



Assessing contents and utilization of social behavioral change communication materials and media messages on HIV/AIDS, in Addis Ababa city Administration, HIV/AIDS prevention and control office

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A Thesis Submitted in Partial Fulfillment of the Requirements for the Award of a Master of Arts in public relation and strategic communication (PRSC)

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JOURNALISM AND COMMUNICATION
DEPARTMENT PUBLIC RELATIONS AND STRATEGY COMMUNICATION**

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**BY
DANIEL BETRE MELSE**

APPROVED BY BORD OF EXAMINERS

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DECLARATION

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

Name-----

Signature-----

Date of submission-----

Place of submission-----

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LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
BCC	Behavioral Change communication
FDHAPCO	Federal HIV/AIDS Prevention and Control Office
FGD	Focus Group Discussion
FHI	Family Health International
HIV	Human Immune Virus
HBM	Health Belief Model
PLHIV	people living with HIV
SBCC	Social Behavioral Change communication
STI	Sexual Transmitted Illness
TB	Tuberculosis
TV	Television
UNAIDS	United Nation Acquired Immune Deficiency Syndrome
VCT	Voluntary Counseling and Testing

ABSTRACT

The study aimed at assessing contents and utilization of behavioral change communication materials and media messages on HIV, in Addis Ababa city administration HIV/AIDS prevention and control office. The recent HIV/AIDS status in the city administration, specially the most at risk population group, has a potential to affect the image of the city. This was the main reason to conduct this study. City administration HIV/AIDS prevention and control office and sub cities were taken as the focus of the study because the duty of directing, coordinating and implementing the city Administration HIV/AIDS policy was given by federal HIV/AIDS prevention and control office. The study employed qualitative research method in order to gain an in depth data about contents and utilization of behavioral change communication materials and media messages in the city Administration. Key informant interview, focus group discussion and document analysis were the research instruments that have been used for this study. In order to gather the intended data fifteen key informants were selected by using purposive sampling technique. Samples were selected both from city administration HIV/AIDS prevention and control office and five sub cities. Regarding document analysis radio and TV spots, life skill and peer education manuals, newsletters and brochures were selected purposefully and analyzed based on parameters of communication analysis. The collected data were organized according to the research questions and categorized under related data in a theme wise. The study also found out that sub city officers were not had a role of preparing behavior change communication materials and media messages depend on the real situation of their environment. Commonly most at risk population group were not happy to discuss on these communication materials because of their financial, out date of the materials and their educational problems. In all level of the office structure, there is no strong written monitoring plan or plan of action or system to understand the messages achieved their objectives or not. Finally, recommendations are forwarded regarding communication strategies, plans and tools.

CHAPTER ONE

1.1 Introduction

1.2 Background of the study

As many scholars agreed that Social Behavioral Change Communication is means of working with individuals, communities & societies to develop communication strategies to promote positive behavior that are appropriate to their culture. It is the use of communication to change behaviors, including service utilization, and promote social change by positively influencing knowledge, attitudes and social norms. It is a participatory and interactive process of working with those people, to develop tailored messages and approaches using a variety of communication channels in order to enable them adopt health-promoting behaviors, as well as develop and maintain individual, community and societal behavior change (*FHI, 2002*).

In the 1980s, HIV research was mainly focused on behavioral variations across geographically and socially defined populations. Behavior change was seen as the primary means of controlling HIV epidemics around the world (Coates, Richter, & Caceres, 2008). Communication interventions can be carried out through training, radio, television, drama, print material, group work, individual counseling or one-to-one education (AIDSCAP, n.d.). Behavior change strategies need to be combinations of approaches sustained over a long period of time at multiple levels of influence. The effective mix varies by the health problem addressed (e.g. the HIV transmission dynamics) and depends on the profile of the populations engaging in risky activities (*Coates, Richter, & Caceres, 2008*).

In order to support individuals and communities in each level, and to take up and practice, sustain behaviors, attitudes and believes that reduce their risk of HIV infection, the communities should understand basic facts about HIV/AIDS. They must know the current status of HIV, learn and test a set of appropriate life-skills based on their background knowledge and practice, appreciate the advantages of adopting and maintaining certain behaviors and attitudes and be given access to appropriate HIV services. Social Behavioral Change Communication is essential to improving behavior and health outcomes across the sustainable care. SBCC can be used to increase demand for and uptake of services, and improve consistent long-term maintenance of

behaviors. On the other hand, it plays a key role in each stage of healthcare service delivery before, during and after in many societies (*Marianthi Vezertzi et.l. 2012*).

According to united states National library of medicine, national institutes of health studies, the first region-wide study (N = 2,818) aims to estimate prevalence of HIV-related risks and factors associated with these risks as well as evaluate a behavior change communications program targeted to PLHIV in 6 countries in Central America. After 2 years, the program achieved moderate coverage, with 21 % of the sample reporting exposure to interpersonal communications and 52 % to mass media program components. The odds of condom use, HIV disclosure, and participation in a self-help group increased by 1.4–1.8 times with exposure to mass media. Exposure to interpersonal communications increased odds of condom use by 2.7 and participation in self-help groups by 4.4 times. In addition, being in HIV care or taking ART was associated with condom use and HIV-status disclosure. About 30 % experienced physical or sexual violence, and those who did were 4 times less likely to use condoms. Findings suggest that behavioral interventions for PLHIV can reduce HIV-transmission risks and increase access to care (*PubMed, 2014 Oct 5*)

Thereby, it is obvious social behavioral change communication have an enormous influence in developing awareness and positively influencing knowledge, attitudes and social norms on HIV/AIDS. To undertake with maximum efficiency, however, it requires a clear understanding of the challenges and the obstacles to utilize social behavioral change communications.

The government of Ethiopia has been responding to the needs of social services and has displayed serious commitment in addressing HIV/AIDS epidemic and sexual and reproductive health service demands through the provision of quality services and putting in place appropriate policies and strategies. Despite the efforts made and the encouraging results gained, HIV/AIDS and sexual and reproductive health problems continued to be major public health concerns in the country.

According to Addis Ababa city administration HIV/AIDS prevention and control office 2018 fiscal year report, 2015-2020 Ethiopia HIV/AIDS prevention care and treatment strategic plan was developed at federal level in an investment case approach. This investment case aims to pave the path for ending AIDS by 2030. In response to the HIV epidemic, the city administration, in collaboration with its key development partners, has been at the forefront of

developing and implementing national strategies that adhere to global directions and combine innovations with best practices within the city administration.

Ethiopian demographic health survey/2016/, HIV/AIDS knowledge, transmission, and prevention methods, Forty-nine percent of women and 69% of men know that consistent condom use and having sex with only one uninfected partner can reduce the risk of HIV infection; 58% of women and 77% of men know that using condom during sexual intercourse can reduce the risk of HIV.

In addition, 69% of women and 81% of men identified limiting sexual intercourse to one uninfected partner with no other partners can reduce the risk of HIV. The percentage of respondents who know that using condoms consistently and limiting sexual intercourse to one uninfected partner with no other partners can reduce the risk of HIV has increased from 32% in 2000 to 49% in 2016 among women and from 58% to 69% among men.

On the other hand this survey shows that 20% of women age 15-49 and 38% of men age 15-49 have comprehensive knowledge of HIV. Thirty percent of women and 49% of men know that a healthy looking person can have HIV and reject that HIV can be transmitted by mosquito bites and that a person can become infected by sharing food with a person who has HIV. The other appalling thing is, the percentage of women and men with comprehensive knowledge about HIV/AIDS has only increased a few percentage points between 2011 and 2016, moving from 19% to 20% among women and 32% to 38% among men /*Ethiopia Demographic Health survey 2016/*

According to Addis Ababa city administration HIV/AIDS prevention and control office 2018/19 annual report, the city HIV prevalence among adult people aged 15-49 years was 3.4. The prevalence was 32% and 68% among females and males respectively. 4,243 people newly infected in each year and 1,911 people died in case AIDS and related diseases.

Federal HIV/AIDS prevention and control office, multi sectorial response directorate documents indicate that, various types of SBCC materials are implemented in the world to prevent and control the epidemic of HIV/AIDS including our country, Ethiopia. As we have seen in the above, social behavior change communication is an interactive process for developing messages and approaches using a mix of communication channels in order to encourage and sustain positive and appropriate behaviors. Therefore it has evolved from information, education and

communication programmers to promote more tailored messages, greater dialogue and fuller ownership.

In our case, different types of training manuals, (peer education manuals, training manuals in brail), information kits, Poster messages, brochure messages, flyer messages, banner messages, billboard messages, messages in electronic media (spots, documentaries, radio and Television programs, talk show, and panel discussions), Sticker messages, etc. are implemented in the city administration to reduce HIV prevalence rate of HIV among young people, the most at risk population group, and general population in city administration.

The other very important point is involvement of stakeholders. Behavior change communication for HIV strategic frame work (FHI, 2002, 11) explained that, Key stakeholders need to be involved early on in every step of the process of developing HIV/AIDS programs and their SBCC components. Stakeholders include policymakers, opinion leaders, community leaders, religious leaders and members of target populations, including PLHIV. Their active participation at appropriate stages of SBCC materials development is essential.

According to (FHI, 2002, 5) BCC is an integral component of a comprehensive HIV/AIDS prevention, care and support program. It has a number of different but interrelated roles. Effective SBCC can increase knowledge, stimulate community dialogue, promote essential attitude change, reduce stigma and discrimination, create a demand for information and services, promote services for prevention, care and support, improve skills and sense of self-efficacy.

On the other hand, these SBCC materials have very significant goals. Such as it is essential to increase perception of risk or change attitudes toward use of condoms, increase demand for services, create demand for information on HIV and AIDS, create demand for appropriate STI services, interest policymakers in investing in youth-friendly VCT services, Promote acceptance among communities of youth sexuality and the value of reproductive health services for youth.

Thereby, the aim of this thesis is to assess contents and utilization of social behavioral change communication material and media messages on HIV/AIDS in Addis Ababa city Administration HIV/ADIS prevention and control office, which is operating in the field of HIV prevention and control.

1.3 Statement of the problem

The HIV epidemic in Ethiopia began in 1984 where the first two cases were reported in the capital city, Addis Ababa. Following this, the national HIV/AIDS' prevention and control council and the HIV/AIDS Prevention and Control Office and regional branches including Addis Ababa city administration HIV/AIDS prevention and control office which are a non-profit Organizations established. On 11th day of June, 2002 with the duties and responsibilities of prevent and control HIV/AIDS epidemic and mitigate its impact by creating universal access to HIV prevention, treatment, care and support services through intensified community mobilization, and empowerment, by building capacity and ensuring the active involvement (*National HIV/AIDS prevention and control council and the HIV/ADIS prevention and control office establishment Proclamation page 1753*)

Addis Ababa City Administration HIV/ADIS prevention and control office is hereby constituted as an autonomous Addis Ababa City administration, possessing its own legal personality. The office is directly accountable to the City administration Mayor. There are branch offices in different sub city of the City administration. The recent HIV/AIDS status in the city administration, specially the most at risk people, has a potential to affect the image of the city. The 2018/19 the office annual report indicated that discriminatory attitudes higher in women than men, the comprehensive knowledge of HIV is also very low in both sex, there are an estimated 109,860 people are living with HIV/AIDS, the prevalence rate is 3.4, new infection in 2018 were estimated at 4243 and thousands people died in case of AIDS and related diseases in the city administration.

Thereby, it is very important to know contents and utilization of behavioral change communication materials and media messages to prevent and control the spread of HIV/AIDS and related social, economic, political, and psychological problems that affected the public of city administration.

A social and behavior change communication materials and media message plays a critical role in addressing all the behavioral and social aspects of diseases including HIV/AIDS prevention and control. Specially, SBCC can provide accurate, clear, relevant and timely information to the public of the city administration on how to contain the emergency and protect themselves from such kinds of problems. As the study aimed to assess contents and utilization of

behavioral change communication materials and media messages of Addis Ababa city administration HIV/AIDS prevention and control office , it's necessary to observe contents and utilization of behavioral change communication materials and messages that have been used in office to achieve its objectives.

1.4. Objectives of the study

The general and specific objectives of the thesis are presented below.

1.4.1 General Objective

The main objective of this study is assessing contents and utilization of behavioral change communication materials and media messages, Addis Ababa city administration HIV/AIDS prevention and control office in communicating with the most at risk population group.

