ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES
DEPARTMENT OF JOURNALIZEM AND COMMUNICATION

A STUDY ON COMMUNICATION STRATEGIES OF NEWSPAPER TOWARDS INFLUENCING BEHAVIOR CHANGE OF TAXI COMMUNITY IN ADDIS ABABA: CASE OF "SECHENTO" NEWSPAPER

By: Enatalem Melese

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THESIS SUBMITED TO THE SCHOOL OF SCHOOL OF GRADUATE STUDIES ADDIS ABABA UNIVERSITY IN PARTIAL FULFILMENT OF THE REQURMENS FOR THE DEGREE OF MASTERS IN JOURNALIZEM AND COMMUNICATION

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Acknowledgements

The completion of this thesis was made possible with the assistance of a number of people. Listing all of them would be impossible but the following individuals do deserve so.

I wish to express my sincere appreciation and thanks to my advisor Dr.Negeri Lencho, for the close guidance, encouragement, and the consistent technical advice he has given throughout the period of study.

My special thanks go to Ato Henoke Melese, SYGE Managing Director for his unreserved support.

I would like to express my deepest gratitude to Ato Fetene Gebeyehu Editor in chief of Sechento News paper for his invaluable comment, enriching support and encouragement throughout the research.

My deepest gratitude also goes to Ato Tewodros Getachew, Sechento Deputy Editor in chief for unrestricted co-operation and invaluable Guidance.

My warm appreciation also goes to Ato Kefyalew Yesmaw, SYGE Taxi community project coordinator for open assistance and very useful Guidance.

I am greatly indebted to Dr Girmachew Mamo Strategic Behavioural Communication Senior officer of FHI for his personal and moral support in conducting this study.

Solomon Abebe (sol) you are the great my best I will always thank you through out my success and achievement.

List of tables

Table 1: Socio-demographic characteristics of taxi communities in Addis Ababa, February 2011 (n=388)

Table 2: Respondents exposure to HIV/AIDS messages

Table 3: HIV /AIDS prevention knowledge and behavior of respondents

Table 4: Perceived factors for avoiding reading news paper

Table 5: Reason for not applying HIV/AIDS Message in practice

Table 6: the level of Free Discussion on HIV/AIDS

Table 7: Respondents view about Sechento newspaper

Table 8 : Respondents view on layout and message

Table 9: Selected socio- demographic determinants of provided knowledge about HIV/AIDS prevention by Sechento

LIST OF ACRONYMS:

AA- Addis Ababa- Abstinence, Be faithful, Condom use

ACIPH -Addis Continental Institute of Public Health

AIDS- Acquired Immune Deficiency Syndrome

AIDS- Acquired Immune Deficiency Syndrome

ART- Anti Retroviral treatment

BCC- Behavior Change Communication

CDC- Center of Diseases Control

EPHA – Ethiopian Public Health Association

FGD - Focus Group Discussion

FHAPCO – Federal HIV/AIDS Prevention and Control Office

FHI-Family Health International

FMoH - Federal Ministry of Health

FMOH – Federal Ministry of Health

HIV-Human Immune Deficiency Syndrome

IFHP - Integrated Family Health Program

MDGs - Millennium Development Goals

NGOs - Non-Governmental Organizations

OR - Odds Ratio

SPSS –Statistical Package for Social Science

STI – Sexually Transmitted Infection

UNICEF - United Nations Children's' Fund

USAID – United States AID for International Development

WHO –World Health Organization

Operational Definition

Consistent condom use

Use condom every time sexual intercourse taking place

Commercial partner

Sexual partners who had received money in exchange for sex

Comprehensive knowledge on HIV

Respondents considered to have comprehensive knowledge if they correctly identify /knowledgeable about the three HIV prevention method and have no misconception on HIV transmission and prevention listed on the misconception

Impact

Even though the overall goal of the project was contribute to the reduction of HIV incidence among the taxi community groups which can be considered as impact, in the context of this study impact was considered as outcome of the program based on the objectives set by the project mainly focusing on behavior change components ,knowledge and action.

Knowledge on HIV prevention –

Respondents considered to be knowledgeable about the HIV prevention method if they correctly identified the three major areas of HIV prevention i.e. Abstinence, faithfulness and consistent condom use

Misconceptions

Respondents considered having misconceptions about HIV/AIDS transmission and prevention if they agreed to any of the following three statements healthy looking person can not transmit HIV, eating raw egg laid by a chicken that swallowed used condom can transmit HIV, Drinking local hard drinks and eating pepper can protect from HIV.

Taxi communities

Refers to taxi drivers, assistants and inspectors.

Abstract

The study focused on assessing the communication strategies of "Sechento" news paper towards influencing behavior change of Taxi Community in Addis Ababa. It also aimed at investigating the satisfaction level, healthcare -seeking behaviours, demand for information on HIV and AIDS, change of attitudes toward safer sexual practices and socio- demographic determinants of provided knowledge about HIV/AIDS prevention Communication strategies.

To achieve the objectives of the study in question, 388 randomly selected taxi communities and 24 purposefully selected peer leaders, editors and program coordinators participated in the study. Thus, a total of 412 participants involved in the study. Different data collection instruments (questionnaire, interview and focus group discussion) were employed to gather the necessary data.
Quantitative data were processed in SPSS v.15.00 statistical software. Taped qualitative data were transcribed, translated into English, and manually analyzed by grouping into predetermined thematic areas.

The result of the study showed that the satisfaction level of the Taxi community on HIV/AIDS service provided by "Sechento" newspaper is high. Demand for information among taxi communities in HIV prevention found to be high. The perception of risk or change of attitudes toward safer sexual practices was also high. The likelihood of knowledge provided about HIV/AIDS by "Sechento" was higher among educated than non-educated (OR=2.83(1.02-7.85 CI (95%)). The odds of getting knowledge from "Sechento" Newspaper is higher among communities who have income above 500 (OR= 5.82(1.31-25.71; 95% CI) . Knowledge provided by "Sechento" newspaper was higher among Taxi communities who have relatives living with HIV/AIDS (OR.36(.13-.99);95%CI). Knowledge provided about HIV/AIDS by "Sechento" was higher among taxi communities who lost their friends due to HIV/AIDS than those with no such experice (OR=.44(.16-1.23 CI (95%)). Lack of permanent financial resources was found to be impediment for the progress of the newspaper. Majority of the respondents preferred radio as source of getting information. The Majority of respondents did not use HIV/AIDS messages due to lake of knowledge. Integrated communication strategies, adequate community conversation and culture based communication strategies on HIV/AIDS are recommended.

Table of Contents

Acknowledgements I

List of tables II

List of Acronyms III

Abstract IV

CHAPTER ONE 12
1.1 Back ground 12
1.2 Statement of the problem 14
1.3 Rationale of the Study 15
1.4 Objective of the study 16
1.4.1 General objective of the study: 16
1.4.2 Specific objectives 16
1.5 Research Questions 17
1.6 Significance of the study 17

CHAPTER TWO 19
2. REVIEW LITERATURE 19
2.1. HIV/AIDS as a Public Health Concern in Ethiopia 19
2.2. Changing Behavior As Key Strategy in Fighting HIV and AIDS 21
2.3. Communication for Development 21
2.4. Behavior Change Communication(BCC) 22
2.5. Behaviour change interventions in Ethiopia 24
2.6. Factors Influencing Change in Behaviour 26
2.7. Stages of Behaviour Change (Trans theoretical Model) 28
2.8. The Role of Behaviour Change Theory in HIV Prevention Efforts 29

CHAPTER THREE 43
3. Methodology 43
3.1 Quantitative Part 43
3.2 The Qualitative Part 45
3.3 Sampling technique 46
3.6 Data collection procedures: 46
3.7 Data Quality Assurance: 47
3.8 Data analysis and Management: 48
3.9 Ethical Issues: 48
3.10 Dissemination and Utilization of Results 48

CHAPTER FOUR..... **50**
4. Result..... 50
4.1 Socio-Demographic Characteristics of the Respondents..... 50
4.2 Respondents Exposure to HIV AIDS Message..... 51
4.3 HIV /AIDS Prevention Knowledge and Behavior of Respondents 54
4.4 Perceived factors for avoiding reading news paper..... 55
4.5 Reason for not applying HIV/AIDS Message..... 56
4.6 Free Discussion on HIV/AIDS..... 57
4.7 Overview of Sechento News paper..... 58
4.8 Socio-demographic determinants of provided knowledge about HIV/AIDS prevention..... 63
4.9 Independent qualitative findings..... 65

CHAPTER FIVE **69**
5. Discussion..... 69

CHAPTER SIX **76**
6. Summery, conclusion and recommendations..... 76
6.1 Summery..... 76
6.2 Conclusion..... 78
6.3 Recommendations..... 80

References **84**

Annex-1 96
Annex-2 102
Annex-3 111
Annex-4 113

CHAPTER ONE

1.1 Back ground

Ethiopia has made great strides in expanding access to treatment and providing care and support to those affected by HIV and AIDS. However, the fight against HIV/AIDS will not be successful until further spread of the epidemic is reversed and ultimately halted. This effort requires a societal transformation to reduce the social, cultural and economic factors that make people individually and collectively vulnerable to HIV infection (FHAPCO, 2010).

In the context of the AIDS epidemic, BCC is an essential part of a comprehensive program that includes both services (medical, social, psychological and spiritual) and commodities (e.g., condoms, needles and syringes). Before individuals and communities can reduce their level of risk or change their behaviors, they must first understand basic facts about HIV and AIDS, adopt key attitudes, learn a set of skills and be given access to appropriate products and services. They must also perceive their environment as supporting behavior change and the maintenance of safe behaviors, as well as supportive of seeking appropriate treatment for prevention, care and support (FHI, 2002).It is inappropriate to base a model of communication for social change on a linear model of communication that describes what happens when an individual source transmits a message to a receiver or group of receivers with some desired and predetermined individual effect (Figueroa, 2002).
The health status of country is one of the important determinants of a country's development level. Ill health or lack of health leads to poverty. Thus the health status and development are closely linked to each other.

As it is known, the developing countries of the world have low health service coverage, as a result the health problems of these countries are numerous and their citizens are exposed to many health risks. Ethiopia, being one of the least developed countries, its people suffers from many health problems, the major ones being infectious diseases, which emanate from poor sanitary conditions, nutritional deficiencies, harmful health practices etc. When we look closely the routes of these problems, we find that they are caused by lifestyle, harmful health behavior, attitude and practice. It can be said that the major determinants of good or ill health of people are the knowledge they may have about health, belief, attitude and practice and the desire to bring about positive behavior change in their life (FMOH, 2003). Concentrating on these points, health communication strategy is the best alternative to change positively the individual's concept, belief, behavior and practices to control many of the health problems in the community. The Addis Ababa taxi community being a subset of transport workers was considered as one of the highly vulnerable groups for HIV AIDS.

Addis Abeba transport authority (2003) reported that the Addis Ababa taxi community members were estimated to be 28,000 which comprised of taxi drivers, assistants and inspectors.

It was revealed that taxi community members almost all are men and have a daily income and availability of transport which attracted many females .The taxi Community members were also the major clients of commercial sex workers and as majority of them were young and 81.4% were sexually active. Multiple sexual partners was practiced among 31.8% of the taxi community. Drug and alcohol consumption was widely practiced , 81.8% of taxi drivers and assistants chew chat regularly and 40% of them consumed alcohol daily which led to unexpected sexual encounters and unsafe sex practices(FHAPCO,2002) .They had limited

knowledge, only 32.9% had comprehensive knowledge about HIV ,significant amount 62.6% had one or more misconception on HIV/AIDS (FHAPCO,2002).

1.2 Statement of the problem

The Taxi community, Drivers, Assistant drivers are identified as at high risk and included in this group(Mark Schneider, and Michael Moodie, 2002.)._Ethiopia has conducted two rounds of behavioral surveys, one in 2002 and another in 2005. Both rounds of surveys revealed a high level of awareness about HIV/AIDS. However, the level of all-inclusive knowledge was very low(Mitike G, Mekonnen T, Ayele R GT, Enqusillasie F, Lemma W, Berhane F, et al.,2005). Taxi community is a population at special risk of exposure to STDs including HIV infection. Taxi community members are in general more vulnerable to HIV/AIDS and STI than other community. This is may be due to their professional characteristics and age group (18-45 years). Often they are posted or deployed for extended periods away from home. Taxi community members live and work in apprehensive situations. In such circumstance, they may visit sex workers frequently (www.nepalpolice.gov.up).

Communication intervention has played a key role in successful national prevention programs. Yet, despite clear public health benefits, Communication intervention use is still low in many countries. Communication intervention is central to the prevention of STIs, including HIV among the sexually active population. In addition, they had limited knowledge about the benefits of condom use for prevention of HIV. Communication intervention reduces the risk of HIV transmission for sexually active young people, couples in which one person is HIV – positive , sex workers, and their clients and persons engaging in sexual

activity with partners who may have been at risk of HIV exposure(UNAIDS,2004).

In the context of the AIDS epidemic, Sechento Newspaper has impacts in HIV AIDS Prevention and selected high impact curative health services targeting Taxi Drivers. Based on the concept and principles of Public Health Care (PHC), it is designed to improve the health status of Taxi communities. The news paper publisher, Save Your Generation Ethiopia (SYGE), is publishing 15,000 copies per month. Currently this news paper is serving more than 12,000 beneficiaries at 64 taxi stations in the metropolis.

In line with this there is no research on the effectiveness of "Sechento" News Paper in influencing Taxi Drivers community behaviour change and the present research attempt to fill this gap.

1.3 Rationale of the Study

AIDS is one of the major public health concerns that could have overwhelming impacts on socio-economic development of a country. Ethiopia is experiencing a generalized HIV/ AIDS epidemic among the overall population, in which the HIV. Prevalence rate among the sexually active adults in general population has surpassed 1%(Sedeta, 2004).

Communication intervention is an indispensable element of such efforts and Expanding and improving condom promotion and distribution are absolutely vital to success in the fight against the spread of AIDS. Prevention efforts that do not include Communication intervention are therefore incomplete and will ultimately be ineffective(Nada chaya, Amen K-A, Fox. M, 2002).

Members of Taxi communities, not only being part of the community where the epidemic is generalized, but also because of their young age, the nature of their profession and other related factors; are at increased risk of HIV / AIDS. A number of studies have shown that the Taxi communities in Sub-Sahara Africa are very much affected by HIV / AIDS.

Few studies were carried out to show level of knowledge attitude practice of HIV /AIDS prevention strategies among Taxi communities of Ethiopia. According to the Taxi community behavior, those few previous studies are not sufficient to show the full picture of the actual fact, and still there is a gap in the trend of comprehensive Behavior Change Communication intervention among Taxi community of the country. Therefore, this study will try to assess the communication strategies of "Sechento" news paper towards influencing behavior change of taxi community in Addis Ababa**.** The outcome of this study will hopefully used to design cost effective and relevant communication strategies for Taxi Community.

1.4 Objective of the *study*

1.4.1 General objective of the study:

The general objective of this study is to assess the communication strategies of "Sechento" news paper towards influencing behavior change of Taxi Community in Addis Ababa.

1.4.2 Specific objectives

The study aims to:

- assess respondents exposure to HIV and AIDS message
- examine HIV /AIDS prevention knowledge and behavior of respondents

- identify satisfaction level of the Taxi community on HIV/AIDS service provided by "Sechento" newspaper
- differentiate socio- demographic determinants of provided knowledge about HIV/AIDS prevention by "Sechento" newspaper
- explore perception of risk or change of attitudes toward safer sexual practices
- assess impacts of "Sechento" newspaper
- assess communication strategies of "Sechento" media house

1.5 Research *Questions*

The present study focused on addressing the following questions: -

1. What is the respondent's exposure to HIV and AIDS message?
2. Do the taxi community have HIV /AIDS prevention knowledge and appropriate behavior ?
3. What is the satisfaction level of Taxi community on HIV/ AIDS service provided by "Sechento" News Paper on taxi drivers?
4. Is there any association between socio demographic characteristics and provided knowledge about HIV/AIDS prevention by "Sechento" newspaper?
5. What is the perception of risk or change of attitudes toward safer sexual practices among Taxi communities?
6. What are perceived impacts of "Sechento" newspaper?
7. What communication strategies does the "Sechento" media house use in their HIV/AIDS prevention messages?

1.6 Significance of the study

The present study will be helpful in the following ways:-

- The assessment of the effective utilization of "Sechento" News Paper towards influencing behavior change of Taxi Community in

Addis Ababa is the first major stage required for the planning and implementation of intervention services focused on minimizing HIV/AIDS and other sexually transmitted Infections (STI) of Taxi community.

- This study will serve as base line data for interventionists to develop constructive, cost effective and feasible intervention schemes to alleviate Communication defect of Taxi community.
- This study can also be a milestone for further research.

