሊን መርፍእ ተሪፉ ብከኒን ዓይነት እንትወስድዎ ማለተይ እዩ፡፡
[506] **ሓታቲ፡** ብጣዕሚ እየ ዘመስግን፡፡
[507] **ተሓታቲት፡** ችግር የብሉን፡፡

(xiv) In-depth Interview with Health Professional - 10 (IDI10-HP10)

Turn	The Tigrigna Text
[508]	**ሓታቲ፡** ያው ብጣዕሚ እየ ዘመስግን ንትሕብብርካ። ኣብዚ ኽባቢ ዝርግሐ ዘይተመሓላፍቲ ሕማማት እንታይ ይመስል ሱቕ ኢልካ ብሓፈሻዊ ክረአ ከሎ?
[509]	**ተሓታቲ፡** ቄል ማለት ኣብዚ ኣባና ዘለዉ ነን ኮምኒኬብል ዲዚዝ እንብሎም ሕማማት ያው ከምቲ ናይ ቅድሚ ሕዚ ዘይኮነ ሕዚ ዘለዉ ፅቡቕ ማለት ናይቲ ሰብ ኣፍልጦ ብዙሕ ስለዝኾነ እቲ ሕማም እውን ብብዝሓት ኣሎ እዩ። በተለይ ናይ ደም በዝሒ ብጣዕሚ ብዙሓት ሕሙማት ከም ዘለዉና ናይ ሽኮር ሕሙማት ናብ ሽሕን ሰለስተ ሚእትን ዕስራን ኣርባዕተን ሕሙማት ከምዘለዉና ኢንሮል ዝገብሩ ማለት እዩ። ቆልዑን ዓበይትን ሓዊሱ ማለት እዩ። ናይ ልቢ ሕሙማት እውን ኣለዉና። ያው እቲ ናይ ልቢ ሕሙማት ኤግዛክትሊ ናይ ኣኽሱም ኤርያ ዘይኮነስ እስካብ ምዕራብ ዘለዉ ዲሞግራፊ ናምበር እዩ ዘለና ሶ ፋር ክንደይ ኣለውና ሕዚ ናብ ሰለስተን ሓምሳን ኣለውና ናይ ልቢ ሕሙማት። ካሊኣት ናይ ኮሌስትሮል ሕማም ዘለዎም እውን ዝተወሰኑ ሰባት ኣለዉና እዮም። እናስ እቲ ናምበር ቀሊል ዘይበሃል ናምበር ኣሎ እዩ።።
[510]	**ሓታቲ፡** ምናልባት ነዚ ዘይተመሓላለፍቲ ሕማማት ምኽንያት እንታይ ክኸውን ኢልካ ክግመት ይከኣልዶ?
[511]	**ተሓታቲ፡** እወ። ምኽንያታት ያው ሕዚ already ምስቲ ናይ ዌስተርን ሶሳይቲ ፋክተራት ኢና ነተሓሕዞ ዘለና። ምኽንያቱ ንሕና ናይ ባዕልና ሪስክ ፋክተራት ፅንዓት የብልናን። ሶ እንታይ እዩ በቲ ዘሎ ትረንድ ግን እንታይ እዮም እቶም ሪስክ ፋክተርr ክንብል እንተለና ኢስፔሻሊ እቲ ናይ ልቢ ሕማም ናይ ቶንሲል ሕማም እዩ። ኣባና እቲ ዋና ሪስክ ፋክትረ ኮይኑ ንረኽቦ ዘለና። ናይ ቶንሲል ብተደጋጋሚ ዘይምሕካም ናብ ልቢ ስለዝኸይድ ንሱ እዩ። እቲ ሕማም ንሱ ሩዮማቲክ ሄርት ዲዚዝ ይበሃል። እቲ ካሊእ ግን ምስ ደም በዝሒ ዝተትሓሓዘ ሕማማት በተለይ ናይ ስትሮክ ኢዝ ሃየስት ሪኮርድ ሕዚ ኣብ ኣኽሱም ዘሎ። ብናይ ኩላሊት ሕማም ፖስት ሃይፐርተንሽን ብዙሓት ኣለዉ። ኣፍቲ ናይ ዲያቤቲክ ግን ያው ኢትስ ከዉዙ ኣይፍለጥን። ያው እቲ ሪስኩ እና ፋሚሊያል ተንደንሲ ዘለዎም ዝተወሰኑ ሰባት ኣለዉ እየም። ብፋሚሊ ኣንለስ ኣዘርዋይስ እቲ ሪስክስ ብዙሕ ዝፍለጥ ኣይኮነን።።
[512]	**ሓታቲ፡** ሰባትከ ሕጂ ንኣብነት ክሕከሙ ከመፁ ይኽእሉ እንድዮም ኣብዚ እንታይ ይብሉ? ሕጂ ንኣብነት ፀቕጢ ደም ኣለካ ገለ ክትብሎም ከለኻ ዝስምዖም ስምዒት ክህሉ ይኽእልና
[513]	**ተሓታቲ፡** ኖርማሊ ኣክሰፐት ዘይምግባር እ ኣብዚ ከተማ ዘሎ። ብተለይ እዚ ክሮኒክ ኢልነስ እቲ ናይ ሶሻል ዘሎ ኣቲቱዩድ ምንም ኣይተቐየረን። እና ኣት ሊሰት ኣብኡ ክስረሑሉ ኣለዎ። በተለይ ኣብ ሕብረተሰብና ደም ኣለካ ሽኮር ኣለካ ክትብሎ ከለኻ ዘይ ቲንክ መድሓኒት ዘይቋረፅ ምኗኑ እዮም ኣንደርስታንድ ዝገብሩ እምበር ናይቲ ደም ሳዕቤን ናይቲ ሽኮር ሳዕቤን ኣይኮነን ኣርግዩ ዝገብሩ ምሳና። ሶ ዚስ ኣር ዘ ፕሮበለም ሶ ንዕኡ ኢና ንሕና ክነርድእ ንምኩር። so እቲ ናይ መጀመርያ reaction ዋእ ኣፍቲ ከይደ እኮ ደሓን እየ ከመይ ኣቢሉ ኣብዚ ወሲኹ ምናልባት እናበሉ ኣርግዩ ምግባር እዩ እምበር መድሓኒትኩም ተኸታተሉ መድሓኒትኩም ውሰዱ ክትብሎም ከለኻ ኣርግዩ ናይ ምግባር ተንደንሲላለዎም።
[514]	**ሓታቲ፡** ምናልባት ምስ ካልእ ዘተሓሕዝዎ ነገር ኣለዎም ምስ ባህላዊ?
[515]	**ተሓታቲ፡** ቄል ኣብ ሕክምና ኣሎ። ኣብ ሕክምና ኣሎ። በተለይ ኣሎ ኣይ ዶንት ኖው ሃው ማች ሳይንቲፊካሊ ቤዝድ ምኗኑ ሞሪንጋ ዝበሃል ቆፅሊ ኣሎ ንሽኮር የጥፍእ ንክስታይ የጥፍእ ንክስታይ ንኹሉ ንኹሉ መድሓኒት እንዳበሉ ይሰትይዎ እዮም። ግን እቲ ንሕና ዊተነስ ዝገበርናዮ ኢቨን ዞ ታንጀብል ዝኾነ ስታዲ ዋላ እንተዘይሃለወና ሳዕቤኑ ግን ንርእዮ ኣለና ኢና። ፍርቆም ፓራላይዝድ እንዳኾኑ ይመፁ ኣለዉ። መድሓኒት ኣቋሪፆም ናብኡ ምክያድ ካብኡ ናብ ፀበል ቄል ፀበል ናይ ባዕሉ ሮልከህልዎ ይኽእል ግን ፋክቱ ግን ትሪታብል ምኗኑ ኢዝሊ ኮንትሮል ዝግበር ምኗኑ ኣንደርስታንድ ዝገብርዎ ነገር የለን እና ምስ ካልእ ምትሕሓዝ ኢን ኣ ሰንስ ንምሳሌ ምስ ደም በዝሒ ክመፅእ እንተሎ ኣይ ትማሊ ተናዲደ ነይረ ከምዚ ድግስ በሊዐ ነይረ ሽኮር ኣለካ ክትብሎ ከለኻ ድማ ኣይ ትማሊ ብዝሕ ዝበለ ክስታይ በሊዐ ነይረ ዒልቦ በሊዐ ነይረ በለስ በሊዐ ነይረ ኢልካ ኣርግዩ ምግባር ኣሎ እዩ። ግን ንሕና ድማ ኣለካ ቅድሚ ምባልና ናይ ባዕልና ክራይተርያ ኣለዉና እዮም። ሱቕ ኢልና ኣይኮናን ኣለካ ኢልና ንልጥፍ on the spot። ሶ እቲ ክራይተርያ ተኸቲልና ክንከይድ ከምዚ ዓይነት ፀገማት ከምዘሎ እወ ኣሎ እዩ።።
[516]	**ሓታቲ፡** ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ሰባትከ ሕጂ ኣካል ናይቲ ማሕበረሰብ ኢኻ ንስኻሞ ኣብዚ ሕክምና መፂኦም ክስታይ ይገብሩ እየም?
[517]	**ተሓታቲ፡** እወ።
[518]	**ሓታቲ፡** ግን ኣብ ደገ ኣብቲ ማሕበረሰብ ኣካል ኮይንካ ክትነብር ከለኻ ብዛዕባ እዚ ይዘራረቡዶ? ማለት ዘይተመሓላለፍቲ ሕማማት ከም ትኹረት ሂቦም ናይ ምዝርራብ
[519]	**ተሓታቲ፡** ኖ እስካብ ሕዚ ምንም ኣቴንሽን የለን ። ኖርማሊ እቲ ኢሹ እንዳውም ዝለዓል ኣብ ሆስፒታል እዩ። ኣንለስ ታብ ደገ ወፃኢ እዚ ናይ ባህላዊ ወረ እዩ ዘሎ። ደም ፀቕጢ ሒዙካ ዋይ እሞ ተናዲድካ ነይርካ ወይ ከምዚ ኢልካ ብምባል ኣርግዩ ምግባር እዩ እምበር ኣት ዘ ኮሚኒቲ ለቨል ንሕና እውን ኣይሰራሕናን። ኣክቸዋሊ ፕሮግራም ላለና እዩ። ማለት ሃየፐርተንሽን ዴይ ዝብል ፕሮግራም ኣሎ እዩ። ሃይፐርተንሽን ዴይ እንታይ ኢና ንገብር ማንኛውም ሰብ ኣብ ደገ ዝረኽብናዮ ሱቕ ኢልና በየመንገዱ ክንልክዕ እሞ ጀስት ቱ ክሪኤት ኣዌርነስ እዩ። ክሊክ ንምግባር እዩ እምበር ንኹሉ እንዳዞርና መድሓኒት ክነጅምር ኣይኮናን ግን እቲ ኣዌርነስ ምፍጣር ከምኡ ፕላን ኣሎ እዩ ናይቲ ሆስፒታል። ሶ

ፋር ግን ምንም ዝተሰርሐ ነገር የለን ኣብ ኮሚዩኒቲ።።

[520] **ሓታቲ፡** ኣብ ተግባር ኣይኣተወን ንሱ?

[521] **ተሓታቲ፡** ኣይኣተወን።።

[522] **ሓታቲ፡** ዕንቅፋትከ ዝኾኑ ነገራት ሕጂ ክተምህር ከለኻ ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ዕንቅፋት ዝኾኑ ነገራት ኣለዉዶ?

[523] **ተሓታቲ፡** ካብ መን?

[524] **ሓታቲ፡** ካብ ማሕበረሰብ ማለት እዩ።።

[525] **ተሓታቲ፡** ዌል እወ ማለት እቲ ዓብዩ ማለት ሄልዝ ኢጁኬሽን ኣፍቲ ሆስፒታል ንዞም ነን ኮሚኒኬብል ኣይህብን ንኮሚዩኒኬብል እዩ ከም እኒ ዓሶ ከም እኒ ሳምባ ቲቢ ከምኒ ኤች ኣይ ቪ እዩ ትምህርቲ ዝህብ እምበር ኣብዚኦም ኣትኩሩ ሂቡ ኣይፈልጥን።። ሌት ኣሎን ኣብ ኮሚኒዩቲ ኣብ ሆስፒታል ሌቨል እውን ኣይወሃብን ዘሎ።። ሕዚ ግን ዳይቨርት ይገብር ኣሎ እዩ እቲ ትረንድ።። ሕዚስ ኣፍቲ ኮሚኒዩኬብል ኤንድ ነን ኮሚዩኒኬብል እናገበሮ ይኸይድ ስለዘሎ ሕዚ ኣቴንሽን እንታይ ንምግባር እቲ ሓደ ፅዕረት ንገብሮ ዘለና ኣብ ሆስፒታል ናይ ሽኮር ማሕበር ይቋቋም ኣሎ እዩ።። ኦልረዲ ተፈሊጦም እዮም ሶ እቲ ናምበር ንኽልተ ዓላማ እዩ ኣክቸዋሊ ዝግበር ዘሎ።። ሓደ ኣፍቲ ምህሮ ኣቄርነስ ኣፍቲ ኮሚዩኒቲ ንምፍጣር ካልኣይ ድማ ፍሪ ዝረኽብሉ መድሓኒት ንምምችቻው እዩ።። እቲ ከምኡ ዝግበር ዘሎ እና ዋትኤቨር ዓላማ ይሃልዎ ግን እቲ ፕራይመሪ ዓላማ ኣዌርነስ ፈጢርካ ነቲ ህዝቢ እውን ክጥንቐቅ ምግባር።። ኣፍቲ ኣመጋግባና በተለይ ከመይ ገይርና ከምእንቐይር ንምስትኽኻል እዩ።።

[526] **ሓታቲ፡** ፅቡቕ እሞ ሕጂ ያው ናብ እንዳጠቓለልና ሕፅር ሕፅር ኣቢለ እውን ክስታይ ክገብር።። ምናልባት ሕጂ ሽግር ዝፈጥሩ ናይቲ ማሕበረሰብ ኣተሓሳስባ ኣለዉ እዮም ባህላዊ ዝኾኑ?

[527] **ተሓታቲ፡** እወ።።

[528] **ሓታቲ፡** ግን ባህላዊ ኮይኖም ምናልባት ነቲ ምክልኻል ዝድግፉ ንኣብነት ሕጂ ሓደ ሓደ ሰባት እንታይ ይብሉ ብባጃጅ ኣይንኸድን ብእግሪ ናይ ምኻድ ክስታይ ይገብሩ እሞ ምስቲ ባህሎም ኣተሓሒዞም ንቲ ሳይንቲፊክ ዝኾነ እንትን ሪኣም ኣይኮኑን።። ከምኡ ዓይነት ነገር ክድግፉ ዝኽእሉ ነገራት ኣለዉዶ?

[529] **ተሓታቲ፡** ኣለዉ ኣለዉ።። ኤክሰርሳይስ ይርድእዎ እዮም።። ኤክሰርሳይስ ኣንሕና እውን ሜጀር ትሪትመንትና እዩ።። ኢስፔሻሊ ንሽኮር ሕሙማት ንደም በዝሒ እውን ከምዝቐፅል ንፈልጥ ኢና።። ክብደት ከምዝቐንስ ንፈልጥ ኢና።። ንልቢ ሕሙም ግን ከምኡ ኣይንመኽሮን ኢና ምኽንያቱም ምጉዑዓዝ ኣይኽእልን።። ሶ እዚ ብተለምዶ ብእግሪ እየ ዝኸይድ ባጃጅ ኣይሳፈርን ኤክሰርሳይስ ግበር ኢኒሼቲቭ ኣሎ እዩ ታፍቲ ህዝቢ ንሱ እውን ንኽነዳብሮ እውን እዩ እቲ ሓደ።። ኣንሕና እውን ከም ትሪትመንት ፕሮቶኮል ኩሉሻዕ ኢና ቫይዝኣድ ንገብሮም።። እና ኣሎ እዩ ኣፍቲ ሕብረተሰብስ ኣሎ እዩ።።

[530] **ሓታቲ፡** ሕጂ ናብ ሪኢቶ ንምፃእ እሞ ምናልባት ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ሕጂ ብደረጃ ማሕበረሰብ ዝስራሕ ስራሕቲ ኣሎ እዘን ጥሙር ጥዕና ገዛ ንገዛ እንዳኽዳ ትምህርቲ ዝህባሉ ኩነታት ኣሎ እዩ።።

[531] **ተሓታቲ፡** እወ።።

[532] **ሓታቲ፡** ንሱ ንምጥንኻር ይኹን ብተወሳኺ እውን ካልእ እቲ ሰብ ፍልጠቱ ክብ ንኽብል እንታይ ክግበር ኣለዎ ትብል ያው በዓል ሞያ ስለዝኾንካ?

[533] **ተሓታቲ፡** ዌል ኖርማሊ ሕዚ ክግበር ዘለዎ መጀመርያ እቲ ኢኒሼቲቭ ካብቲ ሆስፒታል ክጅምር ኣለዎ።። ኣፍቲ ሆስፒታል ክጅመር እንተሎ መጀመርያ ኣፍቲ ሆስፒታል ዘሎ staff እና ኣፍቲ ሆስፒታል ዝመፅእ ዘሎ ሕሙም ንጉሆ ንጉሆ ናይ ሬድዮ ትምህርቲ ኣሎ እዩ።። መጀመርያ ኣብኡ ኢነተግሬት ክንገብሮ ክንክእል ኣለና።። ዘን እቲ ኣብዚ ዝመፅእ ዘሎ ሕሙም ቀሊል ናምበር ኣይኮነን።። ብሓደ ሰብ ክንደይ ኢንፎረሜሽን ዲሰንትራላይዝ ምግባር ንኽእል ኢና።። ሶ ኣብኡ መጀመርያ ክንገብር ኣለና።። ዘን ጥሙር ጥዕና ፕራይመሪ ዓላማኣን ንወላድና ንቆልዑ እዩ ሶ እዚ ትምህርቲ እዚ ኢንተግሬት ክግበር ኣለዎ።። እና እቲ ሲስተም ስታብሊሽ ክግበር ኣለዎ ኦልረዲ ኣሎ እዩ እቲ ሲስተም ብኻሊእ ፊልድ ዋላ እንተኾነ እዚ ግን ኢምፕሊመንት ንምግባር ብጣዕሚ ቨሪ ኢዚ እዩ።። ግን እቲ ስራሕ ክጅመር ከሎ ኣፍቲ ሆስፒታል ክኸውን ኣለዎ እዩ ዝብል ብናተይ ግምት።።

[534] **ሓታቲ፡** ኣብዚ ክጅመር ኣለዎ ኣብ ዘይተመሓላለፍቲ ሕማማት ብዙሕ ትኹረት ስለዘየሎ ማለት እዩ?

[535] **ተሓታቲ፡** እወ ።።

[536] **ሓታቲ፡** ዋላ እቲ ክስታይ እንዳወሰኸ እንተኸደስ እቲ ትምህርቲ ግን ከምዘየለ እየ ተረዲኡ።።

[537] **ተሓታቲ፡** የለን።

[538] **ሓታቲ፡** ምናልባት ኣነ ዘይጠቐስኩዎ ያው ንስኻ በዓል ሞያ ኢኻ ብዙሕ ነገር በዚ area ብዙሕ ነገር ስለትፈልጥ ኣነ ዘየጠቐስኩዎ ምስ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ከተሓሓዝ ዝኽእል ነገር እንተልዩ ኣብ መወዳእታ።።

[539] **ተሓታቲ፡** ዌል ማለት ዘይተሓላለፉ ሕማማት ሓደ ሓዲኦም ምልክት የብሎምን። ሶ ክሊኒክ ኦር ዋተኤቨር ሆስፒታል ኦር ጥዕና ጣብያ ቪዚት ብምባባር ዝርከቡ በተለይ ናይ ደም በዝሒ።። ደም በዝሒ ምልክት የብሉን።። ሓደ ሓደ ሰብ ናይ ባዕሉ ዘተሓሕዞ ክሳደይ ሓዘኒ ርእሰይ ሓዘኒ ክስታይ ሓዘኒ ይብል እዩ።። ግን እዚ ናይ ደም በዝሒ ምልክት ኣይኮነን።። ሶ ኣፍተር ኦል ደም በዝሒ ምልክት የብሉን።። ክመፅእ እንተሎ በጉድኣት እዩ ዝመፅእ ወይ ብልምሻ ካሊእ ሳዕቤን ኣምፂኡ ዝመፅእ እና ኖረማል ክኸውን ዘለዎ ከም ናተይ በዓል ሞያ ማንኛውም ሰብ ሜዲካል ቼክ ኣፕ ዝበሃል ፎርማል ዝኾነ ክትትል ክህልዎ ኣለዎ።። ኣብ ዓመት ክልተ ዝኽእል ድማ ኣብ ዓመት ኣርባዕተ ዘይኽእል ድማ ኣብ

ዓመት ሓደ ቢያንስ ቼክ ክግበር ግዴታ ምኽኑ፡፡ ሶ ሜዲካል ቼክ ኣፕ ብቻ እዩ ነን ኮሚኒዩኬብል ዲዚዝ ፒክ ዝኽእል እና ኣት ሊስት ፐርሰንቲቭ ኣስፔክት ክስራሕ ዝኽእል እና ኣነ ንሱ ጥራሕ እየ ዝላቦ፡፡

[540] **ሓታቲ፡** ኣኬ ብጣዕሚ እየ ዘመስግን፡፡

[541] **ተሓታቲ፡** እሺ።

(xv) In-depth Interview with Health Extension Worker - 1 (IDI11-HEW1)

Turn	The Tigrigna Text
[542]	**ሓታቲ፡** ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እንታይነት'ዶ ትነግርኒ?
[543]	**ተሓታቲት፡** ሕራይ ሕዩ እዞም ዘይተመሓላለፍቲ ሕማማት ዝበሃሉ መጀመርያ ከም በዓል ሃይፐርተንሽን፣ ሜንታል ሄልዝ እና ከም ዲያቤትስ መሊተስ ዝበሉ እዚኦም ከም ዘይተመሓላለፍቲ ሕማማት ወሲድና ኣብቲ ሕብረተሰብ ንሕና ከነምህር እንተለና እዚኣቶም ካብ ሰብ ናብ ሰብ ዝሓልፍ ሕማም ዘይኮነ ምኽኑ ነቲ ግለሰብ ንሱ ግን እዞም ፀገም እዚኦም እንተሊኦም እንድሕር ብእዋኑ ዘይተሓኪምዎም፤ ብእዋኑ እንተዘይተኸታቲለምዎ ናብ ዝዓበየ ፀገም ከውድቕዎም ዝኽእሉ ምኽኑ ኢና እቲ ንሕና ነብረሀሉ። ዙሮ ዙሮ እንታይ እዮም ዝመስሉ ዝበሃሉ ግን እ ካልኦት ክህልዉ ይኽእሉ እዮም። ሕጂ ምናልባት እዚ ካንሰር ምስኦም ተደራቢ እዩ ብዝብል ብሓድሽ እየ ሒዘዮ ካንሰር ቅድሚ ሕዩ ኣነ ዝፈልጦም ግን እዞም ቅድም ኢለ ዝነገርኩኻ ነገር እዮም። ኣብቲ ሕብረተሰብ እውን ንሶም ኢና ንሕና ነምህሮም።
[544]	**ሓታቲ፡** ኣየናይ ዘይተመሓላለፊ ሕማም እዩ ብበዝሒ ንማሕበረሰብ እዚ ከባቢ ዘጥቅዕ?
[545]	**ተሓታቲት፡** ሕጂ ብሓፈሻ ክርኢ እንተለኹ ኣነ እዞም ሜንታል ሄልዝ ይበዝሑ። ኣብ ከም ቀጠናይ ወሲደ ሓሙሽተ ኣለውኒ ኣነ ሜንታል ሄልዝ። እ ብተወሳኺ ሃይፐርተንሽን እውን ኣሎ። ሽኮርያ ግን ውሕድ ዝበለ እዩ ዘሎ ክርእዮ ከለኹ። ግን ኣብ ክልቲኡ ኣብ ሃይፐርተንሽን እና ሜንታል ሄልዝ ቁሩብ ብርክት ዝበለ መሲሉ ይስመዐኒ። ኣብ ሓደ ቀጠና ሓሙሽተ እንተሊኡስ ብኣኽሱም ደረጃ ዓቂንካ'ውን ብዝሕ ዝበለ ሰብ ክህሉ ምኽኑ እየ ዝወስድ።
[546]	**ሓታቲ፡** ሰባት ብዛዕባ እዞም ሕማማት እንታይ ይብሉ? ምስ ምንታይ የተሓሕዝዎ? ዝህብዎ ትርጉም ኣሎ'ዶ?
[547]	**ተሓታቲት፡** ከም ሃይፐርተንሽን ነገር ክትነግሮም ከለኻ እ ሃይፐርተንሽን ማለት እዚ እዩ። ተተናዲድካ ብምንዳድ እውን ክግንፍል ከበዝሕ ዝኽእል ምኽኑ፣ እ ብሓፂር ግዘ'ውን ናብ ሞት ክብፅሖም ዝኽእል ምኽኑ፣ ኣብ ሓፂር ግዘ'ውን ፓራላይዝ ዝኽእል ምኽኑ ክተምህሮም ከለኻ ቅቡል ይገብርዎ እዮም ይኸዱ እዮም ይዕቀኑ እዮም። ንሕና'ውን ንዕቅኖም ኢና ኣብቲ ዝገጠመና እንተዘይኮይኑ መብዛሕቲኦም ክትትል ዝገብሩ ሰባት እዮም ዘለዉ። ኣብ ሜንታል ሄልዝ ግን ክትዛረብ ከለኻ፣ ክተምህሮም ከለኻ ሕዩ ተሓኪሙ ክሓዩ ዝኽእል ምኻኑስ ኣይኣምኑልን ብግልፂ። ቢቃ ይሙግትኻ እዮም። ንኣብነት ሕዩ ሓንቲ ኣለዋ ኣብዛ ቐረባ ቦታ እዚኣ 'እዚስ ክንደይ ግዘ ዝደኸምኩሉ ክንደይ ዓመት ዝደኸምኩሉ ሕዩ እንታይ እሞ ንስኺ ሕዩ ኣነ ጋሻ እየ ነዚ ከባቢ 'ንስኺ ሕዩ እዚ ክትብልኒ ከለኽስ ኣይመስለንን ግን ማይጨለይተይ ፂኢረ፣ ሕጂ'ውን ማይጨሎት ክፅዕር እየ ክቐፅል እየ እምበር ኣብ ሕክምናስ ምንም ለውጢ ኣይረኽብኩሉን' ክሳብ ናብ ክንድኡ እዮም ዝኸዱ። ኣብ ሜንታ ሄልዝ ዘለዎ ኣረኣእያ ሕዩ'ውን ገና እዩ ዝብል እምነት እዩ ዘለኒ።
[548]	**ሓታቲ፡** ንሳዕቤናት ዘይተመሓላለፍቲ ሕማማት ኪቃልዑ ዝኽእሉ ሰባት ከመይ ዝበሉ እዮም?
[549]	**ተሓታቲት፡** በተለይ ኣብቶም ሃይፐርተንሽን ሕጂ ክርኢ ከለኹ እዞም ዕድሚኦምስ ካብ ፍርቂ ንላዕሊ ዝኾኑ ሰባት እዞም ዓበይቲ ሰባት እዮም መብዛሕቶም ዘለውና። ኣብቶም ሜንታል ሄልዝ ኣብ መናእሰይ'ውን ኣለዉ። እዚኦም ብዝኾነ ጭንቀት መዪኡ ክኸውን ይኽእል እዩ። ኣጋጣሚ ከምቲ ዝበልኩኻ ኣነ ቀረባ እዋን እንድየ መዪኡ ናብዚ ከባቢ ብዙሕ ፅንዓት የብለይን እንድየ ግን ብጭንቀት እውን ተላዒሉ ክኸውን ይኽእል ካልእ ካልእ ፕሮሰስ እውን ክህልዎ ይኽእል እንድዩ ዙሮ ዙሮ ኣብኦም ኣብቶም መናእሰይ እውን ኣሎ ኣብቶም ዓበይቲ'ውን ኣሎ እዩ። ኣብ ሃይፐርተንሽን ወሲድካ ግን ዓበይቲ ሰባት እዮም እቶም ዘለዉ ሰባት ብዕድመ ድፍእ ዝበሉ ሰባት እዮም።
[550]	**ሓታቲ፡** ኣብዚ ማሕበረሰብ እዚ ሰባት ብዛዕባ ዘተሓሳስቦም ዘይተመሓላለፍቲ ሕማማት ይዘራረቡ'ዶ? ብቐዳምነት ዓይነት ዘይተመሓላላፊ ሕማም እንታይ እዩ?
[551]	**ተሓታቲት፡** ኣይ ነንባዕሎም ከም ሓደ ኣጀንዳ ኣልዒሎም ክዛረብሉ ኣይኮንካን ትርኢ። ንሕና ኣልዒልና ኣነ ብወገነይ ዝኣተኹዎ ገዛ ኮፍ ኢለ ከምዚ'ኮ እዩ ሰኣን ኣመጋግባ፣ ሰኣን ስፖርት፣ ሰኣን ምንቅስቓስ ቅልል ቅልል ዝበለ ምንቅስቓስ እንተሃልዩ ባዕሉ ስፖርቲ እዩ ኢልና እቲ ሕማምስ ብኡ መሰረት እውን ክቕንስ ይኽእል እዩ። ኣመጋግባ'ውን ይውሰኖ እዩ ግዛዕ ኢልካ ክተምህሮ ከለኻ 'ኣንታ ሎሚ እንታይ ትሕዝቶ ኣሊዩና' ከምዚ ብቻ ፍሉይ ነገር ተመገብ እትብሎ ነገር እዩ ዝርድኣ። ገለ ገለ ሰባት ድማ መሊስካ ክተርድኡም ከለኻ 'ኣይ ንሱማ ሓቅኺ ኢኺ እኮ ሰኣን ከምኡ ምግባርና ምኽኑ'ኮ ይርደኣና እዩ' ዝብሉ'ውን ኣለዉ። ብጭቡጥ ስፖርት ዝሰርሑ ሰባት'ውን ኣለዉ እዮም። ቅልል ዝበለ ምንቅስቓስ ዝገብሩ ሰባት'ውን ኣለዉ እዮም።
[552]	**ሓታቲ፡** ምስ እዚ ዝተትሓዘ ዘጓነፈኪ ተጓንፎ'ዶ ይህሉ ፍልይ ዝበለ ተጓንፎ?
[553]	**ተሓታቲት፡** እወ ኣጋጢሙኒ። ሓንቲ ሰበይቲ ዳርጋ ከባቢ ሓምሳን ሸሞንተን ዓመት እዩ ዕድሚኣን እተን ሰበይቲ። ሃይፐርተንሽን ኣለወን። ብርግፅ ሰውነተን እውን ብዙሕ ረጓድ ኣይኮናን ቅጥን ዝበላ እየን። ሕዚ ንሰን እንታይ እየን ኢለን ተመላሊስክን እስከ ተዓቀና ቼክ ግበረኣ'ሞ ፀገም የብሉን ከውስኽ ይኽእል ክቕንስ

ይኽእል እዩ ገለ ኢለ ከዛረበን ከለኹ ‘ዋይ ኪዲን’ዶ! እቶም ሓኻይምማ ሓሰውቲ እዮም። ኣብ ገሊኡ ከይድካ ኣለኪ ደም በዝሒ ይብሉኒ፤ ኣብ ገሊኡ የብልክን ይብሉኒ። ኣነ ተውሳኽይ ቋንጣ ቀርየ ዝኒኣኹስ ካበይ ኣምፂአዮ እየ ደም በዝሒ ዝሕዘኒ።’ ብዝብል መልክዑ ገሊፀናለይ። ደሓር እንታይ እ ኢለየን ኣብኡ ክነግረን ከለኹ ብምርጓድ ኣይኮነን እኮ ዝመፅእ። ሰራውር ደምና ክፀብብ ከሎ እቲ ደም ምሕላፍ ክስእን እንተሎ ነንባዕሉ ስለዝገጫጮ እዩ እቲ ውቅዒት ደምና ዝልዕል እሞ ናብ ዝዓበየ ሳዕቤን ዘብፀሐና እምበር ዓቑን ናይ ደምና ስለዝበዘሐ ወይ ስለዝወሓደ ኣይኮነን ክብለን ከለኹ ‘እሞ እንተረጉደ እኮ እዩ ሰራውር ደመይ’ውን ክፀብብ ዝኽእል’ ብዝብል መልክዑ እየን መሊሰናለይ ንሰን’ውን።

[554] **ሓታቲ፡** ናይ ቃላት ኣጠቓቕማ ፀገም ከምፅእ ይኽእል እዩ ኢልኪ‘ዶ ትሓስቢ? ንኣብነት ደም በዝሒ ክበሃል ከሎ ምስ መጠን ደም ከተሓሕዞ ዝኽእል ሰብ ክህሉ ስለዝኽእል።

[555] **ተሓታቲት፡** ገይሮም ከምኡ ገይሮም ክሓስብዎ ይኽእሉ እንድዮም ብዝኾነ ግን እንድሕር ደጋጊምካ ተመላሊስካ ክተረድኦ ከለኻ እኮ ይርደኣካ እዩ እቲ ሕብረተሰብ። እ ግዜና ፃዕሪ የድሊ እዩ እምበር ድሕሪ ድግም ድግም ኣቢልካ ተመላሊስካዮ ይርድኦ እዩ። ይርደኣካ እዩ። ብደምቢ እዮም ዝቕበልዎ።

[556] **ሓታቲ፡** ከም ወሃቢት ግልጋሎት ጥዕና ዘይተመሓላለፍቲ ሕማማት ንምክልኻልን ገዛ ንገዛ ብምኻድ ትምህርቲ ከምእትህቢ ገሊፅክለይ ኣለኺ። ዘጋጠመኪ ነገር’ውን ነኊርክኒ ኢኺ እና ምናልባት ንምክልኻል ዘይተመሓላለፍቲ ሕማማት እትፍፅምዮ ፍልይ ዝበለ ተግባር ይህሉ’ዶ?

[557] **ተሓታቲት፡** እንታይ እሞ እዩ ፍልይ ዝበለ? እቲ ኽይድካ እቲ ሕብረተሰብ ግንዛበ ክፍጠር ምግባር እዩ እቲ ንሕና ንሰርሐሉ። ያው ኣመጋግባና ክነስተካኽል፣ ምንቅስቓስ ክንገብር፣ እንድሕር ተወሳኺ ካፍቲ ቅድሚ ሕዱ ዝነበረና ምግቢ ኣመጣጢና እንተተመጊብና’ውን እቲ ሕማም ክቕንስ ዝኽእል ምኺኑ፣ መብዛሕቲኦም ብፍላይ ኣብዞም ሓፋታማት ሓፋትም ዝኾኑ ሰባት ኮፍ ኢልካ ናይ ምውዓል፣ ሰራሕተኛ ገይርካ ስራሕኻ ናይ ምስራሕ ባህርያት ኣለዎም። እዚሲ ምንቅስቓስ ኣብ ገዛኻ እታ ዓርስኻ ክትክእላ ትኽእል ነገር ምንቅስቓስ ባዕላ ከም ሓደ ስፖርት ክጠቅም ዝኽእል ምኺኑ ኢና ንሕና ነምህሮም።

[558] **ሓታቲ፡** ግደ መራሒቲ ጉጅለ ልምዓት ኣብ ምክልኻል ዘይተመሓላለፍቲ ሕማማት እንታይ ይመስል? ንምክልኻል ዘይተመሓላለፍቲ ሕማማት እንታይ ይገብራ?

[559] **ተሓታቲት፡** ኣብ ልምዓት ጉጅለ እኳ ኣብዚ እዙይ ዝበሃል ንጥፈት ምናልባት ደኣ እንድዒ ኣነ ዝረኣኽዎ ነገር የለን። መቾም ነኒረካ እንዩየ ከምዚ ቀረባ ግዘ እየ’ውን መሚኣ ናብዚ ቀጠና። ካብ ካልእ ቦታ እየ መሚኣ። ስለዚ ከሳብ ሕዱ ኣነ ጥራሕ ከምህር ከለኹ ኣብቲ ጉጅለ ልምዓት ቀሪበ ይርከባ ዝቐፅራኒ መዓልቲ ኣሎ። ኣብታ ዝቐፀራኒ ከይደ ከምህረን እንተለኹ ጥራሕ ይቕበላ እምበር ክሳብ ሕዱ ንሰን’ውን ወሲደን እዚ እዚ ዝበሃል ምንቅስቓስ ዝገበረኣ ነገር የለን ብቻ።

[560] **ሓታቲ፡** ብዛዕባ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ኣስተምህሮ ክወሃብ ከሎ ዕንቅፋት ክኾኑ ዝኽእሉ ነገራት ክነውግዕ’ሞ። ኣብ ምስትምሃር ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዘጋጥሙ ዕንቅፋታት እንታይ እዮም? ንኣብነት ባህላዊ ኣተሓሳስባታትን ተግባራትን እዚ ማሕበረሰብ?

[561] **ተሓታቲት፡** እቲ ዘጋጥመና ዕንቅፋት እንታይ እዩ ካብቲ ድሑር ሕብረተሰብ ድሑር ባህሊ ዝመፀ ኣተሓሳስባ ስለዘሎ ሕዚ ከም ሓደ እምነት ማይጨሎት ገይርካ ምውሳድ ኣሎ። ኢፒለፕሲ እንተኾይኑ ዘውድኞ እንተኾይኑ እውን ‘ሰይጣን እዩ ረኺብዎ ብቕትሩ ክኸድ፣ ብለይቲ ክኸድ። እዚ ሕክምና ኣየድሕኖን ናብ ማይጨሎት ኢና ንኸይድ’ ምባል፤ እዚ ሱቕ ኢሉ ዓበድበድ ዝብል ሰብ በቃ ስነኣእምርኡ ዘይቆፃፀሮ ሰብ እንተኾይኑ’ውን ‘ቀውሲ እዩ ከምኡ እዩ። በቃ ብረሳሕ ቦታ ስለዝሓለፈ ቀትሪ መዓልቲ ሰይጣን ረኺብዎ። እዚ ሕክምና እንታይ ከድሕኖ ኢልክምዎ ኢኹም።’ ሕጂ ኣብ ሕክምና ወሲድካስ እዚ ሰብ እዙይ ካብቲ ሕብረተሰብ ባዕሉ’ውን ከተንፅሎ የብልካን፤ ኣቕርቦ ኮፍ ኣቢልካ ናይ ባዕልኻ ኣቕሪብካ ኣዋጋዒ ክትብሎ ከለኻ እቲ ሕብረተሰብ ‘እዚማ ኣበይ ይሰምዓካ። እዚ ቀደም ሰይጣን ወቒዑ ኣጉል ዘትረፎ ሰብ።’ ከምዚ ዓይነት ኣበሃህላታት ኣሎ እዩ። እዚ ዕንቅፋት ዝብሎ እዚ እዩ። ክተምህር ከለኻሲ ማይጨሎት እዩ ዝኣምን። በተለይ ነዞም ከምዚ ዓይነት ሕማም ማይጨሎት እዩ ዝኣምን እቲ ሕብረተሰብ።

[562] **ሓታቲ፡** ምናልባት ኣብ ሕክምና ተሓኪሙ ዝደሓነ ሰብ የለን ኮይኑ ድዩ?

[563] **ተሓታቲት፡** ኣይ ኣነ ኣየጋጠመንን። ኣይፈለጥኩን ቅድሚ ሕጂ።

[564] **ሓታቲ፡** ንኣስተምህሮ ምክልኻል ዘይተመሓላለፍቲ ዓይነት ሕማማት ሓገዝቲ ዝኾኑ ፅሑፋት ኣለዉ’ዶ? እንታይ ፅሑፋት ትጥቀሙ?

[565] **ተሓታቲት፡** ንሕና ሓገዝቲ ዝኾኑ ፅሑፋት ሃልዮም ዘይኮነስ በታ ዝተውሃበትና ስልጠና ተበጊሰ ጥራሕ እየ ዘብሎም እምበር ካልእ ሓጋዚ ፅሑፍ ግዛዕ የብለይን።

[566] **ሓታቲ፡** ንኣብነት ከምዚ በራሪ ፅሑፋት ኣብ ተመሓላለፍቲ ሕማማት ኣለዉ። ኣብ ዘይተመሓላለፍቲ ሕማማት ግን የለዉን?

[567] **ተሓታቲት፡** የለዉን።

[568] **ሓታቲ፡** ኣብ መወዳእታ ንምክልኻል ዝርገሐ ዘይተመሓላለፍቲ ሕማማት እንታይ ክግበር ኣለዎ?

[569] **ተሓታቲት፡** ያው ከምቲ ዓንተዎ ዝገለፅካዮ ዝተፈላለዩ ፖስተራት ወፂኦም ከምቲ ኣብዚ ዝልጠፉ ዘለዉ በብኽባቢኡ እንተተለጢፎም ንሕና'ውን በቲ ንኽዶ ልምዓት ጉጅለ ዝርዝር ኣቢልና እቲ ከንብብ ዝኽእል ሰብ ብዙሕ እዩ ዘሎ። እንተነኣሰ ኣብ ገዛስ ዘየንብብ ሰብ ዘለዎ ገዛ የለን ክትብል ትኽእል ኢኻ። ስለዚ ሕድሕድ ኣብዚ ጉጅለ ልምዓት ወሲድና እንተንህበን እሞ ኣብ ዝተፈላለዩ መንገዲ፣ ኣብ ትካላት ክመፁ ከለዉ ኣብ ሕክምና'ውን እንተዝልጠፍ እሞ ዝተወሰነ ግንዛበስ ምሓገዘና ዝብል እምነት ኣለኒ።

[570] **ሓታቲ፡** ሕዚ ንስኻትክን ገዛ ንገዛ ብምኻድ ኢኽን ትምህርቲ ትህባ ትርከባ። ብተወሳኺ እንታይ ዓይነት መራኸቢ ሜላ ክንጥቀም ይግበኣና? ንኣብነት ብኣምሓርኛ ኣብ ቴሌቪዥን ኣብ ዘይተመሓላለፍቲ ሕማማት ኣብ ሽኮርያ፣ ኣብ ደም ፀቕጢ እዚ 'ሐኪምዎን ያማክሩ' ፕሮግራም ኣሎ። ካልእ ሜላ ክንጥቀም ንኽእል'ዶ ብኸምኡ ብሬድዮ፣ ብቴሌቪዥን? እንታይ ኣስተያየት ኣለኪ ኣብዚ?

[571] **ተሓታቲት፡** ኣብዚ ኣስተያየት ኣለና። ንምንታይ ቴሌቪዥን ትግራይ ንባዕሉ ቅድሚ ሕዱ'ውን ኣብ ዝኾነ ሓሳብ ገሊፅና ነይርና ካልኦት ክልላት ብቋንቁኣን ብዙሕ ሰዓት እየን ዘሕልፉ ኣብ ክልልና ግን ብጣዕሚ ሓፃር ተለቂሕና ንሓንቲ ሰዓት ጥራሕ ኢና ነሕልፈላ። እዚ ትምህርቲ ክሓልፎ እዩ ኢልና ኣይንፅበዮን። ግን ናይ ባዕልና ትካል ተተኺሉ ከምቲ ካልእ ምንቅስቓስ ዝግበረሉ ብስዓቱ ወሲንካ ፍሉይ መዓልቲ ገይርካ ዶክተር ኣቐሪብካ ብስልኪ ይኹን ብፅሑፍ ኣቢልካ ግን ሰብ ክመሃር ይኽእል እዩ። 'ሓኻይም ኣብ ስቱድዮ' ካብ ኤርትራ ብዙሕ እየ ዝመሃር ሕዚ። ኤርትራ ብደምቢ እዮም ዘምህሩና ብዛዕባ እዚ። ትግርኛ'ውን ስለዝኾነ እቲ ብዝሕ ዝበለ ሰብ ተጠቃማይ ኣሎ ኣብቲ ናይ ኤርትራ ቋንቋ። ሕዚ ኣብ ትግራይና እዚ ጅማሮ እዚ እንተዝጅመርስ ብዙሕ ምተምሃረ ዝብል ግምት እዩ ዘለኒ ብወገነይ።

[572] **ሓታቲ፡** ኣነ እቲ ከልዕሎ ዝደለኹ ሓሳባት ኣልዒለ ኣለኹ። ምናልባት ንስኺ ምስቲ በዓል ሙያ ምኽንኪ ምስ ዘይተመሓላለፍቲ ሕማማት ተተሓሒዙ ዘይተጠቐሰ ነገር ኣሎ ትብልዮ እንተልዩ?

[573] **ተሓታቲት፡** ኣይ ኣነ ብወገነይ ንሱ እዩ እቲ ዘጋጠመና እንግዲህ ንቐፃላይ ድማ ክንሪኦ እምበር ክሳዕ ሕዱ ምንም የለን።

[574] **ሓታቲ፡** ብጣዕሚ እየ ዘመስግን።

(xvi) In-depth Interview with Health Extension Worker – 2 (IDI12-HEW2)

Turn	The Tigrigna Text
[575]	**ሓታቲ፡** ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እንታይነት’ዶ ትነግርኒ?
[576]	**ተሓታቲት፡** እሞ እቶም ዘይተመሓላለፍቲ ሕማማት ዝበሃሉ ንባዕሉ ከም ደም በዝሒ እኒሀ፣ እ እዞም ኤፕለፕሲ፣ እ እዞም ሊፕረሲ እዚኦም ሕዚ ዘይተመሓላለፍቲ ሕማማት ኢና ንብሎም። እ ኣስሚ ንባዕሉ ማለት እዩ። እ ኤፕለፕሲ ንባዕሉ ማለት እዩ። እዚኣቶም ኣብ ናተይ ቀጠና ክርኢ ከለኹ ከምኒ ሽኮርያ ዝበሉ ሽኮርያ እ ብዝተወሰነ መልክዑ ክሓልፍ ይኽእል እዩ። ግን እቶም ዝርከቡ ኣብቲ ቀበሌ ማለት እዩ። ኣብቲ ናተይ ቀጠና ማለት እዩ። ሕዚ እዚኣቶም በተለይ ኣብቶም ዕብይ ዕብይ ዝበሉ እ ኣብ ደቂ ኣንስትዮ መብዛሕቲኡ ኣሎ ኣብቲ ናተይ ቀጠና። ካብዚ ሓደሓደ ብልምዓት ጉጅለ’ውን እ ኣኪበ የመያይጥ እየ ማለት እዩ። ካብኡ ዓሰርተ ሽዱሽተ ኮምፕነንት ኣለዉ በቲ ናይ ጥዕና ዝተውሃቡና መደባት ማለት እዩ። ካብኡ ማንዋል ኣለኒ። እ ስለ ህፃናት ኣመጋግባ ዝብል ምስ ፎቶግራፉ እዚ ናይ ስእልታት ገለ ፖስተር ኣለኒ ብኡ ገይረ’ውን የምህር እየ ማለት እዩ። እቶም ካልኦቶም ግን ዝብለካ ዘለኹ ሕዚ ነርስታት ክንመሃር ከለና ተመሪቐና ዝወፀናሉ ሙያ እዩ እምበር ብዙሕ ሪፍሬሸመንት ረኺብና እቲ ንብሮ ኣይኮነን። ዳርጋ ሰለስተ ዓመተይ ገይረ ኣለኹ ኣነ ካብ እቲ ውሽጢ እቲ ሞያ ወፂእስ ኣብ ናይ ጥሙር ጥዕና ናይ ምክልኻል ካብ ዝኸውን ማለት እዩ። በቲ ዝሓዝክዎ መሰረት ገይረ ግን ሕዚ እ ቢፒ ኣሎ ዝተውሃብናዮ ዙሮ ዙሮ ግን መትሐዚ ናይ መትሐዝታት ካልእ ካልእ ስለዝፅግመና ኣፍቶም ግድድ ዝበሉ ሒዝና ንኸይድ ኢና ብፌስታል ብገለ ከምዝታት ባዕልና ደሊና’ውን እንትን ንብሮ ኢና። ቴርሞሜተር ብቻ እያ ዘይብልና ዘለና እምበር ካልኦትስ ኣለና እዩ ተዋሂቡ ማለት እዩ። ካብኡ እንዳዓቀና ኣመጋግበኦም ከስተኻኽሉ ከምዘለዎም ነምህሮም ኢና ማለት እዩ። እ ሕዚ ንባዕለይ ኣለዋኒ ኣብ ደም በዝሒ ዘለዋ ዝተወሰና ሰባት ንሳተን ሕዚ ይኸይድ እየ። ኣመጋግበእን ከስተኻኽላ ከምዘለወን፣ ጨው ዘለዎ ክምገባ ከምዘይብለን፣ ጨው እንድሕር ኣብዚሐን በሊዐን ብኡ ልክዕ ማይ ክሰትያ እየን። ካብኡ እንታይ እዩ ከጋጥም ንኹላሊት ይኹን ካልእ ማሊእ፤ እንድሕር ማይ እንተዘይሰትየን እውን ኩላሊት በቲ ሰንኪ ጨው ክምፅእ እዩ። ማይ ኣብዚሐን እንተሰትየን እውን ፀቕጢ ደም እንዳለዓለ እዩ ክኸይድ ማለት እዩ። ስለዚ ኣብ ኩሉ መዳይ ሽኮር ይኹን ጨው ይኹን ዝተመጣጠነ ገይረን ክበልዓ፤ በተለይ ኣብ ናይ ዲያቤቲክ እንተኾይኑ ሽኮር’ውን ክሰትያ ከምዘይብለን፣ ሐኪም ብዝበለን መድሓኒተን እናተጠቐማ ክነብራ ከምዘለወን የምህረን እየ ማለት እዩ። ደም በዝሒ ዘለወን’ውን ከምኡ የምህረን እየ ማለት እዩ።
[577]	**ሓታቲ፡** ኣብዚ ማሕበረሰብ ሰባት ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እንታይ ይብሉ? ምስ ምንታይ የተሓሕዝዎ? ዝህብዎም ትርጉም ኣሎ’ዶ?
[578]	**ተሓታቲት፡** ሕዚ በቃ ማለት እቲ ሕብረተሰብ እንታይ ይብለካ መሲሉካ በቲ ናይ ሳይንስ ተደሪኽካ ንስኻ ክተምህሮም ከለኻ እንታይ ይብሉ ‘ኣይ እዚ’ኮ ብእግዚኣብሄር እዩ እምበር እንታይ እዩ እንታይ በሊዐ እንታይ ሰትየ እየ ከምዚ መፅዩኒ’ እዩ ዝብሉ። ሕዚ ‘ኣነ ዝበልዖ ነገር የብለይን ካብታ ድጋም እንጀራ ኣይሓልፍን፣ ካፍታ ኣብ ገዛይ ማይ ሰትየ ዝ ምንም ኣይሓልፍን’ እዮም ዝብሉ። ሕዚ ፀቕጢ ደም ግን ኣነ ብናይ ባዕለይ ማለት እዩ ፀቕጢ ደምሲ ወይ ብዝተፈላለየ ወይ ምኾት ሃልዩካ ወይ ክፋእ ሃልዩካ ኣይኮነን ፀቕጢ ደም ከመፅእ ዝኽእል፤ ብናይ ጭንቂ እውን ክመፅእ ይኽእል እዩ። ብናይ ምኾት እውን ክመፅእ ይኽእል እዩ። እና እቲ ጭንቂ እንተሃልዩ እውን ብወሳናይ መልክዑ ነቲ ጭንቂ ባዕልኹም ክትከላኸልዎ ትኽእሉ። ብምኾት እውን ዝመፅእ እንተኾይኑ ሕዚ ምኾት ካብ ጮማ ዶ ካልእ ስብሒ ዝበዝሑ ወይ ከኣ ቅብኣት ነክ ዝበዝሑ እንድሕር ዝምገብ እንተኾይኑ ናይ ስብሒ ምክምቻይ ስለዝመፅእ ቨይን እዞም ጅማትና ከምድልየቶም ደም ከንቀሳቕሱ ስለዘይኽእሉ ደም ብዝሒ ክመፀና ይኽእል ኢለ የረድኡም እየ ማለት እዩ። እዚ ርዱእ ይገብርዎ እዮም ማለት እዩ። በተለይ ብጥዕና ጣብያ ውሽጢ ይኹን ብናይ ደገ ምክልኻል ስለንህቦም ሕዚ ብዙሕ ለውጢ እዩ ዘሎ ማለት እዩ። ኣብቲ ዝወሃብዎ መድሓኒት እውን ብደምቢ እዮም ዝከታተልዎ ባዕላቶም ማለት እዩ። ሕዚ ናይ ሽኮርያ ኣለውና። ሽኮርያ’ውን ብኣግባቡ ኣብዚ ጥዕና ትካል ይኣትዉ በቲ ጥዕና ትካል ዝተውሃቦም ሓበሬታ ብደምቢ እዮም ዝከታተልዎ ማለት እዩ። ብተወሳኺ ንሕና’ውን ኣብ ገዝኡም ከይድና ስለንዕድል ማለት እዩ። ደም በዝሒ’ውን ከምኡ።
[579]	**ሓታቲ፡** ምስ እዚ ዝተትሓዘ ፍልይ ዝበለ ዘጓነፈኪ ተጓንፎ ተጓንፎ’ዶ ይህሉ? ገዛ ንገዛ ብምኻድ ዘለዎም ኣተሓሳስባ ንምፅራይ ሓበሬታ ከትህቢ ከለኺ ዘጋጠመኪ ፍልይ ዝበለ እንተልዩ?
[580]	**ተሓታቲት፡** ኣብ ምንታይ ዘላ ይመስለካ፤ ኣፍታ ተጓንፎ ተጋጥመኒ ንዓይ ሕዚ ኣብዞም ናይ ሳይኮሎጂካል እንትን ናይ ስነ-ኣእምሮ ፀገም ዘለዎም ንምሳሌ ሓደ ኣለኒ ኤፕለፕሲ የውድቕ እዩ። እ ከምኡ ኢሉ ኣይወገዐንን እቶም ከባቢ እዮም ክስታይ ገይሮምኒ ማለት እዩ። ብጣዕሚ ደቒቕ እዩ እቲ ሰብኣይ ማለት እዩ። እ ኩሉ ግዘ መዝኒበ ኣነ ሕዚ እ ዘይተመሓላለፍቲ ሕማማት ዘለዎ ሃቡና እንዳተብሃለ ብዝመፀ ይምፃእ ንህብ ኢና ማለት እዩ። ዝተገበረ እንትን ግን የለን። ሓደ እውን ኣሎ ምስ ወዱ ምስ ደቁ ከም ዘለዎ ንባዕሉ’ውን ናይ ስነ-ኣእምሮ ካብ ኣመፃፅኡም ማለት እዩ። ሕዚ ንባዕለይ’ውን ግራ ዘእትወኒ እቲ ሰብኣይ ዓብዩ እዩ። ንባዕሉ ሱቕ ኢሉ ከምዚ እንትን ነገር እዩ። ናይ ስነ-ኣእምሮ ችግር ኣለዎ ማለት እዩ። እቶም ዝወልዶም ቆልዑ’ውን ግን ከምኡ። ኣመዝኒበ’ውን ኣሕልፉዮ እየ ማለት እዩ። እና ሕዚ እዚኦም ቐስ ኢልካ ክተዋግዓም ከለኻ እንታይ እዮም ዝብሉ ‘በቃ ሰብ ርካብ እዩ’ ይብሉ እዮም። ርካብ ከምዘይኮነ ግን ኣነ የምህሮም እየ። እቲ መዝኒብኩም ኣሕልፉ ዝብል ግን መዝኒብና ኣሕሊፍና ኢና።

ተታሒዞም ላለዉ ኣብቲ መዝገባት። ንዓና'ውን ኣለና። ዝመፀ ፍታሕ ግን የለን። ኣነ ኣይረኣኹን። እና ከምኡ ገይርና ንሱታት ኣሎ ኣብኣቶም ኣብቶም ናይ ስነ-ኣእምሮ ፀገም ዘለዎም ከምኡ የጋጥመካ እምበር ኣብቶም ናይ ካልኦት ብዙሕ ርዱእ እዮም ዝገብርዎ።

[581] **ሓታቲ፡** ኣብ ምክልካል ዘድህበ ትምህርቲ ክትህቢ ከለኺ ኣስተምህሮኺ ከመይ ይቅበልዎ? ምስ ባህላዊ ኣተሓሳስባ ኣተሓሒዞም ይከራኽሩኺ'ዶ?

[582] **ተሓታቲት፡** ንዓይ ዘጋጠመኒ ምክርኻር የብለይን። ኣብዘን እንዲያው ኣፍቲ ሕማም ሕዚ እዚ ከምታ ዝበልኩኻ እዘን ደም በዝሒ ዘለዎም ሐዚ ከመይ ኢሎም ክከታተሉ ከምዘለዎም ኮፍ ኢለ ሐዚ የረድኦም እየ ብትኽክል። 'መድሓኒት እንተቋሪፅናዮ ኣብ ሰውነትና ዝመፅእ ፀገም ይርደአና እዩ። ናይታ ዝተወሰነት ሰዓት ዝተበሃልናያ ሓኪም ዝበለና'ውን እንተኣሕሊፍናያ ብቐጥታ እቲ ሕማም ንዓና ይፍለጠና እዩ እና ብኡ ልክዕ ኣይነቋርፆን እየን ዝብላ። ብሱሩ'ውን ሰዓታት ክንሕልፍ'ውን ኣይንደልን ኢና ባዕልና ንኣምነሉ ኢና' እየን ዝብላና። ሐዚ ዓቢይቲ እየን ከምኣ እየን ዝብላኒ ማለት እዩ። ገና እናሃለወተን'ውን እየን ዝመፃ ክወስዳ መድሓኒት ማለት እዩ።

[583] **ሓታቲ፡** ብተወሳኺ ሕጂ ካብቲ መድሓኒት ብተወሳኺ ኣብ ኣመጋግባኽ?

[584] **ተሓታቲት፡** ኣነ ሕዚ እንታይ እየ ዝብለን ንምሳሌ ኣብዞም ሽኮርያ ዘለዎም ኣመጋግበኦም እ ጣፋጭ ነገር ክበልዑ ከምዘይብሎም፤ እ በኣትክልቲ መጠን ኣትክልቲ እዚ ሰላጣ፣ ቆስጣ እዚታት ክምገቡ፤ እ ዘይቲ ዘይብሉ ምንም እዚኣ ትብል ጨው ዘይብላ፤ እዚኣታት ቢቃ ንባዕልኹም ዝመጣጠነኩም ንነብስኹም ትወስዱ'ሞ በታ ነምህረኩም ዘለና፤ ምኾት እንተምፂእልኩም ትቕፅሉ ብኣ፤ ምኾት እንተዘየምፂኢልኩም ድማ ዝኾነ ሽግር እንተፈጢርልኩም ምሳና ትዘራረቡ ኢለ እየ ኣነ ዘምህር። ኣፍቶም ደም በዝሒ'ውን ከምኣ እየ ማለት እዩ። ንዓኻትኩም ትመጣጠነኩም በተለይ በተለይ ካብ ዘይቲ ዘይቲ ላእቲኹም ካልእ ካልእ ስግኣት ይኹን ካብ ብዙሕ ክትበልዑ ኣትክልቲ ንዓኹም ሰውነትኩም ዝፅግነልኩም ንዓኹም ከጠናኽረኩም ዝኽእል ምስ መድሓኒት ክኽደልኩም ዝኽእል ኣትክልቲትኹም ኣዘውቲርኩም እንተትበልዑ ኣነ እዚኣ እየ ዘምህር ማለት እዩ።

[585] **ሓታቲ፡** ግደ መራሕቲ ጉጅለ ልምዓት ኣብ ምክልኻል ዘይተመሓላለፍቲ ሕማማት እንታይ ይመስል? ንምክልኻል ዘይተመሓላለፍቲ ሕማማት እንታይ ይሰርሓ? እንታይ ይገብራ? እንታይ ይብላ?

[586] **ተሓታቲት፡** ኣዶ ወንበራት ልምዓት ጉጅለ እ ናይ ሰላሳ ኣሎ ናይ ኔትዎርክ ሓሙሽተ ኣለዋ። ያም ሆነ ግን ነቲ ኣደረጃጅዋ ኢና ከምኡ ተመቓቒሉ እምበር ኣነ ንባዕለይ ንሱ ብጣዕሚ እዩ ዘፀግመለይ። ምኽንያቱ እንታይ ድዩ መሲሉካ እተን ኣዶ ወንበራት እትው ኢለን ዝሰርሓሉ ኣይኮነን። ጠንካራታት ኣይኮናን። ከም ምምራፅ ተመሪፀን ስራሕና እዩ ኢለን ጠቢቕን ዘመያይጣ'ውን ኣይኮናን። ባዕለን ኪኢለን ውስናት እየን እተን ባዕለን ክኢለን ከመያይጣ ዝኽእላ ማለት እዩ። እ ሰንበት ሰንበት ምፃና እየን ዝብላኻ። ሕዚ ንምሳሌ ኣነ ዓሰርተ ኣርባዕተ ልምዓት ጉጅለ ኣለዋኒ። ዓሰርተ ኣርባዕተ ልምዓት ጉጅለ ኣብ ሓንቲ ሰንበት ክበፅሐን ኣይክእልን። ወይ ኣብ ኣርባዕተ ወርሒ እየ ወይ ኣብ ክልተ ወርሒ እየ ክበፅሐን ዝኽእል ንኹለን ማለት እዩ ንተን ዓሰርተ ኣርባዕተ። እና ዝተወሰና ኣለዋ እ ባዕለን ክኢለን ዝመያየጣ እምበር እንዳኽድና ኢና ነመያይጥ ንሕና። ዝመርፅኡ ኽዓ ሰንበት ቀዳም ሰንበት እና ድሕሪ ሰዓት ዓሰርተ ሓደ ዘሎ እዩ። ካብኡ ንሕና እቲ መነባብሮና እቲ ንሮና ኽዓ ወይ እቲ ገዛና ርሑቕ እዩ ገሌና ወይ ኣብኡ እንተኾይኑ እዩ እቲ ግዛዕ እና ጠንካራታት እየን ኢልካ ክትወስደን ኣይትኽእልን። ምኽንያቱ እንታይ እዩ መሲሉካ መንግስቲ ድዩ ግለሰብ ድዩ ኣፍቲ ናይቲ ጥዕና ትካል በዓልሞያ እዩ እቲ ሓላፍነት ገይሩ ዝወስዶ እምበር ናይ ኩሉ ኣጠቓላሊ ሲቪል ሰርቫንት ዝሰርሕ ሰብ እቲ ልምዓት ጉጅለ ንኹሉ ይጠቕሞ ኢሉ ዝሓዞ ኣይኮነን። ጉዳይ ደቂ ኣንስትዮ ሕዚ ጨንፈርን ልምዓት ጉጅለ እየን። ምውዳብ እዩ። እ በዓል ጥዕና ምምሃር እዩ። እቲ ስትራክቸር እውን ብስሩ ዝኣምነሉ ኣነ ማለት እዩ። ተጠርኒፍካ ዘይትኽደሉ ምክንያት የለን። እምበር ብዝኣምነሉ ኣነ ሙያተኛ ኮይነ ብዛዕባ ሞያይ እየ ከምህር ዝኽእል እምበር ብዛዕባ ካድረነት ከምህር ኣይክእልን። ፖለቲካ ኣነ ናይ ፖለቲካ ክእለት የብለይን። እዚ ኩሉ ግን ባዕልና ኢና ንሰርሖ ዘለና ማለት እዩ። ምውዳብ'ውን ባዕልና ኢና፤ ምምይያጥ'ውን ባዕልና ኢና። እና እዙይ ብዙሕ ጠንካራታት እየን ኢልካ ተቕምጦ ልምዓት ጉጅለ ብዙሕ ኣይኮነን።

[587] **ሓታቲ፡** ስለዚ እዚ ከም ሓደ ዕንቅፋት ክንወስድ ንኽእል ኢና?

[588] **ተሓታቲት፡** እወ።

[589] **ሓታቲ፡** ብተወሳኺ ባህላዊ ኣተሓሳስባኽ ኣሎ'ዶ ዕንቅፋት ክኽውን ዝኽእል? ሕጂ እቲ ኣወዳድባ ከምዘሎ ኮይኑ፤ እቲ ኣወዳድባ ኣሎ ግን ሕጂ ኣነ እንታይ ዝርዳእ ነይረ ንሳተን ከም ናትክን ሓገዝቲ፤ ንስኺ ሕጂ ንተን መራሕቲ ልምዓት ጉጅለ ክተምህርየን ከለኺ ንሰን ድማ ብኣንፃሩ ኣብ ትሕቲኣን ዝርከባ ንኽምህራ ማለት ከምኡ እንተኾይኑ እዩ'ውን ለውጢ ክመፅእ ዝኽእል። ግን ከምኡ ዓይነት ኣካይዳ ብዙሕ ዝተለመደ ኣይኮነን ኣብ ውስናት እንተዘይኮይኑ እየ ኣነ ተረዲአ ዘለኹ።

[590] **ተሓታቲት፡** እወ እቲ መዋቕር ከምኡ እንድዩ። ትኽክል እቲ እንዲኻ። ንዓና ሓገዝትና ተባሂለን ሓገዝቲ ጥራሕ ኣይኮነን። ኣወዳድባ ናይ ጉዳይ ደቂ ኣንስትዮ ናይ ማሕበር ደቂ ኣንስትዮ ስለዝኾነ እቲ መዋቕሩ ከምኡ እዩ ነይሩ። ግን ሱቕ ኢሉ ኩሉ ጥብቕ ኢሉ ዝኣተዎ ኣይኮነን። እና ኣብዚ እዩ እቲ ኩሉ ግዘ እንግምግሞ ንሕና። ኩሉግዘ ልምዓት ጉጅለ ኣብየናና እየን፤ ይፈራርሰና ኣሎ በዚ ሓጉዝና ኢልና እንትን ንገብሮ ንሱ እዩ ማለት እዩ። እ ብዛዕባ እቲ ካልእ ሕብረተሰብ ግን ኣብቲ ሕብረተሰብ'ውን ምስልቓይ ኣሎ። ኩሉ ግዘ ነዓ ውፃእ ክትብሎ ከለኻ ብጣዕሚ እዩ ዝሰላቐ። ክሰላቐ ኽሎ ንስኻ ይስልችወካ። እቲ ጎዳእቲ ባህሊ እዞም ናይ ባህልታት ምናምን ዝበልካዮ ሕጂ ብዙሕ የለን። ምኽንያቱ ምግራዝ ነይሩ። ዓንቀር ምክላእ ነይሩ። እዚ ዅርምቲ ምትኳስ ገለ ነይሩ። ሕዚ ሕጂ ደሓን እናቐነሰ እዩ ዝኸይድ ዘሎ።

[591] **ሓታቲ፡** እቲ ባህላዊ ኣተሓሳስባ እንዳተቐየረ?

[592] **ተሓታቲት፡** ባህላዊ ኣተሓሳስበኡም ዝነበረስ እንዳተቐየረ እዩ ዝኸይድ ዘሎ ሕጂ።

[593] **ሓታቲ፡** ንትምህርቲ ዝሕግዙ ፅሑፋት ኣለዉ'ዶ? ሕጂ ብፍላይ ኣብ ምክልኻል ዘይተመሓላለፍቲ ሕማማት? ሕጂ ኣብ ካልኦት ኣሎ እዩ። ኣብ ተመሓላለፍቲ ሕማማት ኣብ ኤች ኣይ ቪ፣ ኣብ ገለ ፓምፕሌታት ገለ ክህልዉ ይኽእሉ እዮም። ኣብዚኽ ኣለዉ'ዶ ነዚ ትጥቀማሎም ንምክልኻል ዘይተመሓላለፍቲ ሕማማት?

[594] **ተሓታቲት፡** ፖስተራት ኣሎ እዩ ይወሃበና እዩ። ብወረዳ ንሱ ተሓጊዙ ይወሃበና እዩ። ብዛዕባ ቲቢ እንተኾይኑ፣ ብዛዕባ ደም በዝሒ ኾይኑ፣ ብዛዕባ ሽኮርያ እንተኾይኑ ኣለዎ ወቕቲ ብዛዕባ ወቕታዊ ሕማም እንተኾይኑ ይወሃበና እዩ። ፖስተራት ይወሃበና እዩ። ወረዳ ይብትነልና እዩ ኩሉግዘ። ሒዝና እንዳኸድና ነመያይጥ ኢና። ካብኡ ደሞ እቶም ናይ ዓሰርተ ሽዱሽተ ኮምፖነንት ዝብል እውን በቢናቶም ደረጃታት ኣለና እዩ መፅሓፍ ኣናእሽተይ ኣለና እዩ።

[595] **ሓታቲ፡** እና እኹል ሓበሬታ ኣለዎም'ዶ ትብሊ እቶም ፅሑፋት? ክተምህር ከለኻስ ክሕግዙ ዝኽእሉ ሓበሬታ ኣለዎም ኢልና ምባል ንኽእል'ዶ? ማለት ብፍላይ ኣብ ዘይተመሓላለፍቲ ሕማማት ሕጂ እቶም ካልኦት ከምቲ ዝበልክዮ ናይ እ ንኢዴታት ናይ ኣዴታት ጥዕና፣ ናይ ህፃናት ዝምልከት ስፍሕ ዝበለ መፃሕፍቲ ክህልዉ ይኽእሉ እዮም። ኣብ ዘይተመሓላለፍቲ ሕማማት ግን ብዙሕ ዝተኽዶ ኣይኮነን እሞ ምናልባት ምስኡ ተተሓሒዙ። ንኣብነት ብዛዕባ ሕማም ሽኮር ዝተፀሓፈ ፅሑፍ እንተሃልዩ ሓጋዚ እዩ ኢልኪ ትሓስቢ'ዶ?

[596] **ተሓታቲት፡** ማለት እንታይ ድዩ መሲሉካ ኣብዚ እኮ ብፅሑፍ ኾነ እንታይ ድዩ መሲሉካ ሕዚ እኮ ፅሑፍ ሃለወ ኣይሃለወ ንሱ ብቓልና ስለነርድእ ዝተውሃበና ፖስተር'ውን ሒዝና ከይድና ነምህር ኢና። እ ነረድእ ኢና ማለት እዩ። ያም ሆነ ግን እቲ ሕብረተሰብ ናብራኡ ለውጢ ክመፅእ እንተኾይኑ እቲ ዘሎ ናይ ሲቪል ሰርቫንት ስራሕቲ ኩሉ ተዋዲዱ ኣብቲ ሕብረተሰብ እንድሕር ደኣ ኹሉ ዓቕሙ ኣፍሲስዎ ብሓፂር ግዘ ክልወጥ ይኽእል እዩ። ብውልቀ ጥሙር ጥዕና እንተኾይና ግን ዘይክንልውጦ ንኽእል ኢና። እምበር ሕዚ ቴሌቪዥን ኣሎ፣ ሬድዮ ኣሎ ከተማ እዩ እዚ ኩሉ ሕብረተሰብስ በቢ ብድራማ መልክዑ ይኹን ብፅሑፍ መልክዑ ይኹን ብቴሌቪዥን ይኹን ይመሓላለፍ ኣሎ። እናስ ዝተወሰነ ለውጢስ ኣሎ እዩ።

[597] **ሓታቲ፡** እሺ ኣብ መወዳእታ ሪኢቶኺ ሕጂ ኣለዎ ዘይተመሓላለፍቲ ሕማማት ንምክልኻል እንታይ ክግበር ትብሊ?

[598] **ተሓታቲት፡** እሞ ኣነ እንታይ ድዩ መሲሉካ ነዚ ሓጋዚ ክኸውን ወይ ከኣ ንዓና ከጠናኽረና ይኽእል እዩ ዝብል ሪኢቶ ዘለኒ ንሕና በቃ በታ ዝሓዝናያ ሞያ እያ እምበር እ ዘይተመሓላለፍቲ ሕማማት ከመይ እዮም፤ እንታይ እዩ መበገሲኡም፣ በበይ እዩ፣ ከመይ እዩ ንሕና ሪፍሬሽመንት የድልየና እዩ። ዝኾነ ሕድሕድ ድርጅት ይኹን ብክልል ጥዕና ቢሮ ይኹን ሪፍሬሽመንት የድልየና እዩ ንሕና። ዓቕሚ ንምፍጣር፤ ንሕና ዓቕሚ እንተወሲኽና ዓቕምና ኣከማቺና ከይድና ክነረድእ ንኽእል ኢና። በቲ ዝሓዝናዮ እንዳኾነ ግን ናህና ዓቕሚ እንዳታሓተ እንዳደሽመ እዩ ዝኸይድ ሪፍሬሽመንት እንተረኺብካ ግን እንዳዕበኻ ስለትኸይድ ፍልጠትካ ክተረድእ ትኽእል ኢኻ።

[599] **ሓታቲ፡** ኣነ ወዲኡ ኣለኹ። ምናልባት ንስኺ ምስቲ ዘይተጠቐሰ ነገር ኣሎ ትብልዮ እንተልዩ?