1.4.2 Specific Objectives

The specific objectives of this study are-

- To explore the equitability of contents of behavioral change communication materials and media messages, office's, to meet its' goals and strategic objectives.
- To identify the relationship that the office had with the most at risk population group in the case of utilization of behavioral change communication materials and media messages.
- To examine the process of monitoring in the case of utilization behavioral change communication materials and media messages of the office's, to meet its' goals and strategic objectives.
- To evaluate the factor those are influencing the utilization of behavioral change communication materials and media messages.

1.5 Research Questions

1. What are the main contents of the behavioral change communication materials and media messages?
2. What are the relationships in the case of utilization of behavioral change communication materials and media messages between the organization and the most at risk people?

3. How does the organization monitor the process of utilization of behavioral change communication materials and media messages?
4. What factors are influencing the utilization of behavioral change communication materials and media messages?

1.6 Significance of the study

This study, as we discussed in the above, will show contents and utilization of behavioral change communication materials and media messages on HIV/AIDS, in Addis Ababa city administration HIV/AIDS prevention and control office in communicating with the most at risk population group. It is helpful for responsible bodies that enact the behavioral change communication materials makers. It also could assist the most at risk population group, partners, stakeholders, people living with HIV associations and other influential bodies how behavioral change communication materials and media messages utilize in the society.

Furthermore it helps the public relation departments to understand how and why communicate different partners and stockholders with the most at risk population group in the city administration. Moreover, it brings out stakeholders in the fight against HIV/AIDS to understand factors those are influencing the utilization SBCC, the power of SBCC materials and media messages, the organization monitoring process and the relationships between the organization and the most at risk people. Finally, this study will be used as a source of data for other researcher who works a research in similar topics.

1.7 Scope of the Study

The study mainly focused on contents and utilization of behavioral change communication materials and media messages, in Addis Ababa city administration HIV/AIDS prevention and control office. Thereby, the study was conducted in Addis Ababa city administration HIV/AIDS prevention and control office as a case. It was also focused on contents and utilization of SBCC materials and media messages, the relationship among different the most at risk population group and the organization, factors that affect the communication, and the way that monitor utilization of SBCC materials and media messages.

Indeed, the study also covered five sub cities, by using convenience sampling method. Because it allows the researcher to obtain basic data and trends regarding this study without the

complications of using a randomized sample. It was very important to understand the most at risk population groups selectively, how SBCC materials utilize and the behavioral change of the public. Moreover, the study focused on how the public relation and multispectral response departments handling the utilization of SBCC to achieve the strategic objectives of organization.

1.8 Limitations of the Study

Due to limitation of resource and time, except selective, the whole sub cities and woredas, which were living in the city administration, all the most at risk population group who were living in different area of the city, PLHIV associations and other influential bodies which were working in SBCC, could not be included in this study. Thereby, it may be difficult to conclude the study as last finding of this topic area.

Methodological limitations were also affected the study, during interview with different respondents the quality and faithfulness of data depends on the nature and the interaction the interviewer that had with the key informants. Therefore, in order to overcome this problem, the interviewer was prepared interview questions for the most at risk population group for the result of assessing the utilization of behavioral change communication materials and media messages in the organization.

1.9 Organization of the thesis

This study was organized in to five chapters. The first chapter deals with the introduction including background of the study and the organization, statement of the problem, research questions, general and specific objectives, significance, scope, limitation and organization of the study. The second chapter compact with the literature review, including what communication is, the role of behavioral change communication in health sector, theories and models adapted to HIV/AIDS interventions and their implications to communication, factors that are affecting behavioral change communication, importance of good relationship for effective communication, communications practice and HIV/AIDS prevention, the importance monitoring and evaluation for behavioral change communication. The third chapter contains City Administration and the office: An overview, methodology, including sampling, data collection, analysis validity and reliability of the study. Chapter four is all about data presentation and discussion. All collected data are presented according to their validity. The last chapter, which is chapter five, contains conclusion and recommendations.

1.10 Definition of Key terms

Behavior change intervention (BCI):- A combination of activities/interventions tailored to the needs of a specific group and developed with that group to help reduce risk behaviors and vulnerability to HIV by creating an enabling environment for individual and collective change.

Behavior change communication(BCC):An interactive process with communities (as integrated with an overall program) to develop tailored messages and approaches using a variety of communication channels to develop positive behaviors; promote and sustain individual, community and societal behavior change; and maintain appropriate behaviors.

The most at risk population group:- female sex worker, mobile worker, divorced women, widowed women, long track driver, family of people living with HIV and prisoners.

Goal: The hoped-for result of a program or project.

Objective: A specific, measurable and time-bound result.

Strategy A coordinated and comprehensive plan for guiding multiple actions or activities that are aimed at achieving a project's goal and objectives.

Stakeholder: A person or group with an interest in the outcome of an intervention.

Sex worker: - A person who sells sex in exchange for money, commodities, or services.

Target population: - A group within a population who share similar characteristics and behaviors, and upon whom BCC activities are focused.

Partner: - Either of a pair of people engaged together in the same activity

Behavior:- The aggregate of the responses or reactions or movements made by an organism in any situation

Utilization:- The act of utilizing, or the state of being utilized

CHAPTER TWO

2. REVIEW OF RELATED LITERATURE

2.1. Introduction

This chapter is mainly consist of some related literature regarding behavioral change communications, the importance of good relationship, monitoring, and factors that influence the behavior change communication in the process of implementing social behavioral change communication as a program. As it has been mentioned in the introduction session, social behavioral change is an effective tool for dealing with many community and group related problems. It has proven effective in several health areas, such as increasing the use of family planning methods, reducing the spread of HIV/AIDS and other infectious diseases, and improving newborn and maternal health. By its nature, it is an interactive process with communities to develop tailored messages and approaches using a variety of communication channels to develop positive behaviors; promote and sustain individual, community and societal behavior change; and maintain.

As many literatures indicate that, the contents of behavior change communication should be relevant, correct, and clear for the targeted audience. On the other side, a good relationship is also an important part of all communication and is an essential part of any healthy partnership, especially to build effective partnership with the most at risk population group on HIV. It is crucial to communicate effectively in negotiations to ensure our achievement and goals. Indeed, all relationships have ups and downs, but a healthy and good relationship and effective communication style can give clarity and direction, make it easier to deal with conflict and build a stronger and healthier partnership with targeted audience.

Similarly, the process, and the importance of monitoring is widely discussed. Most of the time, monitoring is a regular observation and recording of activities taking place in a project, campaign, or program at any level of community in different countries. It helps to improve performance and to achieve the communication strategic objectives of a project, campaign, or program. Reporting is the essential element of monitoring; it enables the gathered information to be used in making decisions for improving communication performance.

The very important issue that we discussed is factors that affect the utilization of behavioral change communication materials and media messages. As many scholars agreed that, abilities, perception, gender, race and culture, attribution, and attitude are factors that influence and affect the individual behavior. Similarly, personal, social, and environmental factors that influence behavioral change communication.

In general, depends on these four critical issues, concepts of communication, messages and their role, models and theories which are related to behavioral change communication discussed in this chapter separately. As many literatures indicates, essential elements of communication process are represented through communication model and such model helps us to measure the effectiveness of communication, on the other hand, communication theories provides concepts to name what we observe and to explain relationships between concepts. They allow us to explain what we see and to figure out how to bring about change.

2.2 What is communication?

Many written materials explained that, communication is simply the process of transferring ideas, thoughts, feelings and emotions through speech, signals, writing, from one place, person or group to another. By its nature, every communication involves at least one sender, a message and a receiver (Keyton, 2011). This may sound very simple, even though communication is practically a very complex idea. The transmission of the message from sender to receiver can be affected by a huge range of things. These include our emotions, the cultural situation, the medium used to communicate, and even our location. The complexity is why good communication skills are considered so desirable by employers around the world: accurate, effective and unambiguous communication is actually extremely hard (Asha, 1998).

The elements in the communication process determine the quality of communication. A problem in any one of these elements can reduce communication effectiveness (Keyton, 2011).on the other hand, there are a number of barriers retard effective communication. These can be divided into four main categories. These are process barriers, physical barriers, semantic barriers, and psychosocial barriers. Indeed, communication is influenced by many factors. Readiness for receiver is highly influenced by the attitude and personal values of the individual. If barriers exist in these elements in any way, complete clarity of meaning and understanding does not occur.

According to Shaw (2011) the greatest problem with communication is the illusion that it has been accomplished.

When we come to its importance, communication is a crucial instrument of social interactions and a medium through which all relationships are established and maintained. Especially to promote social change by positively influencing knowledge, attitudes and social norms on people who are at risk for HIV/AIDS. In general, Communication thus helps understand people better removing misunderstanding that had about HIV/AIDS and creating clarity of thoughts and expression. It also educates people. The communication may be written or oral, formal, informal, and upward, downward, horizontal, diagonal, interpersonal, intrapersonal, interdepartmental, intra-organizational.

2.3 The role of media message in communication

According to Gareth Locksley (2008) The term media refers to components of all includes every broadcasting and narrowcasting medium such as newspapers, magazines, TV, radio, billboards, direct mail, telephone, fax, and internet, and all Medias are a communication outlets. Therefore, Medias are the communication tools used to store and deliver information or data. Such as newspapers, TV and radio, and social Medias are all important sources of basic information and very important to deliver, or to disseminate proper message for the targeted audience, the most at risk people in case of HIV/AIDS.

All of the world, almost all media messages serve the society at least one of three purposes, to educate, to entertain, or to persuade and some fulfill all three at once. In this case, Media and society are closely related to each other. The extensive impact of media on society can easily be seen these days. Media reflects our society, how it works and what it constitutes (Nity & Singh, 2017).

Thereby, effective messaging demands more than words by itself. The images also can be much more powerful, clear, and meaningful than words, and often impress more deeply into our emotions. Because of this, medias and organization which are preparing a message have to be give careful consideration to the visual design of their messages and the pictures they use to tell their story (Nity & Singh, 2017).

2.4 The role of behavioral change communication in health sector

Behavior change is a very important aspect in health communication and issued as an intervention measure across a wide range of health problems. Indeed, behavior change cannot happen overnight due to interpersonal or environmental factors surrounding people. Thereby, it is a process that must permit willingness of the affected person to change behavior. Such as, Physical stimuli rational stimuli, emotional stimuli, skills, family and personal networks and social structures are some of the factors that can prompt people to change their behavior (Ngigi and Busolo ,2018)

Therefore, we have to identify the role of social behavioral change communication in case of preventing and controlling of HIV/AIDS. As it has been mentioned in above, it is an integral component of a comprehensive HIV/AIDS prevention, care and support program. It has a number of different but interrelated roles. Effective social behavioral change communication can increase knowledge, stimulate community dialogue, promote essential attitude change, reduce stigma and discrimination, create a demand for information and services, and promote services for prevention (Communication framework, 2002, 5). on the other hand, it is an interactive process of any intervention with individuals, communities and/or societies to develop communication strategies to promote positive behaviors which are appropriate to their settings. Strategic use of communication to promote positive health outcomes is based on proven theories and models of behavior change.

Social behavioral change communication can encourage community and national discussions on the basic facts of HIV/AIDS and the underlying factors that contribute to the epidemic, such as risk behaviors and risk settings, environments and cultural practices related to sex and sexuality, and marginalized practices that create these conditions. It can also stimulate discussion of healthcare-seeking behaviors for prevention, care and support. It also can lead to appropriate attitudinal changes about, for example, perceived personal risk of HIV infection, belief in the right to and responsibility for safe practices. (Communication frame work, 2002. 6)

2.5 Theories and Models Adapted to HIV/AIDS Interventions and their Implications to Communication

Theory provides concepts to name what we observe and to explain relationships between different concepts. It allows us to explain what we see and to figure out how to bring about change, enables us to identify a problem, and to plan a means for improving the situation. Milgrom (2015) insist that any successful communications program aimed at changing behavior must be grounded in theory. She further states health programs and companion communications campaigns should find components of at least one behavior-change theory. Models also very important to explain ideas, perspectives, and believes to be Understandable.

As many literatures and scholars agreed that, models are an abstracted representation of a reality. Effective and good communication model comes as close to reality as possible and it discusses and explains the reality as clearly as possible. But being an abstraction, models are not a reality; it only represents the reality of communication for better understanding of the communication process. Thereby, we are going to see theories and models which are related to social behavioral change communication and media messages.