CHAPTER TWO

2. REVIEW LITERATURE

2.1. HIV/AIDS as a Public Health Concern in Ethiopia

The prevalence of HIV infection in the adult population is estimated to be 6.6 percent, while pregnant women aged 15-24 years have the highest mean HIV prevalence of 12.1 percent (Ministry of Health [MoH], 2002). MoH (2002) also revealed that the most affected groups are people in their prime productive and reproductive years resulting in loss of the Country's human capital. Heterosexual transmission is responsible for the majority of infections followed by mother-to-child transmission route. In 2007, only, 2.7 million people were infected with HIV of which about 45 % of them were young people age 15-24. Likewise, in 2007, it was estimated that 5.4 million young people were living with HIV in Sub-Sahara Africa alone and of newly infected adults in 2007, roughly 40 % were estimated to be age 15-24(Tefera,et al,2004; UNAIDS,2008). The College environment offers opportunity for HIV high risk behaviors including unsafe sex .college students are at risk because of they tend to be sexually adventurous, often multiple partners and do not consistently use condom (Solomon,1992; Adefuye, et al,2005)

UNAIDS (2004) reported many people practices unsafe sexual behaviors even when they know that condom prevent infection. Reported by Max etal(2002) report show that condom sales in SSA in the past 15 years increased from less than 1 million to 200 million in 2002, but the high HIV transmission rate has continued. The AIDS epidemic in Africa is

largely heterosexually transmitted and HIV transmission in Ethiopia is no different. Condoms are integral parts of STD and HIV/AIDS prevention and their use has increased significantly over the past decade. Therefore, condom promotion has received considerable attention in the fight against the AIDS epidemic (WHO, 1995). UNAIDS (2008) reported that HIV/AIDS is the leading cause of death in the world. In 2007, 2.7 million (2.2 million-3.2 million) people become infected with the virus and young people age account for an estimate 45 % of new HIV infection. The majority of sexual transmitted infection is contracted in people between the age of 19 and 24 and in sub-Sahara Africa the young people face substantial risk of HIV associated with sexual activity and research also show that the spread of HIV/AIDS is on the increase. (Dicelemente and Crosby, 2003).

In Ethiopia, the current estimates show that 1.5 million people are living with HIV/AIDS. Moreover, AIDS accounts for an estimated 30 % of all young adults' death (MoH, 2004). There was, however, anecdotal evidence to suggest that HIV/AIDS could have been a major source of attrition in some teaching training colleges and institutions (WHO, 1995; UNESCO 2008). Moreover, a study conducted to screen prevalence of HIV among high school and college students attending STI in Addis Ababa showed 19 % of sero-positive (Teka, 1993; Solomon, 1992).

Studies in to the factors affecting consistent condom use abound in public health literature. Stella Babalola et al (2005) found that the factors that have been identified as being of importance for consistent condom use include: perceived susceptibility, perceived severity of the outcome or conditions, perceived efficacy, perceived benefits, perceived barriers to condom use, attitudes towards condom, normative beliefs, substance use, sexual behaviors and knowledge on HIV . In addition to these socio demographic variables and institutional related factors are

believed to affect this target population (FMOH, HAPCO, AAU, CSA & EPHA, 1993).

2.2. Changing Behavior As Key Strategy in Fighting HIV and AIDS

There is limited information about attempts to communicate with families and communities about HIV/ADIS in Ethiopia. Despite the global nature of the problem, little documentation exists about efforts in different countries to communicate with people about the risk to their health from HIV/AIDS according to (WHO, 2008). Radio, television and newspaper commercials are being aired for free by state-owned media outlets. Interpersonal communication and outdoor media are being used initially in limited are in Ethiopia. The global experience in public health communication informs approaches on how best to communicate about HIV/AIDs as (MOH, "n.d.") .The urban epidemic is at an unacceptably high prevalence level of 10.5%; prevalence of behavioral indicators such as condom use are not at optimal levels; counseling and testing coverage is still low with only 5% of the general population 15-49 years of age being ever tested. It is important to capitalize on the momentum gathered from positive changes in behavioral trends; scale-up of programs; and observed changes in the epidemic's trend to intensify and deepen the HIV/AIDS prevention, care, and treatment efforts so as to control and mitigate the impact of the HIV/AIDS pandemic in Ethiopia (MOH,"n.d.").

2.3. Communication for Development

Melkote (1991, 229) states that the ultimate goal of "development communication" is to raise the quality of life of populations, including increase income and well-being, eradicate social injustice, promote land

reform and freedom of speech, and establish community centers for leisure and entertainment. Similarly, WHO (2007) stated the following:

> *Communication for development' is an amalgamation of the approaches mentioned so far. In practice, communication for development is a researched and planned process crucial for social transformation. It operates through three main strategies; advocacy to raise resources and political and social leadership commitment for development goals; social mobilization to build partnerships and alliances with civil society organizations and the private sector; and programme communication for changes in knowledge attitude and practice of participants in programmes (P5).*

Communication can play a central role in changing the behavior of individuals and groups when combined with the development of appropriate *skills* and *capacities* and the provision of an *enabling environment*. Communication also plays a key role in *behavioral development*, encouraging early habits and attitudes that result in healthy Behavior (UNICEF, 1999). Communication needs to be understood and used as a *process* – and not simply a collection of print materials, radio commercials, television ads and news paper message as to change what people think and do (Chatterjee, 1999).

2.4. Behavior Change Communication(BCC)

Behavior Change Communication (BCC) is 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

(HIV/AIDS Prevention and Control Office(HAPCO),2008). BCC is a process for promoting and sustaining healthy changes in behavior in individuals and communities through participatory development of appropriately tailored health messages and approaches that are conveyed through a variety of communication channels (HAPCO, 2008).BCC is an integral component of a comprehensive HIV/AIDS prevention, care and support program. It has a number of different but interrelated roles (HAPCO).

Family Health International Institute for HIV/AIDS (FHI), (2002) found that BCC should be linked to the overall goals and strategies of HIV/AIDS prevention, care and support programs. Individuals who plan and implement HIV/AIDS programs should develop strategic approaches that view BCC not as a collection of different and isolated communication tactics but as a framework of linked approaches that function as part of an ongoing, interactive process.

BCC is an essential element of HIV prevention, care and support programs, providing critical linkages to other program components, including policy initiatives. In the context of the AIDS epidemic, BCC is an essential part of a comprehensive program that includes both services (medical, social, psychological and spiritual) and commodities (e.g., condoms, needles and syringes)(FHI,2002).

FHI also indicated that before individuals and communities can reduce their level of risk or change their behaviors, they must first understand basic facts about HIV and AIDS, adopt key attitudes, learn a set of skills and be given access to appropriate products and services. They must also perceive their environment as supporting behavior change and the maintenance of safe behaviors, as well as supportive of seeking appropriate treatment for prevention, care and support.

In most parts of the world, HIV is primarily a sexually transmitted infection (STI). Development of a supportive environment requires national and community-wide discussion of relationships, sex and sexuality, risk, risk settings, risk behaviors and cultural practices that may increase the likelihood of HIV transmission.

The AIDS epidemic forces societies to confront cultural ideals and practices that can contribute to HIV transmission. Effective BCC is vital to setting the tone for compassionate and responsible interventions. It can also produce insight into the broader socioeconomic impacts of the epidemic and mobilize the political, social and economic responses needed to mount an effective program.

BCC should be linked to the overall goals and strategies of HIV/AIDS prevention, care and support programs. Individuals who plan and implement HIV/AIDS programs should develop strategic approaches that view BCC not as a collection of different and isolated communication tactics but as a framework of linked approaches that function as part of an ongoing, interactive process.

Behavior modification is a prime objective in public health (McAlister et al, 1990) both to alter lifestyles which risk individual well-being, and to achieve health-enhancing environmental change when behaviors representing political and/or consumer choice need to be modified so as to influence organizational policy (Bracht, 1990).

2.5. Behaviour change interventions in Ethiopia

Many HIV prevention strategies include a behavior change component, whether it's encouraging youth to delay sexual debut, empowering female

sex workers to ask clients to use condoms, or promoting the uptake of HIV counseling and testing. However, there are still many gaps in our knowledge regarding the effectiveness of behavior change interventions, the adaptation of model programs to particular populations or settings, and the targeting and delivery of prevention services. There is a critical need to evaluate which strategies best lead to the desired behavior change and to develop and test tools for measuring these changes (PSI, 2010).

The first Behavioral Surveillance Survey (BSS) in Ethiopia was conducted in 2002 to complement the ANC (antenatal care)-based and other HIV surveillance systems instituted nationally so that it will serve as a monitoring and evaluation tool designed to track trends in HIV/AIDS-related knowledge, attitudes, behaviors and practices among sub-populations at different levels of risk of HIV infection such as female sex workers (FSW)**,** uniformed services, long distance drivers, pastoralists, and youth.

Summary findings from the BSS round two revealed Misconceptions about transmission of HIV from person to person, especially local misconceptions like “eating uncooked egg laid by a chicken that has swallowed condom could transmit HIV” and “eating raw meat prepared by an HIV-infected person could transmit the virus” still remain high in almost all groups. The common misconceptions are more than 40% in almost all study groups except in in-School Youth where it was 10%. The study also showed that misconception about HIV/AIDS is high irrespective of level of knowledge (MOH, 2005). Measuring comprehensive knowledge of the respondents by taking those who knew all three preventive methods and with no misconceptions is found to be low (less than 20 percent) which is in agreement with reports of UNAIDS 2005.

Helen (2002) behavioral surveillance survey result indicated that though knowledge of at least one preventive method is high across all target groups, there is still low comprehensive knowledge and there are persistent common misconceptions. One or more stigmatizing attitudes prevailed in almost all targeted groups. The indications of knowledge, attitude and practice surveys carried out in various parts of the country show the same outcome of disparity between knowledge, attitude and practice (MOH, 2000).Changing in risk behavior is believed to play a key role in reducing HIV/AIDS infection. USAID (2002) report indicates that countries like Uganda have managed to substantially bring down prevalence rate over about a decade, from 1992-2000.

2.6. Factors Influencing Change in Behaviour

Human behavior is influenced by a huge range of factors. Communicators seek to distil the ever-increasing body of evidence about factors and principles that are important to consider when designing communications aimed at influencing behavior change. Jackson (2005) stressed Individual behaviors are deeply embedded in social and institutional contexts.

2.6.1. Pre-disposing Factors(Personal factors)

When communicators ask people to change their behavior, they need to clearly set out our expectations. This might be, for example, the speed limit they want them to observe when driving in a built-up area. Standard economic theory assumes that if people are provided with information, they will act on it in such a way as to maximize personal benefit and minimize their costs, a concept often referred to as 'rational choice theory'. According to Festinger's (1957) theory of cognitive

dissonance, a person holding two inconsistent views will feel a sense of internal conflict ('cognitive dissonance'), which will prompt them to change their views and so bring their perceptions into line. This has also been found to apply to inconsistencies between perceptions and behaviors. Darnton(2008) revealed out that pro-environmental behaviors which found that at least 80 per cent of the factors influencing behavior did not stem from knowledge or awareness. Pre-disposing factors can be biological, knowledge or information focused outcome expectations, skill and self efficacy.

2.6.2. Re-in forcing Factors(Social factors)

Other people's values, attitudes, beliefs and behavior can have a strong social influence on our own behavior, a phenomenon that has been widely discussed in recent years. An extremely important task during the formative stages of the strategic planning process is to gain an understanding of the extent to which interpersonal influences are likely to be important for one or more target groups (Andreasen (1995). A re-in forcing factor relies on social norms and perceptions about others, Role models.

Goldstein N, Martin S and Cialdini R (2007) argued that Social norms are the group 'rules' that determine what is deemed 'acceptable' behavior. Social norms can have a huge influence on our thoughts and behaviors and therefore appear in many different social psychological models. Goldstein, et al, (2007) also mentioned Social norms vary by group, so what the norm is for one group of young people may well be different from that adopted by another group living in different circumstances. Goldstein N, et al found Failure to act in accordance with these 'rules' can lead to exclusion from the group. Communications can be effective in highlighting social norms and prompting people to act in accordance with them.

2.6.3. Enabling Factors(Environmental Factors)

Triandis H (1977) found the following:

> *Environmental factors' can be hugely significant in determining how an individual will behave. Before behavior change can occur, the right 'facilitating conditions' must be in place in both the individual's local (exo) environment and the wider (macro) environment.*

The most common environmental factors are:

- Policy – (workplace policies on HIV/AIDS – confidentiality, Job opportunity by HIV status-discriminatory policy)
- Access to services - (affordable and accessible VCT)
- Wealth and Poverty
- Economic and political environment and
- Domains of HIV/AIDS communication Framework in Ethiopia: Policy, Socio-economic, spirituality, gender and religion

2.7. Stages of Behaviour Change (Trans theoretical Model)

This model of change was developed by Prochaska and DiClemente through the comparative analysis of 18 major psychotherapy and behavioral change theories, hence, the name transtheoretical (Brown, 1999).From this analysis came the identification often change processes that were employed with different emphasis by each major theory.

Ross (2004) found that each stage of change is different from the others it is important to customize the recruitment procedure for identifying those in the stage. It is also important to focus on the leverage points that will move the individual to the next stage and to minimize the potential for regression to an earlier stage.

2.8. The Role of Behaviour Change Theory in HIV Prevention Efforts

Over the last 50 years, social scientists have advanced various theories of how communication can influence human behavior. These theories and models provide communicators with indicators and examples of what influences behavior, and offer foundations for planning, executing, and evaluating communication projects (Piotrow, Kincaid, Rimon, & Rinehart, 1997).

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. Only one of the psychosocial models discussed below, the AIDS risk reduction model, was developed specifically for AIDS. Psychosocial models of behavioral risk can be categorized into 3 major groups: those predicting risk behaviors, those predicting behavioral change and those predicting maintenance of safe behavior. Models of individual behavioral change generally focus on stages that individuals pass through while trying to change behavior. These theories and models generally do not consider the interaction of social, cultural and environmental issues as independent of individual factors (Auerbach,

1994). Although each theory is built on different assumptions they all state that behavioral changes occur by altering potential risk-producing situations and social relationships, risk perceptions, attitudes, self-efficacy beliefs, intentions and outcome expectations (Kalichman, 1997). Central to HIV prevention interventions based on psychological-behavioral theory is the practice of targeted risk-reduction skills. These skills are generally passed on to individuals in a process consisting of instruction, modeling, practice and feedback (Kalichman, 1997). The psychological theories and models that have been most instrumental in the design and development of HIV prevention interventions are briefly described below. Theories particularly relevant to health communication include the following:

2.8.1. Ideation Theory

This theory (Cleland, 1985; Cleland et al., 1994; Cleland and Wilson, 1987; Freedman, 1987; Tsui,1985) refers to new ways of thinking and the diffusion of those ways of thinking by means of social interaction (Bongaarts and Watkins, 1996) in local, culturally homogeneous communities. Recent socio demographic literature has identified ideation and social interaction as important determinants of fertility decline. This perspective amounts to a shift from macro level structural explanations to micro level decision making explanations of demographic change.

In the 1940s, sociologists in the mid-west state of Iowa developed a theory to explain why farmers were reluctant to take up new hybrid corn varieties. The general picture was that farmers would only gradually give up their resistance to the new corn after talking with neighbors who were already satisfied 'adopters'. Diffusion studies have since laid the groundwork for a variety of behavior change models across the social sector. Communicators find these models particularly useful in

determining strategic approaches to large population groups (UNICEF, 1999).

Diffusion is a process by which a new practice or behavior gets communicated through certain channels over time among individuals and groups (Rogers, 1995). In theory, there are six types of groups. *Innovators* act on information they get through the media and peers outside their community. *Early adopters* act if convinced by the media and innovators that the new practice 'works'. *Early* and *late majority adopters* rely heavily on information from their peers' .Mass media and traditional media are also important in modeling new behavior to this group. *Late acceptors* and *resistors* require extensive peer group education (Rogers, 1995 and UNICEF, 1999).

These groups move through different stages of change as people decide on a new behavior or practice. Although there are several versions of these stages, the principle remains the same. People do not suddenly begin to do something they have never done before. They learn, weigh the benefits and see if anyone else is doing it. They acquire the skills needed for the new behavior, apply it to their own lives and evaluate whether it is worthwhile continuing. They may reject the behavior, or encourage others to follow their lead (COI, 2000). A basic notion of diffusion is that a new idea is adopted slowly during the early stages, builds steam and then flattens out again. When plotted over time, the rate of adoption is typically S-shaped as early adopters tell others about their experience and encourage them to take up the new practice. A critical mass builds and then levels off as fewer individuals or groups remain to adopt the behavior (Backer *et al*, 1998). At each stage, experience shows that people need different kinds of information, emotional support and skills.

