SOCIAL SIGNIFICANCE OF ETV DRAMAS ON HIV/AIDS AWARENESS CREATION AND BEHAVIORAL CHANGE

A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES,

ADDIS ABABA UNIVERSITY

IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE

DEGREE OF MASTER OF ARTS IN ENGLISH LITERATURE

BY:

FITSUM ASMEROM

JUNE, 2006

SOCIAL SIGNIFICANCE OF ETV DRAMAS(PLAYS) ON HIV/AIDS AWARENESS CREATION AND BEHAVIORAL CHANGE

BY:

Fitsum Asmerom

Approval of Board of Examiners

Name
Signature

Chairman, Department Graduate Committee

Melaku M

Advisor

Olga Yazbec

Examiner

CH.A. RAJENDRA PRASAD, Ph.D.

Examiner

ACKNOWLEDGEMENTES

I am most grateful to all who generously rendered to me their time, energy and knowledge in helping me while undertaking this research. Without the contribution of these people the study couldn't have come to completion.

First and foremost, I would like to express my deepest gratitude to Melakneh Mengistu, my thesis advisor, for his monumental exertion in providing me with relevant advice, critical comments and constructive suggestions throughout the course of my thesis work.

My greatest appreciation is also extended to Teshwal and Amanuel, postgraduate students of counseling psychology at AAU, who have sacrificed their time and energy in commenting on my thesis drafts. I am also greatly indebted to Hana Girma, for her unspeakable hearty advice and kind cooperation in printing the manuscript.

I also wish to thank my family and friends, for their keen encouragement, which was a great moral support to my success.

Finally, my appreciation is extended to Mesfin, Zemenu, Temesgen, Tesfaye, Wondimu and Teferi who tenaciously rendered to me their moral advice and Debritu and Hareg for their typing the manuscript.

Acronyms

ETV: Ethiopian Television

HIV: Human Immunodeficiency Virus

AIDS: Acquired Immune Deficiency Syndrome

PMC: Population Media Center

List of Tables

List of Appendices

Abstract

The main objective of this study was to examine the *relationship between ETV dramas and HIV/AIDS awareness/behavioral change. In light of this objective, three cities found in three regions were selected by convenient sampling method (N= 600). In order to ensure fair representations of subjects they were categorized based on their geographical location (100 from Debre-Birehan, 200 from Nazareth and 300 from Addis Ababa). Quantitative analyses were used to analyze the data obtained through the questionnaires. To investigate the relationship correlations were performed. To explore the predictive power regressions analysis was used. T-test was used to find out the group differences independent sample. Alpha value of 0.01 was used for significance tests in this study. Moreover, all-quantitative analysises were done using SPSS 12. Given our findings, it seems warranted that ETV dramas have relation with HIV/AIDS awareness creation/behavioral change. Sex, religion and region have a relationship with HIV/AIDS awareness/ behavioral change and region is a stronger predictor of HIV/AIDS awareness/ behavioral change among others. There is a difference in HIV/AIDS awareness/ behavioral change between male and female. i.e. females have better HIV/AIDS awareness/ behavioral change than males.*

Table of Contents

Chapter One

Introduction

1.1 Background

HIV/AIDS is one of the first the four biggest global killers and the number one cause of infectious diseases. It is estimated that more than 20 million people have died worldwide since the beginning of the pandemic in the early 1980's.

Although many advances have been made in the frontier of treatment, a cure or vaccine for HIV/AIDS has yet to be found. Until then, prevention of further infections through the dissemination of accurate information and education remains the best way to contain the disease. And mass media fit the best of this objective.

Mass media are generally defined as those channels of communication, which are capable of reading heterogeneous audiences simultaneously with uniform massage. This includes radio, TV, the press and cinema. Despite the increasing knowledge and changing attitudes and behaviors, doubts still remain among many intellectuals. This may be due to different audiences have different accent, cultural background etc. On this idea, Brown G. and George Y. (1982:26) have suggested that "not only is the understanding of what is listened to important but also the understanding of the context in which it occurs." Highlighting on the same issue Ur P. (1984) says:

> *"Learners who have some experience in listening to and understanding a number of different accents are more likely to be able to cope successfully with further ones than those who have only heard one or two"(28)*

The potential for what the mass media can do in the prevention of AIDS is influenced by how and how well the media are used. The media may be, for example, used to achieve general advocacy, endorsement of society's leaders, community endorsements /support, community involvement- specific program support, religious leaders' participation, general information and education.

As to Farag M. Elkame to be effective, the media, in particular, and communication programmes in general, have to achieve 'hierarchical' objectives. The effectiveness and success of media interventions should be evaluated in terms of the context to which one of the following objectives or outputs has been accomplished among others.

- Exposing audience to message;
- Attracting attention of the message;
- Creating interest in and liking of the message;
- Audience comprehending the massage-becoming aware of what the problem is;
- Audience being thought those skills related to solving the problems;
- Audience understanding of the message- understanding why they should behave in the prescribed manner.
- Yielding – audience changing pre-existing unfavorable beliefs and attitudes;
- Audience retaining new information
- Audience deciding to comply with the message and adopt changes;
- Audience behavior changing in accordance with message.

To implement the above objectives, addressing people the accurate information using sundry sorts of entertainment programmes is appreciable. And TV play is one of these.

1.2 Statement of the problem

Teaching people or addressing accurate information using entertainment programmes is very important for entertainment programmes like TV plays can easily portray the real life situation and day to day activities of people and people can find themselves in the play. In this respect, Almaz Bein says:

> *"The drama or play as a format of presenting a lesson is very appealing and attention-catching because it presents a story in a real life situation. That is, although it is realized that drama activities over the media are not 'real'; as a technique of teaching they are always attractive and essential because they include a language that can also use in the real life situation". (43)*

In response to the widespreading of HIV.AIDS in Ethiopia, many TV plays are being broadcasted over the Ethiopia TeleVision in a bid to feed people with the accurate information about the pandemic. However, TV plays have their own limitations for they cover diversified ethnic groups with diversified cultural backgrounds. Hence, whether the plays addressed the accurate information to the vulnerable people or not is a legitimate question. That is to say whether the dramatic pieces educate people on the modes of transmission, high risk behavior and consequences of HIV infection; dispelled misconception about HIV infection and AIDS; encouraged the people to avoid casual sexual relationship; encouraged those at risk to use condoms to reduce of infection and to go for early HIV screening and treatment or not is uncertain.

from the total population of Debre Birhan, Nazareth and Addis Ababa were incorporated respectively. The two towns were selected for Debre Birhan is found in Amhara and Nazareth in Oromia region (N.B.Oromia and Amhara are the two largest regions both in area they cover and the population they encompass in Ethiopia) and they are the two biggest towns found nearest to the country's capital, Addis Ababa. And Addis Ababa is selected for it is the capital city where relatively more people drawn from all over the country live.

1.6 Limitations of the Study

Shortage of time and reference materials were some of the problems that the researcher faced. In addition to these, this study is limited only on few people from only two regions compared to the total population that the ETV plays cover. The researcher was forced to conduct the research only in two towns other than the capital due to financial problem. May be the selected people didn't watch the whole part of each plays; didn't cooperate fully or were careless about the answers. Due to these and other factors that might have impact on the findings, the researcher is far from asserting the completeness of the study.

Chapter Two

Review of Related Literature

2.1 AIDS and HIV Infection

People frequently confuse HIV with AIDS. HIV stands for the Human Immunodeficiency Virus, an infinitesimally small infective agent tinier than a single cell. The HIV is especially troublesome because it infects white blood cells responsible for protecting the body against viral infections. The virus, James Slaff and John Brubaker (1985) note:

> *"is a tiny killing machine of almost unbelievable durability and potency. . . . Once inside a body, it cannot be killed by any known medical means. It can launch a preemptive strike on the immune system, which is the body's way of defending itself from all kinds of germs" (P.10).*

AIDS, or Acquired Immune Deficiency Syndrome, is a larger medical condition, a series of illnesses that occur when the immune system has become disabled and unable to ward off infections (Kalichman, 1996). While some researchers argue that additional viruses are involved and that the Epidemiology differs for different groups (Green, 1999; Root-Bernstein, 1993), the consensus is that HIV causes AIDS, or is an important precursor.

When someone mentions AIDS, what comes to mind? A global epidemic? A terrible human tragedy? Unsafe, promiscuous sex? A topic we would rather not think of? AIDS is all these things to people. "AIDS," notes George Whitmore (1988),"is a mirror, reflecting every individual's deepest fears. AIDS is a magnet, indiscriminately attracting all manners of prejudices. AIDS is a juggernaut cutting a wide swath across the nation." AIDS has come to symbolize all manner of things, calling up prejudice in some individuals, accessing fears in others, and representing, at some level, our ear's recognition that infectious diseases are not things of the past but the price we pay for living in a vital, constantly changing world.

The price is higher than many of us though possible in an age of medical marvels, antibiotics, and vaccines (Morse, 1992). AIDS has struck hard at our people – and our illusions. Not long after experts concluded that the battle against infectious disease has been won and epidemics had ceased to be a significant factor in human life, AIDS struck, exacting a heavy toll from people and families, and decimating communities.

2.2 Four Broad Factors Fuelling the Pandemic in Africa

Africa is the only continent that continues to face alarming rates of HIV infection annually, which indicates a major gap in prevention efforts in African countries. The available statistics cannot be a source of encouragement at all.

In 2005 alone, according to a recent joint report by World Health Organization (WHO), united Nations Development Program (UNDP), United Nations Development Fund for Women (UNIFEM), United Nations Educational, Scientific and Cultural Organization (UNICEF), African Union(AU), United Nations Population Fund (UNFPA) and Joint United Nations Program On-wards (UNAIDS) on April 11,2006, to of the global 4.9 million new infections, 3.2 million happened in Africa. When one also takes in to account the fact that HIV/AIDS in the continent disproportionately affects young people and women, one realizes how critical it is for Africa to accelerate its HIV prevention efforts.

The impression should not be left however that no work has been done in Africa over the past few years to address the challenge the continent is facing in the fight against HIV/AIDS. Indeed, many African countries have been implementing prevention interventions, which have been reasonably successful. The progress made has however not been

commensurate with the challenges the Africans face. That is why there needs to scale up prevention measures.

According to the same report a comprehensive approach to HIV prevention could avert 29 million out of 45 million cumulative new infections – 63 percent of al new infections- that are projected to occur between 2002 and 2010.The report justified four broad factors that exacerbate the pandemic in Africa.

2.2.1. Economic and Poverty Factors

HIV is not necessarily a result of poverty, but poverty increases the risk of HIV infection, and HIV/AIDS exacerbates poverty and hunger. Africa has both the highest poverty levels and the highest incidence of HIV/AIDS in the world. An estimated 46 percent to 76 percent of people in Africa live below the poverty line, according to the World Bank. In the 1980s, as the HIV/AIDS epidemic was beginning to emerge, it found conducive conditions to establish itself in sub-Saharan Africa.

Many countries were struggling to cope with social and economic problems, including legacies of colonialism such as mass poverty and limited education and health infrastructures. The demands of structural adjustment and Africa's enormous debt burden severely weakened the delivery of social services including the health infrastructure.

Cyclical droughts and famines took devastating tolls, especially the drought which struck 20 African countries in 1984-1986. Countries 10 to 20 years into independence faced failing primary commodity prices and rising oil costs. Others were continuing the fight for freedom. And in still others, conflicts, power struggles and corruption undermined stability and deepened disparities and poverty.

Juggling these pressures and many development demands with limited national resources, and dealing with limited communication and health infrastructures, countries found their capacity to combat HIV constrained from the start. Social and cultural factors prevailing in much of Africa, and the underlying reluctance to openly acknowledge and confront sexually transmitted diseases of alarming virulence also gave the virus added footholds.

Many countries where only one percent of the population was HIV-positive 15 years ago currently have prevalence rates of 10 percent or higher, with almost all those affected being the poorest in societies.

An analysis of the relationship between AIDS-related deaths and poverty/hunger in Southern Africa found the following associations:

-Households without an economically active adult had 31 percent less income than households with active adults.

-Households with two chronically ill adults had 66 percent less income than households without chronically ill adults.

-Zambian families in which the head of household was chronically ill planted 53 percent less than households without a chronically ill person.

-The death of just one wage- earning family member in Cote d'Ivorie lowered average household income by more than half.

Widows and orphans are frequently taken advantage of by family members and others. For example, women and children often lose their home and land once a husband/father dies, either to relatives in his family or outsiders who see an opportunity to seize property.

The need to survive in such circumstances often forces the poorest women and children to engage in activities that expose them to high risk of HIV infection (such as commercial sex).

Impoverished people have nutritional deficiencies and limited or no access to health care. Poor nutrition exacerbates HIV and without routine care HIV symptoms remain untreated, increasing the risk for HIV infection.