[600] **ተሓታቲት፡** የለን።

[601] **ሓታቲ፡** ብጣዕሚ እየ ዘመስግን።

(xvii) In-depth Interview with Health Extension Worker – 3 (IDI13-HEW3)

Turn	The Tigrigna Text
[602]	**ሓታቲ፡** ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እንታይነት'ዶ ትነግርኒ?
[603]	**ተሓታቲት፡** እሺ። ያው ዘይተመሓላለፍቲ ሕማማት ዝበሃሉ ኣብዚ ሕዚ እዋን ብርክት ኢሉ ዝረአ ዘሎ ኣብ ሃገርና እዩ። ካብኡ ኣብቲ ሕብረተሰብ'ውን ብዙሕ ኣፍልጦ ዘይብሎም ካብ ዝበሃሉ ሓደ እዩ። ኣብዚ ሕዚ እዋን ግን ንሱ መሰረት ብምግባር በቲ ዝወሃብ ዘሎ ገዛ ንገዛ ኣስተምህሮ ይኹን ልምዓት ጉጅለ ኣብ ምምሃር ኢና ንርከብ ማለት እዩ። ካብኡ ንሳቶም'ውን ዝርዝሮም ሓደ ከም ሃይፐርተንሽን ዝበሃል ደም በዝሒ፣ ሽኮርያ ዲቤትስ መሊተስ ማለት እዩ፣ ከም ካንሰር ብፍላይ ናይ ማህፀን ካንሰር ብበዝሒ ይረአ ኣሎ ኣብዚ ሕዚ እዋን። ስለዚ ካብቲ ዝነበረ ሕዚ እቲ ናይ ጥሙር ጥዕና ስራሕቲ ካብ ዝጅመር ዝተወሰነ መልክዑ ኣፍልጦ ኣሎ እዩ። እና ብኽምዚ እየ ኣነ ክገልፆ ዝኽእል።
[604]	**ሓታቲ፡** ምናልባት ነዞም ዘይተመሓላለፍቲ ሕማማት ብበዝሒ ክረኣዩ ዝገብር ምኽንያት እንታይ ከምዝኾነ ይፍለጥ'ዶ?
[605]	**ተሓታቲት፡** እወ ማለት ሕዚ ኣመጋግባና ዝተለወጠ ይመስል ካብ ቀደም። ከምኡ ኢልና ኢና ንሕና ንግምቶ ምኽንያቱም ሕዚ እቲ ናይ ቅድም ዝነበረ ኣመጋግባን ናይ ሕዚን ለውጢ ኣለዎ። ስለዚ እዙይ ምኽንያት ክኸውን ይኽእል ሓደ ምኽንያት። ካብኡ ኣፍልጦ ናይቲ ሕብረተሰብ'ውን ትሑት ምኳኑ። ሕዚ CA ክንርኢ ከለና ብገንኡ check ምግባር የለን ከይሓመምካ። እ ምስ ሓመምካ'ውን ቶሎ ኢልካ ዘይምኻድ ናብ ሕክምና'ውን ከም ምኽንያት ክኸውን ይኽእል እየ ዝብል።
[606]	**ሓታቲ፡** ንሳዕቤናት ዘይተመሓላለፍቲ ሕማማት ተቓላዕቲ ዝኾኑ ኣባላት እዚ ማሕበረሰብ ከመይ ዝበሉ እዮም?
[607]	**ተሓታቲት፡** ኣብ ዓበይቲ ሕዚ ንኣብነትን ከም ሃይፐርተንሽን፣ ዲ ኤም ዝበለ ኣብ ዓበይቲ ይረአ። ምንቕስቓስ'ውን ሕፅረት ዘለዎም ማለት እዩ። ኣብዚኣቶም ይረአ እዩ። ከም CA ዝበለ ድማ ናይ ማህፀን ካንሰር ሕዚ ኣብ መብዛሕቲኡ ኣብ ብዙሕ ኣጋር ዘለወን እኖታት'ውን ይረአ እዩ። ካብኡ'ውን ኣብ መንእሰያት'ውን ሕዚ ብፍላይ ሃይፐርተንሽን ኣብዚ ቐረባ መዓልቲ ብዙሕ ይረአ እዩ። ዋላ ኣብ ኣናእሽተይ።
[608]	**ሓታቲ፡** ኣብዚ ማሕበረሰብ እዚ ሰባት ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ይዘራረቡ'ዶ? ሓበሬታ ካባኽን ንምርካብ መፂኣም ይሓትኹን'ዶ?
[609]	**ተሓታቲት፡** ብዙሕ ዝተለመደ ኣይኮነን። ኣፍቲ ትምህርቲ ነምህር እንዲና ንሕና ግን እቲ ሓበሬታ ክደልዩ ምሕታት፣ ቼክ ምናምንስ ዝተለምደ ኣይኮነን። ጥራሕ ኣለኩም ክበሃሉ ከሎ እቲ ሕማም ግን እቶም ፍሉጣት ዝኾኑ ዝተፈለጠ ይከታተሉ እዮም ብደምቢ ሕክምንኡም ዋላ check መግቢ'ውን ነይሩና እዩ። ሕዚ ንሕና ቢፒ ነይሩና ንኣብነት ኣባና ዝልክዑ ነይሮም። ሕዚ ኣብ ቐረባ መዓልቲ ተበላሽዩ'ምበር። ሒዝናዮ ገዛ ንገዛ ሒዘንኡ ዝዞራ ስለዘሎ ቼክ ይገብሩ ነይሮም ማለት እዩ።
[610]	**ሓታቲ፡** ምስ እዚ ዝተትሓዘ ዘጓነፈኪ ተጓንፎ'ዶ ይህሉ ፍልይ ዝበለ ተጓንፎ?
[611]	**ተሓታቲት፡** ምናልባት ንሕና ኣብቲ ሕክምና ስለዘየለና ኣብቲ ምክልኻል ኢና እምበር ኣባና ዝግልገል ሰብ የለን። ግን እቲ ኖውን ኮይኑ ሕሙሙስ ገዛ ንገዛ ክትኪድ ከለኻ ዝፈለጥካዮ ቼክ ምግባር እዩ ኣባና። ፈሊጦም ዝፀንሑ'ምበር መጀመርያ ሕክምና ዝግበረሎም ወይ ጠርጢርና ሪፈር ዝበልናዮም እዩ ወይ ፍሉጣት ዝነበሩ እዮም እምበር ብዙሕ ባዕልና ዲያግኖዝ እንገብሮ ከምቲ ሙሉእ መሳርሒ'ውን ስለዘይብልና የብልናን ከምኡ።
[612]	**ሓታቲ፡** ከምዝፍለጥ ኣብ ምክልኻል ዘድህበ ትምህርቲ ኢኽን ትህባ እና ኣስተምህሮኽን ኣብ ሓደ ንሓሙሽተ ይኹን ሓደ ንሰላሳ ከመይ ይቕበልኡ?
[613]	**ተሓታቲት፡** ፅቡቕ እየን ዝቕበለኡ እቲ ኣስተምህሮ። ብዙሕ ኣፍቲ ብዝበለፀ ትኹረት ገይርና እነምህሮ ሕዚ ንኣብነት እቲ ዘይተመሓላለፍቲ ሕማማት ከምዘሎ ኾይኑ ማለት እዩ ኣብ ኣዴታትን ህፃናትን ትኩረት ገይርና ነምህር ኢና። ካብኡ ኣብ ገዛ ክወልዳ ከምዘይብለን ተረዳዲእና ሕዚ ንኣብነት ንሱ ቕኒሱ ስለዝተቕበለኡ እየን ማለት እዩ። ካልኦት'ውን ብዘምህርናየን መሰረት ሕጉሳት ኮይነን እየን ዝቕበለኡ። ኣብቲ ትምህርቲ ኣቀባብላ ዝሓሸ እዩ።
[614]	**ሓታቲ፡** መንነት ምክልኻል ዘይተመሓላለፍቲ ሕማማት ንምስራፅ እንታይ ዓይነት ዛንታታት ንተሳተፍቲ ኣስተምህሮኽን ትነግረኣን?
[615]	**ተሓታቲት፡** ያው ብሓፈሻ እቲ ኣመጋግበአን ከስተኻኽላ ከምዘለወን፤ ምንቕስቓስ'ውን ኩሉግዘ ብታክሲ ምኻድ ፅቡቕ ከምዘይኮነ፤ ንጉሆን ምሸትን ብዝተኽኣለ መጠን ምንቅስቓስ ከምዘድሊ ካብ ፍርቂ ሰዓት ንላዕሊስ ብእግሪ ክኸዳ ከምዘለወን፤ ከምዚ ገይርና ከምንከላኸሎ። ካብኡ check ምግባር'ውን ከም ልምዲ ሓሚምካ ዘይኮነ ናብ ሕክምና ዝኽየድስ ቼክ ንኽትገብር ዝኽየድ ምኳኑ ንሱ ኣሎ። ግን እገለ ከምዚ ነይሩ ከምዚ ኾይኑ እኳ ዝበልኩ ኣነ ብበኩለይ ዝፈልጦ የብለይን።
[616]	**ሓታቲ፡** ከም ወሃቢት ግልጋሎት ጥዕና ዘይተመሓላለፍቲ ሕማማት ንምክልኻልን ብዛዕባ ጥዕና ንምስትምሃርን እንታይ ንጥፈታት ወይ ድማ ተግባራት ትፍፅሚ?
[617]	**ተሓታቲት፡** ንጥፈታት መብዛሕቲኡ እቲ እንህቦ ግልጋሎት ኣስተምህሮ እዩ። ካብኡ ድማ ዝጠርጠርካዮ ነገር

እንተሃልዩ’ውን ሪፈር እዩ። ሕዚ እዚ ተመሓላለፊ ሕማም ክኸውን ይኽእል ዘይተመሓላለፊ ሕማም ክኸውን ይኽእል ኢልና እንተጠርጢርናዮ ሪፈር ብሪፈራል መልክዕ ሕዚ ኣነ ቅድም ኢለ ብጥሙር ጥዕና እንዳሰራሕኹ እንዳሃለኹ ሪፈራል ሰዲደያ ናይ ሽኮርያ ሕምምቲ ከምዝኾነት ያው ኣፍቲ ንዞሮ ገዛ ንገዛ እንዳሰራሕና እንተለና እቲ ምልክት ንሽኮርያ ክኸውን ይኽእል እዩ ኢለ በቲ ዝተምሃርኩዎ መሰረት ሪፈራል ፅሒፈላ። ሽዑ test ንገብር ነይርና ኢና ናይ ኤች ኣይ ቪ ምናምን ኩሉ ነገር ገይረላ ነፃ ምስ ኮነት ካብኡ ግን ከይዳ ሕዚ መድሓኒት ትከታተል ኣላ ቅድም ኢሉ ማለት እዩ። ስለዚ እቲ ክኾን ይኽእል እዩ ኢልና ዝጠርጠርናዮ እንተሃልዩ ሪፈራል ኢልና ንብል እምበር ካልእ ዝወሃብ ግልጋሎት የለን።

[618] **ሓታቲ፡** ግደ መራሕቲ ጉጅለ ልምዓት ኣብ ምክልኻል ዘይተመሓላለፍቲ ሕማማት እንታይ ይመስል? ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እንታይ ይብላ?

[619] **ተሓታቲት፡** ብዙሕ ኣፍልጦ ዘለወን ኣይኮነን። እቲ ስራሕ’ውን ዳርጋ ሕዚ ሕዚ እንዲና ጀሚርናዮ ኣብቲ ካልእ ሓፈሻዊ ምክልኻል ፀኒሑ እዩ። ዘይተመሓላለፍቲ ሕማማት ግን ሕዚ ኢና ጀሚርናዮ ኣብ ቀረባ መዓልቲ። ስለዚ *[ብምኽንያት ፃውዒት ሰልኪ ንዝተወሰኑ ሰከንድታት ተቋሪፀ ነይሩ]* ስለዚ ኣፍቲ ኣበይ ኢና ዝነበርና?

[620] **ሓታቲ፡** ግደ መራሕቲ ጉጅለ ልምዓት?

[621] **ተሓታቲት፡** እወ። እተን መራሕትስ ኣብ ዘይተመሓላለፍቲ ሕማማት ብዙሕ ኣይነበረንን። ሕዚ ቀረባ መዓልቲ’ውን ኢና ጀሚርናዮ። ስለዚ እቲ ዝዓበየ ትኹረትና’ውን ከንብር ዘለና ሕዚ ኣብኡ እዩ። እና ሕዚ ንእሽተይ ኢና ጅማሮ እዩ ከበሃል እምበር ብዙሕ ኣፍልጦ ከምዘይብለን እዩ። ከንድቲ ካልእ ናይ ምክልኻል ስራሕትና ከንድቲ ናይ ኣዴታትን ህፃናትንስ ዝኸዳሉ ኣይኮናን ንሰን።

[622] **ሓታቲ፡** ብዛዕባ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ኣስተምህሮ ከወሃብ ከሎ ዕንቅፋት ክኾኑ ዝኽእሉ ባህላዊ ኣተሓሳስባታትን ተግባራትን እዚ ማሕበረሰብ ኣለዉ’ዶ?

[623] **ተሓታቲት፡** እወ ኣሎ እዩ። እቲ ባህላዊ ኣተሓሳስባታት’ውን ኣይተረፈን። ካብኡ እቲ ጉጅለ’ውን ከንዲ ዝድለ ጠንኪሩ ኣይበሃልን ዋላ ኣብ ኩሉ ዓይነት ምክልኻል እምቢ ኣይወፅን ትብል ጓል ኣነስተይቲ ኣላ። ኣኼባ ይበዝሐና እዩ ዝብላ ኣለዋ። ሕዚ እተን ዝወፃ ሕጉሳት እየን ግን ከንድቲ ዝድለ ግን ኣይኾንን።

[624] **ሓታቲ፡** ንኣብነት ደም በዝሒ ክበሃል ከሎ ከምዚ ብዙሕ ደም ዘለካ ገይርካ ምውሳድ ክህሉ ይኽእል እዩ’ሞ ምስዚ ዝተትሓሓዘ ዘጋጠመኪ ተጓንፎ’ዶ ኣሎ?

[625] **ተሓታቲት፡** ኣሎ እወ። ማለት ናይቲ ደም በዝሒ ኣፍልጦስ ዘይምህላው ኣሎ። ከም ብበዝሒ እምበር እንታይ ስለዝኾነ እዩ ደም በዝሒ ዘጋጥሞ ሰብ ዝብል ሕዚ ቀጢን እንተኾይኑ ሰብ ‘ዋእ ኣነ እንታይ ነብሲ እንአኒ እንታይ ምግቢ በሊዐ’ ምናምን ዝብል ኣሎ ኣተሓሳስባ እሱ ግን ቐስ ብቐስ ትርጉም ናይቲ ደም በዝሒ ብዝተኽኣለ መጠን በቲ ዝሓተታና መሰረት ነተርጉመሉን ኢና።

[626] **ሓታቲ፡** ማለት እቲ ቃላት ኣጠቓቕማ’ውን ሽግር የምፅእ እዩ። ንኣብነት፡- ፀቕጢ ክትብሎን በዝሒ ክትብሎን ለውጢ የምፅእ እዩ ይመስለኒ?

[627] **ተሓታቲት፡** ስለዝተለመደ እወ። ኣብቲ በዝሒ ኢና እንብል። ፀቕጢ ኣይንብልን እምበር እወ ግን ብተኽኣለ መጠን ንሕና ደም በዝሒ ማለት እንታይ ማለት ምኳኑ እቲ ቪይን ክፀብብ እንተሎ፣ ስብሒ ክልጠፍ እንተሎ እዩ ስለዝጨናነቐ እዩ እምበር በዚሑክን ማለት ኣይኮንን ኢልና ነረድኣን ኢና ብዝተኽኣለ መጠን።

[628] **ሓታቲ፡** ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ክድግፉ ዝኽእሉ ባህላዊ ተግባራት እዚ ማሕበረሰብ እንታይ እዮም?

[629] **ተሓታቲት፡** ኣይ እዚ ኢልና ዝነፀርናዮ ነገር የለን።

[630] **ሓታቲ፡** ንኣብነት ፆም ንኣመጋግባ እቲ ማሕበረሰብ ከስተኻኽል ኣይኽእልን’ዶ?

[631] **ተሓታቲት፡** ንሱ እኮ’ሞ ሕዚ እቲ ፆም እንተተባሂሉ እኮ ኣብታ ፆም ግዘ እዮም ዘ ዘኽይድዋ ዘለዎ እምበር ኣፍታ ስዕረት ግዘ ድማ ስጋ ምብላዕ ናይ ሓፍታም ገይርካ ምውሳድ ኣሎ። ጠስሚ ዘይቲ ኣብዚሕኻ ምብላዕ ከምዚ ፅቡቕ ነገር ምግባር ኣሎ። ስለዚ እቲ ኒዩትሩሽን ሓዋዊስካ ዘይምብላዕ ስለዘሎ ኣፍታ ፆም ግዘ ስለዝፆሙስ ይጠቅም እዩ ኣይብልን ኣነ። ምኽንያቱም ዋላ ኣብ ዓመት በዓል ሕዚ ቆፅሊ ሓዊስካ ምብላዕ ካልእ ካልእ ምግቢ ምግባርስ የለን። ካብኡ ስብሒ ስብሒ ሕዚ ከም ፅቡቕ ነገር ስቡሕ ስጋ ምብላዕስ ፅቡቕ ነገር ገይርካ ምውሳድ እዚያት። እርግፅ ኣብቲ ትምህርቲ ነምህሮ ኢና ንሕና። ግን ብዙሕ ኣተሓሳስባ ተቐሪፉ ኣይብልን። እቲ ዘሎ ዓብዪ ፀገም’ውን ዝመስለኒ ኣነ ሕዚ ኣብቲ ሕብረተሰብ እቲ ተመሓላላፊ ሕማም ብደምቢ ገይሩ ፈሊጥዎ እዩ። እቲ ዘይተመሓላላፊ ሕማም ግን ኣዋርነስ የብሉን ሕዚ’ውን ይጎድሎ እዩ እየ ዝብል።

[632] **ሓታቲ፡** ፎማ ምብላዕ ከም ናይ ሃፍቲ መግለፂ ገይርካ ምርኣይ?

[633] **ተሓታቲት፡** እወ ስጋ ጥራሕ ምብላዕ። ሕዚ ስዕረት እንተኾይኑስ በቃ ሽሮስ ናይ ድኻ፤ ስጋ ጥራሕ፤ ኣትክልቲ ገለመለ’ውን ናይ ዝፀገሞ ገይርካ ምውሳድ ኣሎ። ግን ሓዋዊሱ ክበልዕ ከምዘለዎ፤ ዋላ ኣብ ዓመት በዓል ስቲል ቆፅላ መፅሊ ክወስኽ ከምዘለዎ ኢና ኣስተምህሮ ንህብ። ፍራምረ ንዘይተመሓላለፍቲ ሕማማት ክከላኸል ከምዝኽእል ንማንኛውም እንዳበልና ኣስተምህሮ እንዳሃብና ኢና።

[634] **ሓታቲ፡** ኣብ መወዳእታ ንምክልኻል ዝርግሐ ዘይተመሓላለፍቲ ሕማማት እንታይ ክግበር ኣለዎ?

[635] **ተሓታቲት፡** ያው ኣብዚ እቲ ሕብረተሰብ እቲ ተጀሚሩ ዝኣአ ኣወዳድባ ናይ ልምዓት ጉጅለ ናተይ ኢሉ ክሕዞ ናይ

ኩሉና ርብርብ እዩ ዝሓትት። ናተይነትስ ክህልዎ ክኽእል ኣለዎ። ካብኡ ድማ ንሕና ትኹረትና ቁሩብ ድንዑይ ኢልና ኢና ኣነ ክሓስቦ ከለኹ ኣብዞም ነገራት እዚኣቶምስ ዝደንንና እዩ ዝመስለኒ እና ንሕና'ውን እቲ ዘለና ዓቕሚ ፀነቒቕና ኣብዚ ክንሰርሕ ኣለና። ካብኡ ሓገዝቲ ድርጅታት'ውን ኣለዉ። ሕዚ ንኣብነት ከም እኒ ጂ ኤስ ኣይ ዝበሉ ኣብኡ ትኹረት ገይሮም እዮም ዝሰርሑ ዘለዉ። ስለዚ ንሳቶም'ውን ክንጥቀመሎም ክንክእል ኣለና ሓገዝትና ስለዝኾኑ።

[636] **ሓታቲ፡** ሕዚ ንስኻትክን ገዛ ንገዛ ብምኻድ ኢኽን ትምህርቲ ኣብ ምሃብ ትርከባ። ብተወሳኺ እንታይ ዓይነት መራኸቢ ሜላ ክንጥቀም ይግበኣና ንኹሉ ኣባል እቲ ማሕበረሰብ ንምብፃሕ?

[637] **ተሓታቲት፡** ማስ ሚድያ እውን እንተንጥቀም ፅቡቕ እዩ። ሕዚ ብዝበለፀ ብ ማስ ሚድያ እንተሪኢና ኣብዚ ትኹረት የለን። ዋላ ሓንቲ ሰሚዐ ኣይፈልጥን። ኣብ ፋሚሊ ፕላኒንግ ኣብ ወሊድ ካልእ ካልእ ኣሎ እዩ። ኣብዚ ግን የለን። ኣብኡ'ውን እንተዝኣቱ ምኽንያቱም ኩሉ ሰብስ እንተነኣሰ ዳርጋ ኣብዚ ሕዚ እዋን ቴለቪዥን ዘይብሉ ገዛ እኳስ የለን። ሕዚ ሓንቲ ኣድቨርታይዝ እኳ ኣብኣ ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ተዝግለፅ ምስቲ ንሕና እንገብሮ ድኻም ተወሳኺ ክኸውን ይኽእል እዩ።

[638] **ሓታቲ፡** ካልእ ብዛዕባ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዘይተጠቐሰ ነገር እንተሃልዩ?

[639] **ተሓታቲት፡** ያው ተባሂሉ እዩ ክበሃል ዝኽእል። ግን ኣነ ክብሎ ዝደሊ ሕዚ እቲ ፅንዓት'ውን ፅቡቕ እዩ። ኣብኡ ፅንዓት ምግባር እቲ ዘሎ ፀገም ናይቲ ሕብረተሰብ ፈሊጥካ መፍትሒ ንምርካብ እንድዩ ፅቡቕ እዩ። ንሕና'ውን ግን እዚ መዘኻኸሪ እዩ ንባዕልና'ውን እቲ ዘይበፀሕናዮ ነገርስ ክንዝክር ንደሊ ኢና። እና ብኣጠቓላሊ ፅቡቕ እዩ።

[640] **ሓታቲ፡** ብጣዕሚ እየ ዘመስግን።

(xviii) In-depth Interview with Health Extension Worker – 4 (IDI14-HEW4)

Turn	The Tigrigna Text
[641]	**ሓታቲ፡** ብቐዳምነት ነዚ ቃለ-መሕትት ንምክያድ ፍቓደኛ ስለዝኾንኪ ብጣዕሚ እየ ዘመስግን። መጀመርያ ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እንታይነት'ዶ ትነግርኒ?
[642]	**ተሓታቲት፡** ዘይተመሓላለፍቲ ሕማማት ዝበሃሉ መብዛሕቲኦም እንትቐፀሩ እንተለዉ ሰለስተ እዮም። እቲ ሓደ እቲ ናይ ላእምሮ እዩ። እቲ ሓደ ሃይፐርተንሲቭ፣ ብተመሳሳሊ ዲያቤቲክ እውን ላሎ ናይ ሽኮር ሕማም ዝበሃል። እዚኦም ኣርባዕቲኦም እዚኦም ሰለስቲኦም እቶም ጎሊሆም ዝረኣዩ እሶም እየ ዝፈልጥ። እስካብ ሕዚ'ውን ማለት እዩ።
[643]	**ሓታቲ፡** ኣብዚ ከባቢ ኣብዚ ማሕበረሰብ እቲ ብበዝሒ እዚ ማሕበረሰብ ዝጥቕዓሉ ዓይነት ሕማም እንታይ እዩ?
[644]	**ተሓታቲት፡** ብበዝሒ ዝጥቕዓሉ ክልቲኦን እየን ዲያቤቲከን ሃይፐርተንሲቭ እየን። ካብኡ ብተመሳሳሊ ብዝወሓደ መልክዑ እቲ ናይ ላእምሮ ፀገም'ውን ላሎ። ኣብቲ ሕብረተሰብ ግን ብበዝሒ ዝረአ ኣብ ሕድሕድ ገዛ ክትኣቱ ከለኻ ትረኽቦ መብዛሕቲኡ ግን ንሱ እዩ ማለት እዩ። እቲ ናይ ላእምሮ ኣፍቶም ንእስ ዝበሉ ሰባት ይረአ እቲ ካሊእ'ውን እቲኦም ክልቲኦም ግን ኣብቲ ዳሕና ብዕድመ ድፍእ ዘበለ ሰብ ይርከቡ ማለት እዩ።
[645]	**ሓታቲ፡** ብዕድመ ድፍእ ዘበሉ እንተታሒዞም ዕድመ ሓደ ምኽንያት ክኸውን ይኽእል እዩ። ግን ካልኦት ተተሓሓዝቲ ምኽንያታት ይህልዉ'ዶ?
[646]	**ተሓታቲት፡** ካልእ ምስኡ ዝተትሓሓዙ ምኽንያታት ዝበሃሉ እቲ ናይ ላእምሮ ዝበሃል ምስ ትምህርቲ ምስ ናይ መነባብሮ ምጭንናቕ ዝመፅእ እዩ። ካብኡ እቲኦም ክልቲኦም ግን ኣመጋግባ ሓደ ነገር ክኸውን እቲ ናይ መነባብሮ ጉዳይ፤ ካልእ ዕረፍቲ ብበዝሒ ምርካብ'ውን ክኸውን ይኽእል እዩ ኣፍቲ ሃይፐርተንሲቭ ን ዲያቤቲከንን። እቲ ላእምሮ ሕማም ግን መብዛሕቲኡ ምስ ቲንኪንግ ዝተትሓሓዘ ምስ ናይ መናእሰይ ኮይኖም ኣብ መነባብሮኦም በቲ ዝደለይዎ መንገዲ ከይረኽብዎ ክተርፉ ከለዉ ዝፍጠር እዩ ዝኸውን።
[647]	**ሓታቲ፡** እቲ ማሕበረሰብከ እንታይ ይብል ብዛዕባ እዚ? ሕጂ ምናልባት ናይ ላእምሮ ሕማም ምስ ሰይጣን ምስ ገለ ምትሕሓዝ ክህሉ ይኽእል፡፡ እንታይ ዓይነት ኣተሓሳሰባ ላሎ? እንታይ ይብሉ ብዛዕባ እዚኦም?
[648]	**ተሓታቲት፡** ኣብቲ ሕብረተሰብ ኣፍቲ ናይ ላእምሮ ክትወስድ ከለኻ ሓደ ንሱ እዩ እቲ 'ናይ ሰይጣን እዩ' ዝብል ነገር ወይ 'ሰብ ውዒሉሉ እዩ' ዝብል ነገር። ከምኡ ዝበለ ነገራት እዩ ዘብዝሕ። ካብኡ ተደሪኹ'ውን ኣብ ክንዲ ናብ ሕክምና ከቕድም ምእሳር፣ ንማይጨሎት ምኻድ ከምኡ ዝበለ ነገራት ይረአ ማለት እዩ። ኣፍቲ ሓደ ግን ያው እ እቲ እኽሊ ሓደ መዳበርያ ስለዝኣትዎ ይኸውን ይበሃል፤ ናይ ዲያቤቲከን ሃይፐርተንሲቭን ማለት እዩ። ከምኡ እቲ ናይ ዘይቲ'ውን ተመሳሳሊ ከምኡ ይብሎ። ካብኡ ብሓፂሩ ሽኮር ኢኻ ክትብሎ ከለኻ ፍቓደኛ ዘይምኻን እውን ላሎ ኣብቲ ሕብረተሰብ። ምኽንያቱ ሽኮር ሕማም እንተተባሂሉ በላዒ ነገር ገይሩ ስለ እቲ ሕብረተሰብ ክስታይ ዝገብሮ ከምኡታት ዝበሉ ነገራት ላለዉ። ኣፍቲ በዝሒ ደም እቲ ናይ ደም በዝሒ ሽሙ ደኣ ከምኡ ይበሃል እምበር እቲ ናይ ደም ግፊት እዩ ዝበሃል፤ ንሱ'ውን ካብ ርጉዲ ዝመፅእ ክኸውን ይኽእል፤ exercise ብበዝሒ ዘይምርካብ'ውን ይመፅእ እዩ። እና እቲ ሕብረተሰብ ግን ሱቕ ኢሉ በቃ ከም ናይ እግዚኣብሄር ወደቓ ዓይነት ገይሩ ዝወስድ ላሎ። ገሉ ክፋል ድማ ኣመፃእኡ ብደምቢ ዝፈልጥ እንተስ መፅሓፍ ኣንቢቡ፣ ኢንተርኔት ሪኡ ካልእ ሪኡ ኣመፃፅኡ ብደምቢ ዝፈልጥ ሕብረተሰብ'ውን ላሎ። እና እቲ ሕብረተሰብ ክልተ ዓይነት እዩ ምባል ይከኣል እዩ ማለት እዩ።
[649]	**ሓታቲ፡** ሰባት ኣብዚ ሕጂ ንስኺ ያው ከም ኣባል እቲ ማሕበረሰብ ኣብ ከባቢኺ ሰባት ብዛዕባ እዞም ዘይተመሓላለፍቲ ሕማማት ይዘራረቡ'ዶ?
[650]	**ተሓታቲት፡** ሱቕ ኢሎም ሰባት ንሰባት ብዛዕባ እዚ ብዙሕ ኣይዘራረቡን። ሕዚ ከም ሓደ ንስኻ ክተምህር ኢልካ ኣብ ዝኣተኻዮ ሰዓት ግን ዝተወሰነ ነንባዕሉ ክዘራረብ ልምዲ ክገብሮ ፃዕርታት ላሎ። ሱቕ ኢሉ ኣልዕል ኣቢሉ ዘይመሓላለፉ ሕዚ ስለ ተመሓላለፍቲ ሕማማት እንተጠይቕካዮ ይዘራረቡ፤ እ ብምንታይ ከምዝመፅእ'ውን ይፈልጥ። እቶም ተመሓላለፍቲ ሕማማት ዝበሃሉ እ ከመይ ከጥቅዕ ከምዝኽእል'ውን ይፈልጡ ንሕና'ውን ፀቕጢ ገይርና ነምህር ስለዝነበርና ይፍለጥ እዩ። ኣፍቶም ዘይተመሓላለፍቲ ዝብል ግን ከምቶም ተመሓላለፍቲ ሕማማት ወሲዱ ዲስከስ ዝገብረሉ ኣይኮነን። ቀፃሊስ ናይ ኩሉ ሕብረተሰብ ፃዕሪ ዘድልዮ እዩ እቲ ስራሕ ማለት እዩ።
[651]	**ሓታቲ፡** ሕጂ ንስኺ ኣብ ገዛ ገዛ ከይድካ ምኽርን ማዕዳን ከሃብ ከሎ ሰባት ዝተፈላለየ ቅድም ክብል ከምዝገለፅክለይ ምስ ብዙሕ ነገር ስለዘተሓሕዝዎ ፍልይ ዝበለ ዘጓነፈኪ ነገር'ዶ ኣሎ?
[652]	**ተሓታቲት፡** ያው እቲ ፍልይ ዝበለ ዘጓንፍ ነገር እዙይ ፍሉይ ነገር ላሎ እኳ እንተዘይተብሃለ እ ኣብ ክንዲ ናብ ሕክምና ምኻድ ናብ ማይጨሎት ምዝውታር ላሎ። ነዚ ድማ ከም መፍትሒ ኢለ ዝወስዶ ኣነ ክልቲኡ እንተካየድዎ ዝጓዳእ ከምዘይኮነ። እቲ ናይ እምነት ጉዳይ እዩ እቲ ከኣ ናይ ሳይንስ ጉዳይ ስለዝኾነ እቲ መድሓኒት'ውን ከቋርፅዎ ከምዘይብሎም እታ ዝደለይዋ ድማ ብሳይኮሎጂ እውን ንሱ ሰሪሑልና ኢሎም ክሓስቡ ስለዝኽእሉ ክጥቀምሉ እየ ምኽረይ ዝህብ ማለት እዩ።
[653]	**ሓታቲ፡** ኣብ ምክልኻል ዘድህበ ኣስተምህሮ ክትህቢ ከለኺ ተሳተፍቲ ኣቀባብልኣን ከመይ ይግለፅ?

[654] **ተሓታቲት፡** ኣፍቲ ኮፍ ኢለን ዝመሃራላ ሰዓት ብሙሉእ ቀልበን ይከታተለኦ እየን። ኣፍታ እንድሕር ወፂናላ ማለት እዩ። ኣፍቲ ምውፃእ እዩ ፀገም ዘሎ እምበር ኣብ ሕድሕድ ገዛ እንተኣቲኻ ኣብ ሕድሕድኡ ድማ ይከታተላኻ እየን። ሕዚ እንታይ እዩ ንባዕለን ይጥቀማላ እየን እታ ዝሃብካየን ነገር። ክትጥየቕን ከለኻ ደሓር ምልስ ኢልካ ነቲ ሓሳባት ጥርንፍ ኣቢልካ ኣብ ሰብ ምሕላፍ ግን ፀገም ኣሎ ማለት እዩ ኣፍቲ ሕብረተሰብ። ሕጂ መምህር ኣሎ የምህር፤ ገሊኡ ሰብ ገሊኡ መምህር እታ ዘላ ነገር ናብ ሰብ ናይ ምሕላፍ ተኽእሎ እኒኣቶ፤ ገሊኡ መምህር ድማ ንፉዕ ዋላ እናሃለወ ናብ ሰብ ናይ ምሕላፍ ተኽእሎ ግን ዝፅግሞ ልክእ ከምቲ ኣፍቲ መምህር ዝረአ ኣፍቲ ሕብረተሰብ'ውን ከምኡ ዓይነት ይረአ እዩ። ኣፍቲ ምሕላፍ ናብ ሰብ ፀገም ዘሎ ኣሎ እምበር ንባዕለን ይትሕዛ እየን ይጥቀማላ'ውን እየን ማለት እዩ።

[655] **ሓታቲ፡** ምክልኻል ሳዕቤናት ዘይተመሓላፍቲ ሕማማት ኣገዳሲ ምኽኑ ንምግላፅ ብኽመይ ተረድእየን?

[656] **ተሓታቲት፡** ኣፍቲ ሃይፐርተንሽንን ዲያቤቲክን ኣመጋግበእን ከስተኻኽላ ወይ ከስተኻኽሉ፤ መብዛሕቲኡ ኣብቲ ገዛ ገዛ ክትኣቱ ኣከንዲ ደቂ ተባዕትዮ ደቂ ኣንስትዮ ብበዝሒ ዝርከብ እቲ ወዲ ተባዕታይ ብዙሕ ኣይንረኽቦን። ግን ኣመጋግበእን ከስተኻኽላ፣ ኣመጋግበእን ከስተኻኽላ፣ እዚ ዝኾነ ኤከሰርሳይስ ነገር ክሰርሓ ሕጂስ ኣፍቲ ገዛ እንተኸይድካ ዝሓሸ መነባብሮ እንተልዎም ኮፍ ከምዝብል ይርደኣካ እዩ ማለት እዩ። እና ኮፍ ብዙሕ ዝጠቅም ከምዘይኮነ፤ እቲ ዝበልዕኦ ምግቢ እንደገና እ ሰሪሑ እቲ ዝወፅእ ከወፅእ እቲ ብኣግባቡ ዝሰርሕ ክሰርሕ ምእንታን ምንቅስቓስ ከምዘድሊ ኢና ነምህር ማለት እዩ። ንሳ እየ ዘምህረን ኣነ።

[657] **ሓታቲ፡** ከምቲ ዝበልክኒ ንደቂ ኣንስትዮ ኢኽን ትምህርቲ ትህባ። እና ደቂ ኣንስትዮ እንተተማሂረን እቲ ሰብኣይ'ውን ክመሃር ይኽእል እዩ ምስቲ ንሰን ነቲ ገዛ ስለዝከታተልኡ።

[658] **ተሓታቲት፡** እወ እቲ ሰብኣይ'ውን ብዙሕ ባህሪ ኣለዎ። እቲ ኣመጋግባ ብርግፅ ክስተኻኽልኡ ይኽእላ። ግን ኢኮኖሚ ( ) እና እቲ ሰብኣይ ቀልጢፉ ዝቕየር ናይ ሰበይቱ ዝበለቶ ነገር ሰሚዑ ዝቕየር ኣሎ ብኡ ልክዕ ድማ ብዙሕ ናታ ነገር ሓሳባስ ትኽክል እዩ ዘይወስድ ዘሎ'ውን ፀገማት ኣሎ። ሕጂ ተመሊስካ ከይድካ እዚ ከምዚ'ዶ ገይርኪ እንተይልካይ እታ ኣዶ 'ኣይ በዓል ገዛይ እኮ ከምዚ ኣይተቕበለንን' ገለ እንተይላ ንዑ ክንረኽቦ ኢና ፃዕሪ ንገብር ማለት እዩ። ንዑ ረኺብና ብሓደሻዕ ዋላ እንተዘይቀየርናዮ ዝተወሰነ እንዳንፀፍና ክንፀንሕ ንኽንፀንሕ ፃዕሪ ይግበር እምበር እ ኩሉ እታ ኣዶ እንተተቕይራ እቲ ሰብኣይ ይቕየር እዩ ኢልና ኣይንወስዶን።

[659] **ሓታቲ፡** ንጥፈታት ምክልኻል ብዝምልከት ያው ኣስተምህሮ ከምዘሎ ሓደ ንጥፈት እዩ። ምናልባት ካልእ ንጥፈት ይህሉ'ዶ? ካልእ ተግባራት ኣብ ምክልኻል ዘድህበ ተግባራት?

[660] **ተሓታቲት፡** ያው እንታይ ይመስለካ እቲ እዞም ዘይተመሓላለፍቲ ሕማማት ዝበሃሉ ከም መንግስቲ እውን ሕዚ እዩ ጠጉግካ ምእታው ተጀሚሩ ዘሎ ኣብ ከባቢና ማለት እዩ። ኣብ ካልእ ከባቢ ካልእ ክህሉ ይኽእል ይኾን። ኣብ ከባቢና ግን ሕዚ እዩ እንዳተኸተቱ ከይዶም። () ኣብቲ መጀመርያ እቲ ቀዛፊ ዝኽውን'ውን ተመሓላላፋይ ሕማም ስለዝኾነ የዐሪኻ ፅዑቕ ስራሕ ዝተሰርሑ ኣብኡ እዩ። ሕጂ ንሱ እቲ ሕብረተሰብ ፈሊጥዎ እንዳሓገዘ ብዝኸደ ቁፅሪ ድማ እቲ ክፍተት ዘሎ ድማ ኣፍቶም ዘይተመሓላለፍቲ ሕማማት ስለዝኾነ እቲ ዋላ ገዲፍናዮ እንተዘይበልና ግን ብዝተወሰነ ሺፍት እንዳገበርካ ናብኡ ፃዕሪ ይግበር ኣሎ እምበር እ መጀመርያ ኣፍቶም ተመሓላለፍቲ እዩ ፃዕቒ ስራሕ ነይሩ።

[661] **ሓታቲ፡** ግደ መራሕቲ ጉጅለኽ ኣብዚ ከመይ ትርእዮ? ከመይ ይሕግዛኽን?

[662] **ተሓታቲት፡** ግደ መራሕቲ ጉጅለ እንተትሓዝካየን ዘይሰርሓሉ ምኽንያት የለን ክሰርሓ ይኽእላ እየን። ግን እንታይ እዩ ዘይተመሓላለፋይ ሕማም ክተምህር ከለኻ ቁሩብ ፅዕቒ ማለትስ ኣፍልጦ የዐርዩ ክህልወካ እንኣዎ። እቶም ተመሓላለፍቲ ሕማማት ክተምህር ከለኻ ውፅኣት እዩ፣ ከምዚ እዩ ክትብሎ እቲ ሕብረተሰብ'ውን ቀልጢፉ ይቕበሎ ንሳተን'ውን ፅቡቕ ይሕዛ እየን። ኣብዚ ግን ቁሩብትለይ ናይ ሞያ ሓገዝ'ውን ስለዘድሊ ክንድቲ ናይ ዓንተዎ ዝነበረ ይሕግዛ እየን ዋላ እንተዘይበልናየን ብዝተወሰነ መንገዱ ያው ይሕግዛ እየን ክንብል ንኽእል ኢና። ንዕአን'ውን ልክዕ ምስቲ ሕብረተሰብ እንዳሰልጠናየን ኢና ክንኪድ ዘለና። ንበይነን እዚ ግበራ ወይ በይነን ክዋፅእኡ ዝኽእላ ከምቲ ካልእ ኢልና ኣይንሓስቦን።

[663] **ሓታቲ፡** ሕጂ ድማ ናብ ዕንቅፋት ንምፃእ'ሞ ኣብ ምስትምሃር ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዕንቀፋት ክኾኑ ዝኽእሉ ነገራት እንታይ እዮም?

[664] **ተሓታቲት፡** እቶም ዕንቅፋት ዝኽእሉ ነገራት ሓደ ናይ ማተርያል ሕፅረት እዩ፤ ናይ ሓይሊ ሰብ ሕፅረት እውን ኣሎ። ንኹሉ ምሽፋኑ የፀግም እዩ። ካልእ እቲ ሕብረተሰብ እውን ብፍላይ ኣፍቲ ናይ ኣእምሮ ናይ እግዚኣብሄር ስጦታ ምግባር ወይ ብፈውሲ ዝመፀ ካልእ ስለዝመስል እዚኣቶም ዕንቅፋታት ኣለዉ። እቲ ናይ ሕብረተሰብ እምነት ድማ ንኽትቅይሮ ግዘ ስለዘድሊ፤ ብሓንቲ ሻዕ ዝቕየረልካ ስለዘይኮነ እዚ ያው ሓደ ዕንቅፋት እዩ ክብል ይኽእል እየ ማለት እዩ።

[665] **ሓታቲ፡** ሓገዝቲ ፅሑፋት የለዉን ማለት ድዩ ኣብ ዘይተመሓላለፍቲ ሕማማት?

[666] **ተሓታቲት፡** ሓገዝቲ ፅሑፋት እስካብ ሐዚ ኣብ ተመሓላለፊ ሕማም እምበር ኣብ ዘይመሓላለፉ ሕማማት ዝበሃል ካፍቲ ዝተምሃርናዮ እዩ እምበር እቲ ፍሉይ ብሊፍሌት ምናምን ከምቲ ካልኦት ዝመፅእ ዝመፀና ነገር የለን። የለን እስካብ ሐዚ ንቕፃሊ ምናልባሽ ንቕድሚት ክንርኢ ሕዚ'ውን ስለዝተኣታቶ ዘሎ ሕዚ ዘየምፃኹሞ ምባል'ውን ይኽብድ እዩ።

[667] **ሓታቲ፡** ኣብ መወዳእታ ያው ንምክልኻል ዝርግሐ ዘይተመሓላለፍቲ ሕማማት እንታይ ክግበር ኣለዎ ትብሊ ካብ ተሞክሮኺ ማለት እዩ?

[668] **ተሓታቲት፡** ያው ሓደ እቲ ናይ ማተርያል ምምላእ የድሊ። እቲ leaflet ኣውን እቲ ክመሃር ከንብብ ዝኽእል ሰብ ምእንታን ከንብቦ ንሱ'ውን የድሊ እዩ። ዋላ ነቲ ዘምህር ሰብ'ውን መዘኻኸሪ ይኸውን እዩ። ( ) የድሊ። ካልእ ብኢንተርኔት ድዩ ብቴሌቪዥን ድዩ ሕዚ ሓደ ሓደ 'ጤናዎ በቤትዎ' ዝብል ነገር ዝተጀመረ ነገራት እኳ እንተሃለወ ግን ንሱ ልክዕ ከምቲ ናይ መጀመርያ ናይ ኤች ኣይ ቪ ዝነበረ ክስታይ ጠጉማካ ኣቲኻ እውን ብኹሉ ነገርስ ናይ ኩሉና ዘረባ ክኸውን እንተኺኢሉ እዩ እቲ ነገር ክስተካኸል ዝኽእል ኢለ እየ ዝሓስብ።

[669] **ሓታቲ፡** ኦኬ ብዙሕ ሓሳብ ሂብክኒ ኣለኺ። ኣነ ወዲአ ኣለኹ። ምናልባት ንስኺ ትውስኽዮ ነገር እንተሃልዩ ኣብ መወዳእታ?

[670] **ተሓታቲት፡** የቕንየለይ።

[671] **ሓታቲ፡** የቕንየለይ።

(xix) In-depth Interview with Health Extension Worker – 5 (IDI15-HEW5)

Turn	The Tigrigna Text
[672]	**ሓታቲ፡** ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እንታይነት'ዶ ትነግርኒ?
[673]	**ተሓታቲት፡** ያው እቶም ዘይተመሓላለፍቲ ሕማማት ንብሎም እ ደም በዝሒ፣ ሽኮርያ እ ናይ ስነ-ላእምሮ ፀገም ዘለዎም እዮም እቶም ዘይተመሓላለፍቲ ሕማማት እንብሎም ማለት እዩ። ስለዚ ኣብዚ ኣመልኪትና እቲ ንህቦ'ውን ሕድሕድ ገዛ ኢና ንኣቱ፤ ክንኣቱ ኽለና ያው ዝተፈለጡ እቲ ሕማሞም እ ኬዞም ዝተፈለጡ ደም በዝሒ ዘለዎም ባዕሎም ዝብሉኻ ማለት እዩ። እ ናይ ሽኮርያ መድሓኒት ተጠቀምቲ ዝኾኑ፤ ባዕሎም እንተነኺሮምኻ ኢኻ እንትን ትብሎም ማለት እዩ። ኣቲኻ ክተስተምህር ተለኻ ኣብዚኣም ባዕሎም'ውን ይነግሩኻ እዮም። ሱቕ ኢልካ ክትኣቱ ከለኻ ገዛ ገዛ'ውን ሕዚ እቲ ምልክቱ ክነግሩኻ ተለዉ ማለት እዩ 'ርእሰይ ይዘረኒ እዩ'፣ 'ከምዚ ይብለኒ እዩ' ኢሉ ከውገዐካ ከሎ እቲ ሰብ እቲ ናይ ፀቕጢ ደም መለክዒ ሒዘን ስለዝዘራ ኣለዎን ሕድሕድ ተዋሂበን እየን። ንሱ ሒዘን ክዞራ ከለዋ ይዕቅና እየን። ዓቂነን እቲ ናይ ደም ግፊቶም ወይድማ እቲ ፀቕጢ ደም ንእሽተይ ሓፍ ዝበለ እንተኾይኑ ኣብ ጥዕና ጣብያ ኽይዶም ቹክ ክንብሩ'ውን ይሕብራ እየን። ካብኡ ነዙይ'ውን ንዑኡ ኪጋድዱ ዝኽእል ነገራት ኣብኡ ኣድሂብካ ኢካ ኣስተምህሮ ትህቦም ማለት እዩ። ጨው ክበልዐ ከምዘይብሎም ብዙሕ ጨው፣ ናይ ኣካል ምንቅስቓስ ክንብሩ ከምዘለዎም እዚታት እዚታት ትሕብረሎም ማለት እዩ። ኣፍቲ እ ፍሉጥ ዝኾነ ኬዝ ድማ ክንኣቱ ከለና ዋላ ባዕለይ'ውን ማለት እዩ ክንኣቱ ከለና ድማ ንዕኡም መድሓኒት ከቋርፀ ከምዘይብሎም ንመኽሮም። ንዕኡ ዘጋድድ ነገራት'ውን ክወስዱ ከምዘይብሎም፤ ብትኽክል እውን እንዳኾዱ ደሞም ይኹን እቲ ናይ ሽኮር እንትን እንተገዲድዎም ማለት እዩ እምበር ናይ ባዕሉ ቆፆሮ ኣለዎ እንድዩ፤ ብቆፆሮ እዮም ዝኾዱ። ግን ዝብእሶም ገለ እንተመሲሉ'ውን ግዘ ከይሃቡ ከይዶም ቹክ ክንብሩ ከምዘለዎም ኢና ሓበርና ንሕና ንወፅእ ኣፍቲ ክንኣቱ ከለና ማለት እዩ።
[674]	**ሓታቲ፡** ኣብዚ ከባቢ ብበዝሒ ዘጥቅፆም ዓይነት ዘይተመሓላላፊ ሕማም ይፍለጥ'ዶ?
[675]	**ተሓታቲት፡** እቲ ብበዝሒ እቲ ናይ ደም በዝሒ እዩ። ብበዝሒ እቲ ሓላሓሊፉ እቲ ናይ ሽኮር የለን ማለት'ውን ኣይኮነን። ግን እቲ በዝሒ እንታይሽሙ ኣሎ እዩ። እ ዋላ ክንድኡ ኣይኹን እምበር እቲ ናይ ስነ-ላእምሮ ፀገም'ውን ዘለዎ ሰብ'ውን ሕልፍ ሕልፍ ኢሉ ኣሎ እዩ። ግን ኣብዝሓ እንትን እንብሎ ግን እቲ ናይ ደም በዝሒ እንትን እዩ።
[676]	**ሓታቲ፡** ነዞም ዘይተመሓላለፍቲ ሕማማት ብበዝሒ ክረኣዩ ዝገብር ምኽንያት እንታይ ከምዝኾነ ይፍለጥ'ዶ?
[677]	**ተሓታቲት፡** ኣፍቲ ሕብረተሰብ ብዙሕ ኣፍልጦ የብሉን። ማለት ዝተምሃረ ኣካል እንተዘይኮይኑ እቲ ዘይተምሃረ ሕብረተሰብና ናይ ኣመጋግባ ሽግር እዩ ወይ እዚ እዩ ክብሎ ኣይኽእልን። ግን ሱቕ ኢሉ በቃ ከምዚ ተባሂለ፤ እንደውም ሕዚ እንታይ እዩ ዝብለካስ 'ኣነ ቀጢን እንዳሃለኹስ ደም በዝሒ ኣለካ ኢሎምኒ'። ምስ ርጉዲ ምስ ካልእ ካልእ ዘትሓሕዞ ሰብ ኣሎ እዩ። 'ኣነስ ከመይ ኢሉ እዩ ንዓይ ከምዚ ክኸውን ዝኽእል' ዝብል ኣሎ እና፤ እቲ ፊደል ዝቐፀረ እንተኾይኑ ካብ ኣመጋግባይ ካብ ካልእ እንትን ክብሎ ይኽእል እዩ። ኣብዝሓ እቲ ሕብረተሰብና ግን ዘይተምሃረ ሕብረተሰብ እዩ። መበገሲኡ እዙይ እዩ ኢሉ'ውን ብዙሕ ኣይፈልጦን። ጥራሕ ንስኻ ምስኣምሃርካዮ ግን ከምዚ ከምዚ ብኽምዚ እዩ ዝመፅእ ብኽምዚ እዩ ዝመፅእ ክትብሎ ከለኻ ግን ድዩ ኢሉ ዝትግብሮ ኣሎ። ያው እቲ ናይ ጨው ገለመለ እዩ መብዛሕቲኡ ዝምከር ካብኡ ድማ ናይ ኣካል ምንቅስቓስ ክንብሩ እንተገደደ ሓፍ ኮፍ ኢሎም ስፖርት ክሰርሑ እንተዘይኪኢሎም ብእግሮም እኳስ ንእሽተይ ክጓዓዙ ከምዘለዎም ንሕብረሎም ኢና። ያው እዚ'ውን እንትን ገለኡ 'እቲ ጨው ለሚድናዮ እንዲና' ዝብል ኣሎ። ግን ንጥዕንኡ ክብል ክትነግሮ ከለኻ ይቕበለካ እዩ። ኣፍቲ ተግባር እኳ ፕራክቲካል ምስኡ ኮፍ ኢልና እንተዘይረኣናዮ፤ ንስኻ ትሕብረሉ ተግባራት ግን እሺ ኢሉ ዝቕበል ሕብረተሰብ እዩ ዘሎ። ኣፍቲ ማዕዳስ እንትን ዝብል ሰብ የለን።
[678]	**ሓታቲ፡** ከም በዓል ሞያ ገዛ ንገዛ እንዳኸድክን ኣስተምህሮ ከምትህባ ገሊፅክለይ ኣለኺ። ከም ኣካል እቲ ማሕበረሰብ'ውን ኣብቲ ማሕበረሰብ ስለዘለኺ ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ይዘራረቡ'ዶ ሰባት? ይመያየጡ'ዶ?
[679]	**ተሓታቲት፡** ናይ ብዙሕ ዝተለመደ ኣይኮነን መቸም። ዋላ ሕዚ ከም ባዕልና ኣፍቲ ውሽጢ ሕብረተሰብ እንዲና ዘለና ከም ባዕልና ክንሪኦ ከለና ኣልዒሉ እቲ ኣርእሰቲ እቲ ኣሎ ሕማም ዲስከስ ዝገብረሉ ኣይኮነን። እንድዒ ምናልባት ኣብ ሓደሓደ ምጥጥ ዝበለ እንትን እንተሃልዩ እምበር ብኽምዚ እዩ ዝመፅእ ከምዚ እኮ እዩ ከምዚ እዩ ኢሉ እንትን ዝብሎስ ብዙሕ የለን እየ ክብል ዝኽእል ማለት እዩ።
[680]	**ሓታቲ፡** ክተምህራ ከለኽን ኣብ ምክልኻል ዘድህበ ትምህርቲ ኢኽን ትህባና ትምህርቲ ከወሃብ ከሎኽ ኣቀባብላ እቲ ማሕበረሰብ እንታይ ይመስል? ከመይ ይቕበልዎ? ወይ ከዓ ዘሸግር ነገር እንተሃልዩ፤ ዘጓነፈክን ነገር እንተሃልዩ ኣብ ምስትምሃር?
[681]	**ተሓታቲት፡** ኣይ ብዙሕ ዘጋጠመና ሽግር እዚ ኣሎ ኢለ ከቕምጦ ዝኽእል ነገር የለን። ማለት ንሕና እዚ ተግብር እዚ ኣይትተግብር ዘይኮነስ ስቕ ኢልካ ከም እቲ በዓል ሞያ መጠን ቅርብ ኢልና ከም ቤተሰብ ኮይንካ'ውን ስለተዋግዖ ነቲ ሰብ ብዛዕባ እቲ ሕማሙ ክነግረካ ከሎ መድሓኒት ዝወስድ እንተኾይኑ ናይ ደም በዝሒ ይኹን ናይ ሽኮር ክተውግዖ ከለኻ ካብዚ ካብዚ ተቕጠብ ኢኻ። ከምዚ ከምዚ ግበር ክትብል ከለኻ እሺ ኢሉ ይቕበል እምበር ብዙሕ

እንትን ኢሉ ዘፀገመልና ሰብ የለን።

[682] **ሓታቲ፡** ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ዝካየድ ንጥፈት ኣሎ’ዶ? ፍልይ ዝበለ ንጥፈት? ንኣብነት ሕጂ ዓንተዎይ ዝነገርክኒ እዚ ፀቕጢ ደም መለክዒ መሳርሒ ሒዘን ያው ብዝተኽኣለ መጠን ኣስተምህሮ ክህባ ከለዋ ኣብኡ ከለዋ ዓቂነን ሽግር እንተሊዩ’ውን ናብ ጥዕና ጣብያ ሪፈር ምግባር ኣሎሞ ምስኡ ዝተትሓሓዘ ኣብ ታሕቲ ዝፍፀም ተግባራት እንተልዩ?

[683] **ተሓታቲት፡** እቲ ዝበልኩኻ እኮ ኣብ ታሕቲ ወሪድካ ዝግበር ተግባር እዩ። ማለት ንሕና ኣብ ታሕቲ ኢና ንሰርሕ። ምስቲ ሕብረተሰብ ኢና ንውዕል። ገዛ ንገዛ ኢና ንኸይድ። ሕድሕድ ገዛ ኢና እንዳንኳሕኳሕና ንውዕል። ያው ኣቲኻ ሪኢኻ ምስ ሰብ ሞያ’ውን ምስ ምኟና ሪኢኻ እቲ ዝነግሩኻ ሳይን ኤንድ ሲምፕተምስ ኣብኡ ተደሪኽካ ኢኻ እንትን ክትብሎም ትኽእል እምበር ፍሉይ ነገር ንገብሮ ነገር የለን። ማለት እታ መዐቀኒት ኣለትና። እቲ ናይ ሽኮር መሲሉ ዝስመዓና እንተኾይኑ ድማ መዐቀኒ ስለዘይብልና መሳርሒ ስለዘይብልና ሪፈር ኢልና ኢና ንሰድድ ናብ ሆስፒታል ይኹን ናብዚ። ከይድካ ቼክ ግበር። ቼክ ግበሩ ኢልና ኢና ንሕና እንትን ንብል። ያው እቲ ናይ ደም ግፊት መዐቀኒ እዩ ዘለና፤ ንሱ ዓቂና ዝረኽብናዮ ነፃ እንተኾይኑ’ውን ነፃ እንተኾይኑ’ውን ማለት ፕሬዝሩ ሓፍ ዝበለ እንተዘይኮይኑ በቲ ዝነገረና ክሊኒካሊ ተደሪኽካ መቾም ናፍቲ ኣቲኻ ክተብል ከለኻ እ ዘውግያ በዚ ክትረኽቦ ስለትኽእል ግን ከምኡ ዝገብር ከምዚ ከምዚ ዝገብር ሕማም ስለዘሎ ናብኡ ከይትጋለፀ ብኽምዚ ገይረኩም ተኽላኽሉ ኢልና ኢና ነምህሮም። ናይ ምክልኻል ስራሕ ስለዝኾነ ስራሕና ተኽላኽሉ። ናብኡ ከይትጋለፀ ኢልና ኢና እንትን ንብል። ታብኡ ዝኾነ ትኽክል ዘይኮነ ስምዒት ዝስመያ እንተኾይኑ ድማኒ ንዓና ከይተፀበየ ኣብ ጥዕና ከይዱ ቼክ ክገብር ከምዘለዎ እዚታት ኢና ንሕብረሉ ንሕና እምበር ኣብኡ ምጥጥ ዝበለ ንሰርሖ ነገር የለን።

[684] **ሓታቲ፡** ግደ መራሕቲ ጉጅለ ልምዓት ኣብ ምክልኻል ዘይተመሓላለፍቲ ሕማማት እንታይ እዩ?

[685] **ተሓታቲት፡** ያው ብበዝሒ ባዕልና እንዲና ነዛቲ። ባዕልና ኢና ነዛቲ። ማለት እዘን ዝኔዋ ጥሙር ጥዕና እየን ዘዛትያ። ኣብኡ ኣደሪኽና ንሕና’ውን እንትን ክንብለን ከለና’ውን ሓደሓደ ዘሕልፍኡ እንትን ኣሎ። እ ዳሕና ዝኾና እ ምጥጥ ዝበላ መራሕቲ ልምዓት ጉጅለ’ውን ኣለዋ። ዋላ እንተይነገርካየን ባዕለን ካብ ናይ ባዕለን ተበግሶ’ውን ስሕት ኢለን ዘመሓላልፍኡ፣ ዘምህርኡ ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እ ካልእ ካልእ ባዕለን እንትን ዝብልኡ ኣሎ። ግን እ መብዛሕትኡ ፎከስ ዝኸውን ኣብቲ በዓል ሞያ እዩ።

[686] **ሓታቲ፡** ብዛዕባ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ኣስተምህሮ ከወሃብ ከሎ ዕንቅፋት ክኾኑ ዝኽእሉ ባህላዊ ኣተሓሳስባታትን ተግባራትን እዚ ማሕበረሰብ ኣለዉ’ዶ?

[687] **ተሓታቲት፡** ኣይ እንታይ ድዩ መሲሉካ እቲ እንትን እኮ እዩ። ሕዚ ሰብ ደም በዝሒ ኣለ ደም በዝሒ ብኽመይ ረዱድ እንተኾይንካ፣ ካልእ ካልእ እንተኾይንካ ጥራሕ ኣብ ቀጢንስ ዘሎ ዘይመስሎ ሕብረተሰብ ኣለና። ሕዚ ‘ኣነስ ኣብ ምንታይ ኣካለይ እያ ከምዚኣ ኮይና፤ ንዓይስያ ደም በዝሑኒ’ ዝብል ሰብ ኣሎ። ኣይሰኣንን’ውን። ስቕ ኢሉ ማለት ካብ ኣፍልጦ ሕፅረት እዩ ምስ ከምኡታት ዘተሓሕዞ እምበር ብዙሕ ዓንቃፊ ዝኽውን ነገር የለን። ግን ሱቕ ኢሉ ሰብ ካብ ዘይምፍላጡ ዝተልዓለ ከምኡ ይብል እዩ። ግን ንሕና እቲ ንምልሰሉ መልሲ ግን ምስ ርጉድን ምስ ካሊእን ዝተሓሓዝ ዘይኮነስ ባዕሊቱ እቲ ከምቲ ሞያና ማለት እዩ እቲ ብላድ ቨዝል እንትን እንተኾይኑ ካልእ ካልእ እንተኾይኑ እምበር ምስ ርጉድን ቅጥንን ዝተሓሓዝ ነገር ኣይኮነን። ኢሉ’ውን ብዘርኢ ዝመፅእ ምኻኑ’ውን ንሕና እንትን ንገብረሉ ነቲ ሕብረተሰብ። ያው ኣፍልጦ ምሃብ እዩ እቲ ናይና እንትን። ንሱታት ተዛሪብና ኢና ንመፅእ እምበር ብዙሕ ንዓና ዘይምቕባል ወይ ካልእ ካልእ የለን።

[688] **ሓታቲ፡** ንምስትምሃር ምክልኻል ዘይተመሓላለፍቲ ሕማማት እትጥቀምሎም ሓገዝቲ ፅሑፋት ኣለዉ’ዶ?

[689] **ተሓታቲት፡** ተዳልዩ ዝተወሃበና ብዛዕባ እዙይ እንትን የለን። ግን ኣብዚ ዝሰርሕ ሰብ በዓል ሞያ እዩ። ነርስታት እየን ናይ ከተማ ጥሙር ጥዕና። ያው ዝተምሃረኡ ስለዝኾነ ካብ ናይ ባዕልኻ እንትን ኣንቢብካ ኮነ ኢልካ ኢኻ ትኽይድ እምበር ተዋሂቡ ከም ልፈልተ ወይ ከም ካሊእ ከምቲ ካልኡት እ ከም ናይ ኒዩትሩሽን ገለ ዝወሃብ ከምኡ ዝወሃብ ነገር የለን። ግን ባዕሊትካ ኣንቢብካ እንትን ኢልካ ከይድካ ዝመፀካ ሕቶ’ውን እንታይ እንታይ ሕቶ ክመፀካ ከምዝኽእል ንኽትምልስ ማለት እዩ። ተዳሊኻ ናይ ምኻድ ሰብ ሞያ’ውን ምስቲ ምኟኑ ባዕልኻ ኢኻ እንትን ኢልካ ትኽይድ እምበር ኣነ የለዉን።

[690] **ሓታቲ፡** ነዞም ዘይተመሓላለፍቲ ሕማማት ንምክልኻል እንታይ ክግበር ኣለዎ ትብሊ?

[691] **ተሓታቲት፡** ያው እቲ ዓብዩ ሽግር ዝኒአ ሕዚ ናይ ከተማ ሕማም እኮ እቲ ዘይተመሓላለፍቲ ሕማም እዩ። ማለት ቅድም ክብል ኣብ ተመሓላለፍቲ ሕማማት እዩ ነይሩ ሕዚ ከም እንትን እንዳኾነ ዝመፅእ ዘሎ ያው እቲ ናይ ዘይተመሓላለፍቲ ሕማማት መቼም ኣነ ካብ ዝፈልጦ ቅድም ብዙሕ ኣይነበረን። ሕዚ ግን ምስቲ ናይ ኣመጋግባ፣ ምስቲ ናይ ምንቅስቓስ ምናምን ተተሓሒዙ ቁሩብ እውን ልውጥ ስለዝበለ እንኤ እዩ። ግን ነዚ ትኹረት ተገይርዎ ብዝምልከቶ ኣካል ከምቲ ካልኦት ማንዋላት ኣሎ እዩ። መምህሪ ሓገዛት ናይ ካልኦት ኣብ ናይ ሚዝልስ፣ ኒዩትሩሽን ብዛዕባ ክትባት ብዛዕባ እቶም ካልኦት ካልኦት ኣሎ እዩ። ከምኡ ዝበለ ተዳልዩ እንተዝወሃበና ቀሊል ምኾነ ነይሩ። ካብኡ እውን እቲ ዘሎ ሰራሕተኛ ሓደ ዓይነት ኣፍልጦ ሒዙ ወፂኡ ተመሳሳሊ ዝኾነ ኣብ በቦትኡ ከይዱ ከምህር ምኽኣለ። እንተተኻኢሉ ከምኡ እንተዝግበር ፅቡቕ እዩ እየ ክብል ዝኽእል። ዝምልከቶ ኣካልስ ንዕኡ እንትን እንተዝገብር፤ ትኹረት እንተዝወሃቦ ከምቲ ካልእ ቅድም እኮ ብዙሕ ኣይንሰርሐሉን ነይርና። ኣብዚ ቐረባ ግዘ እዩ ካልኣይ ዓመቱ ወይ ገለ እዩ ናይ ነን ኮሚኒዩኬብል እንትን ኣካቲቱ መይሱ እቲ case እውን ምስ ምብዝሑ ኣብ ሕድሕድ ገዛ ትኣትዎ’ውን እዚ ከምህር እየ ኢልካ’ኳ እንተዘይከድካ፤ ተዳሊኻ ትኽዶ ኣሎ እዩ ከም ፕላን ግን ኣፍቲ

ገዛ ዝፀንሐካ ነገር እዩ ወሳኒ ንኽተምህር። ሕዚ ንገዛኻ እንተኣትየ፤ ዋላ ናይ ባዕለይ ፕሮግራም ነይሩኒ እንተኾይደ ግን ኣተየ ኣፍቲ መረባኻ ኣፍቲ ስድራኻ ዝረኸብክዎ ነገር ካብኡ ተላዒለ ስለ ዘምህር ወይድማ ስለ ነምህር እ ኣብዚ ሕዚ እዋናት እዩ ከምኡ እንትን እንዳበለ ዝኣቱ ዘሎ። ያው እዚ ተጠናኺሩ ብዝበለፀ መልክዑ ካልእ ካልእ ማንዋላት ምናምን ተዳልዩ ብዝምልከቶ ኣካል ተዳልዩ እንተዝቐርብ ኑቲ ስራሕ'ውን ሓጋዚ እዩ፤ ሓደ ዓይነት ኣፍልጦ ሒዙ ንኽኸይድ ሰብ'ውን ይሕግዝ እዩ። እንተተኻኢሉ ትኹረት እንተዝግበሮ እየ ዝብል።

[692] **ሓታቲ፡** ብዙሕ ነገር ገሊፅክለይ ኣለኺ። ካልእ ኣነ ዘይጠቐስኩዎ ንስኺ ከም በዓል ሞያ ብዛዕባ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ክጥቀስ ነይርዎ እትብልዮ ነገር እንተሃልዩ?