2.8.2. Stage/Step Theories

Diffusion of innovations theory (Ryan and Gross, 1943) traces the process by which a new idea or practice is communicated through certain channels over time among members of a social system. The model describes the factors that influence people's thoughts and actions and the process of adopting a new technology or idea (Rogers, 1962, 1983; Ryan and Gross, 1943, 1950; Valente, 1995). The input/output persuasion model (McGuire, 1969) emphasizes the hierarchy of communication effects and considers how various aspects of communication, such as message design, source, and channel, as well as audience characteristics, influence the behavioral outcome of communication (McGuire, 1969, 1989).

Stages of change theory, by psychologists J.O. Prochaska, C.C. DiClemente, and J.C. Norcross (1992), identifies psychological processes that people undergo and stages that they reach as they adopt new behavior. Changes in behavior result when the psyche moves through several iterations of a spiral process—from pre contemplation through contemplation, preparation, and action to maintenance of the new behavior (Prochaska et al., 1992). The change model presented here is the Trans Theoretical Model (TTM) coupled with key components of Lewin's Change Theory. This approach to organizational change focuses attention on the individual with the assumption that organizational change is the collective change of many individuals along the same path. Because many are not familiar with these theories of organizational change, the change model will be described in some detail, including implications for the research processes and the implementation design.
This model of change was developed by Prochaska and DiClemente through the comparative analysis of 18 major psychotherapy and

behavioral change theories, hence, the name transtheoretical (Brown, 1999). From this analysis came the identification of ten change processes that were employed with different emphasis by each major theory and applied with different weighting of experiential and environmental interventions. They also identified five stages through which individuals' progress in the change process. As will be seen, there is a close relationship between these stages and those identified by Lewin's theory of how change occurs in individuals (Brown, K. M. (1999). Stage/Step Theories emphasizes the importance of cognitive processes and uses Bandura's concept of self-efficacy. Movement between stages depends on cognitive-behavioural processes.

2.8.3. Cognitive Theories

Theory of reasoned action, by M. Fishbein and I. Ajzen, specifies that adoption of a behavior is a function of intent, which is determined by a person's attitude toward performing the behavior and by perceived social norms (Fishbein and Ajzen, 1975). This theory says *intention* is the primary determinant of behavior. A person's intention to perform a particular behavior is a function of two determinants. First, there is the person's attitude towards performing the behavior. Attitudes are shaped by beliefs about the consequences of performing the behavior, such as the cost and benefits of taking preventive action. Secondly, intention is influenced by social, or normative pressure(Fishbein, et al. 1975).This theory suggests that communication is usually more successful when it focuses on specific behaviors .In this linear progression from attitude to action, a given behavior will be determined by an individual's intention(Ibid). This theory also assumes that individuals are rational in their decision-making process, "a presumption that may not be entirely relevant for HIV/AIDS –related behaviors that are heavily influenced by

emotions"(Michal-Johson&Bowen,1992,p.153). Therefor, individuals are mediated also by power relations in a society (Yoder, 1997).

2.8.4. Social Cognitive Theory (SCT)

Social cognitive theory (SCT) explains behavior in terms of triadic reciprocality ("reciprocal determinism") in which behavior, cognitive and other interpersonal factors, and environmental events all operate as interacting determinants of one another. SCT describes behavior as dynamically determined and fluid, influenced by both personal factors and the environment. Changes in any of these three factors are hypothesized to render changes in the others. One of the key concepts in SCT is the environmental variable: observational learning. In contrast to earlier behavioral theories, SCT views the environment as not just a variable that reinforces or punishes behaviors, but one that also provides a milieu where an individual can watch the actions of others and learn the consequences of those behaviors.

Social cognitive (learning) theory, by A.Bandura, specifies that audience members identify with attractive characters in the mass media who demonstrate behavior, engage emotions, and facilitate mental rehearsal and modeling of new behavior(Bandura 1995). Social learning theory proposes that two key factors influence behavior. A person must believe the benefits outweigh the costs. More importantly, the person must have a sense of personal agency, or *self-efficacy* (Bandura 1995). A person with a developed sense of self-efficacy holds strong convictions that he or she has the skill and abilities to act consistently to protect his or her health, despite various obstacles. Self-efficacy builds when people set goals, monitor their behavior and enlist incentives and social support. Bandura's research shows that if people are not convinced of their

personal efficacy, they rapidly abandon the skills they have been taught when they fail to get quick results.

Another central concept is that individuals can acquire cognitive skills and new patterns of behavior vicariously by observing others. Bandura emphasizes the power of mass media, particularly television, in creating a 'symbolic environment' in which new ideas and social practices are rapidly diffused within and between societies. The behavior of models in the mass media also offers vicarious reinforcement to motivate audience members' adoption of the behavior (Bandura, 1977, 1986).

Bandura (1986) states, "The 'processes governing observational learning' include: *Attention*—gaining and maintaining attention, *Retention*—being remembered, *Reproduction*—reproducing the observed behavior, *Motivation*—being stimulated to produce the behavior" On the other hand the premise of the SCT states that new behaviors are learned either by modeling the behavior of others or by direct experience and Social learning theory focuses on the important roles played by vicarious, symbolic, and self-regulatory processes in psychological functioning and looks at human behavior as a continuous interaction between cognitive, behavioral and environmental determinants (Bandura, 1977).
According to Bandura(1977)Central tenets of the social cognitive theory are:

> *Self-efficacy - the belief in the ability to implement the necessary behaviour ("I know I can insist on condom use with my partner"). Outcome expectancies – These are beliefs about outcomes such as the belief that using condoms correctly will prevent HIV infection.*

Programmes built on SCT integrate information and attitudinal change to enhance motivation and reinforcement of risk reduction skills and self-efficacy. Specifically, activities focus on the experience people have in talking to their partners about sex and condom use, the positive and negative beliefs about adopting condom use, and the types of environmental barriers to risk reduction. A meta-analysis of HIV risk-reduction interventions that used SCT in controlled experimental trials found that 12 published interventions with mostly uninfected individuals all obtained positive changes in risk behavior, with a medium effect size meeting or exceeding effects of other theory-based behavioral change interventions (Greenberg, 1996).

2.8.5. Social Process Theories

Social influence, social comparison, and convergence theories specify that one's perception and behavior are influenced by the perceptions and behavior of members of groups to which one belongs and by members of one's personal networks. People rely on the opinions of others, especially when a situation is highly uncertain or ambiguous and when no objective evidence is readily available. Social influence can have vicarious effects on audiences by depicting in television and radio programs the process of change and eventual conversion of behavior (Festinger, 1954; Kincaid, 1987, 1988; Latane, 1981; Moscovici, 1976; Rogers and Kincaid, 1981; Suls, 1977).

The Social process Theory 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 two people (Morris, 1997). With respect to sexual relationships, social networks focus on both the impact of selective mixing (i.e. how different people choose who they mix with), and the variations in partnership

patterns (length of partnership and overlap). Although the intricacies of relations and communication within the couple, the smallest unit of the social network, is critical to the understanding of HIV transmission in this model, the scope and character of one's broader social network, those who serve as reference people, and who sanction behavior, are key to comprehending individual risk behavior (Auerbach, 1994). In other words, social norms are best understood at the level of social networks.

One application of the Sexual Network Theory for HIV prevention is the concept of 'bridge populations' that form a link between high and low prevalence groups (Morris, 1997). In Thailand, men who have both commercial and non-commercial sex partners form an important bridge population, which was an integral aspect of the spread of HIV in Thailand. In this regard Morris (1997) states that:

> *The composition of important social networks in a community; the attitudes of the social networks towards safer sex; whether the social network provides the necessary support to change behavior; whether particular people within the social network are at particularly high risk and may put many others at risk. Although few network-based interventions have been tried, the concept has proven complementary to individual-based theories for the design of prevention programmes by focusing on the partnership as well as the larger social group. Analysis of network mixing provides the means to see efficiency of transmission and effective points of intervention.*

2.8.6. Emotional Response Theories

Theories of emotional response propose that emotional response precedes and conditions cognitive and attitudinal effects. This implies that highly emotional messages in entertainment would be more likely to influence behavior than messages low in emotional content (Clark, 1992; Zajonc, 1984; Zajonc, Murphy, and Inglehart, 1989).

2.8.7. Mass Media Theories

Cultivation theory of mass media, proposed by George Gerbner, specifies that repeated, intense exposure to deviant definitions of "reality" in the mass media leads to perception of that "reality" as normal. The result is a social legitimization of the "reality" depicted in the mass media, which can influence behavior (Gerbner, 1973, 1977; Gerbner et al., 1980).

2.8.8. Social Marketing Theories

The origins of social marketing back to the intention of marketing to expand its disciplinary boundaries. It was clearly a product of specific political and academic developments in the United States that were later incorporated into development projects. Among various reasons, the emergence of social marketing responded to two main developments: the political climate in the late 1960s that put pressure on various disciplines to attend to social issues, and the emergence of nonprofit organizations that found marketing to be a useful tool (Elliott 1991).

Social marketing consisted of putting into practice standard techniques in commercial marketing to promote pro-social behavior. From marketing and advertising, it imported theories of consumer behavior into the

development communication. The analysis of consumer behavior required to understand the complexities, conflicts and influences that create consumer needs and how needs can be met (Novelli 1990).

One of the standard definitions of social marketing states that "it is the design, implementation, and control of programs calculated to influence the acceptability of social ideas and involving consideration of product planning, pricing, communication, distribution, and marketing research" (Kotler and Zaltman 1971, 5).

Social marketing has been one of the approaches carried forward the premises of diffusion of innovation and behavior change models. Agricultural extension first discovered in the 1960s that social change always went through distinct phases: awareness – interest – evaluation – trial – adoption or rejection. 'Innovators' – often used as 'change agents' in later interventions – may adopt new practices early on but constitute just 2,5% of the population in transition, followed by 13,5% called 'early adopters'. Over time, an 'early majority' of 34% and a 'late majority' of 34% trail the example set, while the rest of the population (16%), the 'laggards', are left behind. Also, the significance of sources of information differs in the different phases of the diffusion process. While mass media play a major role in the awareness and interest phase, interpersonal communication with neighbors and friends takes over when it comes to evaluation, trial and adoption or rejection *(Rogers 1963)*. As Rogers' (1963) findings regarding the stages of a change process can be applied universally they have served as a blueprint for applications in fields such as development and environmental communication, social marketing and change management. Since the 1970s, social marketing has been one of the most influential strategies in the field of development communication. It put into practice standard techniques in commercial marketing to promote pro-social behavior.

At the core of social marketing theory is the exchange model according to which individuals, groups and organizations exchange resources for perceived benefits of purchasing products. Similar to diffusion theory, it conceptually subscribed to a sequential model of behavior change in which individuals cognitively move from acquisition of knowledge to adjustment of attitudes toward behavior change. What social marketing brought was a focus on using marketing techniques such as market segmentation and formative research to maximize the effectiveness of interventions. Behavior change is social marketing's bottom line, the goal that sets it apart from education or propaganda. Social marketing model centers on communication campaigns designed to promote socially beneficial practices or products in a target group.

2.8.9. Entertainment-Education(E-E)

Entertainment-education has a long history. For thousands of years, entertaining stories have passed on wisdom and values from generation to generation. Modern E-E dates from the 1940s and 1950s, when radio dramas both informed and entertained farmers and their families: *The Lawsons* in Australia and *The Archers* in the United Kingdom motivated people to adopt agricultural innovations *(*Singhal and Rogers,*2004)*.E-E uses various forms of entertainment. Dramas on radio and TV, animated cartoons, popular songs, street theater, and other formats can educate and motivate as they entertain (Singhal et al, 2004). In E-E there is no clear dividing line between entertainment and education (Defossard, *2004*).Since the 1970s there has been several hundred major entertainment-educations (E-E) projects to improve health. Most have been TV and radio dramas in developing countries (Singha et al). Among the earliest with a family planning theme were the TV serial drama *Acompañame* (Come Along With Me), broadcast in Mexico in 1977 and 1978, and the radio drama *Grains of Sand in the Sea*, which began in 1977 in Indonesia and continues today (Singhal, and Rogers,1999).

Entertainment-education engages the emotions as well as the intellect. This helps explain its power to change behavior. Entertainment is more than amusement. It can evoke a range of emotions. An emotional reaction often leads people to think about themselves and their own attitudes and behavior (Piotrow, Kincaid, Rimon, Rinehart, and Samson, 1997). At the same time, E-E presents role models who can show the audience how to adopt healthy behaviors. Entertainment-education often uses story-telling. Story-telling may be the oldest form of education. It remains a powerful way to communicate knowledge and experience and stories can transmit knowledge that would be difficult to translate into explicit statements. By portraying situations that audience members might experience, stories can show ways of handling the situations. Stories can suggest words and tone of voice, for example, for couples to talk about family planning, and for young people to refuse requests for sex (Goldstein,usdin, Scheepers and Japhet ,*2005*).

2.8.10. Protection Motivation Theory

Many theories have been proposed to examine health-related behavioral change. Rogers' (1975, 1983) protection motivation theory (PMT) is one of the most popular of these theories because it explicitly incorporates the role of health related messages in effecting behavioral change. According to PMT, viewing a health-related message provides the impetus for an individual to assess the severity of an event, probability of the event's occurrence, belief in the efficacy of the recommendations provided in the message, and belief that one has the ability to perform the recommendations. Perceptions about these four factors arouse protection motivation (as indexed by behavioral intentions), which in turn provides the incentive to seek a healthier behavior (Rogers, 1975, 1983).

These variables do seem to be predictive in that intentions to comply are generally greater when the threat is severe, when the person feels vulnerable, when following the recommendations is perceived as an

efficacious way to reduce the threat, and when the person feels able to perform the coping response (Eagly & Chaiken, 1993, for a review of PMT findings). Rogers' (1975, 1983) PMT is based on the principle that behavior is a function of two appraisal processes: threat appraisal and coping appraisal. In threat appraisal, one judges the factors that increase (e.g., intrinsic reward) and decrease (e.g., severity of the threat) the probability of the maladaptive behavior. In coping appraisal, one evaluates the ability to cope with and to avoid the negative outcome. Based on these appraisal processes, Rogers concludes that protection motivation is a positive linear function of four beliefs: (a) The depicted threat is severe, (b) the person feels vulnerable or susceptible to the threat, (c) the recommended coping response is effective in averting the threat, and (d) the person feels able to perform the coping response. Additionally, the benefits of changing one's behavior must outweigh the associated costs. Thus, according to PMT, viewing a health communication would initiate message recipients' perceptions of severity, vulnerability, response efficacy, and self efficacy. These beliefs arouse protection motivation, which in turn fosters acceptance of the advocated health-related changes in the message. To conclude, this chapter attempted to discusse a number of theories such as the development communication, diffusion of innovations theory, concept of social marketing and Entertainment Education. , giving emphasis to their application to Behavior Change program. We also looked BCC communication approach that emphasizes co sharing of knowledge between the beneficiaries and benefactors hoping to bridge communication gap arising from top down paradigm. I also attempted to observe Protection Motivation Theory which seeks to influence people behavior by use of PMT concepts and tools. In the next chapter the methodology that guides the research is discussed.

CHAPTER THREE

3. Methodology

This Research is categorized into two methodological choices namely qualitative and quantitative research methods, which employ various techniques of data collection and analysis. Deacon, et al. (1999) observed that quantitative techniques are those that are statistically based while qualitative techniques are not and they include Focus Group Discussions (FGD) and semi structured in-depth interview. Patton's (2001: 39) argued that "qualitative research uses a naturalistic approach that seeks to understand phenomena in context-specific settings, such as "real world setting [where] the researcher does not attempt to manipulate the phenomenon of interest". Moreover, Mack et al. (2005) recommended qualitative study in communication research when the goal of the research is to gain insights into an intended audience's lifestyle, culture, motivations, behaviors, and preferences. Denzin et al. (1998), as cited in Natifu (2006), said that qualitative inquires are paramount at capturing the individuals' point of view through detailed interviewing which is relevant to this study.

3.1 Quantitative Part

3.1.1 Data Source:

The study was carried out among taxi community residing in Addis Ababa. The main reason for selecting this area is that the present researcher is able to get the assistance of service providers in data collection. The area is also representative enough containing many Taxi

communities representing different age, culture, and sex. *The study was conducted from Septemberto1, 2010- February30, 2011.* The source population was approximately 28,000 Addis Ababa taxi community groups out of which approximately 12,000 in 44 taxi stations have been targeted by HIV prevention peer education program. The study population comprises of taxi drivers, assistants and inspectors.

3.1. 2 Sample Size

The Sample size for the study was calculated using EPI INFO version 6 statistical software. Using the assumption that the proportion of taxi communities communicating with HIV/AIDS to be 50 %, 95%CI, 5% marginal error, and 20% non response rate adding a 20 % non response rate, a total of 388 taxi communities were required for the study. Various sample size were listed and this sample size was selected for a number of reasons including better accuracy.

$$n = Z_c^{\,2} \frac{P(1-P)}{d^2} + 20\% Non\_response$$

Using the formula

Where,

Z_c = 1.96

P = 30% expected frequency

n = sample size = 388

3.1.3 Study design:

This cross sectional study employed quantitative and qualitative designs and was conducted in February,2011.

