

**EVALUATION OF MASS MEDIA MESSAGES IN THE
PREVENTION AND CONTROL OF HIV /AIDS**

By

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Abbreviations

AIDS - Acquired Immuno-Deficiency Syndrome

ARC-AIDS Resource Centre

CDC- Centre for Disease Control Prevention

ETV – Ethiopian Television

FSW - Female Sex Worker

HEC - Health Education Center

HIV/AIDS - Human Immuno -Deficiency Virus/Acquired Immuno -Deficiency Virus

HLM - Health Learning Materials

HAPCO - (National) HIV/AIDS Prevention and Control Office

IEC - Information, Education and Communication

MOH - Ministry of Health

NGO - Non- Governmental Organization

PLWHA - People Living With HIV/AIDS

PSI - Population Service International

PWA - People with AIDS

TV - Television

UNAIDS - Joint United Nations Program on HIV/AIDS

UNDP - United Nations Development Program

UNFP - United Nations Population Fund

VCT - Voluntary Counseling and Testing

WIC – Walta Information Centre

Abstract

HIV/AIDS has been one of the greatest challenges of our times since its discovery in the early 1980s. As of December 2003, the UNAIDS reported that 40 million people are living with HIV/AIDS. Yet the issue of AIDS was relatively slow in getting priority in the national agenda and it did not attract much mass media coverage at the beginning of the epidemic.

Mass media are generally defined as those channels of communication, which are capable of reaching heterogeneous audiences simultaneously with uniform messages; they include radio, television, and newspapers and magazines. They are effective in raising awareness, increasing knowledge, changing attitudes and behavior. But considerable debate surrounds the effectiveness of the message; particularly at the beginning the epidemic the messages were frightening, sensational and over-dramatized. They were produced without due consideration and sometime resulted in stigma and discrimination. Hence the role of the mass media in HIV/AIDS is unquestionable but their use requires care and guidelines. Therefore, evaluation of these messages is absolutely important.

The objective of this study was to assess how mass media messages of HIV/AIDS were designed and disseminated, their appropriateness and contents. The major study design was a qualitative study, which includes case studies and in-depth interviews.

In addition a quantitative content analysis was conducted on the Addis Zemen and Ethiopian Herald newspapers. The study was conducted from December 2003 to February 2004.

The study identified training of journalists on HIV/AIDS as being inadequate and the lack of media networking. In addition no ethical guidelines and mass media policy on HIV/AIDS were to be found. Based on the findings, appropriate recommendations were made for improvement in the deficient areas.

Keywords: Evaluation, mass media, case studies, in-depth interviews, content analysis.

INTRODUCTION

There has never been a time in human history when disease did not exist. However, nothing in recent history has so challenged our reliance on modern science nor emphasized our vulnerability before nature. We have lived with the HIV/AIDS epidemic, witnessing its paradoxes everyday. Now into the third decade of HIV/ AIDS, the disease remains a great challenge to public health, human rights, development, and national security (1). Never in history has there arisen such a widespread and fundamental threat to human development (2).

AIDS was first described in 1981 in homosexual men in North America (3). Apparently healthy individuals in Los Angeles were developing pneumonia caused by a micro-organism, *Pneumocystis carinii*, which does not usually cause the disease in normal healthy persons. This unusual infection had previously been found only in persons whose immune system had been weakened as a result of treatment with powerful medicines. Besides pneumocystis carinii, these men were suffering from a range of other 'opportunistic infections' which healthy persons should normally be able to resist (4).

This is the first plague in the era of globalization! The figures are truly alarming- over the last four years, 1999 through 2003, about 25 million people became infected with HIV, bringing the total number of infections to about 70 million since the outbreak of this pandemic. While 95 % of the cases are concentrated in developing countries, industrialized countries are experiencing only about 90,000 new infections each year. At the end of 2003, about 26 million people would have died from HIV/AIDS worldwide (1).

In Africa, doctors were also coming across with unusual symptoms (4). The first report on AIDS in patients from Central Africa was published in 1983, and by 1986 it was clear that HIV-1 had spread in the population of many countries in sub-Saharan Africa and was posing a major public health problem (3). Globally the total number of people living with HIV/AIDS as of December 2003 was 40 million of whom 37 million were adults and 2.5 million were children under 15. By the year 2003 people newly infected with HIV were 5 million while AIDS deaths were 3 million (5).

Sub-Sahara Africa remains by far the worst affected by the HIV-AIDS epidemic. In 2003, an estimated 26.6 million people in the region were living with HIV, including 3.2 million who become infected during the past year. HIV/ AIDS killed approximately 2.3 million people in 2003. Unlike women in the other world, African women are considerably more likely – at least 1.2 times – to be infected with HIV than men. HIV prevalence varies considerably across the continent ranging from less than 1% in Mauritania to almost 40% in Botswana and Swaziland (5).

The issue of HIV/ AIDS was relatively slow in climbing the national agenda. The first AIDS cases were diagnosed in the United States in 1981, but this issue did not attract much mass media coverage until mid-1985, 4 years later. By that time, more than 10,000 individuals had been diagnosed with AIDS, and about half that number had died. Neither the New York Times nor the White House played their usual role in the agenda-setting process for the issue of HIV/ AIDS. For example, the New York Times published its first page-one story about HIV/AIDS on

March 25, 1983, a year later than the Los Angeles Times and the Washington Post, and 21 months after the first AIDS cases were reported by the CDC (6).

Mass media are generally defined as those channels of communication, which are capable of reaching heterogeneous audiences simultaneously with uniform messages. These include radio, television, the press and cinema. Despite the overwhelming evidence of mass media effectiveness in raising awareness, increasing knowledge and changing attitudes and behavior, doubts still remain among non-specialists and some media critics. These may be due to a failure to realize that there are two distinctive ways of media utilization, the first being the usual media coverage of news events, regular programs and entertainment material, and the second is the use of the media in the context of a planned and systematic process for the clear purpose of influencing attitudes and behavior (7).

Mass media health campaigns have been an important strategy for health promotion and disease prevention since the 1940s. Yet considerable debate surrounds the effectiveness of these campaigns. Mass media health communication frequently take the form of series of television and radio public service announcements with collateral print materials such as posters, booklets and brochures. Other organizations are often involved as intermediaries to help disseminate the messages of the campaigns. Mass media campaigns have been conducted on topics ranging from general health issues to specific diseases, including the following: cardiovascular health, smoking, alcohol and drug abuse, family planning, cancer control, hypertension, and HIV/ AIDS (8).

Welling and Field identify two strategic options that need to be balanced in HIV/AIDS education: addressing the entire population universally, or working with specific groups. In the industrialized world, where the entire population is potentially at risk, specific groups have been disproportionately affected; thus both approaches have been used. Usually, those interventions designed to reach the general population have used the mass media as a vehicle for providing education about HIV/AIDS, while particular groups have been selectively targeted at individual and community levels (9).

National mass media campaigns have been the most important measures targeted at the population as a whole in an effort to provide information and raise awareness about HIV/AIDS. While public awareness about HIV/AIDS may be raised by the use of mass media, the effects on behavior may be negligible. Nevertheless, mass media activity continues to be important since the campaigns can create an environment that is conducive to other types of interventions. Additionally media campaigns may help to create agenda that render grassroots and other initiatives more credible and acceptable. In the Netherlands, Kok et.al have concluded that the most important contribution made by media campaigns have been one of getting people's attention and involvement and providing an umbrella for other local and risk group oriented interventions. Public recognition of HIV as an issue worthy of attention may therefore, be "an important precondition for mobilization against AIDS and the emergence and stabilization of community based work (9)".

The mass media can also be important in changing social norms. For example, open discussion related to sex, sexuality, and drug use have become more common in industrialized countries

since the beginning of the epidemic. While there have been controversies and obstacles in producing clear messages about HIV/AIDS, a great deal of progress has been made in a short time and many barriers have been eroded (9).

In the early 1980s, national mass media messages played an important role in efforts to control the negative, sensationalized, and inaccurate reporting widespread in much unpaid-for press coverage. Since 1987, French media campaigns had the dual aim of preventing HIV infection and countering discrimination through messages designed to promote empathy, understanding, and solidarity with people living with HIV/AIDS. Elsewhere, some of the messages about HIV/AIDS in the mass media have been contradictory and may have reinforced negative stereotypes and misinformation. Wellings and Field have noted that in Sweden, for example, mass media images of sex workers gave the impression as if they were predatory and a reservoir of infection (9).

Mass media campaigns are able to reach large numbers. They can keep raising awareness but alone may not influence people to change their behavior. Mass campaigns can have a harmful effect if they are conducted before supportive services are available. For example, it is no use promoting condoms if they are not available or alarming people about HIV/AIDS if there are no counselors. A mass campaign may result in misinformation if there are no sources of further information and explanation (10). Early prevention campaigns often relied on fear to motivate behavior change. A characteristic of this approach was the “Don’t Die of Ignorance” campaigns, which ran between 1986 and 1987 in Great Britain. This campaign featured coffins, icebergs, and erupting volcanoes. People may react positively to messages based on humor rather than

fear. Evaluation research has shown that recall was highest for humorous advertisements when compared with fear-inducing messages (9).

It is possible to apply an integrated HIV/AIDS strategy at national, provincial, regional or local level. Every situation requires active research, clear goals and objectives and includes considerations of resources that will support activities. A number of issues should also be considered with regard to communication including language, literacy and culture, urban and rural contexts and gender (11).

The need to evaluate HIV/AIDS prevention strategies has been widely acknowledged, and it is crucial to know whether or not desired effects have been achieved. The success of HIV prevention can be evaluated using observation, objective –based evaluation (9).

In Ethiopia the role of the mass media in raising public awareness of HIV/AIDS is said to be insignificant. Since the mass media has failed to aggressively engage in raising awareness and the subsequent behavior change on HIV/AIDS among the public, the community tends to marginalize HIV-positive people who go public (12).

On the other hand how the mass media transmits the messages, whether there is a trained staff or not, how the messages are produced and disseminated, what activities, services and materials are undertaken in the process is not well defined. This presupposes to conduct such a study on mass media messages regarding HIV/AIDS.

2. LITERATURE REVIEW

The media can be defined as a means for channeling information, education and entertainment (13). The use of mass media in health education is increasing, especially in national and local health promotion and disease prevention programs (14).

Mass media regularly cover all sorts of issues, such as health, arts, crime, sports and political events. In all cases, however, the media do not even claim to play a role in health education in their regular treatment of health related issues. The fact that HIV/AIDS, for example, has received more “regular” media coverage in some countries than any other health issue in the history of humanity could very well be due to the fact that HIV/AIDS is a disease that involves sex and death, thus providing journalists with all the ingredients for sensationalist copy. Not only is this coverage not motivated by the desire to provide health education, but also it may often be a negative force in this regard. For example, journalists often report HIV/AIDS in a manner, which reflects their own prejudices. In fact, the media coverage of HIV/ AIDS has been described as having been slow, erratic, distorted and bizarre. Journalists have no consistency, emphasized rare or bizarre ways in which HIV can be spread, rather than concentrating on the common modes of transmission (7).

Mass media work in health promotion traditionally focused more on the individualistic models of behavior change. This is because most health messages are targeted to individuals. For example, “use a condom”; “Go for an HIV test”, “Be faithful”. However, the utilization of the mass media in health promotion has progressed beyond narrow interpretations of behavior

change. New concepts such as media advocacy, which aim to use the media shape or change policy affecting health, are being successfully applied. Increasingly public health specialists are examining how the media can be applied to impact on the community and on society by stimulating community action and promoting changes to the physical and other environments (15).