[693] **ተሓታቲት፡** ኣነ ብዙሕ ዝብሎ የብለይን። ካፍቲ ንስኻ ዝሓተትካኒ ንዓቐብ እንትን ዝብሎ ነገር የብለይን። እቲ ዝተልዓለ ሓሳብስ እንድዒ ዝኣክል እዩ ዝመስለኒ ኣነ።

[694] **ሓታቲ፡** ብጣዕሚ እየ ዘመስግን።

(xx) In-depth Interview with Health Extension Worker – 6 (IDI16-HEW6)

Turn	The Tigrigna Text
[695]	**ሓታቲ፡** ብጣዕሚ እየ ዘመስግን። መጀመርያ ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እንታይነት ተትነግርኒ?
[696]	**ተሓታቲት፡** እወ ዘይተመሓላለፍቲ ሕማማት ዝበሃሉ ‘ሕዱር ሕማም’ ዝበሃል ብሕብረተሰብና ‘ሕዱር ሕማም’ እዩ ዝበሃል ደም በዝሒ እና ሽኮር በሽታ እዮም። እቶም ሕዱር ሕማም ዝበሃሉ ብሕብረተሰብና ቀጥቂጥካ ቆፅሊ ገለ ምናምን ኣሎ እዩ ከም ምህላው መጠን ግን ብወሳናይ መልክዑ ኣብታ ልምዓት ጉጅለ ሓንቲ ኣላትና በዝሒ ደም ዘለዋ እታ ደም በዝሒ ሰብ ድማ ትፈልጥ እያ ኩሉ ነገር ዳርጋ ነዊሕ ግዘ ገይራ እያ። መድሓኒታ ትጥቀም እያ። እ ኣነ እውን እናመፃኹ ኣለኒ መዐቀኒ ይዕቅና እየ። ንሳ’ውን ፍቓደኛ ኮይና ትፀንሐኒ ዓቅንኒ እውን ትብለኒ እሉ ዳሕና እውቀት ዘለዋ ሰብ እያ። ካብኡ ነዚኣቶም ነዞም ዘይተመሓላለፍቲ ሕማማት ዝበሃሉ ከም ደም በዝሕን ሽኮር በሽታን ሕማማት እ ተሓኪምካ ክትድሕን ከምትኽእል ትኣምን እያ። ይኣምና እየን እተን ልምዓት ጉጅለ ንኻልእ ሰብ’ውን የምህራ እየን። ንሕና’ውን ብዝበለፀ ከምኡ ገይርና ኢና ነምህረን። ካብኡ ኣብ ሕክምና ከይዳ መድሓኒታ ትከታተል እያ። ኣነ’ውን እንዳመፃኹ ይዕቅና እየ ማለት እዩ። ሓንቲ ኣለትኒ ከምኡ ግድድ ዝበላ ተወድቐ እያ፤ እ ረጻድ እያ ግን ብዝተኽኣለ መጠን ኣካላዊ ምንቅስቓስ ክትገብር ከምዘለዋ፣ ኣካላ ብመጠኑ ክትንቀሳቐስ ከምዘለዋ ረጻድ ሰለዝኾነት እንቅስቃሴ ክትገብሪ ከምዘለኪ ኢልና ነምህራ ኢና። ንሳ’ውን ትንቀሳቀስ እያ ደሓን እያ። ኣፍቲ ውድብ ዘለዋ እምነት‘ውን ኣፍቲ መንግስቲ ዳሕና እያ እታ ቆልዓ ትንቀሳቐስ እያ። ግን ከምዚ እያ ትነብር። ንሰን’ውን ከምዚ ኢለን የምህራ እየን ንሳ’ውን ትእከብ እያ። ከይደን’ውን ይርእይኣ እየን ይሕግዘኣ እየን።
[697]	**ሓታቲ፡** ምናልባት ኣብዚ ከባቢ ደም በዝሒ ሓደ ሽግር ክኸውን ይኽእል እዩ። ግን ብበዝሒ ንኣባላት እዚ ማሕበረሰብ ዘጥቐዕ ዓይነት ሕማም እንታይ እዩ?
[698]	**ተሓታቲት፡** ደም በዝሒ እዩ እቲ ዝበዝሐ። ሽኮር በሽታ ሕልፍ ሕልፍ ኢሉ እዩ። ኣብ ቀጠናና ኣለዉ እዮም ሓደ ኣርባዕተ ሓሙሽተ ዝኾኑ ሽኮር በሽታ ዘለዎም’ውን ግን ድማ እቲ ዝበዝሐ ድማ ሎሚ ሕዚ እንታይ እዩ ደም በዝሒ እዩ ዘሎ። ኣፍቶም ካብ ስሳ ዓመት ንላዕሊ ዝኾኑ እዩ ዘጥቕዖም። ኣካላዊ ምንቅስቓስ ዘይገብሩ፣ ብቕዓታዊ ምንቅስቓስ ዘይገብሩ ሰባት ኣብኣቶም እዩ መብዛሕቲኡ እቲ ሽኮር በሽታ ዝረአ ማለት እዩ። ሕዚ ፅግም ዝበሎም ሰባት ኣለውኒ ኣፍቲ ናይ ሽኮር በሽታ ኢንሱሊን ንኽገዝኡ ብጣዕሚ ዝኸብዶም ኩሉ ግዘ ናብ ቀበሌ እንዳመፁ ናብ ቀጠና እንዳመፁ ዝጠርዑ ሰባት ኣለዉ እዮም። ካብኡ ንሳቶም ብዝተኽኣለ መጠን ናይ ነፃ ክወሃቦም ከምዘለዎም ንገብር ንሕግዞም () ማለት እዩ።
[699]	**ሓታቲ፡** ሕጂ ሰባት ብዛዕባ ተመሓላለፍቲ ሕማማት ንኣብነት ብዛዕባ ኤች ኣይ ቪ፣ ብዛዕባ ቲቢ ሰባት ይዘራረቡ እዮም። ብዛዕባ ዘይተመሓላለፍቲ ሕማማትከ ሰባት ይዘራረቡ’ዶ?
[700]	**ተሓታቲት፡** እወ። በዚ ሎሚ ግዘ እ ዘይተመሓላለፊ ሕማም እዩ በዚሑ እዩ ዝበሃል። ኣብዚ ሕዚ ግዘ ዘይተመሓላለፊ ሕማም በዚሑ፤ ደም በዝሒ ዘይትግምቶ ቀጢን ሰብ መፂኡ ብደም በዝሒ ኮይኑ ትርእዮ፤ ሽኮር በሽታ’ውን ‘ሽኮር ዘይበላዕና እንዳሃለና ሽኮር ሒዙና’ ይብሉ። ምንም እንምገቦ ምግቢ ብዙሕ ዘይኮነ እናሃለየ ሽኮር ይሕዘና እዩ። ብምንታይ እዩ ዝመፅእ ኢሎም ዝጠይቑኻ ሰባት ኣለዉ እዮም። እና ንሳቶም ደም ሽኮር ስለዝበዝሐካ ኣይኮነን ናይ ኣመጋግባና ሽግር እዩ፤ ተመጣጣናይ ምግቢ ስለዘይንበልዕ፣ ተኽሊ ስለዘይንበልዕ፣ ፍጮማ እንተበሊዕኻ ከምዚ ሓደ ክስታይ ወዲ ሃፍታም ንኽትበሃል ፍጮማ ምብላዕ፣ ስጋ ምብላዕ፣ እ እንቋቁሑ ምብላዕ እዚዩ ነቲ ሕማም መቃልዒ ክኸውን ይኽእል ኢልና ትምህርቲ ንህቦም ኢና እምበር ይጥይቑ እዮም። ‘ንሕና ዝበላዕናዮ ነገር ዘየለ እናሃለየ ሽኮር ይሕዘና እዩ። እንታይ በሊዕና ሽኮር ብዙሕ ኣይንበልዕን’ ይብሉ። ግን ብሽኮር ምቑሓም ዘይኮነ ዝመፅእስ ኣፍቲ ኣመጋግባና ተመጣጣናይ ምግቢ ተኽሊ፣ ሎምዓንቲ ተኽሊ እንተበሊዕኻ ፅባሕ ድማ ካልእ ክትበልዕ ሽሮ ክትበልዕ ምኽንካ፤ ከምኡ ድማ ብሰሙን ሓደ ግዘ ስጋ እንተበሊዕኻ ጮማ ዘይብሉ ደረቕ ጥረ ስጋ ክትበልዕ ከምዘለካ፤ እንቋቁሑ እውን ዝውትር ክበልዕ የብሉን ካብ ስሳ ዕድሚኡ ንላዕሊ እንቋቁሑ ኣየድልን ኢና ንብሎም ኢና ነምህሮም። መስተ’ውን ክሰትዩ ከምዘይብሎም ንነግሮም። ኣልኮላዊ መስተ ንሱ’ውን የጋድድ ምኽኑ፣ ጫት ንባዕሉ ሓሸሽ ነገር ዘየድሊ ምኽኑ ንንግሮም ኢና።
[701]	**ሓታቲ፡** ያው ኣስተምህሮኽን ኣብ ምክልኻል ዘድህበ እዩ፡፡ ተሳተፍቲ ኣስተምህሮኺ ብሙሉእ ቀልበን’ዶ ይከታተላኺ?
[702]	**ተሓታቲት፡** እወ ይከታተላ። ይሓታ እየን። ኣነ ንባዕለይ’ውን ይሓተን እየ። እንታይ ኢለከን፤ እዚኣስ ንኣብነት ሽኮር በሽታ ከም ደሃብ ኢለ ኣብነት እየ ዝነግረን። ረጻድ እያ፤ ሽኮር በሽታ ኣለዋ፤ ደም በዝሒ ኣለዋ። ሸሸፀ እዩ ዝለዓላ። ሐዚ ንሳ ኩላሊት’ውን ኣለዋ። ኩሉ ተደራሪቡ እዩ። ጨጓራ’ውን ኣለኒ ትብል፣ ኩላሊት ኣለኒ ትብል፣ ደም በዝሒ ኣለኒ፣ ሽኮር በሽታ ኣለኒ። ንኽከይድ’ውን የፀግመለይ እዩ። ሽግረኛ እየ ኢላ ብዙሕ ነገር ጥርዓን ተቕርብ እያ። ንሳ ድማ መጀመርያ ተመጣጣናይ ምግቢ እንተትበልዕ ነይራ ተኽሊ ነገር እንተተተኩር ነይራ እ ጣፋጭ ነገር እንተዘይትበልዕ ነይራ እንቋቁሑ፣ ስጋ፣ ስብሒ ዘለዎ እንተዘይትበልዕ ነይራ እዚ ሕማም እዚ ኣይምመፃን ነይሩ። ተኽሊ ክትፈትዋ ኣለካን ኢልና ንዛረበን። ዘይተረደኣን ነገር ድማ ኣብዚኣ ኣትኩር ኣቢለን እየን ዝሓታ። በተለይ ብናታ ኣብነት ገይርና ርኡይ ዝኾነ ነገር ስለንጥይቕን ከመይ እዩ? ቀጢን ሰብስ እንአ እንዶ ዝሕዞ ገለ ምናምን ኢለን

ይጥይቓ እየን። ግን ኣብ ሮጉድ ጥራሕ ዘይኮነስ ክንደይ ረጎድቲ'ውን ጥዕያት ኣለዉ እዮም። ግን ብኣጋጣሚ ኮይኑ ናይቲ ኣመጋግባ ስርዓት ተኽቲልካ ዘይምኻድ እዩ ኢልና ንናገረን ኢና።

[703] **ሓታቲ፡** ከም ወሃቢት ግልጋሎት ጥዕና ኣስተምህሮ ትህቢ ኢኺ፤ መዐቀኒ'ውን እዚ ቢፒ ኣፓራተስ እንኣክን፤ ካልእ ፍልይ ዝበለ ትገብርኣ ነገር ኣለክን ማለት ተግባራት ንምክልኻል ዘይተመሓላለፍቲ ሕማማት?

[704] **ተሓታቲት፡** ዘይተመሓላለፍቲ ሕማማት ንኽይሓልፉ እ ተመጣጣናይ ምግቢ ክብላዕ ከምዘለዎ ኢና ንነገረን። እ በተለይ ኣብ ጥኑሳት፣ ኣብ ሓራሳት ይረዩ እዩ እዚ ሕማም እዙይ እ ክንጥንቐቕ ኣለና ኢልና ንዛረበን ኢና። ብመጠኑ ምንቅስቓስ ክገብራ ከምዘለወን፤ ብእግርኻ ምኻድስ ከም ናይ ሓደ ድኻ ገይርካ ከውሰድ ከምዘይብሉ፤ ዋላ ንዕዳጋ'ውን ብእግርኻ ምኻድ፤ ጥንስቲ ኮይና'ውን ብዝተኽላለ መጠን ኣብ ገዝኣ ክትንቀሳቐስ ከምዘለዋ ከቢድ () ከምዘይኮነትስ እቲ ኣካላዊ ምንቅስቓስ ክትገብር ከምዘለዋ ነምህረን ኢና።

[705] **ሓታቲ፡** መራሕቲ ጉጅለ'ውን ኣብዚ ንዓኽን ደገፍትኽን እየን እና ግደ መራሕቲ ጉጅለ ኣብ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዝርዝር ኣቢልኪ ክትገልፅለይ ትኽእሊ'ዶ?

[706] **ተሓታቲት፡** እወ ንሰን'ውን ሕዚ እተን ሕዚ እዚኣ ምክትል ልምዓት ጉጅለ ጠርናፊት እያ። እቲኣ ኣዶ ወንበር እያ እዚኣ ምክትላ እያ። መድህን ንኣብነት ዘየላ እንተኾይና እዚኣ ንባዕላ ኣፍተን ናይ ሓሙሽተ ኣለዋ ኔትዎርኪ እሳ ኣኪባ በብሰሙን በብክልተ ሰሙን እናኣከበት እቲ ከምፀልና ዝኽእል ሳዕቤን ትዛረብ ተምህር እያ። ምኽንያቱ ዘይተመሓላለፍቲ ሕማማትስ እ ተጠቕዕና ክንሞት ንኽእል ኢና እንድሕር ናብ ሕክምና ዘይከድና ኢለን ይመኻኸራ እየን ነንባዕላተን። ይመያየጣ እየን።

[707] **ሓታቲ፡** ዕንቅፋት ዝኾኑ ነገራት እንታይ እዮም እስኪ ዘጓነፉኺ ፀገማት ኣብዚ ዘይተመሓላለፍቲ ሕማማት ምክልኻል ክተምህሪ ከለኺ ዘጋጠመኪ?

[708] **ተሓታቲት፡** ኣነ ብዙሕ ዘጋጠመኒ ሕማቅ ነገር የለን። ግን ሓፈሻዊ እንታይ ይብል እዩ 'ኣነስ ረጓድ ኣይኮንኩን ከመይ ኢሉ እዩ መፂኡ ብእግዚኣብሄር ወሪዱኒ እዩ እምበር ኣነስ ረጉድ'ውን ኣብ ረጎድቲ እዩ ዝረአ ዝበሃል' ይበሃል እዩ። ይብሉ እዮም ግን ናይ ኣመጋግባ ስርዓት ናይቲ ዙረት ደም ዑደት ደም ብኣግባቡ ዘይምዛር እንተዘይኮይኑ ስለዝረጎድካም ስለዝረቐቕካ ኣይኮነን። ኣመጋግባኻ ስርዓት ዘለዎ ኣመጋግባ ንምገብ እንድሕር ኮይና ክመሓየሽልና ከምዝኽእል ኢልና ንዛረቦም እምበር እ ሕዚ ናይ ኣእምሮ ሽግር ዘለዎም ሰባት እንተኾይኖም 'ሰብ ውዒሉሎም' 'ቀናእ ውዒልዎ' ገለ ምናምን ፍቐድኡ ማይጨሎት ምኻድ ኣሎ እዩ። ግን ይምሰለሎም ፀኒሑ ተመሊሱ እዩ ዝመፅእ እምበር ይምሰለሎም እዩ። እዚ ቆልዓ ሕዚ ማይጨሎት ተሓፂቡ ቁሩብ ሒሽዎ ሕዚ ደሓን ኣሎ። ማይጨሎት ስለዝተሓፀበ እዩ ይበሃል። ግን ብሕክምና'ውን ይግበረሉ እዩ። እና ብወሳናይ መልክዑ እታ ናይ ማይጨሎት ሰሪሓ እያ ትበሃል እምበር እታ ናይ ሕክምና ሰሪሓ ትብል ኣፍቲ ሕብረተሰብ ኣይኮነን ዘሎ። ማይጨሎት እዩ እቲ እምነቱ ሕክምና'ውን ይኣምን እዩ። ብወሳናይ መልክዑ ግን ማይጨሎት ተሓፂቡ እዩ ድሒኑ እየም ዝብሉ።

[709] **ሓታቲ፡** ሓገዝቲ ፅሑፋት ኣብ ዘይተመሓላለፍቲ ሕማማት ኣለዉ'ዶ?

[710] **ተሓታቲት፡** እወ ኣለዉ። ነን ኮሚኒዩኬብል ዲዚዝ ዝብል ኣሎ ንሕና ነምህረሉ ማለት እዩ ሰብ ሞያ ጥዕና። ኣብ ሰብ ሙያ ጥዕና ነን ኮሚኒዩኬብል ዝብል ተመሓላለፍቲ ሕማማት ዘይኮነስ እንመን እዮም? ተምህራ'ዶ? ይመሃራ'ዶ? ገለ ዝብል ኣሎ። ሐዚ ንሕና ነምህር ኢና ንሱ። ንሳተን ብዝበለፀ ሰብ ሞያ ስለዘይኮና ኣይፈልጠኦን እምበር ንሕና ነምህረን ኢና።

[711] **ሓታቲ፡** እቲ ሞጅዩል ነገር ድዩ ምሳኽን ዘሎ ወይስ?

[712] **ተሓታቲት፡** ኣለና። እንድዒ ሕዚ ሒዘያ'ዶ ኣይሓዝክዋና እምበር ኣለና እዩ። ከም ሓደ ክስታይ ንሕዞ ኢና። ንዐእን ክንምህር ከለና ንሱ ሒዝና ኢና ንዘውር።

[713] **ሓታቲ፡** ኣፍቲ checklist ኣሎ እዩ። ሓገዝቲ ፅሑፋት ግን የብልክንን ሕጂ ንኣብነት ንተን ተሳተፍቲ ትምህርቲ ተርእየኦን?

[714] **ተሓታቲት፡** እወ ንሱ ንዓኣተን መምህሪ ዝኸውን ሒዝናለን ንመፅእ ኢና። ባዕለን እውን ይሕዝኡ እየን። ዶክመንት'ውን ኣለወን እዩ። ዶክመንት ኣለወን እዩ። ንሰን ዝመሃርኡ ትምህርቲ ኣለወን እዩ። ሒዝና ንመፅእ ኢና ንህበን ኢና። ንሰን'ውን ኣብ ኢደን እውን ኣሎ እዩ።

[715] **ሓታቲ፡** እና ሕጂ እቲ ተምህራሉ ሓገዝቲ ፅሑፋት እኹል ሓበሬታ ኣለዎ'ዶ? ሕጂ ንኣብነት ኣብ ምክልኻል ዘድህበ ትምህርቲ ከተምህራ እኹል ሓበሬታ ኣለዎ ኢልኪ ትሓስቢ?

[716] **ተሓታቲት፡** ዝንድሎ ነገር የለን። በቲ ንሕና ዝጠለብናዮ መንገዲ እዩ እቲ () ዝመፀና ብኡ መሰረት ኢና ንሕና'ውን ነብለለን። እስቲ ወረ ይህልወኒ እዩ ዝኸውን ሒዘዮ መፂኡ እየ ይመስለኒ እንድዒ እንተዘይተጋየ እምበር። ማለት ንሕና በቲ ንጥየቕሉ ሽንት ቤት ክህልወን ከምዘለዎ፣ ኢድ መሕፀቢ ክህልወን ከምዘለዎ፣ እ ንሕና ማርከ ክንህበን እንተኾይና'ውን ኩሉ ነገር እንተኣማሊኣን፤ ምክልኻል ይከላኸላ'ዶ? እ ናይ መካለኽሊ ጠቕምነቱ ይርድኣን'ዶ? ኣብ ገዛ ክወልዳ ከምዘይብለን እዚ ኩሉ እ ይወሃበና እቲ ወረቐት ብኡ መሰረት'ውን ንሕና መሕትት ገይርና ንጥይቕን ንሰን'ውን ይምልሳልና በቲ ዘምህርናየን መሰረት'ውን ይምልሳ እየን ማለት እዩ። ኣይመፀኽዎን።

[717] **ሓታቲ፡** ኣብ መወዳእታ ብዛዕባ ሪኢቶኺ ክሓትት እሞ ንምክልኻል ዝርግሐ ዘይተመሓላለፍቲ ሕማማት እንታይ ክግበር ኣለዎ ትብሊ?

[718] **ተሓታቲት፡** ማለት ባዕሉ እቲ ሓማማይ ሰብ ናብ ጥዕና ትካል ከይዱ እኹል ኣገልግሎት ክረክብ ኣለዎ ብግዚኡ

ብእዋኑ። ማለት ሕክምና ኣይረክብን ኣየድሕነንን እግዚኣብሄር ወሪዱኒ እዩ ኢሉ ሱቕ ክብል ከምዘይብሉ፤ ሕክምናስ ከድሕን ከምዝኽእል ክኣምኑ ከምዘለዎም ኢና ነአምን። ንሳቶም ድማ ያው ከይዶም'ውን እቲ መድሓኒት ይረኽቡ ዝተወሰነ ንገሊኦም ምንቕስቓስ'ውን ኣካላዊ ምንቅስቓስ ገይሮም'ውን ዝገድፎም ኣለዉ መናእሰይ እንተኾይኖም ማለት እዩ። ኣብ ዓበይቲ ድማ እቲ መድሓኒት እኹል መድሓኒት ክወስዱ ከምዘለዎም፣ ናይ ኣመጋግባ ስርዓት'ውን ተኸቲሎም ክኸዱ ከምዘለዎም እዚ ኣምሂርና ንኸይድ።

[719] **ሓታቲ፡** ንኣብነት ንዓኽን ብዘበለፀ ንኽትነጥፉ ዝገበር ከም ስልጠና ወዘተ?

[720] **ተሓታቲት፡** ንሱ ኣይገብሩልናን። ሱቕ ኢልና ናይ ባዕልና ብተለምዶና ሒዝናዮ ዝመፀና ናይቲ ሞያና እንተዘይኮይና ሪፍሬሽ ዝበሃል የለን። የለን። በቃ ባዕልትና ኢና ሱቕ ኢልና ንዘውር፣ ንዘውር በቃ ሪፍረሽ ባዕሎም ወሲዶም ይመፁ እቶም ሓለፍቲ ብላዕሊ እቶም ሱፐርቫይዘራት ንዓና መደብ የውርዱልና ንሕና ተግበርቲ ኢና እምበር ስልጠና ዝበሃልስ ኣባና ትኹረት የብሉን። እዙይ እዙይ በተለይ እዞም ነን ኮሚኒዩኬብል ዲዚዝ ሱቕ ኢልና ሒዝናዮም ዝመፃና ነርስ ክንመሃር ከለና እንተዘይኮይኑ ረፍሬሽ ዝሃበና ነገር ሰብ የለን። በዚ ሕዚ ግዘ ናይቲ ሕብረተሰብ ኣመፃእኣ ዝንአ ሕዚ እቲ ሕማም እዚ እናገደደ ይኸይድ ኣሎ። እንታይ እዩ ዘምፅኦ ዘሎ እዚኸ እንታይ እዩ ዝብል ሪፍሬሽ ዝሃበና ሰብ የለን።

[721] **ሓታቲ፡** ስለዚ ትኹረት ክወሃቦ ኣለዎ ማለት እዩ?

[722] **ተሓታቲት፡** ትኹረት ክወሃቦ ኣለዎ። ንወደፊቱ ትኹረት ክወሃቦ ኣለዎ። ስልጠና ሂብካ ዓቕምታት ፈጢርካ ነቲ ሰብ ክተምህር እንተኾይንካ ዓቕሚ ፈጢርካ በቲ ዝተምሃርካዮ ድማ ወረቐት ሒዝካ ንሱ ክተምህረሉ ክትክእል ኣለካ።

[723] **ሓታቲ፡** ኣነ ወዲኣ ኣለኹ ሕጂ። ምናልባት ንስኺ ክጥቀስ ነይርዎ ትብልዮ ነገር እንተልዩ ኣብ መወዳእታ?

[724] **ተሓታቲት፡** የብለይን።

[725] **ሓታቲ፡** እሺ ብጣዕሚ እየ ዘመስግን።

(xxi) In-depth Interview with Health Extension Worker – 7 (IDI17-HEW7)

Turn	The Tigrigna Text
[726]	**ሓታቲ፡** ክንጅምር እሞ ያው መጀመርያ ንዚ ቃለ-መሕትት ፍቓደኛ ስለዝኾንኪ ብጣዕሚ እየ ዘመስግን፡፡ ብቐዳምነት ያው ናፍቲ ዝርዝር ጉዳያት ቅድሚ ምእታውና እስኪ ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እንታይነት ሓፈሻዊ ዝኾነ ነገር ተትነግርኒ፡፡ ዘይተመሓላለፍቲ ሕማማት እንታይ እዮም?
[727]	**ተሓታቲት፡** ያው ዘይተመሓላለፍቲ ሕማማት ከም ሽኮር ዝበሉ ከም በዝሒ ደም ከም ኤፕለፕሲ ከም ፊስቱላ ዝበሉ ዘይተመሓላለፍቲ ሕማማት ካብ ናብ ሰብ ክመሓላለፉ ዘይኽእሉ ማለት እዩ።
[728]	**ሓታቲ፡** ኣብዚ ከባቢኹም ሕጂ ብበዝሒ ሱቕ ኢልኪ ብሓፈሻ ክትርእዮ ከለኺ ያው ገዛ ንገዛ ክትዞሪ እውን ስለትዕዘቢ ኣየናይ ዘይተመሓላላፊ ሕማም እዩ ብበዝሒ ዝረአ ኣብዚ ከባቢ?
[729]	**ተሓታቲት፡** ያው ዘይተመሓላለፍቲ ብዙሓት ዝብሎም ዳርጋ ማዕረ እዮም፡፡ ሕዝስ ሰለስተ ዝኣኽሉ ስኮር ዘለዎም ኣለዉ፡፡ በዝሒ ደም እውን ተመሳሳሊ ሰለስተ ዝኾኑ ኣለዉ ያው እቲ ቁፅርስ ያው ተመሳሳሊ እዩ፡፡ ብጣዕሚ ዝተጋነነ ግን ኣይኮነን፡፡ ዋላ እቶም ዘይተመሓላለፍቲ ይኹኑ እምበር ብጣዕሚ ሱቕ ኢሉ ዝተጋነነ ቁፅሪ ኣይኮነን፡፡
[730]	**ሓታቲ፡** ምኽንያቱኽ እንታይ ምግላፅ ይከኣልዶ ማለት ነዞም ዘይተመሓላፍቲ ሕማማት ክቃልዑ ዝኽእሉ ምኽንያት እንታይ ይመስለኪ ወይ ካብ ዝተዓዘብክዮ ክትሓትዮም ከለኺ?
[731]	**ተሓታቲት፡** እወ። ሕዚ ንኣብነት በዝሒ ደም ዘለዎም ሽኮር ዘለዎም ክልተ ዓበይቲ ወለዲ ኣለዉ እዮም፡፡ ሓንቲ ከዓኒ ትሕቲ ዓሰርተ ሾመንተ ዓመት ኣላ ስኮር ዘለዋ ማለት እዩ፡፡ ስለዚ እቲ ብዕብየት ደረጃ እውን ክመፅእ ስለዝኽእል ብኣመጋግባ ክኸውን ይኽእል እቶም ሰባት እውን ኢኮኖሚኣም ደሓን ስለዝኾነ ብኣመጋግባ ክመፅእ ይኽእል፡፡ ስለዚ በዚ በዚ ኢለ ይገልፆ፡፡
[732]	**ሓታቲ፡** ሰባትኪ ብዛዕባ ሕጂ ንኣብነት ያው ንስኻትክን ትምህርቲ ትህባ ኢኽን ክመይ ክከላኸልዎ ክምዘለዎም እንታይ ማለት ከም ዝኾነ እንታይ እንተገይሮም ክድሕኑ ካፍቲ ሕማም ክከላኸሉ ክምዝኽእሉ እንታይ እንተዘይገይሮም ድማ ክጥቅዑ ክምዝኽእሉ ትነግራ ኢኽን?
[733]	**ተሓታቲት፡** እህእ።
[734]	**ሓታቲ፡** እቲ ማሕበረሰብ እቶም ሰባት ግን ብዛዕባ እዚ ይዘራረቡዶ ብዛዕባ ዘይተመሓላለፍቲ ሕማማት?
[735]	**ተሓታቲት፡** ነንባዕሎም ማለት ድዩ?
[736]	**ሓታቲ፡** እወ፡፡
[737]	**ተሓታቲት፡** እወ እሞ እንታይ ድዩ እቲ ሕጂሲ ደም በዝሒ እቲ ሽኮር ይኹን እቲ በዝሒ ደም ይኹን ይዘራረብሉ እዮም፡፡ ሱቕ ኢሎም እኳ ኣኼባ ሒዞም ካሊእ ነገር ሒዞም እንተዘይኮነ ግን ቢቃ ንምንታይ እዩ ከምኡ ከምዝኾን ዘሎ ሕጂ በዝሒ ደም ኣለዎ ኣብ ዓብዪ ኮመን ምኽኑ እቲ ሕብረተሰብ ዝርድኡ፡፡ እቲ ሽኮር ሕጂ ኣብ ቆልዓ ክረአ ከሎ ዝደናገፅሉ ኩነታት ኣሎ፡፡ ምኽንያቱ ንዓብዪ ጥራሕ የጥቅዕ ኢሎም ስለዝሓስቡ እቲ ፍልጠት እውን ንእሽተይ ትሕት ስለዝብል ማለት እዩ፡፡ ግን ሱቕ ኢሎም ከም ሓደኢሹ እኳ እንተዘይለዕልዎ ግን መዋግዒ ግን ይጥቀምሉ እዮም፡፡
[738]	**ሓታቲ፡** ምኽሪኽ ይሓቱዶ ሕጂ ናብ ገዛ ንገዛ ክትኸዲ ከለኺ ያው ክተልዕልዮ ከለኺ ከልዕሉ ይኽእሉ እዮም፡፡ ግን ተገዲሶም ምኽሪ ክሓቱ ይመፁዶ ናብ ማለት እንታይ እንተገበርና እዩ ካብዚ ክንድሕን ንኽእል ከመይ እንተገበርና እዩ ዝብል ዓይነት ነገር?
[739]	**ተሓታቲት፡** እወ እሞ ሕዚ እቶም እንዳጋጣሚ እቶም ክልተ ቤተሰቦም ውጪ ዘለዎም እዮም ሕዚ ንኣብነት እቶም ኣነ ዝከታተሎም። ሕዚ እቲ መሳርሒ ክውጪ እዩ ዝለኣኾም ስለእንታይነትስ ይፈልጥዎ እዮም፡፡ ምኽንያቱ ሓደ ኢኮኖሚ ፀገም የብሎምን ደቆም ውጪ ስለዝኾኑ ይከታተልዎም እዮም ንሶም ብስልኪ ይኹን ብኻልእ ይኹን፡፡ እዚ ጨው ክጥቀሙ ከምዘይብሎም ካልእ ነገር ክጥቀሙ ከምዘይብሎም ክንቀሳቐሱ ከምዘለዎም በዝሒ ማይ ክሰትዩ ከምዘለዎም ባዕሎም ይገልፅዎ እዮም፡፡ ስለዚ ኣነ ዝሕብረሎም ግን ዝኾነ ነገር ፍሉይ ነገር ክረአዮም ከሎ ሽኮር ይኹን በዝሒ ደም ይኹን ኢመርጀንት ስለዝኾነ ቶሎ ኢሎም ናብ ትካል ንክኸዱ እየ ዝሕብረሎም፡፡ ደሞም እውን ክዕቀኑ ከምዘለዎም ኩሉግዘ፡፡
[740]	**ሓታቲ፡** ምናልባት ካልኦትከ ሕጂ እቶም ብንትን ዝሓዝክዮም መዝጊብኪ ዝሓዝክዮም ሰባት ከምዚ ዓይነት ምክትታል ይገብሩ እዮም?
[741]	**ተሓታቲት፡** እወ።
[742]	**ሓታቲ፡** ካልኦት እቶም ካልኦት ኣባላት ናይቲ ማሕበረሰብከ ከምዚ ይሓቱኽን?
[743]	**ተሓታቲት፡** ሕዚ እንታይ ድዩ ኣብ ጉጅለ ሕጂ ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ከነምህር ከለና ይሓታኒ እየን፡፡ ከመይ ኢሉ እዩ መነሽኡ እንታይ እዩ እዚ ሕቶ ብጣዕሚ እየን ዘቐርብኡ እና ንቐፃሊ እውን ኣብ ዕብየት ዘሎ ሰብ ስለዝኾና ማንም ክኽሰት ስለዝኽእል ሕቶ ይሓታ እየን፡፡ በተለይ እተን ኣዶ ወንበራት ከምህራ እውን ስለዝግደዳ ንኽምህራ ንኽይሓተአን ይሓታ እየን፡፡
[744]	**ሓታቲ፡** ሕጂ ኣብ ትምህርቲ ተምህሪ ኢኺ ያው ኣብ ምክልኻል ዘድህበ ትምህርቲ ኢኺን ተምህራ እና?
[745]	**ተሓታቲት፡** እወ።

[746] **ሓታቲ፡** ነቲ ኣብ ምክልኻል ዘድህበ ትምህርቲ ንምስራፅ እንታይ ዓይነት ኣብነታት ትነግርየን፡፡ ምናልባት ሕጂ ናይቶም ትከታተልዮም ዘለኺ ሰባት ኣብነት እንዳገበርኪዶ ተምህርየን ወይስ ካልእ ዓይነት ኣብነታት ከመይ ገይርኪ ኢኺ እቲ ትምህርቲ

[747] **ተሓታቲት፡** ምልክት ናይቲ ሕማም ድዩ ከመሃራ?

[748] **ሓታቲ፡** እወ ብዛዕባ ምክልኻል ባዕሉ ክከላኸላ እንተተኸላኺለን ክድሕና ከምዝኽእላ ንኣብነት ኣብዚ ጎረቤት ክሰቶ ከምዚ ገይሩ ከምዚ ዓይነት ምንቅስቓስ ስለዝገብር እንትኑ እንዳቐነሰ ከይዱ ገለ ዝብል ኣብነታት ክወሃብ ይኽእል፡፡

[749] **ተሓታቲት፡** እወ ሕዚ እካ እከለ ከምዚ ኢሉ ከምዚ ኢሉ ኢለ ኣየምህረንን እየ። ግን እንታይ ክብለን ዝኽእል ሕዚ ብተለይ እቲ ሽኮር ሕማም ብዙሕ እውን እንትን ኣይብላሉን እየን፡፡ ኣባህላይ ሕዝስ እከለ ስኮር ኣለዎ እንተይልካዮ ሕዝስ ስኮር ዘለታ ሕምምቲ ኤኒወይ ኣለትኒ ናተይ ሕዚ ዘዋፅኣላ ከይደን ምግቢ ማለት ብዙሕ ምግቢ ስለትወስድ በቲ ኢኮኖሚ እውን ፀገም ስለዘለዋ እዛ ኣደ ፕላስ ኣዶ ቆልዓ እውን ስለዝኾነት ሰሪሓ ክትበልዕ እውን ኣይትኽእልን የዋፅኣላ እየን፡፡ ሕጂ ተረዲእወን ማለት እዩ፡፡ ስለስኮርስ እንታይነት እዩ ብቕርሺ ድዩ ብሕሩጭ ድዩ ኣዋፅኦን ይረድኣኣ እየን፡፡ እና እከለ ሕዚ ባዕላ ለተብርሃን እያ ትበሃል ከምኡ ኮይና ዘላ ምኽንያት ኣልዒለ የምህረለን እየ፡፡ ደም በዝሒ እውን ከመይ ገይርካ እዩ እከለ ደም በዝሒ ኣለዎ ክትብሎ ፅቡቕ ኣይኮነን ኣፍቲ ሕብረተሰብ ባዕሉ ፅቡቕ ኣይኮነን፡፡ ፅቡቕ ኣረኣእያ ኣይህልወካን፡፡ ሕዚ ደም በዝሒ እከለ እንተይለ ዋላ ካሊእ ከም ካሊእ ምስጢር ገይሩ ስለዝርድኦ ግን በዝሒ ደም ሕጂ ኣነ ከምዚ ክገብረኒ ይኽእል ኢለ ከምህረን ብባዕለይ እንዳወሰድኩ ማለት እዩ፡፡ ከመይ ይመሓላለፍ ብምንታይ ይከላኸል እንተተኸሲቱኸ እንታይ ገይርካ ትሕከም ዝብል እኹል ምላሽ እየን ዝረኽባ ነምህረን ኢና፡፡

[750] **ሓታቲ፡** ኦኬ ማለት ሕጂ ኣፍቲ እዞም ሕማማት ብግልፂ ንኣብነት ቅድም ክብል ኣብ ኤች ኣይ ቪ ኣብ ተመሓላለፍቲ ሕማም እንተመፂና ኤች ኣይ ቪ ከም ክስታይ ይረአ ነይሩ እና?

[751] **ተሓታቲት፡** እወ።

[752] **ሓታቲ፡** ንምግላፅ ኣፀጋሚ ነይሩ፡፡ ሕጂ ከምኡ ዓይነት ችግር ኣሎ ማለት ድዩ ኣብ ዘይተመሓላለፍቲ ሕማማት እውን? ማለት ደም ፀቕጢ ኣለዎ እዚ ገለ እንተይልካስ ከምዚ ምግላል ነገር ኣሎ ድዩ ኮይኑ ወይስ ንምንታይ እዩ?

[753] **ተሓታቲት፡** ኣይኮነን ሕዚ እንታይ መሲሉካ ከም ኤች ኣይ ቸ እካ እንተዘይኮነ ብስሩ ምግላል ነገር የብሉን ዘይተመሓላለፌ እውን ስለዝኾነ፡፡ ግን እንታይ እዩ እከለ ኢልካ ክተምህር ከለኻ እምነት ኣየሕድረልካን ኣፍቲ ሕብረተሰብ ምኽንያቱ ንሕና ከዓ ገዛ ንገዛ ስለንሰርሕ ሕዚ ንኣብነት ኣነ እከለ ደም በዝሒ ኣለዎ ከምዚ ኢሉ ተላዒልዎ ሕጂ ከምዚ እንተዝገብር ነይሩ ከምዚ ነገር እንተዝብሎ ነይረ ለካ እከለስ ደም በዝሒ ኣለዎ ማለት እዩ ለካስ ከምዚ ማለት እዩ ክብል እዩ፡፡ ሲስተር እኮ ከምዚ ኢላህኒ እንተይልዎ ሕዚ ንዓይ እንታይ ድዩ ካልእ ሚስጢር እውን ክነግረኒ ኣይክእልን ንክብል እየ እምበር የግልዎ ማለተይ እቲ ሕብረተሰብ ኣይኮነን፡፡ ግን ዝኾነ ነገር ደቒቕ ነገር እቲ ሕብረተሰብ ኣምሲልካ ክትነግሮ ከለኻ ከምዚ ሚስጢር ምውፃእ ገይሩ እዩ ዝርድኦ እና ንዑ እዩ ክብለካ፡፡

[754] **ሓታቲ፡** ሕጂ ድማ ኣብ ንጥፈታት ንምፃእሞ ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ዝግበሩ ንጥፈታት ክህልዉ ይኽእሉ እዮም እሞ ከም ወሃቢት ግልጋሎት ጥዕና ነዞም ሕማማት ንምክልኻል እንታይ ዓይነት ንጥፈታት ኢኺ ተካይዲ ኣስተምህሮ ከምዘሎ ኮይኑ ማለት እዩ?

[755] **ተሓታቲት፡** እወ ሕጂ ኣነ ንባዕለይ እውን ቢፒ ነይሩኒ እዩ ሕዚ እንኳን የብለይን ግን ቢፒ ይዕቅነን ነይረ። ሕጂ ኣብ private ከይደን ሓሙሽተ ቅርሺ እየን ዝኸፍላ ግን እታ ኣዶ ንምንታይ ሓሙሽተ ተውፅእ ኣነ ኣብኡ እንዳሃለኹ ኣብኡ ምውዓለይ ዘይቀርየኒ እቲ ግልጋሎት ንሱ ዘይህበን፡፡ ሓደ ገዝአን ዓፅየን ኣይኸዳን ደቀን ዓፅየን ኣይኸዳን ዋላ ርሑቕ እንተዘይኮነ ማለት እዩ plus ንምንታይ እቲ ቅርሺ ንምንታይ የውፅእኡ እዩ ዝብል ኣነ፡፡ እና ብዘለኒ ይዕቅነን እየ ሕዚ ንኑሆ ኣብ ጥራሕ ከብደን ክኾን ከምዘለዎ ባዕለይ ንኑሆ ከይደ እየ ዝዕቅነን ኣብ ስራሕ ሰዓተይ ማለት እዩ፡፡ እና ብበዝሒ ዝተልዓለ ኣየጋጠመንን የዕርዩ ብጣዕሚ ዝተጋነነ ኣይኮነን ግን ኖርማሊ ብምግቢ ክከታተለኡ ከምዝኽእላ ብምንቅስቓስ ክከታተለኡ ከምዝኽእላ ግን የምህረን እየ፡፡ ብኡ እውን ብዙሓት ዓማዊል ኣለዋኒ እየን፡፡ ሕዚ ግን የብለይን ኣቋሪፀ እየ፡፡ እቲ ቢፒ ተበላሸዩ እዩ፡፡

[756] **ሓታቲ፡** ግደ መራሕቲ ጉጅለኽ ኣብዚ ከመይ እዩ? ማለት ሕጂ እቲ ስትራክቸር እንታይ እዩ ንስኻትክን ንተን ክተምህረኣን ከለኽን ንተን መራሕቲ ጉጅለ ልምዓት ንሳተን ድማ ኣብ ትሕቲኣን ንዝርከባ ኣምሂረን ከምኡ እንዳበለ እንዳተስፋሕፍሐ እቲ ማሕበረሰብ ኣብ ምክልኻል ዘድህበ ትምህርቲ ክሕዝሞ ካብኡ ጥዕንኡ ክሕሉ እዩ እቲ እንትን እና ከመይ ይሕግዛኽን? እንታይ ይገብራ ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ዝግለፅ ነገር እንተልዩ ማለት እዩ?

[757] **ተሓታቲት፡** እወ ማለት እንታይ ድዩ ሕዚ እቲ ስትራክቸቸ ከምኡ እዩ። ኣንሕና ንዓኣተን ንሳተን ንብትሕቲኣን እተን ብትሕቲኣን ንዕኡ እንዳበልካ ብሰንሰለቱ እዩ፡፡ ግን ይኽይድዶ ኣይኸየድን ናይ ባዕሉ እንኣዎ፡፡ ዝኸዳ እውን ኣለዋ ዘይኸዳ እውን ኣለዋ ምኽንያቱ እዚ ከዓ ናይ ምልዋጥ ክሳብ ዘይተለወጠ ክልወጣ እውን ኣይክእላን እየን፡፡ ንሕና እንታይ ኢና ኣፍቲ ዘሎ መድረኻት ባዕልትና ክነምህር ንሳተን ከምህራ እውን ነተባብዕ ኢና፡፡ ሕጂ ኣፍልጦ ሃልይወን ዋላ ዝሓትወን ዝምልሳ ኣደታት ኣለዋና እየን ጉጅለ ኣደ ወንበራት ማለት እዩ ኣዶ ሰላሳ ኣለዋና እየን፡፡ ኩለን ከዓ ይፈልጣ እየን ክትብለን ግን ኣይትኽእልን፡፡

[758] **ሓታቲ፡** እስኪ ዕንቅፋት ምስትምሃር ምክልኻል ዘይተመሓላለፍቲ ሕማማትከ እንታይ እዮም? ንኣብነት

ኣተሓሳስባ ክኸውን ይኽእል ንኣብነት ሓደ ቅጥን ዝበለ ሰብ ደም በዝሒ ኣለካ ወይ ፀቕጢ ደም ኣለካ ክትብሎ ከለኻ ዘይምቕባል ኣሎ። ኣነ ድኻ እንተኾይኑ እውን ከምቲ ዓንተዎይ ዝገለፅከለይ ምስ ሃፍቲ ዘተሓሕዝዎ ምስ ርጉዲ እውን ከተሓሕዝዎ ይኽእሉ እሞ ከምዚ ዓይነት ኣተሓሳስባታት ፀገም ዘጓነፈኪ ነገር ከም ኣብነት እውን እንተልዩ እስኪ።

[759] **ተሓታቲት፡** ሕዚ ብዙሓት ከምኡ የጋጥሙ እዮም። ሕጂ ቀጠንቲ ኮይነን ኣነ ሕጂ ከምህር ከለኹ በዝሒ ደም ስኮር ይኹን ንቕጠንቲ ንረጎድቲ ዘይብል ምኽኑ። ቀጢን ሰብ ከመይ ገይሩ ይሕዞ ሲስተር ቀጢንስ ከመይ ገይሩ ይሕዞ ንባዕሉ ከምዚ ኢሉ ድኻ እንድዩ ሕዚ ምስ ሃፍቲ ምስ ርጉዲ ረጉድ እንተኾይኑ በቃ ሕማም ኣለዎ ገይርካ ዝወስድ በተለይ ብዘይተመሓላለፍቲ ሕማማት ቀጢን እንተኾይኑ ከመይ ገይሩ በዝሒ ደም ክሕዞ ኣይኽእልን ስኮር እውን ክሕዞ ኣይኽእልን ሕዶ ይቕርብ እዩ። ያው ጉቡእ ምላሽ ኢኻ ትምልሰለን እቲ ቀጢን ስለዝበልዐ ስለዝሰተየ ዘይኮነስ ያው እቶም ትቦታት ክፀቡ ከለዉ እቲ ደም በዝሒ በዝሒ ደም ዘይኮነስ ድፍኢት ደም ከምዝኾነ ገይርና ኢና ንሕብሮም። እና እንቅስቃሴ ክህሉ ከምዝኽእል እም ኣመጋግበኡም ጨው ክገድፉ ከምዝኽእላ በተለይ ደም በዝሒ ዘለዎ ሰብ ጨው ኣይምገባን እየን ናተይ ሕዚ ጨው ዝበሃል ኣይምገባን እየን። እና ሕዚ ማይ ማይ ስለዝበልዓስ ጣዕሚ እዩ ዝቕንሰለን ዘሎ ወይ ጨው ስለዝኣትዎ ጥዑም መሲሉ ስለዘብለን እዩ እምበር ብኣንፃር ጥዕና ግን ሕማም ምኽኑ የምህረን እየ። እና ሕዶታትስ ይመፅእ እዩ ብዝኾነ ደሓር ይርድኣኡ እየን። እና እታ ናተይ ስኳር ዘለዋ እውን ብጣዕሚ ቀጣን እያ ይፈልጣ እውን ስለዝኾና ይርድኣኡ እየን በቃ። ቀጢን ሰብ ስኳር ከምዝሕዞ በዝሒ ደም ከምዝሕዞስ ይርድኣኡ እየን።

[760] **ሓታቲ፡** ማለት ብነብሲ ምቕጣን ከይኮነስ ምስ ካልኦት ተተሓሓዝቲ እዞም ሪስ ፋክተርሰ ንብሎም ከምዝኾኑ እንዳተረድኡም ይመፅእ ኣሎ እዩ ማለት እዩ። ማለት ሕጂ ኣካላዊ ምንቅስቓስ ዘይምግባር ኣመጋግባኻ ዘይምስትኽካል እዩ እምበር እቲ ናይ ሰውነት እንትን ከምዘይኮነስ እንዳተረድኡም ይመፅእ ኣሎ እዩ?

[761] **ተሓታቲት፡** እወ ይርድኣን እዩ። ማለት ሙሉእ ብሙሉእ ይርድኣን ተረዲኡወን እዩ ክትብል ኣይትኽእል። ተዝርድኡ ነይሩስ ኩሉ ሰብ ክቕየር ነይሩ ኢለ ስለዝሓሰብ። ግን ይርደኣን እዩ ከኣኒ ቀጢን ኩሉ ነገር ከምዝሕዞ ይርደኣን እዩ።

[762] **ሓታቲ፡** ምናልባት ሕጂ እዚ ባህላዊ ኣተሓሳስባ እንድዩ?

[763] **ተሓታቲት፡** እወ።

[764] **ሓታቲ፡** ፀገም ክፈጥር ዝኽእል እዩ። ባህላዊ ኣተሓሳስባ ኮይኑ ግን ነዚ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ክድግፍ ዝኽእል ነገር ይህሉዶ? ንኣብነት ሕጂ እንታይ ኣሎ ኣብዚ ከባቢ ሕጂ ዖም ምፃም ኣሎ ክትፀውም ከለኻ ድማ ኣትክልቲ ምብላዕ ገለ ምናምን ክህሉ ይኽእል ንሱ ባዕሉ ሓደ ሓጋዚ ክኸውን ይኽእል ይብል ኣነ ሱቕ ኢለ ኩሉ ሻዕ እኳ እንተዘይኮነ እቲ ናይ ዖም ግን ኣፍታ ዘላታ ዝተፈላለየ ኣትክልቲ ብምብላዕ ምክልኻል ዘኽእል ነገር ብእግርኻ ምንቅስቓስ ሕጂ ባጃጅ ዘይኽዱ ሰባት ኣለዉ።

[765] **ተሓታቲት፡** እወ።

[766] **ሓታቲ፡** ብባጃጅ ኣይከይድን ብእግረይ ዋላ ርሑቕ ይኹን ዝብሉ። ሕጂ እዚ እቲ ሳይንስ ተረዲኡዎም ኮይኮነስ ሱቕ ኢሉ ልምዲ ክኸውን ይኽእል ግን ነቲ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ዝድግፍ እዩ እሞ ከምዚ ዓይነት ነገር ዘጋጠመኪ ነገርዶ ይህሉ? ማለት ባህላዊ ኮይኑ ግን ክድግፍ ዝኽእል?

[767] **ተሓታቲት፡** ባህላዊ ማለት እቲ ኣመጋግባ ሕዚ ስዕረት እንተኾይኑ ሰብ ኩሉግዘ ስዕረት ስለዘዘውትር እዩ። እቲ ኣመጋግብኡ ዖም ብዙሕ ዘብሎኳ ኣይኮነን። ግን እንታይ እዩ ኣብ ዖም ግዘ ዖም ስለዝበልዕ ንኣትክልቲ ሕጂ ስለ ስነ-መዓዛ ይመሃራ እንድየን ዝተፈላለየ ነገር ኣብ ሓደ መዓዲ ካብ ኩሉ ትውፅእፃእ ክበልዓ ከምዘለወን ንጥዕነኣንን ንደቀንን ፅቡቕ ከምዝኾነ ይመሃራ እየን። ብዘለወን ዓቕሚ ማለት እዩ። ግድን እዝን እዝን ግበራ ዘይኮነስ ብዘለወን ሕጂ ሰላጣ ቆስጣ ብቕሊል ነገር ክተምፅኡ ትኽእል ኢኻ። ዝዓበየ ጥቕሚ ከዓ ኣለዎ ካፍቲ ካሊእ ስለዚ እዚ ኢልካ ክተምህረን ከለኻ ቅቡል እየን ዝገብርኡ። ካብኡ ኣፍቲ ምንቅስቓስ ኣፍቲ ምንቅስቓስ ክመፅእ ከለኹ እዘን ኣዴታት ብታኽሲ ሕጂ ካፍትን ናፍትን ካፍትን ናፍትን ብታኽሲ ካብ ምኻድ ተንቀሳቒስካ ፅቡቕ ነገር ምኽኑ ከዓ ይርድኣኡ እየን። ስለዝተምሃራ ዘይኮነስ ዋላ ብባዕለን እሞ walk እንዶ ንግበር ሱቕ ኢልና እኮ ይብላ እየን። ብእግርና እስኪ ተንቀሳቒስና ንምፃእ እንዳ ማርያም በጂሕና ንምፃእ ሓዲሓዲ ነገር ንሱ ከዓ ምስቲ ትምህርቲ ክተምህረን እንከለኻ ናይ ምርዳእ ኩነታት ኣለወን።

[768] **ሓታቲ፡** ፅቡቕ ሕጂ ያው ትምህርቲ ክትህባ ከለኽን ምናልባት ካፍቲ ዝተምሃርክንኡ በቲ ሞያ ዝተምሃርክንኡ መሰረት ገይርክን እውን ክኸውን ይኽእል ሓገዝቲ ፅሑፋት እውን ክህልዉ ይኽእሉ። ሓገዝቲ ፅሑፋት ኣለዉዶ ኣብ ዘይተመሓላለፍቲ ሕማማት? ኣፍቶም ተመሓላለፍቲ ኣለዉ እየም ሕጂ ሊፍሌታት ገለ?

[769] **ተሓታቲት፡** እወ ንሱ ኣሎ። ኣብ ዘይተመሓላለፍቲ ሕማማት ግን ማለት ይመስለኒ ኢመርጀንሲ ነገር ስለዘይኮነ እቲ ሊፍሌት እውን ኣይመፀልናን። ሕዚ እንታይ እዩ ክመፅእ ክትርእዮ ከለኻ ንፍዮ ክረአ ከሎ ብዛዕባ ንፍዮ ኣንቅፂ ክረአ ከሎ ብዛዕባ ኣንቅፂ ካሊእ ነገር ክረአ ከሎ ብዛዕባ ካሊእ ነገር እዩ ዝመፅእ። ብዛዕባ ፖሊዮ ብዛዕባ ኣንቅፂ ምናምን ምናምን እዩ እቲ ወረቓቕቲ ዝመፅእ ብዛዕባ ኤች ኣይ ቪ እዩ ዝመፅእ። ኣብዞም ዘይተመሓላለፍቲ ሕማማት ግን ብዙሕ ትኹረት እውን ዝወሃበሉ መሲሉ ኣይረአየንን ሕጂ ንባዕለይ። ትምህርቲ ንህበሉ ኢና ኣፍቶም ኮመፖነንት እውን ኣሎ ሕጂ ኣትዩ እዩ። ሕጂ ናይ ጂ ኤስ ኣይ ዘምፀኡ ኣሎ እዚ ጂ ኤስ ኣይ ዝበሃል ድርጅት ኣሎ። ኤን ጂ ኦ እዩ እሱ ዘምፀኡ ኣሎ ሕዚ ከምቶም ሓደ ከም ጂ ኤስ ኣይ ኮይኑ ቀሪቡ ኣሎ እዩ። ተመሓላለፍቲ ሕማማት ዘይተመሓላለፍቲ ሕማማት እቶም ዘይተመሓላለፍቲኽ ከመይ ገይርና ኢና ንመምዮም

እንታይከ ኢና ንጥበሮም refer ኢና ዘለና ሕዚ እዚ መፂኡ እዩ ሕጂ ግን ካብዚ ዕድመ እዚ እዚ የጥቅዕ እዚ ከምዚ እዚ ከምዚ ዝበሃል ወረቐት ዝበሃል ግን የለን፡፡

[770] **ሓታቲ፡** ማለት ክሕግዘክን ዝኽእል ማተርያል የለን?

[771] **ተሓታቲት፡** ብዙሕ ኣይመፅእን።

[772] **ሓታቲ፡** ኦኬ.

[773] **ተሓታቲት፡** ማለት ሕጂ ረአ እንዶ መኔንጀይትንተተባሂኡ በቃ ንኹሉ ንትምህርቲ ቤት የለ ንቐበሌ የለ ንጉድለታት የለ ይብተን እዩ እዚ ግን ሓደ ወረቐት እኳ መፂኡስ ብግዚኡ ዋላ ወቐቱ ይኹን ዘይወቐቱ ይኹን ዝመፅእ ነገር የለን፡፡

[774] **ሓታቲ፡** እሞ ፅቡቐ ያው ኣብ መወዳእታ እንዳወደእና ኢና ሕጂ ኣነ እቲ ከልዕሎ ዝኽእል ሕቶታት ኣልዒለ ኣለኹ፡ ፡ ሪኢቶኺ ክሓትት እሞ ብዛዕባ ምክልኻል ዘይተመሓላለፍቲ ሕማማት እንታይ ክግበር ማለት ሰብስ ኣፍልጦ ንክህልዎ ኣብ ምክልኻል ዘድህበ ትምህርቲ ኣፍልጦ ሃልይዎ ባዕሉን ቤተሰቡን ጥዕንኡ ክሕሉ እንታይ ክግበር ኣለዎ ትብሊ? ያው ንስኻትክን ገዛ ንገዛ ትኽዳ ኣለኽን ግን ብተወሳኺ እንታይ እንተገበረ እዩ ብዝበለፀ ድማ ከመሓየሽ ዝኽእል ትብልዮ ከም በዓል ሞያ ከምቲ ኣካል እቲ ማሕበረሰብ?

[775] **ተሓታቲት፡** እወ ማለት ኣብ ዘይተመሓላለፍቲ ሕማማት ሕዚ ንሱ እንድዩ ሕጂ ሃገርና ካፍቲ ናይ ዝሓለፈ ንቐድሚት ስለንኽይድ ስለዘለና እቲ ኣመጋግባ ሓደ ኢሹ እዩ ኮይኑ ዘሎ፡፡ ማለት ካፍቶም ዓቢይቲ ሕማማት ንሳቶም እዮም ዘለውና፡፡ እና ስለዚ እንታይ እንተዝግበር ይብል ሕጂ ብወገነይ ሓደ ብኤፍ ኤም ይኹን ብቴለቪዥን ትግራይ ይኹን እንተዝሓልፍ፡፡ ኩሉ ግዘ ፕሮግራም ሃሊይዎ ኣብ ሕብረተሰብ ክርእየሉ ዝኽእል ሕጂ ሓንቲ ሰዓት እንድያ ዘላ ካብ ዓሰርተ ክልተ ሓደ ሰዓት እያ ዘላ ይመስለኒ፡፡ ካብ ሓደ ክሳብ ክልተ ሰዓት እያ ዘላ

[776] **ሓታቲ፡** እወ ካብ ሓደ ክሳብ ክልተ ሰዓት

[777] **ተሓታቲት፡** ካብኡ ሱቕ ኢልካ ካብ ኮተት ካብ ደርፊ ካብ ሓደ ሓደ ነገር ምጥን ንእስ ኢላ እንተዝመሓላለፍ፡፡ ሓደ ሰዓት እውን ኩሉ ሰብ ይከታተሎ ኢለ ይሓስብ፡፡ ደስ በሃሊ ሰሓቢ ብዝኾነ መልክዑ ፕላስ ብኤፍ ኤም እንተዝሓልፍ፡፡ ሕጂ ብኤፍ ኤም ስለ ጂ ኤስ ላይ ዝኾነት ወገን ኣላ ኩሉ ግዘ ትዛረብ ይመስለኒ ኣነ ብዙሕ ስለዘይከታተል ግን ብኡ እውን ተዝሓልፍ ሕጂ ሓደ ሓደ ኣዴታት ክተብለን እዛ ከምዚኣዶ ተብላ ጤና በቤትዎ ሕጂ ብዙሕ ሰብ እዩ ዝከታተሎ፡፡ እና ሕዚ እከለ እኮ ከምዚ ነይሩ ከምዚ ሕማም እኮ ነይሩ ይብለካ እዩ፡፡ ብትግርኛ ከምኡ እንተዝቐርብ ነይሩ ብኤፍ ኤም ይኹን ቴለቪዥን ዘይብሉ ብሬድዮ ብሞባይሉ ይሰምዕ ብሬድዮ ይሰምዕ ፅቡቐ እዩ ይብል፡፡ ካልኣይ ነገር ከኣኒ ባጀት እንተዝህሉ ማለት እዩ እዘን ኣዶ ወንበራት ኣኪብካ ተምህረን ካፍቲ ናህና ፍልይ ብዝበለ መልክዕስ ትምህርቲ ምሃብ እዩ፡፡ ካልኣይ ከምቲ ካሊእ ሕጂ ከም ናይ ጂ ኤስ ላይ ከም መኔንጀይት ከም ናይ ሚዝልስ ብፅሑፍ ወረቐት በረርቲ ወረቐታት ካብ ዝብተን ስለ ቲቢ ሕዚ ብዙሕ ወረቐት እዩ ዝብተን ስለ ንሱ እውን ትኹረት ተዋሂብዎ ወረቓቐቲ ሊፍሌት መምሃሪ ንኹሎም ጉጅለታት ዝኾን ንኹሉ ሰብ ዝኾን እንተዝብተን ይብል ኣነ ንባዕለይ፡፡ ከምኡ ገይርካ እንተተምህሮ እቲ ሕብረተሰብ ንእሽተይ ደኾን ለውጢ ምመፀ ኢለ ይሓስብ፡፡

[778] **ሓታቲ፡** ምናልባት ኣነ ዘይጠቐስኩዎ ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ምክልኻል ዘድህበ ነገር ማለት እዩ ክጥቀስ ነይርዎ ትብልዮ እንተልዩ ኣብ መወዳእታ፡፡

[779] **ተሓታቲት፡** ካብኡም ውጪ ከጥቀስ ኣለዎ ዝብሎ ነገር የብለይን፡፡

[780] **ሓታቲ፡** ወዲእና ኣለና፡፡ የቐንየለይ፡፡

(xxii) In-depth Interview with Leader of Women Development Army - 1 (IDI18-WDA1)

Turn	The Tigrigna Text
[781]	**ሓታቲ፡** እሺ ብጣዕሚ እየ ዘመስግን ነዚ ቃለ መሕትት ንምክያድ ፍቓደኛ ስለዝኾንኪ። ሕጂ ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ኣፍልጦኺ ንምሕታት እዩና ኣብዚ ከባቢኹም እንታይ ዓይነት ሕማማት እዮም ዘለዉ ካብ ትዕዝብትኺ ተበጊስኪ?
[782]	**ተሓታቲት፡** ካብቲ ዝተዓዘብኩዎ ናይ ዓይኒ ጠመተ ሽኮር ኣሎ እዩ። ደም በዝሒ እውን ዝኾና ኣፍቲ ናይ ጉጅለና ቦታታት ኣለዉ እዮም። እቶም ደም በዝሒ ኢሎም ክቃልዑ ዝኽኣሉ ኣብ ፊተይ ኣለዉ ክልተ ሰባት ኣለዉ ዝቃልዑ እዮም። ዘይተፈለጡ ሕማሞም ኣብ ጥርጣሬ ዘለዉ እውን ሕማሞም ከይገልፁ ዝደልዩ ድማኒ ብዙሓት ሰባት ኣለዉ። ሽግር ዘለዎ ቦታ እዩ ማለተይ እየ። እተን ሽኮርየ ዘለወን እኳኒ ብቃለ መሕትት ከምዚ ኮፍ ኢልካ ክተዕልሎ ብኽምዚ ኢለ ተመርሚረ ብኽምዚ ኢለ ዝብላ እውን ኣለዋ እየን። እ ፀገም ናይ ገዝኣ ናይ ውሽጣ ፀገም ስለዘለዋ ግን ሕማም ስለዘለዋ ድማኒ ክተቃልዕ ኢላ ናይ ነፃ ኣእትዋኒ ንኽትብል ዝመፀት እውን ኣለዋ እየን። ገሊኣን ግን ሕማመን ዝገልፃ ዘይግበኣ ሰባት እውን ኣለዋ እየን። ካልእ ዝተፈላለየ ሕማማት ዘለወን እውን ተፀቕጠ ነገራት ኣሎ እዩ እየ ዝብል ኣነ። እዚ ዝድለ ድማ ኣነ ዝብል እዚ ንባዕልኻ ንጥዕናኻ ንምክልኻል እንድዩ ሓደ ዘዋሪ ሓኪም ኮይኑ መፂኡ እየ ዝብል እቲ ናይ ባዕለይ ሓሳብ እዩ ኩሉ ተመርሚሩ check ገይሩ ነንባዕሉ ኩሉ ንኽተሓላሎ ኩሉ ነፃን ግልፅን ኮይኑ ዋላ ኣነ እውን ሕማም እንድሕር ሃልዩኒ ሕማም እንድሕር ተረኺቡኒ ነፃን ግልፅን ኮይነ ምስ ሕብረተሰበይ ተመያይጠ ኣብ ዘይመዓልትኻ ኣትመውትን ኢኻ ተመያይጥካ ግን መድሓኒትካ ንኽትፈጥር ካብ ገዛኻ ይኹን ካብ ሕክምናኻ ይኹን ክትመርሕ እየ ዝደሊ።
[783]	**ሓታቲ፡** ሳዕቤናትከ እንታይ እዮም ትብሊ ነዞም ዘይተመሓላለፍቲ ሕማማት? ሳዕቤናት ክኾኑ ዝኽእሉ ነገራት እንታይ እዮም? እንታይ ኮይኖም እዮም እዞም ሰባት ነዞም ሕማማት ዝተቓልዑ?
[784]	**ተሓታቲት፡** እሱ ዳኣ ብሃፍቲ ኢልካ ክትገልፆ መፂኻ እውን እዘን ኣለዋ ሕማመን እተቓለዐ ዝበልኩኻ እውን ብሃፍቲ እውን ከመፀን ይኽእል እዩ እ ዝብል ስለዘለወን እቲ ሓደ እውን ሽግሩ ቀሊዑ ሽኮርያ ኣላህትኒ ዝበለ ዝብለካ ዘለኹ እሱ እውን ፆሙ ሕዱር እዩ። በዝሒስ ጣፋጭ ዝኾነ ምግቢ ሓይለኛ ምግቢ ዝኾነ ጮማታት ዝበልዐለሉ ምኽንያት ነገር የብሉን ንሱ። ግን እቲ ዝመፀሉ ምኽንያት ግን እንድዒ በዝሒ ስራሕስ ድኽመታት ኣለዎ እዩ። እንዲያውም ሕዚ እኳ ተመሊሱ ተጎዲኡስ ኣብ ድኳን ኮፍ ኢሉ ትሑት ደሞዝ ኮይኑ እዩ ዝሰርሕ ዘሎ።
[785]	**ሓታቲ፡** ምንቅስቓስ ዘይምግባር ሓደ
[786]	**ተሓታቲት፡** ሓደ ሽግር እውን እዩ ሳዕቤን እዩ።
[787]	**ሓታቲ፡** እስኪ ከመይ ገይርና ከንከላኸል ንኽእል ነዞም ዘይተመሓላለፍቲ ሕማማት? ንኣብነት እንተሓሚሙ ክፍወስ ከይሓመመ ድማ ንምክልኻል እንታይ ክግበር ይግባእ?
[788]	**ተሓታቲት፡** እንተሓሚሙ ንኽፍወስ እንድሕር ደሊኻ ኣብ ሽኮርየ እንድሕር መፂና ጣፋጫት ዝኾነ ምግቢ፣ ጨው እንዳቐነስካ እንተደለኻ ኣፍቲ እኽሊ ንበልዖ ነገራት እውን ጥረምረ እንተይሓወስካ ናይ ጣፍ ሓደ ዓይነት ምልክት ገይርካ ጨው ቀኒስካ ዝዓቐምኻ ላለዎ መዓልቲ እውን ኣሰጋጊርካ ብዙሕ ምግቢ እንተይደፋእኻ እውን እ ኣብ ሽኮርየ እንተኾይኑ ምግቢ ትደልየሉ እውን ኣላ እያ ምግቢ ዘይትደሊ ሽኮርየ እውን ኣላ እያ ዝተፈላለይ እየን እተን ሽኮርየ እተን ሕማማት። ከምኡ ገይርካ ንኽትድሕን እውን እብል ናይ ባዕለይ ሓሳብ እዩ።
[789]	**ሓታቲ፡** ከይሓመምካኺ?
[790]	**ተሓታቲት፡** ከይሓመምካ ድማኒ ያው እዩ ንሱታት ጮማ እ እንድሕር ኣስተኻኺልካ ብመጠኑ ተመጣጣነ ምግቢ እንድሕር ወሲድካ፤ ሕዚ ንጉሆ ርኹብ እንድሕር ኮይንካ በሊዕኻ ቆስጣ ክትመስሕ ትኽእል ክትመስሕ ኣለካ፤ ቆስጣ መሲሕኻ እውን ዋላ ርኹብ ደኣ እምበር ዋላ ኣብ ሞንጉኡ እውን በርበረኻ ገይርካ ንጥዕናኻ ያ እዩ። ጥዑም ፀሊእኻ ከይኮንካስ ከይፈተኻ ፆምካ እውን ክትሓድርስ ኣድላዩ እዩ ዝብል ናይ ባዕለይ።
[791]	**ሓታቲ፡** እዘን ሰራሕተኛታት ጥሙር ጥዕና ሕጂ የምህራኽን ዶ ብዛዕባ ዘይተመሓላለፍቲ ሕማማት?
[792]	**ተሓታቲት፡** እወ የምህራና።
[793]	**ሓታቲ፡** ኣብ ምንታይ ኣድሂበን ንኣብነት እስኪ?
[794]	**ተሓታቲት፡** ዘይተመሓላለፍቲ ሕማማት ቅድሚ ሕዚ እኳ ኣብ እንታይ ኢና ኣቢልና ዘይተመሓላለፍቲ ሕማማት ካንሰር ኣላ እያ ኩላሊት ኣላ እያ ሽኮርየ ኣላ እያ እዚኦን ተመሓላለፍቲ ሕማማት ኢልና ክንጠቕሰን ኣይንኽእልን ኣይመሓላለፉን እቲ ተመሓላለፊ ሕማም ተባሂሉ ንገልፆ ድማኒ ከም ኤች ኣይ ቪ ፖስቲቭ ከም ቲቢ ሰዓል ዓባይ ሰዓል ትመሓላለፍ ሕማም እዝታት ኣሎ እዩ። እዝታት ንኽይረኽበካ ድማኒ ዋእ ኤች ኣይ ቪ ንኽይረኽበካ እቲ ይጥርጥሮ እየ ትብሎ እንድሕር ሃልዩካ ጓንቲ ገይርካ ክትተሓባበሮ እ ከምኡታት ዝመሳሰሉ ነገር እየ ዝብል ኣነ ናይ ባዕለይ።
[795]	**ሓታቲ፡** እሺ ኣብ ዘይተመሓላለፍቲ ሕማማት ሕክምና ከምዘምህራኽን ገሊፅከለይ ኣለኺ። ኣብ 'ካብ ሓሚምካ ተኽናኺንካ ጥዕና' ዝብል ኣሎ እና ኣብኡ ዘለኪ ኣተሓሳስባ እንታይ ይመስል?

[796] **ተሓታቲት፡** እወ ካብ እ እንድሕር ሓሚምካ ተሸኒርካ እቲ ቅርሺ እውን ትረኽቦ ኢኻ ዘይትረኽቦ እውን ትኽእል ኢኻ እታ ጥዕና ግን ብቐሊሉ ኣብ ገዛኻ እያ። እንተረኺብካ እውን ከም እ ርኽበትካ ገይርካ ሰጥ በለኒ ኢልካስ ክትገብር የብልካን። እንተሲኢንካ እውን ከምዝኸውን ከምዝኾነልካ ገይርካስ ክተመሓልፍ ኣለካ እየ ዝበል። እንዳተኸናኸንካ ንዝሓመመ እውን ሕዚ ኣብዚኣ ኣለዋ ጎረቤተይ ዓባይ ዓባይ እየን ሽኮርየ ኣላተን እያ ሕዚ እግረይ ዶ ይብላ ዋይ ንሽኮርየ ደኣ ጅማትክን ተኣሳሲሩ ከይኸውን check እንዶ ግበራ ኪዳ ዝበሃል ዘረባ እውን ኣምርሔለን እየ። መይሰን ንሰን እውን ብዝበለፀ ተመርሚረን ስለዝኾና ብኸመይከ ጀሚራትክን እየ ዝብለን። ብዝመፀትኒ ኣነስ ክፈልጣ እውን ኣይክእልን ሽኮርየ ኣለኪ እዩ ዝበለኒ። እንታይ ደኣ ትገብራ ኣለኽን? እከናኸና። ጥራምረ ገዲፈዮ ይብላኻ። ግደፈኡ እውን ይብለን እየ ኣነ አውን። በቲ ዝሰምዖ ናይቲ ሓደ ሓደ ተማሂረ ዘይኮንኩስ ናይቲ ሓደሓደ ጣፍ ጥራይ ንእሽተይ ስቕ ኢለ ጨው ዘይብላ ንስንስ ኣቢለ ይበልዕ እየን ዝብላ።

[797] **ሓታቲ፡** ሕጂ ከም መራሒት ጉጅለ ልምዓት እንታይ ዓይነት ተግባራት ትፍፅሚ ንምክልኻል ዘይተመሓላለፍቲ ሕማማት?

[798] **ተሓታቲት፡** እሱ ደኣ ኣፍቲ ቃደ ትምህርቲ ኣይበፃሕናን እየ ዝብለካ ዘለኹ ኣይተደራጀወን። ትሪኡ ኣለኻ እቲ ሕብረተሰብ መፃኢን ከያድን እዩ ኮፍ ኢሉ ኢለካስ ዝገበርናዮ የብልናን። ብዝዓቕምና ግን ምስ ሲስተር ኮይና ኮሊልና ናይ ጎሓፋት ናይ ዳካ ናይ ፅላል ወዲ ፅላል ንበይኑ ኢድ መሕፀቢ ንበይኑ ዝገበርናዮ ቦታ እውን ኣሎ እዩ። ኣብ እ ኣብ ናይ ኤን ቢን ኢልና ዝሰራዕናየን እውን ዓሰርተ ኣርባዕተ ኤ ኢልና ዝሰራዕናየን እውን ኣለዋ እየን እሱ ዝሰርሓ ሲ ኢልና ዝሰራዕናየን እውን ሸዱሸተ ኣለዋና እየን። ዓሰርተ ሓደ ድማኒ ቢ ኢልና እልናባኒ ሸዱሸተ ሰራዕና ኣለና ኢና ነይሩና እዩ መዝገብ። እወ ሲ ኢልና ዝሰራዕናየን ድማኒ ናይ መጨረሻ ማለት እንድያ ነይራ ነይረናና እየን ሸዱሸተ ሓሙሸተ ድየን ገለ ዝሰርዓናየን ነይረን እየን። ሕዚ ኣብዚ ኩነታት ምስበፅሐ ግን ረኣይ እቲ ክረምቲ ኣተወ እቲ ሕብረተሰብ እውን ምጭፍጫፍ ብዝሕ ምስኣትከረና ኣነ እውን ገዲፈዮ እየ። ብዙሕ ሃላከ ምስ ኮነስ በቃ ምንዕዓቕ ምስ መፀ ዓርሲ ባዕርስና ምስተነዓዓቕናስ በቃ ኣነ እውን ዋይ እዚስ ንበይነይ ኣይኮነን ረበሓ ንሓፈሻና እዩ ነይሩ ኢለ ገዲፈዮ እየ።

[799] **ሓታቲ፡** ሰባትከ ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ኣብዚ ከባቢኹም እንታይ ይብሉ? ማለት ኣብ ዘይተመሓላለፍቲ ሕማማት ዘለዎም ኣተሓሳስባ እንታይ ይመስል? ንኣብነት ብዛዕባ ናይ ኣእምሮ ፀገም እንታይ ይብሉ?

[800] **ተሓታቲት፡** ንሱ ዝመሓላለፍ ሕማም እውን ኣይኮነን እዩ። ኣነ እውን ገሊፀ እ ብዝተፈላለየ ቦታታት ይርኢ እየ። ሓሪቑን ተቓሚለን እውን ጣዕ ኢለን ንእለት ዝወድቃ እውን ኣለዋ እየን። እንተተዓዘብካዮ ድማ ናይ ሽይጣን ድዩ ናይ ገለ ኢልካ ክትወስዶ እንተበልካ ድማኒ ቀፃሊ እውን ክትመፀን ከላ ኣፍታ ሕርቀትን እውን ትመፀን ሰባት እውን ኣለዋ እየን። እዚ ናይ ብስሩ ብሳይንሳዊ እዩ ኢለ እየ ዝግምቶ ይብለካ ኣለኹ። እ ቆልዓ ድማ ነይሩኒ ናይ ባዕለይ ተመኩሮ ዓቕሉ ኣፅብብ ኣቢሉ ኣፍጥጥ ኣፍጥጥ ኣቢሉ ሰፋሕ ሰፋሕ የብሎ ነይሩ። ሕክምና እንተወሰድኩዎ ወዲያውኑ ይገድፎ ተጓይየ ካብ ናብ ማይጨሎትየ ናብ ገለመለየ ናብ ሕክምና እየ እኽይድ ነይረ። ናብ ሕክምና እንተገበርኩዎ ይሕፍረኒ ይገድፎ ነይሩ። ኣጋጣሚ ግን ዶ/ር ሓበን ዶ ትፈልጦ እቲ ሓኪም? ናይ ኣእምሮ? ኣብዚኣ እዩ ተኻርዩ ነይሩ። ክጅምሮ ኸሎ ኦኦኦ ክንብል ከለና ተጓዩ መፂኡ ሪኢዎ በሊ ይብለኒ ‘ሒዝክዮ ምፂ ሕክምና’ ይብለኒ ሕክምና እንተወሰድክዎ ደኣ ይገድፎ እነዶ ኣየሎን ካልእ መድሓኒት እንዶ ኣብዩኒ ይብሎ። ‘ደሓን ሒዝክዮ ንዒ ናባይ ስቐ ኢልኪ ቀጥ ኢልኪ’ ይብለኒ። ከይደ ሒዘዮ። ሒዘዮ ምስከድኩ ክንደይ ፅዒረ ‘እዚኣን እዚኣን ኣብ መዓልቲ ኣሎ ሓንቲ ሓንቲ ምሸት ምሸት ሃቢዮ ኣለኪ መዓልቲ ምናልባሽ ኣነ እንተተቐይረኩ ድማ ፍርቂ ፍርቂ ዝወስደሉ መድሓኒት ኣሎ እዩ እዚኣን ረኣይየን’ ምስበለኒ ግን በቃ ብዘይ መድሓኒት ይኸይድ ኣሎ እዩ። ደሓን ኮይኑ።

[801] **ሓታቲ፡** ሕጂ ገዲፍዎ ማለት እዩ?