3.2 The Qualitative Part

3.2.1 Document Review:

Document review was the prime work to better understand the project and design the study tools. In the document review, various documents and reports were reviewed which includes selected news papers, relevant reference materials, project review reports, field assessment report and relevant documents in assessing the taxi station HIV prevention project of SYGE.

3.2.2 Focus Group Discussions (FGDs)

Semi-structured FGD guides were prepared for assessing effectiveness of the "Sechento" News paper to influence Taxi community behavior in HIV/AIDS prevention. Focus Group Discussions (FGDs) that involved between 6-10 participants for a session, a total of 3 FGDs were hold through purposive sampling.

3.2.3 Individual in-depth interviews and key-informant interviews:

Semi-structured interview guide prepared and administered to key informants who were purposefully selected from project staff at SYGE,

FHI, and SYGE Outreach Workers. A total of 5 In-depth interviews were conducted.

3.3 Sampling technique

Sampling unit: all targeted SYGE 44 Taxi stations targeted in HIV prevention program.

Study Unit: individual taxi community members targeted by the program

3.4 Sampling Procedure: simple random sampling using list of the sites and trainees as sampling frames. 20 Sites were selected randomly from the 44 taxi stations through a lottery method.

3.5 Sampling Frame: list of taxi stations targeted by HIV prevention intervention.

Inclusion Criteria: only taxi communities targeted by the HIV prevention intervention were included.

Exclusion criteria: Taxi communities who were not targeted by the HIV prevention intervention were excluded from the study.

3.6 Data collection procedures:

An instrument was developed in English language and translated from English to Amharic and back to English in order to maintain consistency. Data were collected using structured, pre-tested and self-administered questionnaire. The questioners were consisted of closed ended questions which include questions on socio-demographic factors such as age, gender, and others. Appropriate training was given to 12 data collectors on how to conduct data collection. Frequent supervision was given during the study period.

3.7 Data Quality Assurance:

To assure the data quality, high emphasis was given to designing and adopting data collection instrument. For its simplicity the questionnaire pre-tested followed by modification. Accordingly, the face validity of the FGD and the key informant were checked by relevant professionals in the field. To ensure the quality of data the following activities were conducted:

- Individuals who have masters were recruited as facilitator.
- Twelve data collectors (having previous data collection experiences) were recruited. Training was given for all who facilitated the data collection process. It included a briefing on the general objective of the study; discussing the content of the questionnaires in detail, the methodology in relation to reaching the intended goals, and more importantly on how to keep confidentiality and privacy.
- The questionnaires were pre-tested prior to the actual data collection with other Taxi community. The result of the pre-test was discussed and some corrections were made.
- Data were checked for completeness, consistency and soundness by the principal investigator.
- Data were double entered.

The collected data were reviewed and checked for completeness before data entry, the incomplete data were discarded. Data entry format template was produced and programmed.

3.8 Data analysis and Management:

Both quantitative and qualitative analyses administered for data analyses. The collected data were entered on double entries using Epi Info version 6.04d software and cleaned by validating the entries. Data again further cleaned and analyzed by using Statistical Package for the Social Sciences (SPSS) version 16 for Windows. Odds Ratio (OR) with 95% confidence interval used to measure degree of association. $P< 0.05$ was regarded as statistically significant. Qualitative data were transcribed and similar ideas grouped together and main themes were identified. Then descriptions made based on the identified thematic areas and the results will be presented in narrative form. Tapes transcriptions and FGD report notes were sources for the write-up. All the documents were analyzed thematically by the principal investigator.

3.9 Ethical Issues:

This study doesn't involve any experiment of human subject. Permission to conduct this study was obtained from the Addis Ababa University. Individual consents were sought from the study participants before starting the study; participants were requested to agree after they had understood the study aims and before answering the questions. Confidentiality was assured, where anonymous questionnaires were used.

3.10 Dissemination and Utilization of Results

This study is an important evaluation of SYGE taxi community peer education program that was running for the last six years. And the findings

of the study will be important to see the effectiveness of the news paper and look for better alternatives for the expansion of similar program to other taxi stations which have not been targeted by HIV intervention programs. Hence the findings of the study will be disseminated to all stakeholders involved in a program which includes SYGE, FHI, AA HAPCO, AA Transport Authority, A taxi Owners Association, AA taxi inspectors association and selected beneficiaries of the program. SYGE and FHI will use the findings to look into their program for further scale up, modification in program implementation and redesign.

CHAPTER FOUR

4. Result

4.1 Socio-Demographic Characteristics of the Respondents

Table 1: Socio-Demographic Characteristics of Taxi Communities in Addis Ababa, February 2011 (n=388)

Variables	**N=388**	**Percent (%)**
Age		
Mean= 25.02		
SD = 4.94		
Sex		
Male	387	100
Female	0	0
Religion		
Orthodox	271	74.0
Catholic	24	6.6
Protestant	14	3.8
Muslim	57	15.6
Educational level		
Read and write	29	8.1
Primary	117	32.7
Secondary	212	59.2
Occupation		
Driver	79	20.6
Assistant driver	135	35.2
Inspector	167	43.6
Other	2	0.5
Income monthly		
<500	228	59.1
500-1500	139	36.0
>1500	19	4.9

A total of 388 Taxi communities were included in the study. All the respondents were male. The mean age of the study group was found to be 25.02± 4.94SD years. Most of (59.2%) the respondents were secondary level and 117 (32.7%) were primary level. The remaining 8.1%

were literate who can read and write. The majority of respondents 74.0% were Orthodox Christian and 15.6% were Muslim. Thirty five point two percent were assistant driver and 43.6% were inspectors. Twenty point six percent taxi communities were driver and the remaining 0.5% of the respondents has another work. Two hundred twenty eight (59.1%) respondents monthly income is less than 500 and 36.0% participants monthly income were 500-1500 and 4.9% earn monthly income were more than 1500.

4.2 Respondents Exposure to HIV AIDS Message

Table 2: Respondents Exposure to HIV/AIDS Messages

Characteristics	**No**	**%**
Communication apparatus owned by respondents		
Radio	311	32.2
Television	381	29.1
Telephone	137	14.2
Mobile	216	22.4
Internet	21	2.2
Source of information about HIV/AIDS		
News paper	**263**	**34.5**
TV	**196**	**25.7**
Radio	**179**	**23.5**
Internet	**41**	**5.4**
billboards	**69**	**9.0**
other people	**15**	**2.0**
other specify	**-**	**-**
Preferred media as a source of information		
TV	**322**	**24.1**
News paper	**335**	**25.1**
Radio	**347**	**26.0**
Billboards	**174**	**13.0**
Internet	**156**	**11.7**
Other	**-**	**-**

Rate of getting HIV/AIDS messages from media		
Always	**145**	**36.8**
Sometimes	**207**	**52.5**
Rarely	**39**	**9.9**
Never	**3**	**0.8**
Preferred media as a source of HIV/AIDS message		
TV	**320**	**23.4**
News paper	**337**	**24.7**
Radio	**344**	**25.2**
Billboards	**190**	**13.9**
Internet	**154**	**11.3**
Other	**22**	**1.6**
Average time allocation for reading newspaper per day		
<1 hours	**146**	**37.1**
1-2 hours	**180**	**45.7**
4 hours	**58**	**14.7**
>4 hours	**10**	**2.5**
Reading about HIV prevention over the past six months		
Yes	**353**	**88.9**
No	**19**	**4.8**
Don't remember	**25**	**6.3**
Newspaper read by participants		
Sechento	**375**	**66.5**
Lambadina	**52**	**9.2**
Aswala	**24**	**4.3**
Wetat lewtat	**113**	**20**
Other	**-**	**-**

Most of respondents 29.1% had television and 311 (32.2%) had radio. 22.4% of the taxi community and 14.2% of the respondents had mobile telephone respectively. The most frequently mentioned source of

information for HIV/AIDS were newspaper (34.5%) follwed by Telvision (25.7%). 26.0% of the respondents prefer Radio as a source of information. 25.1% of respondents prefer newspaper as source of infomation. 52.5% respondents reported that they sometimes get HIV/AIDS messages from media and (36.8) of respondents always get message from media. 25.2% of participants prefered radio as a source of HIV/AIDS prevention messages and 24.7% respondents prefered newswpaperas a source of HIV/AIDS prevention messages from media. 45.7% respondents reported that they read newspaper from 1 to 2 hours per day and 37.1% read news paper for <1 hours per day. Among those who reported (88.9%) were read HIV prevention over the past six months and 4.8% had never read HIV prevention in the last six month. Nearly two-thirds (66.5%) of all respondents read Sechento newspaper, while 20% read Wetat Lewtat and 9.2.% had read lambadina news paper.

4.3 HIV /AIDS Prevention Knowledge and Behavior of Respondents

Table 3: HIV /AIDS Prevention Knowledge and Behavior of Respondents

Characteristics	**N**	**%**
Perceiving HIV/AIDS prevention as:		
Abstinence	226	31.2
Faithful	205	36.6
Consistent condom use	234	32.3
Main contents of HIV/AIDS prevention newspaper		
News about HIV/AIDS prevalence	183	19.9
Pieces of advice	256	27.8
Information about safe sex	274	29.8
Discussion HIV/AIDS	207	22.5
HIV/AIDS prevention measures they could remember from their reading		
Delay sexual debut	117	6.1
Practice safe sex	257	13.5
Learn HIV status	311	16.13
Take steps to avoid infection	194	10.2
Recognize STI	228	12.0
Demand for ART	135	7.1
Live positively if inflected	168	8.8
Care for affected and infected Avoiding stigma	241	12.7
Avoiding stigma	252	13.2

32.3% of the respondents have heard the name HIV/AIDS. The main contents of HIV/AIDS prevention in the newspaper as reported by respondents were information about safe sex 29.8%, pieces of advice 27.8%, discussion about HIV/AIDS 22.5% , news about HIV/AIDS prevalence and kissing 19.9%.

Concerning HIV/AIDS prevention measures, 16.13% respondents reported that HIV/AIDS could be prevented by Learn HIV status, 13.5% by practicing safe sex, 13.2% avoiding stigma, 12.7% care for affected and infected ,12.0% recognizing STI, and 10.2% take steps to avoid infection were mentioned as means of preventing HIV/AIDS/STIs.

Among all respondents, only 49% replied when they exposed to HIV/AIDS newspaper they read carefully, 39.2% take part in discussions, 6.6% read to other persons and 5.2% avoid the news paper.

4.4 Perceived factors for avoiding reading news paper

Table 4: Perceived factors for avoiding reading newspaper

Characters	**No**	**%**
Reason for avoiding reading		
Don't think that they will face such problem	80	17.2
Don't find the presentation attractive.	94	20.3
Don't think it is important	83	17.9
They feel they know very well	75	16.2
They don't think the news paper columns are designed to address them	58	12.5
They feel there are quite a lot other things they have to worry	74	15.9

Table 4 indicates that at the time of the study, 20.3% respondents avoid reading because they did not find the presentation attractive; 17.9% were they thought they did not think the material is important, while 17.2% did not think they will face such problem. 16.2% feel they Know very well.

4.5 Reason for not applying HIV/AIDS Message

Table 5: Reason for not applying HIV/AIDS Message in practice

Characters	No	%
Reason for not applying HIV/AIDS message		
lake of knowledge	196	39.3
Because of its cost	64	12.8
Other don't apply them	60	12.0
Don't believe god protect you	72	14.4
Believe you can't escape HIV/AIDS	79	15.8
Other	28	5.6
Evaluation of HIV/AIDS coverage on the newspaper columns		
Exaggerated	22	5.8
Undermined	161	42.3
Truly covered	125	32.8
Uncertain	73	19.2

As shown in table above 39.3% of respondents lack knowledge while 15.8 % of respondents reported believed that they cannot escape HIV/AIDS and 12.0% of respondents did not apply because others do not apply them. About 12.8% do not apply because of its cost; and 14.4% of respondents do not believe that God protect them. 42.3% of the respondents believed that coverage of HV/AIDS issue on the news paper column is undermined and 32.8% responded the HIV/AIDS issue is truly covered; 19.2% respondents are uncertain; 5.8% reported that HIV/AIDS message in the news paper exaggerated.

4.6 Free Discussion on HIV/AIDS

Table 6: the level of Free Discussion on HIV/AIDS

Character	No	%
Discussion about HIV/AIDS prevention with family members		
Always	75	19.2
Sometimes	237	60.6
Rarely	65	16.6
Never	14	3.6
Experience of facing health workers		
Always	68	17.6
Sometimes	197	50.9
Rarely	89	23.0
Never	33	8.5
Involvement in HIV/AIDS issue discussions		
Always	54	13.9
Sometimes	184	47.4
Rarely	98	25.3
Never	52	13.4
If your response rarely what is your reason?		
You don't think it of any value	50	19.4
You don't get change to do so	157	60.9
You don't have the time to spend	49	19.0
Other	2	0.8

Tables 6 indicate that 36.5% of respondents had heard their friends talking about the existence HIV/AIDS and 24.7% heard the existence of HIV/AIDS prevention from their colleagues. Out of which, 15.8% mentioned they heard the information from neighbors, 15.1% from religious leader 7.9% from authorities. 60.6% of participates sometimes discuss about HIV/AIDS prevention with family members and 19.2% of

respondents reported they always discuss. 16.6% rarely discuss with their family and the remaining 3.6% participants didn't discuss with the family. 50.9% sometimes, 23.0% rarely, 17.6% always, and 8.5% rarely told by health workers about HIV/AIDS. 47.4% individuals reported that they sometimes involved in HIV/AIDS discussions. 25.3% respondents showed rarely involved in HIV/AIDs discussion and 13.9% always involved in the discussion. Fifty 13.4% reported that they never participated in any HIV/AIDS discussions. Their reasons to rarely involved in HIV/AIDs discussion were 60.9% reported that they did not get change by doing so, 19.4% for they don't think of it has any value, 19.0 they did not have time to spend and 0.8% others. The level of free discussion on HIV/AIDS showed in table 6.

4.7 Overview of Sechento News paper

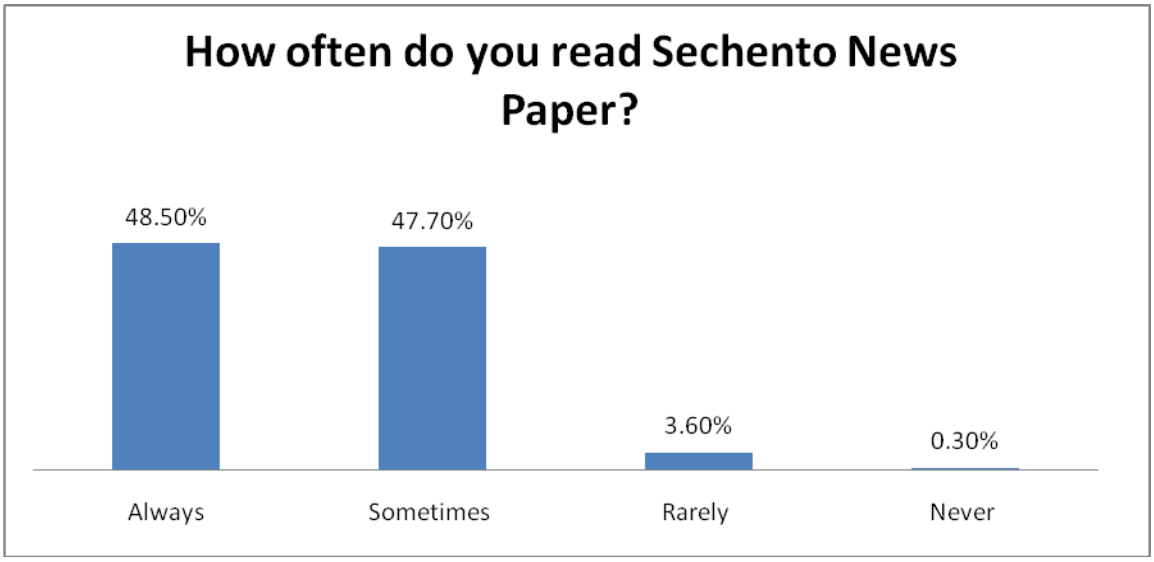

Figure 1. Respondents view about "Sechento" Newspaper

4.7.1 Audience attention

Amongst 388 respondents, 48.5% always read the news paper, 47.7% sometimes read and, 3.6% rarely read and 0.3% never read the news paper.

Table 7: Respondents view about "Sechento" Newspaper.