Poverty is also associated with higher incidence of disease. In much of Africa malaria, bilharzia, intestinal parasites and tuberculosis are widespread, especially among children. The presence or history of thee conditions increase susceptibility to HIV infection.

Eradicating poverty, hunger and preventable disease is vital to HIV/AIDS prevention efforts.

Stepping up HIV prevention will help to prevent further impoverishment.

Poverty reduction and combating HIV/AIDS are Millennium Development Goals; progress on one-goal leads to progress toward the other.

2.2.2. Educational and Informational Factors

Education services often fail to reach the poorest and most isolated areas in Africa. Yet, research shows that if all children received a complete primary education, around 7 million new HIV infections could be prevented over a decade.

Girls are the least likely to obtain education, because they are expected to stay home and help with household chores, mind siblings, and care for ill family members. Yet girls who complete primary school are far

more likely to have the knowledge and skills needed to avoid HIV infection than others, research shows.

Surveys in 11 countries showed that women with some schooling were nearly five times as likely as uneducated women to have used a condom the last time they had sex.

In Rwanda, women with secondary or higher education were five times more likely to know the main HIV transmission routes than those with no formal education.

Surveys in 17 African countries showed that girls with more education tended to delay having sex and were more likely to insist that their partner use a condom.

Regular sources of information, with the exception of radio, are not available to most people in Africa, and in many countries, illiteracy rates are high, limiting the usefulness of written messages and information. Messages and the appropriate mediums for delivering them need to be developed, as without accurate information, people cannot fully understand what HIV/AIDS is, how it is passed from person- to person, or how to prevent its spread

.

A recent survey in Botswana found that despite intensive HIV education efforts, 77 percent of those surveyed through the virus is spread by mosquitoes.

2.2.3. Social Factors

Two important social factors that are fuelling the pandemic include the low status of women and the high rate of infections among children and young people between the ages of 15 to 24 in Africa. These subjects are explored in most of the other fact sheets and in depth in fact sheets 8 and 9.

Also associated with HIV's spread are patterns of employment and population mobility in Sub-Saharan Africa, where porous borders, instability, conflicts and poor economic prospects all combine to propel people to leave established families and communities in search of livelihoods. Long-distance trucking, the mining industries and industrial/plantation farming are examples of situations where HIV's spread has been abetted when people are cut off from customary supports in isolating circumstances.

The low social status of women and girls in most societies and associated low level of skills, education and poor employment opportunities make commercial sex work an option of last resort. It is yet another social factor related to prevailing gender inequities that contributes to HIV's spread. Also related are the high incidence of divorce and polygamy, which exposes women to greater risk of infection and which pushes them into commercial sex work.

Stigma and discrimination are potent aggravators of HIV's spread. The humiliation and abuse to which many of those living with HIV and AIDS are subjected by their families and communities make most people reluctant to learn their status, undermining efforts to provide testing, counseling and treatment, and thus ultimately undermining prevention.

Misconceptions about HIV (especially the notion that it is a form of divine punishment of 'immoral' behavior) drive much of the stigma in may traditional communities in Africa.

A 2005 survey in South Africa found that tolerance for people living with HIV or AIDS was markedly greater in urban than rural areas. The result suggests that exposure to knowledge about the disease "normalizes" it, thus reducing discriminatory belies and practices.

2.2.4. Cultural Factors

A number of cultural rites and procedures, including circumcision, female genital cutting and other practices involving incisions ("scarification") put those undergoing them at risk when undertaken in a non- sterile environment, which is often the case in rural areas. Rituals and ceremonies related to puberty can also heighten the risk of casual sexual intercourse and rape.

In Tanzania, young people studied risk factors for HIV in their community and successfully petitioned district leaders to exert stricter control over rituals and ceremonies.

Early marriage, related to the rigid gender roles expected of women, heightens girls' risk of HIV. Young women are physiologically more vulnerable to infection and in a weaker position to negotiate safe sex with older husbands. Research suggests that young married women are more likely to be infected with HIV than those who are single.

Sending children to work for relatives in urban centers ("fostering") also exposes them to greater risk, especially since ill treatment often prompts them to run away and live in the streets.

Some cultural traditions dictate that when a woman's husband dies, she automatically becomes her brother-in-law's wife. If the husband died of AIDS, this practice places the brother and his other wife or wives at high risk of contacting HIV.

2.3 Ethiopia and HIV/AIDS

AIDS is the leading cause of death for people aged between 15–29 years in the world. Worldwide 40 million people are living with HIV and AIDS and 95% of them live in developing countries. In 2001, there was an estimated 5 million people newly infected with HIV, and 3 million people died due to AIDS (WHO, 2001).

Ethiopia is among the most heavily affected countries in the world by the HIV/AIDS epidemic. With an estimated 3 million adults infected with HIV by the end of 1999, Ethiopia has the third highest population of HIV-infected persons in the world accounting for about 9% of the world's HIV/AIDS cases.

HIV infections were first found in Ethiopia in 1984. HIV/AIDS prevalence remained low in the 1980s but sharply accelerated through the 1990s, rising from an estimated 3.2% in the 15–49 age group in 1993 to 10.63% by the end of 1999, with similar increases in various population subgroups, making Ethiopia the sixteenth in HIV prevalence.

An estimated 120,000 children were infected in 1999 and nearly two-thirds of all antenatal attendees at several clinics were in the 15–24 age group. An estimated 1.2 million children were AIDS orphans in 1999 (UNAIDS 2000). No reliable data are available on mother-to-child-

of home-care for persons with AIDS (Berhane and Zakus 1995) and social acceptance of infected persons. In the efforts to create behavioral change in the public at large in general and the vulnerables in particular, drama education is believed to remain the best way. With the main intention of that the Population Media Center (PMC) launched two behavior changing radio dramas in Ethiopia on June 2, 2002 on Radio Ethiopia and Harrar Radio. While entertainment is the goal, the program's characters face real-life issues like HIV/AIDS, low status of women, marriage by abduction, the education of daughters, and spousal communication. The dramas have been designed to present real life drama and positive role models to influence positive behavior changes among listeners.

The Amharic serial drama, entitled *Yeken Kignit* ("Looking Over One's Daily Life"), and the Oromiffa drama, *Dhimbiibbaa* ("Getting The Best Out of Life"), aired for more than two years. They are a result of two years of intense collaboration on the part of the highly committed Ethiopian creative team and PMC trainers, who use a technique developed by Miguel Sabido of Mexico. Sabido's methodology has had demonstrable effects in using drama as a vehicle for social change in such countries as Mexico, India, Kenya, and Tanzania.

By attracting a large audience through the appeal of its characters and the depiction of their lives in engrossing soap operas, the programs utilize the persuasiveness of popular culture and peer influence to improve health and promote the benefits of family planning. Themes of passion, love, intolerance and the struggle of daily life sizzle in these soap operas, the first of their kind to be broadcast in Ethiopia. Listeners are already exited. "We have had an outpouring of appreciation for the dramas," said Dr. Negussie Teffera, Population Media Center's Ethiopia Representative. "We have been receiving 100 letters a day from listeners

praising the programming. It is heartwarming to know that we are reaching people and that these serial dramas can impact individual behavior."

The programs generated a huge audience response, with over 15,000 letters from listeners. As of November 2004, 63% of new clients seeking reproductive health services at 48 service centers in Ethiopia reported that they were listening to one of the PMC serial dramas. In fact, 26% of new clients named one of PMC 's programs by name as the primary motivating factor for seeking services.

Of new clients who cited radio programs as a motivation for seeking services, 96% said that they were motivated by one of PMC 's programs. Most importantly, the proportion of married women who report ever using contraceptives increased from 27% just before the programs went on the air to 79% among listeners (as of November 2004) vs. 47% among non-listeners. About 45% of women and 47% of men reported being regular listeners. Female listeners sought HIV tests at three times the rate of non-listeners, and male listeners went for HIV tests at four times the rate of non-listeners.

The actress who played the positive female role model Fikirte in the Amharic language program reported that, one day, she went to a market to buy some vegetables. Several of the women in the market recognized her voice from the radio program. "You're Fikirte," they said to her. "Well, sort of," she replied. "No, we know you are Fikirte. We recognize your voice from *Yeken Kignit*," they said. Then one of them said, "I named my baby daughter after you with hopes that she would be as wonderful as you are." Of the 15,000 letters PMC has received from listeners, several hundred report that they named their daughters Fikirte after the character in the program.

Over the two-and-half years the radio programs were on the air, each episode was awaited with great anticipation. The Ethiopian mass media have given extensive coverage to the project. Some 70 feature articles and news reports have been published in various newspapers. No less than 30 talk shows and discussion programs have been presented by radio and television stations regarding the PMC serial dramas. A Ph.D. and two Masters theses were written focusing on the dramas at the Addis Ababa University . No less than ten senior essays at the first degree level were written about the dramas.

The broadcast of another program, *Maleda* ("Dawn"), began in May 2005. PMC -Ethiopia published a collection of national prize-winning short stories and poems focusing on HIV/AIDS and related social issues in 2003 under the title *Yehiowt Tebitawoch* ("Drops of Life"). The creative pieces were selected from among 146 short stories and 176 poems submitted in response to a national competition for the best poems and short stories that address reproductive health and HIV/AIDS issues. 10,000 copies of this book were published and distributed throughout Ethiopia . A second volume of short stories was published in 2004 as a result of a second nationwide competition. The book, *Kinfam Hilmoch* ("Winged Dreams") was also widely distributed. PMC also produced a full-length stage play entitled *Yesak Jember* ("Laughter at Dusk"), focusing on HIV/AIDS prevention. The stage play was launched in September 2003, and was attended by the former President of Ethiopia, Dr. Negasso Gidada. The play was staged in the capital for 10 weeks, followed by performances in 14 other cities around Ethiopia . The script was then given to local drama groups for adaptation.

Another serialized melodrama *Menta Menged* ("Crossroads"), to inform young people about HIV/AIDS, reproductive health and related social issues began broadcasting on Radio Ethiopia in March 2005.

Over the two-and-half years the radio programs were on the air, each episode was awaited with great anticipation. The Ethiopian mass media have given extensive coverage to the project. Some 70 feature articles and news reports have been published in various newspapers. No less than 30 talk shows and discussion programs have been presented by radio and television stations regarding the PMC serial dramas. A Ph.D. and two Masters theses were written focusing on the dramas at the Addis Ababa University . No less than ten senior essays at the first degree level were written about the dramas.

The broadcast of another program, *Maleda* ("Dawn"), began in May 2005. PMC -Ethiopia published a collection of national prize-winning short stories and poems focusing on HIV/AIDS and related social issues in 2003 under the title *Yehiowt Tebitawoch* ("Drops of Life"). The creative pieces were selected from among 146 short stories and 176 poems submitted in response to a national competition for the best poems and short stories that address reproductive health and HIV/AIDS issues. 10,000 copies of this book were published and distributed throughout Ethiopia . A second volume of short stories was published in 2004 as a result of a second nationwide competition. The book, *Kinfam Hilmoch* ("Winged Dreams") was also widely distributed. PMC also produced a full-length stage play entitled *Yesak Jember* ("Laughter at Dusk"), focusing on HIV/AIDS prevention. The stage play was launched in September 2003, and was attended by the former President of Ethiopia, Dr. Negasso Gidada. The play was staged in the capital for 10 weeks, followed by performances in 14 other cities around Ethiopia . The script was then given to local drama groups for adaptation.

Another serialized melodrama *Menta Menged* ("Crossroads"), to inform young people about HIV/AIDS, reproductive health and related social issues began broadcasting on Radio Ethiopia in March 2005.

According to a recent report presented by the Ethiopian prime minister Meles Zenawi while launching "Acceleration of HIV/AIDS Prevention in Africa", at the end of 2005 Ethiopia had about 658 voluntary counseling and testing centers catering for 451,000 individuals which is a five fold increase of what the country had in 2003. Mothers and infants are being provided services to prevent mother–to–child transmission of HIV in 129 health facilities. 73 hospitals and health centers are currently providing anti- retroviral treatment.

As of the end of March 2006, 23,000 people have been receiving free treatment compared to only 9020 when the country's strategic plan was launched in January 2005. It is realized, according to Meles, in light of the enormity of the challenge the country faces an extremely modest progress.
Educating the vulnerable remains, however, the better solution for it creates behavioral change in the mind of people.

2.4 Sexual Practice and Tradition

In most African societies, sex is viewed positively, as an essential form of recreation between lovers, casual acquaintances, and even adulterers. Polygamy is widespread and sanctioned (Rushing, 1995). What's more, wives gain respect in kinship units or clans based on the number of children they bear. This reduces the strength of emotional bonds between husbands and wives, which in turn makes it easier for spouses (particularly men) to engage in extramarital sex.