[802] **ተሓታቲት፡** ሕዚ ገዲፍዎ።

[803] **ሓታቲ፡** ግን እቲ ሰብ ዘለዎ ኣተሓሳስባኸ ከመይ ይመስል? ሕጂ ንስኺ ብተመኩሮ ሪኢኽዮ ኣለኺ

[804] **ተሓታቲት፡** ብተመኩሮ ሪኣዮ

[805] **ሓታቲ፡** ኣብ ሕክምና ከይድኪ

[806] **ተሓታቲት፡** እወ

[807] **ሓታቲ፡** እቲ ከምኡ ዓይነት ሕማም ብሕክምና ክድሕን ከምዝኽእል ሪኢኽዮ ኣለኺ።

[808] **ተሓታቲት፡** እወ።

[809] **ሓታቲ፡** እቲ ሰብከ እንታይ ይብል ሕጂ ብዛዕባ ከምዚኦም ዝመሰሉ ሕማማት?

[810] **ተሓታቲት፡** ኣነ ከምኡ ዝመሰለ ሰብ እንድሕር ሪኣ ከምቲ ሕዚ ኣምሪሕኻዮ ዘለኻ ናይ ባዕለይ እውን ናይ ግዛዕ እዩ ረኺብዎ እዩ እምበር እብል ነይረ ተኣማሚነስ ከምኡ እብል ነይረ እየ። ሐዚ ብዶ/ር ሓበን ተዓዚበ ግን ዶ/ር ሓበን ከምኣ ምስ በለኒ ግን ናይ በቃ እዚስ ሕክምና ኣውን የድልዮ እዩ እየ ዝብል ተኣማሚነ። ሕዚ ከምኡ ኢለን እንተውግዓኒ ክለዋ ዋእ ሕክምና ዘይትኸዳ እየ ዝብል። ሕክምና ዘይትኸዳ ናብ ዓበይቲ ትኸዳ እቲ መድሓኒት ኣለዎ እዩ ናቱ። ናቱስ መድሓኒት ኣለዎ እዩ እ ዝብል።

[811] **ሓታቲ።** ሰባትከ ብዘይተመሓላለፍቲ ሕማማት ንዝተትሓዘ ሰብ ብፀቕጢ ደም ክኸውን ይኽእል ብሕማም ሽኮር ክኸውን ይኽእል ከመይ ይገልፅዎ?

[812] **ተሓታቲት፡** ዘይተመሓላለፍቲ ሕማማት ደኣ ተኽናኽኑ ከምዚ ግበሩ እንድሕር ኢልካ እውን ከተገልፅ እንድሕር ደሊኻ እውነይ ኣሜን ኢሉ ዝቕበለካ ኣሎ ዘነዓዕቐካ ሰብ እውን ኣሎ እዩ። ክትርድኦስ ኣይትኽእልን። እቲ ሕብረተሰብስ ክት ክትርድኦ ኣይትኽእልን። እሺ ኢሉ ይኸውን እዩ ሓቅኺ ዲኺ ኢሉ እውን ዝቕበለካ ኣሎ እዩ ዘናእስካ ድማ ኣሎ እዩ። እዚኣስ ምንም ክትገብራ ኣይትኽእልን እዚ ናይ ባዕለይ ተመኩሮ ዝረኣኽዎ እየ ዝነግረካ ዘለኹ።

[813] **ሓታቲ፡** ሕጂ ሰራሕተኛ ጥሙር ጥዕና ኣብ ዘይተመሓላለፍቲ ሕማማት ንኽትከላኸላ እዚ ግበራ እዚ ኣይትግበራ ይብላኽን እየን?

[814] **ተሓታቲት፡** እወ።

[815] **ሓታቲ፡** እስኪ ንገርኒ እንታይ ግበራ እንታይ ኣይትግበራ ይብላኽን? ክትገብርኦ ዝግበኣካንን ዘይግበኣካንን?

[816] **ተሓታቲት፡** እወ ከምቲ ሕዚ ዝገለፅናዮ ጥዕናና ንኽንረክብ እንድሕር ደሊኽን እቲ ትወስድኦ ምግቢ ዝተፈላለይ ክኸውን ኣለዎ። ጨው ብበዝሒ ክትወስድ ኣይትኽእላን እ ኣብ ርእሲ ጮማ ጮማ ንኽትበልዓ ኣይትኽእላን። ጥዕናስ ኣብ ኢድና እያ እየን ዝብላና። ኣብ ሕክምና ኣይኮነን ኣብ ኢድና እያ ባዕርስና ከምዝገበርናያ እያ እየን ዝብላና።

[817] **ሓታቲ።** ተተግብርኦ ዶ ሕጂ እዚ ተግባራት እዚ? እቲ ምኽርታት?

[818] **ተሓታቲት፡** እሱ ደኣ ሓደሓደ እ ዝ ኣነ የተግብሮ እየ ኢለ ከተግብሮ እንድየ ኣነ ዘየተግብሮ ድማ ይህሉ እዩ። ሕልፍ ኢልካ ድማ ክትርኢ ከለኻ ድማኒ ዝኾነ ነገራት ክትርኢ ከለኻስ ሪኢኻ እውን ሱቕ ኢልካ ክትመፅእ ኣይትኽእልን ከምዚኣ ዘይተገብርኣ እውን ክትብል ኢኻ። ይቕፅልኣ ድየን ኣይቕፅልኣን ገዛኻ ትሓድር ገዝኣን ትሓድርስ ሰብ እኮ ንባዕሉ ስለዝኾነስ ምንም ክርደኣካ ኣይኽእልን። ንስኻ ግን እታ ናትካ እታ ፍልጠትካስ ክትዛረብ ኣለካ። ክትዛረብ ኣለካ። ብድሕሪኡ ንባዕሉ እዩ። ኣነ እኮ ንስኻ ንዓይ ሓዚንካለይ ኢኻ ትዛረበኒ ዘለኻ እምበር ንዓኻ ኣይኮነን። እታ ናትካማ ኣላ እያ ኣባኻ።

[819] **ሓታቲ፡** እቲ ማዕዳታታት ግን ሓጊዙክን እዩ?

[820] **ተሓታቲት፡** እወ ይሕግዘና ኣሎ እዩ። ሕዚ ከምኡ ኢሉ እንተዝጥንክር እቲ ሕብረተሰብ እውንስ ሕማም ምሃለወ ኣይምበልኩን ነይረ ኣነ ናይ ባዕለይ ግምት። እንታይ ደኣስ ኣፍቲ ሕብረተሰብ እዩ ፀገም ዝኒኡ።

[821] **ሓታቲ፡** እስኪ ማሕበረሰብ እዚ ከባቢ ሕጂ ከምዘበልክዮ ምሉእ ኣይኮነን ገሊኡ ይፍፅም ገሊኡ ኣይፍፅምን እሞ ኩሉ ንኽፍፅም ንኽከላኸል እንታይ ክገብር ኣለዎ ትብሊ እስኪ ብናትኪ ኣተሓሳስባ?

[822] **ተሓታቲት፡** ንኽከላኸል ትምህርቲ እንድያ እዚኣ ሓፈሻዊ ትምህርቲ እንድያ ተድሊ። ሓፈሻዊ ትምህርቲ እንዳካየድካ ዶ ይፅናሕ እየ ዝብል ናይ ባዕለይ ትምህርቲ እንዳሃብካ እንዳሃብካ ዶ ትፀንሕ ብድሕሪኡ ራርኡን እንታይሽሙን ሪኢኻ ድማኒ ነፃን ግልፅን ኮይንካ ድማኒ ከምዚ ክታበት ዘሎ መፂኻ ድማኒ check ትገብር እየ ዝብል ናይ ባዕለይ። ብድሕሪኡ ገዛ ንገዛ ሕዚ ዓይኒ ንዓይኒ ስለፈራሱ ስለዘሎ ተፈላሊጡ ስለዘሎ ሰብ ሕዚ ኣነ ፖዘቲቭ ከረከበኒ ኸሎ እታ ሓንቲ ክትፈልጠኒ እንድያ ሕማማይ ኣራጊፈስ ነፃን ግልፅን ኮይነ እውን ከጥይቓ ይኽእል እየ። በሊ ካብ ፈለጥክኒ በሊ እዚኣ ከምሃለወትኒ ፀገምስ ክብላ እየ ሓግዝኒ ክትብል እውን ትኽእል ኢኻ። ንሱ ዝደፈነሉ ሰባት እውን ኣሎ እየ ዝብል።

[823] **ሓታቲ፡** ማለት ምስ ስፖርታዊ ምንቅስቓስ፣ ዝተመጣጠነ ምግቢ ምምጋብ ተተሓሒዙኽ እንታይ ክግበር ኣለዎ?

[824] **ተሓታቲት፡** ንሱ ደኣ ስፖርታዊ ሰሪሕኻ መፂኻ ደኣ እዩ ፃባ እንድሕር ተኻኢሉ እኮ ስፖርት ጥሕኒ እውን ኣድላዩ ይመስለኒ ጥሕኒ እውን ክትሰቲ ትኽእል ኢኻ፤ እንቋቁሑ፣ ምስቲ ናይ ሕማም ንኽይህልወካ ግን ተመራሚር ተመርሚርካ ንዕኡ ዝጎድእ እንድሕር ኮይኑ ክትገብር ኣይትኽእልን ዘይጎድእ እንተኾይኑ ግን ክትጥቀመሉ ትኽእል ኢኻ እየ ዝብል ናይ ባዕለይ።

[825] **ሓታቲ፡** የቐንየለይ። ብጣዕሚ እየ ዘመስግን።

[826] **ተሓታቲት፡** እሺ።

(xxiii) In-depth Interview with Leader of Women Development Army - 2 (IDI19-WDA2)

Turn	The Tigrigna Text
[827]	**ሓታቲ፡** እሺ መጀመርያ ብጣዕሚ እየ ዘመስግን ነዚ ቃለ መሕትት ንምክያድ ፍቓደኛ ስለዝኾንኪ። ብዛዕባ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ክሓተኪ እሞ።
[828]	**ተሓታቲት፡** እሺ።
[829]	**ሓታቲ፡** ፅቡቕ ኣብዚ ከባቢኹም እንታይ ዓይነት ሕማማት ኣለዉ ካብ ዝተዓዘብክዮ?
[830]	**ተሓታቲት፡** ካብ ተመሓላለፍቲ ሕልፍ ሕልፍ ኢሎም ናይ ህፃውንቲ እ እዘን እ ንፍዮ ድየን ፍሮማይ ድየን ኣይፍለጣን። ንፍዮ እየን ክትብለን እውን ኣይትኽእልን ፍሮማይ እየን ክትብለን ኣይትኽእልን። እቲ እንታይሽሙኣን ግን ናብ ፍሮማይ ነገር እየን ዝመስላ ግዝፍ ግዝፍ ዝበለ እንድዩ ዝወፅእ ግን በቲ ናይ እ ክትባት ንምሓዝ እየን ዝሕዘኦም እምበር ርስን ኢሎም ይገድፍኦም እየን። ይመሓላለፍ እዩ ግና። ካብ ቆልዓ ናብ ቆልዓ ንሱ ኣሎ ሓደ።
[831]	**ሓታቲ፡** ካብዞም ዘይተመሓላለፍቲኽ?
[832]	**ተሓታቲት፡** ካብዞም ዘይመሓላለፉ እ ሽኮርያ እውን ኣለዉ። ካንሰር እውን ኣለዉ። እ እዚኣቶም እውን ኣለዉ።
[833]	**ሓታቲ፡** ማለት ሕጂ ኣፈላላዮም ትፈልጢ ዶ ተመሓላለፍትን ዘይተመሓላለፍትን?
[834]	**ተሓታቲት፡** ዘፈላልዮም ነገር እ ሕዚ ሽኮርያ ካንሰር እንተኾይኑ ኣይመሓለፍን። ከም ኤድስ ገለ እንተኾይኑ ግን ብናይ ደም ኮይኑ ክሓልፍ ይኽእል እዩ። እቲ ናይ ንፍዮ ገለ እንተኾይኑ ድማ እ ብሃፋ ብናይ ረስኒ እውን ክሓልፍ ይኽእል እዩ።
[835]	**ሓታቲ፡** ኣብዚ ከባቢኽ እቲ ብበዝሒ ዝረአ ናይ ዘይተመሓላለፉ ሕማም ሕጂ ዓንተዎይ ጠቒስክለይ ከም በዓል ደም በዝሒ ሽኮርያ ካንሰር ገለ ከምዘሎ እቲ ብበዝሒ ዝረአ እስኪ ካብ ትዕዝብትኺ ኣይናይ ዘይተመሓላላፉ ሕማም እዩ?
[836]	**ተሓታቲት፡** ሽኮርያ ሽኮርያ እዩ።
[837]	**ሓታቲ፡** ንምንታይ ይመስለኪ?
[838]	**ተሓታቲት፡** ዋእ ኣነስ ካብ እ ምግቢ ኣጠቓቕማ። ንሱ ከምቲ ዝመስለኒ ኣብ ተመጣጣኒ ኣመጋግባ እየ ዝብሎ። ከምኡ እየ ዝብሎ። ግን ከዓ እንድዒ እቲ ብበዝሒ ትሪኦ ድማ እንድዕሉ ኣፍቲ ፅጉም እውን ኣሎ ኣፍቲ እንታይሽሙ እውን ኣሎ እዩ። ኣብ ኩሉ ኣሎ እዩ። ግን በቲ ኣነ ዝርድኦ ግን ብተመጣጠነ ምንቅስቓስን ተመጣጠነ ኣመጋግባን እየ ዝብሎ።
[839]	**ሓታቲ፡** ንምንካይ ደም በዝሒን ሕማም ሽኮርያን ካልኦት ዘይተመሓላለፍቲ ሕማማትን እንታይ ዓይነት ምግቢ ክንበልዕ ይግበኣና ትብሊ? እንታይ ዓይነት ኣመጋግባ እዩ ነዞም ሕማማት ከስዕብ ዝኽእል? እንታይ ዓይነት ኣመጋግባኽ ከስተኻኽሎ ይኽእል?
[840]	**ተሓታቲት፡** ብዝኾነ እንታይሽሙ ዘለዎ እዚ ናይ ስብሒ ነገራት እንታይሽሙታት ዝእክብ ካብኡታት ነገር ክንከላኸል ኣለና። ቅብኣት እውን ክነብዝሕ የብልናን። እዚ ሓፈስቲ ቅብኣት ገለ እውን ንዑ ዶ የቃልዕ ዝበሃል ኣለኒ ኣነ። እቲ ቐንዲ ቐንዲ እዚ ሓፈስቲ ቅብኣት መሚኡ ዘሎ ናይ ሕጂ ንሱስ ንዑኡ መቃልዒ እዩ እየ ዝብል።
[841]	**ሓታቲ፡** ማለት ለውጢ ኣሎ እዩ ንሱ ካብ ዝመፅእስ ሰባት ነዞም ሕማማት እንዳተቓልዑ
[842]	**ተሓታቲት፡** ብዙሕ ነቲ ሕማም ንሱ ዝተቓለዐ ሰብ ይመስለኒ።
[843]	**ሓታቲ፡** ንምክልኻል እዞም ዘይተመሓላለፍቲ ሕማማት እንታይ ይግበር ኣብዚ ኸባቢ?
[844]	**ተሓታቲት፡** እ ከምቲ ንሕና እውን ኣፍቲ ናይ ደቂ ኣንስትዮ እንህቦ ትምህርቲ እንተኾይኑ ዋላ ካብ ናይ ባዕለይ እውን ክኸውን ኣለዎ እንብሎ ሓደ ፅቡቕ እንቅስቃሴ ክንገብር ኣለና። ኮፍ ኢልካ ሱቕ ኢልካ ተደራራቢ ምግቢ ክትወስድ የብልካን ካፍቶም ከምኡ እ ናይ ስብሕትታት ነገር ዝበልኩዎም ምግቢ እውን ክንወስድ የብልናን። ካብ ኩሉ ነገራት ተመጣጠነ ገይርና ክንወስድ ኣለና። እቶም ቅብኣታት እውን ክነብዝሕ የብልናን። ቅብኣታት ክበዝሕ የብሉን።
[845]	**ሓታቲ፡** እዘን ጥሙር ጥዕና ቤተሰብ ትምህርቲ ይህባኽን እየን ይመስለኒ?
[846]	**ተሓታቲት፡** እወ ይህባና እየን።
[847]	**ሓታቲ፡** ይህባኽን እየን። እና ኣብ ዘይተመሓላለፍቲ ሕማማት ትምህርቲ ዝህባኽን እንተኾይነን ኣብ ምንታይ ዘድህበ እዩ እቲ ትምህርቲ?
[848]	**ተሓታቲት፡** ኣብ ኩሉ ኣብ ዘይተመሓላለፍቲ ሕማማት ዋላ ይህባና እየን ኣብ ዝመሓላለፉ ሕማማት እውን ይህባና እየን። ኣብ ናይ ኩሉ ኣብ ፅሬት ይኹን ዋላ ናይ ገዛና ይኹን ናይ ከባቢና ይኹን እና ኣብ ኩሉስ ይህባና እየን።
[849]	**ሓታቲ፡** ደሓር ንስኻትክንከ ኣብ ኔትዎርክ ትመያየጣሉ ዶ?
[850]	**ተሓታቲት፡** ብደምቢ ንመያየጠሉ ኢና። ብሰሙን ሓደ ግዘ ካብኡ እውን ብጥቕልል ዝበለ ድማኢ ኣብ ወርሒ ኣብ ናይ ዓመት ፅሬት እውን ኣለና። ናይ ወርሒ ፅሬት እውን ኣለና እ
[851]	**ሓታቲ፡** ማለት ኣብዞም ዘይተመሓላለፍቲ ሕማማትከ? ሕጂ ንኣብነት ኣብ ተመሓላለፍቲ ሕማማት ትኹረት ተዋሂብዎ ክስርሓሉ ፀኒሑ እዩ። ነዞም ዘይተመሓላለፍቲ ሕማማት ብዙሕ ትኹረት ኣይተወሃቦምን ግን ንስኽን ሕጂ ትምህርቲ ትለዋወጣ እንተኾይንክን ምናልባት ምስዚ ዝተትሓሓዘ ዝገበርክንኡ ነገር እንተልዩ?

[852] **ተሓታቲት፡** እወ ከምኡታትስ ንገብር ኢና ኣፍቲ ናይ ቅብኣት ኣጠቓቕማ ናይ ኣመጋግባ ኩሉስ ተምህረና እያ ንሳ። ካብኡ ሓደ ግዘ መፅሓፍ እውን ትበኒ እያ። መፅሓፍ እውን ብዙሕ ደኣ ኣይኮነን እምበር ሓደ ሓደ ግዘ ንሕና በይንትና ኮይና እውን ንመያየጥ ንዘራረብ ኢና።

[853] **ሓታቲ፡** 'ካብ ሐሚምካ ሕክምና ተኸናኺንካ ጥዕና' ዝብል ኣበሃህላ ትግርኛ ኣሎ እሞ ኣብዚ ዘለኪ ሪኢቶ እንታይ ይመስል?

[854] **ተሓታቲት፡** እዚ ብደምቢ መጀመርታ ክትጥንቀቕ ኣለካ። እ ኩሉ ፅሬት ድዩ ኣብ ኣመጋግባኻ ድዩ ኣብ ኩሉ ነገር መጀመርታኻ እንተተጠንቂቕካ ካፍቲ ሕማማት ነፃ ክትኸውን ትኽእል ኢኻ።

[855] **ሓታቲ፡** ስለዚ ኣብ ተግባር ተውዕልዮ ኢኺ ካብ ሕክመና ምኻድ መጀመርያ ምክልኻል?

[856] **ተሓታቲት፡** እወ ኣብ ተግባር ይውዕል እዩ።

[857] **ሓታቲ፡** ሕጂ ምክልካል ብጣዕሚ ጠቓሚ ከምዝኾነ ነጊርክኒ ኣለኺ።

[858] **ተሓታቲት፡** እወ።

[859] **ሓታቲ፡** ሕጂ ንስኺ ከም ኣባል እቲ ማሕበረሰብን ከም መራሒት ጉጅለ ልምዓት ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ትፍፅምዮ ተግባራት እስኪ ንገርኒ ብዝርዝር?

[860] **ተሓታቲት፡** ሓደ ሓፊስ ቅብኣት ንወስድ ነይርና ቀጢን ቅብኣት ቀይርና ኣለና። እቲ ምህሮ ንሱ ምስ ሰማዕና ማለት እዩ። እ ካብኡ ካልእ ናይ ፅሬት ድማ ንእሽተይ እዮም እዞም ናይ ከፍቲ ዘንጊያምና እምበር እንድያውም ሎሚዓንቲ ኣብ ፅቡቕ ኣጋጣሚ እዚ ናይ ኢድ መሕፀቢ ናይ ሽንቲ ቤት እ ናይ ርስሓት መድፍኢ እዝታት ብደምቢ ተጠንቒቕና ኢና ነካይድ። ጨው ኣዮዲን ብደምቢ እየ ዝጥቀም። እ እዚ ናይ ኣመጋግባ ድማኢ ናይ ቅብኣት ነገር ናይዚ ስብሒ እሱታት ሕዚ ቅድም ሱቕ ኢልካ ኢኻ ይቕሎ ነይሩ ሕጂ ስብሒ ኣይነኣቱን። ዋላ እቲ ስብሒ ንበይኑ ግድፍ ኣቢልና እቲ ቀይሕ ቀይሕ ስግኡ ንሰርሖ። ኣብ ከምኡታት ተመኩሮ ወሲደ ኣለኹ ማለት እዩ።

[861] **ሓታቲ፡** ኣብዚ ከባቢኹምከ ሕጂ በዚ ሕማም ዝተትሓዙ ሰባት ኣለዉ ድዮም? ማለት ብደም በዝሒ ይኹን ብሕማም ሽኮርያ? ኣንተልዮምከ ከመይ ትከናኸንዎም?

[862] **ተሓታቲት፡** ንሱ እኳ ሱቕ ኢልና ሓደሓደ ከምኡ ኣለዉ እንድዮም ናይ ሽኮርያ ዘለዎም እ ደም በዝሒ እውን ዘለዎም ኣብ ከምኡ ኣብ ሆስፒታል ኣብ ገለ ገለ እንተኣትዮም ሳንቲም ኣዋፂና ገለ ንሰድድ ኢና። እ ኣብ ከባቢና እውን ሕሩጭ ገለ ሓደ ሓደ ሽሃነ ኣዋፂና እውን ንህብ ኢና። ከምኡታት ነገር ካልእ እኳ ገዛ ከይድካ ምልዓል ኣይተጀመረን።

[863] **ሓታቲ፡** ንዘይተመሓላለፍቲ ሕማማት ኩሉሰብ ይቃላዕ እዩ ኢልኪ ትሓስቢ ዶ?

[864] **ተሓታቲት፡** እንድሕር ዘይተጠንቂቑ ኩሉ ሰብ ክተሓዝ ይኽእል እዩ። ከምኡ ዝብል እምነት እዩ ዘለኒ።

[865] **ሓታቲ፡** እዘን ሰራሕተኛታት ጥሙር ጥዕና ትምህርቲ ከምዘምህራኽን ነጊርክኒ ኣለኺ ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ካልእ ዝፍፅመኣም ተግባራት ኣለዉ ድዮም?

[866] **ተሓታቲት፡** ትምህርቲ ይህባና እየን። ካልእ ድማኢ ተሓባበራ ኣዋፅኣ ከምኣቶም ዝበሉ ፅጉማት ስድራ ኣወፃፅኣ ኣውፂኽን ርድኣ ይብላና እየን። ንሱ ሕዚ ናይ ባዕልተን ተመኩሮ እዩ። ንሓራስ እውን ኣዋፂኽን ጠይቕኣ። ብጀካ ንድኹም ዝኾነ ነገር ኣዋፅኣ። እዚ ናይ ሕጂ ናይ እቲ ናይተን ናይ ሕብረተሰብ ዝበሃል ኣሎ ዝዋፃእ ሕዚ ንሳተን ብደምቢ ኣዋፅኣ ከክልተ ቅርሺ እያ ኣይትጎድአናን ኢለን ተወሳኺ ይህባና እየን። ሕዚ ንሱ ኣብ ብዙሕ ሰብ ኣይፍለጥን። እዚ እንታይሽሙ ዘሎ ናይ ሕብረተሰብ ዝብል እንዶ የለን ንሱ ኣይፍለጥን። ናይ ቀይሕ መስቀል ይፍለጥ እዩ ናይ ዋርድያ ናይ ፀጥታ ዝብል ይፍለጥ እዩ።

[867] **ሓታቲ፡** ንኣባላት እቲ ሕብረተሰብ ንምሕጋዝ ተባሂሉ ዝዋፃእ ቅርሺ ማለት እዩ?

[868] **ተሓታቲት፡** እወ።

[869] **ሓታቲ፡** ንሱ ኣይፍለጥን?

[870] **ተሓታቲት፡** ኣይፍለጥን። ሕዚ ንንሱታት ብደምቢ ትነግረና እያ።

[871] **ሓታቲ፡** ሰባትከ ብዛዕባ እዚ እንታይ ይብሉ? ንኣብነት ነዞም ዘይተመሓላለፍቲ ሕማማት ምስ ካልእ ነገር ምትሕሓዝ ክህሉ ይኽእል እዩ ንኣብነት ምስ ወደቓ ናይ እግዚኣብሄር ወዘተ?

[872] **ተሓታቲት፡** ማለት ከምኡ ዝብል ኣብ ዓበይቲ ነገር እዩ እምበር ኣብ ንእሽተይ ሕጂ ኣሎ ኣይብልን ኣነ። ኣብ ዓበይቲ ዓበይቲ ነገር ዝኾነ ከምኡ ይብል እዩ።

[873] **ሓታቲ፡** ዓበይቲ ሰባት ማለት እዩ?

[874] **ተሓታቲት፡** እወ። ኣብዚ ሕዚ ኣብዚ ንሕና ዘለናዮ ግን በዝሒ ካብ ደቂ ኣርብዓ ንታሕቲ ኢና ሓንቲ እየን ዘለዋና ዓባይ እምበር እንተኾይና እውን ኣርብዓን ክልተን ገለ ኢና። እናስ ንበዝሕ እውን ዝተምሃርና ኢና። እናስ ኣብቲ ናህና ዘሎ ብዙሕ ከምኡ ኣይብልን።

[875] **ሓታቲ፡** ሕጂ ኣብ ናትክን ጉጅለ ከምኡ ከይብሉ ይኽእሉ እዮም ኣፍቲ ከባቢኽ ሕጂ ንኣብነት ደም በዝሒ ኣለካ ክበሃል ከሎ ወድያው ዝቕትል ገይርካ ምሕሳብ ከሓዊ ዘይኽእል ገይርካ ምሕሳብ?

[876] **ተሓታቲት፡** እወ ኣሎ ዝወድቕ ገለ እንድሕር ኮይኑ እውን ቢቃ 'ተኸቲልዎ እንድዩ' ከምኡታት ዝበሃል ኣሎ እዩ። ግን ኣብ ዓብዩ ዓብዩ ሰብ እዩ እምበር ኣብ በዝሒ ኣፍቲ መንእሰይ ሎሚ ከምኡ የለን።

[877] **ሓታቲ፡** ለውጢ እንዳመፀ እዩ?

[878] **ተሓታቲት፡** ለውጥስ እንዳመፀ እዩ።

[879] **ሓታቲ፡** ዓንተዎይ ገሊፅከለይ ኢኺ ጥሙር ጥዕና ቤተሰብ ማዕዳታት ከምዝህባኽን። እዞም ማዕዳታት ጠቒሞምኽን ዶ? ሕጂ ንኣብነት ካብ ሓፊስ ዘይቲ ናብ ቀጢን ዘይቲ ለውጢ ከምዝገበርኪ ነጊርክኒ ነይርኪ ለውጢ ረኺብክሉ ዶ?

[880] **ተሓታቲት፡** እወ ኣነ ሪኤሉ እየ። ንሱ እንዳተጠቐምና እንተለናን ሕጂን ነንበይኑ እዩ። ኣብ ኣብራኽካ ኣብ ሑቐኻ ገለገመለ ዝስመዓኒ ዝነበረ ነገር የለን።

[881] **ሓታቲ፡** ሕጂ ገዲፉኪ እዩ?

[882] **ተሓታቲት፡** እወ።

[883] **ሓታቲ፡** ቅድሚ ሕጂ ግን እቲ

[884] **ተሓታቲት፡** ይሕዘኒ ነይሩ እንታይ እየ ኮይነ ይብል ነይረ እየ። እና ንሳተን ከምኡ ኢላ ምስ ነገረትና ግን ንሱ ገዲፍና ናፍቲ ቀጢን ምስ ኣተና እ ብጣዕሚ ለውጢ ኣለዎ። ግን ብስሩ እቲ ናይ ዓድና ኢኮኖሚ ከመይ ከም ምኺኑ ንሱ ከምኡ ከምዝገብር እንድሕር ኮይኑስ ንምንታይ እዩ ዝወሃብ እየ ዝብል ኣነ። ሓንቲ ኣብኣ ክነግረካስ ንምንታይ ተፃርዩ ዘይመፅእ? ንምንታይ ንህዝብስ ዝወሃብ? ይብል እየ ብእንታይሽመይ ሱቕ ኢለ ኣብ ካልእ ደኣ ኣይንዛረብ እምበር ከምኡ ይብል እየ።

[885] **ሓታቲ፡** ኣብ መወዳእታ ኣብዚ ማሕበረሰብ እዚ ከባቢና ንዘይተመሓላለፍቲ ሕማማት ንኽከላኸል እንታይ ክግበር ኣለዎ ትብሊ? እቲ ኣብ ጉጅለ ትመያየጣሉ ነገራት ከምዘሎ ኾይኑ እዚ ማሕበረሰብ ብምክልኻል ጥዕኑ ንኽሕሉ እንታይ ክግበር ኣለዎ ትበሊ?

[886] **ተሓታቲት፡** ኣነ ከምቲ ዝመስለኒ ኣብ ኩሉ ኣብ ናይ ቀጠና ኣኼባ ይኹን ኣብ ናይ እዚ ጣብያታት ኣኼባ ይኹን ኣብ ኩሉ ነገር ክግለፅ ኣለዎ። ብዛዕባ እታ ዘይቲ ቅብኣት ድማ ብዛዕባ እታ ዘይቲ እውን ብደምቢ ክትንገር ኣለዋ እየ ዝበል። ካብኡ እቲ ማለት እቲ ብዛዕባ ናይ ጥዕናስ ኣፍቲ ዓበይቲ ነገራት ኣፍቲ ናይ ከምኡ እዩ ዝዝረብ ኣፍቲ ናህና ጥራሕ ናይ ጉጅለ እዩ ዝዝረብ እምበር ኣነ ይሳተፍ እየ ሕዚ ኣፍቲ ናይ ቀጠና እውን ይሳተፍ እየ እ ናይ ጣብያታት እውን ይሳተፍ እየ ናይቲ ጉባኤ ናይ ቤት ምኽሪ ጉባኤ እውን ይሳተፍ እየ ጥራሽ ነገር እዚ ተላዒሉ ኣይፈልጥን። እናስ ኣፍቲ ከምኡታት ዝበለ ዓበይቲ ነገር እውን ክለዓል ኣለዎ። ብሰፊሑ ክዝረብ ኣለዎ እምበር ኣፍቲ በቲ ናይ ጉጅለና ብደምቢ ኢና ንመሃሮ።

[887] **ሓታቲ፡** ኣነ እቲ ከልዕሎ ዝግበኣኒ ሓሳባት ኣልዒለ ኣለኹ። ምናልባት ንስኺ ምስ ዘይተመሓላለፍቲ ሕማማት ተተሓሒዙ ክበሃል ነይርዎ ትብልዮ ነገር እንተልዩ ኣብ መወዳእታ?

[888] **ተሓታቲት፡** በቃ እታ ክትበሃል ኣለዋ ዝብላ ንሳ ደጊመ ዝነግረካ ብሰፊሑ ክዝረበሉ ኣለዎ። እታ ዘይቲ እውን ክትረአ ኣለዋ በቃ እየ ዝብል።

[889] **ሓታቲ፡** እሺ ብጣዕሚ እየ ዘመስግን።

(xxiv) In-depth Interview with Leader of Women Development Army - 3 (IDI20-WDA3)

Turn	The Tigrigna Text
[890]	**ሓታቲ፡** ክንጅምር እሞ ያው ብጣዕሚ እየ ዘመስግን ፍቓደኛ ስለዝኾንኪ ነዚ ቃለ መሕትት። ሕጂ ኣብዚ ከባቢኹም እንታይ እንታይ ዓይነት ሕማማት ኣለዉ እስኪ ክትዕዘብዮ ከለኺ?
[891]	**ተሓታቲት፡** ኣብዚ ኸባቢ ሰዓል
[892]	**ሓታቲ፡** እዞም ተመሓላለፍትን ዘይተመሓላለፍትን ሕማማትከ ኣፈላላዮም ትፈልጢ ዶ?
[893]	**ተሓታቲት፡** እወ።
[894]	**ሓታቲ፡** እስኪ ንገርኒ።
[895]	**ተሓታቲት፡** እ ሸኮርየ ከመሓላለፍ ኣይክእልን ኤድስ እውን ብኽስታይ ከመሓላለፍ ኣይኽእልን ብንፋስ ከመሓላለፍ ኣይኽእልን
[896]	**ሓታቲ፡** ካብቶም ተመሓላለፍቲ ሕማማት እዩ ግን?
[897]	**ተሓታቲት፡** እወ። ደም በዝሒ ሸኮርየ ዘይተመሓላለፍቲ እዮም።
[898]	**ሓታቲ፡** እዚኦም ዘይተመሓላለፍቲ እዮም።
[899]	**ተሓታቲት፡** እህእ።
[900]	**ሓታቲ፡** ሳዕቤኖም እንታይ ምኸኖም ትፈልጢ ዶ? ማለት ሕጂ ን ፀቕጢ ደም ንሸኮርያ ካብ ሰብ ናብ ሰብ ዘይመሓላለፉ ኪቃልዑና ዝኽእሉ ነገራት እንታይ ከምዝኾኑ ትፈልጢ ዶ?
[901]	**ተሓታቲት፡** ነዞም ሕማማት ዘቓልዑና ዶ?
[902]	**ሓታቲ፡** እወ።
[903]	**ተሓታቲት፡** ሸኮርየ ንብዙሓት ሕማማት የቃልዑና እዮም
[904]	**ሓታቲ፡** ሕጂ ንኣብነት ናይ ኣመጋግባ ኩነታት
[905]	**ተሓታቲት፡** ስብሒ ዝበዝሑ፣ ቅብኣት፣ ሸኮር እውን ብበዝሒ ዘይምውሳድ
[906]	**ሓታቲ፡** ኩሉ ሰብ ኣብዚ ከባቢ ነዞም ሕማማት ክቃላዕ ይኽእል እዩ ኢልኪ ትሓስቢ ዶ?
[907]	**ተሓታቲት፡** ኣብዚ ኸባቢ?
[908]	**ሓታቲ፡** እወ ነዞም ሕማማት ክቃላዕ ይኽእል እየ ኢልኪ ትሓስቢ ዶ?
[909]	**ተሓታቲት፡** ኣይሓስብን።
[910]	**ሓታቲ፡** እንታይ ስለትንብሪ? ንምክልኻል እንታይ ትገብሪ?
[911]	**ተሓታቲት፡** ንምክልኻል ቦቃ ስብሒ ነገር ዘለዎ ሸኮር ነገር ይኹን ብዙሕ ኣይንጥቀምን።
[912]	**ሓታቲ፡** ምንቅስቓስ ከ?
[913]	**ተሓታቲት፡** ምንቅስቓስ እውን ይንቀሳቐስ እየ።
[914]	**ሓታቲ፡** ኣብዚ ሕጂ ጥሙር ጥዕና ትምህርቲ ይህባኽን እየን እሞ ብዛዕባ እንታይ የምህራኽን? ዘምህራኽን ሓደሓደ ነገር እንታይ እንታይ ኣሎ?
[915]	**ተሓታቲት፡** ብዛዕባ ፅሬት ናይ ከባቢና መከላኸሊ እውን ክንጥቀም ከምዘለና ቆልዑትና እውን ከነኽትብ ከምዘለና እዚ ንመያየጠሉ ኢና። ኣዮዲን ጨው እውን ክንጥቀም ሕፈስ ከይሕዘና የምህራና
[916]	**ሓታቲ፡** ብዛዕባ ዘይተመሓላለፍቲ ሕማማትከ? ብዛዕባ ሕማም ሸኮር ብዛዕባ ፀቕጢ ደምከ?
[917]	**ተሓታቲት፡** የምህራና
[918]	**ሓታቲ፡** እንታይ እንታይ ሕጂ ንኣብነት?
[919]	**ተሓታቲት፡** ሕማም ሸኮር ከይረኽበና ክንጥንቀቕ ኣለና ሸኮር እውን ክትቅንሳ ኣለክን። ስብሒ ነገር ቅብኣት እውን ክትቅንሳ ኣለክን ኢለን የምህራና።
[920]	**ሓታቲ፡** ሕጂ ክስታይ ዝብል ኣሎ ‘ካብ ሓሚምካ ሕክምና ተኽላኺልካ ጥዕና’ ኣበሃህላ ኣሎ እና ኣብዚ ዘለኪ ሪኢቶ እንታይ እዩ? ትኣምንሉ ዶ እዚ ተኽላኺልካ ጥዕና
[921]	**ተሓታቲት፡** ካብ ሓሚምካ ሕክምና ተኽላኺልካ እወ ይኣምነሉ።
[922]	**ሓታቲ።** እና እንታይ እንታይ ትገብሪ ሕጂ ንዚ ኣብ ተግባር ንምውዓል?
[923]	**ተሓታቲት፡** ከባቢየይ ምፅራይ፣ ቆልዑት እውን ምፅራይ ቅድሚ ሕክምና ምክንኻን ቆልዑት ይከናኸን። ኣመጋግባ እውን ብፅቡቕ ብጥንቃቐ ማለት እዩ ብፅሬት
[924]	**ሓታቲ፡** ንኣብነት ሕጂ ኣትክልቲ ዝበዝሑ ምምጋብ ነዞም ሕማማት ምክልኻል ይኽእል እዩ እሞ ከምኡ ዓይነት ትጥቀማ?
[925]	**ተሓታቲት፡** እወ ይጥቀም። ቆስጣ ሰላጣ ቫይታሚን ዘለዎ ምግቢ ስለዝኾነ ይጥቀም እየ።

[926] **ሓታቲ፡** ንስኺ ነቲ ዝተውሃበኪ ትምህርቲ ኣብ ተግባር ከምተውዕልዮ ገሊፅክለይ ኣለኺ። ከም መራሒት ጉጅለ ልምዓት ናይዚ ከባቢኹም ሰባት ብዘይተመሓላለፍቲ ሕማማት ንኽይጥቅዑ ትሕበርሎም ነገር ኣሎ ዶ? እንታይ እንታይ እዩ?

[927] **ተሓታቲት፡** እወ ንሕብረለን ኢና። ንጎረባብቲ ንዛረበን ኢና። ኣብ ተግባርስ ነውዕሎ ኢና።

[928] **ሓታቲ፡** ሰባትከ ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እንታይ ይብሉ? ንኣብነት ሕጂ ምስ ባህላዊ ነገር ምትሕሓዝ ክህሉ ይኽእል እሞ ከምዚ ዓይነት ነገር ኣሎ?

[929] **ተሓታቲት፡** ከምኡታት ኣየጋጠመንን ከምኡታት ዓይነት ኣየጋጠመንን።

[930] **ሓታቲ።** ሕጂ ንኣብነት ሓደ ሰብ ብሕማም ሽኮር እንተታሒዙ እንታይ ትብልዎ? እንታይ ይበሃል? ወይ ድማ በዚ ሕማም ዝሞተ ሰብ እንታይ ይበሃል?

[931] **ተሓታቲት፡** እሱ ደኣ ሕማም ሽኮር እዩ ነይርዎ ይበሃል እዩ () እዚ ሕማም እዩ ነይርዎ

[932] **ሓታቲ፡** ማለት እንተዝሕከም ነይሩስ ምሓወየ ነይሩ ትብሉ ዶ?

[933] **ተሓታቲት፡** እዩ ዝበሃል ኣበሀላ እማ ኣሎ እዩ እወ። ግን ሕክምና ያው ዝከታተል ሎሚስ ዝበዝሐ ይከታተል እዩ ሕማሙ።

[934] **ሓታቲ፡** እስኪ ንኣብነት ብሕማም ስነ ኣእምሮ ንዝሓመመ ሰብ እንታይ ኮይኑ ይበሃል?

[935] **ተሓታቲት፡** ሕዚ ኣብዚኣ ኣሎ ዝሓመመ ናይ ኣእምሮ ሽግር ዘለዎ ወዲ ኣያ ተወልደ። ሕዚ ንሱ ሽግር ኣለዎ ካብ ትምህርቲ ዩኒቨርሲቲ መፂኡ እዩ ሓደ ሻብ ወዓኹኹም ይብል። ‘ሰብ እዩ ውዒሉሉ’ ‘ወደቓ እግዚኣብሄር እዩ’ ሕሜት ይበሃል እዩ። ‘እንታይ ኮን ኮይኑ ኣብኡ’ ‘እንታይ ኮን ገይሮምሉ’ ይበሃል እዩ ክንደይ ነገር ተፃዒርዎስ እሱማ ይበሃል እዩ።

[936] **ሓታቲ፡** ማለት ብሕክምና ክድሕን ከምዝኽእልስ እቲ ሰብ ኣይሓስብን ዘሎ ማለት ድዩ?

[937] **ተሓታቲት፡** ናይ ኣእምሮ ሕክምና እውን ይገብር እዩ። ብኡ እውን ንኣምነሉ ኢና። ናይ ኣእምሮ ሕክምና ስለዘሎ ብኡ ክድሕን ይኽእል እዩ። ግን ናይቲ ሰብ ኣተሓሳስባ ብዙሕ እዩ ማለተይ እየ።

[938] **ሓታቲ፡** እወ ሕጂ እቲ ኣተሓሳስባ እየ ኣነ እቲ ሰብ ዝብሎ እንታይ ይብሉ ንሱ ንኽትነግርኒ እየ ደልየ?

[939] **ተሓታቲት፡** ንሱ ከምዚ እዩ ማለት ‘እቲ ናይ ትምህርቲ እውን ጭንቀት ገይርሉ ይኾን’ ‘ሰብ ዶ እዚ ገይረናሉ ይኾና’ ይብል ብዙሕ ዓይነት እቲ ሕብረተሰብስ ብዙሕ ዘረባ ዝብል ማለት እዩ።

[940] **ሓታቲ፡** ኣብ ከባቢኹም ብሕማም ሽኮር ወይ ድማ ፀቕጢ ደም ዝተትሓዘ ሰብ ኣሎ’ዶ?

[941] **ተሓታቲት፡** ብደም በዝሒ ማዘረይ ንባዕለይ ኣለዋ እዩ።

[942] **ሓታቲ፡** እና ሕጂ እንታይ ትብሉ? መጀመርያ ሕጂ ደም በዝሒ ኣለክን ከበሃላ ከለዋ ኣዴኺ እንታይ ተሰሚዑክን?

[943] **ተሓታቲት፡** ብጣዕሚ በቃ ፈሪሕና።

[944] **ሓታቲ፡** ንምንታይ ፈሪሕኽን?

[945] **ተሓታቲት፡** ደም በዝሒ ስለ ዝቐትል።

[946] **ሓታቲ፡** ይቐትል እዩ ኢልክን ትሓስባ?

[947] **ተሓታቲት፡** እወ።

[948] **ሓታቲ፡** ማለት ክድሕን እውን ከምዝኽእል

[949] **ተሓታቲት፡** እወ ንሱማ ክድሕን እውን ከምዝኽእል ካብኡ ካብ ትሕከም ግን ካብ ዶ/ር ሊበን ወርሓዊ መድሓኒት ትወስድ ሎሚ ደሓን እንዳቐነሰ እዩ።

[950] **ሓታቲ፡** ስለዚ መድሓኒት ብኣግባቡ እንድሕር ወሲድካስ ክሓዊ ከምዝኽእል ተረዲእኽን ኣለኽን?

[951] **ተሓታቲት፡** እወ።

[952] **ሓታቲ፡** እና እዚ ተምህራሉ ትዘራረባሉ ዶ ምስ ካልኦት ሕጂ ንኣብነት ኣደይ እኳ ከምዚ ገይራ መድሓኒት ስለትከታተል ዘላ ሕጂ ለውጢ ኣምፂኣ እንያ?

[953] **ተሓታቲት፡** እወ ንቲ በዓል ገዛይ ኣዲኡ ነይረን ከምኡ ኢለን ደቃቕ እየን ደም በዝሒ ከምኡ ነይሩወን እታወይ ከምዚ ኢላስ ማዘር ከምዚ ኢላስ ደም በዝሒ ነይርዋ ከምዚ ኢላ ሓያ እያ ኢለየን ተሓኪመን ንሰን እውን ይከታተላ ኣለዋ።

[954] **ሓታቲ፡** ኣብ መወዳእታ ሪኢቶኺ ሕጂ በዓል ሲስተር ገገዛኽን እንዳመፃ ትምህርቲ ይህባኽን እየን። እና ብተወሳኺ ኣብ ምክልኻል ዘይተመሓላለፍቲ ሕማማት እቲ ማሕበረሰብ ኣፍልጥኡ ክብ ንኽብል እንታይ ክንገብር ኣለና ትብሊ እስኪ?

[955] **ተሓታቲት፡** ነየን?

[956] **ሓታቲ፡** እቲ ሕብረተሰብ ንኽከላኸል፣ ኣመጋግብኡ ከስተኻኽል ኣካላዊ ምንቅስቓስ ክገብር እዚ ኣልኮላዊ መስተ ከቕንስ ክገድፍ እንታይ እንታይ ክግበር ኣለዎ ትብሊ ብናትኪ ሓሳብ?

[957] **ተሓታቲት፡** ብናተይ?

[958] **ሓታቲ፡** እህእ።

[959] **ተሓታቲት፡** እወ ከም መስተ ነገር ክገድፎ ኣለዎ። ሕማቓት ነገር እውን ርስሓት ነገር ከወግዱ ኣለዎም። እዝታት

ንመያየጥ ኢና።።

[960] **ሓታቲ፡** ሬድዮ ምናምን ትከታተላዶ ቴሌቪዥን ብዛዕባ እዚ?

[961] **ተሓታቲት፡** እወ እከታተል።

[962] **ሓታቲ፡** ሕጂ ንኣብነት ብኣምሓርኛ ኣሎ እዩ ኣብዚ ‘ጤና በቤትዎ’ ዝብል ቀዳም ቀዳም ዝመሓላለፍ

[963] **ተሓታቲት፡** እወ እከታተል።

[964] **ሓታቲ፡** እና ኣብ ተግባር ተውዕልኦ?

[965] **ተሓታቲት፡** እወ ንመያየጠሉ።

[966] **ሓታቲ፡** ምናልባት ኣነ ዘይጠቐስኩዎ ንስኺ ክትጠቕስዮ ትደልዪ ዝኾነ ነገር እንተልዩ ኣብ መወዳእታ?

[967] **ተሓታቲት፡** ኣይ እሱ እዩ።

[968] **ሓታቲ፡** እሺ ብጣዕሚ እየ ዘመስግን።

(xxv) In-depth Interview with Leader of Women Development Army - 4 (IDI21-WDA4)

Turn	The Tigrigna Text
[969]	**ሓታቲ፡** ኣቐዲመ ነቲ ቃለ-መሕትት ንምግባር ስለፍቓደኛ ስለዝኾንኪ ብጣዕሚ እየ ዘመስግን እሞ ያው ሓደ ሓደ ሕቶታት እየ ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እየ ክሓተኪ እሞ ቅድሚ ናብኡ ምእታውና ግን ኣብዚ ከባቢኹም ሕጂ ዝረአዩ ሕማማት እንታይ እንታይ ኣለዉ ጥቕልል ዝበለ ማለት ተመሓላለፍቲ እውን ክኾኑ ይኽእሉ ዘይተመሓላለፍቲ እውን ክኾኑ ይኽእሉ እሞ እንታይ ዓይነት ሕማማት እዮም ኣብዚ ከባቢ ዝረአዩ?
[970]	**ተሓታቲት፡** ዋይ ናይ ደም በዝሒ ኣሎ ናይ ኤች ኣይ ቪ ኣለዉ። ካልእ የብልናን። ክልቲኣም ኣለውና እዮም። ኣብ ውሽጥና ኣብ ጉጅለና ውሽጢ ኣለውና እዮም።
[971]	**ሓታቲ፡** ሕጂ ዘይተመሓላለፍቲ ሕማማት ተመሓላለፍቲ ሕማማትን ይፈላለዩ እዮም?
[972]	**ተሓታቲት፡** እወ።
[973]	**ሓታቲ፡** ዝመሳሰልሉ ምኽንያት እውን ክህሉ ይኽእል ይፈላለዩ እዮምና ብዛዕባ እዚ ትፈልጥዮ ነገር እንታይ ኣሎ? እንታይ የመሳስሎም እንታይ የፈላልዮም?
[974]	**ተሓታቲት፡** ዋእ ማለት ንሶም ናይ ደም በዝሒን ጉበትን ሕማማት ስለዘለዎም ንሕና ድማኒ ጥዑያት ስለዝኾና ምኽንያቱ ምስኡም ተሓባቢርና ንሶም እውን ናሕና ምቃል ኣሕዋትና ስለዝኾኑ ከየስተማስሉ ኣባና እውን ከምዚ ገይሮም ንኸይቕርቡና ዲና ከምዚ ኢልና ገለመለ ከይብሉ ምኽንያቱ ካባና ንላዕሊ ኣብሊፅና ኢና ንሓቕፎም። ካብ ደቆም ይኹን ካብ ባዕሎም ይኹን እውን እንተሓሚሞም ብጣዕሚ ኢና ንተሓባበሮም ምኽንያቱ ኣብ ውሽጢ ጉጅለና እዮም ምኽንያቱ ናህና እዮም ምቃል ኣሕዋትና እዮም። ብኡታት ምንም እንታይሽሙ የብልናን ማለት እዩ እምበር እንየውና ምሳና።
[975]	**ሓታቲ፡** ኣየናይ እዩኽ ሕጂ ኣየናይ እዩ ሕጂ ደም በዝሒ ኣሎ ሕማም ሽኮር እውን ክህሉ ይኽእል ኣብዚ ከባቢ እና ብበዝሒ ዝርአ ኣየናይ ዘይተመሓላለፈ ሕማም እዩ?
[976]	**ተሓታቲት፡** ዋእ ናይ ደም በዝሒ ገዲዱ ዝረአ ዘሎ እምበር እቲ ካልኣት እኳ ደሓን እዩ። ኣብ ናይ ደም በዝሒ እዩ ዝኒአ ሕዚ እምበር ናይ ካሊእ ደሓን እዩ።
[977]	**ሓታቲ፡** ሳዕቤናትከ ነዚ ሕጂ ብደም በዝሒ ንኽተሓዙ ዝገብር ዘሎ ሳዕቤን እንታይ እዩ?
[978]	**ተሓታቲት፡** ሕክምና ክትትል ይግበሮም ኣሎ።
[979]	**ሓታቲ፡** ኣይ ሳዕቤኑ እባ ምኽንያቱ ሕጂ ንደም በዝሒ ዝተቓልዑ ሰባት እንታይ ስለዝኾኑ እዩ ደም በዝሒ ሒዝዎም?
[980]	**ተሓታቲት፡** ዋይ ዋይ ዘይምክትታል ናይ ባዕሎም ዘይምክትታል ንቐደም ኣብ ግዚኡ ዘይምርማር ምስ ሓለፎም ግን ናብ ሓደጋ በጺሖም እንኣዉ። እንተዝክታተሉ በብወርሑ ወይ ብምንታይ እዩ ዝለዓለና ዘሎ እንተዝብሉ ነይሮም እስካዕ ኣብኡ ዘጥቅዕ ኣይምመፀን ነይሩ።
[981]	**ሓታቲ፡** ምክልኻል ይከኣል እዩ ኢልኪ ትሓስቢዶ?
[982]	**ተሓታቲት፡** እወ።
[983]	**ሓታቲ፡** ይከኣል እዩ?
[984]	**ተሓታቲት፡** ወይለከ እወ።
[985]	**ሓታቲ፡** እንታይ እንዳገበርካ ክትከላኸል ትኽእል?
[986]	**ተሓታቲት፡** ንቐደምስ እንዳተመርመርካ ሕዚ ኣነ ደም በዝሒ ኣሊይኪ እንተተባሂለ ሕክምና ከይደ ካብ ምግቢ ክቕንስ ኣለኒ ናይ ባዕለይ ከሪኦ ዋላ ካብ ለሚን ንእሽተይ ካብ ሞቕሞቆ ገይረ ጨው በርበረ ይቕንስ። ካብኡ ከይደ ይምርመር እንታይ ውጤት ከምዘለኒ ይረአ እንደገና መሊሰ።
[987]	**ሓታቲ፡** ቅድሚ ምትሓዝካኽ ምክልኻልዶ ይከኣል? ቅድሚ ሕጂ ኣለካ ቅድሚ ምባልካስ ብስሩ እዚ ኣመጋግባ ኣስተኻኺልካ ምቕናስ ይኽእል እልኪ ትሓስቢ?
[988]	**ተሓታቲት፡** ዋእ ንሱ ደኣ ኣይንገብሮን እምበረይ ነይሩ። ኣንተንከላኸል ፅቡቕ ነይሩ ግን እዚ ይመፀና ኣይንብልንያ ኣይንገብራን እምበር እንተንከላኸል ደኣ እንታይ ኣብኡ ከብፅሐና ነይሩ።
[989]	**ሓታቲ፡** ስለዚ ምክልኻል ይከኣል እዩ?
[990]	**ተሓታቲት፡** እወ ይከኣል እወ።
[991]	**ሓታቲ፡** ንኣብነት ሕጂ እስኪ ብኣመጋግባ መፂና ኣየኖት ዓይነት ምግቢ ክንከላኸል ዘኽእሉና? ትፈልጥዮም ማለት ንምክልኻል ሕጂ ኣመጋግባና ነስተኻኽል ምክልኻል ሓጋዚ ከም ዝኾነ ነጊርክኒ ኣለኺ ኣየኖት ምግቢ ሕጂ እስኪ ንኣብነት ክትነግርኒ ትኽእሊ?
[992]	**ተሓታቲት፡** ጨው መስተ ስዋ ቢራ እንተኾይኒ ኣረቂ ሓደጋ እዩ። ኣብኣተን ፀገም እዩ። ( ) ሕዚ ቡና ንባዕሉ እውን ካብ ዓቕምኻ ንዓቕብ እንተኾይኑ ሕማም እዩ። ኣብኣተን ፀገም እዩ። ካብኡ ንታሕቲ ግን ዝሐሸ እዩ ዝብሎ በቲ ናይ ባዕለይ።

[993] **ሓታቲ፡** ምግብስ ሕጂ ንኣብነት ቆፅላ መፅሊ ኣሎ፡፡ ቆፅላ መፅሊ ምምጋብ ምክልኻል ሓደ እንትን እዩ፡፡ ኣብዚኦምከ ዘለኪ ሪኢቶ?

[994] **ተሓታቲት፡** ዋእ ንሱ ደኣ ተኽሊ መኽሊ ምብላዕ ኣብዞም ናይ መጀመርያ ዝበልናዮም ሕማማት እንተኾይኑ ንዐኦም ይጠቅም እዩ። እዚ ተኽሊ መኽሊ ግን ንደም በዝሒ እንተኾይኑ ደም ስለዝውስኽ ኣይመስለንን፡፡

[995] **ሓታቲ፡** ኣትክልቲ ምብላዕስ ንደም በዝሒ

[996] **ተሓታቲት፡** ይውስኽ እዩ።

[997] **ሓታቲ፡** ይውስኽ እዩ ኢልኪ ትሓስቢ?

[998] **ተሓታቲት፡** እወ።

[999] **ሓታቲ፡** ስለዚ እንታይ ክንምገብ ኣለና ደም በዝሒ ንምቕናስ?

[1000] **ተሓታቲት፡** ደም በዝሒ ዘለዎ እንተኾይኑ ትሕት ዝበለ ምግቢ ክበልዕ ኣለዎ፡፡ እዚ ሕማም ዘለዎ ሰብ ደም ተመጣጣኒ ኮይኑ እሞ ካልእ ምግቢ ሕማም ምግቢ ጉድለት ዘለዎ እንተኾይኑ ተኽሊ መኽሊ በሊዑ ከውስኽ ይኽእል እዩ፡፡ እዚ እንታይሽሙ ግን ደም ዘለዎ ከምኡታት ክበልዕ ኣይኽእልን ምኽንያቱ ተኽሊ ደም እዩ፡፡

[1001] **ሓታቲ፡** ሕጂ ኣብዚ ከባቢ ያው ብደም በዝሒ ዝተትሓዙ ሰባት ከምዘለዉ ነጊርክኒ ኣለኺ

[1002] **ተሓታቲት፡** እወ፡፡

[1003] **ሓታቲ፡** ንምክልኻል እንታይ ይገብሩ እስኪ? ዝገብርዎ ነገር ኣሎዶ? ወይስ እንታይ ሕክምና ምክትታል ሓደ ነገር ኮይኑ ካልእ ዝትግብርዎም ተግባራት ኣለዉዶ ንምክልኻል?

[1004] **ተሓታቲት፡** እወ ኣብ ምግቢ እውን ይቕንሱ፡፡ ካብ ምግቢ ቡና ኣብ መስተ ይቕንሱ፡፡

[1005] **ሓታቲ፡** ከምኡ ብተግባር ይቕንሱ ኣለዉ?

[1006] **ተሓታቲት፡** እወ ምሳና እንድዮም ኣብዚ ይቕንሱ እዮም፡፡ ንርእዮም ኢና ንሱ እማ፡፡

[1007] **ሓታቲ፡** ስለዚ ለውጢ ኣለዎምዶ?

[1008] **ተሓታቲት፡** ደሓን እዩ፡፡ መቸም ቁሩብ ካፍቲ ናይ መጀመርያ ዘውድቐምስ እናተመሓየሸ ይኸይድ እዩ ዳሕና እዩ፡፡

[1009] **ሓታቲ፡** ሰራሕተኛ ጥሙር ጥዕና ያው ትምህርቲ ከምዝባኽን ይፍለጥ እዩ እሞ ዝህባኽን ትምህርቲ ኣብ ምንታይ ዘድህበ እዩ? ሕጂ ንኣብነት ኣብዞም ዘይተመሓላለፍቲ ሕማማት ዘድህበ ትምህርቲ ይባኽንዶ?

[1010] **ተሓታቲት፡** ኣብኣቶም ይህባና እየን፡፡ ኣብ ናይ ገዛ ከይወልዳ ነብሰፁራት የምህራና:: ተሎ እንታብኣተን ብጣዕሚ ነብሰፁር እንተሃልያ ካብ ንጉሆ ናብ ምሸት እንዳመፃ እንዳደወላ ተኽታተለአን ረአየአን ኣብ ገዛ ከይወልዳ ይብላና፡፡ ካብኡ መፂአን እውን እንተገጢሙወን ሒዘንአን ይኽዳ እንተዘይገጢምወንን እውን ንድውለለን መፂአን ይወስደአን ባዕልተን፡፡ ምንም ኣብኡ ኣብ ገዛ ትወልድ አደ የብልናን፡፡

[1011] **ሓታቲ፡** ምናልባት ሕጂ እዞም ትምህርትታት ያው ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ብዛዕባ ተመሓላለፍቲ ሕማማት ብዛዕባ ወሊድ ከምዘምህራኽን ነጊርክኒ እሞ ኣብ ጉጅለኽን ትመያየጣሉዶ እዚ?

[1012] **ተሓታቲት፡** እወ ንመያየጠሉ፡፡

[1013] **ሓታቲ፡** በብግዚኡ?

[1014] **ተሓታቲት፡** እወ፡፡ ኔትዎርክ ኣለና ሓሙሽተ ሓሙሽተ ኣለና ሕዚ እዛ ኣብዚኣ ዝነበረት ሓንትን እዚኣን ክልቲአን ሰለስታህና እንአና ክልተ እየን ዘይብልና እምበሪ ንሕና ንመያየጥ ኢና፡፡

[1015] **ሓታቲ፡** ትመያየጣ ኢኽን?

[1016] **ተሓታቲት፡** እወ፡፡

[1017] **ሓታቲ፡** ምናልባት ሕጂ ክትመያየጣ ከለኽን ዘጓነፈክን ፍልይ ዝበለ ተጓንፎ እንተልዩ ትነግርኒ?

[1018] **ተሓታቲት፡** ዋእ የብልናን፡፡ ማለትስ ኣይ ከምኡታት እኳ ኣየጋጠመናን፡፡ ደሓን ኢና ምኽንያቱስ እንታይ ንገብር ኣለና እንታይ ይበላሾ ኣሎ መን ትሓምቀና ኣላ ኣብ ሞንጎና እንተዘይኮይና ከምኡታት ኣየጋጠመናን፡፡

[1019] **ሓታቲ፡** ሕጂ ካብ ሓሚምካ ሕክምና ተኸናኺንካ ጥዕና ዝብል ኣበሃህላ ኣሎ ኣብ ትግርኛ ኣብዚ ዘለኪ ሪኢቶ እንታይ እዩ?

[1020] **ተሓታቲት፡** ንሱ ደኣ ትኽክል፡፡ ሕዚ ኣነ እኮ ንኣብነት እንድሕር ሓሚመ ሓደ እታ ገዛይ ጋሕ ኣቢለያ ይኸድ ኣለኹ ሓቀይ?

[1021] **ሓታቲ፡** እወ፡፡

[1022] **ተሓታቲት፡** ብድሕሪኡ እንታይ ከምዝጠፍእ ይነሳቐል ኣሎ፡፡ ደዋደው እንድሕር ተኽላኺለ ግን ሓደ ህይወተይ ኣይሓምቕን ሓደ ኣብ ገዛይ እውን ኣይነሳቐልን፡፡ ደው ኢልካ እንተተኽላኺልካ ደኣ ንቐደም ምክልኻል ይበልፅ ካብ ሕክምና ምኻድ ደኣ እንታይ እንታይ ኣራኺብዎ፡፡

[1023] **ሓታቲ፡** እስኪ ሕጂ መራሒት ጉጅለ ኢኺ ከም መራሒት ጉጅለ ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ትገብርዮም ተግባራት እስኪ ንገርኒ ኣብ ገዛኺ፡፡

[1024] **ተሓታቲት፡** ዋእ ኣብኡም ምክልኻል ደኣ ሓደ ናይ መሕፀቢ እንአና ኣብ ደገ ሽንት ቤትና እንአና እዩ፡፡ መይሱ እውኒ መቃወድያ ሳሙናን እንታይሽሙን ስለዘለና ሓደ ኣዮዲን ጨው እንአና እዩ፡፡ ንኹሉ ዝከላኸል ተባሂሉ ናይ ኣዮዲን ጨው እንአና እዩ፡፡ ሓደ እውን ቀንዲ ምብሸጣው ገለመለ እዩ ኣብ ገዛ ምንም እንታይሽሙ የብልናን፡፡ ደሓን ኢና፡፡

[1025] **ሓታቲ፡** እወ ብስጭት ሓደ እንትን ስለዝኾነ ማለት እዩ?

[1026] **ተሓታቲት፡** እወ ደሓን ኢና።።

[1027] **ሓታቲ፡** ዓንተዎይ ነዞም ሕጂ ብዘይተመሓላለፍቲ ሕማማት ዝተትሓዙ እንክብካቤ ከምትገብራሎም ነኺርክኒ ነይርኪ?

[1028] **ተሓታቲት፡** እወ።።

[1029] **ሓታቲ፡** እስኪ ዝርዝር ኣቢልኪ እስኪ ንገርኒ።። እንታይ እንታይ ትገብራሎም? ንምንታይከ ኢኽን ከምኡ ትገብራ?

[1030] **ተሓታቲት፡** ነቶም ዝሓመሙ?

[1031] **ሓታቲ፡** እወ።።

[1032] **ተሓታቲት፡** ምሳና እንድዮም ተስፋ ከይቆርፁ ንሕና ኣብዚ ዲና በዚሕና ምስኣተን ነይርና እንታይ ኮይነን እየን ዘይጥይቓና ዘይርኣና ከይብሉ ማለት ምስቲ ዘለና ስራሕ ዋላ ክንዲ ዝፀገመ ይፀግም ንዕኦም ከይድና ንርኦም።። እንታይከ ትገብሩ ኣለኹም እንታይ ትበልዑ ካብኡኽ ቁሩብ ለውጢ እንታይ ኣንኣኩም ኣብ ጨው ኣብ መስተ ነገር ዝቐነስኩሞ እንታይ እኒኣ ለውጢዶ ተምፅኡ ኣለኹም እንዳበልና ንከታተሎም ንርኦም።። ካብኡ ግን ደሓን እዮም።።

[1033] **ሓታቲ፡** ሰባትከ ይዘራረቡዶ ብዛዕባ ዘይተመሓላለፍቲ ሕማማት ሕጂ? ምስ ረጉድ ሰብ ምትሓሓዝ ቀጢን ሰብ ዘይሕዞ ገይርካ ምውሳድ ገለ ክብል ይኽእልና ከምዚ ዓይነት ኣዘራርባታት ኣለዉ?

[1034] **ተሓታቲት፡** ዋእ ንሱ ደኣ እንታይሽሙ እዩኮ ግድን ረጉድካ ኣይኮነን ደም በዝሒ ዝሕዝ ቀጢን ኣሎ እንድዩ ዝሕዞ ንሱ ደኣኒ።። ኣይይ ንሱ ብዛዕባ ርጉዲ ርጉዲ ኮላሊት እንተኾይኑ እምበር ኣብ ናይ ደም ከፈላሊ ኣይኽእልን።። እቲ ቀጢን ሰብ እውን ይገድድ እዩ ንሱማኒ።።

[1035] **ሓታቲ፡** እወ ማለት ሓደ ሓደ እንታይ ይብሉ ኣነ ደም ዋሕዲ እዩ ዘለኒ እምበር ደም በዝሒ የብለይን።። ኣበየናይ ነብሲ እያ ደም በዝሒ ዝህልወኒ ገለ ዝብሉ ሰባት

[1036] **ተሓታቲት፡** ኣለው እወ ኣለዉ እወ ንሱ ደኣ።። ኣነ እንታይ ታበይ ቦታ ኣሊኡኒ እዩ እንታይ ስጋ ኣሊኡኒ እዩ ኣነ ደም በዝሒ ዝህልወኒ ደኣ ዝብል ደኣ ኣሎ እወ ንሱ ደኣ።። ኣሎ እንድዩ ንሱ ደኣ።።

[1037] **ሓታቲ፡** ከምኡ የጋጥመክን እዩ?

[1038] **ተሓታቲት፡** እወ።። ወይለከ እሱ ደኣ የጋጥም እወ ኣሎ።።

[1039] **ሓታቲ፡** እስኪ ኣብ መወዳእታ ያው እንዳቐረብና ኢና ክንውድእ እሞ ሕጂ ብመዳይ ምክልኻል ዘይተመሓላለፍቲ ሕማማት ሰራሕተኛታት ጥሙር ጥዕና ከም በዓል ሲስተር እንታይ ክትገብረኦ ዝግበኣክንን ዘይግበኣክንን ነገራት እንታይ እንታይ እዩ እቲ ዝነግራኽን እስኪ ንገርኒ።።

[1040] **ተሓታቲት፡** ዋእ ንሱ ዳኣ ምጣነ ስድራ ኣብ ናይ እንታይሽሙ መከላኸሊ ኣብ ክንደይ ከምዝወስድ ናይ ከኒና ድዩ መርፍእ ድዩ ወይ ናይ ሰለስተ ዓመት ድዩ ወይ ናይ ሓሙሽተ ዓመት ድዩ ንሕና ዝመረፅናዮ ይነግራና።። ዝደለናዮ ድማ ከይድና ንወስድ።።

[1041] **ሓታቲ፡** ኣይ ኣብ ዘይተመሓላለፍቲ ሕማማትከ ኣብዚ ሕማም ሽኮር ሕማም ድኻም ልቢ እዚ ደም በዝሒ ነዚኦም ከይሕዝኹም እንታይ ግበራ እንታይ ኣይትግበራ ይብላኽን?

[1042] **ተሓታቲት፡** ኣብኡዶ?

[1043] **ሓታቲ፡** እህእ

[1044] **ተሓታቲት፡** ወይለከ ንሱ ደኣ ይነግራና የፀርየን።። ኣብ ናይ እንታይሽሙ ሕዚ ኣብ ናይ ሽኮርየ ኣብ ናይ ደም በዝሒ ገለመለ ይነግራና የምህራና።። ከምዝታት ንኹይመፅእስ እንታይ እንተገበርክን ይሓይሽ ይብላ።። እሱ ደኣኒ ይዘረባ እየን።።

[1045] **ሓታቲ፡** እተን ተዋሃበክን ማዕዳታትከ ኣብ ተግባር ተውዕለኣምዶ?

[1046] **ተሓታቲት፡** ነውዕሎ እወ።። ወይለከ ማለት ኣብዚ ንመያየጥ ኢና ኣብ ክሊ ገዛ ግን ማለት ምስቲ ጥዕንኡም ብደግ ኢና ንርእዮም ዘለና እምበር ይትግብርኡዶ ኣይትግብርኦን ግን መን ይርኣ ንሳ ደኣ።።

[1047] **ሓታቲ፡** ማለት ሕጂ ንስኺ ኣብ ገዛኺ ትገብርዮ ኢኺ።። እተን ካልኦት ጎረባብቲኽ ሕጂ ንኣብነት ኣብ ቡና ገለ ክትተዓዳደማ ከለኽን ተመያይጥክን ከመይ ገይርኪ ኣይተበሃሃላን?

[1048] **ተሓታቲት፡** ኣብዚ እንታይ ትገብራ ኣለኽን ነካይድዶ ኣለና እንተኾይና እምበር በብየገዝኡ ደኣ መን ሪኡዎ።። ኣብዚኣ ንመያየጥ ኢና።።

[1049] **ሓታቲ፡** እሺ ኣብ መወዳእታኽ ሕጂ ንዞም ዘይተመሓላለፍቲ ሕማማት ንምክልኻል ብማሕበረሰብ ደረጃ እንታይ ክግበር ኣለዎ ትብሊ እስኪ?

[1050] **ተሓታቲት፡** እዚ ደኣ ንዘይተምሃረ ምምሃር ኩለኻ ፃዕሪ እንተገይረካሉ ኩለኻ እንተተሳቲፍካ ኩለኻ እንተተማሂርካ ክጠፍእ ይኽእል።።

[1051] **ሓታቲ፡** ስለዚ እቲ ኣስተምህሮስ ንኹሉ ከወሃብ ኣለዎ እዩ ክሳብ ታሕቲ?