Mass media campaigns incorporate a structural approach by using communications channels to influence society's awareness, knowledge, and norms. Communication channels include radio, television, newspapers, pamphlets, posters, drama and mass rallies. Mersom highlights the success of mass media campaigns in controlling the HIV epidemics in Switzerland, Austria and New Zealand. In Switzerland, time series data showed increased knowledge of HIV, condom sales, reported condom use and HIV testing in the general population following an intensive mass media campaign (16). Mass media such as radio, television, print media and outdoor media are able to provide information that is awareness oriented such as key messages about various aspects of the epidemic. On their own, however, such media cannot bring about behavior change- these media mainly provide communication backdrop (11).

2.1. The Role of the Mass Media in HIV/AIDS

Communication around HIV/AIDS and related issues through one or more mechanisms ranging from expensive mass media channels to community-based communication initiatives has become common over the last few years (13). The media have played a crucial role in highlighting the most important issues of our times- civil rights, apartheid, political oppression. Yet HIV/AIDS

may be the greatest challenge of all (17). In all studies across the globe, the most frequently reported source of information on HIV/AIDS is the conventional mass media as opposed to other sources of information such as targeted educational campaigns or interpersonal sources (18). The media are a powerful tool to provide accurate information about HIV/AIDS and to shape public attitudes. In addition media messages delivered through strong role models can promote behavior change. These messages affect the public's perception of social norms which in turn can support changes in behavior (13).

Perhaps the most powerful role of the media is in defining the challenge of HIV/AIDS for the general population (14). The media have a pivotal role to play in the fight against AIDS. It is often said that education is the vaccine against HIV. Many media organizations are rising to the challenge of promoting awareness of HIV/AIDS and educating listeners and viewers about the facts of the epidemic and how to stop it (19).

In a survey carried in India more than 70 % of respondents said they had received their information about HIV/AIDS from television. Clearly media organizations have an enormous influence in educating and improving individuals to avoid contracting HIV. Doing so with maximum efficiency, however, requires a clear understanding of the challenges and obstacles to widespread and effective HIV- prevention education. These include widespread lack of awareness, the triangle of denial, stigma and discrimination, and the impact of gender inequality. Therefore, what the media can do in the epidemic (according to UNAIDS) is talking about it, creating a supportive and enabling environment, challenging stigma and discrimination, promoting HIV/AIDS services, educating and entertaining ,mainstreaming, putting HIV/AIDS

on the news agenda and encouraging leaders to take action , sharing resources, pooling materials and capacity building. (19).

Regular entertainment material has also the potential both to misinform and mislead the public. There is sufficient evidence that soap operas, music, videos and movies are among the most popular television material, especially for women viewers and young adults. With respect to AIDS, one would be concerned with how sex is presented and if safe practices are emphasized considering that sex is a major theme in entertainment. An investigation of the content of two soap operas shown in the United States of America throughout the 1980 revealed that the most common themes presented were deceit, murder and pre-and extra- marital sex (7).

Content analysis of a random sample of one-week of network television soap operas shown during the summer of 1987 in the USA showed that the ratio of unmarried to married sexual behavior in soap operas was 23.7 to 1. Even more important, there was no reference-verbal, implied or physical- pregnancy prevention or sexually transmitted diseases, including HIV/AIDS. In addition, a study of the 1986 USA prime time television season documented that soap operas contained touching behavior (24.5 times per hour); suggestions and insinuation (16.5 times per hours); sexual intercourse (implied 25 times per hour); and socially taboo sexual behaviors, such as sadomasochism and masturbation (implied 6.2 times per hour). In contrast, education was only touched upon 1.6 times per hour. Even when AIDS is a theme in television material, it is often not addressed in the most responsible way, because television is a business, and “customers” must not be offended. For example, it was found that, of the AIDS case portrayed on television, 37% were caused by blood transfusion, while the actual figure does not exceed 3% (7).

All of this leads to the conclusion that unplanned, regular media and entertainment material will never, on its own, provide health education, which would in any significant way influence HIV/AIDS- related behavior. Yet media and entertainment are more like nuclear power: they are neither good nor bad in themselves. It all depends on how they are used and for what purpose (7).

Communication experts and planners have realized the need for, and importance of, professional media planning. Communication experts have called for the mass education of the general public, and argued that this large-scale education has the potential for not only correcting misinformation, but also for creating and maintaining a more favorable environment for AIDS prevention. It is also believed that mass media publicity about AIDS influences people to take actions they might otherwise not. An expert group concluded at their meeting at the World Health Organization that mass media campaigns “have promoted widespread AIDS awareness, safer sex and condom use (7).

Evaluation studies show that there have been positive changes in condom use following AIDS prevention campaigns in the Netherlands, Switzerland, the United Kingdom and USA. For example, the SWISS campaign resulted in an over 50% increase in the use of condoms, with over 70% among those between 17-20 years of age (7). More recently, evidence from an evaluation of HIV prevention messages diffused through a radio soap opera in Tanzania support the efficacy of media for promoting behavior change. Evaluation of HIV-associated risk behaviors among people residing in the broadcast area and those in the control area indicate that

condom use markedly increased in the intervention areas (6). This has led to the conclusion that large-scale education appears to have the capability of increasing the social acceptance of condoms and their use among persons more at risk. Radio spots used as part of a campaign to increase condom use among Kenyan commercial sex workers have led to a significant increase in condom use (7).

Planned entertainment material has achieved impressive results as well (7). Entertainment – education is the intentional incorporation of educational messages into entertainment formats in order to change audience members’ behavior. This strategy has been incorporated in radio or television soap operas in a number of developing countries to promote adult literacy, female equality, and family planning (6). In the Philippines, a popular music video, intended to encourage young people to postpone sex and avoid unwanted pregnancy, resulted in enhancing young people’s communication with their parents. An Ugandan film, *it is not easy*, was so effective that those who had seen it were more than twice as likely to have used condoms in the two months prior to the interview, as were those who had not seen it (7). The pervasiveness of radio in Tanzania made this medium the most appropriate channel for broadcasting an entertainment-education program (6).

Does this suggest all planned mass media and entertainment efforts succeeded in achieving their objectives? Not by any means. The slogan “**Zero grazing**” which was used in the Ugandan campaign to mean, “Stay with one partner”, was not even understood by the target audience, and another frequently repeated spot, using drum beats to spread a sense of fear, did not appeal to young people who interpreted the drums as an appeal for abstinences. Just as sensational news

coverage can set back AIDS prevention efforts poorly planned mass media efforts can do the same. In Nigeria, for example, frightening and confusing mass media material has resulted in negative attitude towards people with AIDS and unfounded fears about the risk of infection. The level of fear aroused by the Australian campaign, which used death visuals, was apparently so great that those at highest risk reached denial and did not respond (7).

What is needed, therefore, are not just planned campaigns, as opposed to regular media programming, but well planned campaigns, which utilize the full potential of mass media and entertainment. Research has established that mass media are most likely to change behavior when the information is targeted at specific audiences, comes from credible source, and provides a personally relevant and engaging message. Effective use of mass media requires careful planning, audience research, message development, pre-testing, dissemination strategy, evaluation, coordination with existing services, and linking mass media with interpersonal communication (7, 11).

The media can be a tremendous force in the war on HIV/AIDS (21). However, no AIDS prevention programme can hope to succeed in the long term unless there is alliance between the media, health care providers, policy makers and other stakeholders (22).

In the absence of an effective medical cure for AIDS, education, information and communication have become a critical component of what can be done overall, particularly in breaking down myths, beliefs and practices that fuel the spread of HIV as well as challenging irrational ideas and behaviors prompted by HIV/AIDS such as stigma .The media must have access to sufficient

information to report accurately on the epidemic as well as sensitize the public on the disease (23); they not only legitimize and stimulate discussion but also trigger behavior change (24). The media have a central role in creating awareness and understanding of the disease as well as sensitizing and mobilizing the people against HIV/AIDS (22).

In many countries the media has succeeded in associating AIDS with death, with promiscuity and with specific groups such as sex workers and homosexuals. Reporting on AIDS continues to be insensitive, sensational, often uses inappropriate victimizing language. IEC messages continue to focus on AIDS as a killer and instilling fear at large, despite the lessons of the past. The media also has an important, although often hidden, role to play in reducing stigma by focusing on messages of hope and people who are living positively with HIV/AIDS. They are in position to create greater public awareness of HIV/AIDS (21).

In Ethiopia a radio drama named “**Yeken Kignit**” (Looking over one’s daily’s life”) and **Dhimbiba** (“Getting the Best out of Life”) are two new social content soap operas prepared by Population Media Center to change behavior related with HIV/AIDS.

New evidence indicates that more than a third (35 percent) of new family planning clients in Ethiopia has heard one of the radio soap opera. Nearly six percent of the new clients said they visited the clinic as a result of listening to one of the dramas. Since the programs began broadcasting in June 2002, 7,500 letters from enthusiastic listeners have arrived at Population Media Center’s (PMC) Ethiopia Office, the US based organization behind the dramas (16).

At a Journalists' seminar underway in Adama Town in September 2001 it was said that the role of the mass media in raising public awareness on HIV/AIDS was insignificant. Since the mass media has failed to aggressively engage in raising awareness on HIV/AIDS among the public, the community tends to marginalize HIV positive people who go public.

Therefore, there is a need to evaluate mass media messages in HIV/AIDS in general, and message production, dissemination and appropriateness in particular.

2.2. Messages of HIV/AIDS on mass media

Previous efforts for communication and education on HIV/AIDS have been a mixed bag of instruction instilling fear, education, and statistical overload, and so on. When developing HIV/AIDS messages to create impact, accuracy and coherence are important issues to incorporate (13).

The message consists of what is actually communicated including the actual appeals, words, and pictures and sounds that you use to get the ideas across. The appeal is the way we organize the content of the message to persuade or convince people (25). A message will only be effective if the advice presented is relevant, appropriate, acceptable and put across in an understandable way.

The messages need to be adapted to the culture and needs of the community; there should be resistance to pressure to adapt unrealistic messages such as one sexual partner for life. This is far removed from the current state of sexual activity in many communities- basing a health

education programme on it will be ineffective and lead to people laughing and not taking the matter seriously. Do not pass moral judgments on the sexual activities of the communities you work with and concentrate on making existing sexual practices safe through adapting low risk behaviors and use of condoms (26).

. The attitudes and predispositions of potential audiences need to be taken into account when communication is designed to address them. Messages need to be (1) based on information obtained from audience members themselves and (2) pre-tested with them to make sure they were correctly designed (27). It is essential at the beginning of the health education work to avoid the problem of conflicting and confusing message. Politicians, parents, health workers, journalists and other media persons should discuss the moral issues and agree on acceptable and effective messages (26).

Ideally, a pre-test elicits comments on every feature that might limit or enhance effectiveness. At a minimum, pre-testing seeks answers to these basic questions:

- Is the message clear to the intended audiences? Do different audiences interpret the message differently?
- Is the message trustworthy and believable?
- Does the audience like the materials? Why or why not? Do they like it for the right reasons?
- Are the images culturally appropriate?
- Are there too many messages?
- Is there anything offensive in the materials?

- Would people talk to their friends and relatives about the message?
- Does it make the audience want to take appropriate action? (28).

According to the PANOS African National media congress (1997), messages in basic reporting on HIV/AIDS messages should look like the following:

- The message “AIDS Kills” is insufficient on its own; it does not help prevent HIV and is of limited value to those who are already infected. Messages need to focus on specific behavioral patterns that avoid the risk of contracting HIV, e.g. consistent and regular use of condoms by those who are sexually active.
- Messages based on fear could encourage denial of ones risk behavior and fatalistic attitudes.
- Include factual statistics but do not overwhelm readers with numbers, choose the statistics that best illustrate the points.
- Personalize the story; do not create a “them and us” situation. Give a voice to the people – do not speak against them, but with them.
- Localize the focus. Your audience needs to know about HIV/AIDS in their own country/ regional context.
- Report on positive and healthy aspects, e.g. HIV does not mean an immediate death sentence. Use examples of success stories, striking facts, quotes from PLWHA and examples of relevant intervention programmes. These help people identify action they can take, rather than just depressing them.
- Use simple, easy language, and avoid medical jargon

- Be especially careful not to raise false hopes if reporting about possible vaccines/cures
- Avoid sensationalism and voyeurism, do not over dramatize. Try to highlight positive, not just the negative.
- Stimulate debate on critical issues (13).

