

**Audience Reaction to *Biiftuu Jireenyaa* Radio Program with  
Respect to Enhancing Child and Maternal Health Care**

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This is to certify that the thesis prepared by Hawi Alemu, entitled *Audience reaction to Biiftuu Jireenyaa* radio program with respect to enhancing child and maternal health care and submitted in partial fulfillment of the requirements for the Degree of Master of Arts in Journalism and Communication complies with the regulations of the University and notes the accepted standards with respect to originality and quality.

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## ABSTRACT

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There is no misgiving that any promotion program will succeed in achieving its objectives whenever the target audiences react in accordance with the planned reaction. Otherwise, the meaning of messages delivered via that specific program might be decoded in other way than intended which results in failure to meet planned objectives of the program. Despite the fact that, audience reaction study is invaluable, it is difficult to get ample research of same kind in Ethiopia. Being considerate of this gap, this thesis aims mainly at examining audience reaction to *Biiftuu Jireenyaa* i.e. a radio program that revolves around maternal and child health care. It tries to assess audiences' awareness level regarding child and maternal health care, challenges and motivating factors behind listening and understanding the program and correspondence between planned and actual audience reaction. To this end, the study has employed encoding and decoding theory, theory of reasoned action, social cognitive theory, theory of planned behavior and health belief model as its theoretical frameworks.

Triangulations of qualitative and quantitative methodological approaches have been used so as to gather appropriate data. Hence, 85 questionnaires were distributed to listening group member audiences found in randomly selected nine (9) listening groups out of eighteen (18). Three (3) focus group discussions were held with non-listening group audiences so as to make the study all inclusive. Each group contains eight (8) totals of twenty four (24) discussants. Interview was undertaken with nine (9) randomly selected out of eighteen (18) moderators of the listening group. Using the data gathered this way, an attempt was made to examine audiences' reaction.

The result of the study reveals that listening group member audiences are reacting to the program in accordance with planned audience reaction by producers of the program. But when it comes to non-listening group audiences, there is no such tremendous awareness level enhancement unlike listening group member audiences. This is so due to varied reasons such as low access to the program and lack of support from health extension workers whenever they are unable to understand message of the program. Nature of the program, way of delivery, topics raised in the program, real life experience of others shared in the program and discussion after the program are posed as major motivating factors behind listening and understanding the program by listening group member audiences. Non-listening

group audiences also share all motivating factors except discussion after the program. Background of audiences and language barrier are major challenges of understanding the program according to the findings of the inquiry.

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## List of Acronyms

DHS	Demographic and Health Survey
DS	Discussant
FGD	Focus Group Discussion
HEP	Health Extension Program
HEW	Health Extension Worker
I	Informant
MCH	Maternal and Child Health
MDG	Millennium Development Goal
MMR	Maternal Mortality Rate
VALS	Values, Attitudes and Lifestyles
RMNCH	Reproductive, Maternal, Neonatal, and Child Health

## Definition of Terms

- Idir In Amharic language, it is local organization for social affairs.
- Ikub In Amharic language, it is local organization for saving money.
- Injera In Amharic language, it is the name of major and regular food of Ethiopians.
- Gursha Both in Amharic and Afaan Oromoo language, it is tradition of feeding somebody else to show intimacy and love.
- Kebele Low level government structure below woreda.
- Woreda Government structure between woreda and zone.
- Zone Government structure above woreda.

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## **Chapter one: Introduction**

### **1.1. Background of Study**

The study of mass communication has been overwhelmingly concerned with the way in which the media influence their audience. However, a break may occur throughout the process: the intended meaning may not be conveyed in the coding process, the signal may be faulty and consequently not received, the decoder may infer meaning other than those intended and the message may be rejected by the receiver because there is no real feedback by which the receiver in turn becomes the sender and the communicator has no immediate cues to indicate whether this message has been received as intended, (Wells, 1972, p, 165).

To reduce the probability of occurrence of break in mass communication or to avoid it fully, number of methods are claimed as a remedy. Conducting audience research that show how much planned audience reaction towards the program is actualized is one of the methods. Research and evaluation are required in order to design, develop and implement effective health communication interventions. Unfortunately, most researches are done with an eye to solving health problems in the developed world, while pressing health problems in the developing world are often neglected. Even if research is done in developing countries, it seldom comes to the attention of health professionals.

Health communication strategies must also be geared towards a clearly defined target audience in order to achieve optimal effect. There are two kinds of target audiences, namely the primary target whose behavior is to be influenced directly, and the secondary target who can influence the primary target such as a family member who makes decisions about the household or health

worker with whom the primary audience comes into contact. Thus, as much information as possible should be collected about the target audiences, especially with regards to their views and understanding of disease.

In the initial stages of program development, exploratory audience research is used to learn about potential audiences and the types of incentives and barriers that the audiences perceive exist to adopting a new behavior (or ceasing an existing one), as well as which incentives and barriers might be addressed effectively by a communications effort. In addition, information often is obtained about the audience's preferred channels or formats of communication, respected or credible sources of information, and other issues that program planners may be considering.

The results from exploratory research are used to create preliminary concepts and/or messages to achieve communications objectives, such as increasing knowledge, changing attitudes, enhancing motivation to change behaviors, and increasing the perceived benefits of new behaviors. These concepts (depictions of different "reasons why" or benefits to behavior change relevant to the audience) then are tested to understand which concept appeals most to the audience and why.

On the basis of the results of concept testing, and before dissemination, the final products such as public service announcements, print advertisements, and educational materials are created and pretested with individuals from the same audience to ensure that they are understandable and compelling, culturally and linguistically appropriate, and supportive of steps to behavior change.

Audience research can be used to assess the impact of communication programs. This research may include testing the target audience concerning awareness of the message, the exposure to or use of the products, or the intention to change behavior.

The decision to use a particular medium should also be based on audience research rather than on assumptions about its utility and audience reach. For instance, certain technologies are not particularly useful when:

- They are utilized only by a small number of people.
- They are too complicated to be operated by an average person.

Audience research, which reveals the target audience's preferred media, should inform the choice of media. (<http://www.healthpromotionagency.org.uk/> accessed on January 2, 2014) According to Mytton, (1999: 20) audience research can be used to test if the objectives of any educational or information campaign have been successful. The objective is may be to increase awareness of a consumer brand - a new soft drink or a washing powder, or to make people aware of the dangers in drinking water from polluted sources. In these cases, messages via the media can be shown to increase awareness. Yet, it is reached on this kind of conclusion by conducting audience research.

Audiences are essential to the operation of mass media. They fund the industry by purchasing tickets, paying for subscriptions, and renting videos. They are sold to advertisers for billions of dollars. They are the source of the media's economic and social power. Yet, electronic media audiences are elusive. Dispersed over vast geographical areas, tucked away in homes, businesses, and automobiles, they remain unseen by those who try to know and manage them. Only through audience research do they become visible, Webster, Phalen, Lichty, (2006: 22).

To sum up, audiences are back bone of media. Without audience, it is impossible for media to exist and for them to be loyal, there must be audience research that let the institution identify target audiences and produce program accordingly so as to meet their very objectives.

According to Daniel Lerner (1958), mass media should be extensively and tactfully used for development. It should be kept in mind that it is a weapon in the hands of the government for positive developmental purpose. When the media are used for developmental purposes, the development communicator has to keep in mind that the usage should be extensive. The mass media structure should be planned and efforts should be made to reach out to the maximum number of people every time.

The role of media in development can be divided in to three: (1) to inform, (2) to instruct and (3) to participate, (Shramm, 1988).

To Inform: for the development of the society, correct social, political and economic influence is the main criteria. This information should be both national and international. People should be aware of the areas or facts which hamper the development process.

To Instruct: Mass literacy is an essential tool for development. This is possible by spreading basic skills among the people. Mass media play an important role in this. Mass media can instruct people and educate them.

To Participate: Voluntary and steady participation of the citizens of the country is necessary for its overall development. Such participation is possible in a liberal society. Such awareness is possible through debate, conflict and discussion. Discussions and debate helps people to know

current issues, participate in developmental programs and bring a change in the standard of living of the society.

These and/or other roles of media are well played if the specific form of media through which the message conveyed considers the target audience. The medium matters, for example, if the program that aims at illiterate audiences is delivered through news paper, it is impossible to convey the intended message. Thus, varied forms of media are used for varied purpose with respect to target audience.

Radio is one of these media channels that help to deliver message in an auditory form. What is more, it has a number of advantages over other media outlets as: reaching millions of listeners at a time, no need of reading and writing, less typographical limitation, possibility of using it in place where there is no supply of electric power and its merit of letting listeners follow the program simultaneously doing other thing.

In places where radios are still popular, they can be used, with great success, as health communication tools. Not only are they cheaper and more readily available in rural areas, their programs can also be adapted to suit local needs in terms of language, culture and values.

The mass media, in the form of the radio is an effective way to persuade target audiences to adopt new behaviors, or to remind them of critical information. Besides informing the public about new diseases and where to seek help, they can also keep the public updated about immunization campaigns. <http://www.uniteforsight.org/> accessed on January 2, 2014

Thus, radio wins preference over other media outlets to succeed in promoting societal health. The researcher, therefore, attempts to assess audience reaction on *Biiftuu Jireenyaa* radio

program with respect to enhancing child and maternal health care because of the following two reasons:

- 1, Saving mothers and children is assuring generation continuity
- 2, The issue of saving mothers and children life is sensitive; millennium development goal four and five are about reducing child and maternal mortality rate.

Accordingly, the researcher emphasizes on this issue because she believes that it is about a way to tackle child and maternal mortality problems for that awareness creation through media take the lion's share.

#### Goal 4: Reduce Child Mortality

The MDG target on child health is to reduce child mortality by two-third between 1990 and 2015. In Ethiopia, under-five child mortality has substantially declined to 88 per 1,000 live births in 2010/11 from 123 per 1000 live births in 2004/05, registering a 28.4% reduction over the period of five years (EDHS, 2011). However, the level of decline varies by household wealth category, level of mother's education and place of residence. According to the result of EDHS conducted in 2010, the under-five mortality rates are higher among children from poor families than those from more prosperous families. For example, under-five mortality rate amongst the children from the richest quintile is only 86/1000 live birth compared to 137/1000 lives for children from the poorest quintile. Similarly, children whose mothers completed higher education had the lowest under-five mortality rate 24/1000 live births compared to children whose mothers had no formal education 121/1000 live births. There are significant variations between rural and urban settings with UMR in urban area estimated at 83/1000 compared to 114

in rural areas. Infant mortality has declined from 97 in 2000/01 to 59 in 2010/11. The health extension programs and the expansion of health facilities have played a significant role in reducing child mortality rates in Ethiopia over the last decade.

#### Goal 5: Improve Maternal Health.

Ethiopia has one of the highest rates of maternal mortality in Africa. Progress on reducing maternal mortality has stalled since 2005 when the country managed to reduce maternal mortality rate (MMR) to 676 per 100,000 births in 2010/11 from 871 in 2000/01. This means that with the MDG target of 267 per 100,000 births by 2015, the country is clearly off-track on goal five. There are a number of factors behind this dismal performance, namely: delays in seeking skilled emergency obstetric care; delays in reaching the health facility, and delays in receiving a timely intervention after reaching the facility and large proportions of unmet family planning needs among girls in child-bearing ages. For example, although the percentage of women (aged between 15 and 49) using modern contraception increased from 6.3% in 2000 to 18.7% in 2011 and contraceptive use prevalence rate for the same age group increased from 6% in 2000 to 29% 2010/2011 (EDHS, 2011), performance on these indicators is still very low compared to many African countries. In addition, the percentage of deliveries attended by skilled birth attendants was only 20.4% in 2011/12, much lower than skilled delivery of 74% and 44% respectively for urban and rural communities in the Southern and Eastern African region. The UN Country Team is working with the Government of Ethiopia to apply the MDGs Acceleration Framework (MAF) and develop an action plan for accelerating progress on maternal health. (Ethiopia MDGs Report 2012)

## 1.2 Statement of the Problem

It is obvious that there is no sole meaning of development. Some scholars define it as only economic growth and some others claim as it is all inclusive: economic, social, cultural, and political development.

Moemeka (1994:11) argued that development is not only what many view it as a change in economic, technological or mere material aspect. It is also a change in the people's mental, emotional, physical, and spiritual intelligences. Therefore, though seen from different perspectives, development means one basic thing in all perspectives and to all people – a change for the better in the human, cultural, socio-economic, and political conditions of the individual and consequently of the society. It is not solely a matter of technology or of gross national product; more importantly, it is a matter of increased knowledge and skills, growth of new consciousness, expansion of the human mind, the uplifting of the human spirit, and the fusion of human confidence.

Dejene et al. (2007:25) cited in Abdulaziz (2010) shows that the UNDP also values the human development aspect of advancement through the attainment of long lasting political freedom, literacy and health.

Hence, there is a considerably shared contemporary understanding that development is an attainment of a relatively comfortable socio-economic, political and cultural state by people in particular and their country in broader circumstance. Distinctively, it is about improvements in the social matters including health (physical and spiritual), and literacy and media consumption.



Having seen scholarly definitions of development, it sounds logical to have a look at what development goals target so as to negotiate various views given about what is meant by development.

According to Serveas and Malikhao (2005; Melkote, 2002), many development goals target changes of some kind. However, most would agree that 'development' means improving the living conditions of a society. Thus, development of any kind adds value to the betterment of a society. Whatever the target of development goal, having a healthy society precedes achieving the intended goal. Health improvement is one and first step to societal living conditions improvement. Accordingly, reducing maternal mortality rate by three quarters and under-five mortality rates by two-thirds by 2015 is among Ethiopian millennium development goals (UN, 2009).

Yet, various hindrances are there that keep these goals from being met. Barriers of effective health communication take the lion's share. Below are some of them:

- **Low Health Literacy:** Because health information is normally relayed in the form of written communication, the illiterate/semi-illiterate often cannot access the information. Thus, health literature should be custom-made for each target audience and written in a style appropriate to their level of comprehension. At the same time, health literacy programs should train low-literacy individuals to avail themselves of these health resources.
- **Limited Internet Access:** The Internet has become the channel of choice for information delivery worldwide. However, in certain communities, even in the developed world,

internet access is still too costly, or maybe even outright unavailable. Moreover, though there is abundant health information on the Internet, it is still out of reach of those in resource-poor settings. Given the importance of the Internet in disseminating vital health information, there should be increased effort to bring access to rural communities and the developing world.

