



A Study on Diabetes Communication Strategy in Ethiopia: *The Case of Ethiopian Diabetes Association*

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A Study on Diabetes Communication Strategy in
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Association*

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Acronyms

- EDA** –Ethiopian Diabetes Association
- IDF** – International Diabetes Federation
- WDF** – World Diabetes Federation
- HSDP** – Health Sector Development Program
- GDP**- Gross Domestic Product
- FP** - Family planning
- IEC** - Information, Education and Communication
- MGD** - Millennium Development Goal
- FMoH** – Federal Ministry of Health
- GCAO** – Government Communication Affairs Office
- NGOs** – Non Governmental Organizations
- UNDP** – United Nations Development Program
- UNFPA** – United Nation Population Fund
- UNICEF**– United Nation’s Children’s Fund
- WHO** – World Health Organization
- UN-HLS** – United Nations High Level Summit
- CD** – Communicable Disease
- NCD** – Non-Communicable Disease
- SJC** – School of Journalism and Communication
- AAU** – Addis Ababa University
- TGID-VVCA**- Tilahun Gessesse Initiative for Diabetes Victims and Vulnerable Children Association
- ENA** – Ethiopian News Agency
- EPA** – Ethiopian Press Agency
- WIC** – Walta Information Centre
- ERTA**– Ethiopian Radio and Television Agency
- EPHA**– Ethiopian Public Health Association
- LMIC** - Low and Middle Income Countries
- IGT** - Impaired Glucose Tolerance
- HSDP** – Health Sector Development

Important Note:

“It always seems impossible, until it is done.” These words first uttered by Nelson Mandela seem particularly appropriate and current for what is most critical to the status of diabetes care in the world today, especially concerning human rights and survival. The tipping point for the dramatic increase in the number of people who live with diabetes in the 21st century has already arrived, and diabetes associated mortality rates will continue to increase if affordable and equitable access to care, treatment and self-management education, regardless of race, ethnicity, gender and age, including access to psychosocial care and support, are not provided. Mandela’s words reflect the pressure most nations, governments and municipalities must accept in order to improve the current state of care for all people living with diabetes worldwide. It may seem impossible today, but it must get done (Diabetes Voice Magazine; 2013:4).

Abstract

Title: A Study on Diabetes Communication Strategy in Ethiopia: *The Case of Ethiopian Diabetes Association*

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Addis Ababa University, 2014

The purpose of the study was to study effectiveness of the communication strategy of the Ethiopian Diabetes Association (EDA) in combating diabetes. The study was conducted among members of the Ethiopian Diabetes Association, health professionals working at the Federal Ministry of Health and other government and private health institutions. To achieve the objectives, the study employed both qualitative and quantitative approaches, which includes individual interview, questionnaire, observation and document analysis.

Therefore, the communication strategy employed by the Ethiopian Diabetes Association has not been effective because of various reasons. These include, among others, lack of skilled human power and financial constraints. The findings of the study showed that use of mass media, informal education session, mainstreaming with formal education system and interpersonal communication methods are the most commonly used and accepted in the study to communicate diabetes messages.

As applied in other sectors of health such as HIV/AIDS, the outcome of the study illustrated that those occasions as coffee ceremonies, Idir, Mahiber, Debo and other relevant meetings are to be the major indigenous gatherings and ways of information exchange particularly in rural areas.

However, the society and members of EDA did not exploit the venues for the purpose of exchanging diabetes messages extensively. The results showed the need for improved and target oriented information and education materials as well as disseminated programs on diabetes through mass media including broadcast and print media. Although association leaders, active members, decision makers, religious leaders living with it, and health professionals working in the area are credible sources of information, they are not targeted to address diabetes message properly.

In general, designing sound communication strategies for the prevention and control of chronic NCDs in general and diabetes in particular has to be important to constitute the shared commitment and consensus among the government, partners and stakeholders on the strategic directions to prevent and control the main chronic diseases and their risk factors. The proposed strategies developed by the Federal Ministry of Health should provide the framework for partners and stakeholders towards a common goal. Besides, addressing environmental, psychological and structural problems is found to be equally important.

Chapter One

1. Introduction

The number of people, who are infected with non-communicable diseases such as in diabetes, is increasing at an alarming rate from time to time across the world including Ethiopia (IDF Diabetes Atlas; 2012: 1).

According to the data from a Five-Year Strategic Framework of the Federal Ministry of Health (FMoH)", (2009:1), "the growing burden of chronic non-communicable diseases is gaining increasing attention worldwide, including Africa. Chronic diseases, such as diabetes, heart disease, stroke, cancers and chronic respiratory, are by far the leading cause of mortality in the world, representing more than 60 percent of all deaths".

Some years before, attention had been given mainly to communicable diseases like HIV/AIDS. But from the highest burden and nature of silent killings, non-communicable diseases such as diabetes have begun gaining more attention since the last few years. Earlier, diabetes was considered to occur only in rich countries and affect the wealthy alone.

Contrary to this common perception, 80 percent of the deaths caused by chronic diseases occur in low and middle income countries, where chronic diseases affect younger population and lead to premature mortality due to lack of prevention or effective management of the diseases or their risk factors (FMoH; 2009: 1).

The most important risk factors of chronic diseases include, among others, high blood pressure, high concentrations of cholesterol in the blood, inadequate intake of fruits and vegetables, overweight or obesity, physical inactivity and tobacco use. Unhealthy diet and physical inactivity are among the leading causes of the Non-Communicable Diseases, including diabetes,

cancers, cardiovascular disease, and contribute to the burden of morbidity, mortality and disability worldwide, but more significantly in developing countries (FMoH; 2009: 1).

Currently, more than 382 million people across the globe are living with diabetes. Of the total, about 20 million are living in African and five million (diabetes and pre-diabetes) in Ethiopia (Addis Zemen NP; 2013: 13).

Among other factors, the above mentioned misconception related to diabetes aggravated the problem and contributed to the increase in the number of people affected by the disease.

Combating the spread of the disease through establishing various awareness raising institutions such as the Ethiopian Diabetes Association (EDA) and designing effective communication strategy, ensuring the shared commitment and consensus between the government and stakeholders is crucial to prevent and control in advance the chronic non-communicable diseases including diabetes.

A communication strategy is “the selection of appropriate communication objectives and the identification of the specific brand awareness and brand attitude strategy. It can take on many different looks, ranging from a one-on-one interaction to a worldwide campaign” (Cook, et al; n.d.: 3).

Therefore, this research attempts to study strategic communication of the EDA, which has over 15,000 members in over 40 regional branch offices.

Established in January 1984 in response to the growing problem of diabetes in Ethiopia, EDA is still the only organization that works on diabetes in the country. As part of its communication strategy, currently, the Association provides regular education on diabetes every month to its members. EDA produces and distributes a yearly magazine and brochures to enhance awareness

among the members and the society at large. It also disseminates information on diabetes through its own website. Ahead of the annual global diabetes day, the Association marks the Day with different assortments such as mass walk as well as organizing a question and answer contest through the Ethiopian Radio and Television Agency.

1.1 Statement of the Problem

According to the Voice of Diabetes Magazine, (2013: 2), “Diabetes has become one of the fastest growing non-communicable diseases and an important public health problem all over the world.” The same source indicates that Ethiopia, which is one of the developing nations, is at a risk of increased diabetes incidence.

Unlike communicable diseases like HIV/AIDS, the attention given to non-communicable diseases especially to Diabetes at the global and national levels is lower. Even the issue of Diabetes (one of the chronic diseases) was not included in the Millennium Development Goals until 2011.

Regardless of the serious challenges caused by diabetes, the attention given to the ways and strategies of combating this serious health threat is low in Ethiopia. It is against this backdrop that this study attempts to study the communication strategy of the Ethiopian Diabetes Association in raising awareness to reduce and prevent the spread of the disease in Ethiopia.

1.2 Objectives of the Study

General Objective:

The general objective of this research is to study the communication strategy of the Ethiopian Diabetes Association in the efforts of raising awareness on the issue of diabetes among the public and providing adequate and timely information to them in order to prevent the disease.

1.3 Specific Objectives

Objectives of the study are:

- To identify the communication strategy of the Ethiopian Diabetes Association.
- To find out the extent to which the current communication strategy is effective.
- To identify factors affecting the effectiveness of the existing communication strategy of the Ethiopian Diabetes Association.

The Research Questions

The below are research questions:

- What is communication Strategy of the Ethiopian Diabetes Association to raise awareness on symptoms and signs of non-communicable diseases including Diabetes?
- To what extent is the current communication strategy effective?
- What are the major factors affecting the effectiveness of communication strategy of the Ethiopian Diabetes Association?

Chapter Two

2. Review of Related Literature

2.1 Introduction

This chapter brings to focus ideals and claims in the area of health communication, more specifically, on diabetes communications that are selected from earlier studies and literature.

These topics are discussed as follows;

2.2 Diabetes and its Magnitude

Diabetes Mellitus is a clinical syndrome comprising a heterogeneous group of metabolic diseases that are characterized by chronic hyperglycemias and disturbances in carbohydrate, fat and protein metabolism secondary to defects in insulin secretion, insulin action or both (Dereje, et al.; 2006: 15). Diabetes, often referred to by doctors also as diabetes mellitus, describes a group of metabolic diseases in which the person has high blood glucose (blood sugar), either because insulin production is inadequate, or because the body's cells do not respond properly to insulin, or both. Patients with high blood sugar will typically experience polyuria (frequent urination), they will become increasingly thirst (polydipsia) and hungry (polyphagia)¹.

The IDF Diabetes Atlas launched on 2013 World Diabetes Day reports that; “close to 382 million people in the world today live with diabetes. Almost half of these individuals have diabetes but do not know it. Global concerns that have exacerbated the diabetes epidemic include rapid development, urbanisation, and accompanying changes in lifestyle. Unless UN

• ¹ Wikipedia: Accessed on 20 November 2013.

global targets and indicators are met, all of these factors will give rise to a figure of 592 million people living with diabetes by 2035” (p.7).

The numbers of people living with diabetes has been taken the third rank next to China and India, from world’s most populous countries. 80 Percent of the 382 million people known to have the disease live in low- or middle-income countries, and nations are already struggling to provide an effective response (The World Guide to IDF BRIDGES Magazine: 2013: 4).

Currently, no nation has solved the problem of diabetes and worldwide figures of prevalence and mortality continue to climb. New estimates suggest that every six seconds one person dies from diabetes and close to half of those deaths occur in people under the age of 60. Additionally, an increased prevalence of high blood glucose in pregnancy shows the far-reaching implications of the diabetes cycle and all categories - type 1 diabetes, type 2 diabetes, and gestational diabetes - are on the rise. The number of new studies added to the database for producing the 2013 and 2035 estimates demonstrate how the global threat of diabetes is stronger than ever. A concerted and coordinated effort must be made to stop the diabetes epidemic and push for greater advances in the evidence-base for diabetes epidemiology (IDF Diabetes Atlas; 2013:7).

Diabetes is both a raging global epidemic and an intensely personal disease. The prevalence of diabetes continues to skyrocket, with numbers on the rise in every nation. At the same time, no two people with diabetes experience it in the same way. Thus, improved diabetes outcomes must come from a multifaceted approach that considers not only macro-economical aspects of the disease, but also the needs of each individual (World Guide to IDF BRIDGES 2013: 6). In this regard, Former President of IDF, Martin Silink (2013) says “diabetes imposes a heavy

burden of care, leading not only to financial pressures, but also to stress and anxiety for all the family” (Diabetes Voice Magazine; 2013: 4).

To further understand the general situation, the World Guide to IDF BRIDGES Magazine (2013: 4) noted that;

Non Communicable Diseases (NCDs) such as diabetes are currently responsible for over 63 percent of global deaths. This burden is one of the major public health challenges facing all countries, regardless of their economic status. NCDs threaten economic and social development and, without concerted efforts at country level, are predicted to increase in the coming decades. Despite the high global burden of mortality and morbidity from NCDs, the response has not been strong. Of the total global deaths in 2008 (i.e. 36 million of the 57 million global deaths) was resulted from NCDs, principally diabetes and cardiovascular diseases, cancers and chronic respiratory diseases. Nearly 80 percent (28 million) of these deaths occurred in low- and middle-income countries.

Similarly, the same source further indicated that no countries, and increasingly few communities, are unaffected by diabetes. The data published recently in the 6th edition of the IDF Diabetes Atlas (2013: 4) reveal the staggering dimensions of a pandemic that continues to grow at an alarming rate. The Atlas adds to the now overwhelming evidence that without effective prevention and management programs, the human and economic burden of diabetes will continue to increase worldwide. Moreover, the figures for people at high risk of the disease forewarn of an outright socioeconomic catastrophe: 316 million people with impaired glucose tolerance (IGT) worldwide, 70 percent of whom live in low- and middle- income countries. And by 2035, the number of people with IGT is projected to increase to 471 million (Ibid).

The number of people affected by diabetes is growing and the budget allocated for this chronic disease is growing from time to time. To date, the finance allocated for diabetes has now increased to over 500 Billion USD from 378 Billion USD in 2010. It has been used for financial administration, evaluation of supported projects onsite, educational workshops, and promoting activities worldwide (Ibid: 10 and WIC). Therefore, to reduce the expenditure and the number

of patients, more collaborative efforts among/between governments and stakeholders is necessary both at the local and international levels.

On top of that, the WHO Country Office - Ethiopia Report (2011: 37) indicated that; “Sub-Saharan Africa is experiencing the triple burden of communicable diseases, Non-Communicable Diseases (NCD) and mental illnesses. Available data indicate that the prevalence of NCD, namely diabetes, cardio vascular diseases, chronic respiratory diseases, cancers, mental disorders, and violence and injury are on the increase. The risk factors driving from these diseases are unhealthy diet, physical inactivity, tobacco and harmful use of alcohol”.

According to the data from a Five-Year Strategic Framework of the Federal Ministry of Health (FMoH) (2009: 1), “the growing burden of chronic non-communicable Diseases is gaining increasing attention worldwide, including Africa. Chronic diseases, such as Diabetes, heart disease, stroke, cancers and chronic respiratory, are by far the leading cause of mortality in the world, representing more than 63 percent of all deaths”.

In Ethiopia, increased urbanization and changing lifestyle have contributed to the rise in NCDs in general and diabetes in particular (EPHA; 2014). Of the total of people in diabetes across the world, about 20 million are living in African and five million - (two million diabetes and three million pre-diabetes) - are in Ethiopia (Addis Zemen NP; 2013: 13).

Toward the increment, the Global Survey conducted in 2010 highlighted several key limitations in national capacity to address NCDs including diabetes. These are: Weak infrastructure, Inadequate implementation and funding of high quality policies and plans to address, Inadequate population-based surveillance and funding for surveillance, Gaps in health systems, Lower-income countries have weaker capacity, and low-income countries have very weak capacity (p.34).

Despite the significant challenges identified by the survey for national capacity to address NCDs including diabetes, the survey also suggests that there are opportunities on which to build. These are: World governments including in low- and middle-income countries are recognizing that NCDs present a problem sufficient enough to require specific attention by their ministries of health and other entities, most countries have some funding available for NCDs, the widespread presence of existing policies, plans and strategies provides a framework to guide the development and implementation of interventions (p.35).

The issue of NCDs in general and diabetes in particular was not included in the MDG until recent years, In fact, health developments are inextricably linked- one cannot be achieved without the other. As a result, three of the MDGs specifically address health: MDG 4 (reducing child mortality), MDG 5 (improve maternal health), and MDG 6 (combat HIV/AIDS, malaria, and other diseases). However, none of the MDGs make specific mention of the conditions which cause the most death and disability: NCDs. The omission of NCD indicators in the MDGs has been a barrier to securing donor funding for NCDs. Many donors exclusively fund the health priorities contained within the MDGs despite the fact that NCDs cause 14 million annual deaths under the age of 60 in LMICs (Ethiopian Public Health Association (EPHA; 2014: 1)².

After diligent efforts, the inclusion of NCDs in the final outcome document of the 2010 MDG review summit (from 20 to 22 September 2010) at the UN General Assembly positions NCDs

² Ethiopian Public Health Association website: <http://www.etpha.org>: Accessed on 19 March 2014.

as a key issue for inclusion in the post-2015 development framework, and recognizes NCDs as a core development issue requiring urgent action (Ibid).