Men have abundant freedom to engage in premarital and extramarital sexual relationships. In a variety of countries, men routinely visit their extramarital partners on the way home from work, making a daily

stop at what some men jokingly call their "second office" (Ungar, 19898, P. 475).

Many of the same power inequities that operate in poor American communities are at work in African societies. In many cultures, a woman must obey her husband, bear as many children as her husband wants, and take responsibility for raising the kids. Women who cannot have children face disgrace and ostracism(Richard,2001).

Sex may be viewed as a positive form of recreation between casual acquaintances in many African societies, but it is still a man's world when it comes to sexual relationships (Obbo, 1995). In most African countries, it was socially acceptable for married men to have mistresses and concubines; some societies permit wife-sharing, where a wife has sex with individuals other than her husband, typically a distant relative of the husband's tribe (Rushing, 1995). Children who are born from these sexual dalliances become part of the husband's kinship group, which provides an additional incentive for men to have extramarital relations.

The desire to create offspring has a negative impact on condom use. As a young man from Kenya said bluntly, "Use of condoms is not appropriate because it is like throwing one's children away" (Cameron, Witte, & Nzyuko, 1999, p. 160). Stereotyped beliefs about sexuality also act as impediments to safer sex.

In Kenya, the sexual urge is believed to be "strong–at times uncontrollable" (Blair et. al., 1997, p.51). Some Kenyan men incorrectly believe that condoms are infective because they fail to take into account "the sexual superiority of the African man," whose "erection power" is thought to be so strong that it would cause American- manufactured condoms to burst (Cameron et al., 1999, p.158). This belief, based on a primitive theory of African sexual culture, undoubtedly reduces men's enthusiasm for using condoms.(Richard,2001)

Knowing their sex drive is strong, some Kenyan men say they can persevere with condoms during the early house of the night, but "by midnight they insist on skin- to -skin" (Witte, Cameron, & Nzyuko, 1996, p. 19). In eastern Africa, prostitutes typically have sex with clients at least six times a night; unfortunately, condoms come only in packs of three (K, Witte, personal communication, August 17, 1999).

African women, for their part, can view sex as a way to escape physically grueling work or to gain independence from oppressive male control. Women may sell sex for money or become sexually involved with men other than their husbands, whom they hope will provide money and opportunities for economic security (Rushing, 1995).

Many of these women engage in unprotected sex. Although impoverished American prostitutes frequently use condoms, commercial sex workers in Kenya are reluctant to suggest condom use (Sobo, 1995). "Here it is not easy for a woman to face a man and tell him to use a condom," one female sex worker told Kenzie Cameroon and her associates (1999, p. 1543). "We are women, we are weak and shy, we cannot ask them to use condoms," another sex worker said.

2.5 Mass Media and Social Issues

The role mass media could play in the efforts to prevent HIV/AIDS is of immense importance. It is the argument of many scholars that mass media is the best way to educate people about HIV/AIDS for it is highly interlinked with the society and culture. Cambell,R.,2005 argues:

> *Mass media plays several roles-as manufacturers of youth culture, as reporters of tragic events, as intruders in to families private grief, and as definers of how we think about social issues. . . . media is a central force in shaping our culture and democracy....Culture is made up of both the products that a society fashions, and perhaps more important, the process that forge those products and reflect a culture's diverse values. Thus, culture may be defined as a symbol of expression that individuals, groups and societies use of make sense of daily life and to articulate their values....Culture, therefore, is a process that delivers the values of a society through products or other meaning making forms.(P.5-6)*

Culture links individuals to their society, providing shared and contested values, and the mass media help distribute those values. The mass media are the cultural industries the channels of communication that produce and distribute songs, novels, newspapers, movies, Internet services, and other cultural provides to large number of people. (Cambell,2005). Knowing the craft, history and place of theatre in our lives help to reveal what all people and all cultures have, in their time found to be significant. (Robinson,K.,1980). At its most significant levels, the mass communication process can alter a society's perception of events and attitudes. Explaining the effectiveness of mass media visual images, Rancer and Womack (1997) say:

Television is highly effective in the cultivation process because many of us never personally experience some aspects of reality, but the pervasive presence of television-provides a steady stream of mediated reality. We may have limited opportunities to observe the internal workings of a real police station, hospital operating room, or municipal courtroom. Thus, the media images become our standards for reality. (P.83)

If the media choose to highlight certain issues of concern, then those issues become important events that people have not personally witnessed (McCombs, 1991). Thus, the media by choosing what information to present to the public can set the agenda.

2.6 Drama and Education

It is the argumentation of many scholars that drama is one of the best ways for educating people. Amongst the voluminous efforts being exerted in the efforts to prevent the deadliest disease HIV/AIDS, educating people in general and the vulnerable in particular using entertainment is among the leading ways. Cecily,O.and Alan, L.(1991) argue:

Drama education is a mode of learning. Through the pupils active identification with imagined roles and situations in drama, they can learn explore issues; events and relationships. In drama, children draw on their knowledge and experience of the real world in order to crate a make-believe world. So, in talking a theme they will call on their own. experience of traveling . . .; gained from books, films or television.(P.11)

Alan, M. and Alan, D (1993) note:

Dramatic activities are activities which give the student an opportunity to use his or her own personality in creating the

material on which part of the long class is to be based. These activities draw on the natural ability of every person to imitate, mimic and express himself or herself through gesture. They draw, too or the students' imagination and memory, and natural capacity to bring to life parts of his or her past experience that might never otherwise merge. They are dramatic because they arouse our interest, which they do by drawing on the unpredictable power generated when one person is brought together with others.(P.6)

Drama is essentially social and involves contact, communication and the negotiation of meaning. Cecily, O. and Alan, L.(1991) argue:

. . . the meaning of the drama is build up from the contributions of the industries, and if the work is to develop, these contributions must be monitored understood, accepted and responded to by the rest to the group. The most significant and kind of learning which is contributable to experience in drama is a growth in the pupils understanding about human between, themselves and the world they live.(P.13)

2.7 Drama as a mean to an end

Many believe that drama would be useful as a medium of propaganda in the period of reconstruction when the part would lead the control forward first to the proletarian state and then to the class less society.(Himelstien, M.,1963).

Nathan, J. (1972) says:

> *Drama is, in essence, a democratic art in constant brave conflict with aristocracy of intelligence, sour and emotion. When the conflict ends in a draw, a drama half way between greatness and littleness is the result- a drama, . . . When the struggle ends in defeat, the result is a Way Down East" or a "Lightning." This obviously, is not to say that great drama may nt be popular drama, nor popular drama here not as this play or that, but as a specific art. And it is as a specific art that it finds its test and trial not in its own intrinsically democracy soul but in the extrinsic arts to critic soul and connoisseurship and final judgment.*(P.29).

Art is a reaching out into the ugliness of the world of vagrant beauty and the imprisoning of it in a tangible dream. Nathan, J. further says:

> *Art is an evocation of beautiful emotions: art is art in the degree that it succeeds in this evocation: drama succeeds in an inferior degree. Whatever emotion drama may succeed brilliantly in evoking, another art succeeds in evoking more brilliantly.* (P.36).

2.8 Major Variables

Various studies disclose that knowledge of the basic facts about AIDS is not sufficient to change behavior. Difference in the awareness about AIDS and risk reduction behavior have been investigated to see if HIV/AIDS awareness and behavioral change are related with other variables.

This is because, human beings are not alike; they greatly differ in their awareness about their own risk of contracting AIDS and risk – reduction behavior. Since their variability's may reflect their diverse age, sex, religion, and regional background; several studies emphasized the importance of looking into each of these variables. For example, age (Tailor & others, 1992; Rosenberg et al., 1992); sex (Meyer, 1991; Rosenberg et al., William, 1992) and regional factors (Rosenberg et al.,

1002; Windel, 1992) are the major variables often considered. And some of these variables are reviewed here under.

2.8.1 Sex as a Variable

Using analysis of variance, Meyer (1991) measured the effectiveness of a program for prevention of sexually transmitted disease between male and female subjects. The results disclosed that males show a sort of resistance to change their actual behavior. Cargil, an epidemiologist in the Cleveland University Hospital (cited in Adler, 1991) found that some teenagers actually boast about acquiring a venereal disease and consider it as proof that they are sexually active. Similar comparison done by Rosenberg and others (1992), Bowie and Ford (1989) has also measured the degree of HIV prevalence and negligence to the preventive methods. The results revealed that it was higher in the male subjects than females.

In a similar comparative study aimed at identifying the characteristics of people likely to be unaware of their infection, it was found that women were less likely to be unaware than men (Porter & colleagues, 1993). Walter and Vaughan (1993) administered a 94 – item self- assessment index to evaluate the effectiveness of AIDS education in some high schools of USA. The results show that the mean scores for risk behavior index exhibited difference across demographic variables. Males had higher scores than did females (1.8 vs. 1.2; $F(2,985) = 5.1$, $P < .01$) which means that boys were less successful in promoting AIDS- preventive activities. Still, Borongo et. al. (1993) had found that women were more vulnerable to HIV infection only because they tend to be the gate keepers of sexual activity. Further, Palloni and Yean (1992) had used a probabilistic model to predict the pattern of infectivity between the male and female respondents. This model predicted that male to female infectivity is three times the value of female –to – male infectivity. This means that males are more susceptible to transmit HIV than females.

This difference has been attributed to the difference in the rate of fluid exchange between the two sexes.

Inconsistent and even more differing results were reported regarding sex where females were seen manifesting more negligence to the practice that may prevent the spread of AIDS. Windell et. al. (1992) conducted a survey in thirty – eight metropolitan areas to see if there is a difference in the risk for HIV between adolescents and young adults of different sexes. The results indicated that the rate in females was significantly higher than in males. Conway and colleagues (1993) assessed the trends HIV prevalence between the two sexes using a chi-square test. The results revealed that higher prevalence was among young women than men. This has been attributed to greater exposure among young women to HIV through unprotected sexual contact with old male part partners that might have been infected with HIV. Steitz and Munn (1993) developed a 22 standardized corrected/incorrect items to measure knowledge and eight Likert – type rating scale items for the attitude and behavior changes of ninth and tenth grade students. The aim was to evaluate the effectiveness of a mandated AIDS education program. The findings revealed that boys and girls did significantly differ ($x^2(1) = 8.14$; $p=.004$) in their knowledge about AIDS. A cross lag correlations were used to assess the relationship between knowledge and behavioral changes including their attitudes. For boys, knowledge gain did significantly relate to some behavioral changes while for girls although not statistically significant, the findings indicate an inverse relationship between awareness and behavioral changes. Kalat (1993) has also reported that of the total teenage girls under investigation in Philadelphia almost one – out – of three had not used any protective means during their most recent sexual intercourse. However, in the other studies conducted by Brooks – Gunn and Furstenburg (1989), Solomon (1990).

Bellingham and Gillies (1993), found no significant difference in the awareness about the male and female respondents.

Current evaluation studies revealed that women are catching AIDS almost as fast as men, which previously was much slower than the rate of AIDS catching male. In most cases, any sex related matters even the how, and the when, are said to be decided by the male partners. The effect of such power imbalance between sexes has been dealt with by many researchers. Some to these researchers confirmed not only the male resistance to behavioral change related to AIDS epidemic, but their opposition to the demands of their female partners towards the protective means has also been reported by Bowie and Ford (1989), Munachonga (1991), and Merson (1993).

A study done by Cohran and Mays (1989) disclosed that some ethnic women report experiencing verbal and even physical abuse by their male partners for advocating condom use. Kass and others (cited in Kalat, 1993) conducted surveys on more than 3000 women in thirty-two colleges of USA. The results revealed that out of these respondents, nine – percent reported that they had been forced into unwanted sexually intercourse and twenty- five percent indicated that they had participated in such an intercourse while they are under the influence of alcohol. The same survey also was conducted on males in the same colleges and 4.4 percent admitted that they had forced themselves sexually on women at least once, and another 3.3 percent declared that they had attempted to do so.

Furthermore, the same study reported that many might have underestimated the sexual coercion they had used, and some may have misperceived what happened. Some men also have convinced themselves that the women they raped did not really mean it when they said no. A

report on the sexual violence indicated that in Africa, the sexual violence against females students has attained pandemic proportion (The Monitor, Aug. 1994). It was further reported that in South Africa, many girls were forced to drip out of their schools for fear of rape in dormitories. The case of Kenya has also been cited on the same report where more than 10,000 young women were forced to give up their schooling every year due to pregnancy. Finally, the report had concluded that in this era of AIDS, such an action would inevitably facilitate the spread of HIV/AIDS.

It is no longer usual for a person to ask questions to a prospective sexual partner about his or her sexual history (Broadsky, 1988). Of course, no one could be sure that whether a partner will answer the questions truthfully, or not. Nevertheless, it still is important for people to explore each other's sexual history before they get involved. For instance, Fisher, a psychologist at the University of Connecticut, developed a questionnaire to measure behavior on the undergraduate students. Results indicted that most of these students instead of ascertaining whether their partners have AIDS, or another disease, they inquire about irrelevant and useless fact so as to draw a conclusion about how safe it is to be involved with each other (cited in Adler, 1991).