- **Lack of Research Activity in Developing Countries:** Research and evaluation are required in order to design, develop and implement effective health communication interventions. Unfortunately, most research is done with an eye to solving health problems in the developed world, while pressing health problems in the developing world are often neglected. Even if research is done in developing countries, it seldom comes to the attention of health professionals.
- **Inability of Health Workers to Communicate with Patients:** Due to various communication hurdles such as language barriers, socio-cultural differences etc., health workers sometimes have difficulty transmitting vital health information to their patients. Moreover, given the shortage of human resources, which is a common problem in developing countries, health workers often deal with multiple patients at a time, making communication even more difficult. (<http://www.uniteforsight.org/> accessed on January 6, 2014)

Due to these and related problems, declaring healthy life style becomes difficult especially in developing countries. Thus, a report of the 2011 independent Ethiopia Demographic and Health Survey (DHS) shows infant deaths have decreased by twenty three percent, under five deaths have decreased by twenty eight percent and the number of women using contraceptives has

doubled. However, Ethiopia's maternal mortality rate continues at an unacceptably high level. (WHO, 2011)

There is tangible progress after due attention given by government towards health in general and maternal and child health care in particular. Yet, Leaving alone the developed countries, it is obvious that Ethiopia's child and maternal mortality rate is high relative to some developing countries.

To this end, number of studies are undertaken to know where the problem lies and to go step ahead as a search for remedy. Among these, Hayimanot (2013) studied communication strategies used by health extension program workers to reduce maternal and child mortality in the rural areas of Amhara region; however, this study is unique in that it intended to examine audience's reaction to ***Biiftuu Jireenyaa*** radio program with respect to enhancing child and maternal health care of Oromia region West Showa audiences. Moreover, this thesis emphasizes on how audiences make use of ***Biiftuu Jireenyaa***.

### **1.3. Objectives of the Study**

#### **1.3.1. General Objective**

General objective of the study is to examine how audiences react to messages conveyed through *Biiftuu Jireenyaa* radio program with respect to enhancing child and maternal health care.

#### **1.3.2. Specific Objective**

- To examine the level of awareness of child and maternal healthcare among the program's audiences
- To identify motivating factors behind listening and understanding *Biiftuu Jireenyaa*
- To examine the correspondence between the program's planned and actual audience reactions
- To identify major determinants of audience reaction towards the program's messages

#### **1.4. Research Questions**

- To what extent has the audience acquired new knowledge as a result of *Biiftuu Jireenyaa*'s messages?
- What are motivating factors behind listening and understanding *Biiftuu Jireenyaa*?
- To what extent are the program's plans regarding audience reaction actualized? and
- What factors do affect the audience's reaction to the program's messages

### **1.5. Significance of the Study**

As the research aims at examining how the audience reacts to *Biiftuu Jireenyaa* radio program with respect to enhancing child and maternal health care, its primary significance is to West Showa zone listeners of Oromia region because it lets the program producers know how much they are effective on achieving their goals (awareness creation to enhance child and maternal health care) and strive to fill their gaps if available and keep up on positive achievements. Producers of the program (the project supporting the program,) will also benefited from the study as it enables them to know the loophole which one way or another let them achieve their objectives.

### **1.6. Scope of the Study**

This study focuses on the reaction of audiences to *Biiftuu Jireenyaa* radio program in enhancing child and maternal health care. It will examine the extent to which listeners of the program acquired new knowledge. The research is limited to Oromia region, West-Showa zone *Biiftuu Jireenyaa* radio program listeners: nine listening groups from Jeldu, Toke kutaye and Dendi woredas.

It would have been much more preferable if this research will encompass more areas, yet due to factors as time and finance it is difficult to do so.

### **1.7. Organization of the Study**

This thesis encompasses five chapters. The first part goes through background, statement of the problem, objective of the study, research questions and significance of the study. Next is review

of related literature and theoretical underpinnings whereas the third chapter deals with methodology of the study. In the fourth chapter, demographic distribution of respondents and discussion of findings are included. Finally, the fifth chapter summarizes the thesis and suggests recommendations.

## Chapter Two

### 2. Review of Related Literature

This chapter focuses on review of some literatures; hence, it begins with brief discussion of audiences of mass media followed by media and health as well as examination of theoretical framework. It will also try to touch on other issues that are relevant to the study.

#### 2.1. Audiences of Mass Media: An overview

Audiences are defined in number of ways with various scholars at various times. As to Wicks audiences are categorized into mass and segmented. He noted: "The mass audience is most often viewed as homogeneous composition of individuals who are separate from one another and behave independently. The members of this audience are anonymous to the messages producer. Little interaction takes place among the people that make up the mass audience and the message are presumed to have a uniform influence of each member" (Wicks, 2001:37).

According to Ross & Nightingale, (2003:6), only those people who are actively engage with the media are considered as audiences. This view emphasize that, "people are audiences when they are in an audience and in audience". For this group media events do not only entail people to be in attendance at a particular time but also to 'physically, mentally and emotionally engage with media materials, technologies and power structures'.

McQuail gives a more comprehensive definition of the audience with his view that the term can be described in 'different and overlapping ways':

By place (as in the case of local media); by people (as when a medium is characterized by an appeal to a certain age group, gender, political belief or income category); by the particular type of medium or channel involved (technology and organization combined); by the content of its messages (genres, subject matter, style); by time (as when one speaks of the 'daytime' or 'primetime' audience, or an audience that is fleeting and short-term compared to one that endures. (2000: 360)

The other view about audience definition asserts other way of defining audience than aforementioned approaches Lacey (2002: 183-184).

.....audiences are not simply commodities to be sold to advertisers, Possibly a better way of defining audiences is by categorizing them by the values and attitudes they hold and the lifestyle they have; these are psychographic variables. For example, one of the better known systems is the Values, Attitudes and Lifestyles (VALS).....

Thus, below is discussion of audience's definition being categorized by VALS system.

**Actualisers-** are successful, wealthy, dynamic people for whom image is important as an expression of their individuality.

**Fulfilleds-** are mature people who are well-educated professionals. This group values order, knowledge and responsibilities.

**Achievers-** are successful and career-orientated people. They are politically conservative and value the status quo. Image is important to them and they tend to buy established, well known products.

**Experiencers-** are young, impulsive and rebellious. They like new products and styles but soon tire of them and search for new novelties. They spend as much as they can afford on clothing, fast food, music and films.

**Believers-** are conservative people who believe in traditional institutions, such as the Church, and in the importance of the family and community. Their lifestyle tends to be very routine. Their income is small but sufficient.

**Strivers-** tend to be unsure of themselves and have a low income. They are striving for approval from others, which they feel they could gain ownership of possessions, most of which they cannot afford.

**Makers-** are do-it-yourself enthusiasts and tend to live a conventional, family life.

**Strugglers-** are on the lowest income and tend to be loyal to their favorite brands.

One way or another, it is recommended that media institutions should clearly identify who their audiences are as an input for betterment of programmes and level of meeting their objectives.

The impulse to measure audiences of the media has been both practical and theoretical. The media producers want to know how many people are reading, listening, or watching and what their age, sex, income, and other characteristics are so as to match the editorial formula or program with the people. Each medium offers a particular combination of characteristics

contents which tend to divide in to two broad categories: fantasy-escape and information-education. However, audiences can satisfy their interest of gaining both categories by using more than one medium. Brown, Rivers, and Brown, (1978: 63 and 64)

In developing countries like Ethiopia, most of audiences are forced to use single medium whether it gratify them or not. This is so as a result of varied limitations as: topography, lack of infrastructure, finance, literacy and others.

Wilbur Schramm has suggested two general principles to explain audience's selection and use of the media: the principle of least effort and promise of reward.

**1, least Effort Principle:** As to this principle, the reader, listener, or viewer takes the route of least resistance in choosing communications offerings. Several factors explain this aspect of communication behavior. Availability of the medium, expense spent on the medium, and time are among the main factors that affect media selection and use.

Availability of the medium: all other things being equal, audiences help themselves to whatever communication at hand. Regardless of any medium that is accessed is used in order to satisfy their needs and wants and as a remedy to avoid lack of information or other services that are gained via media.

Expense spent is other factor that affects audience's media selection and use. Money spent on one medium may prevent expenditure on another.

Time also affects communications behavior: leisure time comes at different periods for different audiences and affects both selection and use of media.

Role, habit, and custom may affect media choices, for it is easier to continue behavior patterns than to change them. Communications behavior, in fact, becomes a part of social behavior, and some selection of media fare is really just a habitual social act.

**2, promise of Reward:** this principle claims that audiences choose from the available communications whatever they think will give them the greatest reward. These rewards are, immediate or delayed. Content that pays its reward at once may relax tensions or help in problem solving. Content that pays its rewards in the future may promise information useful for social effectiveness. Both principles point out that communication behavior is active, conscious, rational, and goal directed. Whether audiences lay in one of the above principles or not, they have shifting nature and also their needs and wants.

No matter how the changing nature of their needs and wants, audiences select and use media outlets for varied purposes. Some of them use it for its reward, others as form of diversion from their daily routines as well as problems and some others may use it as a way to relax and kill time. (P, 64 -65)

## **2.2. Audience Research**

Audience research is more than a matter of knowing if anyone is listening or viewing, important though this undoubtedly is. By audience research we mean the various methods and techniques used to find out about the audience. It covers a wide range of information gathering exercises. For whom is a program intended? Are target audiences listening or viewing? If programmes are aimed at children, are children actually watching or listening? If educational programmes are made and transmitted, are they meeting a need perceived by the broadcaster but not by the

intended audience? If the broadcasts meet an audience need, are they made in such a way that will attract the intended audience? Are they available to listen or watch at the time allocated? Do they know about the programmes? What is their experience of using the programmes? Mytton (1999: 15)

Audience research can be used as a means of maximizing the effectiveness of public advocacy campaigns, and of improving and enhancing education and information for effective democracy and good government. Audience research is a means of providing essential information to aid the creative process of program making. It can be used as a means of maximizing the efficient and cost-effective use of limited resources. And it can be used to ensure that the objectives of any educational or information campaign have been successful. (Ibid, 19-20)

### **2.3. Health Promotion**

There is no consensus as to the definition of health promotion. Health promotion is a discipline that seeks to improve the health of individuals and communities through education, behavioral change and environmental improvement. It draws from a number of complementary disciplines, such as psychology, sociology, the biological and clinical sciences, and business (marketing and management) to help individuals and communities change their behaviors and improve their environments. (Ottawa Charter, 1986)

Health promotion is the process of enabling people to exert control over the determinants of health and thereby improve their health by taking action. Thus, health promotion is not something that is done on or to people; it is done by, with and for people either as individuals or as groups. The purpose of this activity is to strengthen the skills and capabilities of individuals to

take action and the capacity of groups or communities to act collectively to exert control over the determinants of health and achieve positive change. It is a powerfully relevant strategy for social development in particular as an important set of strategies to address the factors influencing inequalities in health. Health promotion also encompasses the principles that underlie a series of strategies that seek to foster conditions that allow populations to be healthy and to make healthy choices. (<http://www.healthpromotionagency.org.uk/>) accessed on Monday, March 17, 2014

Health Promotion is the art and science of helping people discover the synergies between their core passions and optimal health, enhancing their motivation to strive for optimal health, and supporting them in changing their lifestyle to move toward a state of optimal health. Optimal health is a dynamic balance of physical, emotional, social, spiritual, and intellectual health. (<http://www.healthpromotionjournal.com>) accessed on Monday, March 17, 2014

According to Bracht (1990, 29) health promotion is “the process enabling people to increase control over and to improve their health.” There are two theoretical and sometimes ideological perspectives on health promotion. The first emphasizes political and sociological organization or “system” factors in health while the second emphasizes personal and small group decision making.

The advocates of system view argue that interventions aimed at changing the behavior of individuals are inadequate because the system is a more powerful and pervasive determinant of behavior and of health than decisions made by individuals operating in a supposed free-choice situation. They also claim that the system advocates, a focus on individual behavior is too appealing to conservative governments, it allows them to evade their responsibility for social change. It tends to lead to a brand of health promotion most suitable for the middle class and to

charges of victim blaming, where in ill health resulting from faulty life styles is seen as the responsibility of individual rather than the result of the social pressures under which individuals live.

The other perspective on health promotion emphasizes personal and small group decision making. It claims that life style areas shown to account for the major causes or behavioral risk factors of disease and disability in their societies can be quantified and specifically targeted for strategic planning. (Ibid P, 30 and 31)

#### **2.4 Health from the Perspective of Growth and Transformation Plan of Ethiopia**

Expanding human capital and improving human development outcomes is still a central pillar strategy of Growth and Transformation Plan. The Government has been taking measures to improve the human resource development as healthy, productive, and trained human resource is essential for the implementation of government policies, strategies and programs. The main ingredients of this pillar are higher education and adult education, better primary health care, better and closer access to safe water and sanitation facilities, halting the spread of HIV/AIDS and other infectious diseases, better food security and nutrition, and housing conditions.

In the past years, remarkable achievements have been recorded in the expansion and construction of health facilities, and improve the quality of health service provision. The Health Extension Program (HEP) is an innovative health service delivery program that aims at universal coverage of primary health care. The program is based on expanding physical health infrastructure and developing Health Extension Workers (HEWs) who provide basic preventive and curative health services in the rural community. Health Sector Development Program IV is designed in line with

the overall directions of the government for the next five years. The most priority areas of the health sector development program will be maternal and newborn care, child health, halt and reverse the spread of major communicable disease such as HIV/AIDS, TB and Malaria.

The core elements of the health policy are democratization and decentralization of the health care system, development of the preventive, promotive and curative components of health care, assurance of accessibility of health care for all segments of the population and the promotion of private sector and NGOs participation in the health sector. Besides, the health policy gives focus on providing health promotion and disease prevention, curative and rehabilitative services, public health emergency preparedness and response to enable the population to produce its own health.

The health sector development plan aims at ensuring community ownership and empowerment through effective social mobilization, enhanced and sustained awareness creation, and creating conducive environment and supporting community organizations. HEP will serve as a primary vehicle for prevention, health promotion, behavioral change communication and basic curative care through effective implementation of the 16 packages.

The delivery of quality health services is central to improving the health status of the population. The Quality of Health service applies a three-pronged approach to improving quality of health services. A Health Care Financing Strategy aims at increasing resource flows to the health sector, improving efficiency of resource utilization, and ensuring sustainability of financing to improve the coverage and quality of health service. Involving the community in the planning, implementation, monitoring and evaluation of health interventions will be enhanced. The role of private sector in the delivery of health service will be strengthened in the coming five years.