2.3 The Need for Communication in NDCs in general and diabetes in particular

2.3.1 The Need for Communication Strategy to Prevent and Control Diabetes

Strategic communication is significant to undertake all programs of the government and NGOs specifically in the health sector. Because of this, the first and foremost policy priority and strategy of the Ethiopian government is provision of Information, Education and Communication (I.E.C) of health to be given appropriate prominence to enhance health awareness and to propagate the important concepts and practices of self-responsibility in health (HDSP IV: 2010/11 - 2014/15). On the other policy document developed by the Federal Ministry of Health with regard to prevention and control of NCDs states the need for crosscutting strategies to promote awareness about NCDs in schools and, work places. (FMoH; 2010:7).

To further emphasize the above ideas and also to portray significance of strategic communication, one of the training manual about communication strategy prepared by the Government Communication Affairs Office (GCAO) (2013:1) stated that communication strategy is a mechanism that enables people to discharge their duties and responsibilities in creating national consensus inside as well as building image of the country in the outside world. The manual further affirmed that “communication strategy will play an indispensable role to effective exchange of information between/among the government, people and stakeholders.

For Cook, et al. (n.d.: 3) communication strategy is “the selection of appropriate communication objectives and the identification of the specific brand awareness and brand attitude strategy”. It

can take on many different looks, ranging from a one-on-one interaction to a worldwide campaign”.

According to Duesche (2006:7 & 22), strategic communication is more than disseminating of information but the active solicitation of stakeholders’ perspectives. It ensures a two-way flow of communication addresses human factors such as sociology, psychology, culture, behavior, and politics and helps building consensus and partnerships regarding the development agenda”.

For McKee, et al. (2004:30), strategic communication is an approach to the design and implementation of programs that increase their impact on behavior and social change. For some, communication may call up the image of showy mass media campaign. Indeed, such programs can be effective in capturing the attention of the intended audience and influencing individual behavior and social norms. However, the most effective programs combine the power and reach of mass media with activities that allow face-to-face interaction, such as community based events and interpersonal communication. Besides, Bouhafa (2014:26) defines communication strategy in the following ways: “It articulates, explains and promotes a vision and a set of well-defined goals. It creates a consistent, unified, “voice” that links diverse activities and goals in a way that appeals to stakeholders.”

Towards the inside point, strategic communication can start with a vision that creates optimism - to avoid diabetes in particular and NCDs in general. The following elements of strategic communications will contribute share in the efforts of preventing and controlling diseases including diabetes. Follow a systematic approach is one of the elements that refers to a sequence of steps that guide the planning and implementation of the program in which elements of design and execution are interspersed with data collection and analysis that information decision making (Ibid: 31). Under this strategic element, five steps are pointed out to promote health.

These are: (i) analysis (ii) strategic design (iii) development pre testing and production (iv) management, implementation and monitoring and (v) impact evaluation (Ibid).

Besides, the other elements of strategic communications are: 1. Focus on the objective; 2. Segment the Audience; 3. Incorporate Theory into Program Design; 4. Use of Research throughout the Process, from Design to Evaluation; 5. Strategic Positioning; 6. Adopt the Entertainment - Education Approach; 7. Establish Quality Standard; 8. Use Multiple, Mutually Reinforcing Channels; 9. Design Client – Centered Programs; 10. Ensure Programs and Service – Linked; 11. Incorporate Participation; and 12. Interaction and Consider Cost-Effectiveness.

Elements of strategic communication programs, outlined above, describe the state-of-the-art approach that has worked very effectively in the realm of diabetes planning and another social development programs.

In a non-profit organization such as EDA, it is always important to know what resources you have at your disposal, be it financially or just sheer mass of volunteers. To start, every organization needs to be able to have financial stability and this is extremely difficult to achieve in the case of nonprofits since most of their money comes from sponsors or the government. Even though these are great sources of income, at times they can be very severe upon what the funds can be used to achieve. Money cannot be spent too fruitfully or on an urge. When creating a communication strategy, it is necessary to think about how much the planned media campaign will cost (Cook, et al. n.d.: 9-11).

After all the background research is done one still has to set a group of organizational goals so that the organization can stay on point. These goals must be clear and well explained along with always trying to advance the organization publicly. A few examples would be to further gain support of the community, advance media coverage, and become more visible in the target

community. Finally, the last task in creating a strong communication strategy is to evaluate what has happened lately. Did all of the ideas actually work, or were they just useless? Once these questions are answered then a one can continue on the same path or create something new and improved. Therefore, a communication strategy is not a simple task to create, but something that is going to have to be refined over a rather long time period and will never be perfected, but has that room to improve and change with the world's daily changes (Ibid).

After careful research about communication strategies and their elements, Cook, et al. (n.d.: 9-11) developed a ten step communication strategy to assist non-profit organizations like EDA. These include: Step 1: Analysis of the Big Picture; Step 2: Define the Goals of the Organization; Step 3: Define the Goal of the Individual Programs within the Organization; Step 4: Define the Specific Means of Communication for each Program; Step 5: Define the Target Audience; Step 6: Develop the Key Messages to be portrayed; Step 7: Propose a Timeline; Step 8: Develop Initial Plan. In line with this, a given organization must also consider its time, monetary, and personnel limitations when deciding what type of communication to use.

2.4 Development Communication

According to Bofo (1991:5), the dominant conception of development in the 1960s was predicated on industrial growth and increased gross national product; the old development communication paradigm saw economic growth as the final goal of developing countries. For Bofo, the new and culturally relevant role assigned to communication in the task of development required a redefinition of development communication. In 1973, when opinions were molding in support of equity, social justice, access and participation, a working committee of the International Broadcast Institute meeting in Cologne, West Germany, on Communication in Support of Development defined the key concepts of the paradigm thus:

Development: The improvement of the wellbeing of the individual and the betterment of the quality of his/her life.

Communication: The transfer of information between individuals by human or technical means.

Development Support Communication: The systematic use of communication in planning and implementation of development.

While the definitions appear to capture the central issues of these key concepts, they are not operational enough. But as central part of this thesis, the researcher will focus on sub topic of development communication: Health Communication.

2.4.1 Health Communication

Health communication is a sub subject of development communication. It has a multidisciplinary nature. Therefore, many authors and organizations have been attempting to define or redefine it over time. Because of this, many of the definitions may appear somewhat different from each other. Nevertheless, when they are analyzed, most point to the role that health communication can play in influencing and supporting individuals, communities, health care professionals, policymakers, or special groups to adopt and sustain a behavioral practice or a social or policy change that will ultimately improve health outcomes.

For Schiavo (2007:3), health communication is an evolving and increasingly prominent field in both public health and the non-profit and commercial sectors. Whereas, for Reina (2004:232), health communication is a rich, exciting, and relevant area of study that investigates and explains the many ways that human and mediated communication dramatically influences the outcomes of health-care and health-promotion efforts.

Director of the Centers for Disease Control and Prevention (CDC), William Roper (1993), also formalized the agency's definition of health communication as "the crafting and delivery of messages and strategies, based on consumer research, to promote the health of individuals and communities." The definition characterized the public as consumers whom agency staff needed to understand in order to serve. It also clarified the role of health communication at the CDC as not only providing information, but also working with the public as partners in prevention (Claudia F. Parvanta, et al.; 2011:8).

In understanding of health communication theory and practice requires reflection on the literal meaning of the word communication. In referring Encarta Dictionary, Schiavo (2007:4) defines the term communication in the following way: "1. Exchange of information, between individuals, for example, by means of speaking, writing, or using a common system of signs and behaviors; 2. Message - a spoken or written message; 3. Act of communicating; 4. Rapport - a sense of mutual understanding and sympathy; and 5. Access - a means of access or communication, for example, a connecting door".

One of the key objectives of health communication is to influence individuals and communities. The goal is admirable since health communication aims to improve health outcomes by sharing health-related information. In fact, CDC defines health communication as "the study and use of communication strategies to inform and influence individual and community decisions that enhance health" (Ibid: 6).

Health communication interventions have been successfully used for many years by non-profit organizations, the commercial sector, and others to advance public, corporate, or product-related goals in relation to health. As many authors have noted, health communication draws from numerous disciplines, including health education, mass and speech communication, marketing,

social marketing, psychology, anthropology, and sociology (Bernhardt, 2004; Institute of Medicine, 2003; World Health Organization, 2003). It relies on different communication activities or action areas, including interpersonal communications, public relations, public advocacy, community mobilization, and professional communications (World Health Organization, 2003; Bernhardt, 2004).

2.4.1.1 Health Strategic Communication

Different authors and models may describe the phases of communication planning or the general health communication cycle and strategy in divergent ways. However, the general premises and steps of the health communication cycle and strategy tend to stay the same. For Schiavo (2007:220 - 221), these include, among others are: to Understand how health communication can contribute to the resolution of a health problem or advance the mission of a health organization; Search the health communication environment and the key characteristics and needs of intended audiences and determine the best approach and channels to reach intended audiences, and involve them in the communication and behavioral and social change process.

The phases of health communication strategic planning has direct connection with two stages of the health communication cycle: program implementation and monitoring, and evaluation, feedback, and refinement. In fact, effective strategic planning influences the success of the implementation experience, as well as the overall evaluation process and potential outcomes.

2.4.1.2 Principles of Strategic Health Communication

According to Parvanta, et al. (2011: 181), the following principles of strategic health communication are based on a compilation by the Centre for Communication Services at Johns

Hopkins University, which has been in the strategic health communication business for decades.

It can be defined by its characteristic. It is:

1. **Results-oriented.** While earlier health education campaigns focused on increasing knowledge, the efforts today is to strive for behavior change as well as the health outcomes associated with improved health behavior.
2. **Science-based.** To construct a framework for an intervention based on analysis of a problem and the best evidence for its solution, as well as theories about how to bring about change.
3. **Functions on more than one ecological level.** As mentioned earlier, it is pointless to try to change individual behavior when the larger social network or environment will not tolerate or support the change. Multiple approaches, tried together or phased, are more strategic.
4. **Participatory.** It has learned from successful community programs as well as commercial ventures that “stockholders are stakeholders.” Or, the greater the numbers of people who have a vested interest in an outcome, the greater the likelihood of its adoption.
5. **User-centered.** Learning from commercial marketing, which recognizes that ‘the customer is always right,’ at least about what they want.
6. **Benefit-oriented.** As you have moved away from a strictly educational model, you have also learned to focus on the features of a behavior, product, or service that are most important to the intended user - in contrast to your earlier preoccupation with attributes.
7. **Distributed.** Your efforts today look for multiple means by which an intended user can obtain information or products to help them change their behavior. This might involve tiers of providers (and training systems). The emphasis is on self-efficacy or community empowerment.

8. *Multi-channelled, multimedia.* The most strategic communication is matched to where the intended user will most effectively receive it, where the user will be able to act on it, and where it appears in a format that someone can easily use.

The above eight points are a good summary of what makes a health communication plan strategic.

2.4.2 Components of Health Communication

Audience, message, source and channel are components of health communication that are basic elements of a health communication activity. Audience refers to the public targeted in the campaign. A health communication program requires greater understanding of the public to be addressed. Message wise, it should be put into a form that is positive and easily understandable by the audience. Source, as a component of health communication, stands for communicators employed to deliver the message. As much as possible the source for a specific health message should satisfy credibility by the intended public. The other component, the channel, is described as means of transmitting a message. Usually, employing multi-channels is suggested to insure wider accessibility (CDC; Undated: 2 as cited in Felesta; 2006: 23).

2.4.3 Methods of Communication

Becker as cited by CDC (Undated: 2) emphasizes the role of communication methods in promoting the health status of a nation by saying the following: "Communication methods are used to create and increase public awareness of a disease; educate the public about a disease, its causes, and treatment; change a person's or group's attitudes about a disease; change individual behavior to prevent and control; advocate for policy changes in favor of disease prevention and control; and create social norms that favor healthful living".

The following sub topics are part of communication methods that are common in health communication activity.

2.4.3.1 Interpersonal Communication

For Reina (2002:785), Interpersonal communication is a primary channel for information exchange for both consumers and health-care providers. For example, to diagnose health-care problems, doctors and other health-care providers depend on communication to gather relevant information from their clients about the specific symptoms these clients are experiencing. Without accurate diagnostic information, it is a hit or miss proposition to develop viable treatment strategies.

Schiavo (2007: 91) in quoting World Health Organization (2003), defines interpersonal communications as an important action area of health communication programs aimed at behavioral or social change. It includes provider-patient communications, as well as counseling and personal selling (the one-on-one engagement of intended audiences in their own homes, offices, or places of work and leisure), which are two activities that find applicability in many different phases and aspects of the communication process. Interpersonal behavior is influenced by several cultural factors. Although each individual has his or her own style of interacting with others, social conventions as well as traditions and values in a given group or community play an important role in how behavior and communication take place and are interpreted and perceived.

2.4.3.2 IEC Materials

IEC materials include flip charts, playing cards, storybooks and stickers among others. It is designed to and produced as part multi – media campaign to promote positive behaviour. It

helps to reach those who have no access for radio, video film and to strengthen messages transmitted through both media. It also helps to get across messages that were not covered in other media for several reasons (BBC world service trust 2003:7) as cited in Feleseta, (2006). From this we can learn that IEC materials are useful communication tools.

For several decades IEC has been associated with population and family planning programs around the world. UNFPA was among the first to use the term IEC in 1969 in labeling its communication activities. Specifically, IEC has referred Communication for Development Approaches most frequently to the use of information, education and communication to promote adoption of contraceptives or other practices to limit births. But know, the communication component is to influence attitudes, disseminate knowledge and to bring about a desired and voluntary change in behavior. IEC has become a close tie with advocacy in developing health communication strategies and in other development communication contexts (Servaes; 2008:205-207).

Parallel to this, the first and foremost policy priority and strategy of the Ethiopian government is also provision of Information, Education and Communication (I.E.C) of health to be given appropriate prominence to enhance health awareness and to propagate the important concepts and practices of self-responsibility in health (HDSP IV: 2010/11 - 2014/15).

2.4.3.3 Non-Formal Education

As it was mentioned above, given the epidemiologic transitions of the 21st century, and the growing burden of chronic disease in LMIC, the 'practical lessons learned from the implementation and scale-up of HIV/AIDS programs have the potential to "jump start" high-quality longitudinal care for increasingly prevalent chronic conditions, such as diabetes and cardiovascular diseases. Moreover, as given every month by the Ethiopian Diabetes Association

education on diabetes and related infectious to its members, if the experience expands through out the nation, at least, it will contribute some share in the efforts of raising awareness being undertaken by the responsible bodies³.

2.4.3.4 Mass Media

Mass media play significant roles to transform the society. According to Hansen and Paul (2004:18), there are important differences among types of message delivery formats. A broadcast news report handles information differently that does a report that runs on the front page of a newspaper information for that report is handled differently still when it is prepared to appear on a computer screen or on a hand-held, text-based device such as personal digital assistant.

To further complicate matters, many of these media formats are converging. The traditional distinctions between media delivery channels are disappearing. Communication carriers are evolving in response. Communicators must know how to tell stories using words, pictures, sound, moving images, and vast stores of background information - in many cases for the same organization that is delivering messages to audiences in multiple forms. This brief overview of message format serves as a starting point for below discussion of the information strategies use to create messages for each forma (Ibid).

Print

Print media include words, pictures and graphic images on paper. Researchers know that reading requires a conscious effort on the part of the reader. The audience involvement level for print media is high. In addition, print creates a concrete and permanent record of a message. The

³ Responsible bodies. Ethiopian government, EDA, and stakeholders working in the area, for example, WHO.

message can be re-read, saved, and referred to later. Print media (which includes newspapers, magazines, newsletters, posters and brochures, among others), allow for the presentation of lengthy information, the analysis and developments of a linear argument, and the creation of messages that have reference value (Hansen and Paul; 2004:18-19).

Broadcast

Broadcast media include over-the-air and cable television and radio. Broadcast information is fleeting - in one ear or eye and out the other. Unless the broadcast organization also supports a Web site, you can't go back and re-hear a radio report the way you can re-read a newspaper or magazine report. A very large number of citizens claim that they get most of their news and information about the world from broadcast media, so communicators must learn how to best use these formats to inform and entertain (Hansen and Paul; 2004:20).