Whatever appeal or message you use, it is essential that you pre-test them. It is important to make sure that your messages are understood; that people do not unwittingly contribute to the stigma of AIDS in the way the message is presented (26).

Communication is an ongoing process, not a one-time effort, so health communication needs to be continuous. Continuity is important for many reasons. First, repetition per se is a fundamental part of learning, since few people remember a one-time message. Second, there are many different audiences to be reached. Different audiences are best reached through a series of different materials, messages, and campaigns, phased in overtime. Third, different people move through the steps to behavior change at different stages, and therefore, a single, one time message will not influence all entire audience, even if everyone is exposed to it. Fourth, people's circumstances and needs change over the years; the message should be there when people grow ready for them. Fifth, over the years new people enter their reproductive years, while others leave. Sixth, continuity allows programs to expand, scaling up from pilot projects to regional or national efforts. Seventh, continuity creates opportunities for sustainability, by permitting program managers to seek additional support for programs and events that have proved popular.

Finally, with continuity, programs managers can apply the lessons learned from the past to improve and expand future efforts (29).

2.3. Reporting on HIV/AIDS

The large body of 'knowledge' that the general public has on HIV/AIDS has come from the media. Not many people read medical journal, attend HIV/AIDS seminars and workshops to become informed about HIV/AIDS. The mass media are the medium through which facts, figures, myths and messages on HIV/AIDS are transmitted to the general public. The awareness that this is so, places a heavy responsibility on the carrier and even more so on the journalists who cover HIV/AIDS. What may have started out as just the coverage of another “ health” story when reporting first began on HIV/AIDS some 20 years ago, has now become a major media challenge (30).

As Martin Foreman says in “ An Ethical Guide to reporting HIV/AIDS: “ whether or not they actively seek to do so, the media either fuel the epidemic through sensationalism and poor unethical reporting, or helps to restrain it by promoting information, under-standing and behavior change”(30).

An informed and ethical approach to reporting is no different from an ethical approach to HIV/AIDS in the work place, in a hospital or any other setting. However the media have greater influence. A doctor who betrays the confidentiality of an individuals HIV status generally harms only that patient; a newspaper, which betrays that confidentiality, not only harms that patient but feeds into the cycle of discrimination and stigma.

At a meeting of West African gatekeepers in 1997, participants pointed out five areas where they considered the media were failing in their responsibility to cover the epidemic. These are lack of involvement in the issue, often the result of poor training and lack of awareness of health issues; sensationalism; avoidance of key topics, such as living with HIV; lack of preparation or transparency; and lack of a collaborative approach; But these deficiencies are not universal (31).

As journalists gain new knowledge on how to cover ongoing issues in society, this knowledge has to be translated into stories for the media. The media principles of good reporting are accuracy, balance, clear and concise writing, well- focused, diversity of sources and context (30).

Accuracy is one of the hallmark principles of the profession. The journalist should always strive to present facts, and not his or her opinion and biases and prejudices, when writing news analysis and feature stories. Journalists should never bend, twist or create “truth” (30).

Balance is created through providing a diversity of sources in a story and by ensuring that the journalists' own biases and interests do not influence what is included or excluded (30). Journalists always have to seek balance in their reporting, and the traditional way to do this is to show contrasting sides of the story (21).

Clear and Concise languages help the journalist to communicate the issue being reported (30). It involves turning technical terminology, medical jargon, scientific concepts and research data into clear and concise language (21).

Focus- the best stories are those that are clearly focused. Readers, listeners, and viewers like a story that they can digest easily. HIV/AIDS stories can be long and complicated. Don't try to tell everything at once (21).

Getting the right facts, situating the issue being reported on within the local, regional or global situation, and the use of relevant data, are just some of the key ways of providing **context** to a story (30).

Throughout the world, reporting on HIV/AIDS has taken two forms:

1. **'Harms'**:- type of reporting which focuses on the harmful effects of the disease, such as long term suffering. Media studies in Britain and elsewhere showed that this type of reporting gives sense of helplessness to the readers.
2. **'Risks'**:- Stories which highlight risk-behaviors which could result in someone becoming infected with HIV and this type of reporting also includes information on how to prevent such infection. This type of reporting gives the reader information, which allows him or her to take some form of preventive action.

By moving from “harm” to “risk” stories the media can play a role in AIDS prevention by writing stories which ensure that people have the knowledge and information needed to express their sexuality in ways which are safer and contributes to a growing understanding and acceptance that AIDS is preventable. Effective feature stories go beyond reporting on harms. Where a harmful effect is reported, the story should illuminate the risks and not simply stop at reporting the death or harm (30).

An ethical approach to HIV/AIDS, whether from the media, the medical profession or the public at large, aims to achieve a reduction in the numbers of people who contract the virus and to, as far as possible, physical or psychological distress suffered by those living with HIV. Topics that are frequently the cause of confusion or poor reporting of HIV/AIDS are related to confidentiality, stigma, treatment and cure, misconceptions, source of information, investigative reporting and gender.

In addition ethical reporting of HIV/AIDS requires an open and respectful discussion of sexual issues, that media professionals work with but maintain an appropriate distance from, all institutions working in HIV/AIDS prevention and be aware of the potential conflicts between their roles and others’ perceptions of those roles (31).

Given these and other ethical issues, guidelines can help media professionals over HIV/AIDS. In 1997 a group of senior media professionals from Burkina Faso, Cote d' Ivoire, Mali, Mauritania and Senegal drew up the following principles to assist the media: respect for the rights of people living with HIV/AIDS; training for journalists on HIV/AIDS issues; concern about accurate

reporting of facts and figures; an approach to reporting that involves the community collaboration with HIV/AIDS organizations; appropriate language; commitment to increased coverage of HIV/AIDS issues; making the line between STDs and AIDS; and no discrimination linking HIV/AIDS to a particular ethnic group, country or community.

To the above should be added relevance, accessibility, skepticism, clarity, lack of sensationalism, appropriate admission of ignorance and recognition of the context of HIV/AIDS (31).

2.4. The Language of HIV/AIDS

Stigma, prejudices, fear, and misconceptions surrounding HIV/AIDS are only too abundant. The language we use to conceptualize and talk about HIV/AIDS reflects our personal biases and particular understanding or lack of understanding. Language both reflects and moulds our and other's attitudes about HIV/AIDS (21, 31). Words often carry emotions that encourage a positive or negative response and the response evoked may not be the response that the reporter wanted. The most appropriate language reporting HIV/AIDS is language, which is, as far as possible, neutral of emotion (31). The language used in reporting on HIV/AIDS should not promote stigma and discrimination of those living with the virus or syndrome (30).

There are three main points to consider about language:

1. It is essential to use language appropriate to the journalist's audience. The use of language is not just the question of whether to use a local dialect but how to phrase concepts, and what type of vocabulary to use.

2. Language has strong influence on attitudes towards HIV/AIDS and people affected by HIV/AIDS. It can be damaging or it can be non- judgmental, positive, and constructive. Good coverage of HIV/AIDS uses neutral, gender sensitive language.
3. HIV/AIDS involves highly technical terminology. It is imperative for journalists to “translate” this terminology into ideas and terms that their audiences can readily understand (21).

Reporting on HIV/AIDS requires that journalists understand medical terms associated with the disease so that their reporting can be accurate. By correctly defining the terms, journalists are better able to do research, ask the right questions and interpret data in ways that can help the general public become better educated and informed on HIV/AIDS (30).

The UNDP includes the following principles in their guidelines for reporting HIV/AIDS:

- Use language that is inclusive and does not create or reinforce a “them/us” mentality.
- Use language that is value neutral, gender sensitive and empowers, rather than disempowers (for example avoid the term ‘victims’ and instead use ‘survivors’).
- The journalists should become fluent in HIV/AIDS terminology and then use language that is appropriate for the journalist's audience.
- Use descriptive terms, which are preferred by the persons themselves who are often referred to in reporting on HIV/AIDS (fore example sex workers instead of prostitutes).

- Do not use words like “body fluids” in relative to HIV transmission because some fluids like saliva, sweat, tears do not transmit HIV. It is better to specify the fluids the can transmit the virus such as blood, semen, vaginas fluid, breast milk.
- Use the word 'patient' when referring to an individual who is in hospital or the story focuses on their medicals treatment.
 - "Having more than one sexual partner" is preferred to promiscuous which has a negative meaning and attaches a stigma.
 - Avoid using the host of acronyms that have crept into the language of HIV/AIDS such as PWA (people with AIDS). People living with HIV or with AIDS are better so that individuals are not reduced to letters (30).

2.5. Mass media coverage of HIV/AIDS in Ethiopia:-

Ethiopia is among the most heavily affected countries in the world by the HIV/AIDS epidemic (32). With an estimated 2.2 million persons infected as of end of December 2003, Ethiopia has the third highest population of HIV infected persons in the world. In urban and rural areas the prevalence is 13.7 % and 3.7% respectively, and the national figure is 6.6 % (33).

The first HIV infection in Ethiopia was identified in 1984. In 1986 the first AIDS cases were reported (34). Since then, HIV prevalence has continued to rise among all target groups and the general population and in all regions (35). The national response to the epidemic was initiated promptly with the establishment of a task force on HIV/ AIDS in 1985. Subsequently, in 1987, the Department of AIDS Control was established in the Ministry of Health and a national program to prevent and control HIV/AIDS was launched. In August 1988, the government

formulated a national policy on HIV/AIDS and, in April 2000, it established the national AIDS prevention and control council (36).

Radio Broadcast was started in Ethiopia in September 1935 during the Italian occupation of Ethiopia and it continued its transmission after liberation (37). According to 1998 estimated, there are proximally 15.2 million radios in Ethiopia averaging 1 radio per 5 people. Access to the technology is greater in urban than rural areas. There are nine radio stations in Ethiopia. Radio drama and soap operas are common and popular. Radio has already been used as a tool in advertising and dealing with AIDS. **Journey of Life**, a popular radio drama sponsored by Population Service International (PSI) targets urban youths and has experienced marked experiences in raising awareness. Radio has also been used as a tool in Ethiopia for those already infected with HIV. A radio programme called “**Yebekal**” (that’s enough) hosts a match- making or dating service for HIV positive couples (38).

Ethiopia Television (ETV) is the country’s only television service. ETV was launched in 1963. ETV is entirely government run. Ethiopia has 5 TV sets per thousand. If statistics are accurate and if Ethiopia television covers about 47 percent of the nation, it could very well be used as a medium (38).

Although the circulation figures for newspapers are relatively low in Ethiopia, the print media are influential since government officials; the business community and urban life rely on them as an important source of information. (39).

Access to mass media is generally low in Ethiopia. Eighty six percent of women and 73 percent of men have no exposure to the mass media. Generally men have a higher exposure to the mass media than women. Listening to the radio is the most common way of accessing the media. Nevertheless, only one in ten women and one in four men listen to the radio at least once a week. In Ethiopian DHS, both female and male respondents were asked whether they had heard any family messages in the radio or seen them on TV in the few months preceding the interview (40).

The level of exposure to family planning messages through the electronic media is very low in Ethiopia. This is because access to mass media is generally low in Ethiopia with only 21 percent of all households owning radio and 2 percent owning a TV. Only 17 percent of women and 29 percent of men reported that they have heard or seen a family planning message on the radio or television or both during the few months prior to the interview. Radio is by far more important of the two media, with only 4 percent of women and 8 percent of men having seen a family planning message on TV (40).