Integration of the vertical program interventions at the point of health service delivery will be accorded utmost attention.

Private health care providers will be strengthened, motivated, monitored and regulated in order to provide and satisfy the citizens by providing quality health service. The Design of Health sector strategic plan has also fully considered and seeks alignment with other policies and strategies that have already been under implementations in the health sector such as the Health Care Financing Strategy, Health Insurance Strategy and Human Resource Development Strategy and other sectors strategies and policies. (GTP, 2010)

## **2.5. Media and Health**

According to (Bratch, 1990:, 155) media are community health promotion resources that are sometimes left not used to their full potential. According to Flora, Maibach and Maccoby (1989) cited in Bratch (1990, 145), media messages can be the primary agent for change in a community health promotion program.

Lifestyle change can be facilitated through a combination of learning experiences that enhance awareness, increase motivation, and build skills and, most importantly, through the creation of opportunities that open access to environments that make positive health practices the easiest choice. (<http://www.healthpromotionjournal.com>) accessed on Wednesday, March 19, 2014

To fully realize mass media's role in facilitating the pursuit of health education and promotion, and disease prevention, health communicators need to exploit multiple mass media and

interactive digital media channels and carry out carefully planned media strategies to reach intended audiences.

Regardless of medium or strategy, Griffiths and Knutson (1960) argued that “three effects might occur: the learning of correct health information, the changing of health attitudes and values, and the establishment of new health behavior” (515).

In their role of instructing the audience, media help audiences know how to prevent themselves from problems that may happen to them and to overcome after facing them. Health related problems take the lion share among issues promoted through media outlets.

The mass media helps health workers expand their audience reach, which is crucial considering the fact that face-to-face channels of communication often require too many human resources and reach only a small number of people in large, underserved rural areas. The mass media provides an important link between the rural residents and vital health information. It can also “empower rural populations to fight major causes of infant mortality such as diarrheal dehydration and diseases which can be prevented through vaccination, inform large numbers of people of seasonal or daily variations for such activities as an immunization campaign or availability of a new product or service, teach new health skills such as how to mix oral rehydration solution, promote new health behaviors such as motivating ad hoc or organized listening groups, and increase community acceptance of health workers.

(<http://www.uniteforsight.org/>) accessed on Tuesday, March 25, 2014

There are four roles of media messages in public health interventions: (1) primary change agent, (2) compliment to other interventions, (3) means of recruitment and promotion of services and programs, and (4) provider of support for life style (health) changes.

### **1. Media as Primary Change Agent**

Here media are the primary or sole means of influencing the targeted endpoint, whether knowledge gain, shifts in social norms or behavior change. Health professionals commonly use media alone to achieve health promotion goals.

### **2. Media as Complement to Other Interventions**

Media can be integrated in to program that combines multiple channels of communication. Mass media campaigns utilizing multiple channels were reasonably successful in changing knowledge, attitudes and behavior in some instances.

### **3. Media as Promoter of Programs**

Media are used to familiarize audience members with health behaviors products and services and to encourage them to participate in programs.

This is the most commonly ascribed role for media in health promotion program.

### **4. Media as Supporter of Life-style Change**

Media reinforce messages, support health changes, encourage maintenance of change and keep health issues on the public agenda. Flora, Maibach and Maccoby (1989) cited in Bratch, (1990:, 145)

## **2.6. Radio as Health Promotion Medium**

Radio as mass communication medium has numerous contribution to societal health improvement. It is obvious that one medium has advantage over the other, but in case of developing countries like Ethiopia, radio's advantage over the others exceeds for the very reason that access to others is not as easy as radio to target audiences.

According to McLeish, (1999) radio is easily accessible and portable- its price is cheap relative to other mediums such as television. Its size is small enough to hold at almost any places and it also uses battery (dry cell) and can be used in places where electricity is unavailable. This nature has made radio to be the most widely used medium in the Third World countries like Ethiopia.

Moreover, it's nature of imaginative (letting listeners imagine to the best of their capacity, the pictures and actions of characters just only listening the sound) and reaching remote villages, eases health promotion via radio.

## **2.7. BBC's Radio Programs Regarding Maternal and Child Health Care**

BBC media action (formerly BBC world service trust) is an independent, international charity set up by BBC with the objective of using media to support international development. The organization works around the world to raise awareness and influence attitudes and behavior amongst poorer communities, as well as to build capacity in the media sector in developing countries.

Since 2002, BBC media action has been working in Ethiopia, working with key media partners in delivering educational programs about health and other development topics. Specifically BBC

media action has worked on trachoma prevention, HIV/AIDS prevention and awareness creation, sexual reproductive health, livelihoods and female empowerment.

Currently, the BBC media action is embarking on a mass media maternal and child project. This aims to improve information about health services, such as antenatal and post natal care and institutional delivery in Oromia regions where there are high rates of neonatal, infant and maternal mortality. The aim is to improve, through mass media campaign, health-seeking behavior and so improve the health of mothers and babies. To do so, BBC media action produced interactive radio programs in partnership with national and local radio broadcasters.

Launched by BBC Media Action in 2013, *Biiftuu Jireenyaa*, which means "Dawn of Life" in Afan Oromo, and *Jember*, which means "maternal light" in Amharic, are radio programmes designed to improve reproductive, maternal, neonatal, and child Health (RMNCH) in Ethiopia. The radio programmes deliver a series of lessons focused on maternal and neonatal health, and are also designed to reflect the varied preoccupations and experiences of the listeners themselves, and tackle such topics as the demands of making a living in rural areas or the challenges of relationships. Presented by a male and female presenter team, both programmes use interviews, discussion, and fly-on-the-wall encounters between health workers and women. The programmes are funded by the United Kingdom's Department for International Development.

### **2.7.1. Communication Strategies:**

*Biiptuu Jireenyaa* is a 30-minute radio programme broadcast on Friday evenings on Oromia Radio at 9:10 p.m. with a Sunday morning repeat, and *Jember* is broadcast on Sunday afternoons and repeated on Wednesdays morning. Both programmes follow similar health themes but careful attention is paid to regional differences in their audiences. As well as interviews recorded in people's homes and in the field, the show also features 'fly-on-the-wall' recordings – of, for example, what really happens behind a clinic door when a woman goes for an ante-natal check-up. Music, proverbs, and poetry are also interwoven to reflect Ethiopians' strong tradition of storytelling. The programmes are recorded on location by local producers in Afan Oromo and Amharic, Ethiopian languages spoken by more than two thirds of the population.

According to BBC Media Action, fundamental to the approach of the programme is the idea that women in rural areas do not simply define themselves as patients. There are many different demands competing for their attention, including the price of foods, the quality and quantity of the harvest, access to markets, the availability of water, the cost of secondary education, and the settling of sons and daughters in satisfactory marriages. Pregnancy and birth takes place in this broad context and the programmes are designed to respect and acknowledge this.

While the primary intended audience is women of child-bearing age, the programmes are also designed to appeal to their husbands as well, as men tend to have control over the household radio and play a crucial role in either promoting or blocking the family's access to health care. To encourage women's access to the programmes, for example, the team has included a short spot in each programme encouraging men to share their radio with their wife.

## **2.8. Theoretical Frame Work**

This section discusses the theoretical underpinnings of audience reaction to *Biiptuu Jireenyaa* radio program with respect to enhancing child and maternal health care being preceded with an overview of media effect research theories history.

### **2.8.1. Media Effect Research Theories: an overview**

The history of media effect research is characterized by a debate between two different camps: one emphasizing the effects media has on their audiences, and the other stressing the variety of ways in which different audiences make use of media out puts. Common-sense leads many to believe the media has strong influence on people's attitude and behavior. Despite there was no water tied consensus as to media effect, various theories were developed to examine this common sense. The earliest theoretical perspective on media effects has been described as 'hypodermic needle theory.' It asserts that, media has direct effect towards the audiences, whereas, two-step model shifted the focus away from the individuals as being 'passive' dupe of the media implicit in hypodermic theory. It argued personal influence is significant in changing people's opinion and the media have limited effect on shaping individuals decisions about the choices they make. Williams, (2003:166)

Hence, the debate and theorizing continued till this day. Having said this much regarding media effect theories, let as come back to theoretical underpinnings used for this study's consumption. As the study primarily aimed at examining how audiences react towards messages conveyed via *Biiptuu Jireenyaa* radio program, encoding and decoding theory will be the first.

### **2.8.2. Theory of Reasoned Action**

Ajzen and Fishbein's theory of reasoned action is developed with the aim of explaining volitional behavior. The theory posits the strongest or most proximal predictor of individual behavior is one's behavior intention. Behavioral intentions are thought to be the result of both an individual influence and a normative influence. The individual influence on intention is a person's attitude toward performing the volitional behavior. The normative influence on the other hand is one's subjective norm: how significant others would feel about performing the volitional behavior. However, it excludes a wide range of behaviors such as those that are spontaneous, impulsive, habitual and the result of cravings for their performance might not be voluntary as engaging in those behaviors might not involve a conscious decision on the part of the actor. Moreover, behaviors which may require special skill, unique opportunities or the cooperation of others to be performed are also excluded as they may prevent individuals from performing the target behavior.

The other key component to the theory of reasoned action is attitude or valenced response toward engaging in some volitional behavior. While social scientists disagree about the origins of attitudes, Fishbein and Ajzen (1975) suggest that an attitude toward performing some behavior is a function of the beliefs that one holds regarding the behavior.

Thus theory of reasoned action emphasized that for an individual to engage in volitional behavior, his or her attitude towards the target behavior matters. However, there is what is called belief at the heart of social learning theory. The theory noted that an attitude toward performing some behavior is a function of the beliefs strength and belief evaluation that one holds regarding the behavior.

...the evidence regarding the role of belief strength in predicting attitude is mixed.

There are two common methods for assessing beliefs. One method entails providing individuals with standardized list of beliefs that is generated by the researcher. An alternative method involves asking individuals to list unique sets of attributes related to a volitional behavior or attitude object...

This theory is criticized of three issues: the relationship between attitudes and normative beliefs, whether theory of reasoned action components are sufficient predictors of intentions and behaviors, and the restricted range of meanings encompassed by the theory. Most theory of reasoned action research reports a stronger relationship between subjective norms and intentions.

### **2.8.3. Social Learning (Cognitive) Theory**

Albert Bandura's social learning/cognitive theory (1977, 1989) is one of the earliest theories used in media effect research. The theory claims that people learn by: Observing what other people do, considering the consequences experienced by those people rehearsing what might happen in their own lives if they followed the other peoples' behavior, taking action by trying the behavior themselves, comparing their experiences with what happened to the other people and confirming their belief in the new behavior.

Beliefs of personal efficacy occupy a pivotal regulative role in the causal structure of social cognitive theory (Bandura, 1997). Perceived self efficacy refers to beliefs in one's capabilities to organize and execute the courses of action required to produce given levels of attainments. Although a sense of personal efficacy is concerned with perceived capabilities to produce effects, the events over which personal influence is exercised varies widely.

It may entail regulating of one's own motivation, thought processes, affective states and actions or changing environmental conditions, depending on what one seeks to manage.

Efficacy belief is a major basis of action. Unless people believe they can produce desired effects by their actions, they have little incentive to act. Exercise of control requires not only skills, but a strong sense of efficacy to use them effectively and consistently under difficult circumstances. Efficacy beliefs not only operate in their own right.

They act on other determinants in the regulation of behavior (Band- 1997). Beliefs in one's learning efficacy enhance acquisition of knowledge and skills for managing the demands of everyday life. They also regulate motivation by determining the goals people set for themselves, the strength of commitment to them and the outcomes they expect for their efforts. Belief in the power to produce effects determines how long people will persevere in the face of obstacles and failure experiences, their resilience to adversity, whether their thought patterns are self-hindering or self-aiding, and how much stress and depression they experience in coping with taxing environmental demands. The beliefs that people hold about their capabilities, therefore, affect whether they make good or poor use of the skills they possess. Self-doubts can easily overrule the best of skills.

People's beliefs about their efficacy can be developed by four main sources of influence. The most effective way of creating a strong sense of efficacy is through mastery of experiences. Successes build a robust belief in one's personal efficacy. Failures undermine it, especially if failures occur before a sense of efficacy is firmly established. If people experience only easy successes they come to expect quick results and are easily discouraged by failure. A resilient sense of efficacy requires experience in overcoming obstacles through perseverant effort.

The second way of creating and strengthening self-beliefs of efficacy is through the vicarious experiences provided by social models. Seeing people similar to oneself succeed by sustained effort raises observers' beliefs that they too possess the capabilities master comparable activities to succeed. Modeling influences do more than provide a social standard against which to judge one's own capabilities. Through their behavior and expressed ways of thinking, competent models transmit knowledge and teach observers effective skills and strategies for managing environmental demands.

Social persuasion is a third way of strengthening people's beliefs that they have what it takes to succeed. People who are persuaded verbally that they possess the capabilities to master given activities are likely to mobilize greater effort and sustain it than if they harbor self-doubts and dwell on personal deficiencies when problems arise. Successful efficacy builders do more than convey positive appraisals of capabilities. They structure situations for people in ways that bring success and avoid placing people in situations prematurely where they are likely to fail often. They measure success in terms of self-improvement.

People also rely partly on their somatic and emotional states in judging their capabilities.

They interpret their stress reactions and tension as signs of inefficacy. In activities involving strength and stamina, people judge their fatigue, aches and pains as signs of physical debility. Mood also affects people's judgments of their personal efficacy. Positive mood enhances perceived self-efficacy, despondent mood diminishes it. The fourth way of modifying self-beliefs of efficacy is to reduce people's stress reactions, alter their negative emotional proclivities and correct misinterpretations of their physical states.

Thus, the theory holds that behavior is determined by expectancies and incentives:

### (1) Expectancies

For heuristic purposes these may be divided into three types:

- (a) Expectancies about environmental cues (that is beliefs about how events are connected – about what leads to what)
- (b) Expectancies about the consequences of one's own actions (that is, opinions about how individual behavior is likely to influence outcomes). This is termed outcome expectation.
- (c) Expectancies about one's own competence to perform the behavior needed to influence outcomes. This is termed efficacy expectation (i.e., self-efficacy).