New Media

Apart from the traditional media, the new media are said to provide for two-way interaction and a renovation of the specificity of both communicators. As a matter of fact, new media environments such as cyberspace are said to have their own time-worlds which operate at far greater cycles than other forms of time. Since the dynamic feature of the technology is in place, people need to perform updated in line with the quick involvement of the new media. New media makes it possible for anyone to create, modify, and share content and share it with others, using relatively simple tools that are often free or inexpensive (Holmes; 2005). In this regard, a diabetic man lives in China wrote that "in real life it is difficult to know other young people living with diabetes, but from the Internet, I have made a lot of young friends with diabetes all around China" (Diabetes Voices; 2013:57).

2.4.3.5 Traditional Media

Unlike the traditional media they are known in the history of mass media, the concept of traditional media in this sub topic is to encompass street theatres, travelling movie shows, narration, diction and dances, among others, as tools for conveying developmental messages to the public.

As Feleseta (2006) said in referring (USAID; 2002), this method would be much of successful mechanism of communication to bring behaviour change. The major points to be mentioned as strengths of this media are employing local jargon and slang, presenting messages and situations in familiar context, ability to be self-sustaining at low or no cost as well as the potential to involve the community with their local talent.

2.4.4 Concepts of Effective Communication

According to a Health Communication Strategy Handbook (n.d.:11-15), effective communication uses a variety of means. It often integrates with interpersonal communication (IPC), community-based channels, and various media to create a dynamic, two-way exchange of information and ideas. Additionally, research has shown that often the effectiveness of messages being understood and acted upon increases with the number and type of channels used to disseminate them. This is sometimes called the “dose” effect. Like a good carpenter who knows when to use a hammer or a chisel, an effective communicator does not argue whether mass media is better than IPC. Each tool has a role, and the communicator uses the tool or combination of tools that is most appropriate for the situation.

Effective communication is also defined as a two-way, turn taking activity, and requiring participation of both parties. It is used to share ideas and knowledge, establish identity, give instructions, ask questions and express feelings (ICEH (2004) in Feleseta (2006:15).

Effective communication between all actors in any developmental⁴ knowledge and information systems is a pre-condition for demand orientation of services. It is not just the exchange of information, but the creation of a learning environment. Skills in communication have technical, structural and methodological aspects, as well as a “soft” facet concerning the attitudes, culture and behaviour of the actors. Behavioural change in particular is neither easy, nor fast (Riccardo D. C. and Paul M.B.; 2006:25).

2.4.5 Behavior Change Communication (BCC)

As it is affirmed earlier, for McKee, et al. (2004:30), strategic communication is an approach to the design and implementation of programs that increase their impact on behavior and social change. For some, communication may call up the image of showy mass media campaign. Indeed, such programs can be effective in capturing the attention of the intended audience and influencing individual behavior and social norms. However, the most effective programs combine the power and reach of mass media with activities that allow face-to-face interaction, such as community based events and interpersonal communication.

2.4.5. 1 The Process of BCC

Different scholars specify the process of BCC as unaware, aware, knowledgeable and ready to change, etc. As far as communication concerned, the following are steps/processes in developing behavioral change through communication strategy. These are: state program goals; involve stakeholders; identify target populations; conduct formative behavior change communication (BCC) assessment; segment target population; design behaviors change

⁴ Example: Agricultural development

objectives; design BCC strategy M & E plan⁵; develop communication products; pre-test; implement and monitor; evaluation; and analyze feedback and revision (McKee, et al.; 2004: 32-33).

2.4.5.2 BCC and Diabetes

As long as behavioural change concerned, following the change of life existing in urban areas of the world particularly in developing nations like Ethiopia, proper use of diet, physical exercise, and alert on relevant information is very important to prevent and control the chronic epidemic: diabetes. In the same manner, diabetes programs, as they usually are intended to result in behaviour change, require prior understanding of the culture and tradition of the focusing group/society.

2.5. Communication in Diabetes Programs

Some of the global health organizations such as International Diabetes Federation are working aggressively to promote diabetes care, prevention and a cure worldwide. As ahead of communication program, it seeks to influence health policy, increase public awareness and engage in advocacy work from the community to the global level, as well as to improve health outcomes for all people with diabetes. It also promotes the exchange of high-quality information about diabetes, and provides education for people with diabetes and their healthcare providers (World Guides to IDF BRIDGES; 2013:8).

It is evident that health communicators need to give much attention to the communication aspect of their campaign if they are to succeed. Cook (2003:6) while pointing out important things to be considered to eliminate diabetes suggests that diabetes elimination initiative must be organized around national program, applied research and communications and advocacy.

⁵ M & E plan: Monitoring and Evaluation Plan.

2.5.1 Matching to Target Audience Needs

Audience segmentation is all about categorizing all potential parties according to their contextual health behavior. Every member of a community may not have same level and quite identical behavior. This fact leads to focus on individuals/groups that influence community opinions about health problems and who directs policy decisions about health care matters. It also helps communicators customize suitable communication model to fit the needs and situations the particular audience pursues. Segment the audience is the choice of the channels relies on the principles of audience segmentation. Audience segmentation drives both from *epidemiology*: identifying patterns of chronic diseases like diabetes and *marketing*: targeting those with relevant behaviors, interests and needs (Cook, et al, n.d.:6).

2.5.2 Locally based Communications

It is usually advisable to use local people to communicate diabetes information than aliens. Because by using similar language and appropriate approach, local people can easily win the acceptance of their community than strangers. But still they should be well-trained, motivated and armed with all the necessary promotion materials otherwise they lose their fruitfulness.

2.5.3 Evaluation of Promotion Efforts

As it is mentioned above repeatedly, monitoring and evaluating are important aspects of a health promotion campaign. Any process of information may be followed by an evaluation of the information, the source of information, and ultimately the desirability of any actions of attitudes, the development of intentions for future action, and eventually, an action. Monitoring also involves recording of progress and evaluating refers to judging the program in accordance to its objectives. These two activities can help to augment the involvement of policy makers, to

show fundraisers that the money is spend properly and also to empower communities by indicating the good things achieved (Jorge Reina; 2002:39 and Emerson et al., 2006:38).

2.6 Barriers to Effective Diabetes Communication

There are a number of barriers not to effectively communicate NCDs in general and diabetes in particular. One of the most significant barriers to progress is discrimination. The effect of discrimination felt by people living with diabetes and acknowledged by caregivers and families is real. Discrimination influences quality of life and clinical outcomes. According to the Diabetes Voice Magazine (2013:4), a global initiative to assess and promote person-centred diabetes care, reasonably validates the disastrous effects of a high burden condition in communities where awareness and support are low, discrimination is high and care is suboptimal. As a result, the people with diabetes in these communities live in a world dominated by silent fear and denial until blindness or other major complications strike. Therefore, it is important to break down barriers of ignorance through effective communication.

In addition, to find out challenges of diabetes control by health workers or individuals in specific locations is important to know, the communication medium that best suits them, and to what extent materials can be developed or adapted locally.

2.7 Common Theories and Models of Health Communication

There are different types of health communication theories and models. These are: Firstly, the 'diffusion/ mechanistic' versus the 'participatory/organic' communication model. Secondly, also at the policy and planning level one can distinguish between different approaches, which build on the 'diffusion model' versus the 'participatory model'. Thirdly, it will identify the communication strategies and policies of a number of national and international governmental and non-governmental agencies on the basis of the above made distinction (Servaes; 2008: 201). Besides, due to importance of the subject matter, social marketing theory will be also discussed.

2.7.1 Diffusion of Innovations⁶

Diffusion of innovations is one of the known modernization theories that emphasize changes at the community level. Diffusion is a process by which a new practice or behavior gets communicated through certain channels over time among individuals and groups. In the 1940s, sociologists in the mid-west state of Iowa developed a theory to explain why farmers were reluctant to take up new hybrid corn varieties. By the 1960s, a two-step flow model emerged, recognizing the importance of as go social networks and opinion leaders -betweens for the media. A more influential model grew out of diffusion studies in the United States. Diffusion theory suggests that people pass through a series of stages as they take up - or reject - a new idea or practice (Servaes; 2008:201).

Rogers (1995:7) suggests that people become aware, then concerned, acquire knowledge, are motivated, intend to act, try out the new behavior, evaluate and then decide to keep up the new behavior or not. Communicators use diffusion as a planning tool in deciding which approaches and media to use - and at what stage - to encourage people to take up a new practice. In recent years, communicators have included more participatory techniques, in response to criticism that diffusion is a top - down, hierarchical approach to behavioral development.

Some of the main characteristics of the Diffusion Model are: Derived from a worldview of dominance over one's environment; the Western conception of communication is overwhelmingly oriented towards persuasion. Akin to the modernization paradigm in both theory and ideology, the communication approach is uni-directional, from the informed 'source' to the uninformed 'receiver'. Congruent with the modernization philosophy, the diffusion and development support communication approaches tend to assign responsibility for the problem

⁶ Diffusion Mode: a worldview of dominance over one's environment.

of underdevelopment to peoples residing in those societies. Mass media also play the pre-eminent role in the campaign of development through communication, and early predictions were of great effects. Bi-directional models and strategies such as feedback were added to render the initial message more effective. Critics argue this model emphasizes on persuasion (Servaes; 2008: 201-202).

2.7.2 Participatory Model

By the mid-1970s, communication practice began to reflect wider shifts in global development. Top-down began to give way to the practice and rhetoric of participatory approaches (Servaes; 2008). Galway (n.d.) as cited in (Servaes; 2008:202) wrote the need for 'reversals' in development so that local people, especially the poor, could be active participants in their own development. Values that promoted a focus on income-poverty and economic development broadened to include social development and good government, eliminating poverty, and decentralization and democracy.

Some of the main characteristics of the Participatory Model are: Sees people as the controlling actors or participants for development: as the nucleus of development. People will have self-appreciation instead of self-depreciation. Development is meant to liberate and emancipate people. Local culture is respected. It also emphasizes on the local community rather than the nation-state, on monistic universalism rather than nationalism, on spiritualism rather than secular humanism, on dialogue rather than monologue, and on emancipation rather than alienation (Ibid).

The participatory model advocates equal participation of individuals and/or each and every part of the society in development projects. In addition, communication agents are nothing other than facilitators.

On top of that, Entertainment Education (EE) or the edutainment approach is a hybrid of participatory communication strategies and the diffusion model of communication. It combines the attraction of entertainment with educational messages to help educate, inform and encourage behavior change to achieve development and social progress. This approach can employ traditional or indigenous media such as puppet shows, music and dance to promote issues in health care, literacy programs, environmental protection and introducing agricultural practices. These forms of communication can be integrated with electronic media such as radio, television, video and audio cassettes. The important point is that the programs are produced locally to appeal to the local audience (Ibid: 205-207).

Another offshoot of this approach is applying the social marketing strategies to help embed the development issues in melodramatic soap operas for radio and television, which use real or fictional 'social models' to promote changes in lifestyles. These programs are adapted to local cultural contexts and integrate entertainment with awareness-raising and education. It is often used in the raising of awareness in complex issues such as diabetes. It brings particular health issues such as use of insulin practices in a private manner to the people's home via the TV screen (Ibid).

2.7.3 Social Marketing Theory

Another known theory in the realm of development communication is the social marketing theory. Waisbord, by quoting Kotler and Zaltman gives the following as a standard definition for social marketing theory: "It is the design, implementation, and control of programs calculated to influence the acceptability of social ideas and involving consideration of product planning, pricing, communication, distribution, and market research" (2006, p.7). Social

marketing differs from commercial marketing in that, the former is engaged on selling ideas, attitudes and behaviours where as the latter sells products (Emerson et al. 2006, p.32).

For Servaes (2008:205-207), “Social marketing is the application of commercial marketing techniques to solve social problems. It is also a multi-disciplinary approach because it concerns education, community development, psychology and communication.” It is ‘a process that assumes that what made McDonald’s and Coca-Cola a world class success can also have a Communication for Development Approaches dramatic impact on the problems of high blood pressure, diabetes, AIDS, child mortality in developing nations, and other circumstances related to patterns of behavior’. The process involves the planning, implementation and monitoring of programs to persuade the acceptance of social ideas. The basic elements of the process lie on *product, price, place, and promotion*. The ‘*product*’ concept may be an object, idea or behavioral change in a favorable way. The ‘*price*’ concept is comparable to that of the commercial sector but it is conceived in social cost terms, such as missed opportunities, deviation from the established cultural norm, and so forth. ‘*Place*’ refers to the channels through which the ideas or the product will be transmitted. ‘*Promotion*’ refers to the use of mediated or interpersonal communication to make the product known among the audience or target groups. Social marketers commit themselves to people’s health and well-being; are not profit-oriented and are seeking a larger market share than the commercial marketers (Ibid).

2.8 Communicating Diabetes through Models and Theories

Health Communication approach is the best representative of the World Health Organization. In the past WHO tended to employ development communication strategies based on the social marketing approach and diffusion theory. The current health communication projects are more centered on bottom-up, grass-roots, and participatory models of communication in a mixed media approach. In this regard, governments and organizations working on prevention of NCDs

in general and diabetes in particular are recommended to follow the mixed approaches, both of the diffusion and participatory models enable to attain their plans and strategies successfully. For diabetes, still there is no a single theory or model applied for it. But, other health communication models like HIV/AIDS will be a good approach for diabetes communication.

2.9 Diabetes Preventing and Controlling Activities in Ethiopia: A Brief Overview

The 2012 IDF Diabetes Atlas on its summary table reported that the number of people with diabetes is increasing in every countries of the world. According to it, 4 out of 5 people with diabetes live in low- and middle-income countries. Over the next 20 years, the number of people with diabetes in the African region will almost double with the highest mortality rate due to diabetes. About the estimation of diabetes cases in Ethiopia, prevalence of diabetes rate is 3.32 percent and expenditure of a person with diabetes is close to 25 USD (p.2). In addition to this, a number of diabetes related deaths and a number of people with undiagnosed diabetes are shown significant increment from the normal rate (from 1,000s).⁷

Accordingly, taking into consider this increment; the Ethiopian Diabetes Association (EDA)⁸ on its website stated that:

The increase in the number of patients has led to the opening of specialized diabetes clinics at Black Lion Specialized and Yekatit 12 hospitals. Several hospitals in the regions have also started diabetes care as a general outpatient service. The Gondar College of Medical Sciences has an outreach program to rural areas to provide diabetes care and its experiences in this regard can be taken as a national model. The Ethiopian Diabetes Association has also tried to share its part in diabetes prevention, care and treatment. In few private health institutions are also begun to rendering service in diabetes care.

⁷ For more information; a two-page of 2012 IDF Diabetes Atlas has been attached at the appendix part this thesis.

⁸ EDA's Website: www.diabetesethiopia.org.et

Ahead of the Growth and Transformation Plan, the Government of Ethiopia has been implementing a Five-Year Health Strategic Plan to achieve the Millennium Development Goals by 2015. Apart from communicable diseases such as HIV/AIDS and TB, when we see the nine-month report of the Federal Ministry of Health, it is difficult to get the report with regard to NCDs except the establishment of the case team. The Ethiopian Year Book (2010/2011: 205-208) also reported concerning only to the prevention and control of HIV/AIDS, improving maternal and child mortality, and about control of communicable diseases as well as expansion of health institutions across the nation. Indeed, it doesn't say anything about NCDs.

On the other hand, ENA⁹ (November 2013) reported that diabetes is one of the chronic epidemics in the 21st Century across the world including ours. In the number of diabetes, Ethiopia has been listed third place next to Nigeria and South Africa among Sub-Saharan African countries. In line with this, WIC¹⁰ on its part reported that the finance allocated for diabetes will be increased by 490 Billion USD in 2030 from 378 Billion USD in 2010. This shows how the number of people in diabetes is terrifyingly increasing from time to time in the world.

Activities are also being carried out to build a 7-storey building to prevent and control diabetes. EDA and TGIDVVCA¹¹ has been taken the initiation and they are working together in collaboration with other stakeholders to construct the Diabetes Centre's for medical, research, awareness raising and recreation that will be based in Bole area at a 1,836sqm. The Centre will

⁹ ENA – Ethiopian News Agency

¹⁰ WIC - Walta Information Centre: www.waltainfo.com: Accessed on 2013.