A sharp contrast to family planning message is observed between urban and rural residents. More than 90 percent of rural women and three fourths of rural men have not heard a family planning message through the electronic media in the few months prior to the survey, compared with half of urban women and 30 percent of urban men. The survey also collected information on respondents' exposure to family planning messages through the print media. Only 6 percent of women reported that they had been exposed to family planning messages through the print media. Exposure was relatively higher (8 percent among the youngest cohort of women and declines consistently with age to 2 percent among the oldest cohort of women (40).

Therefore similar media exposure of people is also expected in HIV/AIDS mass media message dissemination.

During the launching of Anti-AIDS campaign in 1986, high significance had been attached to radio. In the first phase, which covers from when the earliest reported case of AIDS in the country up to the disease was about to get attention by government and multi-sectoral institutions there was low learning curve and highly disorganized campaign on HIV/AIDS prevention and management efforts, due to several factors. Among these are high scales of ignorance about HIV/AIDS and low level of priority because it was not sufficiently realized by the media management and the journalists. Most of the stories were government pronouncements and messages were limited to awareness creation; they were not focused and educative; they were full of dull technical data and not appealing. Moreover, there was no critical analysis on the impact of the disease (41).

Currently the Ethiopian radio has made a great deal of improvement. It transmits programmes on women, health, youth and agriculture. In each of the programs, HIV/AIDS messages are produced and transmitted for the respective audience. Its notable programmes “**Yibekal**” and AIDS Talk on FM radio are found to be interesting (41).

In a study in Addis Ababa high school youths the most preferred sources of information about HIV/AIDS were radio and television. In this study it was found that mass media is the first preferred source of message for in- school youth (39).

The HIV/AIDS situation in Ethiopia is even more complicated because of the mis-education and mixed messages that exist about AIDS. With the AIDS epidemic, there is space for thousands of messages and as every context is different, it is important to make sure that the various messages are integrated and are under one broad, common framework (38).

In order of increasing importance, the major sources of information on HIV/AIDS were print media, television and radio. These data agree with a recent report from Addis Ababa, which revealed that the most common source of information about HIV/AIDS were radio and television followed by anti- AIDS Clubs. With the exception of farmers and pastoralists, coverage of HIV media message was high. The majority of respondents commented that messages regarding HIV/AIDS were clear (33).

Among female sex workers and other adult groups (the uniformed services, factory workers, drivers and rural respondents), knowledge about preventive methods such as condom use with commercial partners were associated with exposure to the media. Qualitative results indicated consistently that radio and television were the major sources of information on HIV/AIDS; moreover, these information sources were considered very useful. These findings confirmed the important role of the media in increasing knowledge about preventive methods of HIV infection and influencing positive behavior (33).

On the other hand there was a study (in 2002) done on a one month edition of the Addis Zemen, Tobia and Addis Lisan newspapers that identified several problems on their contents. It was

found that the newspapers did not take into account the psychological condition of the PWHA. There was carelessness in using words in reporting; there was also sensationalization and over-dramatization. In addition the messages were fear-some. Most of the stories were news. It was found that there was no continuation of programmes and most of the articles were not timely; because they were not able to identify on what issues of HIV/AIDS they had to focus on (42).

In similar studies on dramas transmitted through the Ethiopian radio and TV on HIV/AIDS and reproductive health it was found that they stressed on harms and the messages were frightening rather than dealing with the underlying problem, its causes and potential alternative solutions. In four of the dramas the characters representing the PWHA were young women. This enhances the age-old gender-biased view of the community. Some of the dramas were fear -inducing and stigmatizing which led to the conclusion that it might be due to lack of knowledge about the epidemic or indifference to the problems by the producers (37).

2.6. Rationale for the study

This is the first research of its kind to examine mass media messages of HIV/AIDS in Ethiopia. The media are getting increased importance in the fight against HIV/AIDS and they have been considered to be among the major strategies to curb the transmission of the epidemic.

The mass media play a dual role in setting the agenda for politicians and policy makers and disseminating useful information directly to the public which enables them to learn how to avoid the disease. Therefore, it is important that mass media messages on HIV/AIDS and the process of this preparation be evaluated.

3. OBJECTIVES

General objective:

To assess and evaluate HIV/AIDS messages transmitted through the mass media.

Specific objectives:

1. To assess the process of message design of the mass media on HIV/AIDS
2. To assess dissemination of HIV/AIDS messages via the mass media
3. To examine the appropriateness of mass media messages on HIV/AIDS
4. To analyze the content of some of the mass media HIV/AIDS messages.
5. To identify the constraints to improved mass media converge of HIV/AIDS

4. METHODS and MATERIALS

Study Design:-

The study was conducted from December 2003 to February 2004. It was both a qualitative and a quantitative content analysis study. The qualitative methods constituted the major design of the study.

Study Area:-

This study was conducted in Addis Ababa, the capital of Ethiopia. The city is located between 9 degrees latitude and 38 degrees longitude at an altitude of 2200-2800 meters above sea level. It has a population of 2.6 million. According to the 1994 census, 46% were Amhara, 18.2% Oromo, 13.5% Gurage and 7.6% Tigre by ethnicity. Most of the radio stations and the TV station are located in the city. Almost all newspapers and most magazines are printed in Addis.

Source population: -

The source populations for the study were mass media organizations that operate in the area of HIV/AIDS in Addis Ababa. These include both government and non-government organizations. The others were journalists or editors practicing in Addis Ababa mass media organizations and newspapers printed in Addis.

Study subjects and sampling procedure: -

In the qualitative study a convenient sampling technique was used to select Health Education Center (a semi-autonomous department of Ministry of Health) and a local nongovernmental organization called Pro-pride Ethiopia as cases. The Health Education Centre was selected

because it is a major organization involved in the IEC of HIV/AIDS. Similarly Pro-pride Ethiopia (a local NGO) is also taken as one of the cases because it has a regular HIV/AIDS programme transmitted through FM Addis radio and the programme is widely listened by the community. In both cases in-depth interviews with experts and document review were conducted; reports and training manuals were examined. In addition in-depth interviews were held with journalists or editors working in the respective mass media institutions. The journalists or editors who were reporting or editing on HIV/AIDS in the respective media institutions were interviewed.

For the content analysis a convenient sampling technique was used to select the period January 2003 to end of December 2003 for the Ethiopian Herald and Addis Zemen newspapers after scanning the newspapers for HIV/AIDS coverage. The two newspapers were selected purposely on the basis of their span of coverage and government ownership. They are published daily and have a long history in the country.

Krippendorff (1980) defines content analysis as a research technique for making replicable and valid references from data to their context. It is a method of studying and analyzing communication in a systematic, objective, and quantitative manner for the purpose of measuring variables (43).

Then a composite weeks method was constructed for each month of the year. From each composite week one day was selected using simple random selection technique with the sampling rule that no two days of a composite week would be selected. In other words, in a

month weeks of Mondays, Tuesdays etc. were formed and one day was selected from each week. This yielded 84 days for each newspaper. Addis Zemen was found to have no articles dealing with HIV/AIDS on 11 days of the 84 days. The Ethiopian Herald is not usually published on Mondays and there were no articles dealing with HIV/AIDS on 12 days. Therefore, articles dealing with HIV/AIDS were on 73 days of Addis Zemen and 55 days of Herald yielding 139 and 102 articles respectively. Therefore the final sample came to be 241 articles.

The following criteria were used in article selection:

- The focus of the report/article must have been on HIV/AIDS
- Each page of the newspapers was to be examined. Photographs and cartoons were to be included.

Two coders were trained extensively. The unit of analysis was individual story (news, feature, editorial) dealing with HIV/AIDS whose content was examined in terms of number of articles, their size, type, placement, origin, source, national relevance and subjects of the articles.

DATA COLLECTION METHODS

This study was carried out using the methods stated below in three groups of study subjects: case studies, in-depth interviews and content analysis. The case studies were conducted on Health Education Center and Pro-pride Ethiopia. In both cases observation of activities, interview with key personnel and document review were conducted. Observations and document review of records, manuals or reports were recorded and explanations for ambiguous records were given by the responsible staffs. In-depth interviews were held with key experts and/or programme coordinators. The interviews were tape-recorded. In-depth interviews were also held with

journalist in their respective offices using semi-structured questionnaire. The interviews were then recorded and transcribed.

In the case of content analysis, samples of articles dealing with HIV/AIDS were selected (for Addis Zemen and Ethiopian Herald newspapers) from January 1,2003 to December 31,2003 editions. A coding scheme was constructed to quantify the message. Two public health students were trained on the subject; coding practices were done during the training using newspaper articles dealing with HIV/AIDS. Finally pre-testing of the coding scheme was done yielding an intercoder reliability of 80.95 using Scott's pi index which was considered adequate. The Scott's Pi index is calculated as

$$Pi = (\% \text{ observed agreement} - \% \text{ expected agreement}) / (1 - \% \text{ expected agreement})$$

(43).

Then the actual coding procedure was conducted on both newspapers. During this time pages of the newspapers were scanned, and re-scanned for possible missing of the articles. The coders coded independently without communicating about an article. They were having category instruction.

DATA QUALITY ASSURANCE

All the data collected were checked for completeness, clarity and consistency by the principal investigator. The pages of each newspaper were checked for completeness before looking for articles.

DATA ENTRY and ANALYSIS

The tape-recorded interviews were transcribed and later translated into English. Arrangements of statements were done in their respective category of questions; reviewed documents were arranged and summarized. The quantitative content analysis data were entered into EPI Info 6 software computer program for analysis.

ETHICAL CONSIDERATIONS

Consent of the study subjects were requested after explaining the purpose of the study. The research did not cost additional expenses on the subjects. There were no potential risks that may cause any harm in any form. Letter of cooperation was given to the respective organizations. All information communicated with individual subjects or organizations were kept confidential and privacy was maintained.

Ethical clearance was obtained from the Faculty of Medicine of Addis Ababa University.

5. RESULTS

Findings from the in-depth interviews, case studies and content analysis are summarized in accordance with the objectives stated above.

Table 1: List of mass media institutions where interviews were held with journalists or editors.

Mass media institution:	Number of Participants
1. Radio Fana	2
2. Ethiopia Radio	2
3. Ethiopia Television	2
4. Ethiopia News Agency	4
5. Addis Zemen	1
6. Ethiopian Herald	2
7. Reporter	1
Total	17

5.1 Message design of HIV/AIDS in mass media: -

The HIV/AIDS program of the Health Education Centre is said to be largely financed by UNFPA and HAPCO. The centre has got staffs that have various background professions. These are physicians, public health experts, sociologists, sanitary experts, health education and promotion graduates, language and theatrical art people and others.

Pro-pride Ethiopia is largely financed by Action –Aid Ethiopia, sometimes by other NGOs. It has a limited number The Health Education Centre has only one consultant while Pro-pride Ethiopia has not any.

Document review or observation in the centre has shown that there is a manual for message development in both the print and electronic media, but there was no a training manual. In

addition the observation revealed that six Amharic, five Tigrigna and six Oromigna TV and radio spots had been transmitted. Furthermore thirteen Amharic films were made. But the reporting system was difficult to compile the yearly HIV/AIDS mass media programmes.

The messages were identified to be articles on magazines or newspapers, spots or other programs transmitted through radio and TV on HIV/AIDS.

Messages were said to be designed after the professionals have discussed on what issues they have to prepare a program or an article. Various professionals in different fields that include health communication / education experts, medical professionals, sociologists and people from literature and theatrical arts are reported to be involved. The participants said that after literature review have been conducted on the program of focus a bill will be notified to media promotion agencies for script writing. It was reported that the agency is selected based on previous performances and experience in the field. After the agency has prepared the script it would be evaluated by the various professionals in the center. Comments would be incorporated into the script for the media. But it was said that there were times when comments might not be taken by the agency for fear of increased production cost. The other problem with these agencies is that they are not trained in communication.