### (2) Incentives

Incentive (or reinforcement) is defined as the value of a particular object or outcome. The outcome may be health status, physical appearance, approval of others, economic gain, or other consequences. Behavior is regulated by its consequences (reinforcements). But only as those consequences are interpreted and understood by the individual.

Thus for example, individuals who value the perceived effects of changed life styles (incentives) will attempt to change if they believe that (a) their current life styles pose threats to any personally valued outcomes, such as health or appearance (environmental cues); (b) that particular behavioral changes will reduce the threats (outcome expectation); and (c) that they are personally capable of adopting the new behaviors (efficacy expectation).

#### 2.8.4. Health Belief Model

The HBM is a health specific social cognition model (Ajzen 1998), the key components and constructs (that is, complex theoretical components) are discussed below:

**Perceived Susceptibility:** is the subjective perception of the risk the individual is at from a state or condition.

**Perceived Severity:** is subjective evaluation of the seriousness of the consequences associated with the state or condition.

**Perceived threat, the product/sum of severity and susceptibility:** this defined quantum might be seen as indicative of the level of motivation an individual has to act to avoid a particular outcome.

**Perceived Benefits:** the subjectively understood positive benefits of taking a health action to offset a perceived threat. This perception will be influenced not only by specific proximal factors, but an individual's overall 'health motivation'.

**Perceived Barriers:** the perceived negatively valued aspects of taking the action, or overcoming anticipated barriers to taking it.

**Self-Efficacy:** this component has been added to the HBM on many occasions since the late 1970s, when Bandura first introduced this concept of act or task specific self confidence, i.e. belief in one's ability to execute a given behavior. (Bandura 1977)

Expectations, which are the product/sum of perceived benefits, barriers and self-efficacy,; this may be seen as indicative of the extent to which the individual will try to take a given action (Smedslund 2000)

**Cues to Action:** reminders or prompts to take actions consistent with an intention, ranging from advertising to personal communications from health professionals, family members and/or peers.

**Demographic and Socio-economic Variables:** these may include age, race, ethnicity (cultural identity), education and income.

Generally speaking, health belief model hypothesizes that health-related action depends upon the simultaneous occurrence of three classes of factors:

- The existence of sufficient motivation (or health concern) to make health issues salient or relevant.
- The belief “that one susceptible (vulnerable) to a serious health problem or to the sequelae of that illness or condition. This often termed perceived threat.
- The belief that following a particular health recommendation would be beneficial in reducing the perceived threat, and at a subjectively-acceptable cost. Cost refers to perceivers barriers that must be overcome in order to follow the health recommendation; includes, but is not restricted to, financial outlays.

Thus, for behavioral change to succeed, people must have an incentive to take action, feel threatened by their current behavioral patterns and believe that change of specific kind will be

beneficial by resulting in valued outcome at acceptable cost, but they must also feel themselves competent (self-efficacious) to implement that change.

In the history of attempts to explain, predict, and influence health related behavior, the health belief model has generated more research than any other theoretical approach. Its use has frequently yielded significant results, though the proportion of variance it explains, while variable across studies, is often lower than expected.

Researchers and practitioners have argued to continue to use the health belief model, but to incorporate self-efficacy both as an explanatory variable and as one that may be manipulated to good effect. Each of the sources of efficacy expectations provides points for potentially-effective interventions directed at behavioral modifications. In such attempts, however, one should not undervalue the importance of perceived benefits (outcome expectations).

## Chapter Three

### 3. Research Methodology

#### Introduction

This study intends to examine how audiences react to *Biiftuu Jireenyaa* radio program with respect to enhancing child and maternal health care. To this end, this section deals with Subjects of the study, data collection methods and sampling technique that the researcher used for successful completion of the research work along with literatures verifying appropriateness of the techniques. The research method used in this study is triangulation of quantitative and qualitative. Yet, quantitative one is used as a major method for it lets the researcher survey the attributes of higher sample size being objective with minimum cost (financial, labor and time).

#### 3.1. Subjects of the Study

Subjects of the study were residents in three woredas (Jeldu, Toke Kutaye and Dendi) of Oromia Regional state, West Showa zone which have both geographical and psychological proximity. It is believed that geographical proximity eases accessibility for it lets the researcher gather the required data in a given time span, with available budget and labor. Moreover, the more subjects are proximate the more they would be proximate psychologically. As psychology matters on reaction audiences on the program, this adds value to generalisability and transferability of subject's minimizing sampling error that may occur.

There are nineteen woredas in West Showa zone (eighteen village woredas and one town administration). Among these woredas, three woredas were selected based on three reasons: low

listenership, lack of access to radio and media dark areas (areas where signals can't reach) depending on consultation with regional government research.


**Jeldu** is one of the woredas in the Oromia Region of Ethiopia. Part of the West Showa Zone, Jedlu is bordered on the south by Dendi, on the southwest by Ambo, on the north by Ginde Beret, on the northeast by Meta Robi, and on the southeast by Ejerie. Towns in Jeldu include Chebi, Gojo, Osole, and Shekute.

The 2007 national census reported a total population for this woreda to be 202,716, of whom 99,896 were men and 102,820 were women; 14,384 or 7.1% of its population were urban dwellers. The majority of the inhabitants said they practiced Ethiopian Orthodox Christianity, with 49.89% of the population reporting they observed this belief, while 36.94% of the populations were Protestant, and 12.8% practiced traditional religions.

**Toke Kumatye** is one of the woredas in the Oromia Region of Ethiopia. It was part of Ambo woreda. Part of the West- Showa Zone, Toke Kutaye is bordered on the east by the Ambo Zuria, on the north by Midakegn, on the west by Cheliya. The largest town is Guder.

The 2007 national census reported a total population for this woreda to be 119,999, of whom 59,798 were men and 60,201 were women; 15,952 or 13.29% of its population were urban dwellers. The majority of the inhabitants said they practiced Ethiopian Orthodox Christianity, with 49.48% of the population reporting they observed this belief, while 32.8% of the population was Protestant, and 16.25% practiced traditional beliefs.

**Dendi** is one of woredas in the Oromia Region of Ethiopia. Part of the West-Showa Zone, Dendi is bordered on the south by the Southwest Showa Zone, on the west by Ambo, on the north

by Jeldu, and on the east by Ejerie. The administrative center  woreda is Ginchi; other towns in Dendi include Ehud Gebeya, and Olonkomi. Elfata woreda was separated from Dendi.

The 2007 national census reported a total population for this woreda of 165,803, of whom 83,988 were men and 81,815 were women; 25,322 or 15.27% of its population were urban dwellers. The majority of the inhabitants said they practiced Ethiopian Orthodox Christianity, with 84.98% of the population reporting they observed this belief, while 8.47% of the population practiced traditional beliefs, and 5.11% were Protestant.

Thus, from each of these woredas, there are three kebeles with two listening groups. For this study's consumption, among all (eighteen) listening groups, nine of them were randomly selected: one listening group from one kebele. To encompass none listening group audiences, one focus group discussion has been taken from each kebele. Interview is undertaken with the moderator of the groups to crosscheck the validity of data gathered using aforementioned tools as well as to fill gaps that incase happen using questionnaire and focus group discussion.

Each listening group contains ten members; (total of ninety informants) eight members in each focus group, (total of twenty four discussants) and one moderator from each listening group, (total of nine respondents) were selected as a representative samples.

As such, three listening groups, three moderators and eight focus group discussants were randomly selected from one woreda. According to Bertrand and Hughes (2005: 64) population should be small enough to be practically manageable and large enough to the sort of data that is required as an input to conduct the study. Hence, the researcher believed that 123sample size is representative and manageable.

### 3.2. Data Gathering Method

Triangulation of quantitative and qualitative method of data collection and analysis is deemed to be the best options for the study as it enables the researcher get as much data as needed and allow generalization. Employing quantitative and qualitative research method, the researcher sought to undertake assessment of the level of awareness of child and maternal healthcare among the program's audiences, correspondence between the programs planned and actual audience reactions and major determinants of audience reaction towards the program's messages

#### 3.2.1. Survey

Survey is a method of collecting data from people about who they are (education, finance, etc), how they think (motivation, belief, etc), and what they do (behavior) in a condition that is difficult to observe directly what is needed to study. (Balnaves and Caputi, 2001, p, 75 and 76) Moreover, survey is appropriate measure to assess change at the individual level of awareness of the program, knowledge about the program being addressed, and appropriate changes in behavior. (Bratch 1990, p, 60)

This study has made use of survey method. As large amount of data from large number of audiences which show their reaction is needed, it is difficult to get representative samples data from the population using sole qualitative methods that bound researcher to inadequate data.

According to Fink and Koseoff, 1985:14 cited in Balnaves and Caputi (2001:, 76) evaluating, the effectiveness of programmes' to change people's knowledge, attitude, health or welfare is one of the three major reasons for conducting survey. As it is already touched above, this study attempts to examine how audiences react on "Biiftuu Jireenyaa" audio program, the level of

awareness of child and maternal healthcare among the program's audiences, correspondence between the programs planned and actual audience reactions as well as major determinants of audience reaction towards the program's messages i.e. it evaluated whether *Biiftuu Jireenyaa* radio program is effective in enhancing child and maternal health care. Therefore, survey is best method in doing so.

Two major types of survey are used by researchers: descriptive and analytical (Wimmer and Dominick 1997, p, 137)

Analytical survey attempts to describe and explain why certain situations exist and two or more variables are usually examined. The results allowed the researchers to draw explanatory inferences (Wimmer and Dominick 1997, p, 137). This study also employed analytical survey method so that it is possible to examine available variable, their relationships, and how one can cause the other.

### **3.3. Data Collection Instruments**

The researcher has used questionnaire, interview and focus group discussion to gather data for the study. This is so to control lacks and handle expected problems that may occur in quantitative study, due to its nature of failing to be appropriate as that of qualitative, i.e. as there may be problem on filling questionnaire. Hence, it is advisable to supplement it with other data gathering instruments rather than conducting with questionnaire survey only so as to crosscheck validity of the data.

### **3.3.1. Questionnaire**

“Questionnaire is an extremely efficient data collection tool, which is self-sufficient and most popular survey option.” (Ruane, 2005: 123) As this study uses survey to be able to collect enough data from large sample, questionnaire is best in arriving at these representative samples of population. To this end, it is used as primary data gathering tool. The questionnaire has two parts (see appendix). The first part deals with personal profile of the informants whereas the second part goes through questions that deal with theme of the study. The questionnaire contains seventeen questions excluding personal profile of respondents. Nine open ended and eight close ended questions. The researcher planned to distribute questionnaires to 90 units of study, as the informants are listening group members only five of them were absent the day the questionnaire was distributed. Among these five members left without filling the questionnaire, three of them were left for unexpected reason (i.e. their moderator faced car accident and while the researcher distribute the questionnaire, discussion among the team was interrupted for a week and it was difficult to get all members.) The rest two were from different groups and they left were absent the day questionnaire was distributed because of their personal problem. Accordingly, the questionnaire was distributed to 85 respondents and no questionnaire left unfilled, because most of respondents were illiterates, the researcher was forced to fill it herself. Those who are literate also get chance of explanation from the researcher for what they found unclear about the questions.

### **3.3.2. Interview**

Interview is purposive conversation that provides opportunity for interviewees to respond in their own terms and through their own linguistic structures in so more rich and clear manner. Bertrand

and Hughes (2005:74). In this study also moderators of the listening groups (health extension workers or kebele chair man) were interviewed to examine the very reason of those groups formation, the environment inside the group and behavioral and health improvements experienced throughout their stay in the group. Accordingly, one of two moderators in each kebele was interviewed.

### **3.3.3. Focus Group Discussion**

Though focus group method was used since 1940s in other disciplines, it is in the 1980s that it emerged with critical and interpretive media research perspectives as an audience research tool “to represent their theoretical views about the ways audiences respond to the mass media” (Gunter, 2000, p. 42).

Bryman (2004:345) defines focus group as it is “a form of group interview in which there are several participants /in addition to the moderator/; there is an emphasis in the questioning on a particular fairly and tightly defined topic, and the access upon interaction within the group, and the joint construction of meaning”.

In this study, focus group discussion was used as a supplement and validity checking to questionnaire and interview. Thus, one focus group discussion containing eight members purposively selected from non listening group was undertaken in each woreda.

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### **3.4. Sampling Technique**

Purposive sampling technique was used to identify the required sample from the rest of population. This technique was employed with the hope that it enables the researcher to get the right representative respondents.

Dominick (1997) asserts that purposive sampling is often used on the basis of knowledge that is not representative of the general population. Thus, subjects of the study were selected on the basis of specific characteristics or qualities in order to exclude those who fail to meet these criteria. Hence, the researcher purposively selected listening group audiences for questionnaire, none listening group discussants for focus group and listening group moderators for interview. Having selected population using purposive sampling, the researcher used random sampling to select nine listening groups and nine moderators out of eighteen listening groups and eighteen group moderators respectively. Eight focus group discussants were purposively selected from each woreda non listening group audiences.

## Chapter Four

### 4. Data Presentation, Analysis, and Discussion

#### 4.1 Introduction

This part deals with presentation, analysis, and discussion of results. As it is already explained in previous chapter, the study is conducted based on both quantitative and qualitative data. Questionnaire was employed as major tool to gather data, it has two parts. The first part aimed at obtaining demographic information of respondents whereas the second part is proposed to get data that will assist to find out how audience react to *Biiftuu Jireenyaa* radio program, to examine the correspondence between the program's planned and actual audience reactions and to identify major determinants of audience reaction towards the program's messages. What is more, focus group discussion was engaged to encompass none-listening group audiences and to fill loopholes that may happen using only questionnaire. i.e. to make the study whole inclusive: had the subjects of the study were only listening group members, the study didn't represent all audiences. Finally, interview was also conducted with moderators of the listening groups so as to know what behavioral and health changes listeners have experienced while their stay in the group, what issues raised in the program do the listeners like and dislike, and what gaps the program have. The data gathered this way will be presented, analyzed and discussed below quantitatively and qualitatively being headed by demographic distribution of respondents.

#### 4.1 Demographic Distribution of Respondents

In this section of the study, demographic information of respondents: gender, age, marital status, education level and occupation were identified clearly for it eases interpretation of the data from

various angles. Unlike previous trends, almost all of the questionnaires were filled correctly due to the very reason most of the respondents were illiterate and this lets the researcher fill the questionnaire herself. Besides, the questionnaire was filled right after the respondents listen to the program at their meeting place. Accordingly, of the total 90 questionnaires aimed to be distributed; only 85 were distributed and returned being filled correctly. The remaining five were unable to be distributed because three members from one group were unavailable since their moderator was injured by car accident and the program was interrupted for one week, the other two members were from different groups and they haven't attended the program the day the questionnaire was distributed. Accordingly, the results show the following demographic distribution of respondents in terms of gender, age, marital status, education level and occupation.