¹¹ EDA and TGIDVVCA – Ethiopian Diabetes Association and Tilahun Gessesse Initiative for Victims and Vulnerable Children Association

be built in the name of Tilahun Gessesse who was Ethiopia's most famous singer and lately suffered and died in the cause of diabetes (Addis Fortune; 2012:1).

As any individual understands that Ethiopia experiences a heavy burden of diseases with a growing prevalence of communicable diseases (CDs) and NCDs. Shortage and high turnover of human resource and inadequacy of essential drugs and supplies as well as insufficient information about the epidemics have also contributed to the burden. Many Ethiopians face high morbidity and mortality largely attributed to potentially preventable infectious diseases and nutritional deficiencies. In response to such prevailing and newly emerging health problems such as diabetes in the country, the Ethiopian Government, Ethiopian Diabetes Association and other stakeholders are contributing some share; however, much remaining has to be maintained.

WHO's Annual Report (2011:37-38), Country Office - Ethiopia stated that, in 2006, member states in the WHO African Region, adopted the African Strategic Framework for the Prevention and Control of NCDs. In the same way, Ethiopia developed its five year National Strategic Frame Work on the Prevention and Control of NCDs and their Risk Factors.

In this regard, The Ethiopian Government developed a 20-year rolling Health Sector Development Program (HSDP) in 1997/98, which proposes long-term goals for the health sector, and the means to attain them through a series of phases. The first, second and third phase of HSDP was completed at the end of 2010. In light with, HSDP IV (2010/11 – 2014/15), one of the Federal Ministry of Health program, was strategically designed to prevent and control CDs and NCDs in the country. Even though, the issue of NCDs had a priority the same as CDs in a wide spectrum, against this fact, the issue of NCDs in general and diabetes in particular didn't have enough attention during the implementation period.

Similarly, WHO Country Cooperation Strategy (2008-2011:7-8) - Ethiopia on its part reported that “although national data is not available, small-scale studies show that chronic non-communicable diseases are emerging as public health problems. The prevalence of non-communicable diseases including diabetes mellitus, hypertension and cardiovascular diseases is increasing due to changes in lifestyles”.

Compare to the government activities, the Ethiopian Diabetes Association (EDA), into consider its ownership, has been playing a significant role to raise awareness across the nation. It is believed that “though diabetes is a chronic disease and its treatment is costly to the average Ethiopian, it can be controlled with the concerted effort of all that work to make change in the health sector” (Ahmed and Misrak; April 2013). Likewise, other stakeholders’ activities are being made in the country to do for the same purpose. They said, “Given the epidemiologic transitions of the 21st century, and the growing burden of chronic disease in the low and middle income countries (LMIC), the practical lessons learned from the implementation and scale-up of HIV/AIDS programs have the potential to "jump start" high-quality longitudinal care for increasingly prevalent chronic conditions, such as diabetes and cardiovascular disease” (ICAP, et al.; 2011:7).

On top of that, counted number of research works was conducted in the country akin to diabetes and related epidemics. For instance, *Ethiop. J. Health Dev.*(2000:1) as cited in Abera Ejigu (n.d.), between September 1996 and July 1997, a study was conducted to demonstrate the Pattern of Chronic Complications of diabetes mellitus on patients who had follow up in Menelik II Hospital. During the time, a total of 283 diabetic patients were studied for evidence of chronic complications of diabetes mellitus. Of the total, 106 (37.45 percent) were found to have chronic complications. Over 75 percent of patients with chronic complication had poor control of

fasting blood sugar. This indicates how shortage of knowledge about diabetes made patients to be vulnerable in chronic complications.

In addition, the research team from Jimma University had conducted a cross sectional study of chronic disease and risk factors for chronic disease in 4,469 adults from the population around Gilgel Gibe Field Research Centre in southwest Ethiopia using the World Health Organization's STEPS protocol. The team found an overall prevalence of chronic disease of 8.9% (diabetes 0.5%, cardiac disease 3%, hypertension 2.6%, asthma 1.5%, epilepsy 0.5%, depression 1.7%), and 80% of the subjects studied had at least one risk factor for chronic disease. The data on prevalence of chronic diseases were dependent on subjects reporting that they had been given a diagnosis by a health professional. When a sample was screened for hypertension and diabetes, the prevalence of hypertension was found to be 3.5 times higher than that reported by the subjects and the prevalence of diabetes six times higher, indicating a large hidden burden of disease. The prevalence of diabetes and hypertension, both self-reported and measured, was unsurprisingly higher in urban communities. The high prevalence of risk factors (exercise, diet, alcohol) in this group underlines the urgent need for policies for the prevention of these conditions.¹²

2.10 Conclusion

Under this chapter, theoretical framework of health communication strategy especially on non communicable diseases including diabetes communication strategy has been outlined. On the outline, efforts of international organizations working on health and health related matters; governments health policies and strategies with their efforts and challenges during the

¹² Jimma university website: www.ju.edu.et

implementation; and local organizations like the Ethiopian Diabetes Association activities in the work of preventing and controlling of the chronic diseases were briefly discussed.

Even though, activities to prevent and control diabetes at the global was started eight decades ago, still, it is remaining as a chronic non communicable disease. Even world governments have developed strategies to tackle diabetes in particular and NCDs in general, the implementation is very poor. Studies show the epidemic is attacking the premature generation age from zero to 60. This can be happened because of lack of knowledge about the disease and the way how to control it easily. Therefore, more attention to prevent and control diabetes and related diseases is needed as mentioned above in establishing sound communication strategy and to fully engaged in advocacy, education and other awareness raising activities from top to bottom lines of governmental and NGOs bureaucracies.

The next chapter will attempt to study the research methodology of health communication employed by the Ethiopian Diabetes Association in the essence of discussed above.

Chapter Three

3. Research Methodology

3.1. Introduction

In this study, both qualitative and quantitative research methods were employed. The main purpose of this study is to study the health communication strategies employed by the Ethiopian Diabetes Association (EDA) through conducting an in-depth interview, questionnaire, participatory observation and document analysis. EDA was chosen deliberately as a case study for this thesis. With over 15,000 members and 40 regional branch offices across the country, EDA is the only legal institution working on diabetes preventing activities in Ethiopia over the past three decades.

3.2. Study Design

The study used qualitative and quantitative research methods. According to Song and Kidd (2010:258), qualitative method that systematically examines a phenomenon using an inductive approach and exploration of meaning of phenomenon; purpose is to understand and describe human experience, explore meanings and patterns. Similarly, Deacon, et al (1999) as cited in Hiwote (2007:37), observed that quantitative techniques are those that are statistically based while qualitative techniques are not, and they include observation, documentary analysis and in-depth interview.

Among the two designs, this study preferred to depend more on the qualitative one because the study was more of explanatory. According to Holland and Campbell (2005) as cited in Engdawork (2013:49), "While quantitative research prioritizes deceptive, analytical breadth of coverage, qualitative research is noted, above all for its explanatory power and for the richness

and depth of information it generates. Rather than standardizing to describe the norm, qualitative research seeks to explain differences”.

3.3. Justification for Employing Qualitative and Quantitative Methods

Both qualitative and quantitative research methods will play important roles in product development. Any research method falls into either of the two categories (quantitative or qualitative) or both in order to meet the triangulation approach. Both methods have their own merits and demerits especially in social science studies. They have also differences while gathering data. For further understanding of qualitative and quantitative approaches, they are briefly discussed below to justify the selections of the two approaches.

For R. Murray (2003:1-2), qualitative methods involve a researcher describing kinds of characteristics of people and events without comparing events in terms of measurements and amounts. Quantitative methods, on the other hand, focus attention on measurements and amounts (more and less, larger and smaller, often and seldom, similar and different) of the characteristics displayed by the people and events that the researcher studies. Qualitative research is as multi-method in focus, involving an interpretive, naturalistic approach to its object matter. This means that qualitative researchers study things in the natural settings, attempting to make sense of, or interpret phenomena in terms of meanings people bring to them. Qualitative research involves the studied use and collection of a variety of empirical materials- case study, personal experience, introspective, life story, interview, observational, historical, interactional, and visual texts – that describe routine and problematic moments and meanings in people’s lives.

Moreover, qualitative researchers seek to make sense of personal stories and the ways in which they interact. Quantitative research uses numbers and statistical methods. It tends to be based on

numerical measurements of specific aspects of phenomena; it abstracts from particular instances to seek general description or to test casual hypothesis; it seeks measurements and analyses that are easily replicable by other researchers. Qualitative researchers seek explanations and predictions that will generalize to other persons and places. Careful sampling strategies and experimental designs are aspects of quantitative methods aimed at produce generalizable results. In quantitative research, the researcher's role is to observe and measure, and care is taken to keep the researchers from "contaminating" the data through personal involvement with the research subjects. Researchers "objectivity" is of utmost concern (Ibid).

Since this study focuses on assessing the behavioral change that the health communication strategy brought to the study groups, it will be very suitable to employ the qualitative research method for it. According to Bryman, A. (2004:266), qualitative research method as a method that "usually emphasizes words rather than quantification in the collection and analysis of data" and is inductivist as a research strategy. As the researcher had mentioned earlier, the nature of this study justifies utmost the need to use qualitative research approach than quantitative.

Compared to quantitative research a qualitative study generally focuses on a much smaller sample, do not isolate variables, and results are almost by definition impossible to reproduce. So, why bother? At its base, qualitative methods are epistemologically very similar to quantitative studies and can often bring important insights not found in quantitative studies. The point here is not that one is better than the other, but both are significant. Howard Becker (2011) makes the argument that the epistemological aims of qualitative research are not fundamentally different from quantitative work—it is just that the benchmarks, questions, and methods tend to be different. Becker labels these principles breadth, precision, and accuracy. Instead of isolating variables, qualitative work generally tries to look at a broad range of interconnected processes or causes. Rather than test a hypothesis, qualitative research tends to engage in a much more

dialectic process between the questions asked and data observed. New questions and information gathered in the process of research shape the questions as the research is being done. And in place of reproducible results, qualitative researchers generally aim at accuracy—getting at the everyday realities of some social phenomenon and studying important questions as they are really practiced. Qualitative researchers are also often acutely aware of how their own preconceptions and presence may affect a situation. This attention can lead to better research that helps clarify our vision.

In short, qualitative research helps us see how general forces play out in specific circumstances and to ask questions that can't be easily put into numbers. Qualitative research focuses attention on the contingent nature of social reality. Institutions, technologies, and broad social forces matter, but their effects are always specific to a particular context. The case-study nature of qualitative research allows a focus on how things went down, how general forces and individual wills played out in a specific situation. This impulse is incredibly relevant for development work (Ibid).

Therefore, the study used data collected from primary and secondary sources through studying the materials produced to address the people living with diabetes in particular and the society in general about diabetes and related epidemics, and by conducting in-depth interviews, participatory observation and document analysis to see the practices of people in diabetes how to gather information in the course of the implementation of the Ethiopian Diabetes Association.

In contrast to the qualitative perspectives, quantitative research methods describe the current status of people and events in terms of amounts and frequencies. With respect to using the given method, quantification of simple statistics such as frequency distributions that can show the magnitude of change in behavior was used. It is believed that this choice of design has

maximized the credibility of the findings of this research through exploiting both the approaches.

Quantitative studies' great strength is providing data that is descriptive—for example, allowing us to capture a snapshot of a user population—but we encounter difficulties when it comes to their interpretation as a qualitative approach (D.Madrigal and B.McClain, 2012).

For R. Murray (2003), there are a number of justifications to employ quantitative research. These include: It is more reliable and objective; It can use statistics to generalize a finding; It often reduces and restructures a complex problem to a limited number of variables; It looks at relationships between variables and can establish cause and effect in highly controlled circumstances; It tests theories or hypotheses; Its assumption sample is representative of the population; Subjectivity of researcher in methodology is recognized less; and Less detailed than qualitative data and may miss a desired response from the participant

Into consider the above justifications; survey study through questionnaire was conducted to gather quantifiable data from members of the Ethiopian Diabetes Association and people living with diabetes. This method, as R. Murray, (2003:56) describes, provides results in the form of numerical amounts and frequencies that enables the researcher to draw precise distinctions between members of a group and between groups as units.

3.4. Data Collection Techniques

As a researcher, I used to a variety of data-collection methods: interviews, questionnaire, participatory observations and document analysis. This allowed me to reconstruct events through the eyes of key participants. Interviews were conducted with the experts and members of the Ethiopian Diabetes Association (EDA), health experts who are working at the Federal Ministry of Health and health professionals who are rendering services to the society in

different health institutions. Informal contact was also maintained with other members of EDA and staffs.

In this research, attempts are made to vary the techniques of data collection in order to meet the triangulation approach. Therefore, the researcher has tried to closely study the materials, like magazines, booklets, brochures, posters and methods like practical demonstrations that the NCDs in general and diabetes in particular in the EDA use to transmit messages. It is aimed at changing the behavior of members of EDA and the society at large to raise awareness on diabetes and related epidemics.

In addition to this, the researcher has attempted to visit and make a participant observation on some indicators of health /diabetes/ related educational sessions with the help of a check-list developed beforehand. Another technique to be used was a questionnaire that randomly selected respondents among the participants in the education session about diabetes and related epidemics being carried out by EDA in every month.

To sum up, scholars agree that many researchers have a tendency to employ multi-method approaches to achieve broader and often better results - a method referred to as “triangulation”. By using this design, as said by J. Lavrakas (2008:731), the researcher simultaneously conceptualizes qualitative and quantitative research studies. Then, the researcher simultaneously collects and analyses both qualitative and quantitative data. Finally, the researcher uses the results from the qualitative and quantitative studies to validate findings from both studies. This shows how the use of multiple methods helps this research to make a reasonable conclusion.

3.4.1. In-depth Individual Interview

Individual interview was one of the techniques used in this study. Interviews usually involve a researcher orally asking questions for individuals to answer orally. However, with the advent of

the Internet, interviews can also be conducted in written form, with the researcher sending typed questions via a computer network to respondents who answer in typed form. Interviews traditionally have been conducted face-to-face and one-to-one, with the researcher speaking directly with one interviewee at a time. But, in recent decades, telephone interviews have become increasingly common. Whenever the telephone also provides simultaneous video transmission so the researcher and respondent see each other on a television screen as they talk, the interview more closely simulates the face-to-face variety (R. Murray; 2003, p. 63).

In order to make the interviews and the data consistent and complete the questions were designed to be open ended so that they allow large amount of discussion and dialogue between the interviewer and the interviewees. The data were also recorded in audiotape recorder not to interrupt the course of interview for note taking and keep the discussions more smooth.

3.4.2. Document Analysis

The main objective of this study is to assess and find out health communication strategies employed by the Ethiopian Diabetes Association. Document analysis is a social research method and is an important research tool in its own right and is an invaluable part of most schemes of triangulation. The researcher has tried to closely study the materials that the EDA use to give information for its members and the society at large. In this effort, documents of the health policy like the Five-Year Strategic Framework of Prevention and Control of Non-Communicable Diseases, programs such as Health Sector Development IV, manuals, handouts, magazines, brochures, booklets, posters, and banners as well as the website and radio programs being undertaken by the EDA were scrutinized. Since the documents are mostly derived from the Federal Ministry of Health and also produced by the Association, they were necessary to evaluate the same manuals to check whether they were in compliance to Principles of Strategic

Health Communication discussed under part 2.5.1.2 of this paper and other features of health communication. The collection of data from secondary sources has also been used to measure the magnitude to which the messages could build the target audience's self-value towards change of their behavior.

3.4.3. Participatory Observation

According to R. Murray (2003:60-62), gathering information by means of observation involves watching and/or listening to events, then recording what occurred. Observation can be either direct or mediated. In direct observation, the researcher immediately sees and hears what is happening. The act of observing can vary in the degree to which it is guided. In other words, the question that directs the observer's attention can range from the very general (what goes on in a college seminar?) to the very specific (What percentage of the time does each student speak?). Mediated observation has also advantages of furnishing an authentic auditory and /or visual record of what occurred, a record that the researcher can review time and again to help ensure that important aspects of the incident are not overlooked or their nature mistaken. Audiotapes and videotapes of events can help coding equipment may intimidate an event's participants and thereby alert the incident from the pattern it would naturally have assumed.