Other studies paid particular attention to use measurement of partners' faithfulness between the two sexes. For example, Magambo (1992) witnessed that women are usually expected to be faithful, but it is often accepted that men will have more than one sexual partner. Palloni and Yean (1992) have also reported that in most African and Latin American societies, female adultery is regarded as less offensive. On a similar survey, it was also reported about the case of a seventeen years old San Francisco high school student who had sexual intercourse at thirteen, had symptoms of venereal disease. And she declared that she does not

use condom for a mere reason that she thought her friend was faithful to her (Adler, 1991). Friedland and colleagues (1991) also reported that three- million teenage girls contracted one of the existing sexually transmitted diseases (STDS) within a year. Most of them got it from some one who has been accepted as loyal to them.

There are also other researchers (Cohran & Mays, 1989) that gave much attention to examine the sexual histories shared between sexual partners were reflecting facts, or fictions. These researchers developed a questionnaire to measure such lying behavior and conducted a study in Southern California University. The findings revealed that many University students would willingly, or had already, lied about their past relationship status simply to have sex with their prospective partners. The study shows a significant difference between males and females. It is males who were lying about their relationship status for a mere reason to have sex with female partners. Similar results were reported by Friend land and Colleagues (1991).

2.8.2 Region (Cultural Background) as a Variable

It becomes clear form different regional investigations that different customs exist which directly bring about differences in the degree of awareness about AIDS and actual behaviors related to its prevention among different communities (Brews 1992; Kalat 1993). Davenport has also reported that sexual motivations differ strikingly from one society to another which may result in different reactions for similar information. For example, Polynesians encourage premarital sex, some times at an early age, with an assumption that it is necessary for sexual maturation. On the other extreme, around a small island of the coast of Ireland such an activity is virtually unheard of. Cowley and Hager (1991) too, had witnessed that in some African counties where AIDS is well established, tribal tradition sometimes overrule precautions. To cite a few, amongst the Luo tribes of Kenya when a husband dies, even with AIDS, his wife

has to be inherited by one of his male relatives. Similarly, Smallwood (1988) found that in Australia, among the tribes of Aborigines the use of condoms was regarded as shameful.

Due to the above mentioned facts, several studies paid particular attention to the measurement of AIDS– related awareness and behavioral changes among different regions (areas). For example, comparative surveys were conducted in thirty- eight Metropolitan areas in USA with an intent to examine risk for HIV among pupils of these areas. The results have shown a sort of regional variations. Rates were highest in the Northern and South- eastern USA and Puertorico than the other regions (Windell et al., 1992). More recently, Porter, Patrick and Barry (1993) had evaluated those factors associated with lack of awareness of HIV infection in Great Britain. The results revealed that geographical areas of report bought a significant difference ($P<0.001$) on pupils' prolonged awareness of HIV infection. Non- Thames regions were more likely to be unaware of their infection than those in Thames region and non- whites were more likely to be un-aware than the whites. The same study indicated that those individuals that are likely to be un-aware of their infection were also unaware of the importance of modifying their risky behaviors. Mengistu and others (1990) also reported similar findings form their study. They measured the HIV risk factors among 6234 female sex workers that were selected through systematic sampling techniques in 23 urban areas of Ethiopia. They utilized ANOVA to examine if there are significant differences among the means. The findings made clear that HIV factors were varying from 1.3% in Massawa, to 3.8% in Dessie. The highest rates were found in towns along the road from Addis Ababa to Assab, Bahirdar, Dessie and Mekele. The lowest rates were reported in three towns of Northern Ethiopia. Similar findings have also been reported by Odallo and Ginkonyo(1991).

2.8.3 Religion as a Variable

There is a widely held belief that religions could offer instructions to the seriously dating couples and urge the young to make formal pledges of sexual abstinence which may have some effect on the behaviors related to AIDS prevention (Jonna & others, 1992). But researchers in the field have reported the failure and even a direct opposition from some religions, especially to the teaching on the issues related to sex. For example, Friedland et al. (1991) measured the rate of condom use among students in the University of Witwatersrand (Johannesburg). The findings revealed that many of these respondents who do not use condom reported that condom use was against their religious belief. Still another research group (Dan & colleagues, 1992) after carrying a measurement and evaluation study accused the religious leaders of Lesotho. This is because, in that country let alone running intensive programs aimed at raising the issues of sexual behaviors, even mentioning condom and its promotion has totally been rejected by these leaders. As Lwihula (1989) indicated, it seems reasonable to think that this situation could have a serious implication on the level of pupils' AIDS- awareness and risk – reduction behavior.

There has been interest in identifying some of the religions which influence directly the current issues of AIDS and its prevention. Oodit and Johnston (1991) used analysis of variance together with chi – square tests to measure the variables that might be in play with resistance to the AIDS preventive education. Results revealed that Muslim and Catholic respondents are more susceptible to such resistance. Larraga (1993) also reported that a program aimed at promoting the HIV prevention in Philippines opposed by the Roman Catholic Church leaders and even the promotions of the program were accused of attempting to destroy the nations' moral fabric by encouraging promiscuity. A similar investigation was conducted in Zambia by Ahlberg (1989). The results

indicated that Catholic women were in confrontation with the government over the contents of AIDS booklets advising the young to use condoms. Furthermore, some researchers (Kenyatta, 1971; Ahlberg, 1991) as cited in Bledsoue and Cohn, blamed Christianity in Africa for abandoning female circumcision and for allowing partial sexual relations for the unmarried. They also reported that Christian adherents have the highest rates of non-sanctioned adolescent sexual which may have a devastating health consequences.

On the other hand, a recent report by Edo Ayele (1994) indicated that in USA a campaign that may enable abstaining from unlawful sexual intercourse (chastity campaigns) by several churches including the Roman Catholic Church were launched under the slogan "True Love Waits". These churches started preaching virginity as a way to fight the spread of AIDS and unwanted pregnancy throughout the country. Although the message is very interesting, it seems to be incomplete. Those individuals who may put themselves in to such activities should be considered. Hence, the campaign would have to send a dual message. Young people should delay having sex. But, if they do have sex, they should be told to use protective means.

There are also several researchers who reported that religious difference has nothing to do with the awareness about AIDS and actual behavioral of pupils. Solomon (1990) has conducted a study in one of the high schools of Addis Ababa (Ethiopia). The results have revealed no significant difference among students of different religious groups in the knowledge about AIDS and sexual behavior. Similar results were reported by Munachonga (1991) regarding Tanzanians.

2.9 Summary

The foregoing review of past research report has brought several points into light. Firstly, it has shown that information has been thrown at HIV pandemic from every angle. And these attempts apparently seem to be mostly successful in creating the desired awareness about HIV/AIDS among different groups. And most of the studies revealed that the heavy dose of education and the satisfactory level of awareness created seem to guarantee neither a significant nor an effective behavioral change against the spread of the virus.

Furthermore, the results of different studies are varying. Some are reporting a significant difference in pupils' awareness about AIDS and risk-reduction behaviors, while others report little or no significant difference.

Despite the increase in the number of ETV plays to disseminate the accurate information, which is the base for awareness creation/behavioral change, little attention has been given to scrutinize how much the ETV dramas are effective. As mentioned above finger counted studies have been conducted to see whether 'Yekenkight' and other radio plays have achieved the targeted goals or not. Hence, the present study would focus to see the effectiveness of ETV plays.

Chapter Three

The Research Design and Methodology

The present study is geared towards finding out the social significance of ETV plays on HIV/AIDS in awareness creation about HIV/AIDS and risk-reduction behavioral change among some selected residents of Addis Ababa, Nazareth and DebreBirhan. Specially, it aims to examine whether or not the sex, religion, and regional factors have contributed to the assumed differences in the awareness about AIDS and risk- reduction behaviors of these people. It is also to see the effect of awareness about AIDS on the sexual behaviors related to the disease. The two towns were selected for Debre Birhan is found in Amhara and Nazareth in Oromia region (N.B. Oromia and Amhara are the two largest regions both in area they cover and the population they encompass in Ethiopia) and they are the two biggest towns found nearest to the country's capital, Addis Ababa. And Addis Ababa is selected for it is the capital city where relatively more people drawn from all over the country live.

The study was a sort of quantitative survey, which deals with the measurement of those people's awareness about AIDS and their reported sexual behavior, as dependent measures. Further, supplementary correlation analyses are made in order to check the relationship between two dependent variables (the transmitted dramas, awareness about AIDS and risk – reduction behavioral change).

3.1. Sampling Techniques

3.1.1. Resident Selection

The researcher used convenient sampling method to select the regions. That is, Amhara, Oromia and Addis Ababa respectively.

It was believed that if there is a difference in the awareness about AIDS and risk – reduction behavior, these residents are representatives of all residents of Debre Birhan, Nazareth and Addis Ababa to bring about maximum variations. These three towns were selected again by convenient sampling method simply for they are representing different regions; Debre Birhan for Amhara, Nazareth for Oromia and Addis Ababa for all citizens with diversified social background of the country with their cultural variations.

In order to ensure fair representations among these residents, they are categorized based on their geographical location and samples were selected using stratified random sampling procedures.

3.1.2 Subjects

A total of 650 residents were selected taking 100 from Debre Birhan, 200 from Nazareth and 300 from Addis Ababa taking in to consideration the size of the towns. This is done based on the assumption that the populations of the three cities are not equal. In the sampling process, first these residents were stratified according to their, sex; religion (Islam and Orthodox) situations could present a real challenge to measurement research. Then the respondents were selected by using convenient sampling. However, many researchers had reported success in findings feasible ways of dealing with such problems, and finding out meaningful answers from the respondents. Cannel and colleagues had reported that randomized response method was promising (cited in Struening & Gutentag, 1972) including with assuring confidentiality of responses. Kerlinger has also declared that in handling the complex psychological realities, substantial progress can be made with the help of critically and empirically examined measuring instruments for their reliability and validity. Hence, in this study an attempt was made to maximize the

validity of response through employing relatively an appropriate statistical method.

3.2. Variables included in the study

In relation to the problem of AIDS, it was anticipated that two factors would emerge, reflecting awareness about AIDS and an actual behavior related to its prevention. Hence, the respondents were supplied with questionnaire having two parts.

3.2.1. Dependent Variables

3.2.1.1. AIDS awareness score

3.2.1.1. Actual behavior score

On a five- point ordinary scale

5 = Extremely successful behavior in terms of reducing the risk of HIV.

4 = Above average HIV – risk reducing behavior.

3 = Average HIV-risk reducing behavior.

2 = Poor behavior in relation to HIV-risk reduction

1 = Extremely poor behavior to reduce the risk of HIV

3.2.2. Independent Variable

3.2.2.1. Television play

Explaining the effectiveness of mass media visual images, Rancer and Womack (1997) say:

> *Television is highly effective in the cultivation process because many of us never personally experience some aspects of reality, but the pervasive presence of television-provides a steady stream of mediated reality. We may have limited opportunities to observe the internal workings of a real police station, hospital operating room, or municipal courtroom. Thus, the media images become our standards for reality. (P.83)*

The inclination of Television drama as an independent variable therefore, could give us some hints on the issue.

3.2.2.2. Respondents gender

Two levels 1.males

2. Females

As a controversial issue some findings report sex to be the most important factor (Meyer, 1991; Merson, 1993) and others failing to replicate (Bellingham & Gillies, 1993). As a result, sex has raised wide interest among behavioral scientists. There fore, it was thought that its inclusion in the study as a variable could give clues to our own problem.

3.2.2.3. Respondents religion

Two levels 1.christian

2. Muslim

It is reasonable to expect a religious difference especially in the issues that are related to sexual behavior. The inclination of religion as an independent variable therefore, could give us some hints on the issue.

3.2.2.4. Respondents region

Three levels 1. Addis Ababa

2. Amhara

3. Oromia

It becomes clear from different regional investigations that different cultural values with their sexual networks exist to provide avenues for both introduction to and spread of HIV among populations in the widely different geographical locations (Anderson, 1992; Brewis, 1992). Though the varied traditions in Ethiopia justify regional variability, its impact on pupils awareness about HIV/AIDS and the sexual and other behaviors related to its prevention is not yet deeply studied. The inclusion of such variable in this study therefore seems timely.