There are a large number of theories and approaches towards behavioral change derived from disciplines such as psychology, sociology, communication, and political science (Comm GAP, 2009). These can focus on the enabling environment level, the community level, the interpersonal level, or the individual level (C-Change, 2010). It is important to note that no single behavior change method is universally applicable; some methods may be more appropriate choices than others depending on context, target population of intervention and the practical applications that can be used. In many cases theorists have contributed towards multiple approaches and these approaches are not mutually exclusive of each other. Examples of well-known, and frequently applied, behavior change methods are fear appeals, persuasive communication, and modeling (Glanz et al., 2002; C-Change, 2010).

Behavioral models are designed to help researchers understand behavior and also seek to explain why people behave the way they do. Theories of change on the other hand seek to explain how behavior changes. There are different social psychological models that seek to explain human behaviors; however, there are common factors that were identified. Personal factors

are intrinsic to the individual and this comprises of their level of knowledge or their belief in their ability to change their behavior and their habits (GCN and COI, 2009).

As HIV transmission is propelled by behavioral factors, theories about how individuals change their behavior have provided the foundation for most HIV prevention efforts worldwide. These theories have been generally created using cognitive-attitudinal and affective-motivational constructs (Kalichman, 1998).

Nearly all the psychosocial theories originated in the West but have been used for AIDS internationally with mixed results. These theories and models generally do not consider the interaction of social, cultural and environmental issues as independent of individual factors (Auerbach, 1994). Only two of the psychosocial models discussed below, the AIDS risk reduction model, was developed specifically for AIDS.

2.6 Social and behavior change communication theories

Behavior change theories can help understand why people act the way they do and why behaviors change. SBCC theories can be helpful to guide SBCC program design and help the organization focus on what or who to address its program. Each theory or model has a different set of factors to explain behavioral change and area of focus—the individual, their intention to change their behavior or their surrounding environment. Based on its relevant with HIV/AIDS prevention and controlling, the Health Belief Model and Diffusion of Innovations Theory presented separately as follow.

2.6.1 The Health Belief Model

The Health Belief Model (HBM) is the most widely used theory in health education and promotion. This model was first developed in the 1950s by social psychologists working in the U.S. Public Health Services. The model was developed in response to the failure of a free tuberculosis (TB) health screening program. Since then, the HBM has been adapted to explore a variety of long and short-term health behaviors, including sexual risk behaviors and the transmission of HIV/AIDS. The HBM holds that individual behavior depends on a number of beliefs about threats to an individual's well-being and the effectiveness and outcomes of particular actions or behaviors (University of Twente 2017).

Perceived benefits are about individual's perception of the effectiveness of various actions available to reduce the threat of illness or disease. The course of action a person takes in preventing or curing illness or disease relies on consideration and evaluation of both perceived susceptibility and perceived benefit, such that the person would accept the recommended health action if it was perceived as beneficial (University of Twente, 2017).

This theory emphasizes the role of perceived behavioral control as an influence on behavioral intentions and actual behavior. Control beliefs are important determinants of the perception of behavioral control, and are extremely important for understanding motivation. The perceived behavioral control of a person who is uncertain of their ability to execute a behavior may be influenced by their perception of their personal resources, such as their own abilities, self-esteem and confidence, and the time and money that are required to be successful (GCN and COI 2009).

2.6.2 Diffusion of Innovations Theory

As many scholars agreed that, Diffusion of Innovation refers to the spread of new ideas and behaviors within a community or from one community to another. Most of the time, some individuals and groups in society are quicker to pick up new innovations than others. Young people are typically associated with adopting new trends, such as fashion or technology, more quickly than adults. This theory identifies five categories that define a person's propensity to accept or adopt the innovation: Innovators, Early adopters, early majority, late majority and Laggards. Therefore, the communication process in this model involves at least four important elements: an innovation, an individual or other unit of adoption that knowledge of or experience with using the innovation, another individual or unit that does not have knowledge of the innovation and a communication channel connecting the two units.

Diffusion, according to Rogers "a particular type of communication in which the information that is exchanged is concerned with new ideas. The essence of the diffusion process is the information exchange by which one individual communicates a new idea to one or several others" (Rogers, 1983:17).

On the other hand, various channels of communication ranging from interpersonal to mass media can be used for diffusing the innovation, the choice differs with the nature of innovation and the nature of information exchange between the communicators. However, interpersonal

communication seems effective in facilitating the innovation whereas; mass media can help rapidly disseminating the innovation to many. Diffusion, according to Nwosu focuses on interpersonal interaction among adopters of an innovation with in a specific social system, and the role communication plays in this process. The end result of the process is either structural or functional changes in the system itself (Nwosu et al., 1995:23). By innovation, in this context, Rogers mean that certain degree of uncertainty is involved in the diffusion process, not necessarily because the innovation is completely alien but may be due to the fact that people did not try it before (Rogers, 1983:6).

Though the communication process in this model assumes a change agent to play basic role in creating curiosity and in convincing them to adopt the innovations, there should not be strong relationship between the change agent and the potential adopters so that effective communication be maintained (pp. 18-19). The more similar attributes communicators do have the more likely that the change agent influences the adopter.

Diffusion is, therefore, a special process by which an innovation is communicated through certain channels overtime among the members of a social system so as to convince people adopt it. Communication, in this sense, is a social process by which participants create and share information with one another so as to reach on mutual understanding. It is not at all a one way process of information transmission.

Thereby, communication is taken as a tool that facilitates a range of steps in the diffusion process such as providing knowledge, persuading adopters, helping decision making of adopters so as to implement the innovation and confirm its benefits to others. Communication is not considered a panacea. Diffusion, as well, is not an activity to be accomplished overnight.

2.7. Models of Public Relations

According to Grunig and Hunt (1984), the models of Public Relations describe the different forms of communication between an organization and its publics. The first model is publicity or press agent; the second is public relations information model, the third asymmetric persuasion, and the final one, the two-way symmetrical model has become accepted as a formal definition of best practice for communication in Western markets between an organization and its audiences.

For the purpose of this study, asymmetric persuasion, and the two-way symmetrical model are presented separately below.

2.7.1 Two-way asymmetric model

The two-way asymmetrical model conducted on public relations research seeks to determine what public knows and understands or believes about the client's organization, issues of importance, and so on. Additionally, this model is called asymmetrical because it focuses heavily on persuasion than hitting feedback. Research is basic component for this model, as it seeks to persuading publics to take the attitude and beliefs that are favorable to the organization based on the collection of data about their existent beliefs (Grunig, 2009).

2.7.2 Two-way symmetrical Model

Two-way symmetrical model seeks public relations research on public opinion, indeed, it doesn't use the research output for persuasion, however, to build mutual understanding between both public and organization. In line with the Excellence theory, Grunig and Hunt's (1984, 22) two-way symmetrical communication has been proposed as an ideal means for fostering mutually beneficial relationships. However, it pre-supposes a climate of trust and engagement of other actors. The model encourages an understanding of publics and working together to reach outcomes that create mutual benefit for both parties in the relationship. Providing stakeholders with useful information and engaging in dialogue allows public relations practitioners to be perceived as a responsive, accessible and useful resource to the media (Callison, 2008) in modern public relations, it had better to mix of the public relations models among multiple tactics of communications tools within one public relations campaign to be effective in communication.

2.8 The AIDS Risk Reduction Model

The AIDS risk reduction model, developed in 1990 (Catania et al 1990), uses constructs from the health belief model, the social cognitive theory and the diffusion of innovation theory, to describe the process individuals (or groups) pass through while changing behavior regarding HIV risk. The model identifies 3 stages involved in reducing risk for HIV transmission, including:- behavior labeling, Commitment to change, taking action. Reduction model is based

on the belief that one has to label a behavior as risky before a change can be effected. Once the behavior is considered risky, a commitment is made to reduce the behavior before action to perform the behavior is expected. Fear or anxiety and social norms are considered factors that influence moving from one stage to the next.

In the first stage, knowledge about HIV transmission, perceived HIV susceptibility, as well as aversive emotions influence how people perceive AIDS. The commitment stage is shaped by four factors: perceptions of enjoyment, self-efficacy, and social norms and aversive emotions. Again, in the last stage, aversive motions, sexual communication, help-seeking behavior and social factors affect people's decision-making process (Catania, 1990).

2.9 Social network theory

As its name indicates, social network theory is the study of how people, organizations or groups interact with others inside their network. The network includes family members, friends, neighbors, co-workers and others with whom an individual interacts regularly. According to Freeman (2004), Jacob Moreno is credited with developing the first socio grams in the 1930s to study interpersonal relationships. These approaches were mathematically formalized in the 1950s and theories and methods of social networks became pervasive in the social and behavioral sciences by the 1980s. Linton C. Freeman indicates in his study, Social network theory focuses on the role of social relationships in transmitting information, channeling personal or media influence, and enabling attitudinal or behavioral change.

When we come to our issue/HIV/AIDS/, it is a social problem. The social network theory also looks at social behavior not as an individual phenomenon but through relationships, and appreciates that HIV risk behavior, unlike many other health behaviors, directly involves 2 people (Morris, 1997).

Thereby this theory is significant for health sector activities; basically, the theory offers an explanation for how random people are connected in the society, it's useful in the study of large groups and understanding how their members relate to others in the group, and it provides insight into viral phenomena, such as viral content, the spread of diseases like HIV/AIDS.

2.10 Factors that affect behavioral change communication

Communication plays a powerful role and capacity in addressing barriers and shaping demand for and adoption of preventive and promotes best practices related to HIV/AIDS. Although, most of the time communication skill, knowledge level, socio-cultural context, and attitude are factors that influence our communication. According to Adler, R., & Towne, N. (1978) if everyone were to have the same experiences, all messages would be encoded, transmitted, and decoded alike. Symbols would have the same meanings for everyone, and all communication would be received as the senders intended. But on the real world, people differ in their personal attitudes, believes, perceptions, education background, cultures, histories, the way in which they experience things, and emotional responses, leading to differences in the ways in which communications are encoded, transmitted, received, and understood. Woman Holding a Balance is an oil painting by Dutch Golden Age artist Johannes Vermeer. At one time the painting, completed 1662–1663, was known as Woman Weighing Gold, but closer evaluation has determined that the balance in her hand is empty (Stecker, 2010). Now a days, this painting does not always seem to be the right description of what artists are doing in their works. This means, different people attach different meanings to the words, pictures, sounds, and gestures used during communication based on their experience.

The very important point that Adler and Towne have been suggested was difficulty with the encoding and decoding of images is not the only factor that affects the effectiveness of communication between different people. Physical and psychological noises are also forces that can influence the communication (Adler & Towne, 1978). According to these scholars, Physical noise refers to conspicuous distractions in the environment that make it difficult to hear or pay attention. Whereas, Psychological noise alludes to mechanisms within individuals that restrict a sender's or receiver's ability to express and/or understand messages clearly.

On the other hand, according to (Rani, 2016), there are five types of barriers to that affect effective communication, including: Attitudinal Barriers, Behavioral Barriers, Cultural Barriers, Language Barriers and Environment Barriers. These communication barrier are anything that prevents us from receiving and understanding the messages others use to convey their information, ideas and thoughts. They can interfere with or block the message we are trying to send. Therefore, to communicate successfully in a team or with others, at work or

in the community, we have to understand the communication environment and the barriers which prevent messages being sent and received successfully.

2.11 Importance of good relationship for effective communication

Effective communication is like water that holds the flour together, on other side, good relationships with different stockholders is an engine for effective communication. Good relationship with different stockholders, partners, influential person, educators and others is very important to achieve any organizational communication strategic objectives. Especially, in health sector all activates needs societal involvement and good relationship with targeted public. To prevent, and control the epidemic or transmission of the disease or virus the public involvement is very critical. In this case many educators and scholars explained the importance of good relationship for effective communication. Beckman (1983) suggests that good relationships are built on trust, honesty, openness and mutual respect. The path to developing good productive, caring and supportive relationships is built by developing effective listening skills, probably the most important aspect of good interpersonal communication. It also built on compromise and on finding solutions of mutual benefit. Due to this making a good relationship with the people that we addressed information is not secondary issue, it is very essential.

On the other hand, effective communication also a very important for sustainable, progressive, efficient and healthy relationship with the public, the most at risk population group in our case. According Long (2014) Communication is such a huge part of our day-to-day lives. It helps us understand how the other person is feeling and what they are thinking. Therefore, being open and honest with our partner or our audience creates a foundation of trust, which is crucial to any healthy relationship. Healthy relationship creates effective communication, at the end the objective of our communication achieved.