**Table: 1 Demographic Distribution of Respondents**

	Number of respondents: N=85					
	Female		Male		Total	
Age	No	%	No	%	No	%
15-24 years	2	2.4	2	2.4	4	4.7
25-34 years	15	17.6	11	12.9	26	30.6
35-54 years	25	29.4	23	27	48	56.5
Above 55 years	2	2.4	5	5.9	7	8.2
Total	44	51.8	41	48.8	85	100
<b>Level of Education</b>						

Illiterate	39	45.9	26	30.6	65	76.5
Read and Write	2	2.4	3	3.5	5	5.9
10 <sup>th</sup> completed	3	3.5	4	4.7	7	8.2
12 <sup>th</sup> completed	-	-	3	3.5	3	3.5
Diploma	-	-	4	4.7	4	4.7
BA	-	-	1	1.2	1	1.2
Total	44	51.8	41	48.2	85	100
<b>Occupation</b>						
Farmer	41	48.3	30	35.3	71	83.5
Employed	3	3.5	10	11.7	13	15.3
Private Worker	-	-	1	1.2	1	1.2
Total	44	51.8	41	48.2	85	100
<b>Marital Status</b>						
Married	44	51.8	41	48.2	85	100
Unmarried	-	-	-	-	-	-
Total	44	51.8	41	48.2	85	100

As it is plainly shown in the above table, number of female respondents exceeds male respondents. This entails, unlike previous trends in Ethiopia generally and remote areas specifically, female's participation on issues than cookery is at its best progress. Consequently, females account for about 51.8% of the total population whereas; the remaining 48.2% of the respondents appeared to be males. It is obvious that males hold the decision power of listening in

past history of Ethiopia. However, now it seems that we have arrived on the time for females to have equal deciding power of listening with males and the result assures this as well.

Coming to the age distribution of respondents, listeners (35-54 years) appeared to take the lions share accounting for 56.5% of the total respondents. This might ensue from formation of the listening groups encompassing members purposively selected with consideration of their ability to share what they experience throughout their stay in the group. Youngsters (15-34 years) come next to adult respondents with their 35.3% share of the population and the rest 8.2% goes to old informants. What is different about this data is, results found are the view of target informants themselves (for the questionnaire is filled on spot) unlike the case of other questionnaire results which might filled with the help of other none target individuals.

What's more, as depicted in above table, most of respondents (76.5%) are illiterates and this adds value to the accuracy of the results. However, it was exhausting and time taking to the researcher to fill the questionnaire that belongs to each of these respondents, though it omits unintended meaning of questions that might occur in case the respondents themselves fill the questionnaire. The left 23.5% of respondents are literates with level of education from read and write to BA degree. Accordingly most of informants (83.5%) are farmers where as employed and private worker respondent's account for 15.3% and 1.2% respectively.

To conclude demographic distribution of respondents, all of the informants are married. This is not purposively made rather, it might come about due to purposive selection of members of listening groups considering their ability to teach others (maturity) what they have taught while their stay in the groups.

## 4.2. Discussion of the Findings

As it is aforementioned, the second part of this chapter deals with discussion of findings after having a look at demographic distribution of respondents as a means to ease the discussion of findings. Hence, this part is devoted for discussion of findings mainly based on actual data, yet supported with theoretical frame work and literature as reference.

One source of actual data is questionnaire. It encompasses 17 questions of which nine are open ended and the rest eight are close ended. Moreover, there is data collected from interview and focus group discussion. Thus, analysis of the thesis is more of qualitative.

**Table: 2 Awareness Source of Maternal and Child Health Care**

Awareness source	No of respondents: N =85					
	Female		Male		Total	
	No	%	No	%	No	%
Biiptuu Jireenyaa	39	45.9	29	34.1	68	80
Health Center	5	5.9	11	12.9	16	18.8
Others	-	-	1	1.2	1	1.2
Total	44	50.8	41	48.2	85	100

Various traditions are followed to develop health awareness amongst the society. One of these traditions is intensifying sources of health related issues. Now a day, health in general and

maternal and child health care in particular is given due attention from government for it is among millennium development goals of Ethiopia. Nevertheless, still there are gaps that need to be filled though there are appreciable beginnings.

In view of that, as it is revealed in the above table, most of respondents (80%) make use of *Biiftuu Jireenyaa* as their primary source of awareness about maternal and child health care. From this, it seems generally true to say these respondents did know nothing about maternal and child health care before the program is aired and they might not get the chance to get exposure to other sources of this sort. These respondents assert that their trend of going to health centers being sick is even new thing that come about after their stay in the listening groups let alone preventive practices.

Besides, all interviewees' state that the trend of going to health centers either for preventive or curative health services is developed throughout the members after formation of the listening groups. They added that this might arise from varied reasons as low literacy, habits of traditional meditation services and lack of access to awareness creation services.

One of the interviewees (I: 7), reported the trend of members health center use as follows:

First of all I would like to say something about member's background as I am part of the society. It is not exaggeration to say they have no knowhow about health in general and maternal and child care in particular. They believe in traditional meditation services than using nearby health posts. They even take as deviating from their societal norms giving priority to go to health centers either for preventive or curative health services unless they destined final stage problem.

This all come about due to lack awareness regarding the issue. Accordingly members have developed trend of going to health posts after their stay in the group. Moreover, they are motivating none members to develop same habit.

18.8% of respondents get aware of maternal and child health care from health centers, whereas, the left 1.2% of the informants use other source than *Biiftuu Jireenyaa* and health centers as awareness source regarding maternal and child health care. This means they have knowhow of the issue before their access to Biiftuu Jireenyaa.

**Table: 3 Respondents Listening Duration of the Program**

	Number of respondents No=85					
	Female		Male		Total	
Duration of Listening	No	%	No	%	No	%
Once a month	-	-	-	-	-	-
Twice a month	-	-	-	-	-	-
Trice in a month	-	-	-	-	-	-
Always	44	51.8	41	48.2	85	100

As it is depicted in above table, all (100%) of respondents attend the program each day it is transmitted. This might happen as a result of purposive selection of members for the listening group taking to account their ability to take responsibility and even able to share their experience with others who are unable to get the chance to be member of listening group for various reasons. This eases understanding as messages delivered for the program is sequential

(relationship-menopause). i.e. the program has cycles that include various topics sequentially. The first cycle covers from relationship to menopause.

Among the informants, (I: 1, I: 2, I: 3, I: 4, I: 5, I: 6, I: 7, and I: 9) asserted that, members attend the program each day the program is transmitted unless they face serious problem. But in case they miss the program, they ask for what last program is all about and both members and we moderators explain the last program. To this end, no one can miss the program.

All the time having finished listening the program, members of the group discuss on that specific topic and clear what they found vague while listening, both from interaction between themselves and their moderator. Accordingly, nothing is left unclear among the members of the listening group. Most of interviewees assert that all topics are easily understood by the members except how to use various family planning mechanisms for they fear as if it may bring about problems like pain and irregularity of menstruation. Beyond all, they thought as it is interrupting Gods endeavor and deviation. This might emanate due to nature of the member's background: they haven't knowhow of medical services specifically and they are illiterates who are unable to understand such cases that seem complicated.

Individual interview informant, (I: 1) explicated about discussion after the program as follows:

Discussion after the program is something special about Biiftuu Jireenyaa. I haven't come across such trend on health promotion programs. It is the backbone of the program's success. For me, it takes the lions share among the motivating factors behind listening and understanding Biiftuu Jireenyaa. It has multidimensional significance: primarily, it helps to let members clear whatever

they found unclear while listening the program, it helps develop members especially women's ability of idea expression\participation, it increases member's motivation to discuss even on issues than health, and it also helps break shame among members and make the discussion smooth. Generally speaking, this discussion after the program has a lot to with our success on achieving planned objective.

The interview informants added, members interacted highly being interested on issues related to husbands care for his family and his invitation to his wife to attend the program contrary to their prior trend.

Informant (I: 9) claimed about topics members are interested to discuss on as follows remembering the mood of the group:

I never forget smiley face of members under my group while they heard whenever husband treat his wife being concerned on each of issues previously thought as hers only and let her be with him equally starting from calling her for 'Gursha'. Moreover, husbands totally appreciate care for wives and promise to do so. None of them complain about the issue and I dare this topic is the most warmly discussed and loved by members.

From this it sounds logical to conclude that the program help assure women's equality with men's on using their right of listening programs. It also paves the way to build strong family that can believe in discussion and assistance of husband regardless of gender consideration (classifying cookery and children care as females share.)

On the other hand, majority of focus group discussants state that there are times they do not attend the program for the very reason that there are areas where there is no electric power unlike the listening group members who do not miss the program whether electric power is accessible or not. They emphasize this lag comes up with problem on clearly understanding the program and they put getting chance to be encompassed in the listening groups as a remedy.

The interviewees explicate the case as the listening groups existing are formed as a pretest whether the plan of the project is able to succeed by means of listening groups and the groups will heap on after some time span as there are significant progress. From above touched up analysis, it seems consistent to say that awareness level of listening group members exceeds that of none members.

**Table: 4 Listener's Discussion Trend with their Family**

	<b>No of Respondents: N=85</b>					
	<b>Female</b>		<b>Male</b>		<b>Total</b>	
	<b>No</b>	<b>%</b>	<b>No</b>	<b>%</b>	<b>No</b>	<b>%</b>
<b>Discussion with family</b>						
Yes	<b>44</b>	<b>51.8</b>	<b>41</b>	<b>42.8</b>	<b>85</b>	<b>100</b>
No	-	-	-	-	-	-

Coming to discussion tradition of respondents with their family and/or neighbors, as the above table plainly depicts, all (100%) respondents discuss what they have listened and aware of about the program with their family and/or neighbors. They clear each other regardless of gender or age taxonomy. Either children or wife could have a say on the issues raised to perk up their

awareness. This might have a lot to do with millennium development goal four and five as it steps up maternal and child mortality reduction. Alike, both listening group informants, and focus group discussants added that *Biiftuu Jireenyaa* has improved their awareness level on health related issues as: going to nearby health centers either for preventive or curative services at the right time, care for pregnant women and children, sanitation, and trend of using nutritious foods.

Discussant (Ds: 2) commented on how much *Biiftuu Jireenyaa* improved his awareness level as follows:

To be frank with you, I know nothing about maternal and child health care before listening to *Biiftuu Jireenyaa*. But now, I have at least started to go to nearby health post whenever me or other members of my family are sick as soon as possible. I have also known how to use contraceptives. My awareness regarding sanitation in general is also developed. Generally, I have learned number of new things I didn't before.

#### **4.2.1. Health Related Changes Experienced Throughout Listeners Stay with Biiftuu Jireenyaa**

It is obvious that there may be changes of some kind having exposed to promotion program of any sort. Particularly, when it comes to programs that are rewarding, it is expected as the change will increase for audiences select and use program of such kind. Schramm's promise of reward principle of audience's selection and use of media explicates same idea. This principle declares that audiences choose from the available communications whatever they think will give them the

greatest reward. These rewards are, immediate or delayed. Content that pays its reward at once may relax tensions or help in problem solving. Content that pays its rewards in the future may promise information useful for social effectiveness. Brown, Rivers, and Brown (1978, 65)

Health belief model also hypothesizes that health-related action depends upon the simultaneous occurrence of three classes of factors among which two of them are:

- The belief that one susceptible (vulnerable) to a serious health problem or to the sequel of that illness or condition. This often termed perceived threat and
- The belief that following a particular health recommendation would be beneficial in reducing the perceived threat, and at a subjectively-acceptable cost. Cost refers to perceivers barriers that must be overcome in order to follow the health recommendation; includes, but is not restricted to, financial outlays.

Thus, so as to rewarded and escape the possible consequences that might happen, audiences prefer to entertain new behaviors. Respondents also claim that their life style is changed: they have started to use family planning.

All of interviewee's state that members of the group have various behavioral changes as: Husbands' encouragement of wives, free expression of ideas unlike prior trends when members ashamed of discussing on issues such as: menstruation, relationship, giving birth in hospital, delivery with male midwives.

Informant (I: 1) said that, there are number of behavioral changes observed on members throughout their stay inside the group. "For example, in previous time, I read discomfort and

shame from many husbands face whenever their wives participate on issues they feel are shaming due to bad habit taken as culture. Yet, now husbands even told me to advise their wives to actively participate on discussion of *Biiftuu Jireenyaa* and also other societal meetings.”

Beyond these behavioral changes, the researcher found it worth enough to site practical exemplary change she come across while gathering the data: in Jeldu woreda, sariitii kebele, one of the listening group members who is legal traditional birth attendant and made use of it her income generation has doing appreciable contribution in avoiding in house delivery. Accordingly, she saved two mothers and their children life in a week (in a week when the researcher is on field to gather data).

She take these pregnant women's to nearby health center and one of the mothers delivered twins which was redundantly reason of maternal death previously. She states “That mother would have been dead had I try to let her deliver.” Currently, she is invited on various stages where there is gathering to have a speech about her good doings. She emphasize that she is number one traditional birth attendant before being member of *Biiftuu Jireenyaa* listening group. Her moderator (I: 1) also commented that she is back bone of the group who even motivate others to give birth in health centers. Her existence in the group means a lot to meet the intended objective. She added there is tangible change of sanitation among the members in their stay inside the group. She witnessed that, there is also a change on cleanness of the member's cloth.

#### **4.2.3. Motivating Factors behind Listening and Understanding Biiftuu Jireenyaa**

Now days where proliferation of media dominates our world, audiences are surrounded with infinite alternatives of programs. Media industries strive is continued to win preference over each

other. As an input to this competition, these media outlets use various factors that can also bring about other advantages than making the program preferable. Likewise, data gathered for this study revealed five major motivating factors behind audiences understanding of *Biiftuu Jireenyaa* radio program:

- Nature of the program,
- Way of delivery,
- Topics raised,
- Real life experience of others and
- Discussion after listening the program.

#### 4.2.3.1 Nature of the Program

Nature of the program has a lot to do with motivation to listen and understand a given program. The same holds true for *Biiftuu Jireenyaa*. It is among major motivating factors stated by respondents. They commented that the program is in accordance with societal norm: it consider culture and try to let listeners internalize the messages delivered contextually.