3.3 Measurement

The measures employed in behavioral science are often complex. For instance, the data underlying AIDS-related behavioral change necessarily involves retrospective self-reports. And respondents' ability to recall about past behaviors and transmitted play as Sudman says may be dependent upon the time interval and the subjective importance of the event (cited in Struening & Gutentag, 1972). Furthermore, people may overstate behaviors generally regarded as "good" in a given society

(Kerlinger,1986; Linndzey &Aronzen, 1985). It is clear that such situations could present a real challenge to measurement research. However, many researchers had reported success in finding feasible ways of dealing with such problems, and finding out reasonable answers from the respondents. Cannel and colleagues had reported that randomized response method was promising (cited in Struening & Gutentag, 1972) including with assuring confidentiality of response. Kerlinger has also declared that in handling the complex psychological realities, substantial progress can be made with the help of critically and empirically examined measuring instruments for their reliability and validity. Hence, in this study an attempt was made to maximize the validity of response through employing relatively an appropriate statistical method.

3.4 Instruments

The questionnaires were designated based on the already existing items and on a comprehensive review of available surveys. It was expected that there could be a practical advantage in using an already available instrument. Firstly, it has already been proved, valid and reliable. Also an existing tool may enable us to compare one's own results with past findings that used the same instrument. A considerable effort was therefore spent in searching for instruments that could be used in the context of this country. With this rational, various instruments developed for similar purposes were examined. These include standardized items adopted form the global program of AIDS by Solomon (1990), and the Chicago Multicenter Cohort study (MACS) questionnaire (Tailor, 1992).

3.5 Pilot Testing

The awareness items (translated in to Amharic) were pilot tested on 5 residents of Debre Birhan, 10 residents of Nazareth and 20 residents of Addis Ababa. The residents who took part in the piloting were selected through a stratified random sampling method.

The purpose of the testing was to gather data that would be used for screening the awareness items. It was also to find out if the wording, instructions and response categories of the instrument as a whole were clear and comprehensible to respondents. Face–to–face contacts with all residents was possible and while providing the questionnaire to them, they were told to note down any ambiguous word, phrase, or sentences. As soon as they finished, discussion was held with these residents and many of them had expressed their feeling about the items and pointed out items that are not clear to them and repetitive. Finally, the responses of the pilot groups were subjected to item analysis and as a kind of discrimination index.

Different people proposed different index values as a criterion values for judging whether the item is valid or not. For instance, Garret and Woodworth (1967) have suggested that as a general rule, items with validity indices (ID) of 0.20 or more are regarded as satisfactory. Macintosh and Morrison (1969) argue that to do consider satisfactory, the correlation of an item with the overall total should at least be 0.40. But Ebel (1986: 234) takes a mid- position.

In this study therefore, the criterion value for the discrimination index was set as r=0. 30. Accordingly, items with coefficient 0.30 or more are accepted. The rest were rejected. Reliability of the instruments was assessed by Alpha using the data collected during the pilot survey. The computation yielded reliability coefficient of 0.83, and 0.813 respectively. These values clearly show that the instruments seem to be highly reliable. Further, one question was asked twice but phrased differently in the questionnaire to determine the internal consistency of responses.

The content validity of the instruments is claimed on several grounds. First, the formulated AIDS awareness score and Actual behaviour score items were approved by three professionals in the filed form the psychology department of AAU has also commented on the instrument in

use condom for a mere reason that she thought her friend was faithful to her (Adler, 1991). Friedland and colleagues (1991) also reported that three- million teenage girls contracted one of the existing sexually transmitted diseases (STDS) within a year. Most of them got it from some one who has been accepted as loyal to them.

There are also other researchers (Cohran & Mays, 1989) that gave much attention to examine the sexual histories shared between sexual partners were reflecting facts, or fictions. These researchers developed a questionnaire to measure such lying behavior and conducted a study in Southern California University. The findings revealed that many University students would willingly, or had already, lied about their past relationship status simply to have sex with their prospective partners. The study shows a significant difference between males and females. It is males who were lying about their relationship status for a mere reason to have sex with female partners. Similar results were reported by Friend land and Colleagues (1991).

2.8.2 Region (Cultural Background) as a Variable

It becomes clear form different regional investigations that different customs exist which directly bring about differences in the degree of awareness about AIDS and actual behaviors related to its prevention among different communities (Brews 1992; Kalat 1993). Davenport has also reported that sexual motivations differ strikingly from one society to another which may result in different reactions for similar information. For example, Polynesians encourage premarital sex, some times at an early age, with an assumption that it is necessary for sexual maturation. On the other extreme, around a small island of the coast of Ireland such an activity is virtually unheard of. Cowley and Hager (1991) too, had witnessed that in some African counties where AIDS is well established, tribal tradition sometimes overrule precautions. To cite a few, amongst the Luo tribes of Kenya when a husband dies, even with AIDS, his wife

has to be inherited by one of his male relatives. Similarly, Smallwood (1988) found that in Australia, among the tribes of Aborigines the use of condoms was regarded as shameful.

Due to the above mentioned facts, several studies paid particular attention to the measurement of AIDS– related awareness and behavioral changes among different regions (areas). For example, comparative surveys were conducted in thirty- eight Metropolitan areas in USA with an intent to examine risk for HIV among pupils of these areas. The results have shown a sort of regional variations. Rates were highest in the Northern and South- eastern USA and Puertorico than the other regions (Windell et al., 1992). More recently, Porter, Patrick and Barry (1993) had evaluated those factors associated with lack of awareness of HIV infection in Great Britain. The results revealed that geographical areas of report bought a significant difference ($P<0.001$) on pupils' prolonged awareness of HIV infection. Non- Thames regions were more likely to be unaware of their infection than those in Thames region and non- whites were more likely to be un-aware than the whites. The same study indicated that those individuals that are likely to be un-aware of their infection were also unaware of the importance of modifying their risky behaviors. Mengistu and others (1990) also reported similar findings form their study. They measured the HIV risk factors among 6234 female sex workers that were selected through systematic sampling techniques in 23 urban areas of Ethiopia. They utilized ANOVA to examine if there are significant differences among the means. The findings made clear that HIV factors were varying from 1.3% in Massawa, to 3.8% in Dessie. The highest rates were found in towns along the road from Addis Ababa to Assab, Bahirdar, Dessie and Mekele. The lowest rates were reported in three towns of Northern Ethiopia. Similar findings have also been reported by Odallo and Ginkonyo(1991).

2.8.3 Religion as a Variable

There is a widely held belief that religions could offer instructions to the seriously dating couples and urge the young to make formal pledges of sexual abstinence which may have some effect on the behaviors related to AIDS prevention (Jonna & others, 1992). But researchers in the field have reported the failure and even a direct opposition from some religions, especially to the teaching on the issues related to sex. For example, Friedland et al. (1991) measured the rate of condom use among students in the University of Witwatersrand (Johannesburg). The findings revealed that many of these respondents who do not use condom reported that condom use was against their religious belief. Still another research group (Dan & colleagues, 1992) after carrying a measurement and evaluation study accused the religious leaders of Lesotho. This is because, in that country let alone running intensive programs aimed at raising the issues of sexual behaviors, even mentioning condom and its promotion has totally been rejected by these leaders. As Lwihula (1989) indicated, it seems reasonable to think that this situation could have a serious implication on the level of pupils' AIDS- awareness and risk – reduction behavior.

There has been interest in identifying some of the religions which influence directly the current issues of AIDS and its prevention. Oodit and Johnston (1991) used analysis of variance together with chi – square tests to measure the variables that might be in play with resistance to the AIDS preventive education. Results revealed that Muslim and Catholic respondents are more susceptible to such resistance. Larraga (1993) also reported that a program aimed at promoting the HIV prevention in Philippines opposed by the Roman Catholic Church leaders and even the promotions of the program were accused of attempting to destroy the nations' moral fabric by encouraging promiscuity. A similar investigation was conducted in Zambia by Ahlberg (1989). The results

indicated that Catholic women were in confrontation with the government over the contents of AIDS booklets advising the young to use condoms. Furthermore, some researchers (Kenyatta, 1971; Ahlberg, 1991) as cited in Bledsoue and Cohn, blamed Christianity in Africa for abandoning female circumcision and for allowing partial sexual relations for the unmarried. They also reported that Christian adherents have the highest rates of non-sanctioned adolescent sexual which may have a devastating health consequences.

On the other hand, a recent report by Edo Ayele (1994) indicated that in USA a campaign that may enable abstaining from unlawful sexual intercourse (chastity campaigns) by several churches including the Roman Catholic Church were launched under the slogan "True Love Waits". These churches started preaching virginity as a way to fight the spread of AIDS and unwanted pregnancy throughout the country. Although the message is very interesting, it seems to be incomplete. Those individuals who may put themselves in to such activities should be considered. Hence, the campaign would have to send a dual message. Young people should delay having sex. But, if they do have sex, they should be told to use protective means.

There are also several researchers who reported that religious difference has nothing to do with the awareness about AIDS and actual behavioral of pupils. Solomon (1990) has conducted a study in one of the high schools of Addis Ababa (Ethiopia). The results have revealed no significant difference among students of different religious groups in the knowledge about AIDS and sexual behavior. Similar results were reported by Munachonga (1991) regarding Tanzanians.

2.9 Summary

The foregoing review of past research report has brought several points into light. Firstly, it has shown that information has been thrown at HIV pandemic from every angle. And these attempts apparently seem to be mostly successful in creating the desired awareness about HIV/AIDS among different groups. And most of the studies revealed that the heavy dose of education and the satisfactory level of awareness created seem to guarantee neither a significant nor an effective behavioral change against the spread of the virus.

Furthermore, the results of different studies are varying. Some are reporting a significant difference in pupils' awareness about AIDS and risk–reduction behaviors, while others report little or no significant difference.

Despite the increase in the number of ETV plays to disseminate the accurate information, which is the base for awareness creation/behavioral change, little attention has been given to scrutinize how much the ETV dramas are effective. As mentioned above finger counted studies have been conducted to see whether 'Yekenkight' and other radio plays have achieved the targeted goals or not. Hence, the present study would focus to see the effectiveness of ETV plays.

Chapter Three

The Research Design and Methodology

The present study is geared towards finding out the social significance of ETV plays on HIV/AIDS in awareness creation about HIV/AIDS and risk-reduction behavioral change among some selected residents of Addis Ababa, Nazareth and DebreBirhan. Specially, it aims to examine whether or not the sex, religion, and regional factors have contributed to the assumed differences in the awareness about AIDS and risk- reduction behaviors of these people. It is also to see the effect of awareness about AIDS on the sexual behaviors related to the disease. The two towns were selected for Debre Birhan is found in Amhara and Nazareth in Oromia region (N.B. Oromia and Amhara are the two largest regions both in area they cover and the population they encompass in Ethiopia) and they are the two biggest towns found nearest to the country's capital, Addis Ababa. And Addis Ababa is selected for it is the capital city where relatively more people drawn from all over the country live.

The study was a sort of quantitative survey, which deals with the measurement of those people's awareness about AIDS and their reported sexual behavior, as dependent measures. Further, supplementary correlation analyses are made in order to check the relationship between two dependent variables (the transmitted dramas, awareness about AIDS and risk – reduction behavioral change).

3.1. Sampling Techniques

3.1.1. Resident Selection

The researcher used convenient sampling method to select the regions. That is, Amhara, Oromia and Addis Ababa respectively.

It was believed that if there is a difference in the awareness about AIDS and risk – reduction behavior, these residents are representatives of all residents of Debre Birhan, Nazareth and Addis Ababa to bring about maximum variations. These three towns were selected again by convenient sampling method simply for they are representing different regions; Debre Birhan for Amhara, Nazareth for Oromia and Addis Ababa for all citizens with diversified social background of the country with their cultural variations.

In order to ensure fair representations among these residents, they are categorized based on their geographical location and samples were selected using stratified random sampling procedures.

3.1.2 Subjects

A total of 650 residents were selected taking 100 from Debre Birhan, 200 from Nazareth and 300 from Addis Ababa taking in to consideration the size of the towns. This is done based on the assumption that the populations of the three cities are not equal. In the sampling process, first these residents were stratified according to their, sex; religion (Islam and Orthodox) situations could present a real challenge to measurement research. Then the respondents were selected by using convenient sampling. However, many researchers had reported success in findings feasible ways of dealing with such problems, and finding out meaningful answers from the respondents. Cannel and colleagues had reported that randomized response method was promising (cited in Struening & Gutentag, 1972) including with assuring confidentiality of responses. Kerlinger has also declared that in handling the complex psychological realities, substantial progress can be made with the help of critically and empirically examined measuring instruments for their reliability and validity. Hence, in this study an attempt was made to maximize the

validity of response through employing relatively an appropriate statistical method.

3.2. Variables included in the study

In relation to the problem of AIDS, it was anticipated that two factors would emerge, reflecting awareness about AIDS and an actual behavior related to its prevention. Hence, the respondents were supplied with questionnaire having two parts.

3.2.1. Dependent Variables

3.2.1.1. AIDS awareness score

3.2.1.1. Actual behavior score

On a five- point ordinary scale

5 = Extremely successful behavior in terms of reducing the risk of HIV.