[1052] **ተሓታቲት፡** እወ እንታይ ደኣ።። ማለት ኩሉ እንተተማሂሩስ ክፈልጦ ኣለዎ።።

[1053] **ሓታቲ፡** የቐንየለይ።።

(xxvi) In-depth Interview with Patient of NCD -1 (IDI22-P1)

Turn	The Tigrigna Text
[1054]	**ሓታቲ፡** እስኪ በየናይ ዓይነት ድየን ሓሚመን? እንታይ እዩ ሕማምካን ኢለሙኽን ኣብ ሕክምና?
[1055]	**ተሓታቲት፡** ሓደ ደም በዝሒ በሉኒ። ካልኣይ ጭንቀት በሉኒ ንሱታት እዮም ዝበሉኒ ካልእ ራጂ ኣልዒሎምኒ እንድዮም ደሓር እቲ ደም በዝሒ ቁሩብ ኣመሓይሽኪ ኢሎም ናፍቲ ናይ ጭንቀት ኣሕሊፎምኒ ነይሮም። ምንም ኣይገበረለይን።
[1056]	**ሓታቲ፡** ማለት ቅድሚ ናብ ሕክምና ምእታወን ከመይ ኢሉ ጀሚርወን? እንታይ እንታይ ምልክት ምስ ረኣያ እየን ናብ ሕክምና ከይደን?
[1057]	**ተሓታቲት፡** ስቐ ኢለ እቲ ርእሰይ ይዘረኒ ልበይ ይሸፍነኒ'ዶ እቲ ጭንቀት በዚኣ ዝደርበየትለይ ነገር ኣለዋ ብኣ እያ ተላዒላትኒ እምበር እቲ ደም በዝሒ ዋላ ኣይፈልጥን ነይረ ደም በዝሒ ዝበሃል ደም ዋሕዲ እዩ ነይሩ ሕማመይ እምበር ደም በዝሒ ዝበሃል ኣፈልጥን። ኩሉ ኩሉ ግን ሱቕ ኢለ ተውሳኽይ መስኪረ ኣይፈልጥን ደገ ወፂአ ኣይፈልጥን በዚኣ ድርብይ ኣበለለይ ኣምላኽ ኣምላኽ ዝደርበያ እያ ብኣ ትኣክል
[1058]	**ሓታቲ፡** እንታይ ማለት ምስ ምንታይ ተተሓሒዙ እዩ እቲ ጭንቀት ክስታይ ገይሩክን?
[1059]	**ተሓታቲት፡** ነገር
[1060]	**ሓታቲ፡** ምስ ጎረባብቲ ሽግር?
[1061]	**ተሓታቲት፡** እህእ ነገር
[1062]	**ሓታቲ፡** እስኪ ሕጂ ደም በዝሒ ኣለክን ምስተባህልክን እንታይ ተሰሚዑክን? ወዮ ደም ዋሕዲ እዩ ሕማመይ ኢልክናኒ እሞ እንታይ ተሰሚዑክን ሽዑ?
[1063]	**ተሓታቲት፡** ደም በዝሒ ምስ በሉኒ'ዶ?
[1064]	**ሓታቲ፡** እህ
[1065]	**ተሓታቲት፡** ደም በዝሒ ምስ በሉኒ ደኣ ክሻዑ ኣይፈለጥዎን ኢለ ገዲፈዮ ደም ዋሕዲ እንድዩ ሕማመይ ደኣ ኣነ ደኣ የግዳ ሕዚ ምስሓመምኩ ድየ በዚሑኒ ብዝብልስ ገዲፈዮ። ደሓር 'እንታይ ኮይንክን ደኣ ቀልጢፍክን ንዒ እንድዩ ዝብል መዝገብክን' ይብለኒ ምስ ሓመምኩስ ከይደ ማለት እዩ። ዋእ እቲ እቲ ደም እቲ ሕክምናስ ብስሩ እውን ከምቲ ሕማመይ ዘይኮነ ዘይተኣማመንኩሉ ኮይነ ኢለዮ። 'ከመይ ኢልክን?' ኣነ ሕማመይ ብቆንጆይ እንተለኹ እኳ ደም ዋሕዲ እዩ ሕማመይ ሕዚ ግን በዝሒ ምስ በልኩምኒ ሎሚ ደኣ ግዳ እንታብ ምንታይ ኣምፂእዮ ብዝብል እየ ገዲፈዮ ኢለዮ ኣብ እ ጤና ጣብያ እዩ። ደሓር እንታይ ኢሉ ገሊፁለይ ንሱ 'እንካብ ምቾት መዓስ ኮይኑ ደም በዝሒ ዝለዓል ቱቦኻ ይዕፆሞ መዛወሪ ይስእን ብዝኾነ እዩ ናብ ርእስኻ ዝድይብ እምበር ብርኽበትን ብርጉደትን ኣይኮነን ዝለዓል' ኢሉ ድሕሪኡ
[1066]	**ሓታቲ፡** ምናልባት ካልእ እስኪ ባህላዊ ዝኾነ ፈቲንክን ዲኽን ደም በዝሒ ኣለክን ምስተባሃልክን ካፍቲ ሕክምና ወፃኢ?
[1067]	**ተሓታቲት፡** ኣይ ኣይፈተንኩን ኣነ።
[1068]	**ሓታቲ፡** ንምክልኻል እዚ ሕማም ያው ሕጂ ደም በዝሒ እንድዩ ኣለክን ኢለሙኽን እንእየዉ ንምክልኻሉ እንታይ ተግባራት ፈፂምክን?
[1069]	**ተሓታቲት፡** ከኒና ወርሓዊ ናይ ርእሲ ኢሎም ንሱ ኢሎም ኩሉ ሂቦምኒ እዮም።
[1070]	**ሓታቲ፡** ንሱ ትከታተላ ኣለኽን?
[1071]	**ተሓታቲት፡** እወ ንሱ እየ ዝከታተል።
[1072]	**ሓታቲ፡** ሕጂ ደም በዝሒ ካፍቶም ዘይተመሓላለፍቲ ሕማማት እንድዩ። ካብ ሰብ ናብ ሰብ ዝሓልፉ ኣይኮኑን
[1073]	**ተሓታቲት፡** ኣይ
[1074]	**ሓታቲ፡** ምክልኻል ይከኣል ኢልክን'ዶ ትሓስባ?
[1075]	**ተሓታቲት፡** ነየናይ?
[1076]	**ሓታቲ፡** ማለት ካብዞም ሕማማትስ ምድሓን ይከኣል እዩ ኢልክን ትሓስባ?
[1077]	**ተሓታቲት፡** ዋይ ዋይ እንድዒ ይቃለስ ኣለኹ። ስቐ ኢለ እንትለዓለኒ ሕዚ ሎሚ ብሰንበት እንድያ ጀሚራህኒ በቃ ከምዚኣ እያ ትብል ዘላ ምድረ ሰማይ መሬት ይግልበጠኒ። እምበር ዳሕና ቁሩብ ኣመሓይሸ ነይረ እየ።
[1078]	**ሓታቲ፡** በቲ መድሓኒት?
[1079]	**ተሓታቲት፡** እወ ኣመሓይሸ ነይረ እየ።
[1080]	**ሓታቲ፡** ምንቅስቓስን ኣመጋግባን ከ?
[1081]	**ተሓታቲት፡** ምግቢ ይዓፅወኒ ይዓፅወኒ ከነው ኣቢሉ ምግቢ ዝኾነ ነገር ይኣብየኒ
[1082]	**ሓታቲ፡** ግን ከጋድዶ ይኽእል እዩ ምግቢ ዘይምምጋብ ድማ?
[1083]	**ተሓታቲት፡** እንታይ እሞ ምግቢ ደኣ እሞ በዚ ሎሚ እዋን ትፈልጥዎ ኣለኹም እንታይ መከናኸኒ ደኣ ረኺቡ

[1084] **ሓታቲ፡** ሕጂ ንኣብነት ቆፅላ መፅሊ ምብላዕ እዚ ኣትክልቲ ብቐሊሉ ክርከብ ዝኽእል እዩ ብዙሕ ከቢድ ኣይኮነን። ነዚ ሕማም ድማ ክከላኸል ዝኽእል እዩ እሞ ከምኡ ዓይነት ምግብታት ኣይትምገቡን?

[1085] **ተሓታቲት፡** ኣነ ካብ ቆፅላ መፅሊ ሓደ ሓምሊ ኣድሪ ካልኣይ ድማ ሰላጣ እዩ እምበር ካልእ ኣይበልዕን ካብ ቀደመይ ኣይበልዕን።

[1086] **ሓታቲ፡** ሰብ ሙያ ጥዕና ከ ማለት ሕጂ ኣብ ሕክምና ክትከዳ ከለኽን ምኽሪ ወይ ማዕዳ ሂቦምኽን ይኾኑ እንድዮም። እንታይ እንታይ ኢለሙኽን? እንታይ ግበራ እንታይ እ

[1087] **ተሓታቲት፡** ምንም ኣይብሉንን።

[1088] **ሓታቲ፡** ምኽሪ ኣይተወሃበክንን? ከምዚ ክትገበራ ኣለክን

[1089] **ተሓታቲት፡** ኣይብሉንን። ሱቕ ኢሎም ምዝን ኣቢሎም ኣፍታ ከኒና ከእዝዙኒ እንተኾይኖም እምበር ኣይብሉንን።

[1090] **ሓታቲ፡** ምኽሪ ምናምን ኣይሃቡኽንን?

[1091] **ተሓታቲት፡** ኣይይ የለን። ምኽሪ እማ የለን።

[1092] **ተሓታቲት፡** ሕጂ ኣብ ገዛ ያው ዓባይ እየን ንሰን እና ኣብ ገዛ ቆልዑ እውን ክህልዉ እዮም ዝከናኸኑ እንታይ ይገብሩልክን ሕጂ ካብቲ ሕማም ንኽትሓውያ እንታይ ዓይነት ተግባራት ይፍፅሙ?

[1093] **ተሓታቲት፡** መን?

[1094] **ሓታቲ፡** ቤተሰብ ስድራቤት ማለት እዩ። ኣልክን እ ደቅኽን?

[1095] **ተሓታቲት፡** ንሳ ደኣ ንሳ እያ ቆልዑ ኣድቂቓ እያ በቲ ቁሩብ ዝኸኣለቶ እ እንታብ በርበረ ይኹን እንታብ ጨው ይኹን እንታብ ዝኾነ ነገርዋ ኣብ ርእሳ እየ እንታይ ደኣ ኣነ ደኣ ብምንታይ ተኸቲተ በቲ ዓይነይ እንታብ ዝሓምም ዕስራን ሓደን ዓመተይ ፅባሕ ለካቲት ዕስራን ሓደን ዓመት ገይረ። እየ እታ ቤተክርስትያን ጀሚረ ነይረ ሕዚ ድማ ተሃሊመ እኔኹ

[1096] **ሓታቲ፡** ኣይ እቲ ሕጂ ከምዚ ኣይክእል ኣይኮውንን ምባል እኮ ነቲ ሕማም ከጋድዶ ስለዝኽእል በቃ ክድሕን ይኽእል እየ ከኸይድ ይኽእል እቲ ዝተውሃበካ ኣመጋግባ እውን ብኣግባቡ እንዳተጠቐምካ ክትድሕን ከምትኽእል ኣብ ግምት ኣእቲኽን ንሱ ክትፍፅማ እንተኺኢልክን እኮ ክትድሕና ትኽእላ ኢኽን?

[1097] **ተሓታቲት፡** ክላ ግዳ!

[1098] **ሓታቲ፡** እስቲ ካብ ተሞክሮ ዓባይ እየን ንሰንና ሕጂ ምስ ዕድመ እውን ተተሓሒዙ ዝመፀ ክኸውን ይኽእል ምስ ጭንቀት ዓንተዎይ ከምዝገለፃለይ ምስ ጭንቀት እውን ተተሓሒዙ ክኸውን ይኽእል እና እቲ ጭንቀት ያው ባዕልኻ እንድሕር ዘይገዲፍካዮ ማንም ሰብ ከውፀልካ ዝኽእል ኣይኮነን። እቲ ጭንቀት እንተገዲፍካዮ ድማ ብኡ ልክዕ እቲ ሕማም ክቕንስ ይኽእል እዩ'ሞ እስኪ ንምክልኻል ዘይተመሓላለፍቲ ሕማማት እንታይ ክግበር ኣለዎ?

[1099] **ተሓታቲት፡** እንታይ እየ እሞ ክብል? እንታይ እሞ ከመይ ገይረ ክ እንድሕር መመኽነይትኡ ዝኽእሎን ዝፈልጦን ኮይነ ደኣ ካብ ቓንዛ ስጋ ምተምሓረኩ እንዶ ቓንዛ ስጋ ተበሊዐ ዝሓልፎ ዘለኹ ዝፈልጦ እንተዝኸውን ነይረ ምተኻላኸልኩ

[1100] **ሓታቲ፡** እሺ። ብጣዕሚ እየ ዘመስግን።

(xxvii) In-depth Interview with Patient of NCD - 2 (IDI23-P2)

Turn	The Tigrigna Text
[1101]	**ሓታቲ፡** እሞ ንጀምር እሞ እስኪ ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እንታይ ትፈልጢ?
[1102]	**ተሓታቲት፡** ዋእ ኩላሊት ሽኮርየ ደም በዝሒ እዝታት ይፈልጥ። ናይ ኩሊት እንተኾይኑ ሕዚ ፀፀር እንተኾይና ኣብ ፅሬት እዩ ከመይ ከመይ ከም ምኽኑ ይፈልጥ። ናይ ኢንፌክሽን ናይ ቁስለት ከሙኡታት እንተኾይኑ እውን እንታይ እንታይ ከምዘድልያ ማይ ምስታይ እኽሊ በሊዕኻ ምግቢ ሰቲኻ'ውን ምስታይ፣ ምሕፃብ ኩሊትካ ክሕፀበልካ ምእንታን ከቢድ ነገር ሓፍ ዘይምባል ነዊሕ ጉዕዞ ዘይምኻድ እዚ ናይ ኩሊት እፈልጥ። ንባዕለይ እውን ነይራትኒ ስለዝኾነት እፈልጦ እየ። ኣዲስ ኣበባ ከይደ ጥዕያ እያ ተባሂለ ናይ ፀፀር ነይራትኒ ማለት እዩ።
[1103]	**ሓታቲ፡** ኣብ ከባቢኹም ከ ልሙድ ዝኾነ ዓይነት ብበዝሒ ዘይተመሓላላፊ ሕማም እንታይ እዩ? ልሙድ ማለተይ ዝረአ ማለተይ እዩ።
[1104]	**ተሓታቲት፡** ብበዝሒ ዝረአ ሽኮርየ እአ እንኣ ሕዚ ሽኮርያ እያ ዘላ በተለይ ኣብ ኣስላም እንሄልካ እዚ ጣፋጭ ነገር ስለዝፈትዉ ምዕሮት ዘቢብ ይብሉ እዚ ተምሪ ይብሉ ከምኡታት ስለዘብሉ ዘዘውትሩ መዓት እዮም ዘለዉና ኣብዚ ኣስምን ንሳን ዘይሓዞ ሰብ የለን ሕዚ።
[1105]	**ሓታቲ፡** ሕጂ ነዚ ከቃልዑ ዝኽእሉ ከምዝበልክኒ ሽኮር እ ጣፋጭ ዝኾኑ ነገራት ከምዘሎ ኮይኑ ካልእ ከቃልዕ ዝኽእል ነገር ኣሎ'ዶ ?
[1106]	**ተሓታቲት፡** እወ። መስተ'ውን ሕማቕ እዩ። ዘይዓቕምኻ መስተ ምስታይ ማለት እኮ ንባዕሉ ብሱሩ እኮ ስዋ ሕዚ ንቲ ዕትሮን ንቲ ጎማን ዝገብሮ ዘሎ ንርእዮ ኣለና ብሓፂሩ ሽኹራር እዩ ንባዕሊቱ። ዘይዕቅንካ ምግቢ ኣእቲኻ እኳ መቼም ብመጠኑ እምበር መስተ'ውን ብስሩ እኮ ኣየድልንን እንታይ ክገብር ኢሉ መስተ። ሕማቕ እዩ በተለይ ከም ጉዑሽ ስዋ ዝበለ ንኹላሊት ይኹን ንደም በዝሒ ይኹን ንኹሉ እዩ። ሕማቕ እዩ። እሱታት እፈልጥ።
[1107]	**ሓታቲ፡** ብበዝሒ ኣብዚ ከባቢኹም ዝረአ ሕማም ሽኮርያ ከምዝኾነ ገሊፅከለይ። ነዚ ሕማም ክቃላዕ ዝኽእል ማሕበረሰብ ከመይ ዝበለ እዩ ወይ ሰባት ከመይ ዝበሉ እዮም?
[1108]	**ተሓታቲት፡** ያው ዓበይቲ እውን እንአዉ እዮም። ሕዚ እዚ ኣብርሃ መንእሰይ እዩ። ግን ሱቕ ኢሉ መስተ ምብዛሕ እዩ እዚ ጫት ነገር ከምኡታት እዩ ዝወስድ። ሕዚ ኣነ ብዘረኽብኩዎ ይሕብረሉ እየ። ሽጋራ ይወስድ ከምኡታት። እዚስ ኣብ ብዙሕ ሕማም እዩ ክእትወካ ኣየድልየካን ናብ ካንሰር እውን ኪቃለወካ እዩ ባዕሉ ሽጋራ ሕዚ ናብ ካንሰር የቃልዕ እዩ። ሕዚ እዚታት እዩ ከምዚ እዩ ይብሎ 'ሓቅኺ ኢኺ ለጊሳ ሓፍተይ' ንሮካ እውን የጎሳቑለካ ኣሎ እዩ እንታይ ክገብረልካ እዩ እዚታት ምኽሪ ይህቦ እየ። ኣብርሃ ማለት መንእሰይ ሕዚ ክትርኦ እዚኦም ካልእ ኣለዉ ግን ዓብዩ እዮም ብምርኩዝ እዮም ዝኽዱ ኩሉ ግዘ በቃ ምስሓመሙ በቃ ፊኽፊኽ ተብሎም መፂኣ ከምዚ ኮይኑ ትብለና በሉ ውሰድዎም ተጓየዩ ናብ ሕክምና እዩ። እዝታት እኒአ እዩ።
[1109]	**ሓታቲ፡** ከመይከ ክነወግዶም ንኽእል ሕጂ ክንከዮም ንኽእል እዞም ሳዕቤናት እዚኦም?
[1110]	**ተሓታቲት፡** ዋእ ንዓኦም ዘስዕብ ዘሎ ዘምፅእ ዘሎ እንድሕር ቀኒሶም እኮ የግዲ እቲ ጥዕና ከምዝመፅእ ርዱእ እዩ። ሕዚ ንባዕለይ እንአኹ እንዶ ደም በዝሒ ነይሩኒ እንታብ ጨው ቀኒሰ እታ ቡና ቀኒሰ ያው እቲ ነብሰይ እውን ተነፋፊሐ ዝነበርኩ ቀኒሰ ኖርማልኮይነ እንኹ ከም ድላየይ ይኽይድ ኣለኹ። ሕዝስ ካፍቲ ፀገም ዘምፅእ እንድሕር ቀኒስካ ናይ ግድነት ጥዕና ክመፅእ ኣለዎ እዩ እየ ዝብል ኣነ ብእምነተይ።
[1111]	**ሓታቲ፡** ፀቕጢ ደም ኣለኪ ከምዝተብሃልኪ ነጊርክኒ ነይርክና ንመጀመርያ እዋን እዚ ሕማም ኣለኪ ዝተብሃልክሉ መዓስ እዩ ነይሩ?
[1112]	**ተሓታቲት፡** ዋይ ዋይ
[1113]	**ሓታቲ፡** ብኽመይ ፈሊጥኪ ማለተይ እዩ?
[1114]	**ተሓታቲት፡** ሓሚመ ሓሚመ ሕብጥብጥ ኢለ ከይደ ሕክምና ድሕሪኡ ደም በዝሒ እዩ ኢሎምኒ ብድሕሪኡ እውን ነፍሰፁር ኮይነ እንደገና ብኣምቡላንስ ከይደ ደም በዝሒ እዩ ተባሂሉ ብናይ ደም በዝሒ ሰለስተ ቅነ ደቂሰ ድሕሪኡ ወፂአ እንደገና ከምኡ ኢለ ይከታተል ይከታትል ነይረ። ድሕሪኡ እንተረአኽዎ ግን ብባዕልኻ እንድሕር ተኽታቲልካ ከምዝመሓየሽ ፈሊጠ። ተኽታቲለዮ ከምቲ ዝበልኩኻ ፃዕዳ ሽጉርቲ'ውን ኣብ ምግቢ ድሕሪኡ ደኣ ባዕለይ ነብሰይ ኣብዝሕ ኣቢለ ነቲ ትቦ ፀቢቡ ከይኽውን ርጉዳት ነይሩኡ እዩ ብጣዕሚ ከምዚ ሽንሽን ኣይከደንን ነይረ ሱቕ ኢለ ብጃማ እየ ዝኽደን ነይረ። ንሱታት ከይኽውን ዓፂዩኒ ኢለ ፃዕዳ ሽጉርቲ ዝበዝሑ ከምኡታት ገይረ ባዕለይ ነብሰይ ሪአዮ ብድሕሪኡ ከይደ ኣዲስ ኣበባ እዚ ሕዚ ዓሚ ከይደ እግረይ ሓንኪሰ ብኡ ዝኣክል ከይደ ነይረ ዋእ ደም በዝሒኺ እውን ኖርማል ኢኺ ታብ ሽኮር ነፃ ኢኺ እዝታት ተባሂለ ብጣዕሚ ተሓጊሰ እየ መፂአ ኣነ ንባዕለይ። ያው እቲ ደም በዝሒ ብዝሕ ምፅእ ይብል እሞ ብባዕለይ መይሰ ይሰዶ ይረጋጋእ ነብሰይ ማለት እዩ። ምስ ቆልዓ ውጭውጭ ( ) ትንድድ እንተይለ ሕዚ ንእለት ይመፀኒ ይፍልጠኒ።
[1115]	**ሓታቲ፡** መጀመርያኽ ክትሰምዒ ከለኹ ሕጂ በዚ ሕማም ተታሒዝኪ ክትበሃሊ ከለኺ እንታይ ተሰሚዑኪ
[1116]	**ተሓታቲት፡** ወይለከ
[1117]	**ሓታቲ፡** እንታይ ገይርኪ እስኪ እንታይ ተሰሚዑኪ?
[1118]	**ተሓታቲት፡** ብጣዕሚ ፈሪሐ ነይረ። እንዲያውም እንኳያ እስካብ ሕዚ ከምዚ ሕዚ ክፀንሕ እቲ ሽዑ ጠኒሰ ነቲ

ቦኽረይ እውን ዝወፅእ ኣይመስለንን ብሓቂ በቲ ሕማመይ ንቲ ማማይ ፀቒጥዎ እዩ ደም በዝሒ እዩ ከምዚ እዩ ዝገብራ ዘሎ በቃ ከብደይ ይቕርፀኒ ከምኡ ይገብረኒ ርእሰይ ይዘረኒ ደው ክብል ኣይክእል ስለዝነበርኩ ብጣዕሚ ይስመዐኒ ነይሩ። ድሕሪኡ ግን ምስራእኽዎ ምክትታል ምስፈለጥኩ ኩሉ ምስ ፈለጥክዎ ሕዚ ደኣ ደም በዝሒ ላለኒ እንተይሉ ሰብ እኮ ብደምቢ እየ ዘምህሮ ኣነ ሕዚ። ናይ ባዕልኻ እዩ ደም በዝሒ ብባዕልኻ እያ ትመፅእ ዝብሎ ሕዚ። ከመይ ኢላ? ይብላኒ። ዘይምጭናቕ፣ ጨው ዘይምብላዕ፣ ጉዕሽ ስዋ ዘይምስታይ እ እቲ ትበልዕኦ ጥራምረ ዘለዎ ኮይኑ እዚ ኣትክልቲ ክትበልዓ ኣለክን ኢለ ኣብዚ የረድኣን።

[1119] **ሓታቲ፡** ንስኺ ዝተሰመዐኪ ከምዘሎ ኮይኑ ስድራቤትኪ ኸ እንታይ ተሰሚዒዎም? ምስዚ ዝተትሓሓዘ እንታይ ኢሎም ኣባላት ስድራቤት?

[1120] **ተሓታቲት፡** ዋይ! ሕዚ እዛ ሽኮርያ ዓብዩ ሰብኣይ ኣለዉ ዝብልካ ዘለኹ ብጣዕሚ እያ ትጭነቕ ከምዚ ኢሉስ እ ክሞተኒ ድዩ እንታይ እዩ ገለመለ እኣ ትብል። እዚ ዘይሰማመዶም ነገር ኣይትሃብዮም። ባዕልኺ ተኽታተልዮ እቲ ታብ መስተ ይኹን ካፍቲ ኻልእ ማሊእ እቲ ትበልዕዎ ጫት ምናምን ዝበልዕዎ እውን ረእዮም ሓጊዝዮም እንድሕር ሓጊዝክዮም ምንም ኣይኮነን እየ ዝብላ። ንዓኣ የረጋግኣ እየ። ንሶም ዓብዩ እዮም ኣይሰምዑኻን ብሓቂ። ሕዚ ከምኡ ኢለ እየ ዘረጋግኣ ኣብዚ ኣለዉ ሕዚ እንኣዉ ዕሰራ ክንደይን ዓመት ኣነ እንተተመርዐኹ ማለት እዩ ዝሓመሙ ሽዓ ደቀይ ኣትሒዛ ዝሓዘቶም ሽኮርየ ኣያሓወይ ኢና ንብሎም ምስ ባዕልና ከይድና ንዛረቦም ዓባይ እየን ንሰን እውን እተን ሰበይቶም ከምዚ ከምዚ እዩ ለስላሳ ነገር ኣይተስተይኦም ሕዚ ለስላሳ ክገዝኣሎም ረኺበየን ብኣምሆ ሓዊ ኮይነ ተቓሚለ ኣይትሃበኦም እንታይ ክገብረሎም እታ ማዮም እያ ትሕሾም እታ ፅርይቲ ማዮም እታ ምግቢ እውን ከምዚኣ ከምዚኣ ገይርክን ሃበኦም እየ ዝብለን። እምበር እወ እኂህ ዝስምዖ ደኣ ክንደይ።

[1121] **ሓታቲ፡** ንስኺ ኸ እዚ ሕማም ኣለኪ ቅድሚ ምባልኪ ክቃላዕ ይኽእል እየ ነዞም ዘይተመሓላለፍቲ ሕማማት ኢልኪ ሓሲብኪ ትፈልጢ ዶ?

[1122] **ተሓታቲት፡** እዋይ ተውሳኺተይ እንታይ ፈሊጠዮም እየ። እንታይ ፈሊጠዮም እየ።

[1123] **ሓታቲ፡** ሓሳብ ኣይነበረክን ከምዚ ክተሓዝ ይኽእል እየ ኢልኪ?

[1124] **ተሓታቲት፡** ኣይፈልጥን። ኣይፈልጥን ነይረ ንባዕለይ ነጣሪት እየ ነይረ ጎያይት እ ኣብ ውድድር እተዊ እንተበሉኒ ይኣቱ። ጉያ እንተበሉኒ ይጎዱ። ዝላ እንተበሉኒ ይዘልል። እንታይ ፈሊጠዮ ኣይፈልጦን ነይረ ንሱታት።

[1125] **ሓታቲ፡** ንምንታይ ደኣ ተታሒዝኪ ይመስለኪ በቲ ሕማም ማለት ምንቅስቓሳት ከምኡ እንተነይሩስ?

[1126] **ተሓታቲት፡** ገዲፈዮ ስለዝገደፍኩዎ እወ ስለዝገደፍኩዎ። እቲ ይንቀሳቐሰሉ ዶ ነይረ ሪኢኻይ ኮፍ ምስ በልኩ እቲ ቱቦ ይንፋሕ ኣሎ ሱቕ ኢሉ በቃ ይፀብብ ኣሎ። ሕዚ ታብኡታት የእትዩኒ። እምበር ስፖርት ዝሰርሕ ሰብ እንዲያውም ምንም ኣይኾውንን። ስለ ስፖርት ዝሰርሕ ዝነበርኩ እውን እዩ እቲ ሕማማት ንሱ ተፃዊረ ክሳብ ሕዚ ተፃኢሐ እንኣኹ።

[1127] **ሓታቲ፡** ባህላዊ ሕክምናኽ ፈቲንኪ ነይርኪ ድኺ? ምናልባት ሓደሓደ ሰብ ከምዚ ሽኮርያ ወይድማ ደም በዝሒ ኣለካ ክበሃል ከሎ ባህላዊ ሕክምና ዝፍትን ኣሎ እዚ ቆፅሊ ቀጥቂጥካ ይኹን ዝኾነ ነገር እ

[1128] **ተሓታቲት፡** ንሱ ይፈርሕ እየ ኣነ እታ ዝብለካ ዘለኹ ፃዕዳ ሽጉርቲ ኣብዝሕ ኣቢለ ናብታ ዝበልዓ ምግቢ እየ ዝበልዕ እምበር እቲ ፃዕዳ ሽጉርቲ እውን ኣብዚ ሓደሓደ ንባባት ነንብቦ እንዲና ብዙሕ ሕማማት ይከላኸል ስለዝሰምዕ እ እምበር እዚ ቆፅሊ መፅሊ እዚ ካሊእ ማሊእ ብኽስታያት ኣይተኣማመንን ኣነ። ንሰብ እውን እንኳይ ንባዕለይ።

[1129] **ሓታቲ፡** ዘይተመሓላለፍቲ ሕማማት ምክልካል ይከኣል እዩ ኢልኪ ትሓስቢ ዶ?

[1130] **ተሓታቲት፡** ብምንታይ?

[1131] **ሓታቲ፡** ማለት ዘይተመሓላለፍቲ ሕማማት ይከኣል ድዩ? ክንከላኸሎም ንኽእል ኢና ኢልኪ ትሓስቢ ዶ?

[1132] **ተሓታቲት፡** እወ ንኽእል። ባዕልትና እንዲና

[1133] **ሓታቲ፡** እንታይ ትገብሪ ሕጂ ንኣብነት?

[1134] **ተሓታቲት፡** ሕዚ ኣነ እነኹ ንባዕለይ ደም በዝሒ ነይሩኒ ብምግቢይ ይኹን ብኣሰራራሓይ ይኹን ብኹሉ ተኽታቲለ ሕዚ ደም በዝሒ እንሀ ኮፍ እንተይለሉ እኮ ሱቕ ኢሉ ክቕፀፅ ይኽእል እዩ። እንድሕር ዘይተንቀሳቒስ እንተዘይሰሪሐ እታ ዝዓቕመይ እታ ዝኽእላ ክንቀሳቐስ ኣለኒ ኣፍታ ዝኽእል። ሕዚ ኩሊት እንሀ ኩሊትኪ ቆሲላ እያ ዝኾነ ነገር ሓፍ ኣይተብሊ እንድሕር ኢሉኒ ሓኪም ንኣብነት ከምኡ ተባሂለ ስለዝነበርኩ ንሳ ሓፍ እንተየበልኩ እታ ዓቕመይ ዝኽእላ ድንን ቅንዕ እንተይለ ይከላኸሎ ኣለኹ ማለት እዩ።

[1135] **ሓታቲ፡** ሕጂ ያው ካብ ተሞክሮኺ ተበጊስና ሓደ ሰብ ነገር ንሳዕቤናት ዘይተመሓላለፍቲ ሕማማት ሕጂ ዓንተዎይ ክትገልፀለይ ፀንሒኺ እዞም ሳዕቤናት እዚ ጣፋጭ ዝኾነ ኣልኮል ምውሳድ እ ምንቅስቓስ ዘይምክያድ እዚኣቶም ሳዕቤናት ከምዝኾኑ ገሊፅከለይ ኣለኺ እና ሕጂ ሓደ ሰብ ካብዞም ሳዕቤናት ንባዕሉ ንኽከላኸል ማለት ዘይተመሓላለፍቲ ሕማም ንኽይሕዞ እንታይ ክገብር ኣለዎ ትብሊ?

[1136] **ተሓታቲት፡** ጨው ዘለዎ ዘይምብላዕ። ብስሩ እማ ታብ ኣርብዓ ዓመት ንደሓር ብስሩ ጨውን መስተን ክተርፉ ኣለዎም እየ ዝብል ኣነ። ጨውን መስተን እዚ ሽጋራ ይኹን ከምኡ ኣልኮል ነገር ጫት ከምኡታት እዚታት ዝዕውፍ ርእሰኻስ ክተርፍ ኣለዎ። እቲ ምግቢ ንዑ ዝከታተል ጨው ዘይብሉ ክበልዕ ኣለዎ። ኣብ ምንቅስቓስ እውን እቲ ዝዓቕሙ ዝፈቕዶ ክንቀሳቐስ ኣለዎ። ሰብ ኮፍ እንድሕር ኢሉ እማ ብስሩ እውን ቱቦ ይዕየ እኮ ኣሎ ከመይ ኢሉ። ክንቀሳቐስ እታ ዓቕሙ ዝኽእሎ ተንቀሳቒሉ ሰሪሑ ክኣቱ ኣለዎ። እንደገና ፀሓይ ከምኡታት ነገር ፀሓይ እውን ሕማቕ እዩ በዝሒ ፀሓይ እዝታት ምኽሪ ይዕድል ኣነ ማለት እዩ።

[1137] **ሓታቲ፡** ኣብ ከባቢኹም ከ ሰባት ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እንታይ ይብሉ? ናይቲ ማሕበረሰብ ኣተሓሳስባ ክህሉ ይኽእል እዩ ኣብ ዘይተመሓላለፍቲ ሕማማት እስከ እንታይ ይብሉ?

[1138] **ተሓታቲት፡** እወ ደም በዝሒ ኣብ ረኻድቲ እዩ ኣብ ጥዑም ስለዝበልዐ እዮም። እንኣዋ እየን ሕዚ ንዓይ ሕዚ ንባዕለይ ከምኡ እየን ዝብላኒ ‘ፅቡቕ ስለትበልዒ ነብስኺ ስለትከናኸኒ ኢኺ ደም በዝሒ ዝሕዘኪ እንታይ ደኣ ንሕና ዘይንረጉድ እንታይ ደኣ ንሕና ከምዚ ዘይንኸውን’ ዝብላኒ ኣለዋ ኣነ ግን ከምዚ እዩ ኣብ ኣተሓሕዛ እዩ ነብሰይ ብስሩ ዓሻ ኾይኑ ሂቡኒ ኣምላኽይ እምበር ገለመለ ዶ ይብለን ሕዚ ኣይርድኣንን ክርድኣኡ ኣይኽእላን። እዚ ሽኮርየ ድማ እንታይ ይመስለን ብኽፍኣት ዝመፀ ይመስለን ግን ብኽፍኣት ኣይኮነን ኣብ ኣተሓሕዛና እዩ ብስሩ ኣብ መስተ ምብዛሕ፣ ኣብ ኣልኮል ምስታይ ከምኡታት ዝመፅእ እዩ። ሽኮርየ እውን ሕዚ ዋላ ክፍኣት እውን እንተሃለዋ ኣነ ብስሩ እቲ እምነተይ እንድዒ ናይ ባዕለይ እየ በታ ናይ ባዕለይ እየ ዝኽይድ ዘለኹ በተሓሕዛና እዩ ብስሩ እቲ ሕማም ኩሉ ነገር ዝመፅእ እማ በተሓሕዛና እዩ ብስሩ ዋላ ርእሲ ጭንቀት እንተመፀ ባዕልትና ኢና ተጨነቕና ንብር ዘይብልና እማ ኣብኡ ኮፍ ኢልና እንዳሃለና ዓዲ ዓሰርተ እዩ ርእሱ ዝበፅሕ ሰብ ሕዚ እዚ እንታይ የምፅእ ኣሎ ሕማም።

[1139] **ሓታቲ፡** ከምቲ ዝበልክዮ ምስ ርጉዲ የተሓሕዘዎ ሰባት ሕጂ ደም በዝሒ ናይ ሃፍታም ናይ ዝመቸዎ ሰብ ገይርካ ምውሳድ ግን እቲ ዘይመቸዎ እውን ክሕዞ ከምዝኽእል

[1140] **ተሓታቲት፡** እወ

[1141] **ሓታቲ፡** ሕጂ ሰብ ብዘይተመሓላላፊ ሕማም ክመውት ከሎ ሰባት እንታይ ይበሉ? እንታይ ኮይኑ እዩ ሞይቱ ዝዝረብ ዘረባታት ዶ ኣሎ?

[1142] **ተሓታቲት፡** እወ ኣሎ እንታይ ከ እዩ ኮይኑ ነይሩ ከመይ ከ እዩ ነይሩ ዝበሃል እወ ኣሎ። እንታይ ከ ይበሃል ነይሩ ሕማሙ ሽኮርየ እንተኾይኑ እውን ሽኮርየ ይበሃል ኣይይ ሱኾ ኢሉ እዩ ድንገት እንተኾይኑ እውን ድንገት እዩ ይበሃል። ደም በዝሒ እንተኾይኑ እውን ኣይ ደም በዝሒ እንድዩ ነይሩ ከምዚ እንድዩ ይከታተል ነይሩ ይበሃል። ንኣብነት ሕዚ ስላስ ትበሃል ነይራትና በታ ኮፍ ኢልናያ ዝነበርና ገዛ ነይራህና ሽኮርየ እያ ተታሒዛ ነይራ ክንደይ ሻዕ እየ ናተይ ጉጅለ እያ ነይራ። ሓንቲ መዓልቲ ከይረኣኽዋ ኣይሓድርን ነይረ ብሓቂ። ምስ ሲስተር ኮይና እንታይ እንአኪ ዘፀግም ከመይከ እንታይ ከ ኣብኡ ከ ብትኽክል ዶ ይቕበሉኺ ከመይ ከ እዩ ኣብ ሕክምና ክሳብ ክንድኡታት ኢና ንከታተላ ነይርና። ያው ሞይታ ሞት ኣይቀረየን። ሕዚ ሽዑኡ ትጭነቕ እያ ነይራ ንሳ ሕዚ። ‘ኣነስ ሰብ ኮይነስ እዛ ነብሲ እዚኣስ ሰብ ኮይናስ ክተሓዊ ድያ?’ ትብለና በቃ ክንጥይቓ ከይድና። ከም ኣተሓሕዛኺ እዩ ንባዕላ እታ ጭንቀት ትጭነቕያ ዘለኺ ዓባይ ሕማም እያ እየ እብላ ነይረ ኣነ ሕዚ ዓባይ ሕማም እያ። ዘይሓምም የለን ግን ንቲ ሕማም ኣይትጨነቕሉ በቃ ቅሰንሉ ቀሲንኪ እቲ መከላኽሊ ውሰድዮ እንዳበልና ነረድኣ ነይርና። ( ) እንድሕር ከምኡ ኮይኑ ግን እዩ እንታይ ደኣ።

[1143] **ሓታቲ፡** ሕጂ ድማ እዘን ሰራሕተኛታት ጥሙር ጥዕና ማዕዳ ብዛዕባ ክትገብርኦ ዝግበኣክንን ዘይግበኣክንን ምኽሪ ወይ ይህባኽን እየን?

[1144] **ተሓታቲት፡** እህእ

[1145] **ሓታቲ፡** እስኪ እንታይ እንታይ ይብላኽን ብፍላይ ኣብ ዘይተመሓላለፍቲ ሕማማት ዘድህበ እንታይ ግበራ እንታይ ኣይትግበራ ይብላኽን ብኣብነት?

[1146] **ተሓታቲት፡** ብኣብነት ደኣ ደም በዝሒ እንተኾይኑ ሕዚ እዚ ጨው ኣዮዲን ተጠቒማ፣ መሳተዪ ነናትኩም ግበሩ፣ ኣብ ምግቢ ኣመጋግባ ቆልዕትክን ረኣያ ናይ ሽንቲ ቤት ኣተሓሕዛ ናይ ፅሬት ኣተሓሕዛ ደገ ፀኒሖም ቆልዑ እውን ባዕልትኽን ተቕፃፀረኦም። እዚታት ደኣ ኩሉ የምህራና።

[1147] **ሓታቲ፡** ኣብ ዘይተመሓላለፍቲ ሕማማት ብዝምልከት እባ? ሕጂ ንኣብነት ኣዮዲን ዘለዎ ጨው ያው ጨው ጨው እዩ ሕዚ ደም በዝሒ ዘለዎ እንተኾይኑ ኣዮዲን ዘለዎ ጨው ክበልዕ የብሉን።

[1148] **ተሓታቲት፡** ጨው ብስሩ ክበልዕ የብሉን

[1149] **ሓታቲ፡** እወ። ኣዮዲን ዘለዎ ጨው ንጥዕና ጠቓሚ ከምዝኾነ ኹሉ ደም በዝሒ ዘለዎ ሰብ ግን ክወስዶ ኣይግበኦን እና ሕዚ ኣዮዲን ዘለዎ ጨው ትወስዲ ዲኺ ንስኺ?

[1150] **ተሓታቲት፡** ኣነ ኣይወስድን ኣይወስድን። እንዲያውም ሕፈስ ኣላትኒ እንድያ ኣብዚኣተይ ንቲ ደም በዝሒ ክብል ኣይወስድን ብስሩ።

[1151] **ሓታቲ፡** ንቲ ሕፈስ ሕጂ መድሓኒት ክኸውን ይኽእል እዩ?

[1152] **ተሓታቲት፡** እቲ ያ እንኣኒ ኣንፃር ከመይ ገይረ እሞ። እቲ ኣንፃር ስለዘለኒ ክጥቀም ኣይክእልን መማረፂ ግን እቲ ኣውራ ነብሰይ ዝሓዘታ ደም ስለዝኾነት ነታ ደም እየ ክከታተል ዝግበኣኒ።

[1153] **ሓታቲ፡** ሕጂ ካብቲ ዝገለፅክለይ ዝተዓዘብኩዎ እንታይ ምኽሪ ዝወሃበኪ ናይ ባዕልኺ እውን ተመኩሮ ሒዝኪ ኣብ ተግባር ከምተውዕልዮ ተረዲኣ ኣለኹ። ኣባላት ስድራ ቤትክ ንምክልኻል ዘይተመሓላለፍቲ ሕማማት እንታይ ሓገዝ ይገብሩልኪ ሕጂ?

[1154] **ተሓታቲት፡** እወ ፀብሒ ባዕላ ተሰሪሓ ሕዚ እታ ጓለይ እኒሃ ንዓኣቶም ጨው ኣእትያ ክትሰርሕ ንዓይ ጨሊፋ ንቐደም ተፅንሐለይ። ንበይነይ ተፅንሐለይ እ ቡና እውን ሰብ መፂኡ ጋሻ’ሞ ክሰቲ እንተይለ እውን ላይ ከይትሰቲ ማማየ ዓንተዎ ሰቲኺ ይኣኽለኪ ኢላ ትሕብረለይ።

[1155] **ሓታቲ፡** ስለዚ ይከታተሉኺ እዮም?

[1156] **ተሓታቲት፡** እወ።

[1157] **ሓታቲ፡** እሺ ኣብ መወዳእታ ማሕበረሰብ ከባቢኹም ንዘይተመሓላለፍቲ ሕማማት ንኽከላኸል እንታይ ክግበር ኣለዎ ትብሊ እስኪ ኣብኡ ከለኺ'ውን መራሒት ጉጅለ ልምዓት ኢኺ እሞ እንታይ ክግበር ኣለዎ ትብሊ?

[1158] **ተሓታቲት፡** ዋ ( ) ደኣ ገና ተኸላኺልካ ታብ ም ሓሚምካ ናብ ሕክምና ምኻድ እኮ ምክልኻል ንቐደም ነብስኻ ምፍታሽ ምርኣይ እዩ እቲ ዝመፅእ ሕማማትስ ፈሊጥካ ንኽይመፅካ ምክልኻል።

[1159] **ሓታቲ፡** ካልእ ተወሳኺ እንተልዩ ምናልባት?

[1160] **ተሓታቲት፡** ኣይ ንሱ እዩ።

[1161] **ሓታቲ፡** እምበኣር ወዲእና ኣለና። የቐንየለይ።

(xxviii) In-depth Interview with Patient of NCD - 3 (IDI24-P3)

Turn	The Tigrigna Text
[1162]	**ተሓታቲ፡** ምተኽላኽልኩ ነይረ ግን ኣይተኽላኽልኩን። ናብ ሕማምን እ ናብ ሞትን ተዳሪገ ኣለኹ ማለት እዩ። ስለዚ እንታይ ይመስለካ እ ብምንታይ ኢኻ ትከላኽሎ ብርግፅ ክትከላኽሎ ትኽእል ኢኻ። ትከላኽሎ እንታይ እዩ እ ዋና ነገሩ እ ካብ መሰረቱ እቲ ደም በዝሒ ክመፅእ ዝኽእል ናይ ባዕልኻ ምቾታዊ ምድላይ እዩ። ከም ልብኻ እድሕር በሊዕኻ ከም ልብኻ ጮማ በሊዕኻ ከም ልብኻ እ ከም ልብኻ መስተ እንተሰቲኻ ከም ልብኻ ኩሉ ነገር ሪኢኻዮ እንድሕር ትጥቀም ኮይንካ እቲ ሕማም እቲ ደም ካብ ፅባሕ ናብ ፅባሕ ካብ ፅባሕ ናብ ፅባሕ እ እናበለ እናተተከአ እናተተከአ እናተተከአ እናዓበይ እዩ ዝኽይድ እምበር ኣይቕንስን። ንኽትቅንሶ እንተደሊኻ ከዓ ያው እ መጠናዊ ምግቢ ኢኻ ትበልዕ ቆፅላመፅሊ ኢኻ ትበልዕ እ ጨው ዘለዎ ክትበልዕ የብልካን እ ጣፋጭ ነገር ክትበልዕ የብልካን። ዳርጋ ዝብለካስ ማይ ማይ ገይርካ ክትበልዕ ኣለካ እንጀራ ማለት እዩ። ስለዚ ከምቲ ዝብሉና ኣነ ንባዕለይ ዝብለካስ ትምህርቲ ዘይብለይ ምኺኑ እምበር ንባዕለይ ሰላሳን ሓሙሽተን ዓመት ኣብ ሆስፒታል ሰሪሐ እየ ዝጠፍኣኒ ኣይኮነን። ይፈልጦ እየ። ባዕለይ እቲ ደም በዝሒ እውን ባዕለይ ከምዘምፃእኹዎ ይርደኣኒ እዩ ሕዚ ንኽምልሶ ግን ይኽብደኒ ኣሎ። ስለዚስ ምግቢ እቲ ደም በዝሒ ክመፅእ ዝኽእል ካብ ባዕልኻ እዩ። ሽኮርያ እውን እንተኾይኑ ሽኮርያ ብዙሕ ኣመፃእኣ ክፈልጣ ኣይክእልን ግን እንታይ እዩ ዝብላ እቲ እቶም ምሁራን እቶም ሓካይም ሕዚ ናይ ባዕለይ ሽኮርያ ኣላትኒ ካብ ደም እያ ተወሊዳ ኢሉኒ እዚ እ ዶ/ር ሓጎስ ንሱ እዩ ዝከታተለኒ ንሱ መድሓኒት ዝእዝዘለይ ነይሩ። ካብ ደም ደም ክበዝሕ ከሎ ካብቲ ደም ፈንቂላ ዝፈረየት እያ። እቲ ደም ክልዕል ትልዕል ንሳ እውን እንተትሒታ'ውን ትትሕት ብከምዚ ዓይነት እያ ትኽይድ። እተን ሽኮርያ ግን ሓደ ዓይነት ኣይኮናን ክሳብ እ ሰለስተ ዓይነት እንታይ ዓይነት እየን። እ እቶም ሽኮርያ ካብ ክህንፁ ክውለዱ ከለዉ እቶም ዝሓዞም እ በቶም ሓካይም ዝምርምሩ ዝብሉና ዝነበሩ ኣነ ንባዕለይ ኮኮ እየ። ኮኮ ኮይነ ዝተፈለየ ምግቢ እየ ዝሰርሓሎም ነይረ። እቶም ሽኮርያ ሽኮርያ ዝሓዞም ናይ ሽኮርያ ሓምሊ ኣሎ መሪር ነገር ንሱ ኣብሲልካ ስልሲ ገይርካ በርበረ ዝበዝሖ ጨው ዝበዝሖ ከይኮነ በርበረ ዝበዝሖ ምግቢ ከምዚ እንዳገበርና ንቕርበሎም ነይርና። ስለዚ እ እቶም ክሳብ ሸሞንተ እንጀራ ዝበልዑ ሰባት ነይሮም ንርእዮም ነይርና። እ እቶም መጠናዊ ዝኾነ ንርእዮም ኢና። እቶም ሽኮርያ ( ) ንረኽቦ ኢና ፎቕዶ መንገዲ እውን ተውድቕካ እያ። ሽኮርያ እኮ ዋዛ ኣይኮነትን ንባዕላ እውን ዓባይ ሕማም እያ። ንኣ ንታ ሽኮር እሳ ግን ኣብ ጁባኻ ቁሩብ ሽኮር ሒዝካ ትኽይድ ክትገዝእ እንተደሊኻ ፀሓይ ክወቕዓካ ከሎ ተውድ ኣርሒፃ ተውድቕካ ክትወድቕ ከለኻ ካብታ ሽኮር ካብታ መንዲል ፈቲሕኻ በቃ ነቲ ሰብ ተቕሕሞ ተሲኡ ይኽይድ እና ክሳብ ክንድኡ እየ ዝፈልጥ ኣነ።
[1163]	**ሓታቲ፡** ፅቡቕ ብዙሕ እዮም ገሊፀሙለይ ማለት ሰባት ከ ብዛዕባ እዚ እንታይ ይብሉ ኣብ ከባቢኹም ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እንታይ ይብሉ?
[1164]	**ተሓታቲ፡** እ?
[1165]	**ሓታቲ፡** እንታይ ይብሉ ሰባት ሕጂ ኣብዚ ከባቢኹም ዶ ብዛዕባ እዞም ዘይተመሓላለፍቲ ሕማማት ኣፍልጦ ኣለዎም ይዘራረቡ ዶ? እንታይ ይብሉ? ከመይ ይርእዮ ሕጂ ንኣብነት ብዘይተመሓላላፊ ሕማም ንዝተትሓዘ ሰብ ከመይ ይርእይዎ?
[1166]	**ተሓታቲ፡** ኣነ ንባዕለይ ኣብ ውሽጠይ ዘለዉ ሰባት እንተኾይኖም ከረድኦም ወይ ከምህሮም ይኽእል እየ ክነግሮም ይኽእል እየ። ዝነግሮም እንታይ እዩ ካብ ኣመፃእኡ በዚ ምኽንያት በዚ ምኽንያት በዚ ምኽንያት እያ ትመፅእ ሽኮርያ መጀመርታ ክትሕዘካ ከላ ተርህፀካ ሸንቲ ሸንቲ ተብለካ ኣፍካ ትቑልፈካ ብዙሓት ነገራት እየን። እ እዚ ናይ ደም በዝሒ እንተኾይኑ እውን እ ክሳብ ክንድዝያት እየ ኣነ ክርደኣኒ ዝኽኣለ ንሱታት እዩ። እቲ ዓቕመይ ንሱ እዩ።
[1167]	**ሓታቲ፡** ኣብ ገዛኽ ሕጂ ንኣብነት ንዚ ሕማም ሕጂ ንምንካይ እንታይ እንታይ ተግባራት ትፍፅሙ? ዓንተዎይ ገሊፆምለይ እንድዮም እንታይ ክግበር ከምዝግባእ ባዕሎምከ ኣብ ገዛ እንታይ ይገብሩ ነዚ ሕማም ንምንካይ?
[1168]	**ተሓታቲ፡** ኣነ ንባዕለይ ጨው ዘይብሉ ይበልዕ እ በቲ ናይ ደም ማለት እዩ ንሱ ነታ ሽኮር እንተኾይና ከዓ ቡና ዝሰቲ እንተኾይነ ብዘይ ሽኮር እሰትያ፤ ሻሂ ጠቕላላ ኣይሰትን። እና ብኽምኡ ኢና ንኽዶ።
[1169]	**ሓታቲ፡** ምናልባት ባህላዊ ሕክምና ነዚ ሕማም ንምክልኻል ሕጂ ንኣብነት ዝውሰዱ ቆፅላመፅሊ ገለ እንተልዮም ካፍቲ ሕክምና ወፃኢ ማለት እዩ ሞኪሮም ይፈልጡ ዶ?
[1170]	**ተሓታቲ፡** እንታይ እዩ ባህላዊ?
[1171]	**ሓታቲ፡** ንኣብነት ቀጥቂጥካ ዝስተ ክኽውን ይኽእል ገለ ኣይተጠቐሙን?
[1172]	**ተሓታቲ፡** ኣይተጠቐምኩን።
[1173]	**ሓታቲ፡** ነገሩ ኣብ ሕክምና አውን ይሰርሑ ስለዝነበሩ ዓንተዎይ ስለዝነገሩኒ
[1174]	**ተሓታቲ፡** ኣታ ይፈልጦ እየ። ወዮ ኣሪግናስ ጡረታ ወፂናስ ኣብ መንጉኡ ሕማም ኣጓኒፉ እንታይ እንታይ ቀጥቂጠ ክሰቲ ደኣ ኣነ እንድሕር ሓሚመ እንድሕር ክስታይ ኮይነ ሆስፒታል ከይደ ተመርሚረ ኣብ ሓኪም እተን ክኒና ምምፃእ እየ እምበይ እንታይ ኣለኒ።
[1175]	**ሓታቲ፡** እዘን ናይ ጥሙር ጥዕና ኣብ ዝህበኡ ትምህርቲ ከመይ ይርእዎ?
[1176]	**ተሓታቲ፡** እቲ ትምህርቲ ፅቡቕ እዩ ክቕበሎ ይኽእል እዩ። ትምህርቲ ኣይናዓቕን። ኮይኑ ግና ንባዕለይ ግን ስለዝፈልጦስ ምናልባሽ ኣነ እ ንሳተን እውን ኣብኡ ምንባረይ ኣብኡ ከምዝዓበኹ ከምዝራኸብ ከምዝነበርኩ

ስለዝፈልጣኒ ይፈልጡ እዮም እየን ዝብላኒ እምበር ኣይፈልጡን ስለዘይብላኒ እቲ ኣምህሮ እቶም ዘይፈልጥዎ ነገር እንተልኦም እምበር እ ይቕበሎ ግን ብቲ ብስሩ እውን ብናይ ባዕሊ ኣብ ተግባር እውን ስለዝኸዶ እቲ ናታተን እውን ኣይሕሰሞን ይቕበሎ እየ።

[1177] **ሓታቲ፡** ኣብ መወዳእታ ሕጂ ከምቲ ዓንተዎይ ዝበሉኒ ካብ ዘይምፍላጥ ዝመፅእ ሕማም እዩ ክረአ ኸሎ። እና ሕጂ ለውጢ ንምምፃእ እንታይ ክግበር ኣለዎ ይበሉ እስኪ? እንታይ ክስራሕ ኣለዎ እቲ ወለዶ ካብዞም ሕማማት ክከላኸል?

[1178] **ተሓታቲ፡** ኣንታ ግደፎ ንሱ ንሱ ካባና ንላዕሊ እሳቶም ይፈልጥዎ ሎሚ። ወዲ ሎሚ ንዓና እንኳን ኣነ ሓደ መሃይምሲ ብልዕሌና ፀኒሑም ዝምልሱልና እምበር ንዓና ሃህ ኢሎም ዝፅበይና ሰብ የለን። ስለዚስ ባዕሎም ንባዕሎም ይፈልጥዎ እዮም። ኣነ ኸዓ ብዙሕ ዝፈልጦ ነገር የለን። ክሳብ እተን ዝፈልጠን ኣውጊዐካ ካብኡ ግን ተኣኸለኒ ይሓይሸ።

[1179] **ሓታቲ፡** የቕንየለይ።

(xxix) In-depth Interview with Family Member of Patient of NCD - 1 (IDI25-PF1)

Turn	The Tigrigna Text
[1180]	**ተሓታቲት፡** ዋእ እንታይ መሲሉካ እማ ( ) ትኽክል ካብ ስብሒ ነገር ካብ ቅብኣት ጨው እዚታት ነጊሩካ ባዕሉ ንሱታት እንድሕር ትበልዕ ኾይንካ ትኽክል እቲ ሕማም ከከታተለካ ይኽእል እዩ። ግን ምስ ኮነ ኮይኑ እምበር እቲ ነገራት እዚ ኣይንበልዮን ንሕና ስብሒ ስቡሕ እንተኾይኑ ሕዚ ከክ ከክንዲ ጣፍ ዝኾና እንዳኣረኹ እየ ዝድርቢ ምኽንያቱ ከይሕመና ኢለ ከይንጉዳእ ኢለ። ጨው እውን ኣይንኣትውን ኣይንበልዕን ስለዚ ንሱ እዩ ዘለና። ካብ ምግቢ ድማ እንታይ እያ እንተተረኺባ እታ ሽሮ እያ እምበር ካልእ እንታይ ንበልዕ ዋላ ሓንቲ ካልእ የብልናን።
[1181]	**ሓታቲ፡** ማለት ሕጂ ኣፍቲ ኣመጋግባስ ትከታተለኣ ኢኽን ማለት እዩ?
[1182]	**ተሓታቲት፡** እወ እከታተሎ ንባዕለይ ደም በዝሒ ስለዘለኒ ይከታተሎ እየ ጨው ይኹን ዝኾነ ነገር ስብሒ ይኹን ቅብኣት ይኹን። ኩላሊት ኣላህትኒ እ ደም በዝሒ ኣለኒ። ስለዚ ንኹለን ፀር ስለዝኾነ ደሓን ኢና ብኡታት።
[1183]	**ሓታቲ፡** ሕጂ ለውጢ ሪኢኽናሉ ዶ እቲ ኣመጋግባ ብምስትኽካልከን?
[1184]	**ተሓታቲት፡** እንታይ እሞ እዩ እኒሀተት እታ ኩላሊት ኣላ እንድያ ከምዘላ ኾይና ደሓን እየ ይመስገኖ። እቲ ደም እውን ያው እንዳኸድኩ እየ ዝዕቀን እ እንተበዚሑ እውን ያው ባዕለይ እየ እምበር መድሓኒት ዝወስዶ ነገር የብለይን። ቅድሚ ሕጂ ኣይወስድን። ተኽላይ እዩ ዝወስድ እምበር ኣነ ኣይወስድን። ግን ብዝኾነ ከምዚ እዩ እቲ ምግቢ ማለተይ እየ። እንዳደለናዮ እውንስ ኣይበልዕን ኣነ ንባዕለይ። ከመይ ገይረ ክቕኒ ስለዝደሊ ብዙሕ ኣይደፍኦን።
[1185]	**ሓታቲ፡** ካልኦት ኣባላት ስድራቤት ኣለዉ ዶ ሕጂ ኣብ ገዛኹም ዝከታተልኹም ወይስ ባዕልኹም ኢኹም?
[1186]	**ተሓታቲት፡** ኣይ ባዕልትና ኢና። ኣሎ ሓደ ግን ኣብ ካልእ ቦታ እዩ። ኣለውዎ እንድዮም ውላድ ግን የለዉን ኣብዚ እምበር ኣለዉዎ እዮም።
[1187]	**ሓታቲ፡** ሰባትከ ኣብዚ ከባቢ ምትሕግጋዝ ኣሎዶ? ብዘይተመሓላለፍቲ ሕማማት ንዝተትሓዙ ሰባት ጎረባብቲ ከመይ ይከናኸንዎም?
[1188]	**ተሓታቲት፡** ደሓን ኢና የብልናን እምበር ኣሕሊፍና ኣይንህብን። እገለስ ከምዚ ዝበለ ሓሚማ እያ ኢልና እግርና ወይ ኢድና ኣይንእክብን። ንኸይድና ንሪኣ ንበፅሓ ንብል ኢና። ግን ካብኡ ደሓን ኢና ኣብዚ መንደር።
[1189]	**ሓታቲ፡** ምትሕብባርስ ኣሎ ኣብዚ ኸባቢ?
[1190]	**ተሓታቲት፡** እወ።
[1191]	**ሓታቲ፡** እስኪ ሕጂ ንምክልኻል ዘይተመሓላለፍቲ ሕማማት ከግበር ኣለዎ ትብልኡ እንተልዩ ትገልፅኡ ብናትክን ሓሳብ ማለት እዩ?
[1192]	**ተሓታቲት፡** እንታይ እሞ እየ እታ ዝገልፃ ዘለኹ እኮ እያ በታ ዝፈልጣ ንሳ እያ። በቲ ሓኪም መምርሒ ዝሃበና ብኣ ኢና ንኸይድ ንሕና። ጨው ከይትበልዑ፣ ስቡሕ ስጋ ከይትበልዑ፣ ቅብኣት ከይትበልዑ ስለዝብለና ብኣኣ ድማ ንሕና ተቐጢብና ንበልዕ።
[1193]	**ሓታቲ፡** ሕጂ እቲ ጨው ዘይምብላዕ እንታይ ስለዝገብር እዩ?
[1194]	**ተሓታቲት፡** ንደም ይኹን ንኹላሊት ይነክእ እዩ ይነክእ እዩ እዩ። ስለዚ ማይ እንተሰቲኻ እውን ያው ዝገደደ እዩ። በዝሒ ማይ እንተሰቲኻ ያው ዝገደደ እዩ ንኹሉ ዝቕጥብ ንሱ።
[1195]	**ሓታቲ፡** እቲ ፍጮማ እውን ሽግር ኣለዎ?
[1196]	**ተሓታቲት፡** እወ። ( ) ፍጮማ እውን ይወቅዕ እዩ።
[1197]	**ሓታቲ፡** ኣትክልቲኽ ትጥቀሙ ዶ ማለት ቆፅላ መፅሊ?
[1198]	**ተሓታቲት፡** ቆፅላ መፅሊ ስሕት ኢልና ድንሽ ስለዘይበልዕ ንሱ ድንሽ ምስ ሽኮር ዘይጥዑይ ስለዝኾነ እ ስሕት ኢልና ቆስጣ ስሕት ኢልና ከምኡታት እምበር ኣትክልቲ ኣይንበልዕን።
[1299]	**ሓታቲ፡** እስኪ ኣብ መወዳእታ ምናልባት ክብልኡ ዝደልያ ነገር እንተሃልዩ?
[1200]	**ተሓታቲት፡** ኣረ ምንም የብለይን።
[1201]	**ሓታቲ፡** እሺ ብጣዕሚ እየ ዘመስግን።

(xxx) In-depth Interview with Family Member of Patient of NCD - 2 (IDI26-PF2)

Turn	The Tigrigna Text
[1202]	**ተሓታቲት፡** ኣነ ዝፈልጦ ድንገት ስለዝሕመና ዘሎስ በዚ ኢና ተላዒሉና ከምዚ እዩ ተላዒሉና ዝበሃል ነገር የለን፡፡ መላዓሊኡ እንተንዝፈልጦ በዚ እዩ ተላዒሉ በዚ እዩ ከምዚ ክብለካ ነይረ ግን መለዓሊኡ ስለዘይፈልጦስsee
[1203]	**ሓታቲ፡** ኣይ ደሓን ንሱ እውን ሓደ ነገር እኮ እዩ፡፡ ሕጂ ብዛዕባ ዘይተመሓላለፍቲ ሕማማት እዞም ዘይተመሓላለፍቲ ሕማማት እንብሎም እስኪ እንታይ እንታይ እዮም ትፈልጥዮም ማለት እዩ?
[1204]	**ተሓታቲት፡** እንታይ እየ እሞ ክብለካ ኣነ ዝፈልጦ ነገር የብለይን፡፡ ድንገት ኢና ንሓምም ዘለና እቲ ድንገት መሕመሚኡ ድማ መልዐሊኡ እውን የብልናን በዚ በሊዕና በዚ ሰቲና በዚ ኢና ከምዚ ኢልና ከይነብሎስ ኣብዚኣ ኢና ንቕመጥ ዘለና፡፡ ኣብ ምንታይ ዋላ ኣብ ሸቐጥ ዲና ዋላ ኣብ ካሊእ ዲና ኣብ ካሊእ ምውንጫፍ ኣይኮናን ዘለና እቲ ንሓሞ ዘለና ክብለካ ኣብዚ ከምዚ ቦታ ኢና ከምዚ ኢና ከይንብሎስ መልዐሊኡ ኣይንፈልጦን ብሓቂኡ፡፡
[1205]	**ሓታቲ፡** ሕጂ ንኣብነት ዘይተመሓላለፍቲ ሕማማት ንብሎም እኮ እዚ ሕማም ሽኮር ኣሎ ደም በዝሒ ኣሎ ኩላሊት ኣሎ ሕልፍ ኢሉ እውን ካንሰር ኣሎ ብዙሕ ኣብዚ ኣይረእን እምበር ብበዝሒ ደም በዝሒ እዩ ኣብዚ ከባቢ ዝበሃል ዘሎ ማለት እዩ፡፡ ነዚኣም ሕጂ እንታይ ከምዘልዕሎም ኣይትፈልጥን?
[1206]	**ተሓታቲት፡** ኣነ ኣይፈልጥን። ማለት ድንገት ኢና ሓሚምና ይብለካ ኣለኹ፡፡ በሊዕና ኣይኮና ሰቲና ኣይኮና ሱቕ ኢሉ እዩ፡ ፡ ሕዩ ዝብሉና እቶም ሓኻይም ግን ያው ሽኮር እቲ ቡና ቡና እውን ኣይትስተዩ ጨው እውን ኣይትብልዑ ስዋ እውን ኣይትስተዩ እዮም ዝብሉና፡፡ ሕጂ ንሕና ጉዑሽ ኣይሰተና ጨው ኣይበላዕና ኢና ሓሚምና ማለት እዩ፡፡ እዚስ እንታይ ኢና እሞ ክንብለካ፡፡
[1207]	**ሓታቲ፡** ሕጂኸ ንምክልኻልከ እንታይ ትገብሩ ንኣብነት ሕጂ?
[1208]	**ተሓታቲት፡** ምክልኻል ደኣ ጨው ኣይትብልዑ ተባሂልና ቡቲ ዝበሉና ሕክምና ማለት እዩ ጨው ኣይትብልዑ ቡና እውን ብዙሕ ኣይትስተዩ ሽኮር ጨው እቲ ጉዕሽ ስዋ እዚኣቶም።
[1209]	**ሓታቲ፡** እቲ ንሱ ሕጂ ገዲፍኩምዎዶ? ገዲፍኩምዎ ለውጢ ኣለዎዶ?
[1210]	**ተሓታቲት፡** ንሕናስ እንታይ እሞ እዩ እንዳገረሀና ኣንታ ወደይ። እንታይ ለውጢ ዋላ እንዳተኸላኸልና እንዳሃለና ሕዩ ከኒና እንዳወሰደ እዩ እንዳወሰደና ኢና () ምንም ኣነ ኣይመስለንን፡፡ ደም በዝሒ እውን እዩ ኢለ ኣይኣምነሉን ዘለኹ ኣነ ብሓቂኡ፡፡
[1211]	**ሓታቲ፡** ኣሃ እቲ መድሓኒትስ ለውጢ ከምፅእ ኣይከኣለን?
[1212]	**ተሓታቲት፡** ኣይከኣለን። ማለት ኣብ ማይጨሎት ኢና ንሕና መድሓኒት ንረክብ ዘለና፡፡
[1213]	**ሓታቲ፡** ብማይጨሎት ግን ለውጢ ኣለዎ?
[1214]	**ተሓታቲት፡** ለውጢ ኣለዎ እወ። ኣብ ሕክምና ኣነ ከምኣ ኢሉ ኣትዩ ኣትዩ ወፂኡ ከምኣ ኢሉ ማለት ሓንቲ ለውጢ ኣይረኸበን፡፡ ማለት ንዓኾብ ኣይነበሮ ንቐልቁል ኣይነበሮ ጥራሕ እታ ኢዱን እግሩን እያ ሕጂ እውን ንሳ እውን ምስ ለመሰት እያ፡፡ ምስለመሰ እዩ፡፡ እንደገና ኣብ ማይጨሎት ምስ ከድና ግን እግዚኣብሄር ይመስገን እግሩ ቁሩብ ጀሚርዎ ኣሎ፡፡
[1215]	**ሓታቲ፡** ምንቕስቕስ ጀሚሩ?
[1216]	**ተሓታቲት፡** እወ። ስለዚ በዚ ገዲፍና ኢና በዚ ኣልዒልና ኢና ዝበሃልስ ኣይፍለጠናን፡፡
[1217]	**ሓታቲ፡** ስለዚ ሕጂ እቶም ሓኻይም እዚ ኣይትግበሩ እዚ ኣይትብልዑ እዚ ኣይተውሰዱ ዝበልኹም ንሱ ከይወሰድኩም ዝመፀ ለውጢ የለን? ለውጢ ኣይራኣኹምሉን?
[1218]	**ተሓታቲት፡** ናብ ማይጨሎት ከይደ ማለት ኣነ ንባዕለይ ሐሚመ ነይረ ማለት እዩ ያው ብሕክምና ኣይረኽብኩን ()።
[1219]	**ሓታቲ፡** ሕክምና ግን እንታይ እዩ ሕማምኪ ኢሎምኺ ኢሎምኺ ነይሮም?
[1220]	**ተሓታቲት፡** ደም በዝሒ።
[1221]	**ሓታቲ፡** ደም በዝሒ ኢሎምኺ?
[1222]	**ተሓታቲት፡** እህእ።
[1223]	**ሓታቲ፡** ዓቂኖም ኢሎም እዮም እኮ ደም በዝሒ ኢሎምኺ ሱቕ ኢሎም ኣይብሉን?
[1224]	**ተሓታቲት፡** ዋላ ይበሉ እምበር ይብለካ እቲ ናይ ደም በዝሒ መጥፍኢስ ኣይሃቡናን። እተን ከኒና ይእዘዛ ምንም ንዓና ትርጉም ኣይሃባናን፡፡
[1225]	**ሓታቲ፡** ኣፍቲ ኣመጋግባኽ ከመይ ትገብሪ ነይርኪ? ሕጂ ንኣብነት ኣብ ገዛ
[1226]	**ተሓታቲት፡** ጨው ኣይትብልዑዶ ኢሎምና ኢለካ ብኣይ ጀሚረ ጨው ኣይንበልዕን ነይርና። እንተይበላዕና እውን እዩ ሓሚሙ እንአ ሕዩ ሰብኣይ፡፡
[1227]	**ሓታቲ፡** ጨው ገዲፍክሞ ኢኹም?
[1228]	**ተሓታቲት፡** እወ።
[1229]	**ሓታቲ፡** ቅብኣት ነገርክ?
[1230]	**ተሓታቲት፡** ቅብኣት እውን ዘይቲ ቀይርና ምንም።

[1231] **ሓታቲ፡** ካፍቲ ሓፊስ ዘይቲ ናብ ቀጢን ዘይቲ?
[1232] **ተሓታቲት፡** እወ ናብ ቀጢን ኢና ዋላ ግን ትርጉም ኣይረኽብናሉን፡፡
[1233] **ሓታቲ፡** ቆፅላ መፅሊኽ ሕጂ ንኣብነት ኣትክልቲ ምምጋብ ገለ?
[1234] **ተሓታቲት፡** ንሱ ኣይበሉናን ናይ ባዕልትና እውን ክኸውን ይኽእል እምበር ኣይበሉናን፡፡ ጨው ጥራሕ ጉዕሽ ስዋን ቡናን ግደፉ ኢሎምና፡፡ እዚአን ሰለስቲአን ሕማቓት እየን መልዐሊ መስተ ዝኾነ መስተ፡፡
[1235] **ሓታቲ፡** እቲ ዓቑንክ ማለት ሕጂ ደም በዝሒ ኣለኪ ክትበሃሊ ከለኺ ሓንቲ ግዘ ተዓቒንኪ ድዩ ወይስ ብተደጋጋሚ እዩ?
[1236] **ተሓታቲት፡** ብተደጋጋሚ እዮም ዝብሉ፡፡
[1237] **ሓታቲ፡** ብተደጋጋሚ ዓቒንኪ እዩ ደም በዝሒ ኣለኪ ተባሂልኪ?
[1238] **ተሓታቲት፡** እወ፡፡ ብተደጋጋሚ እዩ ኣነ ግን ኣብ ማይጨሎት እየ ሓውየ፡፡ ንሱ እውን ያው ኣፍቲ ማይጨሎት እዩ እንአ ሕዩ እኳ፡፡
[1239] **ሓታቲ፡** እቲ መድሓኒትክ ገዲፍዎ ኣቋሪፅዎ?
[1240] **ተሓታቲት፡** እንታይ እሞ ክንገብር ኣቋሪፁዎ ማለት እዩ እምበር እንታይ ደኣ፡፡
[1241] **ሓታቲ፡** ግን ሕጂ ያው በቲ ማይጨሎት ባዕሉ እውን ለውጢ ምምፅኡ ሓደ ነገር እንድዩ?
[1242] **ተሓታቲት፡** እወ፡፡
[1243] **ሓታቲ፡** ግን ምስቲ ማይጨሎት ድማ እቲ ዝወሃበካ ናይ ሕክምና እውን ተኸታቲልካ ለውጢ ምርኣይ ይከኣል እዩ ዝብል እምነት ኣለኒ ኣነ እሞ ከመይ ትርእዮ እስኪ እዚ?
[1244] **ተሓታቲት፡** ማለት ንውሕጥ እንዲና ኣይንገድፎን፡፡ ንውሕጥ ኢና እኮ ከምቲ ትብሎ ኣተኣማማኒ ናይቲ ሕክምና ድዩ ናይቲ ማይጨሎት ድዩ ከም ክብድ እንትብለና ከሎ ኢና ንወስዶ ብዙሕ ንከታተሎ ኣይኮናን፡፡ ክብድ እንትብለና ግን ከም ምግቢ ገለ እንተብዚሕና ደስ ዘይበለካ ኣሎ እንዶ ዝኸብድ ነገር ከምኡ እንተገይርና እውን ንጥቀሞ ኢና፡፡ እንድዕሉ መቸም ኣነ ግን ኣፍቲ ማይጨሎት እየ ትርጉም ረኺበሉ፡፡
[1245] **ሓታቲ፡** ማይጨሎት እዩ ለውጢ ዘለዎ?
[1246] **ተሓታቲት፡** እህእ፡፡
[1247] **ሓታቲ፡** ኣመጋግባ ግን ኣይረኣኽዮን? ሕጂ ንኣብነት ዝኾነ
[1248] **ተሓታቲት፡** ማለት ጨው እንተበሊዕና ይኸብደና፡፡ ጉዕሽ ስዋ እንተሰቲና እውን ይኸብደና፡፡
[1249] **ሓታቲ፡** ስለዚ ሕጂ እቲ ሓኻይም እዚ እንተወሲድኩም ሽግር ኣለዎ ዝብልኹምስ ሽግር ከምዘለዎ ሪኢኽዮ ኣለኺ?
[1250] **ተሓታቲት፡** እወ፡፡
[1251] **ሓታቲ፡** ስለዚ እዚ ኣይትግበሩ ገለ ዝብልኹም እንዳነከኹም ክልቲኡ ክትሪኡ ኣይሞከርኩምን? ክልቲኡ እንዳዛመድኩም ማለት እዩ?
[1252] **ተሓታቲት፡** ያው ይብለካ ኣለኹ እኮ እቲ ጨው ገዲፍናዮ ኣይንበልዕን፡፡ ጉዕሽ ስዋ እውን ኣይንሰትን፡፡ ቡና ግን ያው ብዕቅን እዩ ምስታይ ይሰቲ እየ፡፡ እና ኣቕጥን ኣቢለ ሱቕ ኢለ ወልፊ ስለዘለኒ፡፡ እታ ቡና እያ ኣብያህኒ እምበር እቲ ጉዑሽ ስዋ ኣይንሰትን፡፡ ጨው እውን ያው እንዳዓቀና ኢና፡፡ ያው ብዝኾነ መነንኡ ከምዝኾነ እንየና ቀኒና፡፡
[1253] **ሓታቲ፡** ሕጂ ለውጢ ኣለዎ ደሓን እዩ? ደሓን ኢኺ?
[1254] **ተሓታቲት፡** ደሓን እየ እግዚኣብሄር ይመስገን፡፡
[1255] **ሓታቲ፡** በቃ ኣሱ እዩ እቲ ዘድሊ እውን፡፡
[1256] **ተሓታቲት፡** እታ ሻዓ ምስ ኣወደቕትኒ ድሕሪኡ እግዚኣብሄር ይመስገን፡፡
[1257] **ሓታቲ፡** የውደቕኪ ነይሩ እዩ?
[1258] **ተሓታቲት፡** ኣውዲቕኒ እንድዩ ደኣ፡፡
[1259] **ሓታቲ፡** ሕክምና ከይድኪ?
[1260] **ተሓታቲት፡** እህእ ሕክምና ከይደ፡፡
[1261] **ሓታቲ፡** ካልእ ድማ ንኣብነት ኣመጋግባ ንኣብነት ቆፅላ መፅሊ ምውሳድ ኣትክልቲ ሕጂ ኣትክልቲ ብዙሕ ሱቕ ኢሉ እቲ ማሕበረሰብና ናይ ታሕተዋይ መነባብሮ እንዳገበረ እንዳወሰዶ እዩ እምበር ኣትክልቲ ሕጂ ፅቡቕ እዩ፡፡ እና እዝታት ኣይሞከርክን?
[1262] **ተሓታቲት፡** ኣይሞከርናን፡፡ ያው ዝረኽብና ኢና ንበልዕ፡፡
[1263] **ሓታቲ፡** ኣመጋግባስ ኣየተኽታተልክምዎን ዘለኹም?
[1264] **ተሓታቲት፡** ያው ጨው እያ እታ ጨው እዮም ኢሎምና እምበር፡፡ ጨውን ቅብኣት በዝሒ ጉዑሽ ስዋ ቡና እዚአን ከተርፉ ኣለወን እንድዮም ኢሎም፡፡ ግን ቡና ኣይገደፍኩዎን፡፡ ጉዑሽ ሰዋ ግን ገዲፈዮ ማለት እዩ፡፡
[1265] **ሓታቲ፡** ፅራይ ሰዋ ግን ምንም ሽግር የብሉን?
[1266] **ተሓታቲት፡** የብሉን ኢሎምና እንድዒ፡፡
[1267] **ሓታቲ፡** ሪኢኽዮ ግን ንስኺ ሕጂ?
[1268] **ተሓታቲት፡** ኣነ ጉዑሽ እዩ ዝኽብደኒ፡፡
[1269] **ሓታቲ፡** እምበር ፅራይ ሰዋ ምንም ሽግር የብሉን?