Apart from the intentional observation to be made during the interviews and the dissemination and collection of questionnaires, in this research, a deliberate and overtly conducted visit was made to observe the techniques and strategies of communication and the conditions of persons with diabetes taken as samples that manifest the level of awareness regarding the disease. Notes about the observation were taken with the help of a check-list prepared for the same purpose and some are recorded in audiotape-recorder. This is believed to create a favorable condition for subjective understanding and making the data deep and full of texture.

3.4.4. Questionnaire

For J. Lavrakas (2008:652), the questionnaire is the main instrument for collecting data in quantitative research. Basically, it is a set of standardized questions, often called items, which follow a fixed scheme in order to collect individual data about one or more specific topics. Sometimes questionnaires are confused with interviews. In fact, the questionnaire involves a particular kind of interview—a formal contact, in which the conversation is governed by the wording and order of questions in the instrument. The questionnaire often is administered in a standardized fashion, that is, in the same way to all the respondents of the survey. The logic behind the standardization of questions and answers is that only if a stimulus is the same for all the respondents of a survey can it be, at least theoretically, possible to get the same (symbolic, cognitive, psychological, social) reaction from it. Responses obtained across individuals should be comparable to one another.

When questionnaires are constructed, four primary requirements must be met (Ibid):

1. Theoretical knowledge of the topic of research, achieved through the reconnaissance of the relevant literature (if such exists) and/or in-depth interviews or other qualitative methods of research (ethnographies, focus groups, brainstorming, etc.) that may serve as pilot studies.
2. Valid and reliable operationalisation of concepts and hypotheses of research. Most questionnaire items, in fact, originate from the operationalization phase. To check the validity (the degree to which an item or scale measures what it was designed to measure) and reliability (the consistency or replicability of measurements) of a set of items, various techniques can be used: external, construct, and face validity, among others, in the first case; and parallel forms, test–retest, split-half, inter-coder techniques, in the case of reliability.

3. Experience in writing a questionnaire, or at least the availability of good repertoires of published questionnaires.

4. A knowledge of the target population. This is crucial information: The target population must be able to answer to the questions accurately.

For R. Murray (2003:66), the word questionnaire is typically used in a very general sense to mean any printed set of questions that participants in a survey are asked to answer, either (a) by checking one choice from among several possible answers listed beneath a question or (b) by writing out an answer. Questionnaires have been used for collecting two principal types of information that respondents are equipped to furnish facts and opinions. Facts, as intended here, are items of information about which questionnaire respondents have knowledge. Opinions are expressions of attitudes or preferences.

J. Lavrakas (2008:654) said basically there are two broad types of questions that can be distinguished as: open-ended and closed-ended questions. The latter are more frequent in survey research. Open-ended questions are suitable when the researcher thinks it would be better to leave the respondents free to express their thoughts with their own words. However, they require a subsequent post-coding, for instance through content analysis, lexical correspondence analysis, or a qualitative treatment. The difficulties and costs in the coding and analysis of open-ended questions have long limited their use in questionnaires. Today, given the huge advances in the field of (automatic) textual analysis, this limitation has lessened. On the other hand, closed-ended questions allow immediate statistical treatment. Unfortunately, sometimes the respondent cannot find a suitable answer among the alternatives proposed. In short, closed-ended questions require particular attention in providing relevant response alternatives.

Based on this consideration, a questionnaire was distributed among members of the Ethiopian Diabetes Association (EDA) and persons living with diabetes to find out their perceptions of the health communication messages disseminated to them as part of the EDA's health promotion; the impact the messages probably has on the lives of the target audiences and the changes they bring in the process of awareness raising of the audience. Model questionnaires with standardized format were reviewed from different sources to develop the questionnaire. The questionnaire had both close-ended and open-ended questions so that the close-ended questions assist to collect realistic data from the options given in likert scale. Likert scale is the respondent chooses a point on the continuum to indicate to which term the object is most closely related. Once this has been completed, the researcher can 'map' the respondent's connotations for the object (J. Lavrakas; 2008: 810). Whereas, the open-ended questions help to find out the respondent's opinions at length. Similarly, open-ended questions are applied in order to code those answers into a meaningful set of categories that lend themselves to further quantitative statistical analysis (Ibid: 140). Towards the end of the questionnaire, it has been attempted to include a part which enabled to measure the respondents' level of self-efficiency.

3.5. Data Processing and Presentation

All the data that were collected from the study units in any form of qualitative data collection techniques employed were first transcribed since the majority of data were audiotape- recorded. Then, the relevant data were categorized so as to make them convenient for analysis. The categorization was normally made based on their relevance to the central ideas of the research questions raised in this study. The data collected with the help of the questionnaire filled out by the models and the checklist used during the participant observation had to be tallied and tabularized so as to use them in a very handy way while writing the analysis. However, some of the data, which had no contribution to this study, were simply discarded. Finally, the transcribed

materials were translated into English from Amharic language. In doing so, the data were carefully presented in the way that they could be used for careful data analysis.

3.6. Summary

In general, the research design chosen for this particular research and the justification of the choice is discussed in this chapter. Furthermore, the data collection techniques that were used in an appropriate way to the research design are presented. The use of these techniques has made it possible to collect meaningful data that significantly contributed to finding responses to the questions raised in the study.

The chapter also indicated that use of triangulation is an essential one in this research. This is because triangulation helps to eliminate biases that could arise from a single methodology and to ensure reliable research findings. As a final point, the chapter described how the data collected were processed and presented. The next chapter makes use of quantitative and qualitative data presentation and analysis to come up with specific findings.

Chapter Four

4. Findings

Introduction

The purpose of this research is to study communication strategy of the Ethiopian Diabetes Association (EDA) in the efforts of raising awareness on the issue of diabetes among the public and providing adequate and timely information to them in order to prevent the disease. This chapter deals with the findings of the study. The research questions regarding the various communication strategies employed by EDA to create awareness on symptoms and signs of non-communicable diseases including diabetes. Included in the chapter are the major factors affecting the effectiveness of communication strategy of EDA. The approach used in this chapter is descriptive and thematic analysis. The data under discussion is gathered through questionnaire, interview, observation and document analysis.

The type of health communication approaches and their acceptabilities among the people based on the premises of top down and bottom up communication models are discussed in the chapter. Among the theories, the social marketing theory is employed in conductive the research. Because, it is a multi-disciplinary approach that concerns education, community development, psychology and communication. The process also involves the planning, implementation and monitoring of programs to persuade the acceptance of social ideas. Besides, interpersonal communication networks of the community through which diabetes ideas spread among these societies is discussed. The analysis, discussion and interpretation are in line with the objectives of the study, and well-informed by the theoretical reflection in the literature review.

4.1. Quantitative Data

4.1.1 General Information about the Respondents

The researcher collected data from 100 respondents through questionnaire. All the respondents are persons living with diabetes, and they responded to all the questionnaire properly. This shows a 100 % of the response rate.

Gender of Respondents

Of the total respondents, 68% were males while the remaining females. The following two figures show distribution of respondents' by age and educational background.

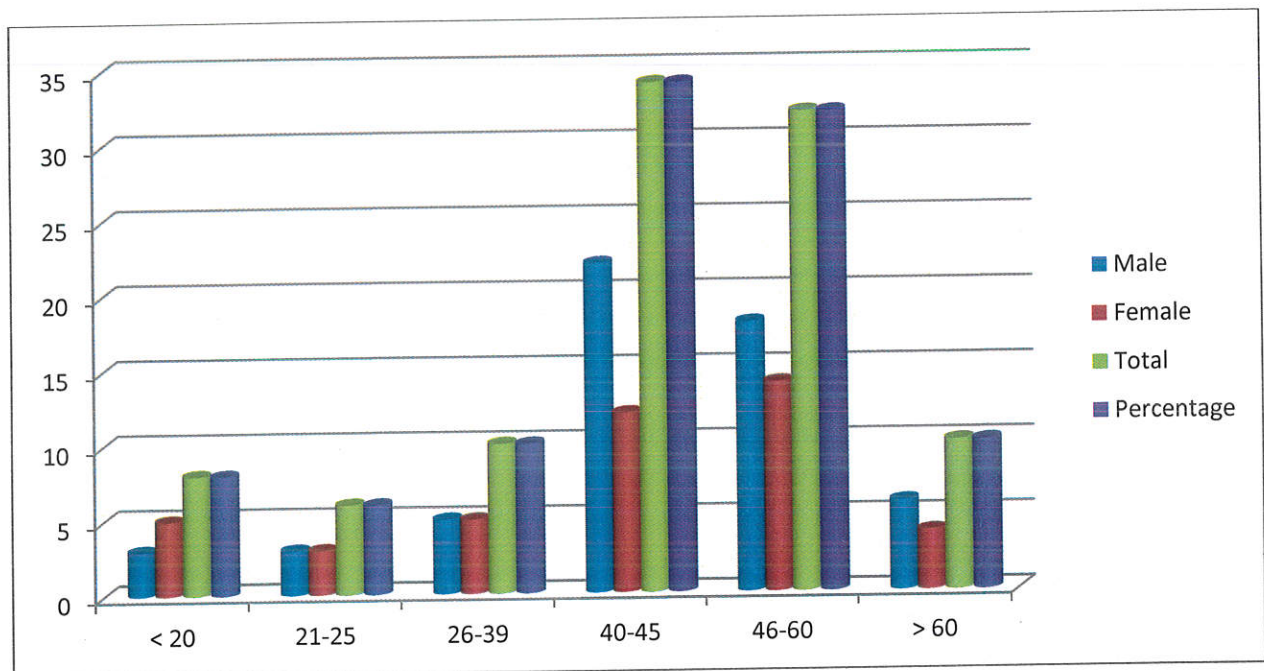


Figure 1: Respondents Categorized by Age, N=100

Variables Gender

Age of Respondents

As figure1 indicates, the age range was 15 to 75. The youngest respondent being 15, in terms of students attending elementary level education. The highest number of respondents (34 %) was in the age range between 40-45 years, followed by 32% between 45-60 years and 10 % between

26 – 39 years. According to the response, men who are 40-45 ages and women between 46-60 are the most victims of diabetes.

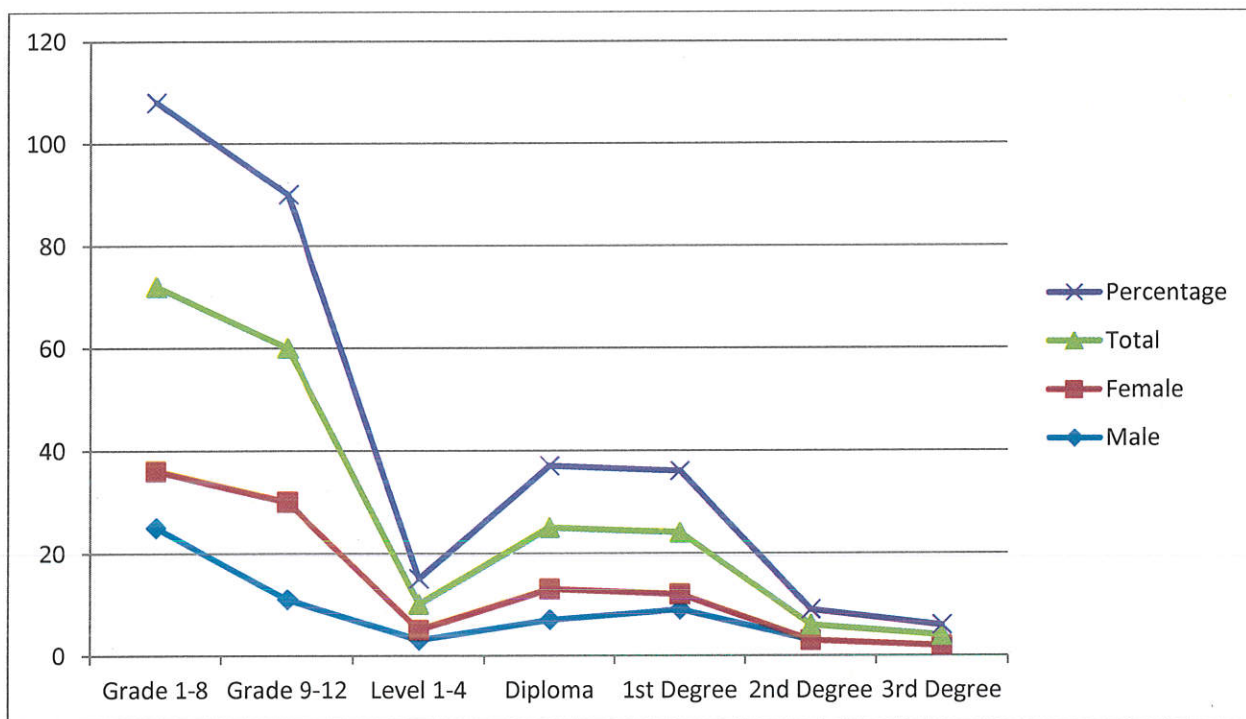


Figure 2: Respondents Categorized by Educational Level, N=100

Variables Gender

Education

Figure 2 shows that, most of them (36%) had attended primary level education followed by respondents (30%), who attended a secondary level education. Of the total, the least number of respondents (3% and 2% each) have completed 2nd and 3rd degree level education respectively.

Occupation

From the total respondents, the majority (32%) were retirees. The rest can be categorized as follows: 13% civil servants, 21% working in NGOs, 4% students, 13% housewives, 3% self-employed, 4% religious fathers, and 10% unemployed. The distribution shows that diabetes is affecting the people regardless of any professions.

employed, 4% religious fathers, and 10% unemployed. The distribution shows that diabetes is affecting the people regardless of any professions.

The monthly income of respondents ranges from ETB nil to 3,000 and above. The people who have no income are mostly supported by their children or relatives. The largest number of households (58%) has a monthly income between ETB 150 and 3,000. 14% said that they earn from ETB 600 to 1,500 and 12% of the respondents are found to earn more than ETB 3,000. Contrary to the above response, another 12% respondents stated that they have no income generating sources. As they have informed, Most of them say that they are supported by their children or relatives. The remaining 4% earn less than ETB 150 per month. From the income figure, one can conclude that diabetes attacks people having different economic status.

Number of Family

The average number of household (65%) consists of 5 members. Some twenty nine percent of the respondents are from a family having 6-9 members and only 6% of the households reported that they have more than 10 family members. This suggests that people who have more children are probably exposed to diabetes.

4.1.2 Access to Information

Lack of information is identified as a major problem in diabetes prevalence. The following figure demonstrates how lack of information makes people vulnerable to the disease.

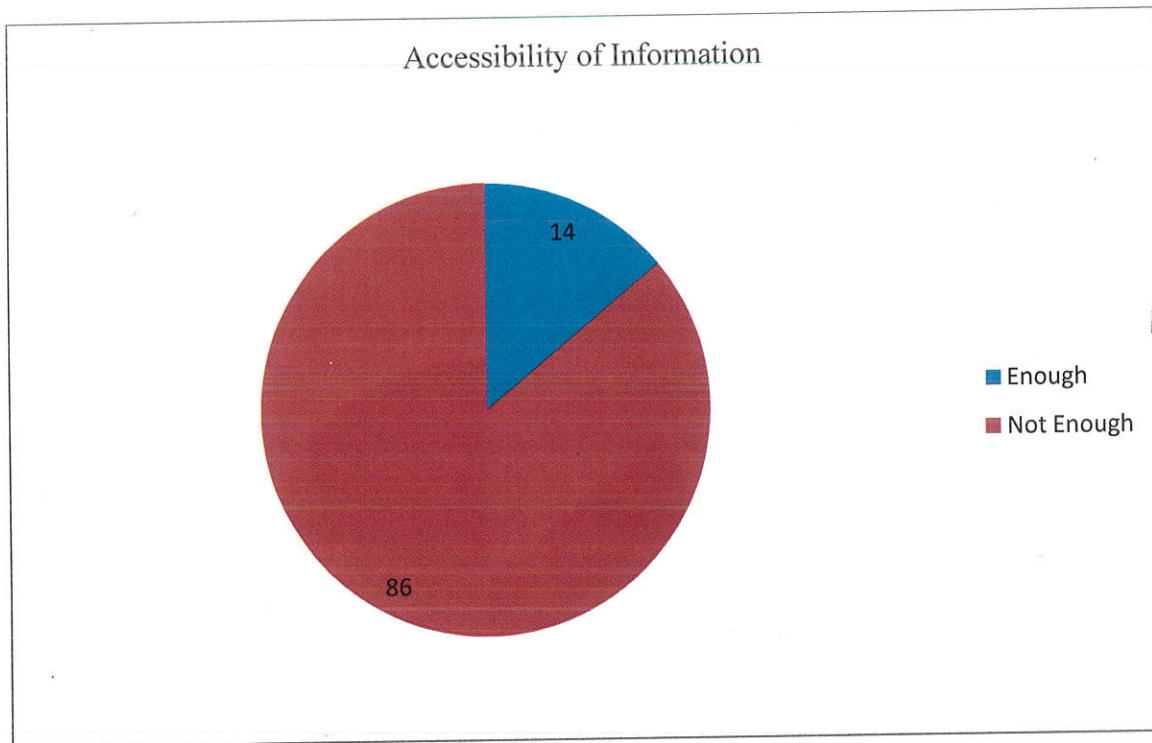


Figure 3: Accessibility of Information

As indicated in figure 3, out of the total number of respondents, the great majority (86%) stated that they did not get enough information about diabetes before they were diagnosed and the remaining (14%) stated the opposite.