Most of the messages are said to be prepared in the form of articles, TV or radio spots, drama or programs. In the case of TV/ radio spots it is said that a bill will be advertised after which a media promotion agency will be selected to prepare a script on the issue to be transmitted. Later on the experts evaluate the script and comments are said to be incorporated for edition or production:

After Health Learning Material experts have identified the communication gap based on available literature, there would be preparation of a script in various forms such as spots, articles, drama or programmes.

In most cases of the message design, needs assessment of is usually said to be not carried out. Mostly it has never been undertaken. According to discussions made with the staffs, needs assessment and audience research are hardly conducted. Although there are various professionals, most of them are not sufficiently trained to undertake such a research.

Similar to the needs assessment, the community involvement was reported to be low or non-existent during message design. This was claimed to be due to constraints of budget and lack of trained professionals to conduct it. Most of the interviewee believe that community involvement is such an important input in message design that acceptance of the program will be enhanced. Presently it is considered to be incorporated in the future.

During message design professionals in various fields of study are reported to be involved. It was found that there are language and theatrical art specialists, physicians, health education experts, sociologists, statisticians and other public health professionals. After evaluation of the programmes by these experts they would be sent to the media.

But professionals revealed that they were not well trained and still there is lack of trained staff on how to design HIV/AIDS messages. They said that they lack appropriate³ knowledge or skill in HIV/AIDS communication:

Regarding training, for instance, we are not trained how to make a critic for a script or how you are going to criticize on scripts that have been produced on health education communication in general and on HIV/ AIDS in particular .

On the other hand various workshops were held for capacity building of the professionals. Training was said to be given in both inland and foreign countries. Professionals working in the centre and regions are said to be trained in skill upgrading and capacity building through the cooperation of the government and NGOs. However, the shortage of trained professionals was emphasized and training was said to be not profound and inadequate. In addition there are no sufficient number of staffs that are professionals on health education and communication.

It was said that audience segmenting (Target group) and pre-testing were not often carried out. Messages were said to be designed in fact for a specific audience; yet, the TV transmission may not meet the target group because there are problems of channels of communication; it doesn't allow transmitting for a segmented community. The TV channel is single (government –owned) airing in a limited time of a day and radios are not widely available. Sometimes target group identification was reported to be undertaken. Yet it is mostly conducted in the print media; it is not that much in the case of audiovisual. For instance, some messages in HIV/AIDS transmitted

on the TV are said to be rural type in character while the intention is for urban community; this was usually due to lack of audience segmentation:

For instance, you may think how you are going to prepare [message] for the youth [on TV]. But you have to consider that every segment of the community might have the chance to watch it as the TV channel is one. For example, if you want to transmit for PLWHA. You know that people negative for it [HIV] may also watch it. Hence, you decide that you have to give emphasis for one without ignoring the other.

The interviewee revealed that although pre-testing was not conducted in most message development, it has been started recently in some programmes. Pre-testing was said to be conducted out of the urban areas because most of the print materials were reported to be prepared for rural people. Recently it was said that pre-testing has been introduced in the case of dramas and spots. It was said to be conducted in different groups of people.

It was said that sometimes there were times that comments from pre-ting were not incorporated:

In some cases, there is something that is not right. The deficiency that was detected during pre-testing might not be incorporated; it is not done. Pre-testing is done mostly in print materials but there is a problem in the case of audiovisual.

5.2 Mass media message dissemination of HIV/AIDS

Finding on how HIV/AIDS messages are disseminated via the mass media are summarized below with respect to each organization (HEC and Pro-pride Ethiopia).

5.2.1. Health Education Centre

The Health Education Center (HEC) uses as outlets of media messages through the Ethiopia Press Enterprise, “Abiotawi Democracy”, “ Police and Rimjaw” and “Wogagen” as the print media. The Ethiopian Radio, Radio Fana and Ethiopian Television are the electronic media that are used by the centre to disseminate all kinds of health programs.

With the Ethiopian Press Enterprise the experts of the center prepare articles for a weekly column on “Addis Zemen”. This is executed through a contract between the two organizations on yearly basis. Similarly there is a weekly one-page column on “Abiotawi Democracy”, a monthly edition on “Police and Rimjaw”, and two times a month publication on “Wogagen” newspaper (Table 2).

Table 2: Print media outlets used by the Health Education Center in HIV/AIDS.

Print media	Time of Edition
Addis Zemen	Weekly
Ethiopian Herald	Weekly
Abiotawi Democracy	Monthly
Policy & Rimejaw	Monthly
Wogagen	Bi –Monthly

Radio Fana transmits the health messages in four languages four times a week according to the contract. These languages are Amharic, Oromigna, Afarigna and Somalian. The Ethiopian Radio and Television make use of Amharic, Oromigna and Tigrigna languages (3).

Table 3: Electronic media and languages used by Health Education Center for IEC transmission of HIV/AIDS.

Electronic Media	Language
Radio Fana	Amharic, Oromigna , Afar & Somaligna
Ethiopian Radio	Amharic, Oromigna , & Tigrigna
ETV	Amharic, Oromigna , & Tigrigna

Through the electronic media spots, dramas, documentary and other programs produced by the center are usually aired Most of these programs are financed by UNFPA and HAPCO. The largest share of the budget, up to 40%, is used in HIV/AIDS. The center produces the two types of health learning materials-print and electronic media. The print material includes leaflets, posters and flip charts. In both the electronic media the center pays for its programs (spots, drams, documentary)

The Health Education Center distributes health learning materials (HLM) that it produces to other agencies working on HIV/AIDS. The mass media institutions produce programs on HIV/AIDS and transmit them. Similarly other organizations working on HIV/AIDS in collaboration with them or alone transmit messages in any form. Some NGOs, like **Dink Kistet for Tena** (DKT) Ethiopia, request for comments on such cases. The issue of collaboration and

networking with other centers that makes use of mass media on HIV/AIDS has been raised on workshops and seminars. Yet, it has never been realized. There is no harmonization. The idea of forming such a forum is being tried.

Despite all these efforts, it is said that there is no sufficient airtime given for HIV/AIDS. The television channel is one operating in a limited span of time and so is in the radios. As most of the population is rural the center tries to strengthen regional radio stations to have sufficient and appropriate air coverage on the issue.

The center also prepares sensitization workshop for people working in the mass media. This is usually in collaboration with other centers working on HIV/AIDS. It is said that it usually focuses on journalists' capacity building on how to prepare and report on issues of HIV/AIDS. It is reported that training was given one to two times within two years time.

In all these time the participants said that the center has not evaluated its activities on HIV/AIDS mass media transmission. They said that there is a shortage of trained human resource and budget is limited. They claim to have prepared implementation strategy in health communication strategy and monitoring and evaluation guidelines. These are said to bring about a coordinated effort in the prevention and control of the epidemic.

5.2.2. Pro-pride Ethiopia

Pro-pride Ethiopia has a well known and popular program on HIV/AIDS transmitted on FM Addis radio alone. It is called “**Yibekal**” (that is enough). **Yibekal** has six regular programmes stated below.

1. Pen pal friend: - This helps HIV positive ones to establish relationships with other people
2. News: - it deals about HIV/AIDS in Ethiopia and other parts of the globe; the information is usually collected through the internet.
3. Experiences: - these are recent circumstances that one has come across on HIV/AIDS. Many people write letters to them on these stories
4. Research Digest: - These are condensed articles form different sources such as newspapers, magazines and research releases.
5. Let’s talk about it: - here prominent people are invited to share experiences and opinions. Medical professionals also give answers on questions raised by other people.
6. In love, you do have everything: - here couples with HIV/AIDS and who have good relationships are presented. They can be examples for other people in the face of adverse consequences of HIV/AIDS.

“**Yibekal**” has a contract with FM Addis radio and it has got an airtime of 3 hours in a week; it has got a one-hour transmission in three days. It pays about 200,000 birr for FM radio in a year. Other outlets are a monthly newspaper **Addis Ketema**, and a yearly magazine, **Timret**. All media will use the Amharic language. According to the producers, “**Yibekal**” has attractive programs that have got fame in a short time.

“**Yibekal**” has produced 157 programmes in 2002 and the response of the audience was encouraging. A total of 1500 letters have been sent to “**Yibekal**”. It was during this time that “**Yibekal**” marked its second year anniversary. In 2003, it had produced 156 programmes aired on FM Addis radio and 4000 letters have been sent to “**Yibekal**”.

The participants said “**Yibekal**” cannot conduct monitoring and evaluation of its programmes because of financial constraints. Yet, it has a lot of feedback from the audience; it receives 80-100 letters in a week. In 2003, “**Yibekal**” project has been nominated one of the winners of the World Bank competition for project proposal. Despite the financial setback, the participants still want to have more airtime and print media coverage because of the serious challenge of the epidemic.

In addition to the Health Education Centre and Pro-Pride Ethiopia interviews with journalists were conducted on the current mass media coverage or dissemination of HIV/AIDS. Most of the interviewee said that there is improvement compared to previous ones; more airtime and newspaper column has been given and front pages of the newspapers treat HIV/AIDS news or feature. The mass media present it every day at least in news stories. It has got also regular coverage in both the print and electronic media. Previously spots were advertised at the end of a radio or TV program. But now it is displayed before news is read and/or immediately at the end of it as one of the participants said,

I think we give it sufficient coverage. It has got its own column and is presented as opinion, editorial and news. It is a regular program. The problem is with the content of the message; the greatest challenge is stigma and discrimination. Some even say that it was the image created in the public by the media that has resulted in the presently stigma and discrimination.

In fact most of the journalists emphasize on the appropriateness of the messages- its quality is said to be low and it lacks variety. Otherwise, it is also presented in association with other regular programs in the media. Such programmes include agriculture, social and other health related media presentations. They feel that HIV/AIDS has been given reasonable time and space on the media. Yet, they have reservations that on what the communities would like in order to bring about behavior change. Most of them agreed that programmes are monotonous and repetitive which are considered to be some of the causes of failure to bring about behavior change.

On the other hand some participants said that adequate coverage of (HIV/AIDS messages) is not given by the mass media. Airtime is too short, and there is no significant column assigned to it in newspapers and magazines. And in others there is redundancy of programs by different agencies. The interviewees said that both the quality and quantity of messages are insufficient compared to the seriousness of the epidemic. They added that more time and space are devoted during workshops and the World AIDS day celebration – it wanes and waxes:

The coverage [of HIV/AIDS in mass media] is not adequate. For instance, news about foreign issues such as “the Iraq War” had been given a continuous coverage

by our media. But it is as a chance that HIV/AIDS might get attention; it is during a conference or when a new research finding is inaugurated somewhere else that it gets due attention. Otherwise, there is no sustained programme.

5.3. Appropriateness of mass media messages on HIV/AIDS

HIV/AIDS messages on the mass media are transmitted through radio, TV or the print media. As mentioned on the message design part, it is said that there is no sufficient target audience research and audience segmentation in most of the cases. In most of the interviews conducted previously there used to be fear-inducing or terrorizing messages which have resulted in stigma and discrimination; most of the interviewees attribute stigma and discrimination to these kinds of messages. Because messages were designed in the form of fear appeal.

On the other hand some of the interviewees said that it was for good that fear-inducing messages were transmitted previously while others mention that it was not expected that those kinds of messages might have created the present conditions:

Previous programs presented AIDS as gruesome. But to some extent I consider that it was useful to present like that. In fact, presently, it seems there is a reluctance to disclose it; it is presented that living with HIV /AIDS is very easy. In my opinion previous works are not that much worse.

The input of health professionals or experts in message design or production of any HIV/ AIDS program is said to be low resulting in one of the causes of inappropriate language use. Most health professions do not want to be interviewed or give their opinion for journalist Most are said to be uncooperative and they extend appointments. However, the media people have emphasized the role of health professionals in giving appropriate information and their credibility by the community. They attribute the inappropriate use of language for lack of partnership with the professionals.