[1270] **ተሓታቲት፡** እወ፡፡ ኣብ ጉዕሽ እዩ ዝኸብደኒ፡፡

[1271] **ሓታቲ፡** በቃ እሞ ፅቡቕ እምበኣር ብዙሕ ነገር ነጊረክኒ እንድያውም ሕጂ እኮ፡፡ እንታይ ከግበር ኣለዎ ትብሊ ሕጂ እስኪ ኣብዞም ደም በዝሒ ንምንካይ ሰብ ብደም በዝሒ ንኸይትሓዝ?

[1272] **ተሓታቲት፡** እንታይ እየ እሞ ክብለካ ኣታ ወደይ ኣነ ምህርቲ ኣይኮንኩን፡፡

[1273] **ሓታቲ፡** በቲ ናትኪ ኣተሓሳስባ፡፡

[1274] **ተሓታቲት፡** እሞ ኣነ ኣፍታ ጉዕሽ ስዋን ኣፍታ ጨውን እያ ትኸብደኒዶ ኢለካ፡፡

[1275] **ሓታቲ፡** እወ፡፡

[1276] **ተሓታቲት፡** ቡና እውን ግደፊ ተባሂለ ኣይገደፍኩዎን ያው ምንም ሳዕቤን ኣየምፀለይን፡፡ ከምዘይኸብደኒ ገይረ ተመጣጣነ እየ ዝጥቀሞ፡፡ ካብኡ ድማ እንታይ እየ እሞ ክብለካ ደኣ፡፡

[1277] **ሓታቲ፡** የቕንየለይ ብጣዕሚ እየ ዘመስግን፡፡

Appendix – J: English Translations of the Tigrigna Transcripts

(i) Audio Recording of Health Education - 1 (ARoHE-1)

Turn	The English Version
[1]	**HEW:** We have decided to meet and had discussion. However, no one had come. Those who were present last time are also present today. We shouldn't follow the footsteps of those who didn't come to our meetings. You have to be exemplary. We have to exert a lot of effort. You know that this is the group we have done a lot to bring change. There are some other groups in our 'ketena' [administrative structure within Kebele] which perform well in discussing issues as per to the schedule. However, this group is lagging. You have to convince those who don't come to group discussions. Especially, leaders of the networks have to work hard to convince network members to Bring them to discussions. You don't have to be hopeless due to the defiant attitude of some network members. You have to work hard to persuade them to come to such discussions. It has to be done a lot in this regard. Had you started 'Ukub' [traditional way of saving money], everybody would have come and join the group discussions. There are some WDA which started 'Ukub' and all the network members avail themselves for the group discussions. When continuous discussion is held, everyone can be attracted. In fact, you [the network leaders] are five in number but when you start the discussion, meanwhile other network members will come and join the discussion. You shouldn't say that 'I have to be absent from the discussion for so-and-so is absent from the discussion'. You have to struggle to change the defiant attitude of the absentees. Especially, network leaders have to assess absentees' reasons for becoming absent from group discussions. There are some other network leaders who assessed the reasons and bring absentees to group discussions. You know how our organization [TPLF] has become successful. It started with few people. However, it brought us peace. You know this all; you all are from the freed part of Tigray. Therefore, there has to be done a lot to in this regard. Having said this, now we are going to talk about non-communicable diseases such as blood pressure and diabetes. Do you know about this?
[2]	**Participant 1:** Yes.
[3]	**HEW:** This kind of diseases cannot be transmitted from person to person. And, in most cases, the cause is taking delicious food stuff. ( ) Among the old, well, we say; it is said that [NCDs] are common among the overweight. It also occurs among the thin; am I right?
[4]	**Participant 2:** Diabetes is especially seen among the thin.
[5]	**HEW:** Yes. There are such cases. Are there diabetic patients in our area? In fact, there are hypertensives that are identified and diabetic as well.
[6]	**Participant 1:** There are diabetic patients.
[7]	**HEW:** Yes, of course. If there are such cases in your area, you have to inform us [HEWs] to follow them up when in case we don't identify them as patients of such diseases. For example, among those we know is Bahta.
[8]	**Participant 1:** There is also Mohammed. You [HEWs] don't include him in the list who have to get free health service. He bought the medicine from private health facility.
[9]	**HEW:** Oh! Mohammed. That man?
[10]	**Participant 1:** Yes.

[11] **HEW:** Well, you have to give us such information about such cases. Coming to the prevention mechanism includes avoiding delicious foods; doing moderate exercise but not heavy work because it has its own side effect. We have to reduce sugar, coffee and salt intake. In addition, we have to take a healthy diet. It is risky to take delicious food. Therefore, we have to take care of things that we can prevent. It is not good to begin taking medicines; some hurry to start though they are fine. It is also possible to prevent such diseases via nutrition. It can also be reduced by doing moderate activities and walking. Now let me hear you reflect your ideas, Zihafta.

[12] **Participant 2:** We are being educated. You [HEW] always tell us that 'an ounce of prevention is a pound of cure'. So, you have to reduce taking delicious food at older ages. We have to take care of our own health.

[13] **HEW:** What else? You were eager to go home. So, what do you add to what Zihafta has said?

[14] **Participant 2:** This is for our benefit. Whatsoever it is, it is for our advantage. It is good to know how to prevent such diseases. It is not for nothing that someone [HEW] talks about this.

[15] **HEW:** Lemlem

[16] **Participant 2:** What one knows is unknown for the other.

[17] **HEW:** Simret, give your comment. Why do you keep silent as if you have nothing to say? Had I gone, you would have talked a lot.

[18] **Participant 2:** 'Way! Way!' [a lot] (an expression of excitement)

[19] **HEW:** (laughing) Only Zihafta knows about this?

[20] **Participant 3:** That is not the case.

[21] **HEW:** So, say something.

[22] **Participant 2:** I am getting old.

[23] **Participants:** (Laughing)

[24] **Participant 2:** I want to know my remedies.

[25] **Participant 3:** It is not only among the fat.

[26] **HEW:** Yes, it is not only among the fat. Sometimes it is also said that NCDs are the diseases of the rich. However, such association is wrong. People say that NCDs are found among the rich and fat, right? But this is wrong. It can be seen even among the poor. The cause is not only taking delicious food. So, it can be seen in both the rich and poor. Nevertheless, there is traditional association of NCDs with only the rich which is totally wrong. W/ro Tiebe add your own suggestion for you know very well about this.

[27] **Participant 3:** She said she is hypertensive.

[28] **Participant 1:** She is diabetic and she has also kidney disease.

[29] **Participant 2:** Yes.

[30] **Participant 4:** We have problems. We don't understand that such meetings are for our benefits. The diseases exist in all of us. For example, blood pressure is not the problem of the rich; it is also the problem of the poor. I, for instance, have blood pressure. I regularly follow up medical check-ups. I also give advice to those who become sick to go to health facility for check-ups because I know the symptoms of the disease. However, some don't understand when they are told to come to such meetings for discussing health issues.

[31] **HEW:** What else? Please don't let us begging you to come to development army discussions. Belay will also provide education. He came with me last time. We will assess the reason for not coming to development army discussions. You confirmed that Friday is your convenient day for development army discussion. However, you don't respect your promise to come on Friday. What is the problem? It is difficult to predict

whether the problem is from our [HEWs] side or the government's order. It is not Tirhas or Belay that orders you to perform activities. It is not even the WDAs that provide you an order. The order is from above – the government. Why do you become obstacle to orders from the government? Do you think you don't need a government? The intention seems to be like that. Why don't you come and use your time to discuss health issues? The discussion doesn't take too long. Everyone can go to her own work after discussing for about fifteen minutes. Those who regularly come to discussions should bring their neighbours. You shouldn't become absent for so-and-so do so. For example, Tiblets has to bring Zahra by persuading her. We have to convince others to come to discussions. We shouldn't look backward. You can discuss even being few in numbers. You know our schedule is at 9:00 am every Friday after you served breakfast for your family and send your children [to school]. If you come to discussions on time, quarter of an hour is enough for discussion. For instance, it is now an hour since we start waiting members. This is not good. This shouldn't be repeated for the next time. Next time, we will prepare a serious rule. Five of you [the network leaders] should be serious in this regard. There need a struggle. There has to be done a lot. If network leaders are strong, network members will also be strong. Five of us should persuade the network members. Those who are absent today have to be persuaded to come next time. We have to work hard towards persuasion.

(ii) Audio Recording of Health Education - 2 (ARoHE-2)

Turn	The English Version
[32]	**HEW:** We were discussing according to our program. However, now there are interruptions. As you know, we were discussing about freeing home delivery and getting children vaccinated. We were also discussing about cleaning our surroundings within a twenty meter distance. Apart from this, we attempt to discuss about non-communicable diseases. We sometimes include how to prevent non-communicable diseases in our discussions though such discussions rarely happened. Diabetes and blood pressure are among the non-communicable diseases which are highly prevalent. There is also mental illness. For example, W/ro Beriha is hypertensive and asthmatic. So, what should we do to avoid and prevent such diseases? What sort of knowledge and understanding do you have in this regard? We always discuss about this. For example, concerning our diet, if we take healthy diet, the incidence of developing these diseases can be avoided. For instance, if we take excess salt, if a person with blood pressure consumes excess salt, he/she will take too much water. And taking too much water will result in increasing blood pressure level. In addition, those who take alcohol and if we consume the similar food types and food rich in salt and fat, the incidence of developing that disease can be aggravated. We discussed about this all the time. You know about non-communicable diseases. As I have mentioned earlier, diabetes, blood pressure, asthma and mental illness are among non-communicable diseases. You know about non-communicable diseases. For instance, from what I have discussed, Tsadkan.
[33]	**Participant 1:** What?
[34]	**HEW:** Tell us how we can prevent non-communicable diseases.
[35]	**Participant 2:** Hurry up now.
[36]	**HEW:** Have a seat here.
[37]	**Participant 2:** Hurry up. I came from serving coffee; it will call me.
[38]	**HEW:** (laughing)
[39]	**Participant 1:** If the case is hypertension, reduce salt intake.
[40]	**HEW:** Say it loudly.
[41]	**Participant 1:** I can't.
[42]	**HEW:** I am waiting you. What about others? Has Genet gone home? Give us your comment briefly.
[43]	**Participant 3:** The first thing is hygiene. Then, we have to use iodinated salt but we have to use small amount of salt while preparing food.
[44]	**HEW:** How can we prevent diabetes and blood pressure? Do we prevent them via nutrition? If so, How? What do we mean by dietary habit?
[45]	**Participant 3:** Dietary habit means reducing salt intake and avoiding fatty food.
[46]	**HEW:** Ok.
[47]	**Participant:** Taking balanced diet - We shouldn't eat the same food stuffs all the time. We have to take varieties according to our capacity. The major thing is to avoid salt intake and fatty food.
[48]	**HEW:** There is a belief in our community that diabetes can be prevented via traditional medicine. How do you see this? Do people use such traditional medicine? I am talking to you, Genet.
[49]	**Participant 3:** There is no person who uses traditional medicine this time. People rather stick to health facilities.

[50] **HEW:** Well, Semira, what specific activities should hypertensive patients do to be cured from their health problem?
[51] **Participant 4:** I don't know. Let me hear from you.
[52] **HEW:** What? Tahgaus, turn your face and say something. You are being recorded.
[53] **Participant 5:** What can I say for I don't know?
[54] **HEW:** My God! You don't know though you are grade ten!
[55] **Participants:** (laughing)
[56] **HEW:** I am talking to you. Say something, why do you turn your face?
[57] **Participant 5:** What can I say?
[58] **HEW:** How are NCDs prevented? Seada, tell us.
[59] **Participant 6:** Reducing salt.
[60] **HEW:** Yes.
[61] **Participant 5:** Reducing coffee intake.
[62] **HEW:** Ok.
[63] **Participant 6:** Having medical follow up.
[64] **HEW:** Well having medical check-ups. Avoid drinking coffee with sugar.
[65] **Participant 7:** Yes, avoid drinking coffee with sugar.
[66] **HEW:** You mentioned it. Then, taking balanced diet and eating food without salt. Ok?
[67] **Participant 7:** Yes.
[68] **HEW:** We have finished.

(iii) Focus Group Discussion - 1 (FGD-1)

Turn	The English Version
[69]	**Interviewer:** My name is Negassi Abay. I am a student of Addis Ababa University. I am doing a research on the prevention of non-communicable diseases. I am here today to discuss about NCDs prevention, risks and care. I want to ask you some questions in this regard. What do you know about non-communicable diseases?
[70]	**Participant 1:** Such as kidney disease and diabetes?
[71]	**Interviewer:** Yes. What do you know about this? Or what image comes to your mind when you hear about such diseases, say diabetes?
[72]	**Participant 1:** When I hear about such disease, I Become cautious to keep myself from being victim of non-communicable diseases - mental readiness to be free from these diseases.
[73]	**Interviewer:** What about others? What do people say about patients of NCDs and those who die of NCDs?
[74]	**Participant 1:** Such case doesn't happen in our area.
[75]	**Interviewer:** Do you think that you are at risk for non-communicable diseases?
[76]	**Participant 2:** We are at risk for non-communicable diseases. For that, we try to prevent such diseases.
[77]	**Interviewer:** Do you think that everyone is vulnerable for non-communicable diseases?
[78]	**Participant 2:** Yes, we think.
[79]	**Interviewer:** Why do you think so?
[80]	**Participant 3:** These diseases can be caused due to negligence. Unable to notice that taking excess sweet can lead to such diseases, but people understand the reason after they once became patients. Therefore, before becoming victims of such diseases, we have to focus on prevention.
[81]	**Interviewer:** What activities do you do to prevent non-communicable diseases? For example, she said that reducing delicious food intake would minimize the prevalence of NCDs. What else do you think should be done to prevent NCDs?
[82]	**Participant 4:** Having regular and early medical check-ups; regulating body weight by reducing food intake. Secondly, one has to get his/her own weight measured. In addition, people have to have medical check-ups.
[83]	**Interviewer:** What else?
[84]	**Participant 5:** Yes, reducing salt intake from our dishes; reducing coffee intake and having regular medical check-ups. That is all.
[85]	**Interviewer:** Is there any other? For instance, you are all members of one-to-five network. As members of the network, what activities do you do to let family members and neighbours prevent non-communicable diseases?
[86]	**Participant 1:** The first thing is prevention. And we can prevent NCDs via nutrition. In addition, hypertension is caused due to stress - 'shekerker'. Therefore, we have to avoid stress – 'shekerker' that occur due to disagreement among the family members.
[87]	**Interviewer:** What do you mean by 'shekerker'?
[88]	**Participant 1:** It is to mean stress. To my understanding, stress is the cause for hypertension and diabetes. Therefore, we have to avoid stress.
[89]	**Interviewer:** What else? Say anything you feel?
[90]	**Participant 1:** Say something, Sara.
[91]	**Participant 2:** I share what has been said. I think we have to focus on preventive aspect rather than treatment.
[92]	**Interviewer:** HEWs provide you advice about different health issues. Do you put

such advices into practice? Give me examples.

[93] **Participant 6:** Yes, she advises us to clean our surroundings. We clean our houses and restrooms. We dispose garbage carefully. We did as what she taught us.

[94] **Interviewer:** What about nutrition?

[95] **Participant 6:** She told us about nutrition as well. We put into practice what we have learnt.

[96] **Interviewer:** What do you do at home to prevent non-communicable diseases?

[97] **Participant 6:** First of all, we keep our houses and surroundings clean. In terms of nutrition, we shouldn't eat fatty food. We should eat vegetables.

[98] **Interviewer:** Why shouldn't you eat fatty food?

[99] **Participant 6:** Because eating fatty food can be cause for different diseases such as heart disease and gastric or stomachal disease.

[100] **Interviewer:** What is your comment to the Tigrigna saying: ''ካብ ሓሚምካ ሕክምና ተኸናኺንካ ጥዕና' (An ounce of prevention is a pound of cure')?

[101] **Participant 2:** We attempt to prevent such diseases as much as possible at our level. We perform activities to be free of different diseases.

[102] **Interviewer:** The prevalence of hypertension and diabetes are at rise in our town. But such diseases are preventable if we work on prevention. What do you think should be done to reduce the prevalence of NCDs and prevent such diseases?

[103] **Participant 1:** That is

[104] **Participant 3:** If we do the right thing, they can be prevented.

[105] **Participant 1:** Coffee, salt

[106] **Participant 2:** To some extent

[107] **Participant 1:** These diseases can be avoided if we reduce taking delicious food types.

[108] **Interviewer:** What else?

[109] **Participant 5:** There is a saying from elders which says 'cut out of the three white stuffs'. Especially, people who are above forty years old have to reduce salt, fat and sugar because people above forty are physically inactive.

[110] **Interviewer:** Any other thing?

[111] **Participant 3:** All has been said. Obviously, prevention is very essential at young and old ages. Especially, salt is not good, so we have to reduce it. In addition, we have to take vegetables – balanced diet. For instance, some prefer to include fruit in their dishes while some others do not. Therefore, we have to take food stuff which is appropriate to our health. There are food items which do not go with some diseases such as heart attack. There are some people who do not eat 'Shiro'. They take 'Silsi' which has small amount of salt. In addition, varieties of food types should be taken to be healthy. Hypertension can be reduced by reducing salt intake. Salt has the power to increase our blood pressure. They [HEWs] advise us to use iodinated salt. We use iodinated salt though we don't have as such adequate knowledge about the difference. However, we use iodinated salt based on what we have learnt. The education that we received from HEWs is quite good. The better thing is to prevent such diseases. But knowing our case is also essential for it enables us to prevent our children and neighbours from such disease. Therefore, we shouldn't keep our diseases secrete. That is what I feel.

[112] **Interviewer:** Is there anything else which is not mentioned.

[113] **Participants:** No.

[114] **Interviewer:** Thank you.

(iv) Focus Group Discussion - 2 (FGD-2)

Turn	The English Version
[115]	**Interviewer:** My name is Negassi Abay. I am doing a research on the prevention of non-communicable diseases. I am here today to discuss about NCDs prevention and ask you some questions in this regard. Let us start with knowledge on non-communicable diseases. What do you know about non-communicable diseases?
[116]	**Participant 1:** Blood pressure, diabetes and asthma.
[117]	**Interviewer:** What about others? Well, blood pressure, diabetes and asthma are among the non-communicable diseases. What do you feel when you hear such words?
[118]	**Participant 1:** It is to become meticulous. We shouldn't be worried and afraid of such diseases. One has to know what the causes are and how to prevent these diseases.
[119]	**Interviewer:** Ok. What about others?
[120]	**Participant 2:** It is like what she has said.
[121]	**Interviewer:** Explain to me. For instance, what image does it come to your mind when you hear the word diabetes?
[122]	**Participant 2:** For me, it is to be cautious.
[123]	**Interviewer:** Is there fear of such diseases? For instance, in your area, is there sense of fear if someone says he is diabetic patient?
[124]	**Participant 2:** Yes, we fear.
[125]	**Interviewer:** Why?
[126]	**Participant 2:** Because such disease has consequences. So, you fear saying 'am I going to unable to work to earn for my living and being wretched due to developing such diseases.
[127]	**Interviewer:** What are the risk factors of non-communicable diseases?
[128]	**Participant 2:** Salt
[129]	**Interviewer:** Ok.
[130]	**Participant 3:** By drinking too much coffee.
[131]	**Interviewer:** What else?
[132]	**Participant 3:** Not having medical treatment.
[133]	**Interviewer:** Do you mean medical check-ups?
[134]	**Participant 3:** Yes, not having medical check-ups. Drinking sugary drinks; taking too much fat and taking too much sugar.
[135]	**Interviewer:** What else? Taking too much sugar and eating fatty food are considered to be risk factors. What other things can be causes for developing non-communicable diseases?
[136]	**Participant 1:** Avoiding alcohol intake; alcohol and cigarette shouldn't be taken. Physical activity – too much rest is not good for health. Physical activity is very essential.
[137]	**Interviewer:** Well, I have observed that health education has been provided by HEWs. Do you put the lessons you have received into practice? If so, tell me what you do to prevent non- communicable diseases at home?
[138]	**Participant 1:** To reduce blood pressure, I have to reduce salt intake during food preparation. For asthma cleaning our houses; and for diabetes reducing sugar and coffee intake. In addition, we have to avoid alcohol.
[139]	**Interviewer:** What else?
[140]	**Participant 4:** Reduce salt intake.

[141] **Interviewer:** What else? Do you use vegetables?
[142] **Participant 4:** Yes, we use.
[143] **Interviewer:** What about fatty food?
[144] **Participant 4:** We take fatty food but it is not too much. We rarely use fatty food for we couldn't afford due to our level of income.
[145] **Interviewer:** Do you avoid taking fatty food for you notice the risk factors or due to your inability to afford for it?
[146] **Participant 4:** Yes, that is why.
[147] **Interviewer:** What?
[148] **Participant 5:** We cannot easily access such food. We rarely eat such food because meat cannot be easily found. However, we eat vegetables.
[149] **Interviewer:** Do you talk about non-communicable diseases with your family members or neighbours? For instance, do you talk about blood pressure?
[150] **Participant 5:** Yes. Reduce salt and coffee.
[151] **Interviewer:** Share us what you think.
[152] **Participant 6:** All has been said by others.
[153] **Interviewer:** What about your view?
[154] **Participant 6:** To prevent blood pressure, reduce salt intake and reduce coffee intake as well; and to prevent diabetes, reduce sugar intake and coffee.
[155] **Interviewer:** There is a Tigrigna saying: 'ካብ ሓሚምካ ሕክምና ተኽናኺንካ ጥዕና' (An ounce of prevention is a pound of cure). What do you think of this saying?
[156] **Participant 1:** That is good idea. One has to know his/her health condition having medical check-ups. It is very essential to know our health condition.
[157] **Interviewer:** So, do you do preventive activities to be healthy?
[158] **Participant 3:** Yes.
[159] **Interviewer:** What do you do? For instance, as has been said 'having medical check-ups' can be one activity. What else do you do at home to prevent such diseases?
[160] **Participant 3:** For example, one who is hypertensive has to go to health facility. And when it is confirmed that the person is hypertensive, it is by reducing salt, sugar and coffee that blood pressure can be reduced. In addition, milk intake should also be reduced.
[161] **Interviewer:** Do you really do such activities at home?
[162] **Participant 3:** Yes.
[163] **Participant 4:** First, we clean our surroundings. Then, as you prepare your food carefully, for instance, if I eat meat today, I have to eat vegetables tomorrow. By so doing, 'ድሑር ሕማም' (NCDs) cannot exist. I should not take too much rest. I have to exercise.
[164] **Interviewer:** What else?
[165] **Participant 2:** Eating vegetables. To reduce blood pressure, reduce coffee intake.
[166] **Interviewer:** There may be people who associate blood pressure with only the fat and think that hypertension is an immediate killer. Is there such association?
[167] **Participant 3:** Thin people can also be hypertensive.
[168] **Interviewer:** So, there is no such association?
[169] **Participant 3:** The thin has blood pressure as well.
[170] **Interviewer:** So you know that the fat and thin can be at risk for such diseases?
[171] **Participant 3:** Yes, we know.
[172] **Interviewer:** But there are sayings. When there is fat person, people think that the person may be hypertensive or diabetic though there are some other risk factors for such diseases.
[173] **Participant 5:** These diseases can occur among the fat and the thin.

[174] **Interviewer:** So, such disease can be caused due to the aforementioned risk factors?
[175] **Participant 5:** Yes.
[176] **Interviewer:** In terms of '*what to do*' and '*what not to do*', what sorts of advice do HEWs provide you?
[177] **Participant 4:** They tell us to clean our houses; we are also advised to use iodinated salt; and they tell us not to give birth at home.
[178] **Interviewer:** What about you?
[179] **Participant:** It is like what she has said. She [HEW] tells to clean our houses and to keep children's hygiene.
[180] **Interviewer:** What about nutrition?
[181] **Participant 6:** We have to prepare food by cleaning utensils.
[182] **Interviewer:** Finally, what do you think could be done to prevent NCDs?
[183] **Participant 1:** At individual level, people have to keep their personal hygiene. Apart from this, they should eat healthy diet. As has been said earlier, fatty food and alcohol should be avoided. In addition, people have to have medical check-ups. And, we have to put what we have been told into practice.
[184] **Interviewer:** Any other thing?
[185] **Participant 4:** Fatty food should be avoided. Other drinks such as coffee, coffee with tea and alcohol should also be avoided. In addition, we have to avoid fatty and delicious food and take only vegetables without salt**.**
[186] **Interviewer:** Is there something else?
[187] **Participants:** We haven't.
[188] **Interviewer:** Well, if you don't have, thank you very much.

(v) In-depth Interview with Health Professional – 1 (IDI1-HP1)

Turn	The English Version
[189]	**Interviewer:** Can you tell me about the prevalence of NCDs in this area?
[190]	**Interviewee:** Well, in our town, diabetes is prevalent to some extent. We can say that blood pressure and diabetes are partly prevalent. Especially, diabetes mellitus (DM) is prevalent at high rate. There are two types of diabetes, diabetes mellitus type one and diabetes mellitus type two. In our town, currently DM type two is prevalent in most cases especially in hospitals. We don't have medical services for DM. However, when we look at cases from hospital, there are many cases of DM type two. Of course, some sort of education is provided. Taking excess fatty foods, overweight and so on are the causes of non-communicable diseases as indicated in a meeting held here by HEWs every Thursday. HEWs inform us that non-communicable diseases are becoming prevalent due to the mentioned causes. Even blood pressure is prevalent to some extent. Based on our database, people who are above forty years old are at risk for non-communicable disease. Mostly, women are at risk for such diseases as compared to men. For that, some sort of education is provided. Even though blood pressure cannot be completely cured, people can live longer by doing some sort of physical activity. Health education is given about how one can produce his/her own health and live healthy. Apart from this, the prevalence of chronic heart failure (CHF) is relatively lower in our town. There are also cancer cases; however, there is no one who is suspected and diagnose for such disease in our health centre for we don't provide diagnose services for cancer. But as we hear from hospital, there are some cancer cases from both catchment areas- Maebel and Hailom. 'Maebel' and 'Hailom' Kebeles are catchment areas of our health centre, Millennium health centre. Based on our data, CHF is relatively not prevalent in our town.
[191]	**Interviewer:** What do people think about NCDs? What do they say about it?
[192]	**Interviewee:** Diabetes is the most common and becoming recurrent disease. People seek information on what sort of care they should take to prevent non-communicable diseases. So, some sort of education is given by HEWs to people at development army [grass roots] level about what sort of care should people take and what should they perform to prevent such diseases. For example, as I have discussed earlier, for diabetes mellitus we have to eat vegetables. We have to do moderate physical activities every morning to our capability. We have to have moderate weight which is balanced with our height. There are some people who seek such advices. I am sure that HEWs provide them. As I told you, most people seek information about diabetes and cancer for they fear about these diseases. Especially, they worry about developing cancer because they don't know its cause. So, there is habit of seeking information about what sort of preparation should be done to prevent such diseases. Physical activity is very essential. Any way they have been informed about the importance of physical activity.
[193]	**Interviewer:** You have told me that people are suffering from diabetes. In addition, blood pressure is also prevalent in this area. Who are at risk for NCDs in this community?
[194]	**Interviewee:** First, those who don't perform physical activity are at risk for NCDs; second, those who are weighty are at risk for NCDs. In addition, those who don't take a healthy diet can also be at risk for NCDs. For example, taking excessive fat and eating sugary foods are also risky. Therefore, those who are physically inactive, weighty plus those who take fatty food are at risk for NCDs.

[195] **Interviewer:** You have told me that the major concern of this community is diabetes. In addition, you have indicated that people seek information from you about how to prevent NCDs. Do people ever come see you for medical check-ups? Are they aware of having early medical check-ups can minimize developing NCD, and undetected and untreated NCD can worsen treatment and cure?

[196] **Interviewee:** They come for medical check-ups. For example; by the way, they come for medical check-ups of all types of non-communicable diseases. However, when they come for medical check-ups, they may not get medicine for diabetes and others in our health centre. For example, when they have been diagnosed for such disease, we refer them to hospital for further medical treatment. Here, we provide medical services for blood pressure or hypertension.

[197] **Interviewer:** What sorts of information and advice do you give to community members to prevent, treat and cure NCDs?

[198] **Interviewee:** When a patient's result indicates that he is hypertensive, I first explain the side effects of the prescribed medicine to be taken. I tell the patient the side effect he/she may face while taking the prescribed drug. So, I advise him/her that he/she should take the medicine without any frustration and worry for the medicine has its own nature of bringing some sort of side effects. Apart from this, I also advise him/her about the things that shouldn't be taken along with the prescribed medicine.

[199] **Interviewer:** So, your advice is focused on treatment of the disease?

[200] **Interviewee:** Yes, it is treatment-focused advice.

[201] **Interviewer:** What about prevention? For example, what sort of advice do you give to a person who is hypertensive to prevent developing some other types of non-communicable diseases?

[202] **Interviewee:** Well, as I told you I provide my advice with regard to the prescribed drug for treating his/her case. However, regarding to NCD prevention or the activities that one has to do, I provide advice at individual level. For instance, I tell the individual 'you are taking medicine for blood pressure but you have to perform physical activity every morning at your home'. In addition, I, myself, provide advice to an individual 'you have to consume this and that and you should avoid this sort of food types'.

[203] **Interviewer:** What are the traditional beliefs and practices that become challenges in promoting the prevention of non-communicable diseases?

[204] **Interviewee:** Well, most of the time, when we talk about hypertension or when we prescribe medicine for hypertensives, most people ask about coffee. I think this may be due to traditional belief. Some ask 'I drink coffee so what should I do?' I advise them to avoid drinking coffee if possible. However, there are individuals who say that they cannot avoid coffee at all. Therefore, I advise them that they should take one 'awol' [one cup of coffee] (ኣዎል – the first cup of coffee served in an Ethiopian coffee ceremony) by making it cool.

[205] **Interviewer:** They associate hypertension with drinking coffee?

[206] **Interviewee:** Most people ask me about this.

[207] **Interviewer:** What traditional beliefs and practices do you think contribute to the prevalence of NCDs?

[208] **Interviewee:** When I see the prevalence of NCDs from my own understanding, had people performed physical activity, had they reduced alcohol intake and had they taken a healthy diet, NCDs or chronic diseases wouldn't have been prevalent.

[209] **Interviewer:** So, do you think there is excess alcohol intake in this town?

[210] **Interviewee:** Yes, there is excess alcohol intake. We can take excess alcohol intake as risk factor.

[211] **Interviewer:** What are the practices that create opportunity to promote prevention of

NCDs?

[212] **Interviewee:** I don't have

[213] **Interviewer:** You don't have any idea?

[214] **Interviewee:** Yes.

[215] **Interviewer:** What do you think should be done to promote health and prevent NCDs at grass root level?

[216] **Interviewee:** Well, we as health service providers, there may be something that we have to do at grass root level such as some religious gatherings and schools. In addition, the community should receive health education about non-communicable diseases or chronic diseases (blood pressure, heart attack, diabetes, cancer) via the language they understand, Tigrigna. By so doing, health education should be given at development army level, Kebele meetings and as I have mentioned earlier in religious gatherings. I think the community or resident would also be aware of these diseases if we provide health education even in school settings.

[217] **Interviewer:** Is there anything else you would like to tell me regarding health promotion and prevention of NCDs?

[218] **Interviewee:** I think I have discussed all.

[219] **Interviewer:** Thank you very much.

(vi) In-depth Interview with Health Professional - 2 (IDI2-HP2)

Turn	The English Version
[220]	**Interviewer:** Can you tell me about the prevalence of NCD in this area?
[221]	**Interviewee:** In our town, even though we don't have exact data on the prevalence of NCDs, blood pressure and diabetes are on the rise as compared to previous years. Especially, hypertension is common in our area.
[222]	**Interviewer:** Why?
[223]	**Interviewee:** To me, life style modifications of the community can be the cause for the prevalence of NCDs. Overweight is also risk factor among those who aged 50 years and above. In addition, having regular or constant medical check-up is not common in this area. Apart from this, people do take fatty food for they believe taking such types of food once or twice wouldn't have impact on their health even though they are advised not to take fatty food. There is also interruption of taking prescribed medicines.
[224]	**Interviewer:** What do people think about NCDs? What do they say about it? What local term do they use to describe NCDs?
[225]	**Interviewee:** There are terms that the community use to refer different types of NCDs. For instance, when we tell them that they are hypertensive, some raise a question: 'how could it be' because they misunderstand the nature of blood pressure, and they think their problem is anemia. They don't consider the problem as pressure ('ፀቫጢ') but as the rise of red blood cells ('ደም በዚሑ'). When we tell them that they should start taking medicine for they are hypertensive, they say 'how could we become hypertensive for we do not have anything to eat'.
[226]	**Interviewer:** So, usage of terms has …?
[227]	**Interviewee:** Yes, usage of terms has also its own impact [to the prevalence of NCDs]. It is problematic.
[228]	**Interviewer:** Who are at risk for non-communicable diseases in this community? Why?
[229]	**Interviewee:** Most of the time I don't see people physically inactive people. Of course, there is overweight. However, I have observed that take any type of food without choice. They take whatever they are served. Such practice may not be a problem for people who are not overweight, but for those who are overweight taking all type of food would be risky. So, I have seen such type of people.
[230]	**Interviewer:** Why do people take everything they are served?
[231]	**Interviewee:** First, the intake of all type of food without choice may be due to people's economic background. For example, when people are invited to festive meal out of their homes, it is common to take food types which they couldn't get at their own home. This happens due to their economic background. Apart from this, there is lack of knowledge. They think that taking such food [food types that are not recommended] seldomly would not bring any health problem. They ask us 'what is wrong with taking such food types once at a time'.
[232]	**Interviewer:** In this community, do people talk about the nature and prevention of NCDs?
[233]	**Interviewee:** Yes, I hear people talk about NCDs. They talk about hypertension. Sometimes they have wrong understandings. Last time, for instance, we went out for community service. We wanted to know whether they use iodinated salt or not, so we forwarded a question 'do you use iodinated salt?' A mother replied 'we use iodinated salt because I have blood pressure', but salt is salt. We advise people to use iodinated salt as nutritional supplement but it is not to mean that iodinated salt wouldn't have an impact to people who are hypertensive. So, there is wrong understanding in this regard.

[234] **Interviewer:** Which type of NCDs is their major concern? Why?

[235] **Interviewee:** Hypertension. There is also diabetes but there are no other types of NCDs. These are the major concerns that I have commonly heard.

[236] **Interviewer:** Do people ever come see you for medical check-ups?

[237] **Interviewee:** Yes, they come. However, there is a big problem in terms of having continuous medical check-ups. People interrupt medical check-ups after they once began the follow up. They don't want to have continuous follow up though they are told to do so. They want to have their blood pressure measured without getting registered in the card room. But, we don't allow them to do so because we need to know and follow up their progress and as a result reduce and add things according to the results recorded during the continuous follow up.

[238] **Interviewer:** Are they aware of having early medical check-ups can minimize developing NCD, and undetected and untreated NCD can worsen treatment and cure?

[239] **Interviewee:** I cannot say that they are as such aware. We [health professionals] may have our own problems in this regard. Sometimes when there is flow of patients, patients may not be told with emphasis that they have to have regular medical check-ups. I don't think that they have adequate knowledge. Especially, hypertension is creating complications such as stroke in our town. Patients do not have follow ups. Hypertensive cases are known but they don't have regular check-ups. Then they become paralyzed. Complications that arise from hypertensive cases are common in this town. Such complications result from not having continuous follow up and interruptions of taking prescribed medicines.

[240] **Interviewer:** What sorts of advice do you give community members to prevent, treat and cure non-communicable diseases?

[241] **Interviewee:** How?

[242] **Interviewer:** For example, what sort of advice do you provide for the local community to prevent NCDs as member of the community? What sort of advice do you provide to patients who come for treatment?

[243] **Interviewee:** When they come here [health centre] we tell them they have to have regular medical check-ups and we also tell them the types of food they should and should not take. We inform them. I also personally provide such advice for my neighbours and those who ask me.

[244] **Interviewer:** Is there anything special that you perform to prevent NCDs?

[245] **Interviewee:** I don't have anything special.

[246] **Interviewer:** What are the traditional beliefs and practices that become challenges for promoting prevention of NCDs?

[247] **Interviewee:** Of course, I haven't faced anything in this regard. We mainly focus on communicable diseases for they are preventable. We don't provide health education on NCDs by allocating specific time schedule. For that, I haven't faced any challenge when I teach them.

[248] **Interviewer:** In fact, communicable diseases had been the major concern of developing countries. For that, there are changes for the community received education. However, if health education is not provided about the prevention of NCDs, these diseases will become health challenges of developing countries. I think HEWs are educating the society about the prevention of NCDs. What is your comment on this?

[249] **Interviewee:** We participate on the health extension program. As I have observed, non-communicable diseases do not receive much focus. The major focus is for diseases which are preventable. Especially, our focus is for things [diseases] that are related to sanitation. It would be nice if HEWs teach [the community] giving attention to the prevention of NCDs. However, I think NCDs do not receive attention.

[250] **Interviewer:** Well, you have told me a lot. Finally, what do you think should be done to promote health and prevent NCDs at community level?

[251] **Interviewee:** I haven't thought of such thing before but now I have understood that we along with HEWs have to focus and work on the prevention of non-communicable diseases.

[252] **Interviewer:** What other things should be done to develop the community's awareness towards the prevention of NCDs?

[253] **Interviewee:** To me, hypertensive and diabetic patients should have associations in which they can receive health education within fixed time for they can share experiences if they are organized in associations. This is what I think. If there are associations in which education can be offered, there may be sense of gatherings of people of the common experience or interest. I have heard that there is such association at Tikur Anbessa hospital. It would be nice to establish such associations for sharing experience even I think it would also be nice to provide education in such gatherings.

[254] **Interviewer:** What health education messages should be given to help this community reduce the risk factors of non-communicable diseases? What channels should be used to reach all community members?

[255] **Interviewee:** Media can be used as additional way. Especially, there is FM [radio program] which has so many listeners. So, we can use such media. Other additional way …

[256] **Interviewer:** Perhaps disseminating written materials?

[257] **Interviewee:** It can be. However, most of the time, people tear out disseminated written materials. Therefore, this may not be long lasting. These days, people listen to radio very well. Radio is feasible. People can listen to radio programs doing different activities; they can listen to radio out-of-doors as well. It is feasible and it is also comfortable to listen.

[258] **Interviewer:** Is there anything else you would like to tell me regarding health promotion and prevention of NCDs?

[259] **Interviewee:** Sometimes, as you have mentioned, there are challenges that arise from peoples' understandings. For example, for hypertensive, there are obstacles which we face. There has to be done a lot on overcoming such obstacles by educating the community via media. I think such challenges can be resolved if we work on them seriously.

[260] **Interviewer:** Thank you very much.

(vii) In-depth Interview with Health Professional -3 (IDI3-HP3)

Turn	The English Version
[261]	**Interviewer:** Can you tell me about the prevalence of NCD in this area?
[262]	**Interviewee:** Nowadays, non-communicable diseases are highly prevalent in our area. Especially, hypertension and diabetes are prevailing NCDs in this area.
[263]	**Interviewer:** What do you think of the reason?
[264]	**Interviewee:** I think it is due to the dietary habits of the community. Especially, it is common among the rich – economically well-off. Hypertension can occur among those who are not well-off as well. And the reason to me is nutrition. Apart from this, people do not perform physical activity. There is tendency of having too much rest. I think the prevalence is related to such reasons.
[265]	**Interviewer:** What do people say about non-communicable diseases?
[266]	**Interviewee:** Most people have awareness about hypertension. They know that salt intake and coffee are causes for developing non-communicable diseases. Some also know that taking fatty food can cause such diseases. However, there are some people who say that it is going without food that can cause a disease not taking some sort of foodstuffs. But most people are aware of the risks.
[267]	**Interviewer:** Do people in this community ever come to your health centre for medical check-ups?
[268]	**Interviewee:** Yes, they come.
[269]	**Interviewer:** Which type of NCDs is their major concern?
[270]	**Interviewee:** Their major concern is hypertension. They worry very much about developing hypertension. There are also people who come for blood glucose check-up but we don't have gluco-meter here. Most people come for checking their blood pressure. They come to get advice on what sort of food stuffs they should or shouldn't take.
[271]	**Interviewer:** Is there any special thing that you can share with me in this regard?
[272]	**Interviewee:** From my experience, most of the time people who came to be diagnosed for other diseases found to be hypertensive. Some don't understand. They reject [medical results] by saying 'how can I become hypertensive having this skinny body?' So we tell them that blood pressure is not to mean the rise or quantity of blood. Finally, they understand.
[273]	**Interviewer:** You have told me that people come to health facility for medical check-ups. Do you think that they are aware of having early medical check-ups can minimize developing NCD? And are they aware of undetected and untreated NCD can worsen treatment and cure?
[274]	**Interviewee:** Yes. To my understanding, they have awareness. They come to our health facility to know the level of their blood pressure and blood glucose for they have awareness. So, people are aware. Especially, they have awareness regarding blood pressure. They want to get their blood pressure checked.
[275]	**Interviewer:** When people come to the health facility, they receive your advice. Is there any special story that you can share with me in this regard?
[276]	**Interviewee:** Some thin people resist accepting that they are hypertensive. They believe that they can be sick if they don't eat. They associate blood pressure only with their weight. They say that they cannot be hypertensive for they are thin. For that, they tend to reject the result. That is what I face.
[277]	**Interviewer:** As health service provider, what sorts of activities do you do to promote health and prevent NCDs?
[278]	**Interviewee:** I work here for a long time. When people come here, I check their blood

pressure. If the result indicates a rise of blood pressure level, I provide advice on dietary habit. I tell them to avoid salt and coffee intake and modify their diet. Apart from this, I advise them that doing exercise is good.

[279] **Interviewer:** How do people support patients who diagnosed NCD illnesses, say diabetes, cancer and hypertension, in this community? How do they support such patients?

[280] **Interviewee:** Most people consider hypertension as a silent killer. For that, people support each other. They take care of others in terms of salt intake. In addition, there is an attempt to create common understanding towards NCDs at development army level. There is no discrimination.

[281] **Interviewer:** What are the traditional beliefs and practices that become challenges for promoting the prevention of NCDs?

[282] **Interviewee:** We provide advice for those who diagnosed NCD illnesses such as hypertension about the care they have to take. However, some do not follow and make their cases complicated. They interrupt taking prescribed medicines. They don't avoid salt and coffee intake though they have awareness. This is what I have observed.

[283] **Interviewer:** What traditional beliefs and practices do you think contribute to the prevention of NCDs in this community?

[284] **Interviewee:** They perform light physical activity such as walking. They consider walking as means to live healthy life.

[285] **Interviewer:** Being urban dwellers, there may be tendency of taking Bajaj even for very short distance?

[286] **Interviewee:** There are some who prefer walking. For example, there is a person who never uses Bajaj. He prefers walking. He was hypertensive but now he is Ok for he always walks.

[287] **Interviewer:** Is he Ok now?

[288] **Interviewee:** Yes. He always prefers walking. There are such people.

[289] **Interviewer:** So, do you use such cases in your teachings?

[290] **Interviewee:** Yes.

[291] **Interviewer:** Finally, what do you think should be done to promote health and prevent NCDs at community level?

[292] **Interviewee:** Well, I think there should be discussion at community level to create awareness, especially on dietary habits. There are some who consider eating too much and taking fatty food as good for health. Therefore, I think, there should be discussion among those who have knowledge and those who don't with regard to the importance of eating vegetables and reducing of salt and coffee intake.

[293] **Interviewer:** For example, in what ways?

[294] **Interviewee:** For example, there is 'Edir'. There is also development army in which health issues can be discussed. In addition, people can also discuss about such health issues in religious gatherings. There are different occasions in which people meet.

[295] **Interviewer:** Is there anything else you would like to tell me regarding health promotion and preventing NCDs?

[296] **Interviewee:** There is traditional medicine that hypertensives take.

[297] **Interviewer:** For blood pressure? What is that?

[298] **Interviewee:** They take it with tea.

[299] **Interviewer:** Is it 'Moringa' which some call 'Shiferaw'?

[300] **Interviewee:** Yes, it is. Some say that their blood pressure reduces for they take 'Moringa'. But how far is this true? Can you include investigating this if it can be assessed within your study?

[301] **Interviewer:** They use 'Moringa'?

[302] **Interviewee:** Yes, they say that they are Ok.

[303] **Interviewer:** Have you checked their blood pressure after taking it?
[304] **Interviewee:** Yes, their blood pressure reduces. However, we are not sure whether it is due to salt reduction and the advice we provide or the traditional medicine.
[305] **Interviewer:** So, they tell you that they are cured for they take traditional medicine but you think it is difficult to predict?
[306] **Interviewee:** Yes.
[307] **Interviewer:** Thank you very much.

(viii) In-depth Interview with Health Professional - 4 (IDI4-HP4)

Turn	The English Version
[308]	**Interviewer:** What is the prevalence of NCDs in this area?
[309]	**Interviewee:** First of all, there are two health centers and one referral hospital in our town. There are also private health facilities. And the access is quite good. We cannot say that the prevalence of NCDs is low taking our health center into consideration because people do have the possibility to go to receive health services from these different health facilities. When we examine the cases at our health center level though diabetic cases are referred to hospital, we diagnose some cases. The most prevalent case that we come across is blood pressure. In our area, diabetes and blood pressure are commonly seen. There are staff members of this health center who develop diabetes and blood pressure. They are following up their medication here in our health center and hospital. Therefore, the prevalence of these diseases is relatively high even though it is not as high as that of infectious diseases at health center level. However, we provide treatment for those who are hypertensive if their cases are not as such critical. If the cases are critical, we refer them to hospital for further check-ups and medication. Thus, there are instances of chronic or non-communicable diseases in our area. We also learnt from the information we get from the HEWs, who provide door-to-door health services, that there are diabetic and hypertensive cases at every house.
[310]	**Interviewer:** Who are at risk for developing NCDs in this area?
[311]	**Interviewee:** In our area, most of the hypertensives are those who are above forty years old. Most of them are beyond that age. In fact, being risky for developing NCDs depends upon each case. There could be people who become hypertensive due to hereditary risk. We notice this looking at their family history. Apart from this, there are some people aged 35 to 45 who become risky due to alcohol intake.
[312]	**Interviewer:** Do people in this community talk about NCDs? Which type of NCDs is their major concern? Why?
[313]	**Interviewee:** The first thing is related with the community's thinking. They consider NCDs as the result of imprecation. They don't consider NCDs like any other diseases. Most members of the community associate these diseases with God's indignation and some other things. They don't perceive NCDs as health problems. Majority of the community, unlike the literate ones, associate epilepsy with religious matter or any other things.
[314]	**Interviewer:** Do you have any special story in this regard?
[315]	**Interviewee:** I haven't come across any story in this regard in this health center. However, in this community in general and my neighbourhood in particular so many people go to Holy water when they develop blood pressure and diabetes. Those who have epilepsy also prefer going to Holy water. With regard to health service, as I told you earlier, except those who are hypertensives, most of them go to hospital and some other places. So, I haven't faced anything. But practically they associate these diseases with God's indignation.
[316]	**Interviewer:** Being a health professional, what sort of activities are you engage in to promote health and prevent NCDs?
[317]	**Interviewee:** We provide health education in a community gatherings and schools. There is a focal person who facilitates the health education program at kebele and school level. In addition, there are young people who are members of Youth Friendly Service (YFS). Therefore, we provide health education that covers wide area since members of YFS participates in educating the community. Especially, we focus on the

dietary habits since unhealthy diet is among the risks for developing such diseases.

[318] **Interviewer:** You told me that you provide health education on disease prevention via different mechanisms. What are the traditional beliefs and practices that affect your teachings?

[319] **Interviewee:** The traditional belief that can aggravate such diseases is lack of awareness. Some people do not have knowledge rather they are guided by the hearsay of individuals. For example, when the elderly are caught by diabetes or blood pressure, they associate it with the act of God's anger rather than considering as a disease which can be treated via modern medication. Nevertheless, such traditional belief is not as such significant obstacle for the teachings since the health education is branching to every corner of the locality. Thus, it is only to mention the traditional beliefs of the community but I don't think this could affect our teachings.

[320] **Interviewer:** What are the traditional beliefs and practices that could support the prevention NCDs in this community?

[321] **Interviewee:** The first thing is the dietary habit. People are currently aware of the importance of modifying dietary habits in averting NCDs since they hear about these diseases from different mass media. The situation is now good. They know that they have to avoid fatty food stuffs, salt and alcoholic drinks. Almost all know about this. However, some deliberately do the thing they should do even though they know very well about the risks. Therefore, considering dietary habits and identifying which sort of food stuffs are essential and which are not is supportive in this regard. When they come here for diagnosis, they brief us. For instance, there are people who perform regular and moderate physical exercise even though they don't perform heavy work. They also know the importance of performing physical activity. There are also people who have gluco-meter and use it. There are also some other people who have BP apparatus at their home. Therefore, they measure their BP every morning and evening. They also come to health facility every three days follow up their medication as per to the physician's advice. In fact, the traditional belief is not yet been cleared, but most of the community have knowhow on how these diseases can be caused. Apart from this, they know very well what they should do in terms of diet to prevent such diseases.

[322] **Interviewer:** Finally, what do you think should be done at community level to enable members of the community prevent NCDs? What sort of channel should be used to create awareness?

[323] **Interviewee:** First of all, I would like to stress that we, as health professionals, do not give due attention to NCDs like that of infectious diseases and work at community level. Therefore, NCDs have to be given due attention by us, health professionals, in particular and the health office in general. There are different manuals, leaflets and posters prepared but there are no materials that deal with NCDs. Therefore, it is good if all concerned bodies in the structure from top to down work hard by giving due attention to NCDs as given to infectious diseases. Apart from this, health professionals and higher officials are not presenting leaflets and posters and providing essential equipment. Thus, it would have been good if the community had been educated via exemplifying the teachings by disclosing cases. People could accept the health messages if you provided adequate examples. I don't mean that there could be problems in this regard. There could be people who do not put the physician's advices into practice. For instance, some might take medicines without quitting alcohol drinks. However, we can bring behavioural changes if we intensively educate community members of the locality. For instance, there are HEWs who provide door-to-door health services. So, if we equip them with BP apparatus, they can address every house. We attempted to offer such materials considering our health centre's capacity. The gluco-meter which measure

glucose is also introduced in some other areas. When they visit every house, they can check the health status of individuals. Therefore, the head office, regional health office, should provide materials, manuals that deal with NCDs since HEWs spent their time addressing every household. Apart from this, trainings provided focus on infectious diseases the whole year. They don't focus on NCDs. Thus, I think we can bring change in tackling NCDs when everybody from top to down has engaged in educating the community. The community is amenable for change if we provide adequate information.

[324] **Interviewer:** Is there anything that is not mention with regard to prevention of NCDs?

[325] **Interviewee:** Most people prefer to go to Holy water to heal diabetes and blood pressure because they associate such diseases with Satan. The community also considers epilepsy as 'himam bariya' (literally to mean the disease of slave). However, the community has adequate knowledge on other types of chronic illnesses. Community members have awareness due to the information they receive from the health education and mass media. The only problem is related with mental illness. Let alone the community members, health professionals also try such practices. Some try such practice due to their boredness towards using modern medication. However, there is change in this regard due to health information provided. For instance, there are people who used to drink alcohol totally avoided it. In addition, there are people who avoid salt from their dishes. The only problem that has not yet been solved in this community is the traditional belief associated with mental illness.

[326] **Interviewer:** Thank you very much?

(ix) In-depth Interview with Health Professional - 5 (IDI5-HP5)

Turn	The English Version
[327]	**Interviewer:** What is the prevalence of NCDs in this area?
[328]	**Interviewee:** In our area, when we look at the prevalence of NCDs, it is on the rise. Particularly, there is high flow of hypertensive cases in our health facility. They come to get their blood pressure measured. The number of such cases is on the rise as compared to the past.
[329]	**Interviewer:** What do you think of the reasons for being vulnerable to such diseases?
[330]	**Interviewee:** Well, for me, the reason for this can be the inattention given to these diseases in our country. In the past, we focus only on infectious diseases. NCDs were overlooked. There was no one who was concerned in this regard. For that, the community didn't get adequate information on NCDs. They do not have adequate knowledge about what to do in terms of dietary habits. Therefore, the gap lies on not giving much attention to these diseases.
[331]	**Interviewer:** Do people in this community talk about NCDs? Do they come to request you for information?
[332]	**Interviewee:** In the past, it was insignificant but now there are changes. When someone is diagnosed that he/she has developed blood pressure, he/she comes the next day some other people who want to get their blood pressure measured. Particularly, the number of people who come to get their blood pressure measured increases when someone dies due to hypertension. This can indicate that community members worry about the sudden death that may occur to them due to develop blood pressure. As a result, they talk about such consequences even though community members do not have adequate knowledge.
[333]	**Interviewer:** Is there any special story that you faced when they come to health facility for check-up? There may consider blood pressure as the rise of the amount of blood in the body?
[334]	**Interviewee:** Yes. Most of the time, those who are economically poor resist to accept results when they are told they develop blood pressure. They say 'how can I be hypertensive for I have nothing to eat'. In addition, as you mention earlier, there is a belief of considering blood pressure as the rise of amount of blood. They don't understand that it is about pressure. But we try to tell them the meaning of pressure.
[335]	**Interviewer:** Let us now come to talk about the activities performed towards preventing NCDs. What sort of activities are you engage in to promote health and prevent NCDs?
[336]	**Interviewee:** Well, in terms of prevention, the major thing is to educate community members modify their dietary habits and perform physical exercise. Particularly, the HEWs often provide a door-to-door health services and when we look at the sixteen components, NCDs are not included. But at this time, GSI is working on NCDs in our town. For that, we include the issue of NCDs in the HEWs checklist which they use during the door-to-door health services. I personally, for instance, go with the HEWs to follow up the health service once a week. Therefore, what we have tried to do is to include NCDs in their checklist and thereby they assess cases accordingly at community level. In addition, all of them have been provided BP apparatus at least to measure their blood pressure. Apart from this, they have to provide education on hypertension and diabetes. Therefore, we work with them. We inform the HEWs have to assess every house and educate community members about healthy diet.
[337]	**Interviewer:** Is GIS governmental or non-governmental?
[338]	**Interviewee:** It is not governmental. It an NGO. GIS was working here. It is under the USAID that works in urban settings. When it worked in an urban setting, its focus was

'MARPS'. However, now it is working on NCDs. Aksum is among the towns which receive support from GIS. It is their site. For that, there is an assigned person who works here. And their office is here with us, in the health office. They are working in collaboration with us in the HEP.

[339] **Interviewer:** How do you approach NCD patients who came to this health facility? What sort of support do they receive?

[340] **Interviewee:** Well, most of the NCD cases in our health center are hypertensives. We do not follow up diabetic patients since we don't have gluco-meter. We rather send them to hospital if we get such cases. With regard to hypertensives, they may go back home without getting their blood pressure measured if they wait too much in the waiting room. So, what we do is we provide them a follow-up card. We write the level of blood pressure and the date of diagnosis on the follow-up card. When they come to get such service we give them priority and measure their blood pressure. Apart from this, we provide advice on dietary habit and we inform them they have to avoid salt intake and perform physical activity particularly those who are aged. So, they come for medical check-up having the follow-up card. Most of the patients are old, so if they line-up till they get the service, they may get bored and return home. For that, they come here with the follow-up card that we have given them and then they get immediate service. When we measure their blood pressure level, we write the current level of blood pressure in line with the previous results. They also receive a card monthly if they take medicines, but if they don't take the medicine, we provide advice.

[341] **Interviewer:** What is the traditional belief and practice which could affect the teachings on NCDs?

[342] **Interviewee:** Well, what we consider as a problem during our teachings is that the community resists accepting the issue of discussion. As I told you earlier, the poor do not attentively follow our teachings. They rather say 'I cannot be vulnerable to develop such diseases for I don't have anything to drink and eat'. In addition, when we look at those who follow up medical check-ups, there are some people who do not want to begin medicines since they don't want to quit drinking alcohol. There is an objection particularly in beginning medicine. When we told them they have to begin medicine, they say 'I don't want to start medicine now'. Most of the time, they resist to accept taking medicine. In fact, they come to get their blood pressure measured, but with regard to taking medicine there is a belief that they can be addicted to the medicines prescribed. They say 'if I started taking medicines, I would be drug-addicted and couldn't stop taking them, so I shouldn't begin such medicine'. In addition, if the patients have the habit of drinking alcohol, they don't want to begin taking medicine for they don't want to quit drinking alcohol since we inform them they shouldn't drink alcohol while taking medicine. For that, there is objection in this regard.

[343] **Interviewer:** What you have told me is the obstacle you face with regard to prevention of NCDs. What are the traditional beliefs or practices that could support the teachings on the prevention of NCDs? For example, in the rural setting people prefer going on foot; eating vegetable during fasting days?

[344] **Interviewee:** Yes, as you mentioned, fasting is a very common social practice particularly in Aksum. Thus, particularly among the elders, eating fast food stuffs is common even in non-fasting days. Fasting is a cultural practice particularly among the elders. Therefore, such practice, fasting, could be a way to modify their dietary habit. In addition, if someone begins taking medicine, he/she knows that he/she has to avoid drinking alcohol. They do to that extent. For example, if someone is told that he has blood pressure, even the community provide advice such as 'avoid coffee and drinking'. If someone says 'they told me that I have blood pressure' during their talk, they say

‘‘siwa’ is not good and coffee is not good as well’. They have such belief. They believe that reducing such things could at least lessen the aggravation of such disease.

[345] **Interviewer:** Well, such belief can be supportive. Now, let us come to your comments, what do you think should be done at community level to prevent NCDs?

[346] **Interviewee:** Well, what I want to say on this is that NCDs should receive due attention by higher officials. It should receive due attention at the top level, and the practitioners, health workers, at grassroots level should have adequate knowledge on this. First of all, trainings should be given in order to educate the community well and enable the community capture the messages of health teachings. Now, GIS is engaging to some extent I such activity. However, if this organization is phased out and if this diseases are not given due attention by the top body, they may not receive attention at the bottom level as well. At the first place, these diseases are preventable. If someone has adequate knowledge on having healthy diet and doing physical exercise, there could be change. Therefore, the major thing that has to be done is to create awareness among members of the community towards preventing NCDs. What has been begun in our area in this regard is encouraging and it has to be sustainable. If it stops when one organization (GIS) phased out, it could be challenging. The result has not yet been seen since it is at its beginning stage. To ensure the sustainability, health workers should be equipped with adequate knowledge. Apart from this, the issue of NCDs should be included in the components of HEP in order to make HEWs develop sense of ownership in educating the community about NCDs as they do for the rest sixteen components of the HEP. And if the NGO stops working on this, the HWEs could also stop working. Therefore, I believe that there could be change if NCDs are included in the components of HEP and if the health workers engage on this.

[347] **Interviewer:** What sort of mechanism could be used to reach the community?

[348] **Interviewee:** The first thing is through the HEWs since they provide door-to-door health service. In addition, the issue of NCDs has to get air on mass media. Health issues such as family planning and infectious diseases (STI) have got airtime on mass media. Therefore, the issue of NCDs has to be broadcasted on radio and TV so as to reach every community member. There is no one who hasn’t at least radio even in the rural areas. Our community follows the media. Therefore, via using mass media we can reach the community.

[349] **Interviewer:** Well, finally, is there anything that has not been mention about prevention of NCDs?

[350] **Interviewee:** I don’t have

[351] **Interviewer:** Thank you very much.

(x) In-depth Interview with Health Professional - 6 (IDI6-HP6)

Turn	The English Version
[352]	**Interviewer:** Can you tell me about the prevalence of NCDs in this area?
[353]	**Interviewee:** Yes. They are hypertension, diabetes mellitus and chronic heart failure. These are the prevalent ones. Diabetes and CHF cases are seen at hospital. However, chronic hypertension cases come to our health facility as per to the appointments. We also assess them weekly. In addition, there are also who come for medical check-ups. And for those who began medicine, we give them monthly. They say 'we don't eat fatty food stuffs; we are poor'. But we provide them advice that blood pressure can be caused due to the narrowness of blood vessels not due to the physical form of individuals. We inform that anemia and blood pressure are two different diseases that can be identified via laboratory. In addition, we advise them to reduce salt intake and fatty food stuffs from their meals. Apart from this, we inform them that they have to perform physical activity. We provide advice those who are diabetic and hypertensive to come every week for medical check-ups. We also inform them that they have to avoid alcoholic drinks. We tell those who have chronic hypertension to begin medicine. We don't simply prescribe medicines for hypertensives; our prescription is rather based on the level of their blood pressure indicated on the BP apparatus.
[354]	**Interviewer:** As you told me, the most prevalent NCD is hypertension. What do you think the reason for such prevalence?
[355]	**Interviewee:** Well, the scientifically hypertension is known as idiopathic. However, when I simply look at it, the reason could be the use cholesterol. For instance, the community do not use thin oil. They don't use olive oil. They rather use thick oil which is rich with cholesterol. So the major reason could be this. In addition, alcoholism can also be another reason. They are predisposing factors. In fact, scientifically hypertension is idiopathic, but I think these could be the reasons for developing hypertension.
[356]	**Interviewer:** Who are at risk for developing NCDs in this community?
[357]	**Interviewee:** One is age. Most of those who are aged have hypertension. Thus, as I see it, age could be the reason though it is far away from the scientific reason. However, hypertension could occur when the blood vessels get narrowed due to cholesterol. That is what I think in this regard.
[358]	**Interviewer:** Do people in this community talk and discuss about NCDs?
[359]	**Interviewee:** Yes, they talk. For example, they say that if someone drinks alcohol, consume salt and sugar, he/she is vulnerable to develop NCDs. Members of the community talk about NCDs even in their religious gatherings. Most of them are aware of such diseases. They say 'one can develop NCD during older ages'. Particularly, the overweight is vulnerable to such diseases since fat could be deposed. For that, they say that blood pressure and diabetes can be caused due to overweight. There is such belief when we hear talking about these diseases.
[360]	**Interviewer:** As you told me, the community discusses about NCDs at different gatherings. Do they come to your health facility for check-ups? Do they adequate knowledge that having early medical check-up could be supportive for prevention and not having medical check-ups could aggravate the instance of developing such diseases?
[361]	**Interviewee:** They come. Particularly, people aware of blood pressure this time. They come early in the morning and ask us to measure their blood pressure. They know that they have to come early in the morning for such service. They take some rest after coming here and ask for getting their blood pressure measured. Many of them are aware in this regard. There are also some who come for diabetes check-up. And we diagnose as per to

what we have.

[362] **Interviewer:** So, can we say that the community has adequate knowledge?

[363] **Interviewee:** Though we cannot say that all community members have adequate knowledge but I think the community is being aware of such diseases. For example, some come and get measured for their blood pressure level when they feel headache though they are ok. We provide advice that they should reduce salt intake when they are getting old. When they are patients of such diseases, we advise them to avoid effusion since such emotion could lead their case to end up with stroke.

[364] **Interviewer:** Do you have an instance in this regard?

[365] **Interviewee:** Yes. For example, in fact, I am now working under five OPD, but there was a woman whom I assessed her for hypertension. She was normal that time. I sent her to hospital. She was also assessed at hospital and she was prescribed medicine. They bring her again with stroke. And I sent her to hospital for physiotherapy. There are such things. We assess them and then refer them.

[366] **Interviewer:** Now let us talk about practices for preventing NCDs. As health professional, what sort of activities are you engage in to prevent NCDs?

[367] **Interviewee:** Well, we assess their case and provide advice every time. We provide health education to all of them. In our desk, we provide advice to every patient without feeling tired. I also went out for house-to-house health service and provide advice. For instance, we mainly work on pregnancy when we are out for field work, so if a woman is pregnant with edematous, we advise her to have check-up for hypertension, proteinuria and others. In addition, we inform her to reduce salt intake and we also provide advice for those who are getting old to reduce consumption of salt. Apart from this, we inform them to reduce drinking alcohol and avoid oil rich in cholesterol particularly for those who are physically inactive. We advise them to perform physical exercise. Those who are hypertensive could get into stroke if they suddenly fall, so we advise them to be careful in this regard. We inform them that should walk at least for twenty minutes carefully.

[368] **Interviewer:** How do people in this community treat patients of NCDs? What sort of support do they provide?

[369] **Interviewee:** Well, they understand that blood pressure is a silent killer. When they are told that they have blood pressure, they get stressed. However, we inform them that stress would rather aggravate their case. And we provide advice on what they should do and then they understand. As a result, they quit drinking alcohol and come here for medical check-up every week. The medical check-up is free of charge. They are given an appointment card which can be kept with them and bring it when they come for medical check-up. When we measure, we register the results on the appointment card to see the progress. Apart from this, people in this community associate blood pressure and diabetes with wealth and overweight. They say ‘this can have blood pressure and diabetes because he is fat and rich’. Such traditional belief is still not cleared. But, the community is being aware to some extent that the thin can also be vulnerable for such diseases.

[370] **Interviewer:** In this community, what is the traditional belief and practice that affect the teachings of prevention of NCDs?

[371] **Interviewee:** There could be food abstinence. For example, we provide advice that people should reduce salt consumption rather than a total avoidance when they are getting old. Scientifically, a total avoidance is not supported because total avoidance could have its impact. Diabetic patients avoid sugar, and they take artificial sugar. They also use artificial salt when they think they are getting weight. But we advise them. We ask them whether they modify their diet based on medical check-up or not. Some abstain themselves from consuming salt for they feel they are getting weight even though they are normal. They shouldn’t totally avoid things. Particularly, the young can burn stored fat

since they are physically active. In fact, fat could be a problem for those who are physically inactive, but they shouldn't totally avoid it. We provide them advice that they should add salt in their dishes. However, some tend to avoid such food stuffs totally.

[372] **Interviewer:** These could be the obstacles. What are the traditional belief and practice that could support the teachings of prevention of NCDs?

[373] **Interviewee:** In the past, people who develop blood pressure used to use traditional healing method ('mahgoma'). However, these days, members of the community are aware since we provide house-to-house health services. They consider that blood pressure could be lowered by bleeding via 'mahgoma'.

[374] **Interviewer:** What about in terms of dietary habits, for instance, fasting. Fasting could to some extent help people to have balanced diet. So, such traditional practice that could support the prevention of NCDs?

[375] **Interviewee:** Most of the community members fast. This could be due to their economy. They eat vegetables without noticing the importance of consuming vegetable. They also eat 'shiro'. I don't think that they eat such foodstuffs due to their nutritional value of such food stuffs but due to their economy.

[376] **Interviewer:** Finally, let us come to have your comments. What do you think should be done to prevent NCDs at community level? What should the community and health professionals do to create awareness in this regard?