2.12 Communications Practice and HIV/AIDS Prevention

Many countries have different practice and experience in HIV/AIDS prevention and control by using social behavioral change communication and media messages. Almost all developed countries achieved their goal by reducing AIDS and related death, new infection, and such kind of problems by effective social behavioral change communication. UNAIDS 2019 report indicate that, the annual number of new HIV infections globally continued to decline gradually in 2018.

Since a peak of 2.9 million new infections (all ages) in 1997, year-on-year declines have grown smaller. Western and central Europe and North America, incidence prevalence ratio is declines almost near to two. Others countries, including sub-Sahara Africa countries, somewhat good in their prevention and controlling new infection and AIDS related death.

This practice showed that, social behavioral change communication is a key activity for effectiveness in prevention program. In HIV/AIDS prevention, effective communication is considered an integral part of service delivery programs to both providers and clients Nancy W. Mutur (2005). Communication practice and health sector activities are interrelated. Especially, HIV/AIDS prevention needs strong communication with different stockholders, partners, influential persons, general public, and others. Health communication by its behavior, increase audiences' knowledge and awareness on health related issues. Rimal & Lapinski (2009) Health communication has much to celebrate and contribute. The field is gaining recognition in part because of its emphasis on combining theory and practice in understanding communication processes and changing human behavior.

2.13. The importance monitoring and evaluation for behavioral change communication

As we have discussed in the introduction section, monitoring and evaluation of behavioral change communication in the case of HIV/AIDS prevention and control is very important for effective communication. UNAIDS (1999) Monitoring and evaluation are crucial to successful communications. Through effective monitoring, changes can be made during implementation of programs, and communications can be adjusted to support modifications in behavior by audiences.

There are many communication materials which are disseminated for the general public and the most at risk people in the case of HIV/AIDS for preventing and controlling the spread HIV and such kind of problems which are related the disease. Therefore, monitoring is used to track changes in program performance over time against measurable indicators defined well in advance. Mainly its purpose is to permit stakeholders to make informed decisions regarding the implementation and performance of programs and the efficient use of resources. It is usually done internally by program managers themselves or any other concerned program monitoring experts. Similarly it helps to establish controls to ensure that implementation is on track and

moving toward achieving the objectives of the program. Therefore, it is a continuous day-to-day monitoring process of the behavioral change communication checking, analyzing, and giving feedback about the communication activities, related things and resource allocation plans (Agrawal, et al. 2014).

Evaluation is also an integral part of effective and efficient behavioral change communication for HIV/AIDS program. It is a systematic process that attempts to determine objectively relevance, effectiveness, and impact of activities in relation to the intended objectives. It measures how well the program activities have met expected objectives and provides insights into the future of a program, for both implementers and organization (Agrawal, et al. 2014).

CHAPTER THREE

3.1. Methodology

This chapter discusses the design and methodology that were used to conduct this study and fulfill the research objectives. It further discusses the various data gathering instruments and the techniques of data analysis. It also tries to shape and guide the research methodology adopted for the current work.

3.1.1 Research Design

The research design of the study will be the first step for better finding and recommendations based on relevant economic and procedural processes. On the other hand, the choice of which method to use depends primarily on the research questions and the objectives of the research.

Therefore, in order to address the research questions and objectives of this study, only qualitative method of research was employed as the major approach. As many scholars agreed that, qualitative research is a scientific method of observation to gather non-numerical data. Most of the time, this type of research refers to the meanings, concepts, definitions, characteristics, metaphors, symbols, and description of things and not to their "counts or measures"

This is because qualitative research method provides results that are usually rich and detailed, offering ideas and concepts to inform the study. I assume that, the study clearly shows the contents and utilization of SBCC materials and media messages, to meet its, goals and objectives of the organization. Furthermore, to evaluate the factors that was affecting the utilization of behavioral change communication materials and media messages.

As many studies indicate that qualitative research focuses on words rather than numbers, depth rather than breadth. Thereby, the method was more appropriate with the topic of the research to understand the opinions, thoughts and feelings of respondents. It was also most commonly used to help inform new concepts, theories and products (Mohegan, Harahan 2018). Therefore, in order to study their relationship, the researcher would utilize these appropriate approaches that would help to study about the feeling of some targeted group of respondents.

Thus, the qualitative data is found to be essential to assessing contents and utilization of behavioral change communication materials and media messages, in the case of Addis Ababa

city administration HIV/AIDS prevention and control office in communicating with the most at risk people.

3.1.2 Research Instruments

Various methods are used in qualitative research. But the most common are interviews, focus group discussions, observational methods and document analysis. Combining two or more data collections methods, for instance interviews as well as focus groups enhances the credibility of the study. In our case, the researcher employs qualitative data that was obtained through key informant interview, focus group discussions and document analysis.

i. Key informant interviews

Key informant interviews are qualitative in-depth interviews with people who know what is going on in the community. The purpose of key informant interviews is to collect information from a wide range of people—including community leaders, professionals, or residents—who have firsthand knowledge about the community. These community experts, with their particular knowledge and understanding, can provide insight on the nature of problems and give recommendations for solutions. It is also very essential when the researcher want detailed information about a targeted group of respondent's thoughts, attitudes, believes, ideas, and behaviors or want to explore new issues in depth. Interviews are often used to provide context to other data, offering a more complete picture of what happened in the program and why. For this reason, the researcher was used the key informant interviewing research instrument as a major method of data collection.

ii. Focus group discussions

Focus group discussion is frequently used as a qualitative approach to gain an in-depth understanding of social issues including HIV/AIDS in different area of our world. A focus group discussion is a form of group interviewing in which a small group – usually 6- 12 people – is led by a moderator in a loosely structured discussion of various topics of interest (Krueger, R.A. 1994). The method aims to obtain data from a purposely selected group of individuals rather than from a statistically representative sample of a broader population, focus group discussions are useful to obtain detailed information about personal and group feelings, perceptions and opinions. The focuses group can save time and money compared to individual interviews, and observation. They also can provide a broader range of information.

As it has been mentioned in the introduction section, there are the most at risk population group in the city administration, especially female sex worker, and their partners. Thereby, focus group discussion is very essential to collect and analysis truthful data form respondents/ the most at risk population group/ for the study.

iii. Document analysis

As we have mentioned in the above document analysis is one of the basic research instrument of the study. This method of research instrument is very important to analysis print materials and electronic documents in qualitative research. Therefore radio and television spots, brochures and newsletters, life skill training, and peer education manuals, those are obtained from city administration HIV/AIDS prevention and control office analyzed and interpreted based on behavior change model, and communication models.

The data were analyzed on thematic way of data analysis. This is because, thematic way of data analysis provides a highly flexible approach that can be modified for the needs of this study, providing a rich and detailed, yet complex account of data. Thematic analysis is also useful for summarizing key features of a large data set, as it forces the researcher to take a well-structured approach to handling data, helping to produce a clear and organized final report.

3.1.3 Sampling techniques

The next very important step of this study is selection of sampling techniques. As many scholars agreed that, in qualitative research, there are various sampling techniques that we can use when recruiting participants. The two most popular sampling techniques are purposeful and convenience sampling because they align the best across nearly all qualitative research designs. Sampling techniques can be used in conjunction with one another very easily or can be used alone within a qualitative dissertation (Bernard, H. R. 2005, 189-192).

Therefore, for this study, to ensure representativeness, the participants for the interview were selected using convenience and purposive sampling method. As we have mentioned in the above, a purposive sampling, purposeful sampling is a sampling technique that qualitative researchers use to recruit participants who can provide in-depth and document analysis for detailed information about contents and utilization of behavioral change communication

materials and media messages, in the case of Addis Ababa city administration HIV/AIDS prevention and control office in communicating with the most at risk population group.

Thereby, the Samples from the office were chosen depending on their duties and responsibilities in the office, to control and prevent the spread of HIV/AIDS by utilization behavioral change communication materials and media messages. Therefore, two of them were from multispectral response department and two of them from public relation and communication, one of them from management of city administration HIV/AIDS prevention and control office. Ten key informants were selected from different five sub cities.

Sample from document analysis also was taken by purposive sampling method. Because of this, radio and television spots, brochures and newsletters, life skill training, and peer education manuals were the part of document analysis.

3.1.4 Methods of Data Collection

By its nature, key informant interviews are a qualitative data collection method that involves direct, one-on-one engagement with individual participants. As it has been mentioned in the methodology section, document analysis is also a form of qualitative research in which documents are interpreted by the researcher to give voice and meaning around an assessment topic (Bowen, 2009). Thereby, the researcher was prepared relevant key informant interview questions. This form of data collection method helps to read the question and gives the correct resolution for the respondents. It also has opportunities for the researcher to ask additional remarks during key informant interviews.

Radio and television spots, brochures and newsletters, life skill training, and peer education manuals and related document sources was collected from the city administration HIV/AIDS prevention and control office that produced in 2018/19. In general, these methods of data collection were very important to assess contents and utilization of behavioral change communication materials and media messages on HIV/AIDS, office's, to meet its' goals and strategic objectives, to identify the relationship the office had with the most at risk population group, to examine the process of monitoring of the office's, to meet its' goals and strategic objectives and to evaluate the factors that are affecting the utilization of behavioral change communication materials and media messages on HIV/AIDS.

3.1.5 Data Analysis Procedure and Techniques

As it has been mentioned in the above, the researcher used only qualitative data gathering techniques. Then it was analyzed based on appropriate and relevant qualitative research methodologies. The data obtained from the data gathering techniques were analyzed using the theoretical foundations (theories/models of behavioral change, models of public relation, models of communication, role of behavioral change communication, and impacts of behavioral change communication) discussed in the chapter two. Thus, the data collected from key informant interviews, focus group discussions and documents were categorized, and translated from Amharic language in to English. The data that are obtained from the key informant interview were presented in a descriptive form and quotations were used whenever necessary in order to further strengthen the major findings of the study.

3.1.6 Validity and Reliability of the Study

Validity determines whether the research truly measures that which it was intended to measure or how truthful the research results are. In other words, does the research instrument allow you to hit "the bull's eye" of your research object? Researchers generally determine validity by asking a series of questions, and will often look for the answers in the research of others (Joppe 2000, p.1) Therefore, to secure validity and reliability of the study, the researcher developed 15 structured key informant interviews; ten for the for sub cities experts who were living in five different sub cities and six questions for five internal respondents conducted. Additionally, to ensure representativeness, the participants in the interview were selected using purposive sampling; People living with HIV/AIDS also participated. Indeed, purposive sampling required that the researcher thought critically about the parameters of the population targeted by the study and chosen the sample carefully on that basis (Silverman, 2010).

Reliability, on the other hand, brings up to the level of consistency with which cases are set apart to the same category by different observer or by the same observer on different functions (Kumar, 2011). Thereby, the researcher was collected and analyzed the data with a great discipline and responsibility to be reliable the study. All key informant interviews and focus group discussion were documented for further information.

CHAPTER FOUR

4. Data presentation, analysis and discussion

4.1 Introduction

In this chapter the major findings of the research are presented, analyzed and discussed. The researcher attempted to analyze the data obtained from the document review, focus group discussions and key informant interviews. In order to understand the contents and utilization of behavioral change communication materials and media messages, the study aimed to answer the following four basic research questions. These are: - What are the main contents of the behavioral change communication materials and media messages? What are the relationships in the case of utilization of behavioral change communication materials and media messages between the organization and the most at risk population group? How does the organization monitor the process of utilization of behavioral change communication materials and media messages? What factors are affecting the utilization of behavioral change communication materials and media messages?

The document analysis presented in this section mainly focused on the organization radio and television spots, life skill and peer education manuals, brochures and newsletters. In document analysis the researcher focused on direct related part of the documents with behavioral change communication and messages. Thereby, in these documents, knowledge about HIV transmission and prevention, knowledge of mother to child transmission of HIV, prevalence rate of HIV, discriminatory attitudes towards People Living with HIV (PLHIV), and comprehensive knowledge of HIV analyzed based on the role of communication and Social network theory, Health Belief Model, and the AIDS Risk Reduction Model, two way asymmetrical and two way symmetrical models to understand the contents and utilization of behavioral change communication materials and media messages in the city administration.