Characteristics	N	%
Columns comes to the respondents mind		
Engda	328	11.4
Medrek	299	10.4
Byajo	317	11.1
Yemola	308	10.7
Libwoled	330	11.5
101 Teyaqe	302	10.5
Sport	338	11.8
Yeseral Kelib	305	10.6
Hiwote Sinebeb	341	11.9
Respondents read Sechento newspaper for:		
About 3 months	71	18.5
3-6 months	159	41.5
6-12 monthly	91	23.8
>1 years	62	16.2

As depicted in Table 7 above 41.5% read the news paper for a period 3-6 months, 23.8% read for a period of 6-12 months, 18.5% read for about 3 months and 16.2% read the news paper >1 years

4.7.2 Layout and message

Table 8: Respondents view on layout and message

Characters	No	%
The logo and the layout appealing		
Agree	245	73.6
Disagree	23	6.9
Uncertain	65	19.5
The columns are interesting		
Agree	295	89.1
Disagree	20	6.0
Uncertain	16	4.8
The messages are easy to understood		
Agree	295	89.7
Disagree	16	4.9
Uncertain	18	5.5
The messages are persuasive		
Agree	245	76.6
Disagree	28	8.8
Uncertain	47	14.7
The messages promise benefits		
Agree	216	68.1
Disagree	45	14.2
Uncertain	56	17.7
The messages are appropriate length		
Agree	211	71.0
Disagree	40	13.5
Uncertain	46	15.5
The messages are appropriate depth		
Agree	221	74.2
Disagree	25	8.4
Uncertain	52	17.4
Newspaper provided with the basic knowledge of HIV/AIDS		
Yes	369	95.3
No	8	2.1
Uncertain	10	2.6
Knowledge gained		
Abstain	201	52.5
One to one	112	19.2
Consistent Condom Use	70	18.3
After reading the newspaper :		
You give it to other prevents	301	81.4
Nothing	68	18.4

Table 8 displays respondents view on layout and message. Regarding the logo and the lay out appealing 73.6% agreed followed by 19.5% uncertain of the logo and layout, 6.9% disagree with the appealing nature of the logo and layout. Concerning the columns 89.1% agreed the interesting nature of the column, 6.0% reported their disagreement and 4.8 were uncertain about the interesting nature of the columns. The study participants also asked about their understanding level of "Sechento" Messages. The majority 89.7% of the respondents were agreed that the messages were easy to understand. But among them only 5.5% did not agree and the rest 5.5% were uncertain about easiness to understand the message. Concerning to the persuasion power of the message 76.6% of the respondents agreed, 17.7% were uncertain and 14.2% reported their disagreement.

68.1% agreed that the message promise benefits, 17.7% were uncertain and 14.2% reported their disagreement. 71.0% agreed on the appropriate length of the message, 15.5% were uncertain and 13.5% were disagreed. 74.2% agreed on the appropriate depth of the message, 17.4% were uncertain about the appropriate depth of the message and 8.4% totally disagreed. 95.3% respondents reported that the newspaper provided them with the basic knowledge of HIV/AIDS. Of these, 52.5% responded they get knowledge about abstainace; 19.2% got knowledge on one to one; 18.3% on condom use. However 21% reported that the news paper did not provide them basic knowledge of HIV/AIDS and 2.6% were uncertain. Three hundred one 301 81.4% of the respondents, give the news paper to other individuals after reading and 18.4% of participants mentioned that they do nothing after reading. 71.0% agreed on the appropriate length of the message, 15.5% were uncertain and 13.5% disagreed. 74.2% agreed on the appropriate depth of the message, 17.4% were uncertain about the appropriate depth of the message and 8.4% totally disagreed.

4.7.3 Satisfaction level of the Taxi community on HIV/AIDS service provided by "Sechento" newspaper

Table 8. Overall Satisfaction level of the Taxi community on HIV/AIDS service provided by "Sechento" newspaper

Character	**No**	**%**
Satisfied	215	55.4
unsatisfied	152	44.6

Table 8 denotes overall satisfaction level of the taxi community on HIV/AIDS service provided by "Sechento" newspaper. 55.4% of the respondents satisfied by HIV/AIDS service provided by "Sechento" newspaper and 44.6% were found unsatisfied.

FGD results also indicates that many taxi communities gained knowledge and changed their attitude after reading Sechento news paper.

> *Now, it is the education we are getting that has brought us back. Before as we did not know, we were exposed to risks. We learn our families under different reason and we have not continued with our education. Still, there are those who experience change with the education. Still, there are those who experiences change with the education we are being given and those who do not. Now, before the education starts, you can (could) find somebody who is suffering. We could collect many on his/her behalf and send them to the clinic or do something but if you were to do that, you would get in trouble and be accused ruining their reputation. As if they had not been sharing that, just because he or she had some education that did not last over a week, he or she is damaging his or her reputation. That is what they will say about you.*

The key informant result with senior project coordinators clearly indicates that the taxi communities accepted the news paper as follows:

> *When they found out the newspaper was prepared specially for them, they were very happy indeed from their behavior, they are ostracized from society.*

At the start the news paper encountered formidable difficulties. The key informant result also indicates:

> *The news paper has succeeded very well; when it started, and as the group was discriminated and stigmatized, created problem in communication. They now take long how to discuss the issues among themselves. They voice their views and when there is something they do not like, they oppose it.*

The result also indicates that the news paper columns especially "HIWOTE SINEBEB" served for braking discrimination among taxi communities.

> *Among the paper's regular standing column is "HIWOTE SINEBEB" (when life is read) those featured in the Colum, and shared their life experience, specially the positive ones, were discriminated against after they appeared in the newspaper.*

4.8 Socio-demographic determinants of provided knowledge about HIV/AIDS prevention

Table 9: Selected socio- demographic determinants of provided knowledge about HIV/AIDS prevention by "Sechento".

Selected socio- demographic	**Knowledge**	**Crude or 95% CI**

	provided about HIV/AIDS by Sechento		
	Yes	**No**	
Educational level			
Below secondary	130	11	2.83(1.02-7.85)*
Above secondary	201	6	1
In come			
> 500 Birr	206	16	5.82(1.31-25.71)*
<500 Birr	150	2	1
Friends you lost due to HIV/AIDS			
Yes	197	6	.44(.16-1.23)
No	161	11	1
Relatives /friends living with HIV/AIDS	207	6	.36(.13-.99)*
Yes			
No	151	12	1
Satisfaction level for Sechento news paper	209	6	.40(.14-1.14)
Satisfied			
Non -satisfied	142	10	1

*=p-value<0.05

The likelihood of knowledge provided about HIV/AIDS by Sechento was higher among educated than non-educated (OR=2.83(1.02-7.85 CI (95%)). The odds of getting knowledge from Sechento news paper become higher among taxi communities who have income greater than 500 birr than those whose income is less than 500 (OR= 5.82(1.31-25.71; 95% CI) . The probability of acquiring knowledge provided Sechento newspaper was higher among Taxi communities who has relatives living with HIV/AIDS than taxi communities who has not relatives living with HIV/AIDS(OR.36(.13-.99);95%CI).

The chances of knowledge provided about HIV/AIDS by Sechento was higher among taxi communities who lost their friends due to HIV/AIDS than who did not lose their friends (OR=.44(.16-1.23 CI (95%)). The chances of knowledge provided about HIV/AIDS by Sechento was insignificant compared to satisfied taxi communities with unsatisfied communities (OR.44 (.14-1.14 CI (95%)).

4.9 Independent qualitative findings

The qualitative study was carried out in this survey to supplement the data gained in the quantitative study and to help triangulating the findings whether the program brought a change in the target group.

4.9.1 Perception of risk or change of attitudes toward safer sexual practices

Many of the FGD discussants reported that Taxi communities were vulnerable group for contracting HIV/AIDS.

> *I, for example, had friend who died recently. Right in front of our ages, first he died and was followed by his wife and child. What is more, this was not a first experience. I know a young man who died three months ago. One knows about his positive status when he was getting ready to leave for America under its DV programs. So, it is not a subject about which there can be frank and direct talk. Unless instructions is given and people come to the stage when they know themselves and want to protect themselves the situation becomes difficult.*

The FGD result indicated that taxi communities may be confused of understanding symptoms of HIV AIDS.

What I have to say is no different if we see somebody coughing we may say that it is TB. Because there are no obvious symptoms until the last stage is reached. We cannot come out of and ask someone why he or she does not go for a test because it is a highly private and problematic matter. However, if somebody does not use condoms or his/her use thereof is not satisfactory, then we need to start from there.

There were communities who had been tested and taking medication but there partners did not take medication. FGD result indicated that possibility of free discussion with in the community was found to be very minimal.

We have a friend who was tested and is taking medication but her boy friend or partner is not. When we were also able to counsel him by telling his needs, he will present himself and get treatment. If it is under circumstances like this, how can we dare to tell someone that he or she has to take the test? We are afraid to do that. So then possibility of having a dialogue minimal

The qualitative result shows that the majority of the respondents reported chewing chat and using psychotropic drugs are the main reason for initiating peoples to commit unsafe sex.

This is clear and known: mostly it is a weakness in thinking. The other thing is habitual addictions such as chat, psychotropic drugs. There is no regular income but rather a daily one. You collect there and then there is no problem about money. Now, let us say, for example, a beautiful woman

comes and sits in the front of the car, how do I engage her in conversation?

A key informant results also indicates:

They are male and in the youth age group .They are vulnerable to addictions. They are discriminated against by the society. Their daily income is quite substantial relatively speaking. Their use of money is out rational and developed. It is difficult to gauge the prevalence rate within the taxi social groups because the subject involves personal matters.

4.9.2 Communication strategies of Sechento Media House

According to key informants the newspaper utilized evidence based strategies; conducting research is a tool for realizing the newspaper goal. One of the informants stated that:

We also do studies as circumstances allow. According to the study we did in 2009 According to the parameters used to measure sexual behavior condom use was one of them. On the basis of this study, condom use now stands at over 85%. Now since taking 2009 as a baseline, are has seen a significant change. Our plan is for newspaper to get out of being subsidized and cover its cost of production with advertising in the mode social marketing

An interview result also indicates that feed back mechanism employed for upgrading the standard of the newspaper.

There is a feedback mechanism for the newspaper. One of them is letters. The other is participation through writing

articles. There is a peer leadership discussion once in a month.

The other key informant studies also indicate:

> *The strategy we are using is one that is appropriate to them with respect to their time and the nature of their work. In this respect the peer influence will continue to that extent Peer leadership has its own disadvantages the concept may not be presented as such directly to them. We follow up what we do with training and dialogue. The other important thing is in this process is make them participate in the newspaper themselves through writing giving ideas and suggestions. This is decision and we do that. We have staff for monitoring and evaluation and evaluation of the news paper. On that basis of the evaluation we make improvements.*

The results of this study also indicate that the program exposed to various challenges.

> *The problems we have: for one the paper is too little the pages are crammed together. Second there are certain subjects or issues that taxi sub community wants covered on added. Third, the cost of publishing gives up almost all the time."*

CHAPTER FIVE

5. Discussion

This study is one of few studies that have attempted to assess communication strategies of "Sechento" newspaper towards influencing behavior change of taxi community in Addis Ababa and the first of its kind in the country**.**

Most Taxi communities are sexually active and this sexually activity is associated with serious risks and complications of which they are unaware or seriously misinformed. They have to be free from risky sexual behavior and related consequences because the demographic prospects of the future depend on the reproductive behavior and health of the young people.

This study revealed that regardless of high knowledge level, fairly considerable proportions of taxi communities read Sechento newspaper 59.2%. As a result the satisfaction level of the Taxi community on HIV/AIDS service provided by Sechento newsPaper is high. This situation is however not unique to Ethiopia as many studies conducted particularly in countries where HIV is prevalent have shown that effective BCC material could change knowledge, attitude and practice. BSS II (2002) also confirmed higher level of awareness and among transport workers (intercity bus drivers) which is 98 %. BCC is a key component of development undertakings. Effective BCC plays a critical role in imparting essential information, to increase knowledge and awareness. This empowers individuals and communities to have better understanding of their situation and to articulate the causal interrelationships between their behavior and practices and health outcomes leading to change in attitude and behavior. Hence effective BCC for HIV/AIDS is expected to empower individuals and communities

to make informed decisions. Family Health International Institute for HIV/AIDS (FHI), (2002) found that BCC should be linked to the overall goals and strategies of HIV/AIDS prevention, care and support programs. Individuals who plan and implement HIV/AIDS programs should develop strategic approaches that view BCC not as a collection of different and isolated communication tactics but as a framework of linked approaches that function as part of an ongoing, interactive process. The study revealed that, the healthcare -seeking behavior and demand for information on HIV and AIDS of the Taxi community in HIV/AIDS prevention is high. Various literatures written on BCC reference materials acknowledged that in the health sector, print material are seen as important change agents to bring about positive attitude and behavior for health and central for equitable delivery of preventive and essential health care packages at community and household levels. It is expected that through sharing of useful information and interaction with individuals and communities awareness is raised would influence their behavior and practices. Most argued that while Behavior Change Communication for Taxi communities was believed to be essential. On the other hand study in Malawi revealed that condom use rate of truck drivers with sex workers at last sex was high 93.2% and a little bit lower for non regular partners 89.7% and concerning consistent condom use it was found out that none of them used it consistently with sex workers and only 38% didn't use it with non regular partners. Other studies from Cambodia and Thailand showed that generally healthcare -seeking behavior of targeted high risk groups with commercial drivers is high more than 90% and the increase in both countries was attributed to the 100% condom use campaign launched among commercial drivers.

Similar studies in Nepal among male population of transport workers and daily laborers condom use in the last sex act was reported to be 91.6%; consistent use of condoms with sex workers reported by the

transport workers and male laborers had big difference about 80% of the transport workers reported consistent use of condoms with sex workers in the last 12 months, whereas only 31.2% of the male laborers used condom consistently with sex workers

The study demonstrated that the perception of risk or change of attitudes toward safer sexual practices is high. Research conducted among taxi communities indicated that there are multiple factors that influence health including social and environmental factors. Individual behavior occurs in a certain cultural, societal, and or institutional context. It is the community that enables and reinforces individual behavior change by its approval and support. Effective community based BCC print material is therefore important to create that collective approved norm of behavior in society. As compared to DHS 2005 VCT service utilization of men age of 15-49 was low in all regions including Addis Ababa the maximum uptake rate for VCT in the past 12 months was 11% and it was almost lower by four fold. The behavioral study in Malawi indicated that only 29% of truck drivers showed the perception of service which is much lower to our study.

Print material intervention for community mobilization promotes and sustain implies not only a planned approach to influencing individual behavior change, but also influencing social change. Through successful BCC material individuals, families and communities become empowered and more self reliant, and behavioral social and structural changes are more likely to be effective and sustained.

The use of pretested, consolidated, harmonized and comprehensive BCC material is essential for effective communication for HIV/AIDS. Continued advocacy and focused intensive campaigns, with proper mix of BCC strategies, and channels must be emphasized to maximize synergy for accelerated and sustainable results and social change (FHAPCO,2010).

In this study the likelihood of knowledge provided about HIV/AIDS by Sechento was higher among educated than non-educated. Current study (Girmachew, 2009) conducted among taxi communities indicated that the proportion of taxi community members who had Comprehensive knowledge on HIV was found out to be 58.4%. Behavior change activities rely on a variety of well designed, inter-related, effective and pretested BCC materials to ensure success in empowering individuals at all level of educational back ground, families and communities for desired behavior change by enabling them to recognize and articulate their problems and define solutions that are relevant to their situation. The success and impact of BCC materials depends largely on the understanding of the target audience/communities and in developing clear communication strategies.

The study showed that the majority of the respondents preferred radio as source of Information and HIV/AIDS prevention messages. In a country like Ethiopia with almost 80 million(Central stastics,2010) people that include over seventy nationalities, languages and subcultures the development of cohesive and harmonized BCC material that are appropriate to the different cultural settings is very important. Cabanero-Verzosa, C. (1996) argued that having shared vision and using integrated and interactive approaches to empower community members to address their own problems is imperative. Effective BCC intervention for HIV/AIDS need to begin from shared vision of what we want to happen in HIV/AIDS prevention emerging from clear understanding of current situation. This would enable to understand the difference between the shared vision and the present situation there by identifying key constraints. This would further help to define on what attitude and behavior need to change and the actions needed on how to create the change and bring about desirable HIV/AIDS outcome. It is when these

steps are clearly defined and jointly owned that well focused, harmonized and comprehensive behavior change communication strategies for HIV/AIDS interventions can be developed and implemented using standardized and reinforcing set of BCC material that will utilize mix of channels for synergistic outcomes.

In this present study majority of respondents did not use (apply) the HIV/AIDS messages due to lake of knowledge. This indicates the importance of pre-identification of critical messages based on intervention priorities and streamlining and harmonizing these messages. This should be done irrespective of the focus are of the organization that developed the material. Graeff, J. A., Elder, J. P., & Booth, E. M. (1993) stressed that every community member will have the opportunity to access and be exposed to identify important messages based on priority problem that prevail at community and house hold levels.