4 = Above average HIV – risk reducing behavior.

3 = Average HIV-risk reducing behavior.

2 = Poor behavior in relation to HIV-risk reduction

1 = Extremely poor behavior to reduce the risk of HIV

3.2.2. Independent Variable

3.2.2.1. Television play

Explaining the effectiveness of mass media visual images, Rancer and Womack (1997) say:

> *Television is highly effective in the cultivation process because many of us never personally experience some aspects of reality, but the pervasive presence of television-provides a steady stream of mediated reality. We may have limited opportunities to observe the internal workings of a real police station, hospital operating room, or municipal courtroom. Thus, the media images become our standards for reality. (P.83)*

The inclination of Television drama as an independent variable therefore, could give us some hints on the issue.

3.2.2.2. Respondents gender

Two levels 1.males

2. Females

As a controversial issue some findings report sex to be the most important factor (Meyer, 1991; Merson, 1993) and others failing to replicate (Bellingham & Gillies, 1993). As a result, sex has raised wide interest among behavioral scientists. There fore, it was thought that its inclusion in the study as a variable could give clues to our own problem.

3.2.2.3. Respondents religion

Two levels 1.christian

2. Muslim

It is reasonable to expect a religious difference especially in the issues that are related to sexual behavior. The inclination of religion as an independent variable therefore, could give us some hints on the issue.

3.2.2.4. Respondents region

Three levels 1. Addis Ababa

2. Amhara

3. Oromia

It becomes clear from different regional investigations that different cultural values with their sexual networks exist to provide avenues for both introduction to and spread of HIV among populations in the widely different geographical locations (Anderson, 1992; Brewis, 1992). Though the varied traditions in Ethiopia justify regional variability, its impact on pupils awareness about HIV/AIDS and the sexual and other behaviors related to its prevention is not yet deeply studied. The inclusion of such variable in this study therefore seems timely.

3.3 Measurement

The measures employed in behavioral science are often complex. For instance, the data underlying AIDS-related behavioral change necessarily involves retrospective self-reports. And respondents' ability to recall about past behaviors and transmitted play as Sudman says may be dependent upon the time interval and the subjective importance of the event (cited in Struening & Gutentag, 1972). Furthermore, people may overstate behaviors generally regarded as "good" in a given society

(Kerlinger,1986; Linndzey &Aronzen, 1985). It is clear that such situations could present a real challenge to measurement research. However, many researchers had reported success in finding feasible ways of dealing with such problems, and finding out reasonable answers from the respondents. Cannel and colleagues had reported that randomized response method was promising (cited in Struening & Gutentag, 1972) including with assuring confidentiality of response. Kerlinger has also declared that in handling the complex psychological realities, substantial progress can be made with the help of critically and empirically examined measuring instruments for their reliability and validity. Hence, in this study an attempt was made to maximize the validity of response through employing relatively an appropriate statistical method.

3.4 Instruments

The questionnaires were designated based on the already existing items and on a comprehensive review of available surveys. It was expected that there could be a practical advantage in using an already available instrument. Firstly, it has already been proved, valid and reliable. Also an existing tool may enable us to compare one's own results with past findings that used the same instrument. A considerable effort was therefore spent in searching for instruments that could be used in the context of this country. With this rational, various instruments developed for similar purposes were examined. These include standardized items adopted form the global program of AIDS by Solomon (1990), and the Chicago Multicenter Cohort study (MACS) questionnaire (Tailor, 1992).

3.5 Pilot Testing

The awareness items (translated in to Amharic) were pilot tested on 5 residents of Debre Birhan, 10 residents of Nazareth and 20 residents of Addis Ababa. The residents who took part in the piloting were selected through a stratified random sampling method.

The purpose of the testing was to gather data that would be used for screening the awareness items. It was also to find out if the wording, instructions and response categories of the instrument as a whole were clear and comprehensible to respondents. Face–to–face contacts with all residents was possible and while providing the questionnaire to them, they were told to note down any ambiguous word, phrase, or sentences. As soon as they finished, discussion was held with these residents and many of them had expressed their feeling about the items and pointed out items that are not clear to them and repetitive. Finally, the responses of the pilot groups were subjected to item analysis and as a kind of discrimination index.

Different people proposed different index values as a criterion values for judging whether the item is valid or not. For instance, Garret and Woodworth (1967) have suggested that as a general rule, items with validity indices (ID) of 0.20 or more are regarded as satisfactory. Macintosh and Morrison (1969) argue that to do consider satisfactory, the correlation of an item with the overall total should at least be 0.40. But Ebel (1986: 234) takes a mid- position.

In this study therefore, the criterion value for the discrimination index was set as r=0. 30. Accordingly, items with coefficient 0.30 or more are accepted. The rest were rejected. Reliability of the instruments was assessed by Alpha using the data collected during the pilot survey. The computation yielded reliability coefficient of 0.83, and 0.813 respectively. These values clearly show that the instruments seem to be highly reliable. Further, one question was asked twice but phrased differently in the questionnaire to determine the internal consistency of responses.

The content validity of the instruments is claimed on several grounds. First, the formulated AIDS awareness score and Actual behaviour score items were approved by three professionals in the filed form the psychology department of AAU has also commented on the instrument in

terms of clarity, precision, and relevance for assessing what is intended to assess. Besides this, a pressure to respond in a particular way is absent from the item instruction and a verbally informed consent was obtained. Respondents were willing to volunteer such information after knowing that their response will remain confidential. Sufficient time was given to respondents to complete the items. Finally, the fact that high reliability coefficient has been achieved demonstrates that the instrument is sufficiently valid.

3.6 Procedures of Data Collection

The final survey was carried out from May 1 to May 20, 2006 in the selected areas. The cities were selected for they represent different geographical locations.

Similar method was followed in all selected organizations while conducting the final survey. The procedures that were used while administering the questionnaires are as follows:

- The researcher gave training for 5 data collectors for 1 day on the purpose of the research, how to gather data, how to record information and ethics in data collection. Then the researcher and the assistants collected the data in groups from the already selected areas.
- Firstly, respondents were selected for filling the questionnaire.
- Secondly distributing questionnaires to the selected respondent and giving a non inductive elaboration of the instruction contained in the questionnaire.

-Finally, respondents were requested to complete the questionnaires in their home so that they could get as much time as it needs to complete.

3.7 Method of Data Analysis

Quantitative methods are applied to analyze the data obtained through the scale.

Firstly, to investigate the relationships of ETV plays with awareness creation about HIV/AIDS and risk- reduction behavioral change correlations were performed. Correlations were also executed in order to investigate the relationship of awareness creation about HIV/AIDS and risk- reduction behavioral change with demographic factors.

Secondly, regressions were done to explore the predictive power of demographic factors with awareness creation about HIV/AIDS and risk-reduction behavioral change.

Third, to explore the combination effect of the independent variables, three-way ANOVA was applied.

Next, independent T-test sample was used to find out the group differences in awareness creation about HIV/AIDS and risk- reduction behavioral change between male and female.

In addition, preliminary statistics (mean and standard deviation) were computed for the total sample for each independent variable. Alpha value of 0.01 was used for almost all significant tests in this study. More over, all quantitative analysis were done by using SPSS 12.

Chapter Four

Results of the Study

The present study geared towards finding out the social significance of Television dramas(plays) on HIV/AIDS in awareness creation about HIV/AIDS and risk- reduction behavioral change among some selected residents of Addis Ababa, Nazareth and Debre Birhan. Specially, it aims to examine whether or not the sex, religion, and regional factors have contributed to the assumed differences in the awareness about AIDS and risk- reduction behaviors of these people. It is also to see the effect of awareness about AIDS on the sexual behaviors related to the disease.

Initially, 650 Participants were selected to fill in questionnaires. However, among the 650 participants who filled in the questionnaire, the data from 50 participants were not included in the analysis due to incomplete responses (n=24) i.e. females (n=11) and males (n=13) and for they did not return the questionnaires (n=26) i.e. females (n=10) and males (n=16). Thus, 600 participants completed the questionnaire. The analyses of the data obtained from these respondents are presented under each research question as follows.

Table.1

Mean and standard deviation of variables

Variables	Mean	Std. Deviation	Std. Error Mean
TV drama	50.64	13.368	.546
Behavioral change	69.52	26.423	1.079
Awareness	79.63	18.667	.762
Gender	1.50	.500	.020
Religion	1.45	.498	.020
Region	1.83	.898	.037

4.1.Do ETV dramas have a significant relationship with AIDS awareness? In order to answer this research question, correlation coefficients were examined. The results indicated statistically significant relationships between AIDS awareness and ETV dramas. (r=.80, p < .01).

4.2.Do ETV dramas have a significant relationship with behavioral change?

Although the relationship of behavioral change and ETV dramas is significant (r=. 21, N=600, P < .O1), the magnitude is small.

4.3. Do demographic factors have relationships with AIDS awareness? If so, which demographic factor is a stronger predictor of AIDS awareness? In an attempt to answer this question, Pearson's product moment correlations and regression were computed. The results are shown in table 2below.

Table 2 Inter correlations of AIDS awareness with demographic variables

Demographic factors	AIDS Awareness
Gender	.717**
Religion	.658**
Region	-.017

**p <.01 (2-tailed)

As can be seen from table 3, gender and religion have a statistically significant relationship with AIDS awareness. However, the relationship between AIDS awareness and region was not significant. The regression result indicated that gender has a stronger predictive power (R square = .59, N=600, p< .01) than others. Though significant, the proportion of variance in AIDS awareness that was accounted for by religion and region(R square= .27, N = 600, P< .01) was relatively small.

4.4.Do demographic factors have relationships with behavioral change? If so, which demographic factor is a stronger predictor of behavioral change?

Table 3 Inter correlations of behavioral change with demographic variables

Demographic factors	Behavioral Change
Gender	.038
Religion	.018
Region	-.263**

The magnitude of the relationship of Region and behavioral change, although significant, was negative. However, the relationship between behavioral change and gender and religion were not significant. The regression result also indicated that region has a stronger predictive power (R square = .45, N=600, p< .01) than others. Through significant, the proportion of variance in behavioral change that was accounted for by religion and gender(R square= .15, N = 600, P< .01) was relatively small.

4.5. Do the interaction of demographic factors have an effect on the HIV/AIDS awareness? In order to answer this research question three ways ANOVA were examined.

Table.4Three way ANOVA summary tables on AIDS awareness score

Dependent Variable: HIV/AIDS awareness

Source	Type III Sum of Squares	df	Mean Square	F
Gender * religion	7583.103	1	7583.103	52.796
Gender * region	13.857	2	6.928	.048
Religion * region	4.580	2	2.290	.016
Gender * religion * region	120.921	2	60.460	.421

a. R Squared = .595 (Adjusted R Squared = .588)

The results from the table indicated statically significant interaction effect in HIV/AIDS awareness of gender and religion at $p<.01$. However, the interaction effect of gender and region, religion and region, and gender, religion and region on AIDS awareness was not significant.

4.6. Do the interaction of demographic factors have an effect on behavioral change?

Dependent Variable: behavioral change

Table .5 Three way ANOVA summary tables on behavioral change score

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Gender * religion	.649	1	.649	.001	.974
Gender * region	716.839	2	358.419	.574	.563
Religion * region	3100.139	2	1550.070	2.484	.084
Gender * religion * region	4356.646	2	2178.323	3.491	.031

a. R Squared = .123 (Adjusted R Squared = .106)

The results from the table indicated statically significant interaction effect of gender and region, religion and region, and gender, religion and region on behavioral change was not significant at p> .o1.

4.7. Are there sex differences in AIDS awareness?

In order to answer this research question, independent sample T-test was examined. The results indicated stastically significant difference in AIDS awareness (t = -13.45, N=300, p < .01). Examination of the mean scores for the two groups shows that the AIDS awareness of female (93.00) is better than that of male (66.27).

4.8. Are there sex differences in behavioral change?

In order to answer this research question, independent sample T-test were examined. The results indicated statically significant difference in behavioral change ($t = -17.33$, $N=300$, $p < .01$). Examination of the mean scores for the two groups shows that the behavioral change of male (70.53) is better than that of female (68.52)

Chapter Five

DISCUSSION

5.1.The Relationship between AIDS awareness and ETV dramas (plays)

The first finding of the present study is that there is a significant relationship between AIDS awareness and TV dramas. Basically it is the argumentation of many scholars that TV drama (play) is one of the best ways for educating people. As Cecily,O. and Alan, L.(1991) argue drama education is a mode of learning. Through people's active identification with imagined roles and situations in drama, they can learn explore issues, events and relationships. (P.11).