[377] **Interviewee:** I personally provide health education wherever I am invited to provide such service. We also provide health education for those who come here. Particularly, we inform those who are aged that they can be vulnerable for developing kidney disease, hypertension and heart attack. For that, we advise them that they have to avoid some sort of foodstuffs and to be physical active. We provide such advice here at health facility and during the fieldwork. We provide such advice here at health facility and during the fieldwork. The other thing is that we have to educate and convince the community to be aware about this.

[378] **Interviewer:** For instance, HEWs are providing door-to-door health services; what other channels should be used to reach the community?

[379] **Interviewee:** Well, for instance, there is no mass media in Tigray. There should be 'tena bebetwo' in Tigrigna. The language can be spoken in Addis Ababa but everybody couldn't be aware of it. There is similar program in a neighbouring country which is understood by the locality since the language is Tigrigna. Therefore, there should be 'tena bebetwo' in the mass media for the future in Tigray.

[380] **Interviewer:** For instance, there is an FM radio program in Aksum. It is influential. What do you think of using such FM for broadcasting health message that you prepare?

[381] **Interviewee:** Well, anyway presenting via posters is good. It would be good if it is displayed on posters like that of STI and others. We can also provide health education in schools; it doesn't have any problem. However, when I look at it, people can watch the issue of NCDs on TV apart from listening on radio. I think it would be very effective if such issue are broadcasted on TV using aids. For instance, here in our health facility, there is a TV; we don't have FM radio. For that, I can even watch. Therefore, the radio can be effective for the rural setting but not for urban area. Therefore, it would be good if the issue of NCDs is broadcasted on TV which allows for both seeing and listening.

[382] **Interviewer:** I am done. Perhaps, is there anything you would like to add which I haven't mentioned about the prevention of NCDs?

[383] **Interviewee:** Well, in fact, I don't have deep knowledge but when I roughly see it, I have doubt on the thick oil. I questioned myself why does thick oil, 'hayat', are in use; don't they have side effect or are they being used deliberately or not. These are my questions.

[384] **Interviewer:** So, you mean the advantage and disadvantage of such oil should be noticed?

[385] **Interviewee:** Yes, if it has side effect, I think, the community has to be informed the side effects and should receive advice to avoid it and use olive oil.

[386] **Interviewer:** Thank you very much.

(xi) In-depth Interview with Health Professional - 7 (IDI7-HP7)

Turn	The English Version
[387]	**Interviewer:** First of all, I would like to thank you for your willingness to have this interview. Now let us start the interview. What is the prevalence of NCDs in this area?
[388]	**Interviewee:** Well, non-communicable diseases are on the rise as compared to instances of these diseases in the past. For example, I have observed through my overall working years that cases of blood pressure and diabetes are getting increased these days.
[389]	**Interviewer:** Well, you tell me that the instance of blood pressure is on the rise. What is the reason for such increment?
[390]	**Interviewee:** The reason is due to dietary habit and lifestyle modification. These days, people are getting weight as compared to previous years. Therefore, I think that the rise of such diseases is due to individuals' unhealthy dietary habit. That is it.
[391]	**Interviewer:** What are the terms that can be used to name the types of NCDs?
[392]	**Interviewee:** Diabetes is known as 'Shikor' and 'ab dem shikor mibzahe'. Blood pressure is also known in Tigrigna as 'tseqti dem'. The community uses such terms to express the types of NCDs.
[393]	**Interviewer:** As you explained earlier, overweight is one of the causes for developing NCDs. Physical inactivity can also be the cause for such diseases.
[394]	**Interviewee:** Definitely.
[395]	**Interviewer:** In addition, alcoholism can also be a reason for the same. But who are at risk for developing NCDs in this community?
[396]	**Interviewee:** In fact, this is not only among those who are physically inactive but the most common reason is age because most of the cases are among those who are forty years of age and above. Apart from this, there is lifestyle modification in this community. People are getting weight. On top of this, people don't worry about the type of food they consume and they don't even perform light exercise. Therefore, I think that there would have been significant change had people consume vegetables instead of taking foodstuffs that are rich in protein. However, delicious foodstuffs and those that are rich in protein are highly consumed due to lack of awareness. As we discussed earlier, people do not consider physical exercise as one major prevention strategy to avoid and reduce the instances of NCDs.
[397]	**Interviewer:** Do people in this community talk about NCDs? As a health professional and member of the community, do you observe members of the community discuss about NCDs and which type of NCDs is their major concern?
[398]	**Interviewee:** There is confusion among community members towards how such diseases can occur. Some people are heard saying 'is there any change in the crops?', 'is the fertilizer used not good and become a source for our illnesses?' which is not as such correct understanding. There are also some people who have owned correct understandings and say that 'I got weight' and 'I have to check'. Therefore, there are some who have awareness in this regard. And many people request us to give them advice on how to modify their dietary habits and lose their weight. We explain to them to our best knowledge and capacity.
[399]	**Interviewer:** So, do they come to your health facility for medical check-ups?
[400]	**Interviewee:** Yes, they come. Many people come here for such service.
[401]	**Interviewer:** Do you have any special story in this regard? For example, people may express their feelings when they are told they have blood pressure. So, can you share me any special story in this regard?

[402] **Interviewee:** Well, when people are diagnosed that they have blood pressure, they understand it that the amount of blood in the body has increased. For that, they say 'where can I get it, I don't have enough to eat'. For instance, people who come from the countryside reject the results and say 'how do you say this to me, I work too much'. We attempt to clarify that blood pressure is related with the force exerted to push blood back and forth the human body and it is caused due to the narrowness blood vessels. In addition, such disease can be caused due to alcoholism and stress. It is about the flexibility and rigidity of blood supply which can also be seen among the thin. When we provide such information, they start to notice the causes. They ask us what they should do and we provide them advice accordingly.

[403] **Interviewer:** Let us now come to the practices towards prevention of NCDs. As a health professional, what sort of activities are you engage in to prevent NCDs? It could be here at health facility or within the community?

[404] **Interviewee:** I myself?

[405] **Interviewer:** Yes.

[406] **Interviewee:** I, myself, as a health worker, check-up those who come for such service to our health facility. As I told you earlier, when aged people come, we check them up and when they have the disease, we provide advice. And if they don't have, we inform them they are free but they have to perform exercise and modify their dietary habit to avoid the instance of such diseases. We advise them that they have to reduce salt intake at this age. Therefore, they have to reduce salt intake and perform physical exercise. In addition, they have to consume not only protein which could result in getting weight but also they have to consume vegetables that are rich in vitamins. It is my duty to provide such advice and I do advise to my best capacity.

[407] **Interviewer:** Do you think that the advice you provide to prevent a particular disease could be supportive for preventing any other disease type?

[408] **Interviewee:** There are some other types of diseases that can be caused due to one particular disease. For instance, the problem on our kidney can be a cause for blood pressure. Therefore, blood pressure can occur as a secondary disease. For that, we inform them that they have to have medical check-up and get treatment for the health problem in order to avoid the instance of getting another related disease.

[409] **Interviewer:** Let us come to prevention of NCDs, are there any obstacles that affect the teachings or advice you provide?

[410] **Interviewee:** Yes. There are some hypertensives that get into stroke. Stroke can lead to paralysis of part of the human body. But, there are many people who do not consider that stroke is caused due to high blood pressure. They rather say 'Devil hit me', 'Satan visited me' and 'I faced some other problems'. Many people suspect that such diseases can occur due to such reasons. For that, they prefer using traditional medicine and going to Holy water. Particularly, members of the community do not consider nerve problem as a disease. Therefore, I feel that it requires much effort in educating the community in this regard.

[411] **Interviewer:** These are among those which can affect the teachings. Are there any other traditional practices that could support the teachings on prevention of NCDs?

[412] **Interviewee:** Well, as you mentioned, these are the reasons that could aggravate the instance of NCDs such as blood pressure and diabetes. However, members of the locality receive education on such issues from different sources. People raise the issue of blood pressure and diabetes in different gatherings and on TV and radio programs. Therefore, they discuss that they have to avoid delicious food stuffs since such food stuffs can aggravate diabetes. With regard to blood pressure, people assume that alcohol and coffee can aggravate it. One thing that I have forgotten to mention is interrupting medicines. When we advise patients to regularly take medicines, most of them do not want to start taking

medicines for they assume that they would be drug-addicted. They understand taking medicine as a very big problem. The reason could be due to individual's economy and some say that taking medicines can result in stomach-ache. This is one of the obstacles that arise from the traditional beliefs of the community. Other community members don't encourage patients to take medicines by saying 'take your medicines because blood pressure cannot be averted if it once occurs'; they rather influence the patients not to start the medicines. This is bad traditional belief within the community. However, as a told you earlier, those who receive education from different sources such as media discuss about such issues with their neighbours and friends.

[413] **Interviewer:** Finally, let me ask you your comments. What do you think should be done at community level to promote health and prevent NCDs?

[414] **Interviewee:** Well, the health policy of our country states that more than eighty-five percent of the diseases can be controlled via prevention. Community members should receive health education on NCDs at health posts level like what we do for the infectious diseases. Therefore, competent health workers should be assigned to provide health education. We have brought significant change in preventing infectious diseases and we are on the right track. Similarly, I personally believe that we have to educate our community to control these diseases via modifying dietary habits and performing physical exercise. In addition, the media should continuously educate the community about the prevention of NCDs. I also believe that there should be a system which could enable us to reach the community and educate about these diseases as we did to educate the community about infectious diseases.

[415] **Interviewer:** What channel can be used to reach all community members and create awareness towards preventing NCDs?

[416] **Interviewee:** The first mechanism to reach members of the community is to provide health education at health facility before providing health services. Secondly, every concerned body, the government, health workers and all of us have to plan to educate community members in different public and religious gatherings. We can reach members of the community via these methods – providing health education at health facility and public or religious gatherings. In addition, we can also educate community members through having a door-to-door health service along with our regular duties.

[417] **Interviewer:** I have finished my questions. From your perspective, is there anything you would like to add with regard to the issue of discussion which you think I haven't mentioned?

[418] **Interviewee:** I don't have anything to add rather than the things you have raised. One thing that I would like talk about is blood donation. There is shortage of blood that can be used for mothers and children. Donating blood is considered as a taboo for those who dwell in the rural areas. Therefore, I think all concerned bodies, form the government bodies to civil servants, should work hard to educate rural community members that donating blood is normal and it doesn't have any health problem to those who donate. I believe that this requires great campaign.

[419] **Interviewer:** Thank you very much.

[420] **Interviewee:** Ok.

(xii) In-depth Interview with Health Professional - 8 (IDI8-HP8)

Turn	The English Version
[421]	**Interviewer:** Well, first of all I would like to thank you for your willingness. What is the prevalence of NCDs in this area?
[422]	**Interviewee:** Well, blood pressure and diabetes are the most prevalent diseases in our community. I don't know; the reason could be dietary habit. Such diseases were not common but they are on the rise these days. For example, diabetes type 2 was not common in our area but it is now becoming common. Hypertension is also becoming common. This indicates that dietary habits could be the cause for the prevalence of such diseases. These diseases are becoming fatal. People are not having early medical check-ups; they don't even ask themselves 'what sort of diseases am I vulnerable to' and then getting prepared for treatment. They are getting into complicated health burden due to unawareness and not having early medical check-ups. They come here after they get into stroke. And their final result is death. So, these are the common diseases.
[423]	**Interviewer:** As member of the community, what do you think the reason is?
[424]	**Interviewee:** The first thing is dietary habit. It is due to people's dietary habit. In addition, people do not have early medical check-ups. Had people done early medical check-ups, they would have been able to prevent the instances of developing such diseases. However, due to unawareness and not having early medical check-ups, they finally come here with a stroke and then die. It is possible to prevent such diseases by reducing the three whites and performing exercise particularly at the age of thirty-eight and above. But people are becoming diabetic and hypertensive since they don't do such things.
[425]	**Interviewer:** What do people in this community think about this? What do they say about these diseases when you diagnose them during their visit to this health facility?
[426]	**Interviewee:** They say 'I haven't such disease; my health problem is anemia not blood pressure' even though the result of the diagnosis indicated that they have. We attempt to clarify the cases for them. So, the problem is unawareness.
[427]	**Interviewer:** You told me that dietary habit is one of the reasons for developing such diseases. Alcoholism and being physical inactive could also among the reasons. Who are at risk for developing these diseases in this community?
[428]	**Interviewee:** Most of the victims for such diseases are those who drink alcohol. Even the young who drink alcohol are also at risk for developing these diseases. Some are at risk due to hereditary risks. Apart from this, there are many cases who develop such disease due to their unawareness and unhealthy diet.
[429]	**Interviewer:** As member of the community, have you observed members of the community discuss about NCDs?
[430]	**Interviewee:** I don't think that they discuss about this. It is not common.
[431]	**Interviewer:** Do they come to this health facility for medical check-ups?
[432]	**Interviewee:** Some of them come after they are told about their cases. However, there also who do not accept their results and don't take the medicines they are prescribed. And then they come after their get complicated such as stroke. They finally get into a very difficult problem.
[433]	**Interviewer:** Is there any special story that you came across when you provide them advice?
[434]	**Interviewee:** What?
[435]	**Interviewer:** For example, when you tell someone that he/she has blood pressure, he/she may say 'how can it be since I have nothing to eat' sort of question.

[436] **Interviewee:** That is common. When I measure clients' level of blood pressure and tell them that the result indicates high blood pressure, they say 'I have no blood pressure rather my problem is anemia'. They don't understand even when we provide brief explanation about the case. Only those who are conscious follow-up the medical treatment, and there are some who are careless about their cases. Then, such carelessness put their health into complication such as stroke. They come here after they get into trouble. Some come early and others do not.

[437] **Interviewer:** What is the reason for not taking prescribed medicines?

[438] **Interviewee:** It is due to their disbelief. They don't believe in this. Many people come to health facility for the first time and get diagnosed. And when they are told that they have developed blood pressure, they don't want to start the medicine for they fear of drug-addiction. And finally, they come here after they get into stroke. So, this makes the treatment difficult.

[439] **Interviewer:** Now let us come into the second topic. Being a health professional and as member of the community, what sort of activities are you engage in to prevent NCDs?

[440] **Interviewee:** Well, most of the time we provide advice for those who request and for those who come to this health facility. We advise them to perform regular physical exercise. Particularly, if their level of blood pressure indicates 130/90, we inform them to prevent it via physical exercise. There are people who put the advice into practice. There are also some people who reduce the three whites and have brought significant change. So, this is what we do.

[441] **Interviewer:** You provide advice?

[442] **Interviewee:** Yes, we do.

[443] **Interviewer:** Well, you told me that you provide advice on reducing the three whites and performing physical activity to prevent NCDs. But does your advice help clients to prevent other diseases apart from the disease that they are diagnosed to?

[444] **Interviewee:** Yes. There are people who tell us that our advice help them to avoid some other diseases such as coughing. There are some who don not put our advice into practice. But some others who have awareness bring an immediate change due to the advice we provide. There many who say that they are ok now.

[445] **Interviewer:** Now let us proceed to the third topic. What are the traditional beliefs and practices that could affect the teachings of NCDs prevention?

[446] **Interviewee:** Well, the common problem is that people do not come to health facility early. They rather prefer traditional medicines. They come here after trying all the traditional medication such as Holy water. However, we inform those who come with the patients that they had to bring them to health facility first and then continue having Holy water side by side. There are people who have brought significant changes while others don not. There are people who are aware of such things and provide education for other community members.

[447] **Interviewer:** For example, there may be association of health problem related to nerve system with the act of Satan?

[448] **Interviewee:** Yes, they associate with magic things. It is common. I am victim of *this type of disease* not *that sort of illness*. For example, with regard to HIV, since HIV is related with nerve problem, they don't accept they are positive even though they are diagnosed HIV positive. They consider it as nerve problem. This is common; I am telling you this for I was working in the ART. For that, they rather go to Holy water or to get traditional medication. They come here after their cases got worse. They come here after their CD4 decreased. This is not only common among those who are HIV positive. But it is also common among those who are patients of other diseases. They come here after they tried all the possibilities for getting cure out of health facilities.

[449] **Interviewer:** Well, those you mentioned are among the things that could aggravate the instances of developing NCDs. Are there any other traditional beliefs or practices that could support the efforts undergone to prevent NCDs?

[450] **Interviewee:** No.

[451] **Interviewer:** For instance, there are some people who don't use any means of transportation.

[452] **Interviewee:** Yes.

[453] **Interviewer:** Perhaps, they may associate using transportation with some other religious reasons. But, going on foot which is traditional practice has value in preventing NCDs. Are there any other things in this regard?

[454] **Interviewee:** Yes, such thing is common. The reason is due to individuals' attitude towards using vehicles. The most common means of transportation is Bajaj. Most people stop going on foot they rather use Bajaj. However, there are some who do not use Bajaj at all. When I asked the why they prefer walking, they say 'First of all, when I walk, I am getting healthy; and secondly, I am walking to lose weight apart from having good sleep.

[455] **Interviewer:** Well, finally, let me ask you your comments. What do you think should be done at community level to prevent NCDs?

[456] **Interviewee:** Well, the very essential thing that could bring change within the society in this regard is to provide health education. There will be significant change if the community is informed via the media. For instance, there is 'Dimtsi weyane'. So, broadcasting about these diseases via 'Dimtsi weyane' and even on TV could bring some changes. Listening and watching about such issues can bring significant change.

[457] **Interviewer:** Finally, is there anything which I didn't mention but you would like to add?

[458] **Interviewee:** No.

[459] **Interviewer:** Thank you very much

(xiii) In-depth Interview with Health Professional - 9 (IDI9-HP9)

Turn	The English Version
[460]	**Interviewer:** Well, first of all, I would like to thank you for your willingness to conduct this interview. Then before we start discussing about the meaning attached to NCDs, what is the prevalence of NCDs in this area?
[461]	**Interviewee:** What?
[462]	**Interviewer:** Is the prevalence of NCDs increasing or decreasing from time to time? How do you see it?
[463]	**Interviewee:** It is on the rise. For instance, diabetic cases are on the rise. First of all, they don't take the medicines properly. Secondly, some people who cannot afford for buying insulin quit taking medicines.
[464]	**Interviewer:** So, some people, for instance hypertensives, do not want to start the medicine even though they are prescribed?
[465]	**Interviewee:** Not to get addicted.
[466]	**Interviewer:** Ok.
[467]	**Interviewee:** Yes, they say 'if we start taking the medicine, we will be drug-addicted'. So, they don't start.
[468]	**Interviewer:** Who are at risk for developing such diseases when you generally look at it?
[469]	**Interviewee:** Those who take alcohol. Alcohol, firstly, they don't want to start taking medicine for they don't want to quit drinking alcohol.
[470]	**Interviewer:** What about in terms of age? Can we say the young are vulnerable?
[471]	**Interviewee:** No, the young are ok.
[472]	**Interviewer:** They are not?
[473]	**Interviewee:** Yes.
[474]	**Interviewer:** Being a health professional and member of the community, do people in this community talk about NCDs?
[475]	**Interviewee:** Yes, they do.
[476]	**Interviewer:** For instance, which type of NCDs is their major concern?
[477]	**Interviewee:** They fear of blood pressure, diabetes as well. There is also cancer. They worry about these because they do not know the cuases.
[478]	**Interviewer:** Do they come for medical check-ups?
[479]	**Interviewee:** Yes, they do.
[480]	**Interviewer:** Do they have awareness? For instance, do they know that NCDs can be prevented via having early medical check-up and not having medical check-up could aggravate the instances of developing NCDs?
[481]	**Interviewee:** Yes.
[482]	**Interviewer:** Do you have any special story that you came across in this regard? How do you see their understandings towards non-communicable diseases?
[483]	**Interviewee:** The problem is related with shortage of medicines and expensiveness of the medicines. For instance, there is shortage of HCT. They get stressed when they are unable to buy the medicines. They worry about the consequences they face due to their inability to afford for the medicines.
[484]	**Interviewer:** Being a health professional, what sort of activities are you engage in to prevent NCDs?
[485]	**Interviewee:** I advise them not to drink alcohol. I also convince them not to quit their medication and take the medicine regularly.
[486]	**Interviewer:** Well, there may be some who resist when you provide advice. What are the traditional beliefs or practice that could be obstacles in this community?

[487] **Interviewee:** They say 'why don't we only prevent via diet'. They also say that 'tsiray siwa' can reduce the level of blood pressure. There are such things.
[488] **Interviewer:** They have such understandings?
[489] **Interviewee:** Yes.
[490] **Interviewer:** But this is not scientifically approved.
[491] **Interviewee:** It is not.
[492] **Interviewer:** So what has to be done?
[493] **Interviewee:** Convincing now and then. For instance, I am convincing my neighbours. They are now taking their medicines by quitting other practices.
[494] **Interviewer:** Is there any traditional belief that could support the prevention of NCDs?
[495] **Interviewee:** There is no apart from performing exercise and walking.
[496] **Interviewer:** Well, finally, what do you think should be done at community level to provide health education that focuses on disease prevention?
[497] **Interviewee:** Well, health education is being provided. However, there should be follow-up to help clients not to quit the medicines and to avoid alcohol.
[498] **Interviewer:** What about, for instance there are HEWs who provide health education at kebele and ketena levels?
[499] **Interviewee:** Yes.
[500] **Interviewer:** That is one way of providing health education that focuses on prevention. What other channel can be used to provide such education?
[501] **Interviewee:** It is being broadcasted via radio and TV. So, we, as health professionals, have to provide advices to our neighbours during our spare time even for five to ten minutes. This would be advantageous for them.
[502] **Interviewer:** Ok. Is there anything you would like to add with regard to preventing NCDs which I haven't mentioned?
[503] **Interviewee:** With regard to diabetes, patients who use insulin injection get bored due to swell in their arms and for that they quit the medicine. Therefore, oral drugs are preferable in this regard.
[504] **Interviewer:** Isn't the tablet accessible? Do you mean that there is no medicine in tablet form?
[505] **Interviewee:** There is in tablet form. But there are two types of diabetes, type on and type two. I mean that it is preferable to take the medicine in oral drug form than in an injection form.
[506] **Interviewer:** Thank you very much.
[507] **Interviewee:** That's ok.

(xiv) In-depth Interview with Health Professional - 10 (IDI10-HP10)

Turn	The English Version
[508]	**Interviewer:** I would like to thank you for your cooperation. What is the prevalence of NCDs in this area in general term?
[509]	**Interviewee:** Well, the prevalence of NCDs is on the rise since the community is becoming aware of such diseases. Particularly, there are many patients who have developed blood pressure. We have also about 1324 diabetic patients who enrolled in our hospital. This includes both children and adults. There are also patients with heart attack, but these patients are from Aksum and surrounding areas such as the Western Tigray. So far, we have 350 patients with heart disease. We have also cases such as cholesterol. Therefore, the number of such diseases is not insignificant in this area.
[510]	**Interviewer:** What is the reason for the rise of prevalence of NCDs?
[511]	**Interviewee:** Yes. We associate such diseases with the western society's risk factors because we don't have a study on the risk factors. So, based on the trend, the risk factor for heart disease is tonsil. This is the major factor that we found. Not getting medical treatment for tonsil that occurs repeatedly leads to heart disease. This disease is known as rheumatic heart disease. With regard to blood pressure, stroke is the highest record in Aksum town. There are also many kidney cases that occur after post hypertension. However, with regard to diabetes, the cause is not known. There are some people who have diabetes due to hereditary risk. Apart from this, the risks for developing diabetes are still unknown.
[512]	**Interviewer:** What do people say when they come here for medical treatment? For instance, they may express their feelings when they are told they are hypertensives?
[513]	**Interviewee:** Normally, there is objection to accept results in this town. Particularly, the social attitude towards chronic illnesses has not been changed yet. In our community, when you tell them they are diabetic, they understand that the diseases are lifelong diseases for that they think they will remain dependent to medicines. They don't argue about the consequences of such diseases. This is the problem that we attempt to explain to them. Therefore, the first reaction is to argue about how they could develop such disease.
[514]	**Interviewer:** Perhaps, do they associate with other things?
[515]	**Interviewee:** Well, there is. Particularly, there is a traditional medicine known as Moringa which people use to cure diabetes and other types of NCDs but I don't know how much this medicine is scientifically approved. However, what we witnessed is that they are getting into complicated health problems after using this traditional medicine. Some become paralyzed for they quit taking prescribed medicines. Then they go to Holy water. In fact, Holy water can have its role in healing such diseases. They don't understand that these diseases are treatable. They associate with other things. For example, when they are told that they develop blood pressure, they say 'I was angry yesterday'. And for diabetes, they say 'I ate some sugar and maize yesterday'. However, when we diagnose, we have criteria; we don't simply tell that they have some sort of NCDs.
[516]	**Interviewer:** Do people in this community come for medical check-up?
[517]	**Interviewee:** Yes.
[518]	**Interviewer:** As member of the community, do you observe people discussing about NCDs?
[519]	**Interviewee:** No, there is no attention. Normally, the issue of NCDs is raised at hospital. There is hearsay about the issue within the community. When someone is diagnosed for blood pressure, people say 'oh, you got angry'. In fact, we don't work at community level. We actually have program to do so. There is a program that dealt with the issue of hypertension. It is called hypertension day. During hypertension day, we simply measure the level of blood pressure of those who pass by and create awareness within the community. It

is just to click the community in this regard no to make all of them to start taking medicine. Therefore, there is a plan to create awareness; however, so far nothing has been done by the hospital at community level.

[520] **Interviewer:** It is not practical?

[521] **Interviewee:** It is not yet.

[522] **Interviewer:** Are there obstacles that could affect the teachings of NCDs?

[523] **Interviewee:** From whom?

[524] **Interviewer:** From the community.

[525] **Interviewee:** Well, health education for non-communicable is not yet provided at hospital level. We provide health education on infectious diseases such as TB, HIV and malaria. The issue of NCDs has not received due attention at hospital level let alone at community level. However, the trend is now changing. We are attempting to exert our efforts and give due attention to NCDs. An association of diabetes is being established here. The number of diabetic patients is already known. The association is being established for two reasons. The first aim is to create awareness within the community. Secondly, it is to facilitate a condition where diabetic patients can get medicines free of charge. Whatsoever aim it has, the primary goal is to create awareness among the community and let them take care of their own health. Particularly, it aims at how we can modify our dietary habits.

[526] **Interviewer:** Well, we are winding up our discussion. There are some traditional beliefs that become obstacles?

[527] **Interviewee:** Yes.

[528] **Interviewer:** However, are there some traditional beliefs that could support prevention of such diseases? For instance, some disfavour Bajaj, they rather prefer to go on foot. Their reason could be traditional; they may not notice its scientific advantage. Are such things that support the prevention of NCDs?

[529] **Interviewee:** Yes, there are. They understand the value of exercise. Exercise is our major treatment. Particularly, we know that exercise could elongate the life of diabetic patients as well as hypertensives. We also know that it is effective to lose weight. However, we do not advise those who have heart cases because they could not engage in such activity. There is traditional practice with in the locality, i.e. preferring walking than taking a Bajaj. So, we want to strengthen such traditional practice. And, we take this as our treatment protocol and advise them all the time. There is such initiative within the community.

[530] **Interviewer:** Now let us come to your comments on preventing NCDs. There are HEWs who provide a door-to-door health services?

[531] **Interviewee:** Yes.

[532] **Interviewer:** So, being a health professional, what do you think should be done to strengthen their effort and to enable members of the locality aware of such diseases?

[533] **Interviewee:** Well, normally the hospital should take the initiative. It should start at hospital level. The staff at hospital level should take the initiative. There is health education every morning within the hospital. Therefore, the issue of NCDs should be integrated within such health education. So many people come here, so we can decentralize a lot of information at once. And the HEWs do focus primarily on maternal and child health so the issue of NCDs should also be integrated in the HEP. There should be a system established in this regard. In fact, there is a system for other fields so using the existed system to implement the prevention of NCDs is very easy. But, I think, taking the initiative should be the responsibility the hospital.

[534] **Interviewer:** So, the hospital should take the initiative since there is inattention given to NCDs?

[535] **Interviewee:** Yes.

[536] **Interviewer:** So, I understand that there is no education on NCDs even though the

prevalence is on the rise?

[537] **Interviewee:** There is no.

[538] **Interviewer:** Finally, being a health professional, is there anything you would like to add with regard to preventing NCDs which I haven't mentioned?

[539] **Interviewee:** Well, some of the NCDs do not show any symptom. They can only identified by visiting health facilities, say clinics or hospitals. Particularly, blood pressure doesn't have any symptom. Some people simply associate blood pressure with severe headache. But this is not the symptom of blood pressure, after all blood pressure doesn't have any symptom. When they come here, they come with severe health damage such as paralysis. It requires regular medical check-up. At least every person has to have medical check-up twice a year and if possible four time a year. However, it is mandatory to have medical check-up once a year. Therefore, it is only through early medical check-up that NCD can be detected and the prevention of NCDs could be effective.

[540] **Interviewer:** Ok. Thank you very much.

[541] **Interviewee:** That's ok.

(xv) In-depth Interview with Health Extension Worker - 1 (IDI11-HEW1)

Turn	The English Version
[542]	**Interviewer:** Can you tell me what NCD is?
[543]	**Interviewee:** Well, hypertension, mental illness and diabetes are non-communicable diseases. Considering these diseases, we educate the community that such diseases cannot be transmitted from person to person. However, we inform community members that such diseases caused health damages if people don't have early medical check-ups and treatments. There may be some other types of non-communicable diseases. For instance, I have recently noticed that cancer is also one of the NCDs. However, as I told you I know the aforementioned diseases as NCDs. In addition, we provide education about these diseases.
[544]	**Interviewer:** Which is the most prevalent type of NCD in the community where you work?
[545]	**Interviewee:** When I see it, it is mental illness which is the most prevalent NCD. Taking my area as instance, it is mental illness. In addition, there are hypertension cases. To my observation, diabetes is less prevalent. However, I feel that both hypertension and mental illness are prevalent though mental illness outnumbers hypertension. For instance, in my Ketena, there are five mental illness cases. Therefore, there may be much more cases at town level.
[546]	**Interviewer:** What do people say about NCDs? What meanings do people attach to NCDs?
[547]	**Interviewee:** When we teach community members that hypertension can shortly kill or paralyze patients and it can be caused due to stress, they accept and start medical check-ups. We also measure the level of their blood pressure. And most of them do follow medical check-ups. However, when we teach about mental illness, they don't believe that mental illness is not curable via medication. They argue when we try to convince them that mental illness is curable. For example, there is a woman who said that she had done a lot to get her son cured from mental illness. She said that she will continue taking her son to Holy water for she couldn't find any solution form medical treatment. For that, the community's belief towards mental illness is still a problem.
[548]	**Interviewer:** Who are at risk for non-communicable diseases?
[549]	**Interviewee:** Taking hypertension as an instance, mostly, old people are at risk. But mental illness also occurs among the young. Mental illness may be caused due to stress. As I told you, I have recently come to this place, so I don't have as such deep investigation about what causes mental illness. I think mental illness may be caused due to stress or some other causes. Anyway, mental illness occurs among the old and the young. However, hypertension is common among the old ones.
[550]	**Interviewer:** Do people in this community talk about non-communicable diseases? Which type of NCDs is their major concern?
[551]	**Interviewee:** It is not common to see people talking about NCDs among each other as an agenda. But we [HEWs] discuss about non-communicable diseases with them. For instance, I discuss about NCDs during my door-to-door visit. I tell them that NCDs can be caused due to dietary habits and physical inactivity. When I tell them that NCDs can be reduced by doing light physical activity and nutrition, they say that they cannot afford nutrient food stuffs. Some others understand the lessons that we discussed. For that, they start performing light physical activities.
[552]	**Interviewer:** Is there any special story you can share with me in this regard?
[553]	**Interviewee:** Yes, there is. There is a woman whose age is about fifty-eight. She is

hypertensive. In fact, she is not as such fat; she is physically thin. I advised her to have medical check-up to know her level of blood pressure. But she replied she did not want to go to health facility for she believed that health professionals are lying. She said that some health professionals told her that she is hypertensive and some others confirmed her that she has normal level of blood pressure. She asked me 'how could I be hypertensive as I remain skinny'. I tried to convince her that blood pressure is not caused only due to fatness. I told her blood pressure can be caused due to the narrowness of blood vessels and lead to disastrous life. However, she replied that the narrowness of blood vessels can occur when someone becomes fat.

[554] **Interviewer:** Do you think terminology can be a problem for understanding NCDs? For example, people may associate blood pressure with the quantity of blood for the local term 'ደም በዝሏ' show the amount of blood.

[555] **Interviewee:** Yes, they can associate blood pressure with the amount of blood. But when we frequently educate community members, they understand what NCDs are. In fact, there has to be done a lot to create awareness among the community towards NCDs.

[556] **Interviewer:** You have told me that you provide door-to-door health education as health service provider. You also told me a story that you came across. Is there any activity you perform regarding to the prevention of NCDs?

[557] **Interviewee:** What special activity? We work on creating awareness among community members. We tell them that if we modify our diet, perform physical activity and eat balanced diet, the incidence of such disease can be reduced. Especially, there is physical inactivity among the well-off people. Such people don't work even for activities they can manage to work. They spend their time out of work. They rather hire maidservants. Therefore, we educate them the importance of physical activity to the prevention of NCDs.

[558] **Interviewer:** What is the role of leaders of WDA to prevent non-communicable diseases? What activities do they perform to prevent NCDs?

[559] **Interviewee:** I haven't observed any activity performed by leaders of women development army to prevent non-communicable diseases. As I told you I am a new comer to this place. I have come very recently. The only thing that WDA members do is to have appointment with me and then receive health education. I meet WDA members as per to the appointment we have had and teach them.

[560] **Interviewer:** Now let us talk about challenges of prevention of non-communicable diseases. What challenges do you face in transmitting health messages regarding to health promotion and prevention of NCDs? For example, traditional beliefs and practices of this community?

[561] **Interviewee:** The challenges that we face rooted in backward and traditional beliefs of the community. The first thing is that there is a belief that Holy water can cure such diseases. For example, epilepsy is associated with Satan. Epileptics are considered to be beaten by Satan when they go alone during mid-night and mid-day. They believe that epilepsy cannot be cured medically. For that, they take epileptic people to Holy water. When they see mentally ill person, they call that person a 'mad'/ 'crazy' person. They believe that mental illness is associated with satanic acts. For that, they don't take medication as solution for mental illness. They rather say that mentally ill persons are worthless for Satan has hit them. We face such challenges when we educate the community about NCDs. They believe in Holy water to prevent such diseases.

[562] **Interviewer:** Is it due to there is no mentally ill person who is cured via medical treatment?

[563] **Interviewee:** I haven't come across. I don't know.

[564] **Interviewer:** Are there written materials that you use to teach about NCDs? What type of materials do you use to promote health and prevent NCDs?

[565] **Interviewee:** We don't have supportive written materials. I provide education based on the trainings that I have received.

[566] **Interviewer:** For example, there are brochures and leaflets on communicable diseases. What about on non-communicable diseases?

[567] **Interviewee:** There is no.

[568] **Interviewer:** Finally, what do you think should be done to promote health and prevent NCDs?

[569] **Interviewee:** Well, as I told you there should be posters on NCDs to be displayed at different places. We can use such posters when we teach community members. There is at least one person who can read within a family. Therefore, disseminating posters or brochures to community members can play its role in creating awareness among the community members towards NCDs. In addition, displaying posters at health facilities and other places can also play roles to create awareness on NCDs.

[570] **Interviewer:** You are providing door-to-door health education. What sort of channels do you think should be used to support your endeavour? For example, there is an Amharic program, ''ሐኪምዎን ያማክሩ' [consult your doctor] which deals with NCDs such as diabetes, blood pressure and so on. What is your comment on this?

[571] **Interviewee:** We have comment on this. We have raised a question why Tigray TV hasn't its own is channel and a long-time program like any other regions in the country. Tigray TV has only a one hour program. I don't think that a one hour program enough to transmit essential health issues. We Have to own a channel in which health education receive emphasis like any other program. Doctors should be invited and provide health education and answer to questions from viewers. For example, I have gained a lot from the Eritrean TV program, 'ሓኻይም ኣብ ስቱድዮ' [doctors at studio]. There are also so many people who benefited from such program for the program is transmitted in Tigrigna. Therefore, I think had there been such program on Tigray TV, people could have learnt a lot.

[572] **Interviewer:** Well, I have raised the questions that I have to raise. But being health professional is there anything else you would like to tell me regarding health promotion and preventing NCDs?

[573] **Interviewee:** That is all what we have experienced. We will see what will happen in the future.

[574] **Interviewer:** Thank you very much.

(xvi) In-depth Interview with Health Extension Worker – 2 (IDI12-HEW2)

Turn	The English Version
[575]	**Interviewer:** Can you tell me what NCD is?
[576]	**Interviewee:** We call blood pressure, epilepsy, leprosy and asthma non-communicable diseases. When I take such cases at my Ketena, there are diabetic cases. In fact, diabetes can be transmitted to some extent. These diseases are common among the old. In my Ketena, such disease is mostly common among women. For that, I discussed such health issues at women development army level. There are sixteen components that we are supposed to cover during our teachings. I have manual. For instance, there are posters prepared on nutrition for children. I use such posters to educate community members. Apart from this, we use our knowledge which we have acquired during our training to be nurses. I have been working in this position for three years but we didn't get any refreshment at all during my stay as HEW. We have blood pressure (BP) apparatus, so we carry this instrument to check the level of blood pressure of community members even though we don't have carrying-bag to keep the BP apparatus. The only medical equipment that we don't have is thermometer. After we check the level of blood pressure of community members, we provide advice on nutrition. I have hypertensive cases in my Ketena. Therefore, I advise them to modify their dietary habits and to avoid salt intake. When they take too much salt, they will drink too much water. And taking too much water can aggravate the rise of blood pressure. If they don't take enough water, they will be exposed to kidney diseases. Therefore, I advised to take moderate amount of salt and sugar. Especially, people who are diabetic should avoid sugar intake. In addition, I teach them to follow physician's prescriptions to live longer. I did the same for those who are hypertensive as well.
[577]	**Interviewer:** What do people in this community say about NCDs? What meanings do people give to NCDs?
[578]	**Interviewee:** When you teach them based on the scientific evidences, they say 'this is God's order; otherwise, how could this happen because I do not have enough to eat and drink; I do not even exceed eating more than a slice of 'Injera'. I try to tell them that hypertension is not only associated with wealthiness or poorness. It can also occur due to stress. Therefore, I advise them to avoid stress by themselves to avoid hypertension. I also tell them that hypertension can occur due to wealthiness for well-off people take fatty food stuffs. And taking excessive fat results in storing unwanted fat in veins; and such storage of fat blocks blood vessels from carrying blood cells to and fro. They understand this. There is behavioural change in this regard because community members receive health education at health facilities and from our door-to-door health education services. For that matter, they seriously follow up physician's prescriptions. For example, we have diabetic cases. They go to health facility. These people follow up the medical treatment and advices they received. In addition, we provide door-to-door health services. We did the same thing for hypertensives.
[579]	**Interviewer:** You provide door-to-door health service. Is there any special story that you can share with me in this regard?
[580]	**Interviewee:** The story that I want to share you is related with mental health. I have an epileptic case in my Ketena. He didn't tell his problem but I heard others talked about his problem. The man is too thin. We send reports about non-communicable disease cases to concerned bodies even though nothing has been done yet. There is also another person who is mentally ill. He has mental problem; and his children are also mentally ill. I got surprised with the situation. The man is mentally ill and those who are begotten from this man are also mentally ill. When we approach them and ask what the reason is, they reply that their

problem is man-made – someone has envenomed them. I try to teach them that mental illness can be treated and cured via medication. We are supposed to register such cases report to health office. However, I haven't seen any solution in this regard. The problems that we face are related to mental illness cases. However, people understood the nature of other non-communicable diseases.

[581] **Interviewer:** Do your addressees feel comfortable to discuss about prevention of NCD illnesses? Do they argue due their traditional beliefs?

[582] **Interviewee:** I haven't faced any argument. I advise those who are hypertensive to strictly follow up their medications. I also teach them the consequences of not taking prescribed medicines appropriately. For that, they say that they have understood the importance of taking medicines and they don't want to interrupt taking medicines. They say that they feel the consequences of interrupting medicines. Therefore, they don't want to interrupt taking medicines as per to the prescription. Most of them are old but they come to health facility early and take their medicines appropriately.

[583] **Interviewer:** What about nutrition apart from the medication?

[584] **Interviewee:** I tell, for instance, diabetic patients to take nutrient foodstuffs and avoid delicious food. I advised them to take vegetables such as salad, cabbage and so on. I also tell them that they have to avoid salt and fat intake. Apart from this, I teach them that they have to put our teachings into practice then continue such practices if they feel comfortable; but if they don't, I tell them to consult us. Similarly, I advise hypertensives to reduce their hypertension by eating healthy diet. I teach them to reduce their worry about developing non-communicable diseases by reducing fat and taking vegetables. This is what I teach the community.

[585] **Interviewer:** What is the role of WDA leaders to prevent non-communicable diseases? What activities do they perform to prevent non-communicable diseases? What do they say?

[586] **Interviewee:** There are one-to-five and one-to-thirty networks. The structure is there but it difficult for me because the network leaders are not committed to work. They are not strong. In fact, they are assigned to lead the networks. However, there are only few leaders who managed to discuss within their networks by their own. They prefer Sunday as the most convenient day to have group discussions in their networks. For instance, there are fourteen women development armies in my Ketena. I cannot meet all the fourteen WDAs within one day, Sunday. I have to take two to four months to reach all the fourteen WDAs. Of course, some of them discuss by their own but we facilitate and lead the discussions of the rest WDAs. We cannot manage these all things for we have to provide door-to-door health services apart from the farness of our residence. All in all, leaders WDAs are not strong to help our teachings. The burden is on the health workers shoulder. Others (stakeholder) do not take health issue as their own concern. For example, the WDA structure is government's structure which is accountable to women affairs office. Therefore, my duty is to educate the network members about health issues but not about political issues. I am not a politician. However, we are responsible for everything. We did the structure; we lead the discussions. Anyway leaders of WDAs are not as such strong in transmitting health messages.

[587] **Interviewer:** So can we take this as a challenge?

[588] **Interviewee:** Yes.

[589] **Interviewer:** What about traditional beliefs apart from the challenge from leaders of WDAs? I think WDAs leaders are supposed to help you in transmitting health messages at grass root level. That is how behavioural change can be brought. But I have understood that the structure is not functioning well?

[590] **Interviewee:** Yes, the purpose of organizing WDAs was to support us in reaching the overall community. In fact, the structure is organized by women affairs office. But WDAs are not doing their duty. We evaluate the case many times. We report that WDAs are not supporting us. In addition, the local community members are also getting bored. When we call the local community members for meetings and discussions, they are not volunteers. Their boredness influences us to become bored up. The backward traditional practices are being avoided. For instance, there was circumcision and some other traditional practices. However, such practices are being reduced.

[591] **Interviewer:** So the traditional beliefs have now been changed?

[592] **Interviewee:** As compared to the past, there is change in this regard.

[593] **Interviewer:** Are there written materials that you use to teach about NCDs? For example, there are pamphlets on communicable diseases such as HIV. What type of materials do you use to promote health and prevent NCDs?

[594] **Interviewee:** There are posters. We receive posters from Woreda. Such posters focus on TB, diabetes, blood pressure and so on. We use the posters to educate the community and discuss the health messages. Apart from this, there are small booklets that focused on the sixteen components/packages of the health extension program.

[595] **Interviewer:** So, do you think that the materials are adequate to educate the community about the prevention of NCDs? As you mentioned, there may be adequate materials on children and mothers' health. What about the written materials on NCDs say diabetes? Do you think they have adequate information to promote health and prevent NCDs?

[596] **Interviewee:** It is not the matter of having supportive written materials. We provide health education orally. Of course, we use the posters to educate the community. Anyway, to bring behavioural change among the community, all civil servants have to work collaboratively. We, health extension workers, alone cannot bring change. In fact, there are TV and radio programs about non-communicable diseases. For that, there are some changes.

[597] **Interviewer:** Finally, what do you think should be done to promote health and prevent NCDs?

[598] **Interviewee:** We are providing health education based on the knowledge we acquired when we were trained as health professionals. We need additional refreshment courses on the nature and causes of non-communicable diseases. Such refreshment can build up our capacity and as a result we can educate our addressees confidently. However, without any refreshment course, our teachings wouldn't be effective.

[599] **Interviewer:** Well, I am done. But is there anything else you would like to tell me regarding health promotion and preventing NCDs?

[600] **Interviewee:** There is no.

[601] **Interviewer:** Thank you very much.

(xvii) In-depth Interview with Health Extension Worker – 3 (IDI13-HEW3)

Turn	The English Version
[602]	**Interviewer:** Can you tell me about non-communicable diseases?
[603]	**Interviewee:** Well, currently, non-communicable diseases are on the rise in our country. They are among the diseases which the community does not have awareness on. For that, we are now providing door-to-door health education at grass root level. Coming to list these diseases, they are hypertension which is also called blood pressure, diabetes mellitus and cancer, especially cervical cancer. I can say that awareness towards these diseases has been improved to some extent since the implementation of HEP.
[604]	**Interviewer:** What do you think of the reason for the prevalence of NCDs.
[605]	**Interviewee:** Well, our current dietary habits seem to differ from the previous ones. We feel that way because there is change in our dietary habits. In addition, the community's awareness is low. For example, when we consider CA, people do not have early medical check-ups. Apart from this, I think, not going to health facility immediately after developing such diseases could be among the reasons.
[606]	**Interviewer:** Who are at risk for NCDs in this community?
[607]	**Interviewee:** Hypertension and DM are seen among the elderly who are physically inactive. CA such as cervical cancer is mostly common among mothers who have many children. Apart from this, currently, such diseases, particularly hypertension, are becoming common among the young as well.
[608]	**Interviewer:** Do people in this community talk about NCDs? Do they come and ask you information in this regard?
[609]	**Interviewee:** It is not as such common. In fact, we provide health education. However, early medical check-up and request for information in need are not common. Rather, those known as patients of such diseases follow-up their medication. We had BP apparatus which we carried during the door-to-door health services. For that, there were people who got measured their BP level but the BP malfunctioned recently.
[610]	**Interviewer:** Is there any special story you can share in this regard?
[611]	**Interviewee:** We are only engaging in activities targeting at disease prevention. We don't provide treatment services since we don't have equipment for diagnostic purpose. For that, we refer those we suspect they develop such diseases, and we check-up those who are already registered as cases.
[612]	**Interviewer:** You are providing health education which focuses on disease prevention. What do one-to-five and one-to-thirty network members feel about the health education?
[613]	**Interviewee:** They are positive with our teachings. In fact, unlike NCDs, our health teachings mainly focus on maternal and child health. For instance, home delivery has been declining since our teachings have been accepted and we reached at a consensus that no mother has to deliver at home. They [community members] are happy with our teachings and attend the health education with curiosity.
[614]	**Interviewer:** What sort of stories do you tell participants in an attempt to construct identity of prevention towards NCDs?
[615]	**Interviewee:** Generally, there need to modify their dietary habits. In addition, it is not good to take taxi all the time rather they should walk for more than half an hour every morning and evening. We can prevent these diseases this way. Apart from this, regular medical check-up before getting sick is also essential. However, I don't remember any time that I teach them by mentioning somebody's case.
[616]	**Interviewer:** As health service provider, what sort of activities are you engage in to promote health and prevent NCDs?

[617] **Interviewee:** Our common practice in this regard is providing health education. Other than this, we write referral when we suspect that someone has developed any type of disease (communicable or non-communicable). For instance, examining the symptoms based on my knowledge, I suspected that my client's health problem could be diabetes. That time, we could test for HIV and I tested her but she was negative so that I wrote her referral. Now she is taking medication for diabetes. Therefore, we only write referral if we suspect that any one has developed any disease. There is no other service that we provide other than this.

[618] **Interviewer:** What is the role of leaders of women development armies? What do they say about NCDs?

[619] **Interviewee:** They don't have as such adequate knowledge in this regard. It has been recently introduced. In fact, there was a general practice on disease prevention. However, we started to consider NCDs very recently. [Her talk was interrupted due to an incoming phone call] so where did we stop?

[620] **Interviewer:** The role of WDAs' leaders?

[621] **Interviewee:** Well, WDAs' leaders didn't have awareness on NCDs because we started to consider this very recently. We should give due attention to NCDs. We are at initiation stage in terms of preventing NCDs. For that, they don't have adequate knowledge towards NCDs unlike to maternal and child health.

[622] **Interviewer:** Are there traditional beliefs and practices that could affect the inculcation of NCDs prevention?

[623] **Interviewee:** Yes, there is. The ingrained traditional belief is still there. In addition, the WDA is not as such strong. There are WDA members who are unwilling to come to health discussions. They say that meeting is too much. Those who come to the meetings are satisfied but there is still much more to do in this regard.

[624] **Interviewer:** For instance, people may consider blood pressure as having excess blood in the body; do you have any special story in this regard?

[625] **Interviewee:** Definitely. There is misunderstanding of the concept blood pressure. They consider blood pressure as having too much blood. For instance, there is a traditional belief that goes 'how could I become hypertensive for I am thin and have nothing to eat'. However, we do our best to clear up such beliefs.

[626] **Interviewer:** So, the usage of terms could create misunderstandings. For instance, I think the use of 'bezhi' (excess) instead of 'tseqti' (pressure) could bring difference?

[627] **Interviewee:** Yes, it is common. We use the term bezhi' (excess); we don't say 'tseqti' (pressure). However, we explain that blood pressure could be caused due to the narrowness of veins and when excess fat is stored in the blood vessels but not to mean that there is excess blood.

[628] **Interviewer:** What are the traditional beliefs that could be supportive for preventing NCDs?

[629] **Interviewee:** We don't notice this.

[630] **Interviewer:** For instance, don't you think fasting could be helpful for dietary habit?

[631] **Interviewee:** Well, fasting is practiced only during fasting days. Then they turn to take non-fasting food stuffs. There is a traditional belief that taking fatty food stuffs as good for health and as status indicator. I don't think that fasting could be helpful to modify people's dietary habits because it is uncommon to eat variety food stuffs constantly. For instance, eating vegetables during non-fasting days, such as festivities, is not common. In fact, we discuss this in our teachings. I think that the traditional belief of considering fatty food stuffs as good for health is still undone. Of course, the community has adequate knowledge on infectious diseases; however, there is still lack of awareness towards NCDs.

[632] **Interviewer:** People consider taking fatty food as indicator of their wealth?

[633] **Interviewee:** Yes, eating only meat. For instance, 'shiro' is considered as the poor's diet, eating only meat during fasting. In addition, people consider vegetables as the diet of underprivileged. However, we educate them that they have to balance their diet and even eat vegetables during festivities. We are providing education about the possibility of preventing NCDs via fruit consumption.

[634] **Interviewee:** Finally, what do you think should be done to prevent NCDs?

[635] **Interviewer:** There is a structure, i.e. WDA, thus it should be everybody's concern to use such structure for educating the community. There should be sense of ownership. I feel that we are late to act upon these diseases, so we have to work hard in this regard. Furthermore, there are NGOs such as GSI which focus on NCDs. Therefore, we have to use them because they are our supporters.

[636] **Interviewee:** You provide a door-to-door health service; what other method could we use to reach the entire community?

[637] **Interviewer:** It is good to use mass media. When we look at the concerns of the media, NCDs do not receive attention at all. I haven't heard anything about NCDs in the mass media. The concern is on family planning, delivery, and others but not NCDs. So, discussing the issues of NCDs in the mass media could support our effort of educating the community in this regard because almost everybody owns a TV.

[638] **Interviewee:** Is there any other thing you would like to add about the prevention of NCDs?

[639] **Interviewer:** Well, I have raised the things that have to be mentioned in this regard. But I want to say that the study is quite good. Conducting such study could be essential to identify the problems and suggest appropriate solutions. And it is also a reminder for us to consider the things that we haven't yet achieved. Generally, it is good.

[640] **Interviewee:** Thank you very much.

(xviii) In-depth Interview with Health Extension Worker – 4 (IDI14-HEW4)

Turn	The English Version
[641]	**Interviewer:** First of all, I would like to thank you for your willingness to be interviewed. Can you tell me what NCDs are?
[642]	**Interviewee:** NCDs are three in number. One of them is mental illness. The other one is hypertension. There is also diabetes. These three types of NCDs are common. I know these types of NCDs till now.
[643]	**Interviewer:** In this community, which type of NCD are people suffering from?
[644]	**Interviewee:** Hypertension and diabetes are the diseases which people are suffering from. To some extent, mental illness is also among the health problems. However, as observed from door-to-door health services, hypertension and diabetes are the most common. Mental illness is seen among the youth whereas hypertension and diabetes are seen among those who are aged.
[645]	**Interviewer:** When aged people are caught by such diseases, the cause can be age. But are there any other risk factors?
[646]	**Interviewee:** Other reason that is associated with mental illness is stress that resulted from education and way of life. And the other could be dietary habit along with physical inactivity that in turn results in developing hypertension and diabetes. However, mental illness is mostly associated with thinking. The youth develop mental illness when they don't find life the way they expected to be.
[647]	**Interviewer:** What do people in this community say about this? For instance, there could be association of mental illness with the act of Satan. What sort of belief do they have? What do they say about this?
[648]	**Interviewee:** In the community, when you examine the belief towards mental illness, people often say that mental illness can occur due to the act of Satan or somebody's evil act. They have such perspectives. For this, they rather go to Holy water instead of going to health facilities for curing this disease. There is also a belief that the fertilizer added to maximize crop production and the oil used are the causes for developing hypertension and diabetes. In short, when people in this community are told they develop diabetes, they tend to resist because the community associates diabetes with over eating. Blood pressure can be caused due to overweight and physical inactivity. However, some members of the community associate such disease with the act of God's anger. Others, based on the knowledge they received from reading books and browsing the internet, have awareness on the nature and causes of NCDs.
[649]	**Interviewer:** As you are member of the community, do you observe community members talk about NCDs?
[650]	**Interviewee:** They don't talk about NCDs within their discussions. We are doing our best in the health education sessions to enable people talk about these diseases. People often discuss about communicable diseases because we spent much time to educate them in this regard. When you ask them about communicable diseases, they know well about how these diseases can be caused. However, unlike infectious diseases, there is still a problem in making NCDs an issue of discussion. Therefore, a lot has to be done in this regard.
[651]	**Interviewer:** As you told me earlier, when you provide a door-to-door service, you observe that people associate NCDs with something. Is there any special story in this regard?
[652]	**Interviewee:** If it is taken as special story, people often prefer going to Holy water rather than going to health facility. But I suggest that they can take medicines along with going to Holy water because both medications cannot come into conflict. Rather, going to Holy water without stopping the medicines they are prescribed would have psychological impact

on their health since they could think that Holy water could save them.

[653] **Interviewer:** How do participants of the health education sessions react when you teach them about the prevention of NCDs?

[654] **Interviewee:** They follow-up the health education with complete attention. The only problem in this regard is to bring all members to the discussion sessions. However, when we provide a door-to-door sort of teaching, they attentively listen and put what we have provided into practice. In fact, there is a problem of sharing health information with those who are around. The dissemination of health knowledge to others depends upon the capacity of individuals. For example, some teachers are able to transfer the knowledge they have easily whereas there are some others who are unable to transfer even though they know very well. The same happens in this community. But community members use the health message for their own purpose.

[655] **Interviewer:** How do you explain the importance of prevention towards NCDs?

[656] **Interviewee:** In terms of hypertension and diabetes, I inform them to modify their dietary habits. Most of the time, when I go house-to-house, I meet only women not men. But, I tell them to consider their diet and perform physical activity. We observe that the well-off are mostly physically inactive. Therefore, we provide education on the importance of performing physical activity to prevent such diseases. This is what I do.

[657] **Interviewer:** As you told me, you provide health education to women. I think educating women could be helpful to reach husbands since they (women) are center of the house.

[658] **Interviewee:** Yes. But, husbands own different behaviours. In fact, women can be responsible for modifying diets. However, as there are husbands who respect and accept their wives' ideas, there are also husbands who reject their partners' thoughts. For instance, when we ask mothers in our next visit whether or not they put our advice into practice, they say 'my husband don not accept me'. For that, we try to get the husband and attempt to convince him though we know we could not bring an immediate change.

[659] **Interviewer:** Health education is one of the activities to prevent diseases. Is there any other activity that focuses on prevention?

[660] **Interviewee:** You see, it is recently that the government has given due attention to NCDs in our locality. There may be other things in other places. But in our community they (NCDs) have been recently added. Previously, we did a very good job in tackling infectious diseases. The community is aware of infectious diseases, but now the gap is on creating awareness on NCDs. Thus, there is a shift to work on NCDs even though we do not totally ignore infectious diseases.

[661] **Interviewer:** What is the role of leaders of WDAs? How do they help you?

[662] **Interviewee:** There is no reason for leaders of WDAs to play their role if they are allowed to do so. However, one has to have adequate knowledge about NCDs to educate the locality. For instance, when we teach about infectious diseases, community members immediately capture the message. To some extent, leaders of WDAs were also supportive in educating the community about infectious diseases. Therefore, we are training WDAs' leaders along with community members because we don't think they could manage by themselves.

[663] **Interviewer:** Let us come to obstacles, what problems do you face during your teachings on the prevention of NCDs?

[664] **Interviewee:** The first thing among the obstacles is lack of reference materials. There is also shortage of manpower. It is very difficult to cover all the area. In addition, the community's perception towards the nature of mental illness is another problem. They consider mental illness as the act of God's anger and someone's' evil act. I can say such belief cannot be changed shortly.

[665] **Interviewer:** Do you mean there are no materials on NCDs?

[666] **Interviewee:** Yet, there are no materials that deal with NCDs unlike infectious diseases. We are doing our job based on the knowledge we acquired during our training but there is even no leaflet on NCDs. But we will see for the future. In fact, it is difficult to say that there should be materials this time since the issue of NCDs is recently introduced.

[667] **Interviewer:** Finally, from you experience, what do you think should be done to prevent the prevalence of NCDs?

[668] **Interviewee:** Well, the first thing should be fulfilling materials. There should be leaflets on this because some people can learn about NCDs via reading such leaflets. Apart from this, such written materials can serve us as reminders. Media, such as the internet and TV could also be used for the same. In fact, there is 'tena bebetwo' TV program that deals on health issues but it is not like the attention given to HIV. Therefore, I think the problem can be solved if it (the issue of NCDs) is made everybody's concern and talk.

[669] **Interviewer:** Ok. You have provided me adequate information but is there anything you would like to add?

[670] **Interviewee:** Thank you.

[671] **Interviewer:** Thank you.

(xix) In-depth Interview with Health Extension Worker – 5 (IDI15-HEW5)

Turn	The English Version
[672]	**Interviewer:** Can you tell me what NCD is?
[673]	**Interviewee:** Well, blood pressure, diabetes and mental illness are known as non-communicable diseases. Thus, we provide health advice in this regard during our door-to-door visit. There are hypertensives who have already disclosed their cases. There also diabetic patients who started the medication. When you teach them, they tell you about their cases. When they tell the symptoms such as 'I have a severe headache' 'it did this to me', we measure their blood pressure since we have BP apparatus we carry during the door-to-door visit. If their level of blood pressure indicates an increment, we inform them to go to health facility for further check-ups. Then, we focus on the things that can aggravate this disease. We inform them that they should avoid salt consumption and perform physical activity. In addition, for those who are already patients of such diseases, we advise them not to quit their medicines. We also inform them to avoid risk factors that could worsen their cases. Apart from this, we advise them to have medical check-ups if they feel that their blood pressure and sugar rises. In fact, they go to health facility for check-ups as per to the appointment they have, but we inform them they should go for check-up early.
[674]	**Interviewer:** Which type of NCDs is the most prevalent in this area?
[675]	**Interviewee:** The most prevalent type of NCDs is blood pressure. It is not to mean there is no diabetes. But the common one is blood pressure. To some extent, there are also some individuals who have mental problems.
[676]	**Interviewer:** What is potential reason for the prevalence of NCDs in this area?
[677]	**Interviewee:** There is no awareness within the community. It is the literate that can associate NCDs with dietary habit but the illiterate cannot see it that way. But they simply say 'they told me that I have blood pressure though I am thin'. They associate NCDs with fatness and other things. There are also people who say 'how could I be victim of this type of disease'. The literate could say 'it could be due to my dietary habit'. Since most of the community members are illiterate, they don't know the cause. However, when we teach them about this, they start to act upon. It is advised to reduce salt and perform exercise. If they unable to perform physical exercise, we advise them at least to have a short walk. Some say 'we constantly use salt', but when you tell them its effect on their health, they accept. Of course, we don't observe the practicality since we are not there all the time. However, the community is amenable for the advices we provide in this regard.
[678]	**Interviewer:** You told me that you provide a door-to-door health service. As member of the community, do you observe the community discuss about NCDs?
[679]	**Interviewee:** It is not as such common. We are living within the community; community members do not discuss the issue of NCDs. I don't know; perhaps there could be some others places where people could talk about this. But I can say that there is no as such discussion on NCDs.
[680]	**Interviewer:** When you teach, you focus on the preventive aspects. How do the participants react on your teachings? Is there any problem you face during your teachings?
[681]	**Interviewee:** There is no as such a problem that I can put as an obstacle. We don't order them to do or not to do something; but as health providers we approach and talk to them as close family members. When they disclose their cases, say blood pressure of diabetes, in our familial talk, we provide advice that they have to avoid risks. So, there is no one who creates a sort of trouble rather than accepting our advices.
[682]	**Interviewer:** Is there any activity performed towards the prevention of NCDs? For instance, as you told me earlier, you carry PB apparatus to measure community members'

level of blood pressure and refer those whose blood pressure rises to health facility. Are there any activities performed at grassroots levels?

[683] **Interviewee:** What I have told you is an activity performed at grassroots level. We work at grassroots level. We are within the community. We reach every house. Being health professional, we examine the sign and symptoms they tell us and act accordingly. There is no any special story. We have the BP apparatus. When we feel that the symptoms are the symptoms of diabetes, we refer them to hospital since we don't have glucometer. We advise them to go to health facility and have medical check-ups. However, with regard to blood pressure, we have the apparatus. So, we measure and examine the results. In addition, we receive information from community members during our door-to-door discussions, so we educate them to perform preventive activities so as to avoid the instance of developing such diseases because our main job is to focus on prevention. We also inform them to go to health facility if they don't feel comfortable/ healthy without waiting for our visit. Apart from this, there is no any other thing we perform.

[684] **Interviewer:** What is the role of WDAs leaders in preventing NCDs?

[685] **Interviewee:** Well, we mostly take the responsibility of holding discussion. The HEWs are responsible for conducting health discussions. When we conduct such discussion, there are some WDAs who transmit their view. There are some WDAs who conduct health discussions on NCDs and other health issues. But, most of the time, we take the responsibility of holding discussion on health issues.

[686] **Interviewer:** Are there traditional beliefs and practices of the locality that could hinder the inculcation process of preventing NCDs?

[687] **Interviewee:** You see, there are community members that consider blood pressure as the problem of the overweight and they think that the thin are not susceptible for such disease. For that, they go saying 'how can I develop such disease having this body' and 'unbelievably I have blood pressure'. Such traditional beliefs are the result of the community's lack of knowledge towards NCDs. But this is not considered as an obstacle rather it is being unaware of the issue. And we, being health workers, inform community members that blood pressure is not associated with physical form (fat or thin) but rather caused due to the narrowness of blood vessels. Apart from this, we inform them that blood pressure can also be hereditary. Our duty is to create awareness so we work on this and yet we haven't seen any refusal from the locality.

[688] **Interviewer:** Are there supportive written materials which you use for your teachings on the prevention of NCDs?

[689] **Interviewee:** There is no material prepared and given to us. We are health workers. And all HEWs of this town are nurses. We educate community members based on what we have acquired during our trainings. But even there is no leaflet on NCDs unlike other health issues such as nutrition. We, being health professional, got prepared by ourselves in order to answer questions that may be forwarded from members of the community; but there are no materials mainly prepared on this.

[690] **Interviewer:** What do you think should be done to prevent NCDs?

[691] **Interviewee:** Well, the common health problem of an urban area is NCD. In the past, infectious diseases were the health challenges but nowadays the trend is changing. To my knowledge, NCDs were not as such prevalent. However, they are on the rise due to change of dietary habits and physical inactivity. There are manuals on measles, nutrition, vaccine and others. Had we been offered reference materials on NCDs, our job would have been easier. In addition, every worker could have similar knowledge on NCDs and then teach the community. Therefore, if possible, concerned bodies have to prepare such materials. Due attention should also be given to NCDs since the prevalence of cases is on the rise. We didn't work on it; it has been introduced recently, perhaps before two years. In fact, our

door-to-door teachings are determined by the immediate health context of a particular family. I educate a particular family based on the immediate health situation of that particular family even though I visit the family with my pre-planned activity. Therefore, to make our efforts successful, there should be supportive materials prepared by concerned bodies. Such materials would not only support our work but they would also enable us have common understandings. For that, due attention should be given for this.

[692] **Interviewer:** You have told me a lot. Is there anything you would like to add which I haven't raised during our discussion on prevention of NCDs?

[693] **Interviewee:** I don't have anything to add. I don't know but I think what have been raised is enough.

[694] **Interviewer:** Thank you very much.

(xx) In-depth Interview with Health Extension Worker – 6 (IDI16-HEW6)

Turn	The English Version
[695]	**Interviewer:** Can you tell me what NCD is?
[696]	**Interviewee:** Well, non-communicable diseases are known as 'hudur himam'. The community call blood pressure and diabetes 'hudur himam'. There is traditional medicine used within the locality in this regard. Within the WDA there is one hypertensive case. Here case is known because she had been hypertensive for long time. She started using medicine. I usually measure her blood pressure level and I found her volunteer to get measured. She has adequate knowledge on NCDs and she believes that blood pressure and diabetes can be cured via medication. Members of the WDA also believe on this. They also share their knowledge with others. We further educate them in this regard. For that, she follows up her medicine and I also check her blood pressure. I have also one who has a severe case and suddenly felt faint. She is overweight. So, I advise her to have physical exercise as much as possible, and she does. She has conviction over the organization and the government but lives this way. WDA members visit and support her, and she attends the meetings.
[697]	**Interviewer:** Perhaps, blood pressure could be one the health challenge in this area. But which type of NCDs is the most prevalent in this community?
[698]	**Interviewee:** It is blood pressure. To some extent, there is diabetes. We have about four or five diabetic patients in our 'ketena'. However, the most prevalent type of NCDs is blood pressure. This disease is seen among those who are above the age of sixty and among those who are physically inactive. Diabetes is mostly seen among those who do not perform physical exercise. There are diabetic patients who cannot afford to buy medicines for their cases. They apply for getting such medicines free of charge, and we do our best to help them get the medicine free of charge.
[699]	**Interviewer:** People often talk about infectious diseases such as HIV and TB. But do people talk about NCDs?
[700]	**Interviewee:** Yes. It is said that NCDs are on the rise these days. You can see unexpected thin person develops blood pressure. They are people heard saying 'we develop diabetes though we didn't consume sugar' and 'we develop diabetes though our diet is not as such worthy'. There are also people who request how these diseases develop. We inform them that blood pressure and diabetes are caused due to unhealthy diet – not eating balanced diet and vegetables. The consumption of fatty food stuffs including meat and egg are considered as indicators of someone's status. However, we provide education on the effects of consuming fatty food stuffs. Some say 'we don't consume sugar but we develop diabetes. And we tell them that diabetes is not caused due to sugar consumption, but due to our dietary habits. So, we have to have balanced diet. For example, when you eat vegetables today, you have to eat 'shiro' tomorrow. Meat and egg should be consumed rarely. We teach them that eating egg is not good for those who aged sixty and above. We also advise them to avoid alcohol and 'chat'.
[701]	**Interviewer:** Obviously, your teachings focus on disease prevention, do participants follow up the teachings with complete attention?
[702]	**Interviewee:** Yes they do. They ask. I also ask them. What did I tell you? I exemplify my teaching by mentioning an NCD case. For instance, Dehab is fat and she is hypertensive and diabetic. In addition, she has kidney disease. She also says that she has stomach-ache. She says she couldn't even walk. She says she is rather poor. Had she taken balanced diet, consumed vegetables, avoided fatty and delicious food, she wouldn't have developed such diseases. So, we tell them that they should consume vegetables. They ask about the things they don't understand. We support our teachings by mentioning NCD cases to enable them see the essence of susceptibility. We tell them that there are some fat people who are free of such diseases. The reason for developing NCDs is unhealthy dietary habits.
[703]	**Interviewer:** As health service provider, you provide education and have PB apparatus. Is there any other activity you perform to prevent NCDs?
[704]	**Interviewee:** We tell them to have balanced diet to avoid the instance of developing of NCDs. Especially, we warn pregnant women and those who recently give child to be careful towards these diseases. We advise them to have moderate physical exercise. We also inform them that walking

should not be considered as the act of the poor. So, they have to go to the market on foot. Even the expectant should be physically active as much as possible.

[705] **Interviewer:** WDAs' leaders are your supporters. Can you tell me the role of WDAs' leaders in preventing NCDs?

[706] **Interviewee:** Well, this is the vice chairperson of the WDA. That is the chairperson of the WDA. For instance, if Medhin is not around, this, herself, hold the meeting of one-to-five network every week or biweekly and discuss the causes of such diseases. They discuss among themselves that developing NCDs would result in death if they don't go to health facility.

[707] **Interviewer:** What are the problems you faced during your teachings on the prevention of NCDs?

[708] **Interviewee:** I haven't faced as such bad thing. However, generally individuals say 'I am not fat; how could it happen to me; it has been imposed by God; it is believed that it is common among the fat.' But it is not due to the physical shape, it rather due to the unhealthy diet that causes a problem to the blood circulation. We inform them that having healthy diet can solve such problem. Depending on Holy water to heal mental illness is a very common social practice because when someone is mentally ill, it is believed that someone envenomed that person. For that, they go to Holy water to get cure of such disease. In fact, mentally ill persons also get medicines but they don't say that the medicine brings recovery; rather it is believed that Holy water has brought significant recovery.

[709] **Interviewer:** Are there written materials on NCDs?

[710] **Interviewee:** Yes, there are. There is a written material on NCDs which we use for our teachings. It deals with what NCDs are. They [WDAs leaders] don't know since they are not health professionals. But, we use it to educate them.

[711] **Interviewer:** Is that the module or any other?

[712] **Interviewee:** We have. I am not sure whether I brought it today. But we use it as one source and we bring it when we teach them

[713] **Interviewer:** There is in the checklist, but you don't have supporting materials which you can show the participants?

[714] **Interviewee:** Yes. We bring it for the purpose of teaching them. They can take it. They have document. We give them. They have it at hand.

[715] **Interviewer:** So, the materials have adequate information? Do you think they have adequate information towards the prevention of NCDs?

[716] **Interviewee:** It has no problem. It includes the thing require. So we use it for teaching them. Let me check. I may have it. I think I bring it if I am not mistaken. We have a checklist to assess whether they have pit latrine and hand washing facility. We give them full mark if they fulfil everything. Do they prevent? We ask them whether or not they understand the importance of prevention. In addition, we inform them not deliver at home. We have a questionnaire and ask them, and then they respond accordingly. I didn't bring it.

[717] **Interviewer:** Finally, let me have your comments. What do you think should be done to prevent the prevalence of NCDs?

[718] **Interviewee:** The patient, him/herself, has to go to health facility early in order to get appropriate medication. People shouldn't stay away of health facility due to their belief that NCDs cannot be cured via medicine since they are imposed by God. We attempt to convince clients believe that NCDs can be cured via medicine. Some can be cured by performing physical exercise if they are young. Those who are aged have to take their medicines properly. We also educate that they should modify their dietary habits.

[719] **Interviewer:** Is there any sort of training that could initiate you to perform better?

[720] **Interviewee:** There is no refreshment at all. We are referring to the knowledge we acquired while we were trained as nurses. Our bosses, the supervisors took refreshment courses and ordered us to put the assignments into practice. We are the practitioners but we haven't had any training at all. We are using our previous knowledge on NCDs. These diseases are on the rise these days; however, nobody has provided us refreshment on what causes these diseases and what they are.

[721] **Interviewer:** So, you think due attention should be given?

[722] **Interviewee:** Yes, due attention should be given. It should receive due attention in the future. To teach people, first you have to be empowered via getting trainings. When you are equipped with knowledge, you can transfer what you have learnt effectively.

[723] **Interviewer:** Well, I am done. Do you have something which you think not mention earlier?

[724] **Interviewee:** I don’t have.
[725] **Interviewer:** Thank you very much.