Fiona Ledger, senior production manager of BBC media action comment that the program aimed at enabling the listeners understand the meaning intended by transmitting from their livelihoods context: agriculture related to nutrition; income related to self efficacy (example, idir/institution can be used to support women go to health center psychologically, hygiene related to scarce water resource, planting patterns related to child spacing patterns. Water related to land and cattle ownership. To let husbands develop trend of inviting their wives attend the program, it is

transmitted from the point of their daily routine like; gursha: share your food, share your radio....)

Apart from its social norm consideration, it is fair with regard to economy. In Schramm's least effort principle of audiences media selection and use, availability of the medium and expense spent on the medium are among the main factors that affect media selection and use. Availability of the medium: all other things being equal, audiences help themselves to whatever communication at hand. Regardless of any medium that is accessed is used in order to satisfy their needs and wants and as a remedy to avoid lack of information or other services that are gained via media. Expense spent is other factor that affects audience's media selection and use. Money spent on one medium may prevent expenditure on another. Brown, Rivers, and Brown, (1978: 63 and 64)

Unlike other programs which require minimum of access to radio, in this case listening groups were formed to handle this setback and it will intensify having seen the progress of those founded as a pretest. It also saves expense that can be afforded for battery at places where there is no electric power. The interviewees have also a say on how the nature of the program motivates listening and understanding the program. They assert that this program is unique in that it works on mind setup than material supplementation. They claim that other programs of same kind (which run by international organizations) mostly target at fulfilling material scarcity. However, in case of *Biiftuu Jireenyaa*, it tries to let the listeners know how to use what is already at hand filling information gap. Because health posts as well as counseling services were emerging everywhere but what is needed to work further on is, getting inside rural mind where ego is subsumed by the group, whether family or community.

Informant (I: 8) claim that, *Biiftuu Jireenyaa* is the sole program of its kind that work on what is available. “In my previous trend, I haven’t seen programs that try to let the target audience’s improve their problem using sources at hand. Rather, most of promotion programs I have known earlier try to work on material gaps. I believe that this is one of reasons that successful this easily.”

#### 4.2.3.2. Way of Delivery

Way of delivery for any media in general and radio in particular needs to be in such a way that audiences easily understand. For radio as it is blind media, various scholars claim that the way of broadcasting should be conversational so that audiences feel sense of belongingness, right word selection of words so as to compensate images and/or videos of print media and television respectively. Moreover, as radio encompasses illiterates, due consideration should be given to make both the conversation and content central. Thus, producers are working hard day and night to fit these expectations but it doesn’t seem they are succeeded. Because, we are experiencing various issues promotion programs of which health promotion is one yet still neither of them succeed at expected level. This is why *Biiftuu Jireenyaa* comes up with unique way of delivery. It is 30 minute program which aimed at making health seeking behavior a social norm as normal as eating “injera” and other daily routines. It is hosted with male and female in varied forms as question and answer, poem, drama, real life experiences of individuals with related story. Respondents claim that they and their children wait for the program eagerly to listen to that entertaining and awareness creating program. They state that the program is interesting ranging from its intro which encompasses laughter of child saying *Biiftuu Jireenyaa* to the ending. Focus group discussants comment that they feel as if their own child is laughing and/or crying

whenever they hear children in the program and poems, songs, and dramas included in the program let them easily understand the message as they all are entertaining and in accordance with their background.

Discussant (Ds: 12) stated regarding way of delivery of the program as follows:

I know various radio programs though I didn't heard them giving attention, but none of them are as interesting as *Biiftuu Jireenyaa*. *Biiftuu Jireenyaa* is unique in that it teaches entertaining in accordance with our context. I like laughter of the child, songs invited about mother and poems to praise wife. It is combination of our daily routine: unlike other programs which are delivered with town life mood, *Biiftuu Jireenyaa* relates things with our cows, farm land and our livelihood like ikub and idir. Therefore, I easily understand messages of the program.

Moreover the interviewees claim that members of the group take the program as one of their needs and they don't want to miss it being persuaded with the way the program is delivered. They added, the journalists were closer to individuals who share their experience: they are heard when they try to treat children while interviewing their mothers.

Interview informant, (I: 8) assert about what her members say on the way of programs delivery as follows:

“My group members are so interested on the way of delivery. When the program starts, everybody laughs hearing Childs laughter used as an intro to the program. They also like both journalists who host the program and who interview individuals for experience.”

Fiona Ledger, senior production manager of BBC media action states various mechanisms their organization has used to let the program meet planned objective, among which way of transmission is one. To this end, she asserts that they use strong double-handed presentation i.e. representing husband and wife’s points of view.

#### **4.2.3.3. Topics Raised in the Program**

Topics raised in the program are other motivating factors to listen and understand *Biiftuu Jireenyaa*. As it is tried to touch above, the program has episodes and while the data was gathered the first episode which range from relationship to menopause is about to wind up. Number of topics related to maternal child health care and sanitation are raised in the programs and discussed among the members. All informants respond that topics raised are interesting which are educative at same time. What is more, issues touched in this program are unobvious that are thought as shaming in front of the society in previous trend. They assert that they cleared number of things they found vague ranging from physical changes that follow their age to the use of contraceptives that help them keep their life style healthy. Unlike their early history, they develop habit of discussing with their husband regarding their menstruation, their favored contraceptive, nutritious food for their family, sanitation and others regardless of gender

restriction. Among topics raised, respondents claim that those which show husbands care for his wife and children has great influence in shaping the relationship between husband and wife. To this end, respondents like to listen the program with their own motivation. Moderators of the groups also witnessed that husbands are bringing their wives for discussion timely with themselves. Besides they give due emphasis about issues that concern their wives and question whatever they found unclear throughout their stay in the group. They even take care of their pregnant wives and take them to hospital for vaccination and follow up of the pregnancy.

Below is comment of interview informant, (I: 9) about topics raised in the program:

Let alone members who are illiterate, even me myself have learned a lot from topics encompassed in the program. These topics let listeners know starting from their age related changes, to how strong and health family is developed. Above all, listeners like to discuss on issues raised so as to escape problems they are suffering from. It is obvious that this society encounter number of problems related to health and marriage and it is shame talk it out, therefore, this program is best opportunity to vent out this emotion they are suffering from.

Focus group discussants also assure same thing about topics raised in the program. They comment that the issues raised help them wake up to know how to lead our family keeping them healthy.

Discussants (Ds: 1, Ds: 3, Ds: 4, Ds: 5, Ds: 6, Ds: 9, Ds: 10, Ds: 13, Ds: 19, Ds: 21, Ds: 22) claimed that the topics raised are very interesting. They strongly agree that topics the program revolve around help them motivated to listen and understand messages transmitted. One of the

discussants claimed that previously it is believed that children will grow once they born. This has connotation that children need only to born and nothing more or less, let alone sanitation, nutritious food or education. But now, husband and wife have a deal on how many children they have to have considering their capacity and they share equal responsibility to serve their children. Husbands also leaned to treat their wives than any time else. They claim that all this emanates from what they listen out of the program: which provide them real life of individuals who love and treat each other.

#### **4.2.3.4. Real Life Experience**

Albert Bandura's social cognitive theory asserts that behavior is developed from observation of others behavior which is largely governed by the rewarding and punishing consequences that follow any given action. It emphasizes that people learn by: Observing what other people do, Considering the consequences experienced by those people, Rehearsing what might happen in their own lives if they followed the other peoples' behavior, Taking action by trying the behavior themselves, Comparing their experiences with what happened to the other People and confirming their belief in the new behavior. (Bandura, 1989)

The data also confirms that member's behavior is changed after listening life of others. They start to follow rewarding behaviors and escaping punishing ones. Respondents said that they are attracted with real life experience of individuals whose story is related to them, letting them feel like it is happening on them. They state that it help them escape punishments that might follow their prior behavior. It makes the program credible as we are hearing real children, mother or fathers talking being in the feeling. The interviewees also comment that members become emotional right after they listen to the life of others feeling pitiful for tragic stories and wishing

and promising to be like those who gain adapting the new behavior. The members discuss being interested how to not face what those individuals share their tragic story experience and how to develop behavior of the gainers.

Informant, (I: 6) explicate members reaction after listening to real life experience of others as follows:

By the way, my group members actively participate on each issue rose. But when it comes to real life experience of others, they even put themselves in the shoes of those individuals. Of course, some of the stories are touchy and this makes them emotional. Furthermore, they are heard whenever they aggressively oppose behaviors that are behind tragic story of real life experiences. They also regret their past too. Generally speaking, real life experience of others is among major motivating factors those come up with intended behavioral change.

Focus group discussants also assert that most of stories shared in the program are related to their own story and it grabs their attention to attend the program seriously and understand it easily. They said that they don't want to repeat their previous mistakes and punished like those they have listened their story in the program.

Discussant (Ds: 9) claimed how experience of individuals in the program related to his story lets him follow the program and understand how to prevent his family from same problem:

I don't forget that day: the day my wife gets feinted being tired of her week taking labor. I regret when I think that I would have not lost my child had I know everything like I do now. It is not only my wife who gets feinted but also me with

thought of I am going to lose both my wife and new coming baby. To your surprise, I have heard story of same kind in the program. From that day on I don't miss the program except I face difficult situation. Therefore, real life experience of others shared in *Biiftuu Jireenyaa* has contributed a lot in letting me listener of the program.

Fiona Ledger, senior production manager of BBC media action claimed that the program aimed at giving circular information: not just broadcasting in to thin air, but feeding listeners' experience back into the program. She states that this is among number of strategies that are planned to get inside these rural target listeners mind.

#### **4.2.3.5. Discussion after Listening to the Program**

In earlier theories of media effect audiences were misperceived as passive receivers of media contents. But later, the theorizing has changed its phase with emergence of theories like encoding and decoding of Stuart Hall.

Hall (cited in During 1994) argues that audiences should be seen as active decoders who will not necessarily accept the positions being offered by the text. Explaining the relationship between texts and audiences, Hall further suggests that the text is encoded by the producer, and decoded by the listener, and there may be major differences between two different listening of the same message (Williams 2003). As a remedy to overcome mismatch between the intended and decoded message various mechanisms were used by media outlets. The very reason behind foundation of listening groups of *Biiftuu Jireenyaa* is to combat this mismatch and bring about instantaneous progress in promoting maternal and child health care. According to the

respondents this program is unique in that they are able to clear what they found fuzzy while listening the program with their discussion at the end. They emphasize that this has a lot to do with why they are motivated and easily understand the program. More over they added, this discussion help them get rid of fear in expressing their idea and creating harmonious relation with their moderator. They can ask whatever they want in advance as contraceptives and other counseling services were given them through these moderators (health extension workers).

The interviewees (moderators of the group) on their part state that formation of listening group to better promote maternal and child health care is first of its kind. It has brought about paramount motivation both in listening and understanding the program among the members. They said, as the program is combination of contents like using contraceptives and giving birth in health centers, it is difficult persuade listeners who thought those ideas as contradicting their social norm. Furthermore, it helps avoid various confusions that might occur on how to use contraceptives, how to follow their pregnancy, how to feed their kids, and others. Apart from content related confusions, it also helps them handle misunderstanding that might follow linguistic variation of individuals sharing their real life story.

Informant, (I: 1), state regarding discussion after the program as follows:

I have seen other health promotion lecture given in other areas before. Yet, this one differs in that it gives priority to the listeners to discuss whatever they get from the program with the aim of letting them internalize what they have heard and clear themselves in case they face something vague. At previous time, everybody especially women's wait for each other being shamed to raise what they feel. Yet

now, they develop culture of discussion no matter what it contradicts with earlier bad habit (habit of shaming to frankly discuss on every issue) of them.

Focus group discussants also witnessed that, members of listening groups were better understood the program and they can also help them with what they found unclear while listening the program.

One of the discussant (Ds: 1) commented how much awareness gap is there between him and his listening group member friend as follows:

There is great distinction on awareness level about child and maternal health care between me and my friend. As the issues raised have a bit contradiction with our earlier tradition, let alone our wives, we don't dare to talk things like using contraceptives frankly. But in their case, I found my friend strictly changed. He has developed trend of discussing with his family and even influenced me. He understands each beat of the program better than me. To this end, this discussion after listening the program has a lot to do with enabling audiences understand the messages the delivered.

Therefore it seems reliable to articulate that these listening groups were motivating factors behind listening and understanding the program. The interviewees explicate that the listening group members have questionnaire to fill after their discussion to identify how much they understand the intended meaning and to know if modification is needed to let audiences get and understand message the way they want. Depending on their answer it is tried to fill loopholes and keep up positive things.

#### 4.2.4. Challenges in Understanding Biiftuu Jireenyaa Messages

It is plainly explained in encoding and decoding theory of Stuart Hall that intended meaning of media message might not be decoded same way. This can come about due to varied reason as what he has claimed as different social background. The process of making meaning or decoding is hence open to number of interpretations, since the ability of individuals to give meaning for a media text is determined by the social context they are living in. Likewise, the data collected for this study also prove that understanding ability of listeners is challenged by their social background.

**Table: 5 Factors Affecting Audience Reaction towards *Biiftuu Jireenyaa***

	Number of respondents: N=85					
	Female		Male		Total	
	No	%	No	%	No	%
<b>Are there factors affecting reaction of audiences</b>						
Yes	39	45.9	27	31.8	66	77.6
No	5	5.9	14	16.4	19	22.4
Total	44	51.8	41	48.2	85	100

As it is depicted in the above table, most of respondents (77.6%) claim that there are factors that affect their reaction towards the program. They put their background and languages used by peoples sharing their real life experience via the program as major determinants of their reaction: they found it difficult to easily deviate from their deep-rooted habit.

Accordingly, interviewees assert that they face a bit difficulty to let listeners change their attitude towards adapting new behavior than that they lived with.

Informants, (I: 1), (I: 3), (I: 4), (I: 7), and (I: 9) commented that there were challenges in prior time of discussion with listeners. Though members are selected with the criteria to teach others after being adopting new behaviors, majority of them are still illiterates and it is difficult to let them change their prior attitude that emanate from their background which they lived with number of years. Therefore, it was not easy to bring their present attitude towards adapting new behaviors they are rewarded for.