When we see television dramas (plays) specifically, they can influence people for they experience aspects of reality. Rancer and Womack (1997) say:

> *Television is highly effective in the cultivation process because many of us never personally experience some aspects of reality, but the pervasive presence of television-provides a steady stream of mediated reality. We may have limited opportunities to observe the internal workings of a real police station, hospital operating room, or municipal courtroom. Thus, the media images become our standards for reality.* (P.83)

The argumentation by a growing number of scholars that television dramas could play a significant role in awareness creation about HIV/AIDS is also based on the fact that mass media in general and television in particular are highly interlinked with the society and culture. Cambell, R., (2005) argues:

> *Mass media plays several roles-as manufacturers of youth culture, as reporters of tragic events, as intruders in to families' private grief, and as definers of how we think about social issues*

. . .. *Media is a central force in shaping our culture and democracy.... Culture is made up of both the products that a society fashions, and perhaps more important, the process that forge those products and reflect a culture's diverse values. Thus, culture may be defined as a symbol of expression that individuals, groups and societies use of make sense of daily life and to articulate their values.... Culture, therefore, is a process that delivers the values of a society through products or other meaning making forms. (P.5-6)*

Hence, the significant relationship between ETV plays and HIV/AIDS awareness creation is for ETV is highly interlinked with the society.

The Amharic serial drama, entitled *Yeken Kignit* ("Looking Over One's Daily Life"), and the Oromiffa drama, *Dhimbiibbaa* ("Getting The Best Out of Life"), which were aired for more than two years, for example, generated a huge audience response, with over 15,000 letters from listeners.

As of November 2004, 63% of new clients seeking reproductive health services at 48 service centers in Ethiopia reported that they were listening to one of the PMC serial dramas. In fact, 26% of new clients named one of PMC 's programs by name as the primary motivating factor for seeking services.

Of new clients who cited radio programs as a motivation for seeking services, 96% said that they were motivated by one of PMC 's programs.

Hence, dramas in general and television dramas (plays) in particular are really having social significance to teach about HIV/AIDS.

5.2. AIDS awareness and religions

There is a widely held belief that religions could offer instructions to the seriously dating couples and urge the young to make formal pledges of

sexual abstinence which may have some effect on the behaviors related to HIV/AIDS prevention (Jonna & others, 1992). The result of religion as a variable in the present study, however, concides with other researches. Researchers in the field report the failure and even a direct opposition from some religions, especially to the teaching on the issues related to sex. For example, Friedland et al. (1991) measured the rate of condom use among students in the University of Witwatersrand (Johannesburg). The findings reveal that many of these respondents who do not use condom reported that condom use was against their religious belief. Likewise, most of the people in the research towns are Christians or Muslims. These religions preach their followers to abstain till marriage. It might solicit a lot to get married-sustainable financial income, for instance. Most religions, however, do not put using condoms as another option.

5.3 AIDS awareness and Gender

Gender bias was once the grave concern of many politicians though the problem still hasn't been totally rooted out all over the world. It might not be surprising to see such results. A study aimed at identifying the characteristics of people likely to be unaware of their infection, it was found that women were more likely to be aware than men (Porter & colleagues, 1993). Walter and Vaughan (1993) administered a 94 – item self- assessment index to evaluate the effectiveness of AIDS education in some high schools of USA. The results show that the mean scores for risk behavior index exhibited difference across demographic variables. Males had higher scores than did females (1.8 vs. 1.2; $F(2,985) = 5.1$, $P < .01$), which means that boys were less successful in promoting AIDS-preventive activities. In the present study what has been found is that females are becoming more meticulous about the pandemic. This leads sex more predictive value than other variables in the present study.

5.4 AIDS awareness and Gender and Religions

It is found in the present study that gender and region together has a huge impact on AIDS awareness. This might be because many religions don't consider gender equality. Larraga (1993) reports that a program aimed at promoting the HIV prevention in Philippines opposed by the Roman Catholic Church leaders and even the promotes of the program were accused of attempting to destroy the nations' moral fabric by encouraging promiscuity. A similar investigation was conducted in Zambia by Ahlberg (1989). The results indicate that Catholic women were in confrontation with the government over the contents of AIDS booklets advising the young people to use condoms. Furthermore, some researchers (Kenyatta, 1971; Ahlberg, 1991) as cited in Bledsoue and Cohn, blame Christianity in Africa for abandoning female circumcision and for allowing partial sexual relations for the unmarried. They also reported that Christian adherents have the highest rates of non-sanctioned adolescent sexual, which may have devastating health consequences.

5.5 Behavioral change and ETV dramas

The other finding in the present study shows that there is a relationship between behavioral change and ETV dramas but the degree is less. This might be because in developing countries like Ethiopia people are surrounded by harmful traditions. An individual is not supposed to do what he/she wants to do. Davenport reports that sexual motivations differ strikingly from one society to another, which may result in different reactions for similar information. For example, Polynesians encourage premarital sex, some times at an early age, with an assumption that it is necessary for sexual maturation. On the other extreme, around a small island of the coast of Ireland such an activity is virtually unheard of. Cowley and Hager (1991) too, witness that in some African counties where AIDS is well-established, tribal tradition sometimes overrule precautions. To cite a few, amongst the Luo tribes of Kenya when a

husband dies, even with AIDS, his wife has to be inherited by one of his male relatives. Similarly, Smallwood (1988) found that in Australia, among the tribes of Aborigines the use of condoms was regarded as shameful. Hence, despite the success in awareness creation about HIV/AIDS, the success in behavioral change is minute

According to a recent joint report by World Health Organization (WHO), united Nations Development Program (UNDP), United Nations Development Fund for Women (UNIFEM), United Nations Educational, Scientific and Cultural Organization (UNICEF), African Union (AU), United Nations Population Fund (UNFPA) and Joint United Nations Program On-wards (UNAIDS) on April 11,2006, to of the global 4.9 million new infections, 3.2 million happened in Africa. The paradox is that there is an increase in the number of HIV infection despite the increase in awareness about HIV/AIDS. This paradox is supported by the same report in the fact that there are four broad factors that fuel HIV/AIDS in poor countries of which Economic and Poverty Factors are the first one. Basically, HIV is not necessarily a result of poverty, but poverty increases the risk of HIV infection, and HIV/AIDS exacerbates poverty and hunger. Africa in general and Ethiopia in particular has both the highest poverty levels and the highest incidence of HIV/AIDS in the world. An estimated 46 percent to 76 percent of people in Africa live below the poverty line, according to the World Bank. In the 1980s, as the HIV/AIDS epidemic was beginning to emerge, it found conducive conditions to establish itself in sub-Saharan Africa.

Juggling these pressures and many development demands with limited national resources, and dealing with limited communication and health infrastructures, countries found their capacity to combat HIV constrained from the start. Social and cultural factors prevailing in much of Africa, and the underlying reluctance to openly acknowledge and

confront sexually transmitted diseases of alarming virulence also gave the virus added footholds.

Ethiopia's poor economy might be the reason for the failure in behavioral change despite its success in awareness creation. Widows and orphans are frequently taken advantage of by family members and others. For example, women and children often lose their home and land once a husband/father dies, either to relatives in his family or outsiders who see an opportunity to seize property. The need to survive in such circumstances often forces the poorest women and children to engage in activities that expose them to high risk of HIV infection (such as commercial sex). The urban/rural and gender differentials in HIV infection and high prevalence in female sex workers, soldiers and truck drivers demonstrate the rapid spread of the epidemic among both high-risk groups. They also indicate that the pandemic is spreading into rural populations, which do come in contact with the urban HIV transmission sites (Shabbir and Larson 1995).

It is projected that by the year 2014, the number of persons living with HIV infection will be around 4.7 million. It is also expected to have around 260,000 new AIDS cases each year. The mortality due to AIDS is expected to rise dramatically. Various adverse demographic, health care, economic and social impacts are envisaged (MOH 1998).

Since it was discussed in detail above about educational and informational factors, social factors and cultural factors, the researcher believes that there is no need to see the other factors by the report.

5.6 Behavioral change and regions

Due to the above-mentioned facts, several studies paid particular attention to the measurement of AIDS– related awareness and behavioral changes among different regions (areas). For example, comparative surveys were conducted in thirty- eight Metropolitan areas in USA with the intent to examine risk for HIV among pupils of these areas. The results show a sort of regional variations. Rates were highest in the Northern and South- eastern USA and Puertorico than the other regions (Windell et al., 1992). More recently, Porter, Patrick and Barry (1993) had evaluated those factors associated with lack of awareness of HIV infection in Great Britain. The results reveal that geographical areas of report bought a significant difference ($P<0.001$) on pupils' prolonged awareness of HIV infection. Non- Thames regions were more likely to be unaware of their infection than those in Thames region and non- whites were more likely to be un-aware than the whites. The same study indicates that those individuals that are likely to be un-aware of their infection were also unaware of the importance of modifying their risky behaviors. Mengistu and others (1990) also report similar findings from their study. They measured the HIV risk factors among 6234 female sex workers that were selected through systematic sampling techniques in 23 urban areas of Ethiopia. They utilized ANOVA to examine if there are significant differences among the means. The findings made clear that HIV factors were varying from 1.3% in Massawa, to 3.8% in Dessie. The highest rates were found in towns along the road from Addis Ababa to Assab, Bahirdar, Dessie and Mekele. The lowest rates were reported in three towns of Northern Ethiopia. Similar findings have also been reported by Odallo and Ginkonyo(1991). Hence, the difference in behavioral change among regions might be because different regions have different traditions.

5.7 Sex difference in behavioral change

It was found in the present study that males are showing greater behavioral change than females. This might be because most of the time females are not considered to have the right to do what they want to do. In most cases, any sex related matters even the how, and the when, are said to be decided by the male partners. The effect of such power imbalance between sexes have been dealt with by many researchers. Some to these researchers confirmed not only the male resistance to behavioral change related to AIDS epidemic, but their opposition to the demands of their female partners towards the protective means. (Bowie and Ford (1989), Munachonga (1991), and Merson (1993)).

Using analysis of variance, Meyer (1991) measured the effectiveness of a program for prevention of sexually transmitted disease between male and female subjects. The results reveal that males show a sort of resistance to change in their actual behavior. Cargil, an epidemiologist in the Cleveland University Hospital (cited in Adler, 1991) reports that some teenagers actually boast about acquiring a venereal disease and consider it as proof for that they are sexually active. Similar comparison done by Rosenberg and others (1992), Bowie and Ford (1989) have also measured the degree of HIV prevalence and negligence to the preventive methods. The results revealed that it was higher in the male subjects than females Inconsistent and even more differing results were reported regarding sex where females were seen manifesting more negligence to the practice that may prevent the spread of AIDS. Windell et. al. (1992) conducted a survey in thirty – eight metropolitan areas to see if there is a difference in the risk for HIV between adolescents and young adults of different sexes. The results indicate that the rate in females was significantly higher than males. Conway and colleagues (1993) assessed the trends HIV prevalence between the two sexes using a chi-square test. The results reveal that higher prevalence was among young women than men. This has been

attributed to greater exposure among young women to HIV through unprotected sexual contact with old male part partners that might have been infected with HIV.

A study conducted by Cohran and Mays (1989) reveals that some ethnic women report experiencing verbal and even physical abuse for they advocate condom use by their male partners. Kass and others (cited in Kalat, 1993) conducted surveys on more than 3000 women at thirty-two colleges of USA. The results reveal that out of these respondents, nine percent reported that they had been forced into unwanted sexually intercourse and twenty five percent indicated that they had participated in such an intercourse while they are under the influence of alcohol. The same survey was also conducted on males in the same colleges and 4.4 percent admitted that they had forced themselves sexually on women at least once, and another 3.3 percent declared that they had attempted to do so.

Chapter Six

Summary, Conclusions and Recommendations

5.1. Summary

The purpose of this study is to examine the relationship between ETV dramas and HIV/AIDS awareness/behavioral change. In accordance with this major goal, four main questions were formulated to be answered at the end of the day of the study. These questions were:

1. Do ETV dramas have relation with HIV /AIDS awareness creation and behavioral change?
2. Do demographic factors have a relation ship with HIV/AIDS awareness and behavioral change? If so, which demographic factor is a stronger predictor of HIV/AIDS awareness and behavioral change?
3. Do demographic factors have an interaction effect on the HIV/AIDS awareness and behavioral change?
4. Is there sex difference in AIDS awareness and behavioral change?

In order to answer these questions the study was delimited to be done in Addis Ababa, Debre-brehan and Nazareth. Overall the numbers of respondents were six hundred (600). The respondents were randomly selected. Also, an attempt was made to review related findings of previous research works.

In order to secure relevant data that help answer the set questions, the researcher used a scale/questionnaire to gather data from the selected respondents.

Quantitative analyses were employed to analyze the data obtained through the scale. To investigate the relationships of ETV dramas and HIV/AIDS awareness/behavioral change correlations were performed. Correlations were also performed in order to investigate the relationship of demographic factors with HIV/AIDS awareness/behavioral change. Secondly, to explore the predictive power demographic factors with HIV/AIDS awareness/behavioral change regression were done. Thirdly, three ways ANOVA were performed to investigate the interaction effect of demographic factors on HIV/AIDS awareness/behavioral change.