The participants explained that mostly messages are not audience segmented. The messages are not designed in such a manner that they will be transmitted to a specified group or locality (age, sex, urban, rural). In addition it was explained that programs lack continuity or persistence. Some journalists feel that messages are not transmitted in a way that the audiences can understand easily. Several jargons of words are used. They are not selective in using words. They may not understand the words or phrases clearly resulting in inappropriate use of terminologies and misinformation:

For instance, the journalists might have interviewed an HIV carrier in a day but he may present him/her as a patient in the evening. The media should not give information alone; they should evaluate the changes brought about by government and NGOs. Otherwise it will be a “parrot reporting”.

Most journalists emphasize the power of positive message in bringing about behavior change and attracting audiences. In fact they regret that this should have been done in the beginning of the

epidemic. They feel that currently most messages are positive but they are not in a position to bring about change. Many say that there is repetition of TV or radio spots for several months. This makes them boring. In addition they are said to be unattractive. Most of the time the use of inappropriate words are considered to be the result of inadequate training: most journalist lack sufficient training in HIV/AIDS reporting. They participate in workshops which treats issues in a disorganized manner. Most of the participants complained that workshops did not have consecutive programmes and were not sustainable. In addition they do not have the chance to regularly attend the workshops.

The interviewees have given due importance to culture in design of HIV/AIDS messages. They said that the cultures of the community are not that much used in the production of these messages. Some of them said that they don't take the culture of the society into consideration. This has resulted in poor communication of HIV/AIDS message and difficulty in behavior change. They emphasized that appropriate message should be culturally acceptable and competent. A few of them asserted that the cultural background of the society and their traditional assets should be the basis for message development.

Our culture has no influence. The influence is that we [media people] don't know the culture; we don't communicate in a manner they can understand after all. The communities communicate to one another. It is we who are unable to communicate; we don't want to understand the way the communities communicate. Otherwise the society has an easy and accessible medium of communication.

The participants were asked about their current knowledge of the statistics of HIV/AIDS. Most claimed that they know or have a record of the most recent national and international figures. But they reported that it was confusing and some were difficult to understand for them. They said that NGOs and Ministry of Health give conflicting figures which has made them not to understand it easily; they revealed that they can't understand their meanings to report in a manner that the public can easily explain the figures and understand their implication. In fact they have explained that the lack of understanding of the statistics of HIV/AIDS is considered to have created confusion in reporting by the media people and eventually in the society.

Regarding editorial policy, there is none for HIV/AIDS. It was said that nationally there is no editorial policy on HIV/AIDS. Programmes or articles are said to be produced according to the premises of the media institution. Some of the participants explained that they report it with respect to the AIDS policy, the Ethiopian press policy and the growing importance of the epidemic globally. Most of them emphasized for the need of editorial policy on the epidemic. They revealed its absence as an obstacle to produce a continuous program and to give it priority over other issues. In fact they reported that in some of the media house the editorial board revises the programmes from its inception up to dissemination. They claim to evaluate it even after the programme has been transmitted:

From our experience we produce programmers on prevention, care and support, stigma and discrimination, outcomes of national and regional conferences and experiences of NGOs in the epidemic; otherwise it [HIV/AIDS] doesn't have its own [editorial policy].

It is also said that HIV/AIDS is one of the priority issues that the government sets in. And the government pressurizes institutions to have HIV/AIDS as one of the pressing issues of the nation that persistent program has to be produced. But most of the journalists stressed that media managers and decision-makers have to be involved and responsibility should be given to them so that it can get easy access to the media.

The interviewees were asked about ethical guidelines in HIV/AIDS reporting. They revealed that there is no ethical guideline of HIV/AIDS reporting. They feel that it is absolutely important and it might have improved their practices. According to most of the journalists they produce and report issues of HIV/AIDS based on the ethics of general journalism. But the absence of ethical guidelines on reporting and portrayal of PLWHA has been the cause of inappropriate use of language that has resulted in stigma and discrimination. They said that the adverse effects of stigma and discrimination pre-suppose the preparation of ethical guidelines in HIV/AIDS more than any national issue.

On the other hand few of them undermined the preparation of a separate guideline for reporting of HIV/AIDS:

The ethics of journalism doesn't differentiate between a healthy and diseased individual. Any body that comes to you is considered from the perspective of information. The relationship between you and the informant is an information relation.

5.4. Findings of the Content Analysis

A total of 151 days was used as a sample of which 84 days of Addis Zemen and 67 days of Ethiopian Herald editions were examined. In the case of Addis Zemen it was found that there were no editions of HIV/AIDS articles on 11 of the sample days. The Ethiopian Herald has no editions on Mondays. But among the 67 days, 12 days editions didn't have any HIV/AIDS article. Addis Zemen carried 139 articles and Herald had got 102 articles making a total of 241 articles in the 151 days examine. Hence the actual number of days where the 241 articles were edited was 128 days (73 days of Addis Zemen and 55 days of the Ethiopian Herald)

5.4.1. Space devoted to HIV/AIDS articles:

A total of 241 articles were examined. Out of this 139 (57.7%) articles were on the Addis Zemen while 102 (42.3%) were on the Ethiopian Herald (Table 4).

In terms of space, on average, Addis Zemen had 314.38 cm² space devoted to HIV/AIDS related articles compared to 365.65 cm² in the Ethiopian Herald. There were many wide variations in space taken up by individual articles in both newspapers. The standard deviation for Addis Zemen was 271.26 and it was 280.35 for the Ethiopian Herald. The range was 1808 cm² and 1275 cm² respectively.

Table 4: Frequency/Percentage distribution of HIV/AIDS articles in Addis Zemen and Ethiopian Herald (January 1, 2003 to December 31, 2004)

Name of Newspaper	Frequency	Percentage
Addis Zemen	139	57.7%
Ethiopian Herald	102	42.3
Total	241	100

5.4.2. Types of HIV/AIDS Articles:

In both newspapers most of the articles were news: 75.74% (105) and 75.50% (77) of the articles in Addis Zemen and Ethiopian Herald respectively. 15.10% (21) and 19.60 (20) of the articles were regular column or opinions. Regarding placement, 53.96% (75) in Addis Zemen were inside page other than the second page, 27.33% (38) were on the front page and 17.99% (25) were on the back page. In the case of Herald 44.12% (45) were on the front page or page 2, 41.18% (42) were on other inside page and 14.71 (15) were on the back page (Table 5).

88.93% (125) of the articles have local sources and 7.91% (11) have foreign sources for articles on Addis Zemen, and 92.17% (94) were local, 2 articles were foreign and 5.88 % (6) were others in the case of Herald. On the case of the source of the programs of Addis Zemen 22.30% (31) were NGO/UN Agencies, 20.86% (29) were reporters' or communists initiative, 13.67%(19) were Ministry of Health, 7.9% (11) were AIDS organization, 7.19% (10) were other Government official or minister, 4.32% (6) were listener or letter to the editor, 3 articles from Research Center/ University, 5 articles were from religious organizations and 3 articles were from workshops /seminar. In the Ethiopian Herald 27.45% (28) were NGO /UN agencies, 25.49 (26) were reporters'/ columnist initiative, 9.80% (10) each were Ministry of Health and other, 6.86% (7) other government minister/ official, 5.88% (6) were AIDS organization, 5 articles were from workshops/seminar, 4 articles were listener/letter to the editor and 2 articles each from religious organization and Research Center / University (Table 2). In the case of Herald 81.37% (83) dealt with home country, 14.71% (15) were about global issues, and 4 articles were about other African countries (Table 5).

In Addis Zemen, regarding national relevance, 85.61% (119) of the articles were about home country, Ethiopia, 5.03% (7) 9.35 % (13) were issues of HIV/AIDS in other African countries and the globe respectively. In the Ethiopian Herald 81.31 % (83) of the articles deal with Ethiopia while 3.92 % (4) and 14.71 % (15) were other African country and global issues respectively (Table 5).

Table 5: Percentage distribution of HIV/AIDS articles in Addis Zemen and Ethiopian Herald by type, placement, origin of article, source of programs and national relevance.

Variable	Addis Zemen		Ethiopian Herald	
	%	(No)	%	(No)
Type of HIV/AIDS article				
News/ News analysis	75.74	(105)	75.50	(77)
Feature		(3)		(1)
Editorial		(3)		(3)
Letter to editor		(3)		(1)
Photograph/cartoon		(7)	0	
Regular column/opinion	15.10	(21)	19.60	(20)
Advertisement		(1)	-	0
Other		(2)	-	0
Placement				
Front page/page 2	27.33	(38)	44.12	(45)
Other inside page	53.96	(75)	41.18	(42)
Back page	17.99	(25)	14.71	(15)
Other		(1)	0	
Origin of Article				
Local	89.93	(125)	92.17	(94)
Foreign	7.91	(11)		(2)
Other	0		5.88	(6)
Source of HIV/AIDS Article				
Ministry of Health	13.67	(19)	9.80	(10)
Other Government minister/ official	7.19	(10)	6.86	(7)
Other politician		(1)		(2)
Religious organization		(5)		(2)
Workshop/Seminar		(3)		(5)
AIDS organization	7.91	(11)	5.88	(6)
Research Centre/ University		(3)		(2)
NGO/ UN Agency	22.30	(31)	27.45	(28)
Reporters'/ columnists initiatives	15.11	(21)	9.80	(10)
Listener/ Letter to the editor	20.86	(29)	25.49	(26)
Other	4.32	(6)	3.92	(4)
National Relevance				
Home country	85.61	(119)	81.37	(83)
Other African country	5.03	(7)	3.92	(4)
Global/ Continents	9.35	(13)	14.71	(15)
Total	100	(139)	100	(102)

5.4.3. Content category of HIV/AIDS articles:

Findings of the content categories were as follows:

Most of the subjects of the articles were on HIV/AIDS prevention. In Addis Zemen 59 articles were on HIV/AIDS prevention, 16 on prevalence, 29 on care and support, 1 on statistics, 5 on transmission, 6 on stigma and discrimination, 1 on symptoms/ outcomes, 4 on HIV/AIDS impact and 6 on government commitment, and 12 articles on treatment of HIV/AIDS (Table 6).

Table 6: Percentage distribution of HIV/AIDS articles in Addis Zemen and Ethiopian Herald by subject or article content.

Variable	Addis Zemen	Ethiopian Herald	Total
	% (No)	% (No)	% (No)
HIV/AIDS Prevalence	11.51 (16)	7.84 (8)	9.96(24)
HIV/AIDS Prevention	42.45 (59)	57.84 (59)	48.96 (118)
Statistics	0.72 (1)	0	0.41 (1)
Symptoms/outcomes	0.72 (1)	0	0.41 (1)
Transmission	3.6 (5)	3.92(4)	3.73 (9)
Care and Support	20.86(29)	42.15 (43)	29.88 (72)
Stigma and Discrimination	4.32 (6)	3.92 (4)	4.13 (10)
HIV/AIDS impact	2.88(4)	3.92 (4)	3.32 (8)
Government commitment	4.32 (6)	2.94 (3)	3.73 (9)
Treatment	8.63 (12)	5.88 (6)	7.47 (18)
Total	100 (139)	100(102)	100 (241)

In Ethiopian Herald 59 articles were about prevention, 43 on care and support, 8 on prevalence, 4 on transmission, 4 on stigma and discrimination, 4 on impact, 3 on government commitment and 6 on treatment (Table 6). There were none on symptoms/outcomes.

In the case of content category prevention of HIV/AIDS, most articles in both newspapers (16 in Addis Zemen and 23 in Herald) dealt with sex education or AIDS awareness; 21 articles in Addis Zemen and 8 articles in Herald were about behavior charge; 5 articles in Addis Zemen and 10 articles in the Ethiopian

Herald were about VCT; there were 4 articles about youth participation and 5 articles on integrated activity in the Ethiopian Herald (Table 7).