Of the total respondents, 89% of the people living with diabetes had found out they have diabetes mainly from the health institutions and 9% from their families. Only 2% heard it from their own private doctors. The following data shows this fact.

Of the total responses, approximately 50% of the respondents are living with diabetes for more than 10 years and the remaining 30% are from 5 to 10 years. The rest 20% are living with the disease for 0 and 5 years. In order to assess the level of information about diabetes compared with other diseases such as HIV/AIDS, 50% of the respondents confirm that they don't know much about diabetes compared with that of HIV/AIDS. In line with this, 36% of the

respondents confirmed that they have information about diabetes compared to HIV/AIDS and 14% of them have replied that they have limited information about the disease.

In terms of sharing their experiences about diabetes, the highest number (87%) of the respondents said that they are willing to share their experiences while the remaining 13% said “No”. Some of the respondents had explained their decisions by saying: “Sharing is caring. Therefore, we will do so as much as we can.”

Regarding medical prescription and treatment, 86% of the respondents said they do regular check-ups and the remaining 14% indicated the opposite. Apart from scientific method, the respondents were asked whether they believe in traditional medication or religious faith such as holy water or other means of healing diabetes. Majority of the respondent (89% in traditional medication and 78% in religious faith), responded that they don’t believe in them, whereas, the remaining (11% and 32% respectively) stated that they believe in traditional/religious methods. This gives a green light for medical prescription.

Table 1: Causes of Diabetes, No. = 100

Causes	No.	%
Hereditary	37	38%
Fate	9	9%
Use of junk food and physical inactivity	40	39%
Poverty	7	7%
Others/Specify	7	7%

As shown in table 1, respondents were asked about their awareness level in relation to how one can catch diabetes. Majority (77%) of the respondents indicated that one can catch diabetes from hereditary, use of saturated food as well as physical inactivity. The rest attribute the cause to fate (9%), poverty (7%), as well as from anger and stress (7%). On the other hand, half of the total, respondents thought that they were exposed to the disease because of lack of information about diabetes and the remaining said they had information before they were diagnosed.

4.1.3 Information from Mass Media

Respondents were asked for their sources of information about diabetes, and the majority identified multiple sources. For example, 90% of the respondents said that they have obtained information from the mass media such as radio, television, newspaper, magazine, Internet and people. In contrast, of the total respondents, 10% of them say that they gather information from the newspaper and people.

Respondents were also asked whether mass media provide adequate information about diabetes. Approximately 74% of the response rate showed that they do not give adequate information about diabetes and their performance is poor in this regard. On the contrary, the remaining 26% say mass media provide adequate information to the public. Among the respondents who said mass media provide adequate information, 50% of them say they receive information from broadcast media outlets such as radio and television, 44% from print media (newspaper and magazine) and websites and the rest 6% express their doubt either the media provide adequate information or not.

4.1.4 Information from the Ethiopian Diabetes Association (EDA)

Respondents also asked about the role EDA plays in raising awareness. Respondents indicate that the Ethiopian Diabetes Association (EDA) has given more information about diabetes for its members in particular and to the public in general through various communication methods. Of the total, the majority (82%) of the respondents reported that compared to other sources, they get enough information from EDA. Of course, some others (11% and 7%) said inadequate information and they give negative responses respectively. From the different communication methods the association uses, 44% of the respondents reported that they get information from a monthly educational session being held in Black Lion Specialized Hospital. Some 31% said from its annual magazine, 9% from its website, 11% from radio program and 5% from leaflets have been confirmed as their information source.

Table 2: Important Communication Methods Employed by EDA, No. = 100

Important Communication Methods	No.	%
Mass Media	50	50%
Its own mass media/air time	44	44%
Not important	-	-
Others (they agree by the above two points)	6	6%

As shown in table 2, for the question raised in relation to the important methods for the EDA to further engage in various awareness raising activities on diabetes and related diseases, almost half of the respondents propose mass media for the association as a good means of

communication to transfer diabetes messages. Similarly, some 44% said its own mass media/air time and the rest 6% proposed both mentioned above.

The respondents also asked to identify who the most responsible body to increase awareness about diabetes, 36% of the respondents said government, 27% the Ethiopian Diabetes Association, 10% health professionals, 17% mass media and the rest 10% said all and each individuals. This shows the government has huge responsibility along with health associations such as EDA. In line with this, most of the respondents stated that the Ethiopian Diabetes Association in collaboration with other stakeholders should play pivotal roles to create awareness among the public through use of different communication approaches.

4.2 Qualitative Data

Under this category, the data collected through interview, observation and document review will be discussed. As a source of the qualitative data, eight persons were interviewed and the researcher reviews the materials that the EDA employs to raise awareness and policy documents developed by the Federal Ministry of Health with regard to non-communicable diseases and the overall health communication strategies. In addition, the website and radio program produced by EDA were analyzed.

4.2.1 Diabetes Communication Approaches

It was expected that the Federal Ministry of Health (FMOH) and patient-driven health associations such as the Ethiopian Diabetes Association (EDA) had developed different communication models to raise awareness on non-communicable diseases such as diabetes. But, in the contrary, no attempt was made to solely fit the communication effort with any of the known development communication theories. Of course, they have the overall strategies to achieve their own missions.

In the FMOH, a case team for non-communicable diseases has been established to prevent and control non-communicable diseases in general and diabetes in particular. This team in collaboration with other stakeholders had developed a Strategic Framework on Prevention and Control of Chronic Non-Communicable Diseases (2010/11-2014/15). This framework provides brief explanation about crosscutting strategies such as Information, Education and Communication and Behavior Change Communication (IEC/BCC) and Advocacy and Resource Mobilization aimed to promote awareness concerning the burden of chronic diseases among the public, through schools, work places and the media. Organizing and conducting campaigns, marches, anti-smoking/drug/alcohol at schools, work places, and other public areas. The strategic framework also describes some of the chronic diseases such as diabetes, cancer, kidney failures, asthma and heart disease, among others.

The key strategies designed in the policy documents also promote healthy diet, and physical exercise among the population and reduce exposure to tobacco and other behavioral risk factors of chronic diseases among adolescents, youth and adults. But, there are problems at the implementation stage. Specifically, there is hardly any communication strategy to achieve the broad activities in the document. Even though, NCD Team Leader at FMOH, Dr. Yeayneabeba says “we are preparing action plan for each strategy to engage in actual action”. But, over the last four years, nothing has been done to raise awareness for the society regarding non communicable diseases particularly diabetes.

One of the health experts working at the Federal Ministry of Health said “all health programs of the Ministry have to be executed in collaboration with donors”. She said “the government cannot do it alone. If sponsors show interest to implement a given program, we will actively engage in it.” On my point of view, as a researcher, this answer is not as such fair for increasing number of people is at risk in the country. The government should give priority for these

chronic diseases. She goes on to say, “the government is working aggressively in collaboration with other stakeholders to pay due attention to non communicable diseases. Organizing the case team is one of the efforts by the Ministry.”

Director of Communication and Resource Mobilization at the Ethiopian Quality Insurance Agency, FMOH also said “without strategic communication, all activities in a given organization cannot be successful.” Furthermore, the Director said, “even if we do not have a communication strategy, but, the Agency has set a strategic plan to cover all costs of the non communicable diseases including diabetes. As a new organization under the auspices of the Federal Ministry of Health, we have set a plan to design communication strategy within short period of time.”

One of the senior health experts working in the Ministry also says;

The success of any institution, whether public or private, is greatly dependent on the strong communication strategy to address the audience. Opinions of consumers, employees, investors, policy makers have powerful impacts on the prosperity of an organization. Their perceptions will drive their decisions about whether they want to work with, deal with and support the institution. Hence having an indisputable communication will help to understand and support as well as influencing public opinion and behavior.

She further states that;

The current globalization became ever so ubiquitous; it escalated customer dynamism and demand for better goods and services. Similarly, the development of new technologies, medications, innovative prevention strategies and splendid research findings created a highly competitive market. The Ministry of Health has realized the need for healthcare reform that would enable to implement an efficient and comprehensive communication strategy to ensure and provide information and assistance to the citizens to attain quality of life.

The health professional believes in the presence of strategic communication in the Ministry including in specific area like for non communicable diseases, but, on the effectiveness of the strategy, she said that “I don’t dare that they are effective. Much has to be done further”.

She also suggests on the challenges not fully implementing health communication strategy in the country in general and to the Ministry in particular. These are: the need for political commitment at the national level and due to the advent of communicable disease like HIV/AIDS has shifted the resources, area of focus, limitation to access accurate and timely information to citizens and awareness gap at the Ministry level. Experts working at the Ethiopian Diabetes Association Office and other health professionals have also agreed to the above point.

On the other hand, one of the communication and public relations senior expert in the Federal Ministry of Health on his part said that the Ministry is working hard especially on non - communicable diseases. He further said; “We have prepared the overall communication strategies to mitigate all communicable and non –communicable diseases. There are also different directorates established in the Ministry to tackle such diseases strategically. For example, we have a department established for preventing and controlling non communicable diseases in a primary health care and health extension program level.”

According to the researcher’s observation and visit, the department is not working actively with regard to non communicable diseases. Because, during informal contact with the director, he said they are collecting data to produce leaflet/brochure on non communicable diseases. The researcher also observed that they had used various magazines, brochures and leaflets produced by EDA as references for their upcoming productions.

The Ethiopian Diabetes Association, on the other hand, tries to provide diabetes related information to its members and to the society at large compared to other organizations. Program Manager of the Office of the Ethiopian Diabetes Association said “the Association has four strategies at least at the blueprint level. These strategies are: Capacity Building; IEC, Partnership, Alliance Building and Networking; and Participation.” She further said “with regard to the communication strategies, attempts are being made all over the places. Except the headquarters, various activities in regions are being carried out voluntarily. Volunteers are working in collaboration with regional health bureaus.” The use of volunteers to achieve the association’s goals is consistent with Cook et al. (n.d.:4) advice;

In a non-profit organization, it is always important to know what resources you have at your disposal, be it financially or just sheer mass of volunteers. To start, every organization needs to be able to have financial stability and this is extremely difficult to achieve in the case of nonprofits since most of their money comes from sponsors or the government. Even though these are great sources of income, at times they can be very severe upon what the funds can be used to achieve. Money cannot be spent too fruitfully or on an urge. When creating a communication strategy, it is necessary to think about how much the planned media campaign will cost.

The researcher’s observation over the last six consecutive months also indicates that, the education on diabetes and related diseases was provided regularly by the Ethiopian Diabetes Association. The problem is that the medium (language) the health professionals mostly use during the presentation in power point. They use English with full of medical jargons. Even though, the volunteer medical doctors tried to translate the presentation in Amharic, most of the members (patients) do not understand the presentations easily. As mentioned above, most of the people living with diabetes have lower educational levels. Moreover, some of the elderly do not even hear properly. Therefore, to further create and raise understanding among the people, use of various communication methods such as group discussion and interpersonal communication is required.

Program Manager of EDA said participation in preparation of IEC/BCC materials on diabetes for children under the donation of stakeholders is also another activity being undertaken in the Association. During the World Diabetes Day, though, it could be short lived, EDA produced and distributed different publications such as magazines named Diabetes Voice, leaflets and posters and also T-shirts and hats designed to deliver diabetes messages. However, she stated that;

Even though, they are disorganized, EDA has designed a good number of strategies to work in communication methods. But, shortage and turnover of skilled human personnel in communication, on the one hand, is the main challenge facing implementation of the strategies. On the same line, the budget allocated for skilled human power, on the other hand, is very challenging. The budget allotted for office employees in the EDA is very low. MIDROC Ethiopia covers wages of the four permanent bureau experts. And EDA also covers salaries of the other three casual level workers (cleaner, office girl and guard).

Finance Manager of EDA on his part said “Even, the Association has developed four projects to distribute diabetes related messages through different mechanisms. However, shortage of finance and human personnel still remains a big problem. In general, it is very challenging to deliver diabetes messages for the Association which has more than 15, 000 members with over 40 branch offices throughout the nation.”

He further noted that the Association has also designed short-term strategies to produce and disseminate IEC/BCC materials through use of mass media, leaflets and monthly education programs. Moreover, it plans to work together closely with FMOH, universities, research institutions, NGOs and pharmaceutical organizations to narrow the gap (increase the number of people in diabetes versus distribution of quality messages).

As a long-term strategy, the Association has set a plan to build a seven storey building on a plot it received from the government few years ago. The design of the building comprises rooms

such as gymnasium, research centers, libraries, Internet cafes, pharmaceutical, and counseling and education services.

According to the Program Manager of EDA, less attention given by the government for non-communicable diseases such as diabetes has made other stakeholders outside. If the government paid more attention to non-communicable diseases as that of communicable diseases such as HIV/AIDS and TB, local and international health organizations would have been involved more in the efforts of tackling diabetes through use of different communication strategies.

Therefore if more attention is given, various strategies including the communication one will be implemented. For example; as Program Manager of EDA states, one of the short-term strategies of the Association is to start producing a quarterly magazine from a yearly magazine and also to disseminate a regular programs on diabetes and related epidemics via electronic and print media. Campaigns concerning diabetes would be organized. Then, awareness of the larger society could be raised. Non-communicable diseases such as diabetes are killing more people silently. New estimates suggest that every six seconds, one person dies from diabetes and close to half of those deaths occur in people under the age of 60 (IDF Diabetes Atlas Magazine (2013:7).

Why do we need to do more in raising awareness? According to the Program Manager of EDA, like the government, both local and international NGOs don't have a plan to provide financial support to projects on non-communicable diseases. Even if interest had been shown from few NGOs such as Management of Scientific Health, but because of financial constraints it has found difficulties to run projects on diabetes control. Those NGOs with strong interest in combating diseases; they couldn't do anything significant due to financial constraints.

She further said other global NGOs such as International Diabetes Federation (IDF) and World Diabetes Federation (WDF) have sound strategies to work on diabetes through various mechanisms. The problem is these organizations focus on research activities and produce of quality diabetes medicines like Insulin. Specifically, IDF works more on 'Changing Diabetes in Children' program. In this program, over 700 Ethiopian children have been supported under the responsibility of the EDA, whereas, WDF engages particularly on the ways how to improve hospitals services in the Country. They might release donate for their over 200 eligible state members across the world once a year enable to produce and engage in awareness raising activities such as magazines, flip charts, brochures, and to use mass media concerning the issue. This is good but it is also widening the gap in the awareness creating activities because of inconsistency of message products.

The other health expert working at the Black Lion Hospital states that because of the awareness gap, unclear figures are being cooked due to prevalence rate of the diabetes. Some say the prevalence rate has reached over 4% while others say more than 6%. On the other hand, the 2012 Diabetes Atlas Map estimated prevalence rate of diabetes in Ethiopia by 3.32 percent. Whereas, for the Program Manager of EDA Office, the prevalence rate of persons with diabetes is quite sure that it is equivalent with the spread of HIV/AIDS. She further said "If 10 health experts are asked about diabetes, perhaps all of them are to give different responses". This shows how much information gap about diabetes is existed in the country.