Messages need to be adapted to the culture of the community and can be understood by the target population taking into account the information needs of the various groups the programe wishes to reach. The type of information that must be transmitted for identified outcome; the issue that need to be understood and the expected behavior to be adopted and practice must be the basis and should help and influence in composing the correct messages. BCC materials do not just happen, but must be integrated and built into the socio-behavioral dynamics. A good and effective BCC material allows the implementers to exercise better control over their work and to frame issues in appropriate and well organized manner. The BCC materials should help in removing doubts; put emphasis in raising the benefits and visibility of the change to make sure they address identified problems.

Moreover, in this study lack of permanent financial resources is impediment for the progress of the newspaper. The current situation on

BCC material and intervention strategy reveals the lack of integration, focus, consistency and harmony. The capacity of community level workers on effective communication and use of existing material is also found to be inadequate to bring about desired behavior change.

The major gap emanates from lack shared vision by key stake holders: the households communities and the different players in the health sector. Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (2005) argued that a clear description of the existing situation with respect to the shared vision on expected behavior change and health outcome has not been well defined and owned by the various stakeholders. Shared vision that describes what is needed to happen, the final health outcome, and, the steps and processes needed to bring about behavior change for desirable health outcome in HIV/AIDS is not evident. As a result most efforts in BCC material production for HIV/AIDS did not start with clear definition of communication objectives and statement of expected changes in knowledge, attitude, behavior or advocacy within a specific time frame. This has led to fragmented efforts and lack of common direction and road map to reach objectives that are agreed upon.

The FGD result indicated that taxi communities may be confused of understanding symptoms of HIV AIDS. Other studies, BSS round II and DHS 2005 also confirmed that comprehensive knowledge was still low on diverse group of study participants. BSS round II pointed out there was a significant decline of Comprehensive knowledge on the proportions of the transport workers namely the intercity bus drivers (31.1% Vs 23.2% and long distance truck drivers (42.8%Vs 29%). As compared to our study the proportion of study participants who had comprehensive knowledge on HIV involved in BSS round II and DHS 2005 was much lower.

In the current study chewing chat and using psychotropic drugs are the main reason for initiating peoples to commit unsafe sex. DACA(2005) findings supported that drugs act particularly on the brain and

significantly affect the part of the central nervous system, which is important for cognition, consciousness, decision making, judgment and memory. Therefore, when people take drugs, they usually are unable to make correct decisions and fail to stick to any one of the three main principles of HIV/AIDS prevention i.e Abstinence, one to one partnership/be faithful and use of condom.

According to key informants the newspaper utilized evidence based strategies; conducting research is a tool for realizing the newspaper goal.

CHAPTER SIX

6. Summery, conclusion and recommendations

6.1 Summery

The main objectives of this study were is to assess the communication strategies of "Sechento" news paper towards influencing behavior change of taxi community in Addis Ababa. Participants were 388 randomly selected taxi communities, and 18 purposefully selected taxi communities. Questionnaire, structured key informant interview and Focus Group Discussions (FGD) were employed to collect the necessary data. Percentage and Odds Ratio was employed to analyze the obtained data. Below are summary of the major findings of the study.

Results indicate that the satisfaction level of the taxi community on HIV/AIDS service provided by "Sechento "news Paper is high. The study point out that the healthcare -seeking behaviours of the Taxi community in HIV/AIDS prevention is high. The study also showed demand for information on HIV and AIDS among taxi communities in HIV/AIDS prevention found to be high. The study demonstrated that the perception of risk or change of attitudes toward safer sexual practices is high. The likelihood of knowledge provided about HIV/AIDS by Sechento was higher among educated than non-educated. The study showed the odds of getting knowledge from Sechento newspaper become higher among taxi communities who have income greater than 500 birr than there income is lower than 500. The probability of acquiring knowledge provided by Sechento newspaper was higher among taxi communities who has relatives living with HIV/AIDS than taxi communities who has not relatives living with HIV/AIDS.The study indicated that the chances of knowledge provided about HIV/AIDS by Sechento were higher among

taxi communities they lost their friends due to HIV/AIDS than who did not lost their friends. The present study indicated that Taxi Communities in Addis Ababa have unacceptability high level of sexual risk behavior. The study showed that lack of permanent financial resources is impediment for the progress of the newspaper. The majority of the respondents preferred radio as source of Information and HIV/AIDS prevention messages. Most of the respondents did not use (apply) the HIV/AIDS messages due to lake of knowledge.

The FGD result indicated that taxi communities may be confused of understanding symptoms of HIV AIDS. Possibility of free discussion with in the community was found to be very minimal. Chewing chat and using psychotropic drugs are the main reason for initiating peoples to commit unsafe sex. According to key informants the newspaper utilized evidence based strategies; conducting research is a tool for realizing the newspaper goal.

6.2 Conclusion

On the basis of the results of the study the researcher has come up with the following conclusions.

- The study indicated that the satisfaction level of the taxi community on HIV/AIDS service provided by "Sechento "news Paper is high.
- The study pointed out that the healthcare -seeking behaviors of the Taxi community in HIV/AIDS prevention is high
- The study also showed demand for information on HIV and AIDS among taxi communities in HIV/AIDS prevention was found to be high
- The study demonstrated that the perception of risk or change of attitudes toward safer sexual practices is high
- The likelihood of knowledge provided about HIV/AIDS by Sechento was higher among educated than non-educated
- The study showed the Odds ratio of getting knowledge from Sechento News paper become higher among taxi communities who have income greater than 500 birr than those with income lower than 500.
- The probability of acquiring knowledge provided by Sechento news paper was higher among taxi communities who have relatives living with HIV/AIDS than taxi communities who do not have relatives living with HIV/AIDS
- The study indicated that the chances of knowledge provided about HIV/AIDS by Sechento were higher among taxi communities they lost their friends due to HIV/AIDS than who did not lost their friends.
- The present study indicated that Taxi Communities in Addis Ababa have high level of sexual risk behavior.

- The study also showed that lack of permanent Financial resources is impediment for the progress of the newspaper
- The study showed that the majority of the respondents preferred radio as source of information and HIV/AIDS prevention messages.
- The study indicated that majority of the respondents did not use (apply) the HIV/AIDS messages due to lake of knowledge.
- The FGD result indicated that taxi communities may be confused of understanding symptoms of HIV AIDS.
- FGD result indicated that possibility of free discussion with in the community was found to be very minimal.
- In the current study chewing chat and using psychotropic drugs are the main reason for initiating peoples to commit unsafe sex.
- The newspaper utilized evidence based strategies; conducting research is a tool for realizing the newspaper goal.

6.3 Recommendations

Based on the problems identified by the study, the following recommendations are made.

Policy level

- Equally important is the establishment of a national body responsible for BCC material development to serve as a clearing house and to ensure the development of good quality communication materials that are standardized and harmonized to support ongoing programs.

- Program partners, irrespective of their designated geographic locations in which they operate in, must be guided and encouraged to support national efforts for BCC material development. They need to pull together resources required, as this will ensure equitable and wide access to critical information and reach of BCC strategies for societal change.

- It is important to have policy support to ensure the development of standardized and integrated BCC materials for HIV/AIDS with consistency and harmony of message. This could further be supported by developing a standard set of materials that utilize multiple communication channels (including TV and radio) for effective behavior change for better health.

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- As an integral part of health programs, financial and human resources need to be allocated for BCC. Funds could be pooled from different program partners and channeled and administered through the national body.

Strategy level

- Partnerships between service providers and communities are fundamental for the development of a common vision for BCC. Communities, relevant sectors (public, private, NGOs and CBOs), stakeholders and development partners should be mobilized to actively participate and jointly own the process and products.

- In BCC for HIV/AIDS, it is necessary to define and clearly state the desired behavior change needed at the individual, family and community levels to address the community's health needs. Stating how much the behavior will change, deciding the timeframe within which the expected change will occur, linking behavior change objectives to program objectives and identifying indicators to track progress is fundamental. Thus, it is necessary to segment and prioritize audiences within the strategy; identifying primary, secondary or influencing audiences is essential for focused action.

- For the BCC on HIV/AIDS to be effective, messages and information should be coordinated, standardized and integrated with program goals from the start. Linkages and coordination with other program components should be built and maintained to stimulate community dialogue and collective action for social change.

- Community level interventions should be supported and interlinked with activities at district, regional and national levels.

Implementation Level

- As a starting point, development of prototype integrated BCC materials that are based on a common vision and that take into consideration all the essential features of material development, including behavior change objectives, is highly recommended. Stakeholders and the target population should participate in all phases of the development.

- Pre-testing is essential for developing effective BCC materials and ensuring that themes, messages and activities reach the intended target populations. It is important to pre-test at every stage with all audiences, both primary and secondary, for whom the communication is intended. Pre-testing should be done on themes, messages, prototype materials, training packages, support tools and BCC formative assessment instruments.

- Having a variety of linked communication channels is more effective than relying on one specific channel; utilizing multimedia approaches will help in successfully achieving set objectives. Choosing channels that are most likely to reach the intended audience and integrating messages, channels, and tools is very critical. Development of specific BCC communication support materials should, therefore, be based on decisions made about channels and activities. They need to include, but should not be limited to the following:

    - Radio and Television spots for general broadcast
    - Promotional materials about the project for advocacy
    - Radio or television soap opera scripts
    - Mobilizing general program support

- Planning for monitoring and evaluation should be part of the design of the BCC program. A plan for monitoring and evaluation needs to be drawn up during the initial stage of BCC strategy design. The information to be gathered for BCC should be linked to the program's overall monitoring system. Monitoring must be incorporated as part of the ongoing management of communication activities, with focus placed on the implementation process. The following are some of the elements that should be closely monitored:

    - Reach: are adequate numbers of the target audience being reached?
    - Coordination: are messages adequately coordinated with service and supply delivery and with other communication activities? Are communication activities taking place on planned schedule and frequency?
    - Scope: is communication effectively integrated with the necessary range of audiences, issues and services?
    - Quality: what is the quality of communication (messages, media and channels, interpersonal, groups and special events)?
    - Feedback: are the varying needs of target populations being captured to yield expected change in behavior?

References

Akwara A, Madise NJ, Hinde A 2003. J Biosco Sci Macro International Inc., 11785 Beltsville Drive, Calverton, MD 20705, USA. 2003 Jul; 35(3):385-411. and Zambia.ICRW,

Behavioral Surveillance Survey on the highway routes of Nepal: Round No. 5, Kathmandu ,Nepal ,December 2003 *Availableat :www.popline.org/docs/1689/302650.html [accessed 2011-02-11]*

Blum R.W and Mari K. N. 2005. Risk and Protective Factors Affecting Adolescent Reproductive Health in Developing Countries. Geneva: World Health Organization.

CDC. 2008. HIV/AIDS Surveillance Report, Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention.

CDC. 2008. Youth Risk Behavior Surveillance United States, Morbidity & Mortality Weekly Report.

CDC-Ethiopia, History of peer education ,2004,Addis Ababa.

Center for AIDS prevention studies. How does stigma affect HIV prevention and treatment AIDS Research Institute.

Central Statistical Agency [Ethiopia] and ORC Macro. 2006. Ethiopia.

Calverton, Maryland, USA: Central Statistical Agency and ORC Macro.

Cherie A, Mitikie G, Ismail S, Berhane Y. 2005. perceived sufficiency and usefulness of IEC materials, and methods related to HIV/AIDS among high school youth in Addis Ababa, Ethiopia: Afr J Reprod Health.

Clifford Obby Odimegwu. 2004. Prevalence and predictors of HIV-Related Stigma and knowledge in Nigeria: Implications for HIV/AIDS prevention initiatives. Harvard School of Public Health Boston.

CSA-FDRE. 2005. Demographic and health survey.

CSA-FDRE, Census report,2007

Demographic and Health Survey 2005. Addis Ababa, Ethiopia.

Engender health, Reducing Stigma and Discrimination Related to HIV and AIDS, 2004. training for Health care Workers: Participant's HANDBOOK Ninth Avenue New York.

Ethiopian Public Health Association. 2005. Research gaps and priority setting Agenda in Ethiopia: Identifying HIV/AIDS, Sexually Transmitted Infections and Tuberculosis March.

FHAPCO. 2010 National HIV prevention strategic Behavior Change Communication Framework (Ethiopia)

FHAPCO, Single point HIV prevalence Estimate,2007, Addis Ababa

FHAPCO. 2002 HIV/AIDS Behavioral Surveillance Survey -Round one.

FHI. 2002 Behavior change communication (BCC) for HIV/AIDS, a strategic Framework

FHI-AIDSCAP. 1999. How to make an effective peer education project.

FHI-Ethiopia. 2003. Behavior change Communication formative assessment in Addis Ababa

Figueroa. 2002. Communication for Social Change Working Paper series

FMOH. 2003. health education and communication methods Manual health extension package

FMOH. 2004. Ethiopian Strategic Plan for Intensifying Multi-Sectoral HIV/AIDS Response (2004 - 2008)

Getinet Milkesa et.al. 2005. HIV /AIDS Behavioral surveillance survey round -2 report .

Gideon C, Adeline A. Study carried out under the auspices of the United Nations. Theme Group for HIV/AIDS Addis Ababa, Ethiopia, April, 200.

Gobopamang Letamo. 2003. Prevalence of, and Factors Associated with,HIV/AIDSrelated Stigma and Discriminatory Attitudes in Botswana Journal Health Popul Nutr.

Gobopamang Letamo. 2004. HIV/AIDS-Related stigma and Discrimination among Adolescents in Botswana: African Population Studies Vol.19.

GregoryM.Herek and John P. Capitanio. 1997. AIDS Stigma and contact with Persons with AIDS: Effect of Direct and Vicarious contact. Journal of Applied social Psychology.

GregoryM.Herek and John P.Capitanio. 1999. Manifestations of AIDS stigma in the US:AIDS and stigma. American Behavioral Scientist.

Gurage Zone. 2009. Health profile of Butajira City Administration.

Hailom Banteyirga. et al. Disentangling HIV and AIDS Stigma in Ethiopia, Tanzania,

Helen J. 2002. AIDS in Africa continent crisis.

Herek GM, Capitanio JP, Widman KF.HIV-related stigma and knowledge in the united states: prevalence and trends, 1991-1999 AM J. public health.2002.

Jesse Milan, Jr. 2004. How is HIV/AIDS stigma expressed in the work place HIV/AIDS stigma in the work place, Business Responds to AIDS: CDC.

Kathleen F. Norr Sheila Tlou; Matshidiso R. Moeti. 2004. Impact Of Peer Group Education On HIV Prevention among women in Botswana; Health Care for Women International.

Khodakevich L, Shanko B, Mehrit M, Ayohunie S, Gizaw G, Shanko B, et al. 1990a. HIV-1 Infection and related risk factors among female sex workers in urban areas of Ethiopia. Ethiopian J Health Dev.

Khodakevich L, Shanko B, Mehrit M, Ayohunie S, Gizaw G, Shanko B, et al. 1990b. HIV-1 infection among employees of the Ethiopian Freight Transport Corporation. Ethiopian J Health Dev.

Khuat Thu Hong, Nguyen Thi Van Anh. Jessica Ogden Understanding HIV and AIDS related Stigma and Discrimination in Vietnam. Institute for Social Development Studies, Hanoi.Vaishali S.mahendra et al.

Kibombo R, Neema S, Ahmed FH. Afr J Reprod Health. 2007. Makerere Institute of Social Research, Kampala, Guttmacher Institute, New York.

Klint N, et.al. 1998. Global overview of HIV/AIDS. Proceedings of the IXth annual scientific conference of the Ethiopian Public Health Association. HIV/AIDS and Development in Ethiopia, Nov.

Lester FT, Ayehunie S, Zewdie D. 1988. Acquired immunodeficiency syndrome: seven cases in an Addis Ababa hospital. Ethiop Med J.

Martin Foreman. 2003. Understanding, and responding to HIV/AIDS-related Stigma Discrimination in the Health sector, Pan American Health Organization.

Ministry of Health [Uganda], 2006. ORC Macro. Uganda HIV/AIDS Sero-behavioural Survey 2004–2005. Calverton, Maryland: Ministry of Health and ORC Macro.

Mishra, Vinod, Rathavuth Hong, Pav Govindasamy, and Livia Montana. 2008. *Evaluating HIVSeroprevalence Estimates from Ethiopia: Further Analysis of the 2005 Ethiopia Demographic and Health Survey*. Calverton, Maryland, USA: Macro International Inc.

MOH, AIDS in Ethiopia 5th Report,2004

MOH. Epidemiology and AIDS control department AIDS/STD control Programme. Guideline on counseling for persons with HIV infection and AIDS Addis Ababa, Ethiopia.

Morisky DE, et.al, 2005. HIV/AIDS prevention among male population ,Results of peer education program for taxi cab and tricycle drivers in Philippines, Health Education and Behavior.

National AIDS Trusf (NAT) Discrimination in health care. 2006. HIV related stigma and discrimination: proposals from the national AIDS Trust for the Government Action plan.