Table 7: Percentage Distribution of content of HIV/AIDS Prevention in Addis Zemen and Ethiopian Herald newspapers.

Variable	Addis Zemen	Ethiopia Herald	Total
	% (No)	% (No)	% (No)
Art and HIV/AIDS	10.7(6)	3.39(2)	6.78(8)
Behavior change (condom use, abstinence, faithfulness, etc)	35.5(21)	13.56(8)	24.58 (29)
FP/ adolescent pregnancy	3.39(2)	3.39(2)	3.39 (4)
Sex education/AIDS awareness	27.12(16)	38.98(23)	33.05(39)
Vaccine/Cure	3.39(2)	5.08(3)	4.28(5)
Voluntary counseling and testing	8.47(5)	16.95(10)	12.71(15)
Youth participation	0	6.78(4)	3.39(4)
Integrated activity	1.69(1)	8.47(5)	5.08(6)
Other	10.17(6)	5.08(3)	7.63(9)
Total	100(59)	100(59)	100(118)

5.4. Constraints to improved HIV/AIDS reporting

The participants (journalists or editor) were asked about the constraints to improved reporting of HIV/AIDS messages in the mass media. Most of them mentioned lack of adequate knowledge as one of the constraints. They said that they do not get sufficient and regular training on HIV/AIDS and its reporting in mass media. In addition they do not know how to present the issue of HIV/AIDS, as there is no ethical guideline on HIV/AIDS reporting. Similarly health professionals are not easily available to them and do not share their opinion on the subject.

Furthermore they reported that government organizations and NGOs working with the media on HIV/AIDS have no close relationship with the media; there is no a common forum that creates an enabling environment for efficient media coverage of the epidemic. That is there is no networking among the media themselves, and between the media and other agencies working on HIV/AIDS. Most of them underlined the absence of media networking as one of the major constraints to better reporting of HIV/AIDS.

The interviewee also mentioned resource constraints and lack of journalist's commitment as obstacles of effective reporting. Some of them explained lack of accessible information source (such as internet) and financial capacity. Usually there is no specialized journalist on HIV/AIDS. This is one of the major causes of poor commitment as revealed by them. Because journalists do not engage in HIV/AIDS coverage alone:

Journalists working around this [HIV/AIDS] should get training. To be frank, they should not be trained at home alone. They have to be trained abroad as well. HIV/AIDS is a health problem that sensitive social issues might be raised. The [mass] media have to work hard on this issue to be more effective. They have to get training. The media should have professional consultants; there have to be assignment of health professionals for the media to work properly.

Few states that the low level of consciousness of the community is also a constraint for improved reporting besides the inaccessibility of responsible agencies (which work on HIV/AIDS) to give information for the media:

Every government body is not ready to give information at any moment. The society lacks awareness that the information they give [about HIV/AIDS] is a significant contribution. When people are going to be portrayed on TV it is considered to pose a difficulty.

6. DISCUSSION

In this study it was found that needs assessment was minimal in the design of messages in HIV/AIDS. This was noticed in both centers (HEC and Pro-pride) and the media institutions. Needs assessment is a process that involves identification of the key problems as well as priority setting that will be followed by planning the intervention (44). A study which was done on dramas transmitted through the Ethiopia Radio and ETV on HIV/AIDS and other related social problems had identified also that there was no assessment of needs of the audience; program producers didn't take into account the communities' needs, and defects were noticed on the dramas (37).

Community involvement in the design of messages was not given due attention as the study showed. It is very important in both problem identification and planning the solutions. It ensures that the messages are relevant and culturally appropriate to the group. It also assists communities to develop a sense of ownership and sustainability as well as creating an enabling environment for behavior change in HIV/AIDS (44). Communication is a dialogue, not a monologue. Participation by the intended audience as well as by program management, health care providers, researchers, advertising agencies, script writers helps to ensure high quality messages. An effective way to design messages is to ask audience members to talk about HIV/AIDS in their own words and then to design program messages accordingly (28).

For messages to be more effective it is critical that an audience be segmented. This enables one to design messages through channels that are specific to a given audience. In this study it was found that most of the programmes that are designed by the media as well as by the two centers

have no a comprehensive audience segmentation. In addition it was found that target audience analysis was minimal in the design of the HIV/AIDS messages that would, as expected, have a negative impact in the efforts to bring about behavior change to curb the epidemic. In a study done in youths in Addis Ababa high schools it was shown that radio and television were the preferred sources of information for the young, and weekends were the preferred days for transmission (39). On another study on a radio program called 'Journey of life' the majority of respondents (88.5%) have the habit of listening to radio and the most frequently listened radio program was dramas (73.3%) - hence the importance of audience analysis (45).

Pre-testing is an excellent way to make sure that the audience is involved and the best way to ensure that materials do indeed evoke the intended response. In this study it was found that pre-testing has been started on some of the programmes produced by the Health Education Centre. In fact it is not adequate and not all programmes were pre- tested. Some programmes were even said to be rejected by audiences. Comments had been given in a number of workshops /seminars, according to the interview, the defects programmes did have. This was attributed to low level of pre-testing of the (HIV/AIDS) messages. Generally, pre-testing print materials with an intended audience can be done rapidly and at low cost. In this study also pre-testing was conducted mostly on the print materials. However, pre-testing results can sometimes be rejected or modified – if there are good reasons for doing so (28). In this study it was also found that pre-testing results were not sometimes incorporated for fear of higher costs by media promotion agencies.

The study has also shown that pre-testing is usually done for print materials. However taking into account the limited distribution of newspapers and magazines, similar activities should have

been carried out on the electronic media. Because most of the countries population are illiterate and rural who usually prefer radios. Moreover, a number of studies have shown that most people prefer radio and television to newspapers and magazines.

Findings from this study have shown that various professionals in different fields participate in the design of the HIV/AIDS messages. Professional input will facilitate communities or NGO's to turn a good idea into a successfully implemented project. However, there is a need to incorporate social learning theories, skills in interactive teaching and learning skills in training and, packaging of messages in a way that will appeal and truly communicate to the target audience (44). In this study language and theatrical art experts, physicians, health education experts, sociologies and others involve in the design of the messages. Training was said to be given both at home and in foreign countries. Despite the various natures of these professionals, they need more knowledge in HIV/AIDS communication in particular because of the grave consequences of HIV/AIDS, particularity stigma and discrimination. These professionals have not adequate training in HIV/AIDS communication and there is still lack of trained professionals. These pose a serious setback to design messages that can bring about behavior charge in the community. In addition media promotion agencies were found to be not well-versed in HIV/AIDS communication; yet, they involve in script writing, film production and other related activities. Such defects or incompetence usually lead to distorted or unacceptable messages and they can have serious negative consequences in the community.

In this study it was also found that there is limitation of mass media channels; moreover, the time and frequency of dissemination of the messages were not satisfactory. Rural and urban contexts

were not seriously taken into consideration. All these can have a deterring effect on the prevention of the epidemic. Dissemination of materials is a separate activity, requiring a specific plan and budget. Distribution is often a neglected task because it is not perceived as challenging. Yet print, broadcast and other materials must be in place before the launch of a communication campaign (29). Findings from the study have shown that the media are not sufficient; most of the population in Ethiopia is known to be illiterate and rural. Therefore, the appropriate mass media in such type of communities is usually local FM radios which can transmit messages in a limited area according to the local communities' condition. The lack of such radios has resulted in not to use appropriate time, and limited frequency for transmission of messages. In addition it was found that the centers use only government media outlets as their means of dissemination. Yet given that the large number of private newspaper and magazines in the country, it is a limitation that these outlets have not been used.

The study also showed that the centers working on HIV/AIDS mass media communications have no close collaboration and/or networking among themselves. The dissemination of messages also needs trained journalists on how to report and prepare HIV/AIDS messages. The study have identified that journalists do not get adequate training which usually results in inappropriate reporting and blind stories. It was also found that monitoring and evaluation of the messages of HIV/AIDS on mass media have not been carried out in both centers taken as cases. This was attributed to lack of trained human resources and limitation of budget. Regular and accurate monitoring helps ensure that the outputs are produced and distributed as planned. The absence of monitoring and evaluation might have resulted in the disorganized messages that which are not actually able to bring about behavior change.

In the case of Pro-pride Ethiopia the feedbacks from the audience was found to be encouraging and helps to tailor programmes on HIV/AIDS according to the audience. In a weeks time about 80-100 letters are said to be posted to the office. This shows that the audiences' concern about the epidemic is satisfactory.

In this study it was found that previous messages were frightening and sensational. Most messages were not designed in a manner that they have taken the cultural values and communication techniques of the community into consideration.

In a study on a one-month edition of Addis Zemen, Tobia and Addis Lisan newspapers (in 2002) it was found that most of the articles were full of inappropriate, sensationalized and over-dramatized languages. They were fear-inducing. It was also found that programmes were not regular and they were not organized to emphasize on a specific issues (42). In another study on radio and television dramas (by Population Media Centre in 2000) it was found that the dramas were marginalizing young women as frequently affected by HIV/AIDS (37). All this shows that messages were not appropriate and professional involvement was low. In this study also it was found that most messages have positive implication but they lack sustainability and health professional or experts were not found to be accessible in HIV/AIDS message design or production. However, the input of health professionals is essential throughout the process not only in the selection of appropriate broad objectives and accurate messages but also in the design of specific materials (28).

The absence of editorial policy and ethical guideline in HIV/AIDS reporting have actually been mentioned for the cause of distorted, biased, and sensational media presentation of issues of HIV/AIDS. Similarly, the study has revealed that there is no HIV/AIDS editorial policy and ethical guidelines on reporting. In fact it was found that this was considered to be one of the obstacles to design and report appropriate messages on HIV/AIDS. This has been considered as one of the causes of denial, stigma and discrimination (6, 30, and 32). It was also found that statistics regarding HIV/AIDS were not easily understandable to journalists; they were said to be reported in a language that the audience does not perceive it easily. As in most specialized writing, media practitioners have to develop methods of putting a picture to the statistics in order to humanize the statistics and demystify the epidemic (45). Most of the journalists explained that their difficulty with figures is because of inadequate training on the issue.

The study has shown that several factors have contributed to constraints to improved mass media messages of HIV/AIDS. Among these constraints are lack or inadequate knowledge on the subject by the media people, absence of regular training, and lack of resources and journalists commitment. The research has also identified that there is no media networking and common forum of government organizations, the media and NGOs. Similar study in South Africa (2002) found that absence of networking, inadequate training and lack of media commitment were some of the constraints to improved coverage of HIV/AIDS in the mass media (47).

Most of the HIV/AIDS articles in the newspapers came under the category of news stories in both newspapers (75.74% in Addis Zemen and 75.50% in Ethiopian Herald) followed by regular column/opinion. The fact that the most popular story was the news story is an indication that the

newspapers were more interested in giving people current information and hard facts about HIV/AIDS. Similarly the few number of feature articles on both newspapers means that in-depth analysis on the epidemic is not usually carried out, and expert knowledge on the issue has not been exploited. Articles on the editorial column on the epidemic was not also that much satisfactory. From the 241 articles only 3 articles in each newspaper had been considered as editorial. Usually editorials serve as agenda setters. By publishing a negligible number of editorials on HIV/AIDS the newspapers were clearly showing that HIV/AIDS was not taken seriously by the editors to get editorial column. In both newspapers a significant number of articles have got front-page coverage. This shows that HIV/AIDS is a big story in Ethiopia. Most of the stories were local in origin suggesting that HIV/AIDS is still considered to be a sensitive and major problem of the country. Similar studies in Kenya and Uganda in 1997/98 showed similar findings (48).