4.2.2 Mass Media

Media wise, multiple approaches-mass media and interpersonal have been employed to reach the target audience. With both state-owned and private mass media, health associations such as EDA broadcast programs on non - communicable diseases such as diabetes. For the EDA, with

the sponsor of an NGO, it produced and distributed radio programs over the last three months. The program was not able to continue because of financial limitation. In this regard, the patient-driven associations like EDA should deal with media owners to have charge free air-time at least 30 minutes a week. Most of the state-owned media are run by public taxes. One of the interviewee from Management Members of EDA said “most of our media (both public and commercial) focus more on sports news rather than health issues. Reports on health issues are very significant for us to further gain information about diabetes and related epidemics and take action.”

Different educational materials such as leaflets, posters, storybooks, brochures (for children), magazines and t-shirts were used as instrument for diabetes communication. The materials were prepared by the Ethiopian Diabetes Association in collaboration with different stakeholders during the celebration of World Diabetes Day over the past few years. It was also learnt that the IEC materials were prepared every year in Ethiopia with the support of the International Diabetes Federation in the Program of “Changing Diabetes in Children”.

As part of raising awareness activities, EDA produces a yearly magazine “Diabetes Voice”. The magazine features diabetes services and the condition of people with diabetes. The objective of the magazine is to raise awareness on diabetes and related diseases of the persons affected with diabetes and the public at large. One of the interviewees, EDA’s Sales Manager says; “We distribute the magazine among our members, health sector offices, libraries and NGOs. The main goal is to raise awareness through showing psychological and clinical treatment by articles, pictures and indicate ways of empowerment by presenting what people in diabetes should do during the pain.”

Even though the magazine is an eye-opening medium for the people affected by diabetes, the researcher observed that the people are passive receivers of information and behavioral instructions, while others make decisions on their lives. Regarding the content, the magazine comprises of different articles which focus more on psychological and clinical aspects of persons living with diabetes. The articles provide information on the ways to prevent and control diabetes, use of diet, physical activity, and updated information about the number of people with diabetes at the global level (Diabetes Voices; 2013). One of the interviewee from Jimma Town said that “it is very difficult to access different print materials of EDA. Most of the time, we collect those publications during meetings and workshops organized by EDA.”

A close examination of the magazine shows the poor approach the magazine follows. A poor presentation compile with contradiction figures and facts make the magazine questionable. Added to these problems is its inaccessibility in the peripheries.

Along the same line, the magazines are not free. One needs to pay in order to get important information about their health. Selling the magazines makes it less inaccessible. Those who don't speak Amharic cannot use the material although they can afford to buy it. The language factor also creates another problem.

Furthermore, in addition to magazines, different kinds of publications including brochures, leaflets and posters are produced under the auspices of EDA. They have picture expressions which are represented to be easily understood by the urban and rural communities. But the communication strategies are not understood by the mass public. Because, most of the elderly in urban areas don't read due to other illnesses/ such as: eye problem/ and others are illiterate. In this regard, one of the members of EDA said during the informal contact that the radio program broadcasted by EDA was more important than other media outlets. The elderly interviewee also

said that she used to listen to health programs on /FBC/¹³ and share information about diabetes and related epidemics with members of her family and neighbors. As indicated earlier, the radio program broadcast was every week on Radio Fana but was terminated owing to financial constraints. Therefore, print materials can have immense significance in the efforts of tackling diabetes and related epidemics in the country, radio programs can be another significant alternative for the people who are unable to read.

The other source of qualitative data was the two documents developed by the Federal Ministry of Health. The first policy document was developed to prevent and control non communicable diseases, and it has direct relation with this research. The second gives general information about health communication strategies designed to prevent and control all diseases including non communicable diseases.

As repeatedly pointed out, the policy document designed to prevent and control non communicable diseases comprises crosscutting strategies. The document indicates the shared commitment and consensus among the government, partners and stakeholders on the strategic direction to prevent and control the main chronic diseases and their risk factors. It also provides the framework for partners and stakeholders on how to contribute towards a common goal. A national strategy is essential for effective and efficient coordination of activities and services needed to prevent and control chronic diseases and their risk factors. A strategy defines the relative priority given to the prevention and control of chronic diseases in the background of various causes of the disease burden in the country. It also identifies the approaches and priority actions required to attain in the intended objectives.

¹³ FBC:Fana Broadcasting Corporate

Team leader of NCDs in the FMOH said “we have sound strategies but the problem is with the implementation.” She says “still we do not have a partner to support those crosscutting strategies incorporated in the policy document. We are looking for that.” Finding from the observation also corroborates findings from the interview. According to the researcher’s observation, the document is very important in the efforts of tackling non communicable diseases in general and diabetes in particular. Similarly, established a case team in the Federal Ministry of Health to combat non communicable diseases in general and diabetes in particular is also important for the same purpose.

For comparison purpose, the researcher also reviews some of communication strategies of the government institutions. These are: the Ministry of Industry, the Ministry of Labour and Social Affairs, the Federal Sugar Corporation and the Government Communication Affairs Office, among others. These communication strategy documents share common policies and set directions on the ways how to inflow information from a given organization to the public and vice-versa. All the documents address the following main points: definition and approaches of communication strategies, effectiveness of communication strategy, how to develop message concerning audiences and products, how to develop communication strategies and regarding how to think strategically. The documents also comprise missions, objectives, values, duties and responsibilities and set directions how to implement strategically. They also define strategic communication in the following similar way: Communication strategy articulates explains and promotes a vision and a set of well-defined goals. It creates a consistent, unified, “voice” that links diverse activities and goals in a way that appeals to stakeholders. It differs from tactics, or the concrete steps and techniques used in implementation of communication goals. Tactics should be chosen based on a pre-existing strategy.

Interpersonal communication was one of the various methods used to communicate diabetes in the EDA. To this end, volunteers in 40 EDA branch offices, and a good number of health workers have been trained recently. According to EDA's Program Manager, "the trainees gave health education in the health posts/health centers, and community meetings and schools. But the result is not as such successful. Utmost effort should be exerted in this regard." She further said "Side by side, into consider the key strategies of the Federal Ministry of Health, diabetes prevention and control program should be incorporated in the education syllabus of the country as an intervention."

One of the key strategies of the Five Year Strategic Framework (2010: 14) developed by the Federal Ministry of Health is to enhance the training of health professionals on chronic diseases. This strategy might help people to attain the method. The one-to-one communication method allows volunteers and health extension workers who visit every house and teach about diabetes. This approach is supposed to be the most effective of all. However, from on top of that, people do not seem to be interested in expressing their health issues publicly. Particularly, students did not show interest in participating in this research. They don't want to be known as people who live with diabetes. In fact this was another challenge the researcher faced while conducting the research. In contrast, in working places, except one all collaborated with the research.

4.2.3 Diabetes Messages in health institutions

One reason behind the poor practice of diabetes messages was found to be inconsistency of messages from different sources including health institutions. Health professionals who are working particularly in the government health institutions are not interested in providing information about diabetes even for their own diabetes outpatients. One diabetic patient in one of the government hospitals told me that "they {health professionals} don't have endurance to

listen thoroughly.” Besides, the well designed communication materials like posters are not to be seen in some hospitals of Addis Ababa City. The researcher observes these posters prepared in English language with vague drawings. Therefore, to use overt type of posters would be very important to convey diabetes messages properly. Moreover to provide regular training for health professionals would be important to disseminate well defined diabetes messages to the public.

4.2.4 Research, Monitoring and Evaluation

According to the Strategic Framework developed by the Federal Ministry of Health to prevent and control non communicable diseases stated that prior to implementing the diabetes intervention program, no initial study was undertaken to understand that comprehensive management of chronic diseases at the facility or community levels. As stated in the policy document, the following points are described as the weaknesses in the health sectors and other related sectors with regard to the prevention and control of chronic diseases in Ethiopia. These include; lack of strategy or program for prevention and control of chronic diseases, failure to address chronic diseases in the first three cycles of the health sector of development program (HSDP) and lack of dedicated functional unit (organizational structure) responsible for chronic diseases at the national or regional levels.

The team leader of the NCDs in the FMOH on her part says that;

Even though a particular strategic communication for non communicable diseases is not outlined, but this general strategy gives a room for communication strategies. For example, work on promotion and advocacy is one of the key strategies stated in the material that aims to create awareness on chronic diseases such as diabetes in schools, work places and others. We can take this strategic document as a whole as a communication material to achieve set goals. The strategic framework also gives priorities to work with different media outlets.

Another factor that makes the communication strategy less effective is serious financial constraints. Because of financial constraints, it was difficult to do a single work. But there are more opportunities for the near future. The policy document of the FMOH further stated that the establishment of a case team at the government level, the growing interest on chronic diseases at global, regional and national levels and the current restructuring within the health sector and implementation of the Health Extension Program, among others.

Conclusion

Responses from most of the respondents tend to demonstrate one fact that there has been a certain level of awareness created among the public following the monthly education session at the Ethiopian Diabetes Association. In contrast, most of the respondents as it were mentioned above, they gave different responses for the same question even most of whom are attending the education program about diabetes and related diseases. The problem seemed to dwell on behavioral change. Therefore, it is important to pursue systematic and participatory approaches to bring the intended behavior. In this point, Yewoyinhareg (2003:134-136) states the importance of established regular education system for people in Diabetes. According to her, such kind of non-formal education is significant to widen knowledge of the people who live with diabetes about the epidemic and related diseases such as kidney dialysis and blood pressure.

Regarding diabetes, respondents underlined that unlike other killer diseases, enough attention has not been given to this disease and related epidemics. Most of the time, the focuses of health communicators were HIV/AIDS and TB. It is very rare that to receive diabetes information. In any case, the current diabetes communication program in the EDA mainly involves in a

monthly education program and communicating using different publication materials produced and disseminated by it.

According to Program Manager of EDA, basically, the medicine was obtained by aid and brought into Ethiopia via the different global health organizations such as the International Diabetes Federation. But, the distribution is being held among under age children (below age 18). All children in Ethiopian are not beneficiaries of this program. Out of the total of children, only more than 700 children are treated under the 'Changing Diabetes in Children' Program. On the other hand, as it was seen above, the disease also attacked people who are in the old age.

One of the characteristics of the disease is to make people poor. It has many expenses. Studies indicated that a person lives with diabetes has charged 24 USD on average compare to the normal expenses. Most of the old people are poor in Ethiopia's context. Thus, attention is needed in this situation. Media also should play its indispensable role in this part.

The epidemic is also alarmingly expanding to the rural areas. As anyone understands that proper medical treatment is not given in these areas. Therefore, different awareness creating and raising mechanisms especially for rural population should be designed. In addition to radio programs, use of traditional media such as Idir and other gatherings are very important to raise awareness among the rural societies.

In general, as repeatedly pointed out in the above, in addition to the government, all stakeholders engaged in the health area are responsible in the efforts of raising awareness among the general people. To achieve this, the designing of sound communication strategies with feasible action plan in the government health institutions, patient-driven institutions such as the Ethiopian Diabetes Association and local and international NGOs is significant.

Chapter Five

5. Conclusion and Recommendations

5.1 Conclusion

In this thesis, an attempt was made to study health communication strategies used and their appropriateness in tackling diabetes in the Ethiopian Diabetes Association. The researcher has desired to find out to how effective the communication strategies employed by the Ethiopian Diabetes Association.

Data were collected through both quantitative and qualitative methods to complement each other. The sampling technique was multi-stage sampling by randomly selecting members of the Ethiopian Diabetes Association and people living with diabetes in different hospitals of the Addis Ababa. In this regard, some 100 people with diabetes ages between 15-74 were filled close ended and open ended questionnaire. In addition to this, eight responsible bodies were interviewed to meet the qualitative method. Moreover, participatory observation was utilized as part of the qualitative approach. Finally, document review was conducted using standard qualitative and quantitative research analysis methods. Apart from the primary data, different web sites and printouts have also been consulted for the sake of completeness. The research was conducted between November and June 2014.

On the basis of the data analysis, presentation and findings of the study, the following conclusions have been drawn: Firstly, to provide regular education on diabetes and related epidemics by the Ethiopian Diabetes Association was an encouraging activity in the efforts of creating awareness to the people with diabetes in particular and the public in general. Production of publications including magazines, brochures, storybooks, leaflets and posters were contributed share towards raising awareness among the society. Secondly, the presence of

people who are not able to read due to health reasons as well as illiterate person's particularly in rural areas has made the communication strategies less effective. Radio programs broadcasted on the issues of diabetes and related diseases were encouraging especially for those people living in rural areas and the persons who are not able to read and write.

Thirdly, the efforts to take professional input in designing the communication strategies particularly in the Ethiopian Diabetes Association was encouraging but; the strategies were not designed into consider the alarmingly increase number of people in diabetes; Adequate IEC materials are not available to enhance communication; it was prepared only for children.

Fourthly, diabetes messages mainly domain in predetermined facts, they do not seem to address culture-specific values and obstacles plus the message is not transmitted through different local languages other than Amharic. The key strategies of audience segmentation set in the policy document of the Federal Ministry is found to be useful especially in the case of school health program and work places; and effort to improve the overall condition of the society, which in turn curbs diabetes problem, is very limited.

In general, less attention given for non-communicable diseases in general and diabetes in particular by the government, patient-driven institutions such as EDA and local and international NGOs has been identified as one of the reasons for the growing number of people with diabetes. Besides, the limited budget allocated for non-communicable diseases in general and diabetes in particular in the government offices and NGOs has seriously affected the efforts of raising awareness at the national level. Therefore, to overcome these problems it is necessary to design sound communication strategies to combat diabetes and related epidemics.

5.2 Recommendations

Initially, the Ethiopian Diabetes Association (EDA) has to come up with a mission, to determine what it is going to try to do for the society. To have a successful communication strategy, an initial process must be developed and ensure maintain a focus on the original goal. Also, people are very in tune with catchy mottos and missions that can be easily portrayed to the public. A mission also consists of the Association's values and beliefs that explain the reasons why the Association exists. This is more for the members and internal employees to know why they are pushing so hard to get more people involved. A productive communication strategy stems from the inside out and the beliefs of the members and employees including volunteers should follow those of the main Association.

The two branches of a communication strategy, goals and important self checks are intertwined and dependent upon each other. The goals of the Association are a set of ideas that must be evaluated regularly. To begin with, it has to be understood the audience that EDA is trying to reach, since it is ineffective to market to the wrong target audience. The demographics must be figured out and then proceed with a plan to reach more citizens that actually will want to come. The Association has to sit down and decide what strategy will be most economic to reach as much of the target audience as possible.

As a self helper and nonprofit Association, it is always important to know what resources it has at its disposal, be it financially or just sheer mass of volunteers. To start, every organization needs to be able to have financial stability and this is extremely difficult to achieve in the case of nonprofits since most of their money comes from membership, sponsors or the government. Even though these are great sources of income, at times they can be very stringent upon what the funds can be used to achieve. Money cannot be spent too lucratively or on a whim. When

creating a communication strategy, it is necessary to think about how much the planned media campaign will cost.

The last task in creating a strong communication strategy is to evaluate what has happened lately. Did all of the ideas actually work, or were they just useless? Once these questions are answered then a one can continue on the same path or create something new and improved.

Into consider the above idea, governments, patient-driven associations and health organizations should play their roles to tackling the spread of diabetes and related epidemics as soon as possible through use of sound communication strategies. Relevant trainings should be given in a timely and continuously manner to the relevant personnel to ensure capable manpower and up to the standard service.

Diabetes is a multi-dimensional problem. It is not the only problem of health, but also, a socio-economic difficulty. Addressing diabetes means addressing different environmental and structural problems that require a call at all levels. Hence, there needs to be a slight shift of focus from communicable diseases to non communicable diseases.

All in all, whenever practicable, the strategy program to design in a give organization should use mass media as well as traditional media to accelerate information transmission. Furthermore, needs assessment, audience segmentation and analysis, community and professional input should be given due emphasis in the design of messages and approaches for diabetes program in EDA in particular and in the Federal Ministry of Health in general. As it is stated in the government policy document, the program should take the move to engage extension workers in the required number; and finally, further study is still recommended to see the effectiveness of other health communication approaches.