NCTPE/EC Project Fund. 1999. Major Harmful Traditional Practice National Committee on Traditional practice: in Ethiopia (NCTPE).

Neeraj Raizada et al. Effectiveness of IEC materials in improving awareness and reducing stigma related to HIV in school going teenagers. Indian Journal of Community Medicine.

Nehash Y, et.al, 2003. A community based study on HIV/AIDS in Gambela town western Ethiopia. Ethiop J Hlth Dev.

Ogbuji, C Q 2005. African journal of medicine and medical sciences (Afr J Med Med Sci), published in Nigeria.

Perarlman DN, et.al, Evaluation of Peer leadership HIV/AIDS intervention, Boston Massachusetts, USA

Peterepiot and Michael B. 2002. The epidemiology of HIV and AIDS. AIDS in Africa 2nd edition.

Rahamefy, Onja Holisoa (OH); Rivard, Michèle (M); Ravaoarinoro, Madeleine (M); Ranaivoharisoa, Lala (L); Rasamindrakotroka, Andriamiliharison Jean (AJ); Morisset,

Reducing AIDS-related stigma and Discrimination in Indian Hospitals, Horizons Population Council April 2006.

Republic of Malawi, Behavior surveillance survey report, Malawi 2004, Available at www.fhi.org/NR/rdonlyres/…/ FINALBSSREPORT29620051.pdf (Accessed 2010-10-11)

Richard (R); SAHARA J 2008. journal of Social Aspects of HIV/AIDS Research Alliance / SAHARA , Human Sciences Research Council (SAHARA J), South Africa.

Shabir Ismail, Ashenafi Negash, Endale W/Alemahu. 2001 Changing Behavior A key strategy in fighting HIV and AIDS. CDC Ethiopia.

Sheppard Z, Madise N, Hennink M. 2004. Gender and Risk of HIV in Ghana and Uganda. University of Southampton; UK.

Sloan NM, et.al, Evaluation of HIV/AIDS peer education program in south African Workplace, Available at: www.ncbi.nlm.nih.gov/pubmed/15889850 - [Accessed 2010-12-08)

Stein JA, Nyamathi A. 2000. Gender differences in behavioural and psychosocial predictors of HIV testing and return for test results in a high-risk population. AIDS Care.

Susan Sontag penguin. 1990. 'AIDS and its Metaphors'

Susans H. 2001. HIV/AIDS and young people. Reshaping social change New York.

Telto A. 2008. Assessment of Sexual Activity and Condom Utilization among Preparatory School Youths in Aleta Wondo Town, Sidama Zone (MPH thesis) Addis Ababa, Ethiopia.

Thailand. 2004. A paper on; empowerment learning strategies on HIV/AIDS prevention: the case of Uganda, Chiangmai.

The Behavioral Surveillance Survey of five target Groups in Bangkok, Thailand.2006.Availableat:www.aihd.mahidol.ac.th/wwweng/research.../bkk_aids2008.pdf [accessed 2010-07-12]

Tony B. Alan W. 2000. Guidelines for studies of social and Economic impact of HIV/AIDS UNAIDS, Geneva, Switzerland.

UNAIDS. 2007. Report on the Global HIV/AIDS epidemic.

UNAIDS . 2001. Technical update population mobility and AIDS.

UNAIDS Country Progress Report 2006,Cambodia Available at: data.unaids.org/.../2006_country_progress_report_cambodia_en. pdf - [accessed2010-11-06]

UNAIDS. 2008.Global AIDS Epidemic Update, December.

UNAIDS. 2007. National AIDS Epidemics Update, June.

UNAIDS. 2006 Report on the Global AIDS Epidemic. Geneva,: Joint United Nations Programme on HIV/AIDS (UNAIDS).

UNAIDS. 2004. HIV related stigma, Discrimination and human Rights. Case studies of successful programmes. UNAIDS Best practice collection.

UNAIDS. 2004. HIV related Stigma, Discrimination and human rights violations. Case studies successful programmes. UNAIDS best practice collection.

UNFPA. 1997. The State of World Population. New York.

UNICEF. Stigma, HIV/AIDS and prevention of mother to child.A pilot study in Zambia, India, Ukraine and Burkina Faso.

Waisbord, S. 2000. Family Tree of Theories, Methodologies and strategies in Development Communication (prepared for the Rockefeller foundation). Available at: //www.communication for social change. Org /pdf/family tree. Pdf. [accessed2010-11-06]

WHO Action Programme on Essential Drugs. 2009. *Public–private roles in the pharmaceutical sector.* Geneva, World Health Organization, 1995 (unpublished discussion paper).The world Health Report.

.

WHO. UNAIDS. 2005. Stigma and Discrimination: The undermining factor. AIDS Epidemic update, December.

Wood E, et.al, 2005. Baseline self-perceived risk of HIV infection independently predicts the rate of HIV seroconversion in a prospective cohort of injection drug users International. Journal of Epidemiology.

ANNEXES

Annex-1

አዲስ አበባ ዩኒቨርሲቲ የድህረ ምረቃ ትምህርትቤት

ውድ የጥናቱ ተሳታፊዎች:

እናት አለም መለሰ እባላለሁ። በአዲስ አበባ ዩኒቨርሲቲ የጆርናሊዝምና ኮሙኒኬሽን ትምህርት ክፍል ተማሪ ነኝ። የሁለተኛ ዲግሪ ማሟያ ጥናቱ በታክሲ ማህበረሰብ የኤች አይ ቪ መከላከል እውቀትና የባህሪ ለውጥ ላይ ትኩረት ይሰጣል።በአሁኑ ወቅት ኤች አይ ቪ በሀገራችን እየተስፋፋ መሄዱንና በእብዛኛውም በአፍላ እድሜ ክልል የሚገኘውን አምራች የሰው ሀይል እያጠቃ መሆኑ ይታወቃል። ይሁንና በታክሲ ማህበረሰብ ውስጥ ይህንን በሽታ ለመከላከል የሚያስችል በቂ ጥናት አልተደረገም። ስለሆነም ይህ ጥናት በአዲስ አበባ ታክሲ ማህበረሰብ ኤች አይ ቪን የመከላከል ፕሮጀክት አማካኝነት እየታተመ የሚወጣውን ሴቸንቶ ጋዜጣ ያለውን አስተዋፅኦ ለማወቅ ተዘጋጅቷል።

እርሶም በዚህ ጥናት ተሳታፊ እንዲሆኑ በፅጣ የተመረጡ ስለሆነ ይህንን የጥናት ዓላማ ለማሳካት የእርሶን ግልጽነት የተሞላበትን ተሳትፎ እንጠይቃለን። የሚሰጡት መረጃ ለጥናቱ አገልግሎት ብቻ የሚውል ሲሆን ለሶስተኛ አካል እንደማይገለጽና በሚስጥር እንደሚጠበቅ ኣሳውቃለሁ።

I. አጠቃላይ መረጃ

1. እድሜ:_____
2. ፆታ:- ☐ ወንድ ☐ ሴት
3. ሀይማኖት:- ☐ ኦርቶዶክስ ☐ ካቶሊክ ☐ ፕሮስቴስታንት ☐ ሙስሊም ሌላ _____
4. የትምህርት ደረጃ:-
   - ☐ ማንበብና መፃፍ
   - ☐ አንደኛ ደረጃ
   - ☐ ሁለተኛ ደረጃ

   ከሁለተኛ ደረጃ በላይ ከሆነ ይግለጹት _____
5. ስራዎ ☐ ሾፌር ☐ ረዳት ☐ ተራ አስከባሪ

   ሌላ_____

6. ወርሀዊ ገቢዎ <u>በአማካይ</u>

   ☐ ከ500 በታች ☐ ከ500-1500 ☐ 1500 በላይ

7. ከሚከተሉት በቤትዎ ውስጥ የትኞቹ አሉዎት?

☐ ሬድዮ ☐ ቴሌቪዥን ☐ ቴሌፎን የቤት

☐ ተንቀሳቃሽ ስልክ ☐ የኢንተርኔትአገልግሎት

8. በኤድስ ምክንያት በሞት ያጧቸው ዘመድ ወይም ጓደኛ ወይም የስራ ባልደረባ አሉዎት?

☐ አለ ☐ የለም

9. የኤች አይ ቪ ቫይረስ በደማቸው ያለባቸው ዘመድ ወይም ጓደኛ ወይም የስራ ባልደረባ አሉዎት?

አለ ☐ ☐ የለም

10. ለ9ኛው ጥያቄ መልስዎ አዎ ከሆነ፣ በሞት ያጧቸውን ቢገልፁ

☐ ዘመድ (ዶች)

☐ ጓደኛ(ኞች)

☐ የስራ ባልደረባ (ቦች)

II. ለኤች አይ ቪ መልክቶች ያለዎትን ቀረቤታ አስመልክቶ

11. በከተማዋ እየሆነ ስላለው ነገር መረጃ በዋናነት የሚያገኙት ከየትኛው ምንጭ ነው? (ሁልጊዜ ካሉ በየቀኑ ሳያቋርጥ ማለትዎ ነው፣ እንዳንድ ጊዜ ካሉ ከ3-4 ቀናት ማለትዎ ነው፣ በጭራሽ ካሉ ደግሞ ከምንጩ ምንም መረጃ አያገኙም ማለት ነው)

የመረጃ ምንጭ	ሁልጊዜ	አንዳንድ ጊዜ	በጭራሽ
ሬድዮ			
ቴሌቪዥን			
ጋዜጣ			
ቢልቦርድ			
ከሌሎች ሰዎች			
ሌላ ካለ ይጠቁሙ			

12. ከሚከተሉት የመገናኛ ብዙሀን፣ ለመረጃ ምንጭነት የሚመርጧቸው የትኞቹን ነው? በጣም ተመራጩን 1ኛ ብለው በደረጃ እስከ 6ኛ ድረስ ቢያስቀምጧቸው፡-

☐ ቴሌቪዥን ☐ ጋዜጣ ☐ ሬድዮ ☐ ቢልቦርድ ☐ ኢንተርኔት

ሌላ _____

13. የኤች አይ ቪ እና ኤድስ መልዕክቶችን ከመገናኛ ብዙሀን ምን ያህል ያገኛሉ?

☐ሁልጊዜ ☐ አንዳንድ ጊዜ ☐በጣም አልፎ አልፎ ☐በጭራሽ

14. ከሚከተሉት የመገናኛ ብዙሀን የኤች አይ ቪ ደህንነት መረጃ ምንጭነት የትኞቹን ይመርጣሉ በጣም ተመራጩን 1ኛ ብለው በደረጃ እስከ 6ኛ ድረስ ቢያስቀምጧቸው?

☐ቴሌቪዥን ☐ጋዜጣ ☐ ሬድዮ ☐ ቢልቦርድ ☐ ኢንተርኔት ሌላ _____

15. በአማካይ በሳምንት ለምን ያህል ሰአታት ጋዜጣ ያነባሉ ?

☐ከአንድ ሰአት ያነሰ ☐ ከ1-2 ሰአት ☐ ከ3-4 ሰአት ☐ ከ4 ሰአት በላይ

16. ባለፉት ስድስት ወራት ኤች አይ ቪ ላይ ያተኮረ ጋዜጣ አንበዋል ?

☐አዎ ☐ የለም ☐ አላስታውስም

17. ለ16ኛው ጥያቄ መልስዎ አዎ ከሆነ፣ የትኛውን (የትኞቹን)የኤች አይ ቪ ኤድስ ጋዜጣ ማንበብዎትን ያስታውሳሉ?

☐ሴቼንቶ

☐ላምባዲና

☐አስካላ

☐ወጣት ለወጣት

ሌላ ካለ ይፃፉት _____

III. የኤች አይ ቪ ኤድስ መከላከል እውቀትና ባህርይ አስመልክቶ

18. በእርስዎ አረዳድ **የኤች አይ ቪ መከላከል ደህንነት** ማለት ምንድነው?

☐ መታቀብ ☐ መወሰን ☐ መጠቀም

ሌላ ካለ ይጥቀሱ_____

19. ብዙውን ጊዜ በጋዜጣ የሚፃፉ **የኤች አይ ቪ መከላከል** መልእክቶች ዋና ዋና ይዘቶች ከሚከተሉት የትኞቹ ናቸው? ከአንድ በላይ መመለስ ይችላሉ።።

☐ በኤች አይ ቪ ኤድስ ህይወታቸውን ስላጡ ወገኖች የበሽታውን ስርጭት አስመልክቶ የዜና ሽፋን መስጠት

☐ ቀጣይነት ስላለው የኮንዶም አጠቃቀም ምክር መስጠት

☐ ጥንቃቄ የተሞላበት የግብረስጋ ግንኙነት ማድረግን አስመልክቶ መረጃን መስጠት

☐ የኤች አይ ቪ/ኤድስ መነሾና መከላከልን መሰረት ያደረገ ውይይት

ሌሎች _____

20. ሲያነቧቸው በነበሩ የኤች አይ ቪ ኤድስ መከላከያ መፍትሄዎች ተብለው ከሚነሱት መካከል የትኞቹን ያስታውሳሉ?ከአንድ በላይ መመለስ ይችላሉ።።

☐ ወሲብን ዘግይተው ይጀምሩ

☐ ጤናማ የግብረ ስጋ ግንኙነት ማድረግ

☐ የደም ምርመራ ያድርጉ

☐ ህፃናት በቫይረሱ እንዳይያዙ እርምጃ መውሰድ

☐ በወሲብ የሚተላለፉ በሽታዎችን መረዳትና አፋጣኝ እርምጃ መውሰድ

☐ የፀረ ኤች አይ ቪ መድሃኒቶች ፍላጎት አስመልክቶ

☐ በቫይረሱ ከተያዙ ከቫይረሱ ጋር የመኖር ልምድን ማዳበር

☐ በቫይረሱ የተጠቁትን መንከባከብ

☐ አድልኦና መገለልን ማስቀረት

ሌላ ከለ ይግለጹ _____

21. መልእክቶቹን ካነበቡ በኃላ እርስዎ በግልዎ ምን ያደርጋሉ?ከአንድ በላይ መመለስ ይችላሉ፡፡

☐ የተላለፉትን መልእቶች (ምክሮች) ተግባራዊ ለማድረግ ይወስናሉ

☐ በተላለፉት ገዳዮች ላይ ከቤተሰብ አባላት ወይም ከሌሎች ሰዎች ጋር ይነጋገራሉ

☐ ስለተላለፉት መልእክቶች ማሰብን ወዲያው ይተዋሉ

ሌላ ካላ ይግለጹ _____

22. ስለኤች አይ ቪ ደህንነት የተፃፈ የጋዜጣ መልእክት በድንገት ቢያጋጥሞዎ ምን ያደርጋሉ?ከአንድ በላይ መመለስ ይችላሉ፡፡

☐ በጥሞና ያነባሉ

☐ እድሉን ካገኙ እርስዎም በጉዳዮ ላይ በሚያደርጉት ውይይቶች ይሳተፋሉ

☐ በግማሽ ልብ ያነባሉ

☐ በፍጥነት ከትኩረትዎ ያወጣሉ

ሌላ _____

23. ማንበብን ወይም ትኩረት መስጠትን ካልፈለጉ ምክንያትዎ ምንድነው?

☐ የኤች አይ ቪ ያጋጥማል ብለው አያስቡምና መጨነቅን አይፈልጉም

☐ የመልእክቶቹ አቀራረብ ሳቢ ሆኖ አያገኙትም

☐ ከመልእክቱ ቁምነገር ያለው ነገር አገኛለሁ ብለው አያስቡም

☐ በመልእክቱ ውስጥ የሚገኙትን ነገሮች አሳምሬ አውቃቸዋለሁ ብለው ያምናሉ

☐ መልእክቶቹ የተዘጋጁት ለእኔ ነው ብለው አያምኑም

☐ ሊጨነቁባቸው የሚገቡና ቅድሚያ የሚሹ ሌሎች ብዙ ጉዳዮች አሉኝ ብለው ያስባሉ

ሌላ _____

24. በአጋጣሚ ይሁን ስራዬ ብለው ያነበቧቸውን የኤች አይ ቪ ደህንነት መልእክቶች የማይጠቀሙባቸው (ተግባራዊ የማያደርጓቸው) ከሆነ ምክንያትዎ ምንድን ናቸው

☐ የበቂ እውቀት እጥረት

☐ የጊዜ ፤የጉልበት የሀብት ወዘተ. ዋጋ ስለሚያስከፍልዎ

☐ ሌሎች ብዙ ሰዎች ተግባራዊ አያደርጉምና እርስዎ የተለዩ ሆነው መታየትን ስለማይፈልጉ

☐ በሽታው ያጋጥመኛል ብለው ስለማይሰጉ

☐ ፈጣሪ ይጠብቀኛል ብለው ስለሚያምኑ

☐ በሽታው ከመጣ /ማምለጫ የለኝም ብለው ስለሚያምኑ

ሌላ _____

25. በእርስዎ ግምገማ ተጨባጭ የኤች አይ ቪ በሽታ ችግር በጋዜጣ ምን ያህል ሽፋን አግኝቷል

☐ ተጋኗል ☐ በበቂ አልተሸፈነም ☐ በትክክል ተሸፍኗል ☐ እርግጠኛ አይደለሁም

26. የትኞቹ ሰዎች ስለኤች አይ ቪ በሽታ ደህንነት ሲናገሩ ሰምተው ያውቃሉ?