On the other hand, about fifteen key informant interviews were conducted, five from Addis Ababa city administration HIV/AIDS prevention and control office different departments including public relation and multi sectorial response directorate and ten from five different sub cities offices. Key informant from sub cities were selected from Addis Ketema, Akaki Kalti, Kolfe Keraniyo, Yeka and Gulele sub cities depending on their position on behavior change communication profession. Almost all respondents had five and above years' service in the area

of HIV prevention and controlling, the minimum age of key informants was 35 years and their education status were all of them were at least first degree in different disciplines.

In the following section findings on respective four critical questions, data's that obtained from documents review, focus group discussions and key informant interviews are presented.

4.2 Document analysis

The city administration HIV/AIDS prevention and control office was produced different type of messages for different population group to curb up the epidemic of the virus. In order to understand the effort of office and effectiveness of behavior change communication activities, the document analysis was focused on spots, training manuals, newsletters and brochures which were produced and disseminated by organization in collaboration with difference partners and stakeholders. Thereby to analyze the contents of the documents, the following discussions parameters were employed these were: the message it conveyed, by whom the document was produced, to whom this message was presented, in what effect that the document was produced, the strength of the contents it conveyed and the weakness that the document possessed were taken in to consideration while presenting the content.

4.2.1 Radio and Television spots

Radio and Television spots have advanced roles to eradicate the pandemic of HIV in all over the world, including our country Ethiopia. This was because the city administration HIV/AIDS prevention and control office produced and disseminated different type spots for the society. As a communication channels, TV and Radio spots were among mostly utilized media channels as different type of communication materials were produced in the office in collaboration with difference partners.

The researcher found out that one TV and nine Radio spots which are produced in the fiscal year by the office. It should be divided in to four categories based on their contents. Two spots were explained about use of condom, six spots were introduced volunteer tasting and counseling, one spot about Anti-Retroviral Therapy (ART) and the last one was encouraged bring forth in health center. All spots were selected by applying a purposeful sampling technique. The messages were intended to transmute about condom usage, volunteer tasting and counseling, utilization of Anti-Retroviral Therapy (ART) and mother to child transmission. These spots were produced by targeting female sex workers, pregnancy women and their husbands, different population group

who were participated in different discipline and position, most at risk population group and general population of the city administration.

These spots as its content contains, very important issues of HIV/AIDS. It's also focus on the most at risk population group, specially female sex workers and their partners, productive age group, who were responsible in nation building and in turn who needed due attention in preventing them from HIV/AIDS. The contents mainly focused on the importance of volunteer testing and consoling (VCT) of HIV and sexually transmitted illness (STI) for future plan and to build up productive nation as the country level, the importance save sex to prevent and control the spread of HIV, consistence use of condom and it impact instead of curb up the pandemic of the virus, STI and unplanned pregnancy among the sexually active population, with special emphasis on most at risk population and vulnerable groups. The spots also promote service, how those targeted population can delivered different type of service from different health center, hospitals and other health institution.

The spots were very short, clear, correct and concise. It's also focused on their targeted group, attractive and interesting for the audience. As explained in the spots, Condoms are one of the most commonly used methods of contraception today. Contraceptive methods help to prevent pregnancies. This means using condoms is essentially a means of birth control. However, while birth control may be the primary purpose, a condom is also able to provide other benefits to the user. One such advantage is protection from sexually transmitted infections including HIV. However, the spots were focused on only in four areas of the office activities. Some spots especially those promote condom usage had a weakness on the side of who does not started sex children by encouraging exercising the activity.

4.2.2 Peer education and life skill manuals

The goal of peer education and life skill trainings are to develop knowledge, attitudes, beliefs, and skills needed to engage in healthy behaviors. They have been used in many areas of public health, including nutrition education, family planning, substance use, violence prevention and HIV/AIDS. As our day today observation in our city administration, Young people face many challenges in their lives. There are many political, cultural, social, traditional and modern pressures, especially concerning sexuality, reproductive and sexual health and relationships. However, cultural and religious taboos may mean parents and teachers feel inhibited from preparing young people to make healthy choices regarding their reproductive and sexual health.

Widespread lack of knowledge of basic reproductive health and life skills challenge the health and well-being of many of city administration young people.

Based on these facts, the office developed four different types of life skill and peer education training manuals for young people, disable people, homeless individuals and people living with HIV/AIDS to promote positive behavior change and improve the life skills of these population group. All training manuals were selected to analyze their contents by applying a purposeful sampling technique.

These manuals provides basic inputs on what training is, what peer education is, what it means to be a good trainer, what to be effective and productive generation, learning theory and how to begin a peer education and training program. Manuals deals with the basics of peer education, and life skill trainings including the application of peer education, life skill trainings and its relevance for most at risk population group in the context of HIV/AIDS.

As clearly indicated on their introduction part, manuals designed to help the facilitator communicate an understanding of the basics of adolescence and people living with HIV/AIDS, including cognitive and emotional change, physical change, especial needs and nutritional needs. The focus is on developing an understanding of adolescence and people living with HIV/AIDS from a holistic perspective.

Manuals commonly contain the following contents;- review and warm up game, sexually transmitted Infections (STI), HIV & AIDS - basic facts , HIV and young people, risky and safe sex, fighting stigma and discrimination, VCT, positive living & care and support , life skills – negotiating Life skills – communication , life skills - decision making, drugs and alcohol issues, gender issues for young men and women, what is peer education, what makes a successful peer education?, working together - peer educators & advisers, supporting each other and dealing with problems, and peer educators code of conduct.

The documents are prepared by Amharic language. As many literatures indicated that, English is the most widely spoken foreign language which is also taught in many schools in Ethiopia. However, Amharic is the official working language in which all federal laws are published, and it is spoken by millions of Ethiopians as a second language. It is also the first most widely-spoken language in the city administration. When we all use the same language, we have a common understanding of precisely what we mean and what's expected. Having a common language also helps to keep the focus on the contents of the documents. Therefore the language

which selected by office is very appropriate for the most at risk population group who are living in the city administration.

The ordering of contents is presented in to two ways, Simple to Complex and Cause and Effect approaches. Both approaches are advisable specially to develop training manuals for trainee. Simple to complex approach is a very popular approach when some concepts within our course require prerequisite knowledge. Simple concepts are introduced first and are built upon as we lead up to more complex concepts. This can be a very effective approach when trainees are being introduced to entirely new concept of study. On the other hand, the cause-and-effect approach is essaying to determine how various phenomena relate in terms of origins and results.

The manuals provide different contents for discussion through symmetrical communication approaches. There are many presentation, question and answer, discussion and conclusion phases in each chapter. As we have mentioned in the review of literature, the use of two-way communication by a PR practitioner who functions at the strategic management level also allows our audiences to have a voice at the executive table. This model creates a level playing field for negotiation and mutual understanding to take place between the organization and its publics.

4.2.3 Broachers and newsletter

Broachers and newsletters are common communication tool; accordingly, the office prepared three broachers and two newsletters in the fiscal year to promote different issues which are related to HIV/AIDS. These communication tools also produced in Amharic language. The researcher selected all broachers and newsletters by applying purposive sampling technique. As clearly explained in many literatures, Brochures and Newsletters are one of the most practical forms of distributing information to a wide population. They are useful to reach out to the general public to spread awareness of a specific topic or to bring attention to companies and introduce particular services. This is because the office tried to prepare and disseminate these communication materials for the community, especially for the most at risk population group in the city administration.

The contents of Broachers one mainly focused on the importance of Communities contribution to the AIDS response in many different ways. As clearly explained in the Broacher, communities' leadership and advocacy ensure that the response remains relevant and grounded, keeping people at the center and leaving no one behind. Because, Communities included peer educators, networks of people living with or affected by HIV, such as sex workers, women and young

people, counselors, community health workers, door-to-door service providers, civil society organizations and grass-roots activists. This Broacher also embraced different messages which are related to the main motto of world AIDS day, pictures, logo and detail explanation about the importance community contribution are also presented.

Broacher two and three are focused on the current status of HIV/AIDS, and the importance of valuator counseling and testing. Both brochures are tried to actuate the community for prevention and controlling activities. Their language is clear and simple for the targeted population group. However, many data's are crammed in both brochures.

Similarly, the two newsletters are prepared in Amharic language; their main focus was on current affairs which are related to HIV/AIDS prevention news. It contained important news and updates to make office audience aware of office major activities and other significant information. However, their contents are not appropriate for the most at risk population group.

In general, these communication tools produced in asymmetrical communication model, it allows the sender to control the message without interference, and it's fast and cost effective, however, it minimizes opportunities for valuable front line input and message feedback.

4.3 The utilization of the behavioral change communication materials and media messages

As we discussed in the review of related literature, these communication materials, both print and electronics, can encourage the public of city administration on the basic facts of HIV/AIDS- how it is transmitted and how can one prevent him/herself from contracting it and the factors that contribute to the epidemic, such as risky sexual behaviors and aggravating settings, and environments and cultural practices related to sex and sexuality. Thereby, the organization should understand the main purpose that the communication materials prepared, disseminated and transmitted in different ways for the public.

As communication theories and models, the more people know, the easier it will be for people to learn new things about they want to know in their life. Most of the time, by its nature, learning new things is actually a seamless process, but in order to study it and understand it better, cognitive scientists have approached it as a three-stage process. And they've found that knowledge helps at every stage: as you first take in new information, as you think about this information, and as the material is stored in memory.

Knowledge about HIV transmission and ways of prevention is very important to eradicate the epidemic of the virus in our world. When there is increased knowledge of safe practices to prevent HIV infection, it results in people being more careful and ultimately there will be decreasing in HIV infection rates. Here of, behavioral change communication help people become aware of the levels of care and treatment, whether they are living with HIV or caring for someone with this disease.

In addition to preparing and utilization of behavior change communication materials, PLHIV association has responsibility in teaching their life experience to others to prevent HIV in the world, including our country Ethiopia. They has been working with different partners and government sectors to address the prevention of HIV/AIDS and the protection of the basic needs and human rights of people living with HIV/AIDS, their families and dependents, through holistic care, support, education and advocacy.

According to the interview key informant 08, the office is working with different PLHIV association, especially the associations has a high role in consulting, preparing and editing, behavior change communication materials and in transmitting messages through different electronics media.

The key informant 08 stated that:-

We are working with different people living with HIV association, in preparing, disseminating and transmitting different behavioral change communication materials in collaboration. They have a high role in care and support services, in door to door education, life skill education, and such kinds of communication activities (April 10 2020).

On the other side, key informant 01/April 09 2020 from yeka sub city said that, general population had a high role to fight against the epidemic of HIV in the city, therefor their sub city tried to work in behavioral change communication through different communication tools which were appropriate for general population. According to 1 key informant interview, in all woredas in their sub city, behavioral change communications implemented to control and prevent the epidemic of HIV. The key informant 01/April 09 2020 had high believe on significant of behavioral change communication.

Regarding sub cities disseminating of messages for the most at risk population group, key informant 02 from kolfe sub city stated that,

They prepared a plan to provide and advance information to the targeted population group, in order to achieve their strategic objectives depending on the perspectives of the most at risk population group. Thereby, these behavioral change communications materials are disseminated through peer education, health center, dialogue conducted in their association and mainly through life skill training. However, most of the time, their implementation, and effectiveness depend on the effectiveness of the city HIV prevention and control office. Sub cities couldn't prepare any behavioral change communication materials by themselves, except distributing and working in collaboration with the city (April 12 2020).

The other very important question that answered by key informant 01 Addis Ketema was, about the significant of behavioral change communication materials to control and prevent the epidemic of HIV. According to this informant, behavioral change communication is very important to fill up the gap that happened in most of the people who are living in the city administration. He said that;

It helps to trigger and stimulate people for adopting positive behavioral approaches. It promotes appropriate and essential attitude change. Especially, it is very important for peer group discussion, life skill education group and one to one discussion (April 11 2020).

According to key informant 02/April 10 2020 from city administration HIV/AIDS prevention and control office, public relation and communication department, all behavioral change communication materials and messages are very important to curb the spread of HIV in the city administration. However, they were not developing these communication materials. Key informant 02 stated that,

According to our organization, developing communication materials and media message is not our responsibility. Multi sectorial response directorate has a responsibility of developing social behavioral change communication materials and media messages. They have detail information and knowledge about the HIV/AIDS, and clinical, biological, structural nature of the virus. Indeed, we are trying to work

them in collaboration, especially in designing, disseminating, editing, and such kinds of activities (April 10 2020).

As many scholars agreed that, the general responsibility of communication experts is to handle public relations, information output, press releases and media requests, social media and/or advertising efforts. These communications specialists build relationships with the media and the public, and they must have exceptional public speaking and writing skills. They have to understand their organizational goals, vision and strategic objectives of the organization. Depend on these basic affair, they have to develop different massages, communication materials and such kinds of public relation activities.