Ajzen and Fishbein's theory of reasoned action posits the strongest or most proximal predictor of individual behavior is one's behavior intention. Behavioral intentions are thought to be the result of both an individual influence and a normative influence. The individual influence on intention is a person's attitude toward performing the volitional behavior. Likewise, these listeners are challenged by their attitude towards performing new behavior. For example, they don't want delivery with male midwives than traditional birth attendants. To escape such and related unobvious new behaviors, listeners prefer to leave practicing that specific behavior.

What is more, the interviewees suggest that language used to be one of challenges that can bring about a gap in understanding the messages delivered. This occurs as a result of linguistic variation from place to place even being speaker of same language. They encounter this gap mostly while listening to real life story of others interviewed from different corners of Oromia. Moderators of the group explicate that this setback is handled in case of listening groups with the discussion after listening the program. However, for none-listening groups the problem continued ambiguous. Focus group discussants state same thing that they were confused about some of part of the program especially in prior time of program's delivery.

Discussant (Ds: 4, Ds: 5, Ds: 7, Ds: 8, Ds: 19, Ds: 21 Ds: 22, Ds: 23) claimed that, they encounter challenges in understanding the program. But their very challenge is access to the program: they don't get exposure whole days the program is delivered. This has its own negative consequence on their understanding. Apart from this, they state that, they would have better understood the program had they get the chance of discussion like that of listening group members.

Generally speaking, bad habits taken as culture and language barrier are the very challenges of understanding *Biiftuu Jireenyaa* messages.

#### **4.2.5 Audience Reaction to *Biiftuu Jireenyaa***

As it is aforementioned, media messages are open to varied interpretations which mean audiences can react other way than planned reaction of them. "Most campaigns measure success by compliance with goals." (Dervin and Frenette, 2001; p. 71). To this end, number of mechanisms are used to control mismatch with goals. In this part of the study audience reaction to *Biiftuu Jireenyaa* was discussed as an input to clearly analyze whether this mismatch was controlled or not. This was done dividing audience reaction in to two: audience reaction from behavioral and practical perspectives.

##### **4.2.5.1. Behavioral Perspective of Audience Reaction**

It is difficult to know what really bring about behavioral change of any sort. To this end, various theories were developed to know most proximal predictors of behavior. Theory of reasoned action is among these theories which posit that the strongest or most proximal predictor of individual behavior is one's behavior intention. Behavioral intentions are thought to be the result

of both an individual influence and a normative influence. The individual influence on intention is a person's attitude toward performing the volitional behavior. The normative influence on the other hand is one's subjective norm: how significant others would feel about performing the volitional behavior. (Fishbein and Ajzen 1975)

Social cognitive theory on the other hand holds that behavior is determined by expectancies and incentives. For heuristic purposes expectancies may be seen as:

Expectancies about environmental cues (that is beliefs about how events are connected about what leads to what),

Expectancies about the consequences of one's own actions (that is, opinions about how individual behavior is likely to influence outcomes). This is termed outcome expectation and

Expectancies about one's own competence to perform the behavior needed to influence outcomes. This is termed efficacy expectation (i.e., self-efficacy).

Incentive (or reinforcement) is defined as the value of a particular object or outcome. The outcome may be health status, physical appearance, approval of others, economic gain, or other consequences. Behavior is regulated by its consequences (reinforcements). But only as those consequences are interpreted and understood by the individual. (Bandura, 1989)

Here, depending on this theorizing and what respondents and their moderators said, it is tried to have a look at audience's reaction on Biiiftuu Jireenyaa from the angle of their behavioral change. All respondents assert that they have behavioral changes since they follow this program. They claim that their attitude towards family planning, safe delivery, going to health posts either for

preventive or curative services, eating nutritious food and sanitation. Interviewees state that members of the listening group have shown great variation on how they articulate their idea on issues they even hate to hear, from this it sounds logical to say that the program has changed their attitude which leads to behavioral change. Moreover, they state that sense of gender equality is developed throughout members of the group. Most of husbands encourage their wives to participate on the program giving it priority than cookery.

Informant (I: 9), stated about behavioral changes experienced towards her group members as follows:

As I have already told you, this program has brought number of changes among listeners. Accordingly, they have number of behavioral changes. Above all, I am really surprised about their eagerness to know new thing. But at earlier time while the group was formed there was neither willingness nor moral to discuss openly on every issue. Now, as you have seen, members even lack time, they redundantly participate and no shame at all.

Focus group discussants also claim that they have experienced number of behavioral changes having exposed to Biiftuu Jireenyaa. They emphasized their attitude towards use of contraceptive, delivery at health post, and sanitation is changed. They added that the program is such persuasive which is able to let them change their bad trends taken as culture.

Discussant (Ds: 16) put her idea about behavioral changes she and her family developed after listening to the program as follows:

I have got a lot from this program. My attitude towards wife and husband relationship, child treatment, pregnancy and delivery with midwives is totally changed. Furthermore, am happy about concern that is given to me by my husband. I try to let my kids know everything at the right time. I don't want them to repeat my life: to suffer like I do before. I regret I have suffered previously with lack education and access to programs like *Biiptuu Jireenyaa*. But now I had wake up and I never look back. I want to know more even being encompassed in the listening groups.

As already mentioned above, it is hard to identify the exact reason behind any behavioral change. Yet, in this case where listeners have limited access to other factors than *Biiptuu Jireenyaa* to influence their behavior regarding maternal and child health care, it seems true that these behavioral changes are results of the program.

#### **4.2.5.2. Practical Perspective of Audience Reaction**

It is believed that behavioral change leads to action. Respondents of *Biiptuu Jireenyaa* also witnessed this idea. They said that they are experiencing tangible change throughout the group. They added that they are exemplary to the rest of the society with their appreciable achievements in reducing traditional birth attendants, increased use of contraceptive, sanitation, birth preparedness and post natal care. Moreover, they state trend of going to nearby health post for any service needed is developed than any time else.

Interviewees on their part assert that listeners are engaged in action sooner than expected. They said that they get report of member's achievement in saving others who don't get similar

opportunity. They emphasize that great success is achieved on assuring safe delivery and family planning. There are even times when two women's life is saved in a week and these mean a lot relative to previous trend of the society where women's deliver in health post with special case only. Moreover, they claim that previously let alone following their wives' pregnancy, it is kept secret being taken as shame.

Informant (I: 1) have a say on the issue as follows:

There are various tangible changes achieved by my group members. As I have already mentioned above, there is legal traditional birth attendant in my group members. She is saving number of mothers and their kid's life. Above all, this appreciable doing of her motivates the rest of group members to do same thing. Accordingly, my group members are bringing about tangible changes even influential as our kebele.

Though they haven't as radical change as those of listening groups, focus group discussants also claim that there are changes on their family's life style and they are reacting in accordance with *Biiptuu Jireenyaa* messages.

Discussant (Ds: 20) stated about changes they are experiencing as follows:

I won't lie to you saying there are changes in my family as that of listening group members. Yet still there is far better difference in my life style after I start to listen to *Biiptuu Jireenyaa*. To tell you the simplest one, my family has started to wear cleanly, try to have balanced diet as much as our capacity and treat my wife better than previous time. One thing I don't want pass over is, these changes are

not resulted only from listening the program. But, I and my family are motivated to apply what we have heard from the program to our real life, observing reward of listening group members. Accordingly, thank to God we are living better life than before.

From this, it is possible to generalize that audiences were actively engaged to the programs messages and react accordingly.

#### **4.2.6. Correspondence between Planned and Actual Audience Reaction**

No program has transmitted without objective to achieve though level of achievement varies at the end of the day. Correspondingly, *Biiftuu Jireenyaa* radio program has objective of enhancing child and maternal health care. The program aims particularly at, bringing about behavioral change on issues of: family planning, antenatal care, birth preparedness, safe delivery, essential new born care, post natal care of mothers, immediate, exclusive breast feeding and nutrition food.

To this end, the program is working on engaging people with accurate and relevant information and stimulating considered debate that encourages positive action. The program mainly targets remote area listeners without gender restriction. The quest behind is, obviously these listeners are major victims of the problem. What is more, it is not dare to say there is almost no other awareness creating stages before *Biiftuu Jireenyaa*. 80% of respondent's primary source of maternal and child health care is *Biiftuu Jireenyaa*. From this, it is easy to understand that *Biiftuu Jireenyaa* takes the lions share in influencing their behavior.

On the other hand, we have seen how audiences react towards the message of the program. As it is discussed above plainly, various behavioral changes are experienced among members of the groups.

As such, it seems that the program has met its objectives. Most of audiences are able to decode the message the way they are intended. This implies that, they are reacted to the program in accordance with planned reaction.

Generally speaking, due to motivating factors (nature of the program, way of delivery, topics raised, real life experience others and discussion after program) audiences are able to make use of *Biiftuu Jireenyaa* the way they are intended. This leads to accomplishment of planned behavioral changes of listeners.

#### 4.2.7. Summery

This chapter deals with presentation, analysis and discussion of the data collected from triangulation of quantitative: survey with listening groups and qualitative: interview as well as focus group discussion with moderators of listening group and none-listening group audiences respectively. The data gathered using survey, interview and focus group discussion was discussed in relation to theories reviewed in chapter two of the study. Hence, audience reaction was analyzed with respect to the research questions of the study: The level of awareness of audiences, motivating factors behind listening and understanding *Biiftuu Jireenyaa*, major determinants of audience reaction and correspondence of planned and actual audience reactions. The findings of inquiry demonstrated audience reaction from two perspectives namely: behavioral and practical reaction. The data also consists of the various reasons (motivating factors) behind listening and understanding *Biiftuu Jireenyaa* radio program. Finally, Challenges encountered in order to react the way planned and correspondence between planned and actual reaction of audiences was also dealt with. The next chapter, chapter five, summarizes and indicates suggestions to the entire study.

## Chapter Five

### 5. Conclusions and Recommendations

This part tries to give brief summary of entire paper and some recommendations. Accordingly, the first part deals with conclusion of the research whereas the second part goes through researcher's suggestion of recommendations she thought may minimize challenges of understanding and hindrances of access to the program.

#### 5.1 Conclusions

This study attempts to examine audience reaction to *Biiftuu Jireenyaa*, their level of awareness, motivating factors behind listening and understanding *Biiftuu Jireenyaa*, challenges (major determinants) of audience reaction and correspondence of planned and actual audience reaction. The study has employed triangulation of quantitative and qualitative methods. Hence, survey is undertaken with 85 listening group members. Three focus group discussions with eight discussants in each group of none-listening group audiences and interview with nine moderators of the listening groups are conducted to check validity of data gathered using the three tools (survey, interview and FGD) and to cover what might missed using only one of them.

At the beginning of discussion of findings, it is depicted that 80% of respondents use *Biiftuu Jireenyaa* as their primary source. Moreover, listening group members listen the program every time it is aired. This has a lot to do with improvement of level of awareness of audiences in that it lets them understand the program coherently. Apart from this, all members discuss the program with their family and neighbors. They said, their families are clear with all messages touched in the program.

Regarding awareness level of audiences, as it is clearly discussed in chapter four, respondents said that they are aware of maternal and child health care and there are also behavioral changes. Moreover, audiences are not restricted to behavioral changes only rather, they are practically engaging in to minimizing maternal and children mortality.

The data revealed that these changes resulted due to five major motivating factors: nature of the program, the way of delivery, topics raised, real life experience of others and discussion after listening the program. Despite these motivating factors, there were challenges in listening and understanding *Bifituu Jireenyaq*. Common challenges for both listening groups and none listening groups are bad habits (shame either to discuss or to use family planning mechanisms, taking delivery with male midwives as coming against their norm, taking trend of going to nearby health post either for preventive or curative purpose as worthless and giving priority to traditional meditation.) taken as culture and same language variation from place to place which mostly happen while real life experience sharing by others. The former is common in most areas of Ethiopia as 85% of the population is rural residents. They said that this bad habit is hindrance in adapting new behaviors other than the one they are socialized with and even take it as their societal norm. The later (language barrier) is handled throughout the discussion in case of listening groups. But, it continues to be problem for none-listening group audiences. Interviewees explicate that the problem arises from inviting individuals from various corner of the region to share their real life experience.

Social cognitive theory of Bandura claims that people learn by: Observing what other people do, considering the consequences experienced by those people rehearsing what might happen in their own lives if they followed the other peoples' behavior, taking action by trying the behavior

themselves, comparing their experiences with what happened to the other people and confirming their belief in the new behavior. (Bandura, 1997)

Accordingly, in this program, real life experience of others who are rewarded and/or punished due to their behavior is shared to let audiences adapt the rewarding behavior as soon as possible.

Coming to reaction of audiences, listening group members react to the program the way they are intended. This resulted from the very reason that audience's use of the programs messages the way they are intended with the help of moderators. But this is not the case of non-listening group audiences. This match between intended and actual audience reaction make the program successful in bringing intended behavioral change. Moreover, the program is able to bring about such radical change due to its appearance to the audience as primary source of its kind.

However, there is far difference regarding awareness level enhancement between listening group and non-listening group audiences as a result of varies reasons as: limited access to the program and help from health extension workers and language barrier.

Generally speaking, listening group audiences of Biiftuu Jireenyaa are better aware of the program than non-listening group audiences. Accordingly reaction of listening group members and non-listening groups has great variation. i.e. listening group members react in accordance with planned reaction where as non-listening group audiences are not reacting same way.

## 5.2 Recommendation

As it is discussed above, *Biiftuu Jireenyaa* has succeeded in bringing about behavioral change. Yet it doesn't mean there is nothing to be modified. Furthermore, this success mainly concern listening groups, the program doesn't equally succeed with none listening group audiences. As a remedy to minimize such and related setbacks, the researcher has forwarded the following recommendations based on the research findings.

- The first and basic thing is intensifying the listening groups: so far it is dealt in the finding that there is a great variation between listening group member and none listening group audiences in: access, and understanding of the program as well as behavioral change. There are more than 35 kebeles in each woredas yet only three kebeles have listening groups. Therefore the program needs further increment of listening groups by moderators of the program to make its success whole inclusive.
- Time is other thing that needs modification. As it is mentioned earlier, *Biiftuu Jireenyaa* is 30 minutes program. As to finding of the study, it is claimed among hindrances that let the program unable to cover many issues at a time. Moreover had it been an hour or 50 minutes, it is possible to further explicate even those issues raised in 30 minutes. Thus, program planners have to increase duration of programs transition time.
- Way of delivery is among motivating factors as it is discussed above. The data reveals that audiences easily understand issues delivered in the way of drama, poem and other entertaining mechanisms. To this end, it is of paramount

importance in achieving objective of the program to make the program edutainment. To this end, producers of the program should make the program more of edutainment.