(xxi) In-depth Interview with Health Extension Worker – 7 (IDI17-HEW7)

Turn	The English Version
[726]	**Interviewer:** First of all, I would like to thank you for your willingness to have this interview. Before we start talking about specific issues, can you tell me what NCD is?
[727]	**Interviewee:** Non-communicable diseases are like diabetes, blood pressure, epilepsy and fistula. These diseases cannot transmit from person to person.
[728]	**Interviewer:** From your observation, which type of NCDs is prevalent in this area?
[729]	**Interviewee:** They are almost equally prevalent. There are three diabetic patients. Similarly, there are three hypertensives. The number is quite similar. The prevalence of NCDs is not as such high.
[730]	**Interviewer:** What do think the reason for developing NCDs? Can you explain why people develop such diseases?
[731]	**Interviewee:** Yes. Two of the patients of blood pressure are old. And there is one diabetic patient who is eighteen years old. So, NCDs can be caused due to age and unhealthy diet. For instance, the patients of blood pressure are economically rich. For that, I can say that such diseases can be developed due to dietary habit.
[732]	**Interviewer:** What about people? For instance, you provide health education on what people have to do or not to do to prevent such diseases?
[733]	**Interviewee:** Yes.
[734]	**Interviewer:** Do people in this community talk about NCDs?
[735]	**Interviewee:** Among themselves?
[736]	**Interviewer:** Yes.
[737]	**Interviewee:** Yes. They discuss about blood pressure and diabetes. In fact, they don't discuss on a regular and programed basis, but they talk about such diseases. They believe that NCDs can be seen among those who are aged. They get panic when they hear that diabetes can be seen even in children because they think that such diseases are only common among the elderly. They think this way since they don't have adequate knowledge in this regard. But they informally talk about such diseases though they consider as an issue of discussion.
[738]	**Interviewer:** Do they request for any advice? They may raise the issue during your door-to-door visit, but do they come to you to get advice on how to prevent NCDs?
[739]	**Interviewee:** Yes. As a matter of chance, two of the patients, who I follow up their cases, receive support from their children abroad. They have BP apparatus. They know very well about the nature of their cases because their children who live abroad follow up and provide them information in this regard via telephone. For that, they know that they should avoid salt intake, perform physical activity and drink water frequently. Therefore, my job is to simply remind them that they should have regular medical check-ups.
[740]	**Interviewer:** What about others? Perhaps, people who you have already registered could have such follow up?
[741]	**Interviewee:** Yes.
[742]	**Interviewer:** What about other members of community, do they ask you?
[743]	**Interviewee:** Well, when We teach about NCDs at WDA level, they ask me. They frequently ask about the causes of such diseases since they think they could be susceptible for these diseases due to their age. Especially, WDAs' leaders ask us since they have a responsibility to educate other network member under them.
[744]	**Interviewer:** You are providing health education with a focus on disease prevention?
[745]	**Interviewee:** Yes.
[746]	**Interviewer:** What sort of examples do you tell them to inculcate the health message on

prevention? For instance, do you exemplify your teachings by disclosing cases?

[747] **Interviewee:** Do you mean to teach about symptoms?

[748] **Interviewer:** Yes. Examples on how they could prevent NCDs could be given by mentioning what patients are doing in this regard.

[749] **Interviewee:** Well, I don't teach them by mentioning cases. However, what I can tell them is, especially diabetes, they don't give attention as such. I mean when you tell them someone is diabetic, for instance, I have a diabetic patient. She is poor and has a child. Thus, they support her with providing food since she consumes much food due to her case. Now, they understand about diabetes. They support her in terms of money and food. Her name is Letebrhan. I teach them by mentioning her case. But it is not good to teach community members that so-and-so has blood pressure because people consider as revealing their secrete into public. Therefore, I take myself as example during my teachings on this. For example, I tell them what will happen to me if I develop blood pressure. They receive adequate information about how the disease develops and how to prevent it.

[750] **Interviewer:** Ok. In the past, it was difficult to talk and disclose HIV cases?

[751] **Interviewee:** Yes.

[752] **Interviewer:** It was difficult. Do you mean that there is such problem with regard to NCDs? Do people stigmatise those who develop blood pressure?

[753] **Interviewee:** No, it's not. There is no stigmatization like HIV since NCDs do not transmit. However, when you disclose someone's case, people lose their trust on you. You see, we work at community level by providing door-to-door health service. So, when I disclose NCD cases, other community members come to be aware of so-and-so's case. Community members may say 'sister tells us about your case' when they meet the patient. For that, that patient could not tell me any other thing since he/she would consider me as a person who cannot be trusted. This is why disclosing a case is not good but it is not due to stigma.

[754] **Interviewer:** Let us now talk about preventive activities. There could be activities targeted at preventing NCDs. So, as health service provider, what sort of activities are you engage in to prevent NCDs apart the health education.

[755] **Interviewee:** Well, I had BP apparatus and I measured their blood pressure level. They are now paying five birr at private health facility for such service. However, I believe that mothers should not pay for I am there to provide such service. For one thing, mothers cannot go leaving their children at home though health facilities are not as such far. For another thing, I don't believe that mothers have to pay for this. Therefore, I used to measure their blood pressure going to their houses early in the morning. And I didn't get any problem in this regard. But I teach them they can prevent such diseases via modifying their diets and performing physical exercise. I have a lot of clients but I stopped such service because the BP was broken.

[756] **Interviewer:** What is the role of WDAs' leaders in this regard? I think the structure is that you teach the WDAs' leaders and then they teach one-to-thirty network members. By so doing, health message could reach community members and enable them produce their own health. How do they support you? What do they do to prevent NCDs?

[757] **Interviewee:** Yes, the structure is like that. We have to teach them and they have to transfer it into those who are under them. However, as there are WDAs' leaders who perform well in this regard, there are also who do not. We encourage WDA leaders to educate community members during our meetings. There are mothers (one-to-thirty WDA leaders) who have adequate knowledge and able to respond to questions raised. But we cannot say that all mothers do have adequate knowledge.

[758] **Interviewer:** What are the obstacles you face during your teachings towards preventing NCDs? For instance, there could be traditional beliefs such as resistance to accept being

hypertensive. In addition, as you told me earlier, there may be association of NCDs with the affluent and overweight. So, is there any special story in this regard?

[759] **Interviewee:** There are such things that we face. For instance, when I teach them, I tell them that vulnerability to NCDs is not due to physical form (thinness or fatness). However, they say 'sister, how can the thin and the poor be vulnerable to NCDs'. They tend to associate NCDs with fatness and wealth. For that, they conclude that blood pressure and diabetes cannot be seen among the poor and the thin. But we provide adequate response in this regard. We explain to them that blood pressure is caused due to the narrowness of blood vessels. Therefore, we advise them to have healthy diet, avoid salt intake and perform physical activity. For that, there are people who do not consume salt at all. In fact, some feel that avoiding salt make the food to taste watery, but I teach them that they have to avoid it for the sake of their health. In addition, the diabetic case is very thin, they know her. Now, they come to understand that blood pressure and diabetes can be seen among the thin.

[760] **Interviewer:** So, they are now clear with the causes of NCDs? They understand that NCDs are associated with risk factors such as unhealthy diet and physical inactivity but not due to physical form?

[761] **Interviewee:** Yes, they understand. I don't mean that all of them have understood. I think, Had all of them understood, there would have been significant change. But, they come to understand that the thin are also vulnerable.

[762] **Interviewer:** Perhaps, this is a traditional belief?

[763] **Interviewee:** Yes.

[764] **Interviewer:** That can affect the teachings. But, is there any traditional belief that could support the prevention of NCDs? For example, during fasting days people consume vegetables. I think this could helpful to modify dietary habit of individuals that results in preventing NCDs. In addition, there could be people who do not use Bajaj they rather walk?

[765] **Interviewee:** Yes.

[766] **Interviewer:** They prefer walking than taking Bajaj though it is too far. They may not understand the scientific importance but traditionally this habit could be helpful for preventing NCDs. Is there anything similar which could be helpful for the prevention of NCDs?

[767] **Interviewee:** Traditional means, people often consume non-fasting meals during non-fasting days. I don't think fasting is as such helpful. But, people eat vegetables during fasting days. They learn about nutrition. They learn that to have balanced diet is essential for their own and family's health. We don't tell them to eat this and that, but we inform them the importance of balanced diet. Then they accept. With regard to performing physical activity, they know that going to and fro on foot is very essential. They even say 'let us have a walk to St. Mary church'. This is not what they received from the health education. But they understand the importance of physical exercise.

[768] **Interviewer:** Well, you provide health education based on the knowledge you acquired while you were trained as health professional. There could also written materials on this. Are there supportive written materials on NCDs? There are for instance leaflets on infectious diseases.

[769] **Interviewee:** Yes, that is. However, we haven't received any leaflet on NCDs yet because I think these diseases are not emergent. There are leaflets that are disseminated when there occur infectious diseases such as meningitis, polio etc. There are written materials on HIV as well. But I don't think that NCDs receive due attention. In fact, we provide education on NCDs and it is recently included within the components. There is an NGO known as GIS. GIS has taken the issue of NCDs as one issue of health like that of HIV. However, there is

no paper on how NCDs are caused and how people can prevent it.

[770] **Interviewer:** So, there is no material that supports your teachings?

[771] **Interviewee:** There is no as such.

[772] **Interviewer:** Ok.

[773] **Interviewee:** I mean, for instance, if meningitis is seen, leaflets are disseminated to all community members including schools, kebeles and WDAs. But there is no paper on NCDs.

[774] **Interviewer:** Well. We are winding our talk. I have raised the questions I wanted to raise. Let me ask you now your comment on the prevention of NCDs. What do you thing should be done to enable community members produce their own and family's health? Obviously, you are providing a door-to-door health service but what additional things has every community member to do so as to bring change?

[775] **Interviewee:** Well, the trend is changing since the dietary habits are changing in our country. NCDs are among the frontline health burdens. Therefore, I suggest that the issue of these diseases should be broadcasted via FM and Tigray television. There should be regular program on this which community members can watch. Tigray TV has only a one hour air every day. I think it is from one to two o'clock.

[776] **Interviewer:** Yes, it is from one to two o'clock.

[777] **Interviewee:** So, instead of broadcasting worthless programs and songs there should be a short and precise program on it. I think that everyone watches the one-hour TV program. In addition, it has to be broadcasted on FM. For instance, the issue of HIV has got airtime on FM. There is a woman that talks about this. I am not a regular listener but many people watch the TV program known as 'tena bebetwo'. People talk about health issues that they have watched on such program. Therefore, I think it will be good if such health issues get airtime on FM and TV because people can even hear radio programs on their mobile phone. Apart from this, educating WDA leaders by allocating budget could be successful to provide health education and support our teachings. There should also be written materials such as leaflets prepared for all WDA members. By doing so, I think there could be significant change in this regard.

[778] **Interviewer:** Well, is there anything that I didn't raise with regard to prevention of NCDs which you would like to add?

[779] **Interviewee:** I don't have anything to add apart from those mentioned.

[780] **Interviewer:** Thank you very much.

(xxii) In-depth Interview with Leader of Women Development Army - 1 (IDI18-WDA1)

Turn	The English Version
[781]	**Interviewer:** I would like to thank you for your willingness to have this interview session. I want to ask you about non-communicable diseases. To begin, what types of diseases (NCDs) exist in your community?
[782]	**Interviewee:** From my observation, there is diabetes. Hypertension also exists in our area. For instance, two of my neighbours are hypertensives. There are so many people who don't want to tell or expose their health problems. Our area has problems in this regard. When we chat with our neighbours, some tell that they have been diagnosed and become diabetic. There are also diabetic patients who publicize their cases for they want to be included in the list of patients who have to receive treatment free of charge. However, there are still some other patients who want to keep their cases hidden. I feel that there are people who have undetected diseases. Therefore, I think there should be a door-to-door medical check-up because everybody can know his/her own health status and take preventive measures. This can enable us to feel confident and talk freely with community members. For example, if I am found to be a patient of any disease, I can start to live by keeping my own and my family's health. I can also freely talk with my neighbours about my cases for my final day of life is in the hands of the Almighty God.
[783]	**Interviewer:** What are the risk factors of non-communicable diseases? Why are the people in your community at risk for non-communicable diseases?
[784]	**Interviewee:** I think wealthiness can be one cause for developing NCDs. For instance, my neighbours are wealthy and I feel that they were at risk for they have enough to eat. However, there is another person who is diabetic but poor enough. There is no way for him to eat fatty food and delicious food. I don't know how he became diabetic. In fact, he works too much. He is now keeping a shop being paid a minimum wage for he doesn't have endurance to work other activities.
[785]	**Interviewer:** Is that due to physical inactivity?
[786]	**Interviewee:** Yes, physical inactivity is one cause.
[787]	**Interviewer:** How can we prevent non-communicable diseases? For example, when someone becomes patient of any of the NCDs, what do you think should be done to cure such diseases?
[788]	**Interviewee:** When someone becomes diabetic, he/she has to avoid delicious food stuffs. In addition, salt intake should also be reduced. In terms of the food stuffs that they should eat, they have to eat 'Taff' and avoiding grains. Apart from this, they have to reduce food intake. In fact, there are two types of diabetes – diabetes that requires much more food intake and diabetes which doesn't require food intake. Therefore, I think such diseases can be cured by taking a healthy diet.
[789]	**Interviewer:** What about prevention?
[790]	**Interviewee:** One can prevent non-communicable diseases by eating healthy diet before he/she gets sick due to taking fatty foodstuffs. For instance, wealthy people can take varieties of food to avoid risks. When you have fatty food for your breakfast, you have to have vegetables for your lunch. You should sometimes skip meals. I think skipping meals is not to mean that one dislikes to eat delicious food but to be healthy.
[791]	**Interviewer:** Do health extension workers teach you about non-communicable diseases?
[792]	**Interviewee:** Yes, they educate us.
[793]	**Interviewer:** For example, what is the major concern?
[794]	**Interviewee:** We discussed on non-communicable diseases. There is cancer. There exists kidney disease. And there is also diabetes. We cannot consider these diseases as

communicable diseases. These diseases are non-communicable diseases. Diseases that we can mention as communicable diseases are HIV and TB. When we want to help someone who is suspected to be HIV positive, we have to wear glove. That is what I feel.

[795] **Interviewer:** Well, you have told me that HEWs provide health education on NCDs. What is your comment on the Tigrigna saying 'ካብ ሓሚምካ ሕክምና ተኽናኺንካ ጥዕና' (An ounce of prevention is a pound of cure)?

[796] **Interviewee:** Well, prevention can save unplanned expenses. In fact, money can be made or lost, but health can be easily produced at individuals' home. I believe that we shouldn't take everything for we can afford. And those who are poor have to lead their life to their level. I have a neighbour who is diabetic. She is old and says that she felt pain on her leg. I advised her to have medical check-up for the reason may be nerve problem. She has been checked and found to be diabetic. I asked her how she became diabetic. She replied she doesn't know what the reason was. I also asked what she did. She told me that she avoided eating grains. I confirmed that it is a good idea to avoid grains based on what I have heard. She also told me that she take 'Taff' without salt.

[797] **Interviewer:** What activities do you perform to prevent non-communicable diseases as leader of WDA?

[798] **Interviewee:** We didn't start educating the community. It is not well organized. Community members are not as such willing for that we do nothing. However, sister [HEW] and I go door-to-door to assess how members of women development army are producing health at their houses. Based on our assessment and members' performances in producing health, we rated members of WDA as 'A', 'B' and 'C'. There are fourteen members who are rated as 'A'. We also rated six members as 'B'. And about five to six members are rated as 'C'. We had registry book which we kept such ratings. However, I stopped working for members of WDA didn't take our effort seriously. They rather abnegated our efforts in mobilizing them to produce their own health. For that, I stopped engaging actively in the WDA.

[799] **Interviewer:** What do people in this community say about non-communicable diseases? How do they see non-communicable disease? For example, what do people say about mental illness?

[800] **Interviewee:** Well, mental illness cannot be transmitted. I have seen some who fall down heavily to ground due to their stress and anger. To my observation, mental illness is not satanic act for it happened when the person becomes angry. I think it is medical problem which can be treated scientifically. I have experienced this. My son was epileptic since his third month. He fainted with widened eye in his bed. I immediately took him to hospital but he recovered when I reached at health facility. I became ashamed for my son became Ok when I reached at health facility. For that, I also took him to Holy water. Fortunately, there was a psychiatric who rented in my compound. Do you know Dr. Haben, the psychiatric? One day, he saw my son and told me to take my son to hospital the next day. I told him that I tried to take my son to hospital but he became Ok when I reached there. But he insisted me to take my some to hospital. Next day, I took my son and the doctor has given me medicine. He also me that I have to give my son one tablet every night. Now my son has recovered and walk due to the medicine he has taken.

[801] **Interviewer:** So, he is now ok?

[802] **Interviewee:** Yes.

[803] **Interviewer:** But what do people think about NCDs? In fact, you have experienced.

[804] **Interviewee:** I have experienced.

[805] **Interviewer:** At health facility?

[806] **Interviewee:** Yes.

[807] **Interviewer:** So, you have seen that epileptic can be cure via medication?

[808] **Interviewee:** Yes.

[809] **Interviewer:** What do people say about such diseases?

[810] **Interviewee:** In the past, when I see mentally ill person, I used to say and believe that such disease occur due to something (Satan). However, after I have received advice from Dr. Haben, I noticed that such disease can be cured via medication. For that, when my neighbours talk about such health problem, I advise them to go to health facility for medical treatment. I tell them that mental illness can be cured via medication.

[811] **Interviewer:** How would people describe a person who develops any type of NCDs (cancer, blood pressure, diabetes, heart attack, etc.)?

[812] **Interviewee:** When we talk about non-communicable diseases, there are people who accept ideas. However, there are some others who abnegate the discussion. It is difficult to predict and understand the community. There are some who are amenable, and there are also some others who disdain us. I am telling you what I have experienced.

[813] **Interviewer:** Do HEWs advise you 'what to do' and 'what not to do' to prevent non-communicable diseases?

[814] **Interviewee:** Yes.

[815] **Interviewer:** Can you tell me what HEWs advise you in terms of 'what to do' and 'what not to do'?

[816] **Interviewee:** Well, as we mentioned, they tell us 'take variety of food stuffs if you want to produce your own health'. They advise us to reduce salt intake and not to eat much fat. They inform us that it is not at health facility; it is rather at our hands. They tell us that our health is the product our act.

[817] **Interviewer:** Do you put the advices you received into practice?

[818] **Interviewee:** It depends. For instance, I, myself, put the advices into practice. But there may be some who don't put such advices into practice. When we see such people, we try to tell them that following the advices is for their own benefit. It is difficult to predict that everyone is performing as expected for we all have our own life. However, the one who has knowledge in this regard has to provide advice. And the rest should be left to the individuals.

[819] **Interviewer:** Have you found the advices helpful?

[820] **Interviewee:** Yes, they are being helpful. I think this should be strengthened to help the community avoid such diseases. But, there is a problem from the community side.

[821] **Interviewer:** You have told me that there is a problem from the community's side. What do you think should be done to mobilize the overall community to prevent non-communicable diseases?

[822] **Interviewee:** The very essential thing here is education. To me, there should be general education. After providing general education, to me, there should be a door-to-door medical check-up campaign like that of vaccination. It can help us to know each other. And knowing our health status is a means to unsaddle worries. For instance, when I become positive, I can freely talk with neighbours and request them for help. However, there are people who don't want to expose their health status.

[823] **Interviewer:** What do you think should be done in terms of physical activity and nutrition?

[824] **Interviewee:** If possible, doing exercise – physical activity – is very essential. Taking balanced diet is also essential. But one has to have medical check-up and then take appropriate food stuffs based on his/her health condition.

[825] **Interviewer:** Thank you very much.

[826] **Interviewee:** Alright.

(xxiii) In-depth Interview with Leader of Women Development Army - 2 (IDI19-WDA2)

Turn	The English Version
[827]	**Interviewer:** I would like to thank you for your willingness to have this interview session. Let me ask you about non-communicable diseases.
[828]	**Interviewee:** Ok.
[829]	**Interviewer:** Well, what types of diseases exist in your community?
[830]	**Interviewee:** From the communicable diseases, there are diseases that attack children. They are unknown. It is difficult to predict the type of the diseases which children are suffering from. It is difficult to say that it is smallpox. Children become fevered and then they recovered. But such diseases are communicable. They can be transmitted from a child to child.
[831]	**Interviewer:** What about non-communicable diseases?
[832]	**Interviewee:** There is diabetes among non-communicable diseases. There is also cancer. Such diseases exist.
[833]	**Interviewer:** Do you know the difference between communicable and non-communicable diseases?
[834]	**Interviewee:** The difference is that diseases such as diabetes and cancer cannot be transmitted. However, disease such as HIV can be transmitted via blood contact. Smallpox can also be transmitted via fever and breathe.
[835]	**Interviewer:** You have told me that diabetes, blood pressure and cancer are prevalent in your community. Which type of non-communicable diseases is the most prevalent disease in this area?
[836]	**Interviewee:** It is diabetes.
[837]	**Interviewer:** Why?
[838]	**Interviewee:** For me, it is due to dietary habits. I think that it is due to nutrition. But I don't know; non-communicable diseases occur among the poor as well as the rich. Non-communicable diseases are health problems of all. To my understanding, non-communicable diseases can occur due to lack of physical activity and nutrition.
[839]	**Interviewer:** What sorts of food stuff do you think should be eaten to reduce blood pressure, diabetes and some other types of non-communicable diseases? And what sort of food stuff do you think aggravate NCDs?
[840]	**Interviewee:** We have to avoid fatty foodstuffs. Moreover, we shouldn't take excess fat. In addition, I feel that thick oil can be a cause to develop non-communicable disease. Especially, I think thick oils that are currently on market are risk factors for non-communicable diseases.
[841]	**Interviewer:** Do you think that people are at risk due to thick oils?
[842]	**Interviewee:** I think that many people are at risk due to this.
[843]	**Interviewer:** What has been done to prevent non-communicable diseases in this community?
[844]	**Interviewee:** We educate network members that physical activity is essential to prevent non-communicable diseases. We should not stay physically inactive and taking food now and then. In addition, as I have mentioned, we shouldn't eat fatty food. We have to avoid excess fat from our dishes. And we have to take a healthy diet.
[845]	**Interviewer:** I think HEWs educate you about different health issues.
[846]	**Interviewee:** Yes, they educate us.
[847]	**Interviewer:** They provide you. What is the major concern of the teachings of health extension workers?

[848] **Interviewee:** They educate us about non-communicable diseases. They also educate us about communicable diseases. They educate us about hygiene – cleanness of houses and surroundings.
[849] **Interviewer:** Then, do you discuss such health messages in your network discussions?
[850] **Interviewee:** Definitely. We discuss health issues at our network meetings. We meet once a week. We also have a general meeting once a month on hygiene.
[851] **Interviewer:** What about non-communicable disease? For example, a lot has been done to prevent communicable diseases. However, non-communicable diseases do not receive attention, but you have told me you discuss within network. So, is there anything you have discussed regarding the prevention of NCDs?
[852] **Interviewee:** Yes, we do discuss. She [HEW] tells us about dietary habits. One day she gave me a book which we used in our network discussions. In fact, we don't use the book in all our network discussions but we sometimes use information from the book.
[853] **Interviewer:** What is your comment on the Tigrigna saying: 'ካብ ሓሚምካ ሕክምና ተኸናኺንካ ጥዕና' (An ounce of prevention is a pound of cure)?
[854] **Interviewee:** I believe in prevention. The first thing should be prevention. One can avoid the risks of diseases by taking care of his/her own hygiene and dietary habits.
[855] **Interviewer:** So, do you put this into practice – prevention instead of treatment?
[856] **Interviewee:** Yes, I prevent before I got sick.
[857] **Interviewer:** Well, You have told that prevention is essential.
[858] **Interviewee:** Yes.
[859] **Interviewer:** What specific activities do you perform as member of the community and leader of women development army to prevent non-communicable diseases?
[860] **Interviewee:** The first thing is changing oil type. We used to cook using thick oil. However, we have avoided it after we received education about the consequences of using thick oil. In addition, we keep our house and surrounding clean. We keep our toilet clean. We also dispose wastes carefully. I also use iodinated salt. In terms of dietary habits, we used to include fats in our dishes, but now we have started to avoid fat. We only eat meat without fat. This is what I have experienced.
[861] **Interviewer:** Are there patients of NCDs in your community, say diabetics and hypertensives? If so, how do you support them?
[862] **Interviewee:** There are diabetics in our community. There are also hypertensives. We contribute money and offered them when such patients are confined to bed in hospital. We also contribute flour to prepare food for the patient. However, we didn't start helping such people when they are at home.
[863] **Interviewer:** Do you think that everyone is at risk for non-communicable diseases?
[864] **Interviewee:** Yes, everyone can be at risk for non-communicable diseases if he/she doesn't care about the risk factors.
[865] **Interviewer:** You have told me that HEWs educate you about different health issues. What specific activities do they do to prevent non-communicable diseases?
[866] **Interviewee:** They educate us. In addition, they mobilize us to contribute food or money for the needy. We started to contribute and help the needy because HEWs convince us to do so. They told us that contributing two birr per head is not a big deal. We had no experience on contributing to help the needy. In fact, there was contribution for supporting the security of the community and Red Cross association.
[867] **Interviewer:** You did contribute to help the needy within the community?
[868] **Interviewee:** Yes.
[869] **Interviewer:** That wasn't common before?
[870] **Interviewee:** It wasn't. But she [HEW] tells us about this very well.

[871] **Interviewer:** What do people say about non-communicable diseases? What meanings do people attach to non-communicable diseases for example, considering NCDs as the rage of God?

[872] **Interviewee:** I don't think that there is such belief among the young. However, there is such belief among the old.

[873] **Interviewer:** Old people?

[874] **Interviewee:** Yes. For example, in our network, we all are below the age of forty except one who is forty-two years old. Apart from this, most of our network members are educated. For that, there is no such association.

[875] **Interviewer:** Well, there may not be such association within your network. What about the rest of community members? What do they say when they hear about blood pressure? Do people consider blood pressure as incurable?

[876] **Interviewee:** Yes. If a patient faints due to such disease, people say that 'ተኸቲልዎ እንድዩ' [it happened due to external force]. Such belief represents the old. There is no such belief among the young these days.

[877] **Interviewer:** So, there is change?

[878] **Interviewee:** Yes, there is.

[879] **Interviewer:** You have told me that HEWs provide you advices. Do the advices you have received from HEWs help you? For example, you have changed oil type. Have you got any advantage to improve your health?

[880] **Interviewee:** Yes, I have seen changes. I used to feel pain on my back and leg when I used to cook thick oil.

[881] **Interviewer:** Now you are Ok?

[882] **Interviewee:** Yes.

[883] **Interviewer:** What about in the past?

[884] **Interviewee:** I felt pain and I was asking myself what happened to me. However, after she [HEW] told us about the consequences of thick oil, I have started using thin oil. I have seen improvement since then. Why is such oil [thick oil] on market if it has such health problem? Is it due to our poorness? I ask such questions. I want to raise a question here even though I don't raise it in other situation: Why is thick oil has been distributed to people?

[885] **Interviewer:** Finally, what do you think should the community do to prevent non-communicable diseases? What should the community do to produce its own health apart from discussing health issues at network levels?

[886] **Interviewee:** I think non-communicable diseases should be discussed at Ketena level meetings through to Kebele meetings. In addition, the consequences of thick oil types should also be explicitly discussed. We discuss about health issues regarding NCDs at network level. However, such health issues haven't been discussed at higher level meetings. I had participated at meetings at Ketena to Woreda parliament levels, but I haven't seen any attempt to discuss about non-communicable diseases. Therefore, such health issues should receive attention in such big meetings. But we learn about NCDs at network levels.

[887] **Interviewer:** I have raised the questions I planned to ask you. But, if you have something you would like to add regarding non-communicable disease, you can add.

[888] **Interviewee:** What I want to emphasize is that the issue should receive much attention. In addition, the issue of thick oil should also be considered.

[889] **Interviewer:** Thank you very much.

(xxiv) In-depth Interview with Leader of Women Development Army - 3 (IDI20-WDA3)

Turn	The English Version
[890]	**Interviewer:** Let us start. First of all, I would like to thank you for your willingness to have this interview. From your observation, what types of diseases are common in this area?
[891]	**Interviewee:** In this area, it is coughing.
[892]	**Interviewer:** Do you know the difference between infectious and non-infectious diseases?
[893]	**Interviewee:** Yes.
[894]	**Interviewer:** Then tell me.
[895]	**Interviewee:** Diabetes cannot be transmitted. AIDS cannot also be transmitted via wind.
[896]	**Interviewer:** But it is among the infectious diseases?
[897]	**Interviewee:** Yes. Blood pressure and diabetes are non-communicable diseases.
[898]	**Interviewer:** They are non-infectious.
[899]	**Interviewee:** Yes.
[900]	**Interviewer:** Do you know the causes for such diseases? What are the risks for developing blood pressure and diabetes?
[901]	**Interviewee:** The risks for these diseases?
[902]	**Interviewer:** Yes.
[903]	**Interviewee:** Diabetes can risk us for different diseases.
[904]	**Interviewer:** For instance, what about dietary habit?
[905]	**Interviewee:** Avoiding food stuffs rich in fat; and avoiding sugar intake.
[906]	**Interviewer:** Do you think that everybody can be at risk for developing such diseases?
[907]	**Interviewee:** In this area?
[908]	**Interviewer:** Yes. Do you think that you can be at risk for developing such diseases?
[909]	**Interviewee:** No, I don't.
[910]	**Interviewer:** Why? What do you do to prevent such diseases?
[911]	**Interviewee:** We don't consume fatty food stuffs and sugar.
[912]	**Interviewer:** What about exercise?
[913]	**Interviewee:** I perform physical exercise as well.
[914]	**Interviewer:** Well, HEWs are engaging in providing you health education, on what sort of topics do they focus?
[915]	**Interviewee:** They teach about hygiene. They also tell to use family planning methods and to get our children vaccinated. They also teach us to use iodinated salt to prevent goiter.
[916]	**Interviewer:** What about non-communicable diseases such as blood pressure and diabetes?
[917]	**Interviewee:** They teach us.
[918]	**Interviewer:** What do they tell you, for instance?
[919]	**Interviewee:** We have to care of developing diabetes. They tell us 'reduce sugar intake'. They also teach that we have to reduce fat consumption.
[920]	**Interviewer:** There is a saying that goes '*An ounce of prevention is a pound of cure'*. What is your reaction to this? Do you believe in this saying?
[921]	**Interviewee:** Yes, I believe in prevention.
[922]	**Interviewer:** So, what do you do to put this into practice?
[923]	**Interviewee:** I clean my surrounding. I also keep my children clean. This is to prevent disease before getting treatment. Apart from this, we take care of our diet.
[924]	**Interviewer:** So, you consume vegetables since such food stuffs can prevent the instance of developing NCDs?
[925]	**Interviewee:** Yes, I do. I consume cabbage and lettuce since they are rich in vitamin.

[926] **Interviewer:** You told me that you put the health education into practice. But as WDA leader, do you inform other members of the WDA to prevent NCDs? What do you inform them?
[927] **Interviewee:** Yes we inform them. We tell our neighbours. We put it into practice.
[928] **Interviewer:** What do people say about NCDs? For instance, there may be association of such diseases with some traditional belief?
[929] **Interviewee:** I haven't faced such thing.
[930] **Interviewer:** Well, what do you call a person who is diabetic? Or what is said is someone dies due to diabetes?
[931] **Interviewee:** Well, it is said that the person passed away due to diabetes. He had diabetes.
[932] **Interviewer:** Do you say that the person wouldn't have died had he followed up medical treatment?
[933] **Interviewee:** Yes, there is such saying, but most of the patients follow up medical treatment these days.
[934] **Interviewer:** For instance, what do people say if someone is mentally ill?
[935] **Interviewee:** There is a guy, Ato Tewelde's son, who has mental problem. He came from a university. He sometimes become aggressive and tries to hit people. People gossip that he became mentally ill due to 'somebody's evil act or God's order'. It is said 'what have they done to him there' since a lot has been done to cure him.
[936] **Interviewer:** Do you mean that people in this community do not think that mental illness is curable via medical treatment?
[937] **Interviewee:** He follows up medical treatment as well. We believe in that. It can be cured via medical treatment. But what I mean is that people do have different understandings.
[938] **Interviewer:** That is what I want you tell me, the understandings of individuals.
[939] **Interviewee:** That is it. Members of the community think that he may be mentally ill due to the educational stress. And some others say that he is mentally ill due to 'someone's evil act'. So, people perceive mental illness differently.
[940] **Interviewer:** Are there diabetic or hypertensive cases in you locality?
[941] **Interviewee:** My mother is hypertensive.
[942] **Interviewer:** What do you say? What did you feel when you heard that your mother had blood pressure for the first time?
[943] **Interviewee:** We were very frightened.
[944] **Interviewer:** Why?
[945] **Interviewee:** Because blood pressure kills.
[946] **Interviewer:** You think that it kills?
[947] **Interviewee:** Yes.
[948] **Interviewer:** But it can also be cured?
[949] **Interviewee:** Yes, it can be cured. My mother's level of blood pressure is getting reduced after she started taking a monthly tablet from Dr. Liben.
[950] **Interviewer:** So, you realize that taking medicines properly can cure such disease?
[951] **Interviewee:** Yes.
[952] **Interviewer:** So, do you share such information with other community members? For instance, do you use your mother's case to teach others?
[953] **Interviewee:** Yes. My husband's mother had also blood pressure. She is very thin. I told her my mother had blood pressure but she has recovered from her case as she followed up medical treatment. For that, my husband's mother also start the medical treatment.
[954] **Interviewer:** Finally, let me ask you about your comments. HEWs are providing a door-to-door health services. What additional things should be done to create awareness among the community towards preventing NCDs?
[955] **Interviewee:** For what?

[956] **Interviewer:** What do you think should be done to help the community prevent such diseases, modify dietary habits, perform physical exercise and reduce alcohol?
[957] **Interviewee:** From my perspective?
[958] **Interviewer:** Yes.
[959] **Interviewee:** Yes. They should avoid alcohol. They have to avoid dirt. We discuss about this.
[960] **Interviewer:** Do you follow-up radio and TV programs?
[961] **Interviewee:** Yes, I do.
[962] **Interviewer:** For instance, there is a TV program named as 'tena bebetwo' that is broadcasted every Saturday.
[963] **Interviewee:** Yes, I follow-up.
[964] **Interviewer:** So, do you put the information you receive into practice?
[965] **Interviewee:** Yes, we discuss.
[966] **Interviewer:** Perhaps, is there anything you would like to add which I haven't mentioned?
[967] **Interviewee:** No, that's all.
[968] **Interviewer:** Ok. Thank you very much.

(xxv) In-depth Interview with Leader of Women Development Army - 4 (IDI21-WDA4)

Turn	The English Version
[969]	**Interviewer:** First of all, I would like to thank you for your willingness to have this interview. I will ask you some question about NCDs. So, before we start our discussion, what types of diseases are available in this area, it can be infectious or non-infectious disease?
[970]	**Interviewee:** There are hypertensive and HIV cases. We have both cases in our WDA.
[971]	**Interviewer:** Well, infectious and non-infectious diseases differ?
[972]	**Interviewee:** Yes.
[973]	**Interviewer:** They could also be similar. What do you know about their similarity and difference?
[974]	**Interviewee:** They have blood pressure and health problem related to liver. And we are healthy. So, we try to support them in order to make them not feeling discriminated because they are our brothers. We take care of their children and as well as the patients themselves when they get sick because we feel that they are our brothers and inseparable part of our communal life.
[975]	**Interviewer:** Which type of NCD, say blood pressure or diabetes, is the most prevalent disease in this area?
[976]	**Interviewee:** It is blood pressure which is the most prevalent in this area, but others are not as such prevalent. It is blood pressure that is on the rise but others are not.
[977]	**Interviewer:** What are the causes for developing blood pressure?
[978]	**Interviewee:** They are getting medical treatment.
[979]	**Interviewer:** I mean the causes of developing blood pressure. Why are people developing blood pressure?
[980]	**Interviewee:** Oh, it is due to not having medical check-up. They are getting such health problem since they didn't have early medical check-up. Had they had early medical check-up, they wouldn't have been hypertensives.
[981]	**Interviewer:** So, you think it is preventable?
[982]	**Interviewee:** Yes.
[983]	**Interviewer:** Is it possible?
[984]	**Interviewee:** Yes, definitely.
[985]	**Interviewer:** How can we prevent?
[986]	**Interviewee:** First of all, having early medical check-up. For instance, if I am told I develop blood pressure, I have to reduce food. I have to take care of my health. I have to reduce salt intake. Then I visit health facility for check-up consider the results.
[987]	**Interviewer:** Do you think that there is possibility to prevent NCDs before one develops any type of NCD via modifying diet?
[988]	**Interviewee:** Yes, but we do not put it into practice. It is good to prevent before it occurs but we do not engage in activities to prevent these diseases.
[989]	**Interviewer:** But, they are preventable.
[990]	**Interviewee:** Yes, of course.
[991]	**Interviewer:** For instance, which type of food are supportive for preventing NCDs, and which type of food are risky for developing such diseases? Can you tell me?
[992]	**Interviewee:** Salt, alcohol such as beer and 'siwa' are dangerous. Taking too much coffee which is beyond the required amount is also a problem. These are the dangers. But, I think it is healthy to only take minimum amount.

[993] **Interviewer:** What about consuming vegetables? Consuming vegetables could be effective to prevent such diseases. What is your view on this?

[994] **Interviewee:** Well, consuming vegetable is effective to prevent the diseases that we mentioned earlier. But I don't think that vegetables are good for preventing blood pressure since vegetables increase the level of blood pressure.

[995] **Interviewer:** Consuming vegetables to blood pressure?

[996] **Interviewee:** It increases.

[997] **Interviewer:** You think it increases?

[998] **Interviewee:** Yes.

[999] **Interviewer:** So what sort of food should we eat to reduce level of blood pressure?

[1000] **Interviewee:** A person who has blood pressure should light food stuffs. The person who has blood pressure has to consume balanced diet. However, consuming vegetables could raise the level of blood pressure because vegetable is blood.

[1001] **Interviewer:** Well, you told me that there are hypertensive cases?

[1002] **Interviewee:** Yes.

[1003] **Interviewer:** What do they do to prevent their cases? Is there anything they perform to prevent such diseases?

[1004] **Interviewee:** Yes, they reduce food. And they also reduce coffee and alcohol intake.

[1005] **Interviewer:** They practically do this?

[1006] **Interviewee:** Yes. They are with us; we observe them doing that.

[1007] **Interviewer:** So, is there any change?

[1008] **Interviewee:** They are ok. They are recovering as compared to their previous health conditions.

[1009] **Interviewer:** It is obvious that the HEWs provide you health education. What is their focus? For instance, do they provide health education that focus on preventing NCDs?

[1010] **Interviewee:** They provide us on that. They educate us about delivering at health facility. If there is an expectant in our network, they follow her up regularly. They even inform us to follow such mothers. If the expectant is approaching to delivery, we call them and they come and then take her to health facility for delivery. For that, we don't have any mother that deliver at home.

[1011] **Interviewer:** Well, you told me that the teachings of HEWs focus on both infectious and non-infectious diseases. Do you discuss such issues in your network?

[1012] **Interviewee:** Yes, we do.

[1013] **Interviewer:** Regularly?

[1014] **Interviewee:** Yes. There is one-to-five network. In fact, we are three in number, we don't have two members. But we discuss about it.

[1015] **Interviewer:** You discuss?

[1016] **Interviewee:** Yes.

[1017] **Interviewer:** So, when you discuss, have you faced any special story?

[1018] **Interviewee:** We haven't. I mean we didn't face anything. It is good because we evaluate what is wrong and who is lagging behind among us. For that, we haven't faced anything yet.

[1019] **Interviewer:** There is a saying in Tigrigna that goes 'an ounce of prevention is a pound of cure'; what is your reaction to this?

[1020] **Interviewee:** It is correct. For instance, if I got sick, I would be off my house to get treatment, am I right?

[1021] **Interviewer:** Yes.

[1022] **Interviewee:** Then I don't know what I would lose and I would also be wretched. However, if I prevent such diseases, my life will not be disturbed. Therefore, prevention is far better than getting treatment after being victim of such diseases.

[1023] **Interviewer:** As leader of WDA, what sort of activities do you perform to prevent on-communicable diseases?

[1024] **Interviewee:** To prevent such disease, we have hand-wash utilities. We have also latrine pit at home. In addition, we use iodinated salt since it is believed that iodinated salt has a lot advantage. The major thing to develop such diseases is anger, and don't quarrel. So we are fine.

[1025] **Interviewer:** Well, anger is one cause?

[1026] **Interviewee:** Yes, we are fine.

[1027] **Interviewer:** You told me that you support those who are patient of NCDs?

[1028] **Interviewee:** Yes.

[1029] **Interviewer:** Can you specifically tell me what you do for them? And why do you do so?

[1030] **Interviewee:** For the patients?

[1031] **Interviewer:** Yes.

[1032] **Interviewee:** They are with us. Whatsoever work we have, we visit them in order to avoid their feeling of hopelessness or downcast. We ask them what they are doing and eating to get recovery. We also follow up the changes that they have brought by reducing alcohol and salt intake. For that, they are now fine.

[1033] **Interviewer:** Do people talk about non-communicable diseases? There may be association NCDs with weight and that the thin are not vulnerable; are there such understandings?

[1034] **Interviewee:** Blood pressure is not only the problem of the overweight. It can also be manifested among the thin. Overweight can be related with kidney disease. But blood pressure is common among the thin.

[1035] **Interviewer:** Well, there are some people who say 'how could I be hypertensive having this body'.

[1036] **Interviewee:** Yes there are. They say 'where I get blood pressure having this body'. Definitely, there are such people.

[1037] **Interviewer:** You observe that?

[1038] **Interviewee:** Yes. There is such instance.

[1039] **Interviewer:** We are now approaching to the end of our discussion. What do the HEWs tell you in terms of 'to do' and 'not to do'? Can you tell me what they tell you towards preventing NCDs?

[1040] **Interviewee:** They tell us about family planning. They tell us about the type of contraceptives we have to use – is it tablet or injection for three or five years. They tell us to take the method we want to take.

[1041] **Interviewer:** What about NCDs such as diabetes, heart attack and blood pressure? What do they tell to do to prevent such diseases?

[1042] **Interviewee:** About this?

[1043] **Interviewer:** Yes.

[1044] **Interviewee:** They tell us about this. They teach us about diabetes, blood pressure and others. They ask us what shall be done to prevent such diseases. They tell us.

[1045] **Interviewer:** Do you put the advices you receive into practice?

[1046] **Interviewee:** Yes, we do. We discuss about it; however, we don't know whether or not members of the community are putting what we discuss into practice.

[1047] **Interviewer:** For example, you are putting the advices into practice. What about your neighbours? You may have talk what everybody does during coffee time?

[1048] **Interviewee:** In fact, we did discuss about such issues but no one can see whether everybody is performing accordingly.

[1049] **Interviewer:** Well, finally, what do you think should be done to prevent NCDs at community level?

[1050] **Interviewee:** Everybody has to participate in educating those who are unaware of such diseases.

[1051] **Interviewer:** So, health education should be provided to all community members?

[1052] **Interviewee:** Yes, that is it. Everybody can be aware if educated.

[1053] **Interviewer:** Thank you.

(xxvi) In-depth Interview with Patient of NCD -1 (IDI22-P1)

Turn	The English Version
[1054]	**Interviewer:** What type of non-communicable disease is your case? What did they tell in the health facility?
[1055]	**Interviewee:** They told me that my first health problem is blood pressure. They also told me that stress is also the second problem. I have been x-rayed and they told me that my blood pressure has been reduced. Then they sent me to get remedy for the second problem, stress. However, I haven't benefit out of it.
[1056]	**Interviewer:** How did you become aware of the symptoms? When were the signs of developing NCD first recognized?
[1057]	**Interviewee:** I felt headache and heart attack. It was due to stress that I develop blood pressure. My problem was anemia not blood pressure. I hadn't experienced blood pressure. I haven't gone outside and I haven't even witnessed. It was unexpected problem that God has thrown it upon me. It is God's imposition. I have been hypertensive due to this.
[1058]	**Interviewer:** What is the cause of your stress?
[1059]	**Interviewee:** Altercation.
[1060]	**Interviewer:** With your neighbours?
[1061]	**Interviewee:** Yes.
[1062]	**Interviewer:** You told me that your problem was anemia. How did you feel when you first heard that your problem was NCD?
[1063]	**Interviewee:** When they told me I had blood pressure?
[1064]	**Interviewer:** Yes.
[1065]	**Interviewee:** When they told me that my health problem was blood pressure, I quitted for I believed that they knew nothing. When I came back for the second time, the doctor asked me why I didn't come on time. I replied that I didn't believe the results. He asked me 'why'. I told him that my health problem was anemia when I was young, so how could I become hypertensive in my older ages. Then he told me that blood pressure is not only caused due to wealthiness and overweight. The reason to develop blood pressure is the narrowness of blood vessels for it blocks blood cells from going fro and to different parts of body.
[1066]	**Interviewer:** Have you ever tried any traditional medicine to cure the disease apart from the medical follow up?
[1067]	**Interviewee:** I haven't tried.
[1068]	**Interviewer:** What activities do you perform to prevent non-communicable diseases?
[1069]	**Interviewee:** They gave me tablets that can be taken within a month.
[1070]	**Interviewer:** So, you are taking tablets?
[1071]	**Interviewee:** Yes, I am taking.
[1072]	**Interviewer:** Blood pressure is among the non-communicable diseases. It cannot be transmitted from person to person.
[1073]	**Interviewee:** It is not.
[1074]	**Interviewer:** Do you think it is preventable?
[1075]	**Interviewee:** Which one?
[1076]	**Interviewer:** Do you think you can prevent NCDs?
[1077]	**Interviewee:** I don't know. I am struggling. It was Sunday on which I felt severe headache. I couldn't manage my balance – I felt that the sky and the ground round me. In fact, I had been recovering.
[1078]	**Interviewer:** Using the medicine?

[1079] **Interviewee:** Yes, I had been recovering.
[1080] **Interviewer:** What about physical activity and nutrition?
[1081] **Interviewee:** I don't have appetite to eat.
[1082] **Interviewer:** But if you don't eat, your case may be worsened?
[1083] **Interviewee:** What can I do? I don't have anything to afford nutrient foodstuffs.
[1084] **Interviewer:** I think it is not as such difficult to access vegetables. Vegetables can be used to avoid and reduce non-communicable diseases. Don't you eat vegetables?
[1085] **Interviewee:** I don't eat vegetables except salad/lettuce and cabbage since my early ages.
[1086] **Interviewer:** What sorts of advice do health professional provide you when you go for medical check-up or treatment?
[1087] **Interviewee:** Nothing.
[1088] **Interviewer:** Didn't you receive any advice about what you have to do?
[1089] **Interviewee:** They didn't advise me. They simply prescribed medicines.
[1090] **Interviewer:** They didn't provide you advice at all?
[1091] **Interviewee:** There is no advice.
[1092] **Interviewer:** How do your family members help you treat your problem? What specific things do they do for you?
[1093] **Interviewee:** Who?
[1094] **Interviewer:** Family members – your daughter?
[1095] **Interviewee:** My daughter has children. She tried to take care of me to her level. I am dependant on my daughter. I couldn't stand without her support. She prepares all my food. It is twenty-one years since I got eye problem. I used to go to church, but now I cannot.
[1096] **Interviewer:** But being pessimist has negative impact on someone's health. Instead one has to be optimist about his health and consider his/her dietary habits. I think you can also feel that your case can be cured. You have to feel positive and take a healthy diet to cure your health problem.
[1097] **Interviewee:** I don't think so.
[1098] **Interviewer:** Well, you are granny. For that, your case might occur due to your age or it might occur due to stress as you have mentioned earlier. Avoiding stress can reduce the prevalence of NCDs. What do you think should be done to prevent non-communicable diseases?
[1099] **Interviewee:** What can I say? Had I known about the prevention of non-communicable disease, I wouldn't have suffered from such disease and I would have prevented it.
[1100] **Interviewer:** Thank you very much.

(xxvii) In-depth Interview with Patient of NCD - 2 (IDI23-P2)

Turn	The English Version
[1101]	**Interviewer:** To begin, what do you know about non-communicable diseases?
[1102]	**Interviewee:** I know about kidney disease, diabetes and blood pressure. Kidney disease can be caused due to kidney stone or infection. If the case is kidney stone, it is related to hygiene. If there is infection, one has to take too much water for water can clean up kidney. Apart from this, one has to avoid carrying heavy things and stop walking too long distance. I had kidney stone for that I know how to treat such disease. I went to Addis Ababa for medical treatment.
[1103]	**Interviewer:** What is the most prevalent non-communicable disease in your area?
[1104]	**Interviewee:** The most prevalent NCD is diabetes, especially, among the Muslims. Muslims frequently eat delicious food stuff such as raisin and date. For that, there are many people who have asthma and diabetes in this area.
[1105]	**Interviewer:** You have told me that taking delicious food can be a risk factor for NCDs. What are the other risk factors for NCDs?
[1106]	**Interviewee:** Well, alcohol is also bad. Taking excess alcohol is not good. We see to what extent 'ስዋ' [locally brewed beer] damage the pitcher. Everything should be taken moderately including foodstuff. I believe that alcohol should be avoided. Especially, 'ጉዕሽ ስዋ' [locally brewed beer in its early stage] is not good for kidney and blood pressure. That is what I know.
[1107]	**Interviewer:** You have told me that the most prevalent non-communicable disease is diabetes. Who are at risk for such disease in this community?
[1108]	**Interviewee:** There are aged people who are at risk for such diseases. However, there are also young people such as Abreha. He is alcoholic and he chews Chat as well. He also smokes cigarette. I advised him that his life style would expose him to different diseases. for instance, smoking can expose him to cancer. When I told him that he had to stop smoking, he said 'Legisa, my sister, you are right'. There is also an old man who suffered from such disease. He is too old. He walks with the support of walking stick (crutch). When he became suddenly sick, we immediately took him to health facility.
[1109]	**Interviewer:** How can we reduce or avoid the prevalence of non-communicable diseases?
[1110]	**Interviewee:** When the risk factors are reduced, health will be assured. For example, I had hypertension. I reduced salt and coffee intake. I also lost weight and I became normal. Now I can walk here and there. Therefore, I believe that avoiding risk factors will definitely bring health.
[1111]	**Interviewer:** You told me that you were hypertensive. When were the signs of developing hypertension first recognized?
[1112]	**Interviewee:** Way! Way!
[1113]	**Interviewer:** How did you know?
[1114]	**Interviewee:** I was seriously sick and my body was swollen. I went to health facility and I was told that I had blood pressure. I also went to hospital when I was pregnant. The result indicated that the case was also blood pressure. I stayed in the hospital for three weeks. I followed up medical check-ups after I went out from the hospital. Lately, I noticed that My level of blood pressure could be improved if I produce my own health. Then, I started to follow up my own health myself. I was very fat. I couldn't wear traditional dresses. I rather wore over-large pyjamas. I started to use garlic in meals for I thought I had blood pressure due to the narrowness of blood vessels. I went to Addis Ababa and had medical check-ups. I was told that my blood pressure was Ok and I was free from diabetes. In fact, my blood pressure sometimes goes up and I feel the rise of blood pressure when I quarrel with my

kids and when I become angry. But I quieten down myself and manage my blood pressure.

[1115] **Interviewer:** How did you feel when you first heard that your problem was NCD?

[1116] **Interviewee:** Weyleke.

[1117] **Interviewer:** What did you do? Tell me what you felt.

[1118] **Interviewee:** I was very frightened. I did not even think that I could stay till now. I also thought I could not deliver my first child. I had severe stomach-ache for that I felt that the foetus was squashed by the blood pressure. In addition, I had severe headache; I couldn't even stand with balance. Therefore, I was worried about my case. However, I started to notice that blood pressure could be managed. Now I teach hypertensives that blood pressure is caused due to the individuals' lifestyle trends. They asked me 'how'. I replied that blood pressure can be reduced by avoiding stress, salt intake and stop drinking 'ጉዕሽ ስዋ' [locally brewed beer in its early stage]. I also advised them that they have to eat vegetables.

[1119] **Interviewer:** How did your family members feel about your case apart from your feelings? What did they say in this regard?

[1120] **Interviewee:** My God! I have a neighbour who is diabetic. His wife worries that he is going to die. I advised her to avoid risk factors. I have told her to take care of her husband. I inform her that he has to stop drinking alcohol and avoid chewing Chat. I helped her to feel peacefulness. He has been diabetic for twenty plus years. My family and I visit and provide our advices. However, her husband didn't listen to advices for he is too old. In fact, his wife is also old. Last time, I got her buying soft drink to her husband. And I angrily told her that soft drinks can aggravate his problem; I told her that drinking pure water is good for his health.

[1121] **Interviewer:** Have you ever thought that you were at risk for any type of NCDs?

[1122] **Interviewee:** I had no idea about this. I didn't know.

[1123] **Interviewer:** You hadn't thought that you were at risk?

[1124] **Interviewee:** I hadn't. I was performing different physical activities. I was engaging in different competitions such as race and jump. But I had no idea about non-communicable diseases.

[1125] **Interviewer:** So, why did you become hypertensive if you were physically active?

[1126] **Interviewee:** I stopped performing physical activities. When I quitted sport, my body was swollen and as a result, blood vessels became narrow. That was why I became hypertensive. People, who are physically active, cannot be victims of such diseases. I believe that I stayed alive till now apart from my health problem due to the sport I had performed.

[1127] **Interviewer:** Have you ever tried any traditional treatment to cure the disease? There may be some people who tried some traditional medicines when they are found to be patients of NCDs, say diabetes.

[1128] **Interviewee:** I didn't use; I am frightened of traditional medicines. As I told you, I use only garlic in my dishes. I read and heard that garlic can prevent different health problems. However, I don't believe in traditional medicines and other non-medical treatments.

[1129] **Interviewer:** Do you think non-communicable diseases are preventable?

[1130] **Interviewee:** In what way?

[1131] **Interviewer:** Do you think we can prevent non-communicable diseases?

[1132] **Interviewee:** Yes, we can. It is in our hand.

[1133] **Interviewer:** For example, what do you do?

[1134] **Interviewee:** For instance, I had blood pressure. I regulated my nutrition and follow up medical check-ups. Had I simply sat, my blood pressure would have risen. I perform physical activity to my level. I can prevent non-communicable diseases by performing physical activity. And if one has been victim of kidney infection, he/she shouldn't carry

heavy loads. By so doing, we can prevent such disease.

[1135] **Interviewer:** From experiences, you have explained the risk factors for non-communicable diseases. These include taking delicious food, alcohol and being physically inactive. What do you think an individual do to prevent non-communicable diseases?

[1136] **Interviewee:** Avoid salt intake. I believe that salt intake and alcohol should totally be avoided after forty years of old. Salt, alcohol, Chat and cigarette that could be the cause for mental disturbance should be avoided. Apart from this, physical activity is essential to prevent NCDs. If people are physically inactive and sat for long time, blood vessels will block blood cells from moving to and fro. Therefore, people have to perform physical activity to their level. In addition, too much sun light is not also good for health. So, I provide such advices.

[1137] **Interviewer:** What do people in this community say about non-communicable diseases? There may be traditional beliefs of the community towards NCDs, so what do they say?

[1138] **Interviewee:** Well, there is a belief that blood pressure occurs among the fat because they eat delicious foodstuffs. For instance, they think that I became hypertensive for I ate quality foodstuffs. And I tried to convince them that was not the case. But, they don't understand. People also associate diabetes with poorness. However, diabetes doesn't occur due to poorness; such disease rather occurs due to other risk factors such alcohol intake. In fact, there are diabetic patient who are poor. Nevertheless, I believe that diabetes can occur due to our life style modification. To me, stress is one of the risk factors to develop non-communicable diseases. We have to avoid stress to prevent non-communicable diseases.

[1139] **Interviewer:** As you have said, people associate blood pressure with richness. However, poor can also be hypertensive.

[1140] **Interviewee:** Yes.

[1141] **Interviewer:** What do they say about a person who dies of NCD? Are there instances in which people talk about persons who die of NCDs?

[1142] **Interviewee:** Yes there is. People ask about the case of the death. For instance, if the case is diabetes, it is said that the case is diabetes. And if the person dies suddenly, it is said that the death occurred suddenly. Similarly, if a person dies of blood pressure, it is said that the person was following up medical treatment and died of blood pressure. For example, there was a diabetic patient in our group. Here name was Silas. I was visiting her every day. Sister [HEW] and I followed up her. She felt hopeless for she thought she would die. She doubted that she would recover because she was very thin. She asked us a question: 'can I really recover from this disease'? We told her she could recover if she avoided stress because stress is big Problem and aggravate the disease. Finally, she died for death is unavoidable.

[1143] **Interviewer:** Do health extension workers provide you advices about what you have to do or not to do?

[1144] **Interviewee:** Yes.

[1145] **Interviewer:** What do they tell you to prevent non-communicable diseases? Can you give me some examples?

[1146] **Interviewee:** For example, for blood pressure, they tell us to use iodinated salt. They teach us about nutrition. They also tell us to keep our hygiene – to keep our houses and toilet clean. They teach us all these.

[1147] **Interviewer:** What about non-communicable diseases? For instance, iodinated salt is salt. So, taking iodinated salt being hypertensive can aggravate the case.

[1148] **Interviewee:** Yes, salt should be totally avoided.

[1149] **Interviewer:** Right. Iodinate salt is essential for health but it will be risky for those who are hypertensive. Do you use iodinate salt in your dish?

[1150] **Interviewee:** I don't use. In fact, I have goiter but I don't use iodinated salt for I have also blood pressure.
[1151] **Interviewer:** But you think iodinated salt can cure goiter?
[1152] **Interviewee:** Yes, but I cannot use for I have blood pressure which need to avoid salt intake. I have to take care of my blood pressure than my goiter for I have to live longer.
[1153] **Interviewer:** From what you have explained, I have understood that you put the advices you received from HEW into practice. What specific things do your family members do to help you prevent non-communicable diseases?
[1154] **Interviewee:** My daughter takes care of me. She prepared food without salt for me when she did prepare food for the rest members of family with salt. In addition, she controls my coffee intake. When coffee is prepared for a guest and I want to drink, she reminds me that I drank coffee before.
[1155] **Interviewer:** So, they take care of you?
[1156] **Interviewee:** Yes.
[1157] **Interviewer:** Well, finally, being leader of women development army, what do you think should be done to prevent non-communicable diseases at community level?
[1158] **Interviewee:** It is better to prevent diseases before they become problems. People have to have early medical check-ups to get prepared and prevent such diseases.
[1159] **Interviewer:** Is there anything you would like to add?
[1160] **Interviewee:** That is all.
[1161] **Interviewer:** Well, we are done. Thank you very much.

(xxviii) In-depth Interview with Patient of NCD - 3 (IDI24-P3)

Turn	The English Version
[1162]	**Interviewee:** I could prevent but I didn't. For that, I am suffering from the disease. In fact, non-communicable diseases can be prevented. Basically, blood pressure occurs due to ones' seek of comfortability. If one takes too much fatty food stuffs and excess alcohol intake, the level of blood pressure will get rise from day to day. To reduce the level of blood pressure, one has to take moderate food stuff and has to eat vegetables. Salt intake should be avoided. In addition, delicious food stuffs should be avoided. Therefore, we have to eat food stuffs which don't have salt – which almost tastes watery. In fact, I am illiterate, but I have worked in a hospital as a cook for about thirty-five years. Therefore, I know about such diseases. I know and understand that I am responsible to became hypertensive. However, I can't reverse the situation now. Therefore, blood pressure can occur due to our own problems. Such diseases occur due to our dietary habits. I don't know how diabetes occurs. However, I have learnt from my doctor that I became diabetic due to my blood pressure. Dr. Hagos was following up my cases. So, diabetes is born from hypertension. When the level of blood pressure rises, diabetes [the level of blood glucose] rises and when the level of blood pressure goes down, diabetes [the level of blood glucose] also slows down. There are different types of diabetes – they are about three. As I heard from health professionals, there are diabetics who got it since birth [inborn diabetes]. I worked as a cook and I was preparing food the diabetics. There is a bitter cabbage which is prepared without salt but has much peppercorn. There were also diabetics who ate about eight Injera at once. There were diabetics who took moderate food intake. Diabetics can also be fainted and fall down. Diabetes is not an easy health problem. It is a serious health problem. When someone goes outside, he/she has to have some sugar on his pocket. And when the diabetic feels that he/she is losing balance, he/she has to take some sugar from his/her pocket.
[1163]	**Interviewer:** Well, you have told me a lot. What do people in this community say about non-communicable diseases?
[1164]	**Interviewee:** What?
[1165]	**Interviewer:** What do people say about non-communicable disease in your community? Do people talk about NCDs? For example, how do they describe a person who becomes patient of NCD?
[1166]	**Interviewee:** I personally educate my family members about non-communicable diseases. I tell them about the risk factors and symptoms of non-communicable diseases. For example, the symptoms of diabetes include sweating, frequent peeing, and unable to speak out. I also tell them about hypertension. I discuss about these diseases to the level of my understanding. That is my capacity.
[1167]	**Interviewer:** Well, you have told me about what should be done to reduce and avoid non-communicable disease. What do you do at home reduce NCDs?
[1168]	**Interviewee:** I personally eat food without salt to reduce my blood pressure. For the diabetes, I drink coffee without sugar. And I don't drink tea at all. That is how I manage.
[1169]	**Interviewer:** There may instances of using traditional medications to reduce or prevent non-communicable diseases. Have you ever used any traditional medicine?
[1170]	**Interviewee:** What do mean by traditional?
[1171]	**Interviewer:** For example, haven't you used herbals?
[1172]	**Interviewee:** I haven't used.
[1173]	**Interviewer:** In fact, you told me you have worked in a hospital.
[1174]	**Interviewee:** Yes, I know it very well. I worked there for many years and I have been retired. I didn't use any traditional herbals but I rather went to hospital if I felt sick and got the

prescribed medicines.

[1175] **Interviewer:** How do you see the teachings of health extension workers?

[1176] **Interviewee:** Their teaching is good. I could accept what they teach because education is worthwhile. However, they know that I had been working in a hospital, so they considered me as knowledgeable. They [HEW] don't think me that I don't know. In fact, I don't reject their teachings though I did my own practices.

[1177] **Interviewer:** As you have told me non-communicable diseases occur due to unawareness. Therefore, what do you think should be done to prevent non-communicable diseases and protect the generation from such diseases?

[1178] **Interviewee:** The young know about this very well. I am illiterate. No one can give attention to our [the old] advices. They know about it. I don't know. I have told you what I know. So, I think that is enough.

[1179] **Interviewer:** Thank you very much.

(xxix) In-depth Interview with Family Member of Patient of NCD - 1 (IDI25-PF1)

Turn	The English Version
[1180]	**Interviewee:** We avoid fatty food and salt intake because taking fat and salt result in developing non-communicable diseases. We don't eat fat. I stripped all tiny fat leftovers from our dishes because I felt we would be sick due to fat intake. We also avoided salt from our diet. In fact, we don't have the capacity to eat food stuffs other than 'Shiro'.
[1181]	**Interviewer:** So, do you take care of your husband's dietary habits?
[1182]	**Interviewee:** Yes, I do. I have also blood pressure and kidney disease. Therefore, I take care of our dietary habits. I don't include fatty food and salt in our dishes because fat and salt can aggravate our diseases.
[1183]	**Interviewer:** Have you brought any health improvement due to your current dietary habits?
[1184]	**Interviewee:** What can I say; I have still kidney disease but thanks to God. I do check-up my blood pressure. And when my blood pressure rises, I try to manage via nutrition. I haven't taken any medicine to reduce my blood pressure yet. My husband takes tablets to reduce his cases. We don't eat food stuffs that aggravate blood pressure and diabetes even though we like them because we want to live longer.
[1185]	**Interviewer:** Are there other family members who take care of you; or you are alone?
[1186]	**Interviewee:** We are alone; we take care of ourselves. We have a son but he lives in other place. My husband has also but they live far away.
[1187]	**Interviewer:** Do people in this community help each other? What sort of support do they provide to patients of non-communicable diseases?
[1188]	**Interviewee:** It is good. When a community member is found to be patient of non-communicable disease, we visit her. We don't keep silent from offering any help to such person.
[1189]	**Interviewer:** So, people help each other in this regard?
[1190]	**Interviewee:** Yes.
[1191]	**Interviewer:** What do you think should be done to prevent non-communicable diseases?
[1192]	**Interviewee:** What can I say? That is all what I know. We do things as what the physician told us to do so. The physician ordered us no to eat fatty food and not to include salt in our meals; and we do so as per to the physician's order.
[1193]	**Interviewer:** What is the reason of not including salt in your dishes?
[1194]	**Interviewee:** Salt causes high blood pressure and kidney disease. It also results in taking too much water intake. And drinking too much water has its own consequences.
[1195]	**Interviewer:** Do you think fat intake has also an impact?
[1196]	**Interviewee:** Yes, fat also aggravate the diseases.
[1197]	**Interviewer:** Do you eat vegetables?
[1198]	**Interviewee:** We seldomly eat vegetables. My husband doesn't eat potato because potato doesn't go with diabetes. Therefore, we rarely eat cabbage but we don't eat vegetables as such.
[1299]	**Interviewer:** Finally, is there anything you would like to say?
[1200]	**Interviewee:** I don't have.
[1201]	**Interviewer:** Thank you very much.

(xxx) In-depth Interview with Family Member of Patient of NCD - 2 (IDI26-PF2)

Turn	The English Version
[1202]	**Interviewee:** What I know is that we are suddenly become sick. There is no reason for our illness. Had I known the cause, I would have told you; however, I don't know the cause.
[1203]	**Interviewer:** That is ok, but what do you know about non-communicable diseases? What are they?
[1204]	**Interviewee:** What can I say, I don't know. We are suddenly getting sick. We don't know what causes our illness. We cannot say we are sick due to this and that because we are not on highs and downs. We don't know the cause for our illness in short.
[1205]	**Interviewer:** For instance, diabetes, kidney disease, blood pressure and cancer are non-communicable diseases. Blood pressure is said the most prevalent disease in this area. Don't you know the causes for developing such diseases?
[1206]	**Interviewee:** I don't know. I told you that we are suddenly getting sick. It is not due to what we eat or drink, it is simply occur from nothing. The physicians tell us not to drink coffee and avoid salt consumption. They also tell us not to drink 'siwa'. We don't eat salt and drink 'guesh siwa', but we are getting sick suddenly. So, what can I say on this?
[1207]	**Interviewer:** Well, what do you do to prevent such diseases?
[1208]	**Interviewee:** For prevention, we have been told to avoid salt and coffee. We are also advised to reduce sugar intake and avoid drinking 'guesh siwa'.
[1209]	**Interviewer:** Is there any change that you brought due to such advice?
[1210]	**Interviewee:** What can I say, it suddenly happens. There is no change. For instance, he is taking the medicine but for nothing. I don't believe that the case is really blood pressure.
[1211]	**Interviewer:** The medicine is not effective?
[1212]	**Interviewee:** It is not. We are getting relief from Holy water.
[1213]	**Interviewer:** But there is recovery due to Holy water?
[1214]	**Interviewee:** Yes, there is. He had been treated in the health facility, but he hadn't got any recovery at all. He entered to health facility with a paralyzed leg and he went out without any improvement. However, thanks to God, his leg is recovering after we tried Holy water.
[1215]	**Interviewer:** He started to walk?
[1216]	**Interviewee:** Yes. So, we cannot say that this is the cause.
[1217]	**Interviewer:** So, the advice you received form health professionals didn't bring any change? You haven't brought any improvement?
[1218]	**Interviewee:** I, myself, was sick but I didn't get treatment from the health facility so I went to Holy water.
[1219]	**Interviewer:** What was your health problem?
[1220]	**Interviewee:** Blood pressure.
[1221]	**Interviewer:** They told you blood pressure.
[1222]	**Interviewee:** Yes.
[1223]	**Interviewer:** But, they don't simply tell you it is blood pressure but via measuring it?
[1224]	**Interviewee:** They don't give us the medicine that can reduce the level of blood pressure even though they did so. The medicine is meaningless for us.
[1225]	**Interviewer:** What about your dietary habit? What do you do at home?
[1226]	**Interviewee:** I told you that we were advised not to eat salt. So, we don't eat salt, but my husband got sick.
[1227]	**Interviewer:** You totally avoided salt?
[1228]	**Interviewee:** Yes.
[1229]	**Interviewer:** What about fat?
[1230]	**Interviewee:** We change the oil but nothing changes.

[1231] **Interviewer:** From the thick oil into thin oil?
[1232] **Interviewee:** Yes. We use thin oil but it is meaningless.
[1233] **Interviewer:** What about eating vegetables?
[1234] **Interviewee:** It may be our fault but they don't tell us about this. They inform us about quitting coffee, salt and 'guesh siwa'. These three things are bad. They are causes.
[1235] **Interviewer:** When they told you that you had blood pressure, did they tell at one measurement or after measuring the level of your blood pressure repeatedly?
[1236] **Interviewee:** They did measure repeatedly.
[1237] **Interviewer:** They told you after having repeated test.
[1238] **Interviewee:** Yes. They told me after a repeated test, but I got cure from Holy water and my husband is still there.
[1239] **Interviewer:** He quitted taking the medicine?
[1240] **Interviewee:** So what he could do? He quitted taking the medicine.
[1241] **Interviewer:** Well, getting recovery due to Holy water is one thing?
[1242] **Interviewee:** Yes.
[1243] **Interviewer:** But, I think you could bring change when you take the tablets prescribed along with having self-medication such as Holy water. What do you think about this?
[1244] **Interviewee:** We don't totally quit but we take the tablets. We don't know whether it is due to the medicine or the Holy water, but we take the tablets if we feel uncomfortable. We don't continuously take the medicine. However, I don't know, I get recovery from Holy water than the medicine.
[1245] **Interviewer:** Holy water is effective?
[1246] **Interviewee:** Yes.
[1247] **Interviewer:** What about dietary habits?
[1248] **Interviewee:** When we eat salt feel uncomfortable. When we drink 'guesh siwa', we also feel uncomfortable.
[1249] **Interviewer:** So, you noticed that you feel uncomfortable when you take what you are not supposed to take?
[1250] **Interviewee:** Yes.
[1251] **Interviewer:** So, don't you try both types of medication along with avoiding the things you are supposed to avoid?
[1252] **Interviewee:** Well, as I told you, we avoid salt intake. We don't even drink 'guesh siwa'. The only thing I couldn't quit is coffee since I am addicted. I drink light coffee. But still we are alive though we don't know which elongate our life.
[1253] **Interviewer:** So, there is change?
[1254] **Interviewee:** Thanks to God, I am fine.
[1255] **Interviewer:** That's what is needed.
[1256] **Interviewee:** After I once fainted, I am fine thanks to God.
[1257] **Interviewer:** Have you fainted?
[1258] **Interviewee:** Yes.
[1259] **Interviewer:** You went to health facility?
[1260] **Interviewee:** Yes, I went to health facility.
[1261] **Interviewer:** The other thing is with regard to vegetable consumption. Vegetable consumption is essential for preventing NCDs even though some community members consider them as the food of the poor. Haven't you tried this?
[1262] **Interviewee:** We haven't, we eat what we are served.
[1263] **Interviewer:** You ignore your dietary habit?
[1264] **Interviewee:** Well, they told us to avoid salt, fat, alcohol (guesh siwa) and coffee. I quit taking all these things except coffee. I quit drinking 'guesh siwa'.

[1265] **Interviewer:** Do you mean that ‘tsiray siwa’ has no problem?
[1266] **Interviewee:** They tell us it has no problem, I don’t know.
[1267] **Interviewer:** What is your observation?
[1268] **Interviewee:** I feel uncomfortable with ‘guesh siwa’.
[1269] **Interviewer:** But ‘tsiray siwa’ has no problem?
[1270] **Interviewee:** Yes. For me, ‘guesh siwa’ has problem.
[1271] **Interviewer:** Well, you told me a lot. What do you think should be done to prevent or reduce for instance blood pressure?
[1272] **Interviewee:** What can I tell you I am not educated?
[1273] **Interviewer:** From your perspective?
[1274] **Interviewee:** Well, I told you that ‘guesh siwa’ and salt intake are bad.
[1275] **Interviewer:** Yes.
[1276] **Interviewee:** I was also told to quit coffee but I didn’t and it didn’t cause any health problem. I take it moderately. What can I tell you beyond this?
[1277] **Interviewer:** Thank you very much.