Towards the utilization of behavioral change communication materials and media messages, from city administration HIV/AIDS prevention and control office, multi sectorial response key informant 3 explained that, Communication empowers people by providing them with knowledge and understanding about specific health problems and interventions. Providers also need to know about the various health issues to be able to communicate effectively to their potential clients. Therefore, the office attempted to prepare different communication materials in collaboration with different stakeholders and partners.

Regarding the utilization of behavioral change communication materials, the group discussions in yeka sub city showed that; the city administration HIV/AIDS prevention and control office utilized different types of communication materials and media message to prevent the epidemic of HIV in the city administration. Especially print communication materials are intensively disseminated for the most at risk population group in each year; however, these print materials are not equally utilized in all the most at risk population group, due to their individual interests and differences.

To this fact, FGD1 April 09 2020 from yeka sub city stated that,

Most of the most at risk population group who living in our environment are uneducated; thereby they don't have access to understand the print communication materials. On other side, FM radio is a major source of information in Addis Ababa city society. Yet FM radio coverage of AIDS is currently limited to dramatic presentations, news broadcasts, and public service announcements—often with the very limited message that audience should "find out" about HIV. The role of

sexuality is seldom discussed explicitly, and FM radio programs focused on commercial advertisements and sport (April 09 2020).

As many psychology scholars agreed that, discrimination is a strong dislike or negative feelings hold by someone about another person or group. Negative attitudes and stereotypes may lead to harassment and discrimination, and affect a person's ability to both get and succeed in a job, happiness in life, and fruitfulness in social relations. According to AIDS Risk Reduction Model consequences of stigma and discrimination against PLHIV may result in low turn-out for HIV counseling and testing, disclosure of its HIV status to concerned persons, identity crises, isolation, loneliness, low self-esteem and lack of interest in containing the disease.

According to key informant 01/April 05 2020 from Akaki kaliti interviews, stigma and discrimination was basic problem in their sub-city, on the other hand, many PLHIV and different types of female sex workers have worked together with different stakeholders to eradicate the discrimination attitude. These female sex workers have stood on street to search sexual partner; some of them have worked in night club, massage house, in small bars and restaurants. Therefore we have to understand and identify the behavior, the nature of their work and the place where female sex workers are leaving to disseminate proper message for them. The key informant 01stated that,

Flayers, poster and sticker are proper according to our experience in our sub city. Most of the time, materials that published by PSI smart journey 2011 and other published by FHAPCO 2019 were more proper for female sex workers. Because, most of the time female sex workers spent their time night club in the evening and they slept in the morning. Therefore, it is difficult to reach them in radio, television and other print Medias by their unique nature of their work (April 05 2020).

On the other hand key informant 02/April 15 2020, from city administration HIV prevention and control office, multi sectorial response interviews indicate that, HIV communication with the most at risk population group remains a mass-media focused one which dominantly employs radio, posters, magazines and flyers among others. While there are attempts to use interpersonal communication channels and networks such as drama, public talks and by inviting experts from Government and Non-Government sectors to workshops on HIV and AIDS.

Focus group discussants in the first FGD in Kolfe Keraniyo sub city stated that, social media especially face book and web pages are proper for female sex worker to teach them about the virus and for behavior change in their context. Beside this, key informant 02 from Kolfe Keraniyo stated that:-

Above 90 percent of female sex workers are using social media to contact their sex partners and to gain seasonal information about the world. They are using and communicating each other through face book messenger, telegram and such kind's social networks (April 12 2020).

From this informant interview we understand that, the organization should utilized different types of social media to provide information through behavioral change communication materials for the most at risk population group, especially, for female sex workers in the city administration. However, there were different understanding about the most at risk population group, especially about female sex workers nature and nature of their work, inconsistence utilization of behavior change communication and importance of communication materials.

4.4 The relationship of the office with the most at risk population group

HIV is a preventable disease. Effective HIV prevention interventions including behavioral change communication have been proven to reduce HIV transmission in each level. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex partners and their families. Thereby behavior change communication and knowledge about how and when the virus transmits is very essential.

As clearly stated in review of related literature, HIV is not only biomedical disease, but also both a biomedical disease and a social problem that is constructed in particular cultural contexts. Thereby, effective and successful HIV cure requires not only the science of eradicating the disease, but also the art of healing to restore harmony between the most at risk population group and different sectors which are doing on HIV prevention. On other side, good communication is an important part of all relationships and is an essential part of any healthy partnership. All relationships have ups and downs, but a healthy communication style can make it easier to deal with conflict and build a stronger and healthier partnership.

Regarding the relationship with the most at risk population group and the sector, multi sectorial response directorate key informant 01 said that;

We have a good relationship with the most at risk people. However, because of their nature of work, life style and different social problems somewhat difficult to contact them regularly, even it is difficult to contact in quarter. For example, truck drivers, mobile workers, and female sex workers, are not have a permanent working place. Indeed we have a joint review meeting in quarters with their representatives. Within these ups and downs we tried to make good relationship with these communities to prevent and control the virus through behavior change communications (April 15 2020).

The Excellence in Communication model stresses understanding the audience and building a relationship with them as important components for behavior change. Communication programs based on this model use appropriate research methodologies to understand their audience and design strategies that will increase understanding and build relationships with them. Graeff and colleagues (1993) noted that understanding the audience requires use of relevant information-gathering methodologies and may require communicators to enter into a dialogue with the community through use of ongoing systematic research with representatives of the target audience. Participatory communication through two-way symmetric dialogues and between communicators and target audience is necessary in HIV/AIDS communication

On the other side, the report of the city administration HIV/AIDS prevention and control office indicated that;

The adult (15-49 years) prevalence rate of HIV is 3.4. These means, 3.4 percent of people living in the city administration are HIV positive. 107,917 people are living with HIV in the city administration. 1,408 people are newly infected and 1,879 people died in case of AIDS and related disease in each year.

HIV can affect anyone, every person regardless of sex, race, ethnicity, and age. Although because of particular risk factors and behaviors certain groups are at higher risk for HIV. Based on to the report and other studies, prevalence rate in most at risk population group (Mobile worker, female sex worker, divorced, widowed, and families of people living with HIV are

highly at risk for epidemics) higher than the general population. These population groups have high sexual interaction with general population, so that HIV transmission occurs at higher rate.

On the other side, the office report explains that, there was good and fruitful relationship with these population group and awareness creations through different communication ways and modalities, peer group discussions, panel discussions, and media messages for the most at risk population group living in the city administration. However, the reasons why inflated the prevalence rate of HIV in the city administration were not answer by the report.

The other very important point that focus group discussed was the importance of good relationship with the most at risk population group and societal commitment for effective and credible communication. At present, preventing the epidemic of HIV infection requires both a scientific understanding of nature of the targeted population group and a societal commitment to behavioral intervention to reduce the transmission of HIV infection throughout the world. Indeed, this making good relationship with the most at risk population group and societal commitment is not a simple task due to cultural and social beliefs and feelings about these behaviors can generate conflict that impedes efforts to understand them.

Towards the relationship with most at risk population group, Addis Ketema, focus group discussion showed that, HIV/AIDS is a social problem. The virus is transmitted through human behaviors; as such, the problem needs to be solved by social means that facilitate change in risk-associated behaviors. Thereby effective and sustainable good relationship is very important to be efficient in behavior change communication. However, there were many problems that happened when they were supporting and coordinating the most at risk population group to prevent the transmission of the virus in their environment through different communication materials and messages.

To this fact, FGD 1 /April 05 2020/ from Addis Ketema sub city stated that,

We have a discussion with different most at risk population group and sub city experts one times in every 15 days. We tried to make a good relationship with the most at risk people; however we were not successful as the government expected. Basically, most of them are not happy to discuss on discussion manual and communication materials. There is no sustainable financial support and trainings

from different partners and stakeholders. Indeed, quarterly we have a meeting with sub city HIV/AIDS prevention and controlling office (April 05 2020).

An effective communication process has a cyclical nature. (Grunig, 2002) describes a two-way symmetrical communication model as the most idealistic kind of communication with the public communication with the public. From what the researcher understand in focus group discussion good relationship is in the system has maintained two-way cyclical communication. The goal of two-way symmetrical communication is mutual understanding between the organization and the public.

A two-way symmetrical communication approach is important for effective communication for any organization. The communication strategies of the office i.e. Addis Ababa city administration HIV/ADIS prevention and control office has used, according to this study, both two ways and one-way symmetrical communication strategies are implemented in the office . Concerning one-way communication, the office disseminates different messages through print materials, TV and FM radio however the office could not receive any feedback from the audience. Concerning two way communications, the office applied life skill, peer education and such kind's discussion among the most at risk population group.

On the other side, the office report explained that, 126 female sex working places were identified, 1,302 female sex workers leaders were received a training on how they protect themselves from un save sex and how they aware their partners, and friends about the virus how and when transmit one to others. 84,804 mobile workers also got training on behavioral change communication and HIV services to decrease discriminatory attitudes and prevent the transmission of HIV among them.

As indicated on the strategic plan of federal HIV/AIDS prevention and control office, the goal of health communication programs is to influence the health behavior of individuals, communities on positive way and to increase knowledge, understanding of health-related issues and to improve the health status of the intended audience. Understanding is important in achieving this goal, especially in situations where cultural values, beliefs, and practices continue to put people at risk. Most of the health problems are preventable and the solution lies in behavior change communication (Newson et al, 2013). However, according to this focus group discussion, the

way the office communicated with the most at risk population group and addressed messages were not sufficient, properly managed as expected according to the problem.

4.5 Monitoring and evaluation in the case of using behavior change communication

Baseline or formative assessment is very essential for effective and fruitful communication before preparing any behavioral change communication materials and media messages. It helps the organization to clarify the relationships between audiences, messages, channels, activities, and materials: Going through the communications assessment process will help the organization to identify who the organization needs to reach. Regarding of this basic and fundamental issue, key informant 03 from Addis Ababa city administration HIV/AIDS prevention and control office, public relation and communication directorate stated that;

Assessment before preparing messages and communication materials is our road map for getting our message delivered to our audience. It's an essential tool for ensuring our organization sends a clear, specific message with measurable results. Indeed, in our context all media messages and communication materials are prepared in multispectral response directorate; however we tried to assess the needs, the gaps and the effectiveness of our communication materials and media messages through different questioners, interviews and public opinion (April 15 2020).

Behavioral change communication is critical to achieve the vision for any organization in the entire world; however, without strong and sustainable monitoring, behavioral change communication, disseminating communication material and message transmitting through radio and television is nothing. As we discussed in the chapter two monitoring is a regular observation and recording of activities taking place in a project, campaign, or program at any level of community in different countries instead of checking the effectiveness of communication.

According to the office report, the city administration HIV/AIDS prevention and control office, stakeholders, and partners tried to disseminate different messages through different communication tools in order to control and prevent the spread of HIV. However, as the office report indicates, still comprehensive knowledge of the public is very low, prevalence rate of the virus is 3.4, stigma and discrimination attitude of the public is not decreased as expected, new

infection, AIDS related death and such kinds of problems are also still challenging. Therefore, Knowledge of HIV transmission is crucial to enabling people to avoid infection.

As the office report indicates, the comprehensive knowledge of the public, how and when the virus transmitted to one to others, and how they prevent and control the virus, how support and care their families and related knowledge about HIV is low in the community of city administration. The office report also explained that, more than thousand people are dying in the city administration in case of AIDS and related diseases. This is a critical behavioral change communication and awareness problem.

Beside this, there were lots of radio and television spots which were transmitting through these electronics Medias, banner messages, and roll up messages, peer group discussions, review meetings, and related communication tools to fill up the gap and to increase the comprehensive knowledge of the public.