- Regarding the discussion after the program, moderators claim that there are times that audiences need more educated individuals to be convinced. Thus, it is better to invite medical doctors or other better professionals than health extinction workers, for professional explanation of issues rose in the program.

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## Appendices

### Appendix IA—Questionnaire (English version)

Addis Ababa University  
School of Journalism and Communication  
Postgraduate Division  
Research Questionnaire

Dear respondents,

This questionnaire is designed to collect data that will serve as an input to the completion of study that will be done in partial fulfillment of the requirements for the degree of Master of Arts in Journalism and Communication. The success of this study depends on the information you provide and therefore you are kindly requested to provide your genuine response to all the questions. The information is used only for study purpose and I assure that it will be kept confidential.

Thank you in advance!

#### Part One: Personal profile of informants:

Name (optional) \_\_\_\_\_

Age \_\_\_\_\_

Sex \_\_\_\_\_

Marital status \_\_\_\_\_

Education level \_\_\_\_\_

Occupation \_\_\_\_\_

**Part Two: Below are list of questions with their answer to be chosen, please indicate your stance about the question by circling the answer and writing your answer on the blank space provided.**

1. Do you know about child and maternal health care?

A, Yes

B, No

2. If your answer to question number one is 'YES,' what is your primary source of information for learning about child and maternal health care?

A, media B, health stations C, other \_\_\_\_\_

3. How often do you listen to "Biiftuu Jireenyaa" radio program?

A, one day a month

B, two days a month

C, three days a month

D, each day the program is transmitted

4. Do you discuss about the program with your family?

A, Yes

B, No

5. If your answer to question number 4 is 'YES,' please indicate how do you discuss with your family?

\_\_\_\_\_  
\_\_\_\_\_

6. If your answer to question number 4 is 'NO' please, specify why don't you discuss?

\_\_\_\_\_  
\_\_\_\_\_

7. Does the program improve your awareness level regarding child and maternal health care?

A, Yes

B, No

8. If your answer to question number 7 is 'YES,' please, specify how it improves your awareness?

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9. What new knowledge do you gain from listening to the program?

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10. Is there a change on health condition of child and/or mother in your house due to listening to the program?

A, Yes

B, No

11. If your answer to question number 10 is 'YES,' what are those changes you have experienced?

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12. Are there factors that affect your reaction to the program?

A, Yes

B, No

13. If your answer to question number 12 is 'YES,' what are those factors?

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14. Overall, what roles do you expect from "Biiftuu Jireenyaa" radio program?

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15. Do you think “Biiftuu Jireenyaa” radio program is playing expected roles to enhance child and maternal health care?

A, Yes

B, No

16. If your answer to question number 15 is ‘YES,’ please indicate how the program has played the expected roles?.

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17. Please, write in the below table motivating factors of listening and understanding Biiftuu Jireenyaa and\or strength and challenges and\or weakness of “Biiftuu Jireenyaa” radio program.

Motivating factors and\or strength	Challenges and\or Weakness

**Thank you for your cooperation!**

**Appendix IB**  
**Afan Oromo version**  
**GAAFANNOO**

**Kabajamoo Dhaggeeffattoota keenya,**

Gaafannoon kun faakalatii gaazexeessummaadhaan yuunivarsiitii finfinneetti barruu qorannoo digrii maastersiidhaaf ooluuf odeeffannoo barbaachisu sassaabuuf kan qophaa'edha. Galma ga'insi barruu qorannoo kanaa odeeffannoo isin keennitan irratti waan hundaa'uuf, gaaffilee hundaaf odeeffannoo sirrii akka naa keennitan kabajaan isin gaafadha. Odeeffannoon isin keennitan, qorannichaaf qofa kan olu ta'uusaa fi iccitiidhaan kan eegame ta'uusaan isiiniif mirkanneessa.

**Deeggarsa keessaniif baay'ee galatoomaa!**

Odeeffannoo dhunfaa dhaggeeffattoota

Maqaa (fedhidhaan) \_\_\_\_\_

Umrii \_\_\_\_\_

Saala \_\_\_\_\_

Haala gaa'ila \_\_\_\_\_

Sadarkaa barnootaa \_\_\_\_\_

Gahee hojii \_\_\_\_\_

**Gaaffilee armaan gadii ajaja isaanii irratti hundaa'uudhaan deebii keessan kanneen filannoo qaban ittin marsaa, kanneen bakki duwwaan keennameef immoo bakka duwwaatti gutaa.**

1. Waa'ee eegumsa fayyaa daa'immanii fi haadholii hubannoo qabduu?

A, Eeyyee

B, lakki

2. Gaaffii tokkoffaaf deebiin keessan 'Eeyyee' yoo ta'e, waa'ee eegumsa fayyaa haadholii fi daa'immanii hubachuuf maddi odeeffannoo keessan inni jalqabaa maali?

A, Miidiyaa    B, Manneen yaalaa    C, Kabiroo \_\_\_\_\_

3. Qophii reediyoo Biiftuu Jireenyaa hammam dhaggeeffattuu?

A, Ji'atti si'a tokko

B, Ji'atti si'a lama

C, Ji'atti si'a sadi

D, Guyyaa qophichi qilleensarra oolu hunda

4. Waa'ee qophichaa (Biiftuu Jireenyaa) maatii keessanii waliin mari'attuu?

A, Eeyyee

B, Lakki

5. Gaaffii afraffaaf deebiin keessan "eeyyee" yoo ta'e akkamiin mari'attuu?

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6. Gaaffii afraffaaf deebiin keessan "lakki" yoo ta'ehoo maaliif hin mari'attani?

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7. Qophiin Biiftuu Jireenyaa hubannoo eegumsa fayyaa haadholii fi daa'immannii irratti qabdan cimseeraa?

A, Eeyyee

B, Lakki

8. Deebiin keessan gaaffii torbaffaa "eeyyee" yoo ta'e, akkamiin hubannoo keessan cimse?

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9. Beekumsi haaraa waa'ee eegumsa fayyaa haadholii fi daa'immanii qophii Biiftuu Jireenyaa dhaggeeffattannii argattan maali?

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10. Qophicha erga dhaggeeffachuu calqabdani jijiiramni haala fayyaa haadhas ta'e daa'ima maatii keessan keessa jiran irratti muldhate jiraa?

A, Eeyyee

B, Lakki

11. Deebiin keessan gaaffii kurnnaffaa "Eeyyee" yoo ta'e jijjirama maalfaatu jira?

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12. Waantootni haala ergaa qophichaa ittiin hubattan irratti dhiibbaa qaban jiruu?

A, Eeyyee

B, Lakki

13. Deebiin keessan gaaffii kudhalamaffaa "Eeyyaa" yoo ta'e, waantoni sun maal fa'i?

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14. Eegumsa fayyaa haadholii fi daa'immanii cimsuurratti qoophiin Biiftuu Jireenyaa gahee maaltu irraa eegama jettanii yaaddu?

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15. Eegumsa fayyaa haadholii fi daa'immanii cimsuurratti qoophiin Biiftuu Jireenyaa gahee irraa eegamu kana taphateera jettanii yaadduu?

A, Eeyyee

B, Lakki

16. Deebiin keessan gaaffii kudhashanaffaa “Eeyyee” yoo ta’e, akkamiin gahee irraa eegamu taphate?

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17. Gabatee armaan gadii keessatti qophii Biiftuu Jireenyaa kessatti waantota qophicha akka dhaggeeffatanis ta’e akka salphaatti hubattan isin godhan ykn cimina qophichaa fi maal akka jibbitan ykn waantota hubannoo fi haala qophicha ittin fudhattan irratti dhiibbaa qaban gutaa.

Waantoota akka qophicha hubattan isin godhan ykn cimina qophii Biiftuu Jireenyaa	Waantoota jibbitan ykn dadhabina qophii Biiftuu Jireenyaa

**Deegarsa keessanniif galatoomaa!**

## Appendix—II

### List of focus group discussants

No	Name	Group	Code	Sex	Resident	Job
1	Mesfin Asefa	G1	Ds:1	Male	Chalanko	Farmer
2	Megersa Adugna	G1	Ds:2	Male	Chalanko	Farmer
3	Kebede Chala	G1	Ds:3	Male	Chalako	Farmer
4	Feyera Gurmesa	G1	Ds:4	Male	Chalanko	Farmer
5	Tamene Asefa	G1	Ds:5	Male	Chalanko	Farmer
6	Mergitu Ajema	G1	Ds:6	Female	Chalako	Farmer
7	Dhibe Hunde	G1	Ds:7	Female	Chalanko	Farmer
8	Lense Olana	G1	Ds:8	Female	Chalanko	Farmer
<b>Group Two</b>						
1	Legese Tsegaye	G2	Ds:9	Male	T\ kombolcha	Farmer

2	Sambato Wayesa	G2	Ds:10	Male	T\kombolcha	Merchant
3	Chalchisa Dhiba	G2	Ds:11	Male	T\kombolcha	Farmer
4	Dejene Bayisa	G2	Ds:12	Male	T\kombolcha	Farmer

5	Werke Tola	G2	Ds:13	Female	T\kombolcha	Farmer
6	Chaltu Kudama	G2	Ds:14	Female	T\kombolcha	Merchant
7	Lulit Demeke	G2	Ds:15	Female	T\kombolcha	Farmer
8	Lense Olana	G2	Ds:16	Female	T\kombolcha	Farmer

**Group Three**

1	Abebe Megersa	G3	Ds:17	Male	lokloka	Merchant
2	Asefa Ebisa	G3	Ds:18	Male	lokloka	Farmer
3	Kuma Teso	G3	Ds:19	Male	lokloka	Farmer
4	Chala Hordofa	G3	Ds:20	Male	lokloka	Farmer

5	Birhane Dhaba	G3	Ds:21	Female	lokloka	Farmer
6	Dhinse Fufa	G3	Ds:22	Female	lokloka	Farmer
7	Bikile Lema	G3	Ds:23	Female	lokloka	Farmer
8	Bachu Kumela	G3	Ds:24	Female	Lokloka	Farmer

## Appendix—IIIA

### Discussion guide for the discussants (English Version)

1. How do you react to Biiftuu Jireenyaa radio program?
2. Does the program fit your environmental conditions?
3. Are there factors that affect your reaction to the program?
4. Does the program help improve your awareness level regarding child and maternal health care?
5. Is there a change in health condition of child and/or mother in your house, due to listening to the program?
6. What roles do you expect of Biiftuu Jireenyaa radio program?
7. Do you think “Biiftuu Jireenyaa” radio program is playing expected roles to enhance child and maternal health care?
8. What are the specific topics that attract your attention? Why?
9. What are the strengths of the program?
10. What are the limitations of the program?

## Appendix—IIIB

### Afan Oromo version

#### Gaaffiilee Marii

1. Ergaa qophii Biiftuu Jireenyaa haala kamiin fudhattu?
2. Haalli qophichi itti dhihaatu haala jiruu fi jireenya naannoo keessanii waliin deema?
3. Waantoonni haala qophicha itti fudhatan irratti dhiibbaa qaban jiruu? (akkka fudhattan\hin)
4. Qophichi hubannoo waa'ee eegumsa daa'immannii fi haadholii irratti qabdan akkamiin cimsa jettanii yaaddu?
5. Erga qophicha hordofuu calqabdani jiijjiramni haadhas ta'e daa'ima maati keessan keessa jiran irratti muldhate jiraa?
6. Qoophiin Biiftuu Jireenyaa eegumsa daa'immannii fi haadholii eeguurratti gahee maalfaa taphacuu qaba jettanii yaaddu?
7. Gaheewwan irraa eegdan kana taphateera jettanii yaadduu?
8. Matadureewwan qophicha keessatti ka'an keessaa kanneen kamtu isin hawwata?
9. Ciminni qophichaa maali?
10. Dadhabbinni isaahoo?

## Appendix-IV

### List of interview informants

No	Name	Code	Resident	Job
1	Kebebush Tafa	I:1	Sariti	HEW Moderator
2	Mamitu Tilaye	I:2	T\kombolcha	HEW Moderator
3	Elsabet Adane	I:3	Melka Nega	HEW Moderator
4	Meseret Demse	I:4	Lokloka	HEW Moderator
5	Chaltu Gebre	I:5	Werka Kore	HEW Moderator
6	Iticha Dhinsa	I:6	C\Bobe	HEW Moderator
7	Gelantu Tolesa	I:7	E\Gelan	HEW Moderator
8	Ararse Bedada	I:8	B\Dogoma	HEW Moderator
9	Fanaye Feyisa	I:9	Chilanko	HEW Moderator

## **Appendix-VA**

### **Interview guide for the informants (English Version)**

1. What is the aim of listeners group formation?
2. Are there behavioral and/or health condition changes, noticed while members stay in the group?
3. Are there factors that affect member's reaction to the program?
4. How do you see the correspondence between the way of programs delivery and listeners background?
5. What are motivating factors behind audiences listening and understanding the program?
6. On which topics do members give due attention and like to discuss?
7. Are there topics members troubled to understand? What is the reason behind?
8. Does the program have Strength? What are they?
9. What are limitations of the program?

## Appendix-VB

### · Afan Oromo version

#### Gaaffii fi Deebii

1. Kaayyoon gareewwan kunneen itti hundaa'an maali?
2. Jijjiiramni amalaas ta'e fayyaa miseensotarratti turtii garicha keessatti qabaniin muldhate jiraa?
3. Waantonni haala ergaa qophichaa ittiin fudhatan irratti dhiibbaa qaban jiruu? (akka fudhatan ykn ...)
4. Haalli qophichi itti darbu back ground dhaggeeffattoota ilaalcha keessa kan galchedhaa?
5. Dhaggeeffattoonni ergaa qophichaa salphaatti akka hubatan waantonni godhan maal fa'i?
6. Matadureewwan dhaggeeffattootni hubachuuf rakkatan maal fa'i? Maaliif?
7. Matadureewwan dhaggeeffattoota hawwatani haalaan isaan mari'achiisan isaan kami?
8. Ciminni qophichaa maali?
9. Dadhabina ykn waantota fooyya'uu qaban maal fa'i?

## Declaration

I, the undersigned, declare that this thesis is my original work, has not been presented for a degree in any other university and all sources of materials used for this study has been appropriately acknowledged.

Hawi Alemu

Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

June 2014  
Addis Ababa, Ethiopia