☐ ጎረቤቶችዎ ☐ ጓደኞችዎ ☐ የሀይማኖት አባቶች ☐ የስራ ባልደረባዎ

☐ የፖለቲካ መሪዎች

27. ስለ ኤች አይ ቪ ጉዳይ ከቤተሰብዎ ወይም ከጓደኞችዎ ጋር ምን ያህል ይወያያሉ?

☐ ሁልጊዜ ☐አንዳንድ ጊዜ ☐በጣም አልፍ አልፎ ☐ በጭራሽ

28. በሚሰሩበት አካባቢ ስለ ኤች አይ ቪ ቅስቀሳ የሚያደርጉ ባለሙዎች ምን ያህል ያጋጥሞታል?

☐ ሁልጊዜ ☐ አንዳንድ ጊዜ ☐ በጣም አልፍ አልፎ ☐ በጭራሽ

29. በኤች አይ ቪ መከላከል ጉዳዮች ዙሪያ በሚደረጉ ህዝባዊ መድረኮች(እንደ ሀይማኖታዊና ማህበራዊ ስብሰባዎች) ላይ ምን ያህል ተሳትፎ ያደርጋሉ?

☐ ሁልጊዜ ☐ አንዳንድ ጊዜ ☐ በጣም አልፍ አልፎ ☐ በጭራሽ

30. ለ29ኛ ጥያቄ መልስዎ በጣም አልፎ አልፎ ወይም በጭራሽ ከሆነ፣ ምክንያትዎ ምንድነው?

☐ ጥቅም አለው ብለው አያስቡም ☐ ለመካፈል እድሉን አያገኙም

☐ በዚህ ጉዳይ ሊያጠፉት የሚችሉት ጊዜ የለዎትም ሌላ _____

IV. ለሚከተሉት መጠይቆች በአዲስ አበባ ሴቭ ዩር ጀኔሬሽን እየተዘጋጀ በነፃ የሚሰራጨውን ሴቼንቶ ጋዜጣ በማሰብ ምላሽ እንዲሰጡኝ እጠይቅዎታለሁ። ለማስታወስ፣ ይህ ጋዜጣ የታክሲ ማህበረሰብ ስለ ኤች አይ ቪ ግንዛቤ እንዲኖራቸው የሚዘጋጅ ወርሃዊ ጋዜጣ ነው።

31. ይህን ጋዜጣ ምን ያህል ጊዜ ያነባሉ ?

☐ ሁልጊዜ ☐ አንዳንድ ጊዜ ☐ በጣም አልፍ አልፎ ☐ በጭራሽ

32. ይህን ጋዜጣ ማንበብ ከጀመሩ ምን ያህል ጊዜ ይሆንዎታል ?

☐ ወደ 3ወር ግድም ☐ከ3-6 ወር ☐ ከ6-12 ወር ☐ ከአንድ አመት በላይ

33. ስለዚህ ጋዜጣ ሲያስቡ ወደ አእምሮዎ ቀድሞ የሚመጣው አምድ የቱ ነው? በደረጃ ቢያስቀምጧቸው (ወደ አእምሮዎ ቀድሞ የሚመጣውን 1ኛ በማለት እስከ 9ኛ ድረስ)

☐ እንግዳ

☐ መድረክ

☐ ቢያጆ

☐ የሞላ

☐ ልብወለድ

☐ 101 ጥያቄ

☐ ስፖርት

☐ ይሰሯል ክልብ

☐ ህይወቱ ሲነበብ

34. ስለዚህ ጋዜጣ የኤች አይ ቪ መከላከል መልክቶች አቀራረብ ምን ይላሉ? (ይስማማሉ፤ አይስማሙም፤ እርግጠኛ አይደሉም)

	አስማማለሁ	አልስማማም	እርግጠኛ አይደለሁም
ሎጎው ሳቢ ነው			
የጋዜጣው አምዶች ሳቢ ናቸው			
መልእክቶቹን በቀላሉ መረዳት ይቻላል።			
መልእክቶቹ በበቂ አሳማኝ ናቸው።			
መልእክቶቹ ያንባቢውን ጥቅም ያሳላሉ።			
የመልእክቶቹ ርዝመት ልከኛ ነው።			
የመልእክቶቹ አቀራረብ ብዙ አንባቢዎችን ለመድረስ ምቹ ነው።			

35. ጋዜጣው መሰረታዊ የኤች አይ ቪ ደህንነት እውቀት ሰጥቶኛል ብለው ያምናሉ?

☐ አዎ ☐ የለም ☐ እርግጠኛ አይደለሁም

36. ለ35ኛ ጥያቄ አዎ ከሆነ መልስዎ በየትኞቹ መልክቶች ላይ አውቀት አግኝተዋል?

☐ መታቀብ ☐ መወሰን ☐ መጠቀም

37 ጋዜጣውን ካነበቡ በኋላ ምን ያደርጉታል?

☐ ለሌላ ሰው ይሰጣሉ ☐ እቤት ያሰቀምጡታል

ሌላ ካለ ይግለፁ_____

ስላደረጉልኝ ትብብር አመሰግናለሁ!!

Annex-2

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES
DEPARTMENT OF JOURNALISM AND COMMUNICATION

Questionnaire to be answered by Taxi Communities

To conduct this study each questions should answered carefully. Your response will be kept confidentially. No need of mentioning your name on the questionnaire. Be sure for your reading instructions correctly before giving answers for each question.

This question is not examination. There is no right or wrong answer. But make sure that you have read each question carefully, and give the answers you think correct for yourself.

I. SOCIO DEMOGRAPHIC CHARACTERS

1. Age:_____

2. Sex: ☐ Male ☐ Female

3. Religion:

☐ Orthodox ☐ Catholic ☐ Protestant

☐ Muslim ☐ Other (specify)_____

4. Educational Background:

☐ No formal education ☐ Not able to read ☐ Able to read

☐ Primary education ☐ secondary education ☐ beyond secondary,

Specify_____

5. Occupation:

☐ Driver ☐ Assistance Driver ☐ inspector

6. Income (monthly):_____

☐ < 500 ☐ < 1500 ☐ > 1500

7. Which of the following do you own?

☐ Radio ☐ Television ☐ Telephone
☐ Fixed ☐ Mobile ☐ Internet service

8. Do you have any relative (s), friends or colleague (s) whom you lost due to HIV/AIDS?

☐ Yes ☐ No If yes, please specify; _____

9. Do you have any relative (s), friend(s) or colleague(s) living with HIV/AIDS?

☐ Yes ☐ No

10. (For a yes response to Q 9), please specify it: who is living with HIV/AIDS?

Relative(s)_____
Friend(s)_____
Colleague(s)_____

II. EXPOSURE TO HIV/AIDS MESSAGES: AWARENESS

11. . Where do you mainly get information about HIV/AIDS? (Always: almost every day , sometimes :3-4 days a week , never : not at all)

No		Always	Some times	Never
	News paper			
	TV			
	RADIO			
	INTERNET			
	Billboards			
	other people			
	other specify			

12. Of the following media, which ones do you prefer as a source of information? Rank from the most preferred (1)to the least(6):

☐ Television ☐ Radio ☐ Newspaper

☐ Internet ☐ Billboard ☐ Other specify_____

13. How often do you get HIV/AIDS messages from the media?

☐ Always ☐ Sometimes ☐ Rarely ☐ Never

14. Which of these media do you prefer as source of HIV AIDS prevention messages? Rank from the most preferred (1) to the least (6) ;

☐Television ☐ Radio ☐ Newspaper

☐ Internet ☐ Billboard ☐ Other specify_____

15. On the average, for how long (in hours) do you read news paper per a week?

☐ Less than an hour ☐ 1-2 hours ☐ 3-4 hours ☐ More than 4 hours

16. Have you read any HIV AIDS newspaper about HIV/AIDS prevention over the past six months?

☐ Yes ☐ No ☐ Don't remember

17. (For a yes response to Q 16), which newspaper you remember reading?

☐ Sechento
☐ Lamabadina
☐ Askuala
☐ Wetat lewtat
☐ Other specify_____

III. THE HIV/AIDS PREVENTION KNOWLAGE AND BEHAVIOR

18. What does HIV/AIDS prevention mean to you?

☐ abstain ☐ one to one ☐ consistent condom use

19 .What are the main contents of the HIV/AIDS prevention news paper messages you usually read to?

☐ News about HIV/AIDS victims and prevalence
☐ Pieces of advice for the people on Consistent Condom Use
☐ Information about which way is safe sex
☐ Discussions HIV/AIDS, their causes and preventions
☐ Other, specify:_____

20 What HIV/AIDS prevention measures could you remember from what you have been reading to?

- ☐ Delay sexual debut
- ☐ Practice safe sex
- ☐ Learn HIV Status (get tested, receive results)
- ☐ Take steps to avoid infecting child if infected
- ☐ Recognize STI's and seek early Reaction,
- ☐ Demand for ART,
- ☐ Live positively if infected
- ☐ Care for affected and infected
- ☐ Avoiding stigma and discrimination
- ☐ Other _____

21 What do you personally do after reading to the message?

- ☐ Decide to apply the advices (messages) written.
- ☐ Discuss the issues mentioned with family members / other people.
- ☐ Forget thinking about them soon
- ☐ Other specify _____

22 What do you do when you are casually exposed to HIV/AIDS Newspaper messages?

- ☐ Reading to them carefully
- ☐ Take part in discussions if they are interactive
- ☐ May reading to them half heartedly

☐ Avoid them soon

☐ Other specify_____

23 If you avoid reading /paying attention to them, what is your reason?

☐ I don't think I might face such problem, so I don't want to worry.

☐ I do not find the presentations attractive.

☐ I don't feel I could find something important.

☐ I feel I know very well what they are written about.

☐ I don't think the news paper columns are designed to address me.

☐ I feel there are quite a lot other things I've to worry about.

☐ I find the columns are the same with other newspapers of messages.

☐ Other specify; _____

24 If you don't use (apply) the HIV/AIDS messages you have causally or intentionally read to, what is (are) your reason(s)?

☐ Lack of adequate knowledge

☐ Because it costs you a lot (your time, energy, resource, etc)

☐ Because most others do not apply them, and you don't want to be an exception

☐ Because you don't feel you believe God protects you.

☐ Because you believe you can't escape HIV/AIDS if it is to come.

☐ Other specify _____

25 How do you evaluate the degree of coverage of actual HIV/ AIDS prevention problem by the newspaper columns?

☐ Exaggerated ☐ Truly covered ☐ Undermined

☐ Uncertain

26 Which people have you ever heard talking about HIV/ AIDS prevention?

☐ Neighbors ☐ colleagues ☐ Friends

☐ Authorities ☐ Religious leaders ☐ others specify_____

27 How often do you discuss HIV/AIDS prevention with family members or friends?

☐ Always ☐ Sometimes ☐ Rarely

☐ Never

28 How often have you experienced Health workers telling /teaching Taxi community on the road about HIV/AIDS prevention?

☐ Always ☐ Sometimes ☐ Rarely

☐ Never

29 How often have you involved in HIV/ AIDS issues' discussions in public forums like at schools, religious gatherings, social gatherings, etc?

☐ Always ☐ Sometimes ☐ Rarely

☐ Never

30 If your response for Q 29 is rarely or never, what is your reason?

☐ You don't think it is of any value.

☐ You don't get the chance to do so.

☐ You don't have the time to spend on such issues

☐ Other, specify_____

DIRECTIONS

In order to respond to the following questions, think of the Sechento Newspaper, being freely distributed by save your generation. To help you recall, it is a freely distributed newspaper being distributed monthly.

31 How often do you read this newspaper?

☐ Always ☐ Sometimes ☐ Rarely ☐ Never

32 How long is it since you have been reading to this newspaper?

☐ About 3 months ☐ 3-6 months ☐ 6-12 months

☐ Over a year

33 What comes to your mind first whenever you think of this news paper? Please put them in ranks, assign no 1 to what comes first to your mind, up to 6.

☐ Engeda

☐ Medrek

☐ Biajo

☐ yemola

☐ 101 tiyake

☐ Liboweled

☐ Sport

☐ Yeseruwal Kelib

☐ Hiwote Sinebeb

34 What do you say (agree/disagree/ uncertain) about the presentation of HIV/ AIDS messages you read from this newspaper?

		Agree	Disagree	uncertain
1	the logo and the layout is appealing			
2	the columns of the news papers are interesting			
3	the messages are easy to understand			
4	the messages are persuasive enough			
5	the messages promise personal benefits			
6	the messages are of appropriate length			
7	the messages are of appropriate depth			
8	Variety of the message is appropriate to reach a good deal of readers.			

35 Do you believe that the newspaper has provided you with the basic knowledge of HIV/ AIDS prevention?

☐ Yes ☐ No ☐ Not sure

36 if the answer is yes for Q no 35 then on which topics ?

☐ Abstain ☐ one to one ☐ consistent condom use

37 What do you do after reading the Newspaper?

☐ Giving to other reader ☐ filing ☐ if any other specify it_____

Annex-3

FOCUS GROUP GUIDELINE (FGD)

Introduction

I am too eager in learning about some of the problems and demands of the people in these taxi communities. I hope that your answers to my questions will foster the services and protection of this community. I expect our discussion to last about one hour

Please feel free to tell me what you really think or know. I can assure you a guarantee of confidentiality. The information I obtained from you will not be publicized or discussed in a way that would identify you. Amid of the discussion you may ask me to skip a question you cannot or do not want to respond. Your participation is need to be based on voluntary

Do you have any question before we proceed?

If not I am going to ask you some question in relation with HIV/AIDS and Sechento news paper.

KEY POINTS

1. ***Readers knowledge and awareness about HIV/AIDS***
    - ***Readers understanding of what HIV/AIDS***
    - ***Readers awareness of the consequence of HIV/AIDS***
    - ***Readers knowledge of safety measures to be taken***
2. ***audience reaction to newspaper message on HIV/AIDS***
    - ***News paper use as a source of HIV/AIDS messages***

Questions:

1. Compared to other health issues, is HIV/AIDS is a serious problem among taxi community in Addis Ababa? Why?
2. What do you think is the main cause of HIV/AIDS among taxi communities: is it because of bad luck? Carelessness? Lack of education? etc.
3. To what extent do you read messages on Sechento newspaper? Why?
4. What theme do you get from these newspaper messages? What effects does this newspaper have on your awareness and knowledge of HIV/AIDS?
5. Are the messages tailored with your culture? Do you realy accept or refuse the messages? What problems have you been observing with the messages and /or their presentation?
6. What do you think are the barriers to your accepting the newspaper messages? Content? Attractions? Design?
7. Do you think that HIV/AIDS are preventable and predictable? Why?
8. How do you see the columns of Sechento news paper on addressing HIV/AIDS? Do you enjoy reading to them? Taking part in the writing? Do you think they have many readers? Why? Why not?
9. Do you think there is change of behavior that could be attributed to the news paper HIV/AIDS messages? Why or why not? What specific comments? Reactions do you have about the newspaper HIV/AIDS messages?
10. What do you recommend to the Newspaper HIV/AIDS messages designers and writers?

Annex-4

INTERVIEW GUIDE LINES FOR KEY INFORMANTS (HIV/AIDS PROFESSIONALS AND SECHENTO NEWSPAPER PRODUCERS)

KEY POINTS

- ***Information and knowledge on the degree of HIV/AIDS fatalities among taxi communities***
- ***what communication strategies they are using to combat the problem***

Questions:

1. Is HIV/AIDS a serious issue among taxi community in Addis Ababa? Why?
2. How do you see the prevalence of HIV/AIDS among taxi communities over the past three years? Is it on the increase or on the decrease? Why?
3. What strategies is your office employing to combat the problem?
4. What specific strategies do you employee in the production of Sechento news paper? Do you undertake surveys? Audience? Cultural analysis? Pre-testing of your programs?
5. What specific methods have you been applying in designing HIV/AIDS messages? What are your grounds in doing so?
6. What do you think are the major challenges you face in your behavior change endeavors on the behavior of Taxi communities?
7. Are there any feedback mechanisms you use to learn about your articles from your audiences?
8. How do you evaluate the successes of the newspaper compared with the efforts made/ where do you think is the problem?
9. Is there anything you are planning to do in the future to curb the problem?

DECLARATION

This thesis is my original work, has not been presented for a degree in any other university and that all sources of materials used for the thesis have been appropriately acknowledge.

Name_____

Signature_____

Date_____

This thesis has been submitted for examination with my approval as university advisor.

Name_____

Signature_____

Date_____