In this regard, two key informants were conducted from city administration HIV/AIDS prevention and control office, multi sectorial response department and head of office. Both interviewees tried answer the questions with high concern and remorse. According to the key informant 01/April 10 2020 interview from multi sectorial response department, the utilization of behavioral change communication materials and media messages were not effective. Even their monitoring system also very weak;

In conformation this data, according to the interview with multispectral response directorate key informant 01, stated that:-

Indeed we tried to disseminate a lot of communication materials to address current and accurate information concerning HIV, we are working with different Medias in different plat form, we have also a structure up to sub cities level, and we plan, evaluate all activities together. Though, there are no documented monitoring strategy and detail activities in our fiscal year plan, to evaluate the effectiveness of our communication (April 10 2020).

key informant 02/April 10 2020 from Addis Ababa city HIV/AIDS prevention and control office stated that, there is no documented monitoring and evaluation goal, objectives and separated plan

that the office solely owned. However, the office can evaluate the progress of behavior change communication through different activities effectiveness. The key informant 02 stated that:-

We have different activities which are related to HIV prevention and controlling in the city administration. These are; testing, ART services, care and support, and such kinds of activities. All these activities are supported by communication. If the activities achieved their goal, the communication activities were effective, if not, our behavior change communication were not effective. Therefore we can monitor the effectiveness of our behavior change communication. Indeed this is not advisable for our next plan. We have to make a separate monitoring and evaluation plan and strategic document (April 10 2020).

As the key informant and multi sectorial response directorate key informant 01/April 15 2020 perceived, the monitoring and evaluation of the behavior change communication was not effective and fruitful. Even the office had many media messages in different media out late, different radio and television spots and programs transmitted in each day. But there is no formal ways of monitoring to strengthen the effectiveness of communication.

Regarding the way of monitoring the effectiveness of behavior change communication materials and media messages, key informant 02 from Gulele sub city said that;

The comprehensive knowledge of the public is very low. May be it is the problem of utilization of behavioral change communication materials. Surely, we are working day and night with different stockholders to fill up this problem. Peer education, different types of print materials, bill boards, banners, role ups, spots and such kinds communication tools are commonly using to prevent the spread of HIV. According to our supportive supervision indicates, somewhat there are problems instead of using these communication problems at community level. Therefore, we have to revise our plan and check our monitoring and evaluation activities in each level to be effective in all basic activities (April 08 2020).

Sustainable monitoring and evaluation is very important for effective behavior change communication. It helps the organization to provide current status of the epidemic, to fill up the gap that happened in the society in the process of disseminating different messages and communication materials in order to eradicate the diseases. As many literatures show,

monitoring and evaluation are ways of systematically measuring and assessing program activities and results. Their purpose is to check on the progress of implementation and outputs systematically. They help to determine when a program is going to plan and when changes may be needed. However, towards this point, the focus group discussions indicate that; the organization attempted to help the most at risk population group through monitoring and evaluation in each year. There were discussions about how to check up the progress of behavior change. But it is not fruitful as the problem depth and the government expected.

To this fact, FGD1/April 12 2020/ from kolfe keraniyo sub city stated that;

The city HAPCO and different organizations are working in collaboration with us especially in distributing different communication materials to prevent and control HIV in our environment. But most of them would not come back again to check up the behavior change of the public. In this case, many risky behaviors are coming; numbers of female sex workers are increased. Therefore, the government should take this responsibility to curb these risky behaviors which are happened in the community. On the other hand, effective communication is important for all facets of an organization's work, but is absolutely essential to the success of participatory monitoring and evaluation in each level of city administration. This is because monitoring and evaluation results must feed back into the HIV/AIDS prevention and control office work processes as a whole to influence decision making. Thereby the office should give enough attention to monitoring and evaluation to be effective in communication (April 12 2020).

4.6 Factors that are influencing the behavior change communication

Basically, Intensive and effective behavior change communication and provision of care and support are required to curb AIDS-related stigma, discrimination, unwillingness, uncooperativeness, and to maintain physical, mental, and social wellbeing of people living with HIV/AIDS and at risk population group. According to scholars, both interpersonal and mass media communication/campaigns are used to provide education in order to increase knowledge and change negative beliefs in order to facilitate HIV prevention (Davey-Rothwell & Latkin, 2007).

Behavior Change Communication is a participatory and interactive process of working with individuals, communities, and societies to develop tailored messages and approaches using a variety of communication channels in order to enable them adopt health-promoting behaviors, as well as develop and maintain individual, community and societal behavior change (FHI, 2002).

However, different factors are influencing these communication modalities throughout the world because of different communication barriers, societal problems, cultural beliefs, and political interpolation. In the case of factors that are influencing the behavior change communication material and messages, the researcher conducted some informants from city administration HIV/AIDS prevention and control office, sub cities and FGD from three sub cities.

Towards factors that are influencing the behavior change communication material and media messages, yeka sub city focus group discussion indicates that, there are many problems in their teaching learning process. Such as, the discussion manual is not updated related to the current situation, flayers, brushers, posters and likes communication materials are not enough for their discussion.

To this fact, FGD1/April 09 2020/ from Yeka sub city stated that;

Most of the time these the most at risk population groups, especially female sex workers are economically poor, uneducated, far from their families, homeless, and not permanent living and working place. Thereby, there are working in small bars, local drink house (Tella bet, Areki bet,). The owners of these trade houses are not voluntary to give time for sex workers for their peer group and life skill discussion through different communication materials. Similarly, mobile workers have also a permission problem from their owner during their discussion about HIV in different communication materials. On the other hand, some at risk people are not happy in peer group discussion, thereby; they switched off their mobile phone, they are passive in discussion, they need additional reinforcement (per diem, tea, and coffee,) to discuss on these communication materials (April 09 2020).

Several factors are associated to individuals and community's behavior and behavior change. Individual's behavior is strongly influenced by the community and community's behavior is influenced by the individual. Therefore it is not possible to separate these two elements from each other (Huff & Kline 1999).

These focuses group discussion clearly indicates, all communication materials and messages which prepared by government and Non-government are not properly addressed for the targeted population group as the government expected. Peer group discussion, life skill education and discussion on different communication material are also unsuccessful instead of behavior change in case of HIV prevention and controlling. Therefore, the office should think another option to provide information for the public, especially for at risk population group in HIV.

Similarly, key informant 02 from Gulele sub city agreed on the above mentioned discussion points. Key informant 02 said that;

Educational background, life style, status of peer, utilization of communication materials affected the behavioral change communication in our context. On the other hand, there is no sufficient and comfortable discussion area for peer group, life skill education and one to one discussion in their sub cities. Budget constraint, lack of attention, focusing on seasonal affairs, lack of accountability, insufficient knowledge about the current status of HIV, problem of working in collaboration with difference stakeholders and partners, are basic factors that were influencing the behavior change communication in our sub city (April 08 2020).

Behavior change communication material needs to take into consideration community's cultural experience and social routines including community's capacity to manage interventions (Atkinson et al. 2011) although many HIV education programs had the same characteristics in common and these programs can be implemented throughout the world (Kirby et al. 2007).

Moreover, Addis Ketema sub city key informant 01/April 11 2020 on behalf of him, guide lines, discussion manuals, and such kinds of print materials are not updated, there is no enough and appropriate behavioral change communication tools for disabled people, lack of sustainable monitoring and supporting, were the basic factors that are influencing the behavior change communication in their sub city.

In this interview, Addis Ketema sub city key informant 01 explained that;

All leaders who were working on health and other Government sectors they hadn't enough and comprehensive knowledge on the current status of HIV in their sub city. Due to this, they didn't give appropriate attention for the epidemic. Even on behalf

of Non-Government organization, there is no enough attention due to budget constraint (April 11 2020).

Regarding the challenges that are influencing the relationship with the most at risk population group, key informant 01 from kolfe Keraniyo sub city, said that, financial constraint was the basic factor that was influencing the relationship with most at risk people in their sub city.

For any discussion, or meeting regarding to HIV, per Diem was common in the society, it was very difficult with absence of per diem to discuss with these people. They expected 100 or more birr for each discussion (April 12 2020).

In most of the recent HIV communication theories, interpersonal communication which pays attention to face-to-face interaction between or among communicators is given credit. When we come to our issue, face to face communication is very essential especially to reach the most at risk population group. There are a number of families which are living with HIV positive people. In order to protect themselves from the virus they have to be participating in this kind of discussion.

On the other hand, key informant 01 from Yeka sub city said that, most of the friendly service weren't yet reached for the most at risk population groups, they didn't give proper attention for the program,

Just they attained for the sake of participation and per diem in all level. All ways of communication, motivation, reinforcement activities, communication tools, and media messages were common and boring for most at risk people for several years. Due to these, the relationship among the most at risk population group, government experts and different stockholders should be challenged (April 09 2020).

Regardless of this, HIV communication with the most at risk was not effective as the city administration expected. In health sector all activates needs societal involvement and good relationship with targeted population group. To prevent, and control the epidemic or transmission of the disease or virus the public involvement is very critical. However, the problem seems like omitted affair or secondary issue in the city administration.

According to WHO the most at risk people identified, those who have sex men with men, people in prison, people who inject drugs, sex workers and transgender people – threatens global

progress on the HIV response, warns WHO. These people are most at risk of HIV infection yet are least likely to have access to HIV prevention, testing and treatment services. In many countries they are left out of national HIV plans, and discriminatory laws and policies are major barriers to access. Thereby the researcher question was how the organization distributes the behavioral change communication materials for these at risk population group.

Key informant 01 from Akakie Kalitie explained that;

Almost all print communication materials prepared by non-Government organization, stakeholders, partners, federal and city administration HIV/AIDS prevention and control office. Our daily activities were distributing these materials for the public through different methods. Most of the time, we distribute these communication material during large meetings and conferences. This was a good chance to address the materials for the public. Some time we used different structures, peer educations, joint review meetings, door to door distribution especially for those the most at risk population group. However, because of many challenges, we are not believed that all communication materials are distributed as the government expected. And also, we tried to produce banners, role ups, and bill boards to fill up the gap in collaboration with different NGOs (April 05 2020).

On other side, the office report explained that, the major factors that affected the behavior change communication were indifference and over satisfaction on the result that got the office before a year instead of controlling the prevalence rate and AIDS related death. Beside these, there were highly increasing female sex working, construction working and related activities which were contributing the spread of the virus. Thus, there were not sufficient and effective public relation and behavioral change communication to fill up the gap that happened in the society.

Key informant 3 from city administration HIV/AIDS prevention and control office, multi sectorial response directorate, on behalf of him;

There are different kinds of daily/seasonal laborers, widowed and divorced urban women, people living with HIV and their partners, truck drivers and female sex workers; some are not permanent in specific place, and others are worked at night and slept in morning. Because of this, somehow it is difficult to reach them by behavioral change communication

materials and media messages. Thereby, the organization tried to address different message through different communication tools which are proper for the nature of the most at risk people in the city administration. However, still these are the main factors that influencing the behavior change communication (April 10 2020).

As we understand from these interviews and focus group discussions, peer group, life skill education and such kind of discussion are very important to increase the comprehensive knowledge of the most at risk people. In many countries especially sub-Sahara African, including Ethiopia, the life skills and peer education training package could be used as a national training manual among in and out-of-schools young people. Peer education is a popular concept all over the world that implies an approach, a communication channel, a methodology, a philosophy, and a strategy. Both activities are an interactive process of teaching and learning, which enable learners to acquire knowledge and develop attitudes and skills which support the adoption of healthy behavior.

However, some researches indicate that, Peer educator and targeted students were not asked direct questions on the effect of the peer education and life skills on their sexual behavior and practices. There might be a missing link between the consequence of having such a large improvement in life skills among peer educators and how it was translated in the adoption of less-risky behavior or in continuing non-risky behavior (Flisher et al. 2009; Yankah & Aggleton 2008).

CHAPTER FIVE

5. Summary of the Major Findings, Conclusions and Recommendations

5.1 Summary of the Major Findings

Especially print communication materials are intensively disseminated for the most at risk population group in each year; the contents of each communication materials were appropriate and well prepared for the targeted population group however, these print materials were not equally utilized in all the most at risk population group, due to their individual interests and differences. The monitoring and evaluation of the behavior change communication was not effective and fruitful. Even the office had many media messages in different media outlet, different radio and television spots and programs transmitted in each day. All messages and spots were very interesting, attractive and successful but there was no formal ways of monitoring to strengthen the effectiveness of behavior change communication.

Sub cities HIV/AIDS prevention and control office experts, did not have a role of preparing behavior change communication materials and media messages depend on the real situation of their environment. The major factors that affected the behavior change communication were indifference and over satisfaction on the result that got the office before a year instead of controlling the prevalence rate and AIDS related death. Guide lines, discussion manuals, and such kinds of print materials were not updated and appropriated behavioral change communication tools for disabled people. Lack of sustainable monitoring and supporting also the factors that were influencing the behavior change communication in the city administration. The office tried to make a good relationship with the most at risk population group; however it was not successful as the government expected. Basically, most of the most at risk population group were not happy to discuss on discussion manual and communication materials.