The sources of most of the stories were NGOs and UN Agencies followed by listeners/letter to the editor. Following this one more important source of information was reporters'/columnist initiatives. Hence the fact that satisfactory number of listeners /letters was sources of articles indicates that the community has perceived it as a serious problem. As can be seen from the results the Ministry of Health should have been one of the major sources of HIV/AIDS. The result has also showed that politicians and religions leaders were hardly important sources of HIV/AIDS stories despite their prominent and influential role on the society.

In both newspapers the result has shown that most of the stories were on HIV/AIDS prevention. It was seen that the newspapers have given adequate coverage for prevention of HIV/AIDS and

most of these stories deal with sex education and AIDS awareness followed by behavior change. Here again, VCT was seen to be minimal. This has also shown that prevention of HIV/AIDS through behavior change and education is considered to be a better alternative to curb the epidemic.

The second category that has got attention in the subject of HIV/AIDS messages was care and support. Different stories had been talking on care and support. Probably this could be due to the current situations that care and support has been given emphasis. However, stigma and discrimination has got minimal coverage despite its serious consequences.

6.1. Strengths and limitations of the study

The strength of the study is:

- It has used both quantitative and qualitative study methodology; hence this gives it more strength.

The limitations include:-

- There has been no similar study done here for comparison.
- The content analysis didn't include the electronic media messages. Therefore, this may create a gap for generalizability.
- The limited number of centers (two) working on HIV/AIDS taken as cases.
- The in-depth interviews didn't take into consideration most of the private media practitioners due to shortage of time and budget.

7. CONCLUSIONS

In this study it was found that HIV/AIDS messages transmitted through the mass media were not designed in the usual way of mass media message development. Audience segmentation, audience analysis, needs assessment and community involvements were poor or almost none. In addition the introduction of pre-testing is encouraging but it is not sufficient; not all programmes were pre-tested.

In all types of the mass media (electronic and print media) coverage of HIV/AIDS, in both quality and quantity of messages, are not sufficient. Programmes on the epidemic are not regular or continuous. They lack consistency. Professional involvement, particularly health professionals, is low. The channels of transmission and their time or space devoted to the problem is not adequate. This has been considered as one of the causes of denial, stigma and discrimination (6, 30, and 32). However, the sensational, fear appealing and over-dramatized presentation of the messages are improving.

Whereas the media have done a significant contribution in raising people's awareness about HIV/AIDS there is still more to be done with respect to effecting behavior change. There is still a need for needs assessment of journalists on HIV/AIDS. The study has identified that there is no ethical guidelines and editorial policy on HIV/AIDS reporting. Moreover, media people do not get training that builds their capacity to the extent that they can communicate HIV/AIDS easily. Media networking is a deficiency as well.

The fact that most of the stories were news implies that in-depth analysis of the epidemic in the form of feature stories, editorials and opinion of experts are lacking. This means that the media coverage of HIV/AIDS is generally superficial. The contents of most of the articles of the newspapers deal with HIV/AIDS prevention and on managing the consequences of the disease. This shows that much more attention has been given to bring about behavior change and tackle the social problems that have risen following the epidemic.

In general the media coverage of HIV/AIDS is generally low, superficial, and not sustained long enough to bring about the necessary impact in terms of awareness and change of behavior. Although newspapers, television and radio have an important role to play in managing HIV/AIDS, newspaper are urban - based and can not disseminate HIV/AIDS information to most of the population who live in rural areas or small towns.

8. RECOMMENDATIONS

Based on findings from the study the following recommendations have been made:

- It is imperative to follow the conventional way of mass media message development to bring about appropriate behavior change in the society. Therefore, needs assessment, audience segmentation and analysis, community and professional input should be given due emphasis in the design of messages of HIV/AIDS.
- Taking into consideration the fact that most of the population of Ethiopian is illiterate rural people with diversified cultures or tradition, message development should take these circumstances into consideration for appropriate and effective intervention. On the other hand the use of traditional media has to be taken into account as an alternative to supplement the other interventions.
- There is a need to train journalists, editors and programme managers on effective use of language, sources, story selection and HIV/AIDS statistics usage or interpretation. In addition they should be given regular update on the epidemic because these people are the decision-makers of the media house for issues to get priority on the mass media
- In order for HIV/AIDS to be recognized as an important news story, a media policy and ethical guidelines should be outlined. Moreover, a media networking has to be established, and a forum between health professionals and media people should be created

- It is recommendable that newspapers should dig up for a better feature analysis of the issues of HIV/AIDS and its consequences. Regarding the contents of the articles it is noticed that most of the articles emphasize on prevention. In addition more has to be done on stigma and discrimination, and issues of mother to child transmission have to be one of the priority areas; because it is a growing problem.
- There should be regular monitoring and evaluation of the media's activities and its role in HIV /AIDS.
- Finally further research should be undertaken and enhanced on the issue.

10. REFERENCES

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11. Annex

**Department of Community health
Faculty of Medicine
Addis Ababa University**

**Content Checklist and In-depth Interview on
Evaluation of mass media messages on HIV/AIDS**

Introduction: My name is _____. I am working for a thesis project in the Community Health Department of Addis Ababa University. We are asking people working in the mass media, and other responsible stakeholders on the appropriateness of HIV/AIDS messages. We also examine the content of the messages.

Confidentiality and consent: “I am going to ask you some questions that some people find it difficult to answer. Your answers are completely confidential. Your name will not be written on this form, and will never be used in connection with any of the information you tell me. You don’t have to answer any questions that you do not want to answer, and you may end this interview at any time you want to. However, your honest answers to these questions will help us better understand what people think, say and do about mass media messages in the prevention and control of HIV/AIDS. We would greatly appreciate your help and your organization in responding to this interview. Would you be willing for the interview?”

Signature of interviewer/coder code _____

Interviewer /coder code _____ Name _____

Checked by supervisor: signature _____ Date _____

001 Checklist identification number

002 Name of the mass media

1. Addis Zemen
2. Ethiopian Herald

003 Ownership of the mass media

1. Government
2. Private
3. Other

004 Date of Publication (for newspapers) _____

Name of column (Title) _____

Page No. _____

Year and No. _____

Name of producer _____

Presenter _____

Area of article (in cm²) _____

Section I. Message production or dissemination content category

No.	Checklist	Coding category	
101	Types of HIV/AIDS article - News / News analysis - Feature - Editorial - Letter to editor - Photograph/ Photo feature/ Cartoon - Regular column/opinion - Advertisement - Other - Not clear	1 2 3 4 5 6 7 9 15	
102	Placement - Front page /page 2 - Other inside page - Back page - Others	1 2 3 9	
103	Source of HIV/AIDS article - Local - Foreign - Other (Specify)	1 2 9	
104	Source of HIV/AIDS programs - Ministry of Health - Other Government Minister/Official) - Other politician - Religious organization - Workshop/seminar	1 2 3 4 5 6	

	<ul style="list-style-type: none"> - AIDS Organization - Research Center /University - NGO/UN Agency - Reporters’/Columnist initiative - Listener/ Letter to the editor - Other (specify) 	<ul style="list-style-type: none"> 7 8 10 11 9 	
105	National Relevance <ul style="list-style-type: none"> - Home country - Other African country/Ethiopia and Africa - Other continents/Global 	<ul style="list-style-type: none"> 1 2 3 	

No.	Checklist	Coding category	
106	SUBJECTS OF HIV/AIDS ARTICLES		
106.1	HIV/AIDS prevalence <ul style="list-style-type: none"> - Sickness - Widespread ness - Cause 	1 2 3	
106.2	HIV/AIDS Prevention <ul style="list-style-type: none"> - Art and HIV/AIDS <li style="padding-left: 20px;">Behavior Change (Condom use, abstinence, faithfulness, etc) - FP / adolescent pregnancy - Quarantine - Sex education/ AIDS awareness - Vaccine /cure - Voluntary counseling and testing - Other (Specify) 	1 2 3 4 5 6 7 9	
106.3	Statistics <ul style="list-style-type: none"> - HIV/AIDS statistics - Testing and counseling 	1 2	
106.4	Symptoms/ Outcomes <ul style="list-style-type: none"> - Mortality/life expectancy - Nosocomial /opportunistic infection - Symptoms related to AIDS - TB - Other (Specify) 	1 2 3 4 9	

No.	Checklist	Coding category	
106.5	Transmission - Sexual - MTCT - Blood transfusion - During injection /needle exchange - Mosquito /bedbugs - Occupational risk - Other (Specify)	1 2 3 4 5 6 9	
106.6	Care and support - AIDS patients - AIDS orphans	1 2	
106.7	Stigma and discrimination - Positive/supportive event or attitude - Negative event or attitude - Sensational wording - No opinion expressed	1 2 3 4	
106.8	HIV/AIDS impact - Health/ medical - Economic - Demographic - Education - Agriculture - Other (Specify)	1 2 3 4 5 9	
106.9	Government commitment - Government commitment - Lack of government commitment - Speech/ statement by president /prime Minister	1 2 3	

	- Speech / statement by other official	4	
	- New government AIDS policy and legislation	5	
	- Other (Specify)	9	
106.10	Treatment		
	- Modern treatment	1	
	- Local/traditional healer	2	

Section II. Message development/ production

<i>No.</i>	
21	Was there a needs assessment?
202	Was there community involvement in formulating strategies for addressing the HIV/AIDS message?
203	Was there professional involvement in developing the materials or messages of HIV/AIDS? Specify those professionals having experience in the field and professionals in other fields.
204	Is there a clearly defined target group?
205	Were the messages or materials pre-tested?
206	Are the editors/Reporters trained on how to prepare/ transmit the message?
207	What are the process involved in preparation and production of the programs
208	Review records: <ul style="list-style-type: none"><li data-bbox="625 1365 1242 1407">- Type of staff by expertise and/ or training<li data-bbox="625 1417 1161 1457">- Equipment- relevant materials used

Section III. Questions used during the in- depth interview with journalists

- Are you satisfied with your knowledge of HIV/AIDS?
- Do you know the current HIV/AIDS figures/predictions?
- Have you ever known someone who is HIV positive or living with HIV/AIDS?
How do you approach PLWHA? Probe how they talk with the patients?
- Does your paper have editorial policy on HIV /AIDS?
- Do you have health page programme?
- Do you have a health reporter?
- How do you see the role of the press/ electronic media in regard to HIV/AIDS?
What is its role informational /educational?
- Are you satisfied with coverage of HIV/AIDS in your newspaper/ TV/ Radio?
Where do you get your information?
- Do you have a health section/health reporter for your paper/TV /Radio?
- Have you written any stories/ editorial connected with health HIV /AIDS? If so, what type of stories?
- Do you have any contact with medical personnel or organization who are
Involved with HIV/AIDS. Where do you get your information?
- How is present coverage of HIV/AIDS? Is it sufficient, appropriate?
- How people with HIV/AIDS are represented/portrayed in the media? Is there
any ethical guideline? Do you have any language guide?
- What are the constraints to improved mass media HIV/AIDS coverage?
- What are the potential interventions for improving HIV/AIDS mass media

coverage?

- Is there mass media policy in general and on HIV/AIDS in particular?
- ◆ Do you think cultural traditions inhibit coverage of HIV/AIDS (cultural and traditional beliefs preventing media from placing HIV/AIDS on the public agenda)?
- ◆ Are there any occasions where you override cultural considerations?
- ◆ Are there pressures from government or business not to publish? Are there efforts to suppress statistics or a reluctance to disclose information?

Declaration

I, the undersigned, declare that this is my original work and has never been presented in in this or any other University and that all sources of materials used for the thesis have been fully acknowledged.

Name SALE WORKNEH

Signature _____

Place Addis Ababa, Ethiopia

Date of submission _____

The thesis has been submitted for examination with my approval as a University advisor

Name Dr Getnet Mitikie

Signature _____

Date _____