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የወይንሐረግ ፈለቀ፤ (1995 ዓ/ም)፤ የስኳር ሕመም፤ ጥቁር አንበሳ አጠቃላይ ስፔሻላይዝድ ሆስፒታል፤ የስኳር ሕመም

ማዕከል፤ አዲስ አበባ ዩኒቨርሲቲ፤ የመጀመሪያ እትም፤ ንግድ ማተሚያ ድርጅት፤ አዲስ አበባ ፤ኢትዮጵያ።

የመንግስት ኮሙዩኒኬሽን ጉዳዮች ጽ/ቤት፤ ኢትዮጵያ፤ 2003 ዓመታዊ መጽሐፍ፤ ብርሃንና ሰላም ማተሚያ ድርጅት፤ አዲስ

አበባ፤ ኢትዮጵያ።

የኢትዮጵያ ስኳር ሕመም ማህበር፤ (ሕዳር 2006 ዓ/ም)፤ ልሳነ ስኳር ሕመም መጽሔት፤ ቅጽ 1፤ ቁጥር 14፤ እስራኤል

ሕትመትና ማስታወቂያ፤ አዲስ አበባ፤ ኢትዮጵያ።

Appendixes

Annex I – Interview questions prepared for key Informants

1. What is the mission of the Ethiopian Diabetes Association (EDA)/ Federal Ministry of Health?
2. To achieve this mission, what kind of communication strategy do you have in place?
3. To what extent do you think this communication strategy has become effective?
4. What are the challenges not to fully implement communication strategy in your organization?

Thank You!!

Part Two

Main questions related to Diabetes

1. Did you have any information about diabetes before you were diagnosed with diabetes? Yes
B. No
2. How did you know find out that you have diabetes? A. From family members B. Health institutions C. Friends D. Ethiopian Diabetes Association (EDA) E. From others/please specify-----
3. How long have you been living with diabetes?
A. 0 - 3 years B. 3 - 5 years C. 5 - 10 years D. more than 10 years
4. What is your source of information about diabetes? A. TV B. Radio C. Newspaper
D. Magazine E. Internet F. People G. All H. Other/Please Specify-----
5. Do you believe that you have more information about diabetes compared to HIV/AIDS?
A. Yes I have B. Minimum C. No I don't have D. Other/Please Specify-----
6. As a person with diabetes, what is your effort to broaden your knowledge about diabetes and related epidemics? Please put your answer in brief in the empty spaces? -----

7. As person who lives with diabetes, do you share your experiences about diabetes with others?
A. Yes I do B. No I don't
8. If your answer is "No" for the above question, please specify your reason.

9. Do you follow your medical prescription and treatment properly?

A. Yes

B. No I don't

10. If your response is "B" for the above question, please share with me your reason on the space provided below. -----

-----.

11. Do you believe in traditional medication as a means for diabetes prevention/cure?

A. Yes I believe B. No I don't

12. If your answer is "Yes" for the above question, please mention your reason in brief.

-----.

13. Do you believe in religious faith /for example: holy water or other means of healing/ to cure diabetes? A. Yes I believe B. I don't believe

14. If your answer is "Yes" for the above question, please reason out your answer in the following empty space. -----
-----.

15. In your opinion, how can one catch diabetes? (Multiple answers are possible).

A. Hereditary B. Fate C. Use of junk food and physical inactivity D. Shortage of meal
E. Other/Please specify-----

16. Do you think that you are exposed to the disease because of lack of information about diabetes? A. Yes B. No

17. If you say "Yes" for question number 16, please discuss your answer in short below.

-----.

18. Do you believe mass media operating in Ethiopia are providing adequate information

about diabetes? A. Yes B. No C. Poor

19. If your answer is "A", "B" or "C" for the above question, please mention your reason in brief in the blank spaces. -----

20. From your experience, which media outlets do you think, gives more coverage about diabetes?
A. Print B. Broadcast/electronics C. Website D. Other/Specify-----

21. How would you evaluate the activities of EDA? Do you think the association offers sufficient information about diabetes for its members and the public at large? A. Yes B. No C. Insufficient

22. If your answer is "Yes for question "21", where do you get the information from?
A. Radio B. Magazine C. Leaflets D. Website E. EDA's Office F. Other/Please Specify-----

23. If your answer is "No" or "Insufficient" for question "21", please point out the reason.

24. Which method is more important for the Association to further engage in various awareness raising activities on diabetes and related diseases? A. Mass Media B. Its own mass media/air time C. Not important D. Other/Please Specify-----

25. Who do you think is a responsible body to increase awareness about diabetes?
A. Government B. EDA C. Health professionals D. Mass media E. All F. Other /Specify----

26. What is the role of EDA in the efforts of creating awareness about diabetes in Ethiopia?
Please discuss below in short. -----

Thank You!

በኢትዮጵያ ስኳር ሕመም ማኅበር አባላት የሚሞላ መጠይቅ

የዚህ መጠይቅ ዋነኛ ዓላማ አዲስ አበባ ዩኒቨርሲቲ የጋዜጠኝነትና ኮሙኒኬሽን ትምህርት ቤት ለሁለተኛ ዲግሪ ለሚደረግ የማሟያ ጥናት መረጃ መሰብሰብ ነው። መጠይቁ ሁለት ክፍሎች አሉት። የመጀመሪያው ክፍል አጠቃላይ መረጃ የሚጠይቅ ሲሆን ሁለተኛው ክፍል ደግሞ ስኳር ሕመም ጋር ተያያዥነት ያላቸውን ጉዳዮች ያነሳል። እባክዎ መልስዎን ፊደላዊ ላይ በማክበብ፣ እንዲሁም በጽሑፍ የሚመለሱትን ደግሞ ከጎን በተመለከተው ባዶ ቦታ ላይ ሀሳብዎን በማስፈር ይመልሱ። ስምዎን በመጠይቅ ወረቀቱ ላይ የመጻፍ ግዴታ የለብዎትም። ለቀና ትብብርዎ ከወዲሁ አመሰግናለሁ።

**ክፍል አንድ
አጠቃላይ መረጃ**

1. ጾታዎ ምንድነው? ሀ. ወንድ ለ. ሴት

2. እድሜዎ በየትኛው ክልል ውስጥ ይገኛል? ሀ. ከ15 - 20 ለ. ከ21- 25 ሐ. ከ 26 - 39
መ. ከ 39 - 45 ግ. ከ 45 - 60 ፈ. ከ 60 በላይ

3. ስራዎ ምንድነው? ሀ. የመንግስት ሰራተኛ ለ. የግል መ/ቤት ተቀጣሪ ሐ. በግሉ ስራ የሚተዳደር
መ. ተማሪ ግ. የቤት እመቤት ፈ. በጡረታ የተገለለ ሰ. ስራ የሌለው ሸ. ሌላ ካለ ይገለጹ-----

4. የትምህርት ደረጃዎ ሀ. ከ1 - 8 ኛ ለ. ከ9 - 12 ሐ. ከደረጃ 1-4 መ. ዲፕሎማ
ግ. የመጀመሪያ ዲግሪ ፈ. ሁለተኛ ዲግሪ ሰ. ሶስተኛ ዲግሪ ከዛ በላይ

5. የወር ገቢዎ ምን ያህል ነው ተብሎ ይገመታል? ሀ. እስከ 150 ብር ለ. ከ150 እስከ 600 ብር
ሐ. ከ 600 እስከ 1500 ብር መ. ከ1500 እስከ 3 000 ብር ፈ. ከ 3 000 ብር በላይ ሰ. ሌላ ካለ ይገለጹ -----

6. የቤተሰብዎ አባላት ብዛት ምን ያህል ነው? -----

ክፍል ሁለት

በዚህ ክፍል ከስኳር ሕመም ጋር ተያያዥነት ያላቸው ጥያቄዎች ቀርቦዋል።

3. የስኳር ሕመም እንዳለብዎ ከማወቅዎ በፊት ስለ ስኳር ሕመም መረጃ ነበርዎት?

ሀ. አዎ ነበረኝ ለ. አልነበረኝም ሐ. ሌላ ካለ እባክዎ ይግለጹ-----

4. የስኳር ሕመም እንዳለብዎ ለመጀመሪያ ጊዜ ያወቁት ከማን ነው?

ሀ. ከቤተሰብ ለ. ከጤና ጣቢያ ሐ. ከጓደኛዎ መ. ከትዳር አጋርዎ ሠ. ከኢትዮጵያ ስኳር ሕመም ማኅበር ሠ. ከሌላ ከሆነ እባክዎ ይግለጹ-----

5. የስኳር ሕመም እንዳለብዎ ካወቁ ምን ያህል ጊዜ ሆነው?

ሀ. ከ0 እስከ 3 ዓመት ለ. ከ3 እስከ 5 ዓመት ሐ. ከ5 እስከ 10 ዓመት መ. ከ10 ዓመት በላይ

6. የአለት ተአለት የመረጃ ምንጭዎ ምንድነው? (ከአንድ በላይ መልሶችን መስጠት ይቻላል)

ሀ. ሬዲዮ ለ. ቴሌቪዥን ሐ. ጋዜጣ መ. መጽሔት ሠ. ኢንተርኔት ረ. ከሰው ሰ. ሁሉም መልሶች መሆን ይችላሉ ሸ. ሌላ ካለ እባክዎ ይግለጹ-----

7. ስለ ስኳር ሕመም ከኤች.አይ.ቪ/ኤድስ በሽታ የተሻለ ግንዛቤ አለኝ ብለው ይገምታሉ?

ሀ. አዎ በቂ እውቀት አለኝ ለ. መጠነኛ እውቀት አለኝ ሐ. ምንም ዓይነት እውቀት የለኝም መ. ሌላ መልስ ካለዎ እባክዎ ይግለጹ -----

8. እንደ አንድ የስኳር ሕመምተኛ ግለሰብ ስለ ስኳር ሕመም ያለዎትን ግንዛቤ ለማስፋት ምን ምን ዘዴዎችን ይጠቀማሉ? /መልስዎን በአጭሩ ያስፍሩ/ -----

9. እርስዎ ስለ ስኳር ሕመም ያለዎትን ግንዛቤ ለሌሎች ያካፍላሉ?

ሀ. አዎ አካፍላለሁ ለ. አላካፍልም

10. ከላይ ለተጠየቀው ጥያቄ መልስዎ "አላካፍልም" ከሆነ እባክዎ ምክንያታችንን በአጭሩ ይግለጹ።

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11. በሐኪም ትእዛዝ የሚሰጠውን ሕክምና በአግባቡ ይከታተላሉ? ሀ. አዎ ለ. አልከታተልም

12. ከላይ ለተጠየቀው ጥያቄ መልስዎ "አልከታተልም" ከሆነ ምክንያታችንን በአጭሩ ይግለጹ።

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13. የስኳር ሕመም በባሕል መድኃኒት አማካይነት ይድናል ብለው ያምናሉ?
ሀ. አዎ አምናለሁ ለ. አላምንም

14. ከላይ ለተጠየቀው ጥያቄ መልስዎ "አዎ" ከሆነ እንዴት እንደሆነ በአጭሩ ይግለጹ

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15. የስኳር ሕመም በኃይማኖት እምነት አማካይነት /በጠበል ወይም በሌላ ከእምነት ጋር በተያያዘ/ ይድናል ብለው ያምናሉ? ሀ. አዎ አምናለሁ ለ. አላምንም

16. ከላይ ለተጠየቀው ጥያቄ መልስዎ "አዎ አምናለሁ" ከሆነ እንዴት እንደሆነ በአጭሩ ይግለጹ

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23. ለ 21ኛው ጥያቄ መልስዎ "አይሰጥም" ወይም "በመጠኑ ይሰጣል" ከሆነ ምክንያቱን ከስር ባለው ባዶ ቦታ ላይ በአጭሩ ያስፍሩ -----

24. ማኅበሩ ለአባላቱም ሆነ ለሕብረተሰቡ ስለ ስኳር ሕመምና ተያያዥ የጤና ችግሮች የግንዛቤ ማስፋት ስራ እንዲሰራ ምን ምን ዘዴዎችን መጠቀም ይኖርበታል ብለው ያስባሉ?

ሀ. መገናኛ ብዙኃንን ለ. የራሱን መገናኛ ዘዴዎን መጠቀም አለበት ሐ. ምንም አያስፈልግም መ. ሌላ መልስ ካለዎ እባክዎን በባዶ ቦታው ላይ ያስፍሩ -----

25. ስለ ስኳር ሕመም በሕብረተሰቡ ዘንድ ያለው ግንዛቤ ይበልጥ እንዲዳብር ትልቁን ድርሻ መወጣት ያለበት አካል ማን ነው ብለው ያስባሉ? ሀ. መንግስት ለ. የኢትዮጵያ ስኳር ሕመም ማኅበር ሐ. የጤና ባለሙያዎች መ. መገናኛ ብዙኃንን ሠ. ሌላ ካሉ እባክዎ ይግለጹ -----

26. ስለ ስኳር ሕመም በሕብረተሰቡ ዘንድ ያለው ግንዛቤ እንዲሰፋ በሚደረገው ጥረት ውስጥ የኢትዮጵያ ስኳር ሕመም ማኅበር ምን አይነት ሚና መጫወት አለበት ብለው ያስባሉ? እባክዎ ሀሳብዎን በአጭሩ ያስፍሩ -----

አመሰግናለሁ!!

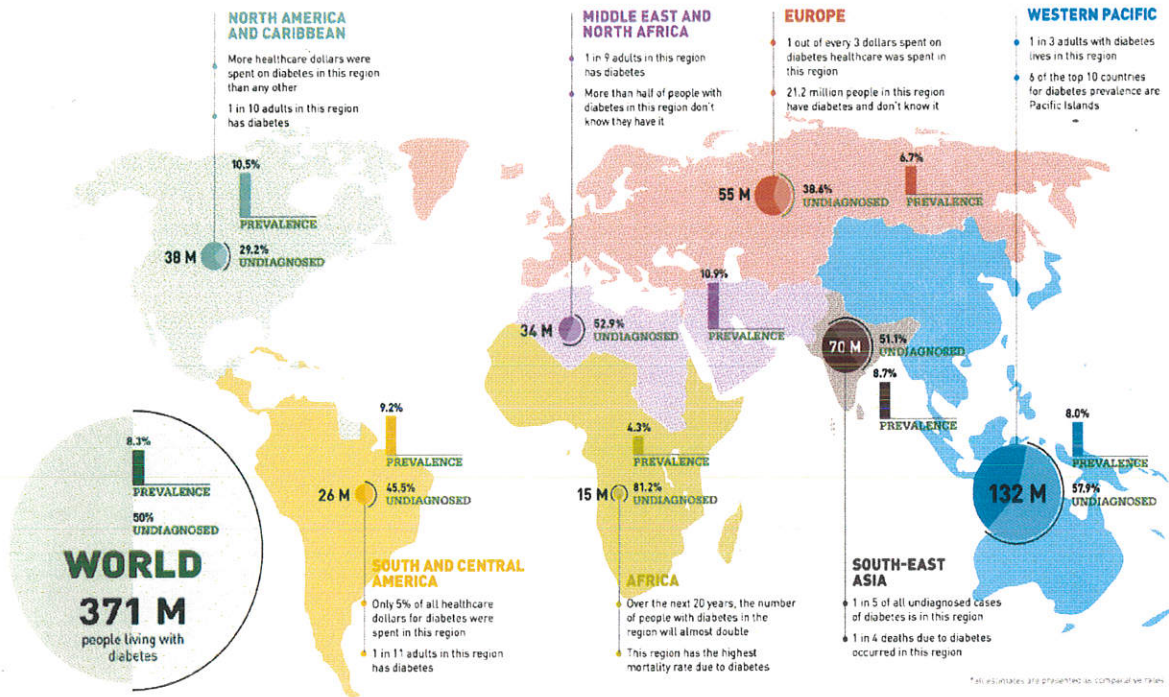
Annex IV – Participatory Observation

1. Is there any teaching aid to make further understanding among members of EDA?
2. How is the language to use in the process of teaching and learning on diabetes and related diseases?
3. Is the environment suitable for teaching and learning process on diabetes and related epidemics?

Health posts/stations Observation

1. Are there posters and flipcharts on diabetes in an easily recognizable site?
2. Are the words and pictures drawing on posters and flipcharts with regard to diabetes in an easily understandable way?

Annex V – 2012 Diabetes Atlas



Declaration

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

Name: Firew Mekuanint

Advisor

Signature: _____

Name: _____

Date of Submission: June 05, 2014

Signature: _____

Place of Submission: Addis Ababa

Date: _____