5.2 Conclusion

Behavior Change Communication is an effective communication approach which helps to promote changes in knowledge, attitudes, norms, beliefs and behaviors. It is an interactive process with communities to create custom-fitted messages and methodologies utilizing an assortment of correspondence channels to create positive practices; advance and support individual, network and cultural conduct change; and keep up suitable practices. It is also a

powerful and fundamental human interaction – communication – which positively influences dimensions of health and well-being.

Based on these basic facts, the city administration HIV/AIDS prevention and control office attempted to prepare and disseminate different type of behavior change communication materials and media messages on HIV/AIDS for the most at risk population group. However, the study showed that, these population group were not properly used these materials as the office expected. There were many factors which influencing the behavior change communication, financial and commitment problems, lack of attention, over satisfaction and indifference were the main factors. The office tried to build good relationship with most at risk population group, but it was not effective because of different social, economic and psychological problems. The monitoring of the behavior change communication materials and media messages was also crippled because of lack of attention and proper management.

The study found out that, sub cities HIV/AIDS prevention and control office experts distributed different behavior change communication materials which were prepared by partners, stakeholders, federal HAPCO and the office. But they did not have a role of preparing behavior change communication materials and media messages depend on the real situation of their environment. Commonly most at risk population group were not happy to discuss on these communication materials because of their financial, out date of the materials and their educational problems.

The study sought out that, the office attempted to transmit different type of media messages which were related to HIV/AIDS, to eradicate the spread of the virus, to decrease discrimination and stigma, to promote condom usage, and such kinds of contents through FM radio and television for the general population. However, in all level of the office structure, there was no strong written monitoring plan or plan of action or system to understand the messages achieved their objectives or not. The process of monitoring especially in the case of media messages, aims to improve the office understanding of results while also strengthening local capacity, institutional development, and sustainability of efforts.

Regarding making good relationship with the most at risk population group, the study found out that, the office developed different types of platforms. Peer education, life skill trainings, joint review meeting and like were a very important opportunities to build effective and efficient

relationship with the most at risk population group. However, there were many factors that influenced the relationship between the office and the targeted population group. From this data the researcher inferred that there were lack of attention and a knowledge gap in developing the right relationship plan to the office which made them effective in addressing the societal need in controlling and preventing the prevalence of HIV/AIDS in city administration.

5.3 Recommendation

The office should be strengthening the utilization behavior change communication materials and media messages to eradicate the spread of virus in the city administration. Because strong behavior change communication helps to gain an understanding of the extent to which interpersonal influences are likely to be important for one or more target groups. Other people's values, attitudes, beliefs and behavior can have a strong social influence on our own behavior.

This study suggested that the capacity and behavior change communication activities of the office should be increased in order to become better communicative with the most at risk population group. This should be done by organizing, sustaining peer education and life skill trainings, by making them certain that these population groups are performing their work effectively. This is because, effective communication is crucial to communicate effectively in negotiations to ensure the office achieve its goals. Effective communication can help to foster a good working relationship between the office and its staff, which can in turn improve morale and efficiency.

Another recommendation is that the office has to develop a monitoring plan independently from the office strategic and fiscal plan, because, monitoring is systematic, timely and purposeful observation and data collection to check if office activities are being implemented as planned. More precisely, monitoring assesses the behavior change communication activities to establish what activities are being done, and where, with whom, when and how many have been completed. Strong and sustainable monitoring provide the necessary data to guide planning, to allocate resources, to design and implement programs and, if necessary, to re-allocate resources in better ways. Strong monitoring is a great strategic tool to measure and improve the effectiveness of the office communications.

The behavior change communication materials and discussion manual for peer education and life skill training should be updated related to the current status of HIV/AIDS. Effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. Thereby the

office should be updated the behavior change communication materials and discussion manuals to be effective and efficient in the process of eradicating the virus.

The study suggested that, the leadership commitment should be increased in order to become better effective in communication with different partners, stakeholders, and most at risk population group. It should be improved factors those were influencing the behavior change communication in different level of the office structure. This is because, effective communication ensures understanding and is not the same as simply sending out messages or emails. Communication is a two-way interaction, and the ability for the leader to listen is critical.

Developing mutual relationship with different stakeholders was one of the target strategies of the office to achieve its organizational objectives. However; the office did not build mutual relationship with these organizations and with at risk population group as planned. Thereby the office should be strengthening the mutual relationship with different stakeholders. Successful behavior change communication must include strategies that focus on increasing understanding of the communicated messages and understanding of the audience through application of appropriate methodologies. Building a relationship with the most at risk population group or stakeholders through dialogues and two-way symmetrical communication contributes toward this understanding and the maintenance of the newly adopted behaviors and practices.

6. References

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7. Appendices

This key informant interview is aim to get a feedback utilization of behavioral change communication materials and media messages in Addis Ababa city administration HIV/AIDS prevention and control office activities. In finding out how the prevalence rate of HIV spread is greatly reduced in city administration and the role of the office in achieving the goal.

7.1 Appendix 1

Key informant interview questions for public relation directorate experts/at city administration level/

1. How the directorate does develop behavioral change communication materials?
2. How do you distribute the behavioral change communication materials for the most at risk population group?
3. What factors are influencing the behavioral change communication process?
4. In which communication channel do you address the messages for female sex workers in the city administration?
5. Is there any assessment before preparing communication material for the targeted people? Why the offices assess the need of the public before preparing the behavioral change communication materials?

Key informant questions for multispectral response directorate experts/at city administration level/

1. How do you monitor the utilization of behavioral change communication materials effectiveness?
2. For effective behavioral change communication, which way of monitoring and evaluation is effective in your experience? Do you think that the monitoring and evaluation process is effective in the city administration?
3. How does the office evaluate the behavior change of targeted people, the effectiveness of behavioral change communication materials?
4. What was the main contribution of people living with HIV and their association in preparing messages for the most at risk people?

5. How does the office monitor the effectiveness of media messages? Is there any mechanism that utilized for monitoring and evaluating the process and effectiveness?
6. In which media does the office disseminate messages for the targeted people? Why?
7. Do you have a plan report relationships with the most at risk population group? How much time do you have joint review meeting in a year with the most at risk population group or with their representatives?
8. Do you have any training or workshop on concept of behavioral change communication? What factors are mainly influences the behavior change communication?

7.2 Appendix 2

Key informant interview questions for multispectral response directorate experts/at sub city administration level

1. Which communication materials are proper for female sex worker?
2. What do you think about the significance of behavioral change communication?
3. What factors are influencing the behavioral change communication process?
4. Do you prioritize factors that influencing the behavioral change communication process?
5. How does the office disseminate messages for the most at risk population group those who are living with HIV/AIDS in the city administration?
6. What challenges are influencing the relationship with most at risk people?
7. How do you distribute the behavioral change communication materials for the most at risk population group?

7.3 Appendix 3

Discussion questions for FGD A

1. How do you get these communication materials for your discussion?
2. Where do you think the right place to discuss about the HIV/AIDS based on behavioral change communication material?
3. Do you think that behavioral change communication materials are a good information source? Why?
4. When and how do you discuss based on behavioral change communication materials about HIV/AIDS? Is there any coordinator, facilitator or responsible person in the discussion process? If not, why?
5. Do you think that all communication materials are equally utilized properly in your discussion? Why?

❖ በኤች ኦይቪ ኤድስ ዙሪያ ውይይት ለማድረግ የሚጠቅሟቸውን የመወያያ ሰነዶችንና፣ ቁሳቁሶችን እንዴት ታገኛላችሁ?

❖ በባህሪ ለውጥ ተግባራት ቁሳቁሶችና ሰነዶች ላይ ውይይት ለማድረግ ትክክለኛውና ምቹ የሆነው ቦታ የት ነው ብላችሁ ታስባላችሁ?

❖ የባህሪ ለውጥ ተግባራት ቁሳቁሶችና ሰነዶች ጥሩ የመረጃ ምንጭ ናቸው ብላችሁ ታስባላችሁ? ለምን?

❖ ስለ ኤች ኦይቪ ኤድስ፣ በባህሪ ለውጥ ተግባራት ቁሳቁሶችና ሰነዶች ላይ መሰረት በማድረግ፣ ውይይት የምታደርጉት መቼ እና እንዴት ነው? በውይይቱ ሂደት፣ ምቹ የውይይት ሁኔታዎችን በመፍጠር፣ ባጠቃላይ ሀላፊነት በመውሰድ የሚያስተባበር ሰው አለ? ከሌለ ለምን?

❖ ሁሉም የባህሪ ለውጥ ተግባራት ቁሳቁሶችና ሰነዶች በውይይታችሁ ላይ እኩልና በአግባቡ ጥቅም ላይ ውለዋል ብላችሁ ታምናላችሁ? ለምን?

Discussion questions for FGD B

1. In which way do you commonly get information about HIV/AIDS?
2. With whom do you commonly discuss about the HIV/AIDS and the way you protect yourself from the viruses?

3. Do you think that behavioral change communication is very important for preventing and controlling the epidemic? Why?
4. How much behavioral change communication materials are important in your peer group discussion?
5. Do you think that all communication material is proper for the targeted people? Why?

❖ ስለ ኤች አይቪ ኤድስ በየትኛው መንገድ/ሁኔታ/ መረጃ ታገኛላችሁ?

❖ ራሳችሁን ከቫይረሱ ለመጠበቅ ስለኤች አይቪ ኤድስ ከማን ጋር ውይይት ታደርጋላችሁ?

❖ የኤች አይቪ ስርጭትን ለመቆጣጠርና ለመከላከል፣ ባህሪ ለውጥ ተግባራት ቁሳቁሶች ጠቃሚ ናቸው ብላችሁ ታስባላችሁ? ለምን?

❖ ለአቻ የቡድን ውይይታችሁ፣ የባህሪ ለውጥ ተግባራት ቁሳቁሶች፣ ምን ያህል ጠቃሚ ናቸው?

❖ ሁሉም የባህሪ ለውጥ ተግባራት ቁሳቁሶች/ሰነዶች/ ለታላሚው የህብረተሰብ ክፍል ተገቢ ናቸው ብላችሁ ታስባላችሁ? ለምን?

Discussion questions for FGD C

1. When and how do you get behavioral change communication material for your discussion?
2. What do you think the importance of peer education in the epidemic prevention?
3. How many times do you have a discussion about HIV/AIDS based on behavioral change communication material within a week? Why?
4. What is your suggestion for the future to improve the utilization of behavioral change communication material efficiently?

❖ ለውይይት የሚሆኑዎቻችሁን የባህሪ ለውጥ ተግባራት ቁሳቁሶችን መቼና እንዴት ታገኛላችሁ?

❖ የአቻ ትምህርት የኤች አይቪ ወረርሽኝ ለመከላከል ምን ይጠቅማል ብላችሁ ታስባላችሁ?

❖ ስለ ኤች አይቪ ኤድስ፣ በባህሪ ለውጥ ተግባራት ቁሳቁሶች ላይ በሳምንት ውስጥ ምን ያህል የውይይት ጊዜ አላችሁ?

❖ ወደፊት፣ የባህሪ ለውጥ ተግባራት ቁሳቁሶችን ለማሻሻልና አጠቃቀሙንም ውጤታማ ለማድረግ ምን አስተያየት አላችሁ?

Discussion questions for FGD D

1. Which behavioral change communication materials are commonly used in your discussion? Why?
2. Which types of communication materials are more effective in your discussion? Why?
3. Do you have a plan report relationships with the Addis Ababa city Administration HIV/AIDS prevention and control office? How much time do you have joint review meeting in a year with the office?

❖ የትኞቹን የባህሪ ለውጥ ተግባራት ቁሳቁሶ በአብዛኛው ለውይይታችሁ ትጠቀማላችሁ? ለምን?

❖ የትኞቹ ዓይነቶች የተግባራት ቁሳቁሶች ለውይይታችሁ በጣም ውጤታማ ናቸው? ለምን?

❖ ከአዲስ አበባ ከተማ አስተዳደር ኤች አይቪ/ኤድስ መከላከያና መቆጣጠሪያ ጽ/ቤት ጋር የዕቅድ፣ የሪፖርት የስራ ግንኙነት አላችሁ? ከጽ/ቤቱ ጋር በዓመት ውስጥ ምን ያህል ጊዜ የጋራ የውይይት መድረክ ይኖራችኋል?

7.4Appendix 4

SBCC materials