Next, Independent T-test was used to find out the group differences of the independent variables with HIV/AIDS awareness/behavioral change of male and female independent sample. In addition, preliminary statistics (mean and standard deviation) were computed for the total sample for each independent variable. Alpha value of 0.01 was used for almost all significant tests in this study.

Preliminary analysis of the HIV/AIDS awareness score revealed statistical relation with ETV dramas, sex, and religion. No statistically significant main effects for HIV/AIDS awareness and region was observed as well. And no statistically significant interaction effect was observed between HIV/AIDS awareness and sex, religion, and region. In addition to this, there was significant difference among males and females on HIV/AIDS awareness.

Preliminary analysis of the behavioral change score has statistically significant relation with ETV dramas, and negatively significant relation with region. No statistically significant main effects for behavioral change and sex, religion were observed as well. And a no statistically significant interaction effect was observed between behavioral change and sex, religion, and region. In addition to this, there was significant difference among males and females on behavioral change.

Bibliography

Adler,J. Others (1991). Safer Sex. News Week: *International News Magazine.* Dec 9, 1991, P.36.

Ahlberg, B. (1989). "Background to Possible Community Based Initiative for Control of STDs Among Young People In Kenya." In Killewo & et al. (Eds). Behavioral and Epidemiological of Aspects of AIDS Research in Tanzania. Proceedings from a Workshop in Daressalem.

Alan, M. and Alan, D. (1993). Drama Techniques in Language Learning. *A Resource Book of Communication Activities for Language Teachers.* Cambridge: Cambridge University Press.

Almaz, B.(1989). "Application and Effectiveness of the Methodology of English Radio Programmes for the Elementary School in Ethiopia". Addis Ababa: M.A. Thesis, AAU (Unpublished).

Anderson, M. (1992). Some Aspects of Sexual Behavior and the Potential Demographic Impact of AIDS in Developing Counties. *Journal of Social Science Research Method in Medicine.* 34 (3) 271-280.

Bellingham and Gilles, P.(1993). Evaluation of AIDS Education Program for Young Adults. *Journals of Epidemiology and Community Health.* 47(2) 134-138.

Blair, C.and Ojaka, D. (1997). Barriers to Behavioral Change. Results of Focus Group Discussions Conducted in High HIV/AIDS Incident Area of Kenya. In W.N.Elwood (Ed.), Power in the Blood: *A Handbook on AIDS, Politics, and Communication* (P.47-57). Mahwah, NJ: Laurence Erlbaum Associates.

Bledsoe, H. and Cohn, B. (Eds) (1993). *Social Dynamics of Adolescent Fertility in Sub-Saharan Africa.* Washington DC: National Academy Press.

Borongo, L. and et al. (1993). Study Confirms Risk Factors. *AIDS Link. Regional Health Promotion Resources Center for ECSA,* Mar. No. 10-45

Bowie, C. and Ford, N. (1989). Sexual Behavior of Young People and the Risk of HIV Infection. *Journal of Epidemiology and Community Health.* Vol. 47 (2) 134- 138.

Brewis, A. (1992). STD Risk in Micronesian Atoll Population. *Australia: Health Transition Review.* Vol. (2) 195-215.

Brodsky, S. (1988). The Psychology of Adjustment Wellbeing. USA: Holt, Rinehart and Winston. Inc. New United Programme on AIDS, AIDS Link. *AIDS Link. Regional Health Promotion Resources Center for ECSA*, May. No. 16-45.

Brown, G. and George, Y. (1983). *Teaching the Spoken Language.* An Approach Based on the Analysis of Conversational English. London: Cambridge University Press.

Cambell, R.and Christopher, R.(2005). Media and Culture. *An Introduction to Mass Media.* Boston: Bedford St. Martins.

Cameron, K., Witte, K. and Nzyuko, S. (1999). Perspectives of Condoms and Barriers to Condom Use along the Trans-Africa Highway in Kenya. In W.N.Elwood(Ed.), Power in the Blood*: A Handbook on AIDS, Politics and Communication*(P.149-163). Mahwah, NJ: Laurence Erlbaum Associates.

Cecily, O.and Alan, L. (1991). Drama Structures. *A Practical Handbook for Teachers.* Portsmouth: Stanley Thorns Publishers Ltd.

Cohran, S. and Mays, V. (1980). Women AIDS Related Concerns. *American Psychologist*, Vol.44 (3) 529-535.

Conway, G. and Others (1993). Trends in HIV Prevalence among Disadvantaged Youth. *Journal of American Medical Association*, Vol. 269 (22) 2887-2889.

Cowly and Hager (1991). Condom Consciousness. *International News Magazine.* News Week. Dec. 9, 1991 P.39.

Dan and Colleagues (1992). Research and Education. Lesotho's Two Fold Aim. *AIDS Link. Regional Health Promotion Resources Center for ECSA*, Mar. No. 10-45 Sep. No. 8 P. 7-8.

Ebel, R.and Frisibie, D.(1986). *Essentials of Educational Measurement.* NewJersy: Prentice-Hall, Englewood Cliffs.

Edo A. (1994). Chastity Campaign. *The Ethiopian Herald.* Vol. 2. No. 33, Feb.

Friedland R.and et al. (1991). Perceptions and knowledge about the AIDS among Students in University Residences. *South African Medical Journal,* 79(2) 149-154.

Garret, H. and Woodwork, R. (1967). *Statistics in Psychology and Education* (6th Ed). London: Longman.

Green, F.(1999, May 5-11).*Cocktail Handover.* Cleveland Free Times,P. 20- 24.

Himelstien, M. (1963).*Drama was Weapon.* New Jersey: Rutgers University Press.

Jonna, S. and Others (1992). Research and Education Lesotho's Two Fold Aim. *AIDS Link. Regional Health Promotion Resource Center for ECSA,* Sep. No. 12, 7-8.

Kalat, J. (1993). *Introduction to Psychology* (3rd Ed). USA: Brooks Cole Publishing Comp.

Kalichman, S.(1996). Answering Your Questions about AIDS. Washington, DC: *American Psychological Association.*

Kerlinger, F. (1986). *Foundations of Behavioral Research* (3rd Ed). New York: Holt, Rinehart and Winston, Inc.

Larraga, P. (1993). Health Secretary's ABC Spearheads Prevention in Philippines. *WHO Global AIDS Award Records,* Inc. Vol. 1.

Lindzey and Aronson, E. (Eds.) (1985). The Handbook of Social Psychology. (3rd). New York: *Newbery Award Records,* Inc. vol.1.

Lwihula, G. (1989). Socio- Cultural Factors Associated with the Transmission & Control of HIV/AIDS with a Focus in the Kagera Region. In Killewo & et al. (Eds).*Behavioral and Epidemiological Aspects of AIDS Research in Tanzania.* Proceedings From A Workshop in Dar-Essalaam 37-42.

Macintosh, H. and Morrison R. (1965). *Objective Testing.* London: University of London Press.

McCombs, M. (1991).Agenda setting. *Readings on Media, Public Opinion and Policy Making.* Hillsdale, New Jersey: L. Erlbaum Associates.

Mengistu and Khodakovic(1990).Surveillance of Human Immunodeficiency Virus Infection in Ethiopia. *Ethiopian Journal of Health Development.* Vo. 4 No 2, 101-15.

Merson, M. (1993). The World Must Spend Now or Pay Later. *WHO Global AIDS News*, No 1, pp. 24.

Meyer, L. (1991). Prevention of Sexually Transmitted Disease. A Randomized Community Trials. *Journal of Epidemiology and Community Health.* 45(2). 135-142.

Mgambo, E. (1992). Second Class Citizens. AIDS Action. *Appropriate Health Resources & Technologies Action Group*, Issue 17, July 1992.

Morse, S.(1992). AIDS and Beyond. *Defining the Rules of Viral Traffic.* In E.Fee& D.M. Fox (Eds.) AIDS: The Making of a Chronic Disease (p. 23-48). Berkeley; CA: University of California Press.

Munachoga, M. (1991). Patterns of Fertility Behavior Among Female Students of The University of Zambia. In Johnson & Ginkoyo (Eds) *African Research Studies in Population IEC. UNFPA* 73-82.

Nathan, J.(1972). *The Critic and the Drama.* New Jersey: Associated University Press.

Obbo, C.(1995). Gender, Age and Class. Discourses *on HIV Transmission and Control in Uganda.* In H.teen Brummelhuis & G. Heart (Eds.), Culture and Sexual Risk: Anthropological Perspectives on AIDS (p. 79-95). Amsterdam: Gordon and Breach.

Odallo and Ginkoyo (1991). Content Analysis of Letters from Listeners of Family Planning program. In Jonson & Ginkoyo (Eds) *African Research Studies in Population IEC. UNFPA* 30-40.

Oodit and Johnson (1991). A Tracer Study of Clinic Discontinuity in Mauritius. In Johnson & Ginkoyo (Eds). *African Research Studies in Population IEC. UNFPA* 54-72.

Palloni, A. and Yean, J. (1992). Some Aspects of the Social Context of HIV and Its Effects on Women, Children, and Families. *Population. Bulletin of the UN.* No 33.

Robinson, K.,(1980). *Exploring Theatre and Drama.* London: Heinemann Educational Books Ltd.

Root-Bernstein, R. (1993). Rethinking AIDS. *The Tragic Cost of Premature Consensus.* New York: The Free Press.

Rosenberg & et al. (1992). Population Based Monitoring of an Urban HIV/AIDS Epidemic. Magnitude and Trends in the District of Columbia. *The Journal of American Medical Associations.* 22(29), 76-81.

Rushing, W. (1995). The AIDS Epidemic. Social *Dimension of an Infectious Disease.* Boulder, CO: Westview.

Shabbir, I. and Others (1995). Knowledge, Attitude and Practice on High Risk Factors Pertaining to HIV/AIDS in a Rural Community. *Ethiopian Medical Journal.* Vol. 33, (1) 1-6.

Slaff, J. and Brubaker, J.(1985). The AIDS Epidemic. *How you can protect yourself and Family-Why you must.* New York: Warner Books.

Smallwood, G. (1988). Developing Materials For Cultural Groups In Australia. In AIDS: Prevention and Control WHO. London: Pergamon Press, 60-65.

Sobo, E.(1995). Choosing Unsafe Sex. *AIDS-Risk Denial among Disadvantaged Women.* Philadelphia: University of Pennsylvania Press.

Solomon, G. (1990). Sexual Behavior and Knowledge of AIDS and Other STDS. A Survey of Senior High School Students. *Ethiopian Journal of Health Development.* Vol. 63(3) 123-131.

Steiz and Munn J. (1993). Adolescents and AIDS. Knowledge and Attitude *Journal of Adolescence.* Vol. 28 (111), 609- 619, 63-71).

Struening, E. and Gutentag, M. (Eds). (1975). *Handbook of Evaluation Research.* (4th Ed). California: Sage Publications Inc.

Tailor, E. et al. (1992). Optimism, Psychological Distress, and High – Risk Sexual Behavior among Men at Risk for AIDS. *Journal of Personality & Social Psychology.* 63 (3 460-473.

Ungar, S. (1989). Africa: *The People and Politics of an Emerging Continent* (Rev.ed). New York: Simon & Schuster.

Unnamed(UN report). (2006).The Year to Accelerate HIV Prevention in Africa: Step Up the Pace of HIV Prevention in Africa.

Ur, P. (1984). *Teaching Listening Comprehension.* London: Cambridge University Press.

Walters, V. (1993). Stress, Anxiety and Depression. Women's Accounts of Their Health Problems. *Social Science Medicine* 36,393-302.

Whitmore, G. (1988). Someone was here: *Profiles in the AIDS Epidemic.* New York: New American Library.

Windell and et al. (1992). Reprint Requests to Technical Information Activity Division of HIV/AIDS. *Journal of American Medical Association.* 22(29) 76-81.

Witte,K., Cameron, K., and Nzyuko, S.(1996). *AIDS along the Trans-Africa Highway in Kenya.* Examining Risk Perceptions, Recommended Responses and Campaign Materials(Final Report of Focus Groups Conducted with Commercial Sex Workers, Track Drivers and their Assistances, and Young Men Aged 18-23, at Malaba, Mashinary and Simba Track Stops in Kenya. P.19). EastLansing: Michigan State University.

A:/Can mass media prevent AIDS, the need for well planned behavior change community programmes htm. V2, issue 3, 1996, (449-458)

http://bioline.utsc.utoronto.ca/archive/00001635/

http://psych.mrmccabe.com/documents/hiv_condoms_2002.pdf

http://psychology.ucdavis.edu/rainbow/html/aids_stigma_paper.htm/

http://www.aidsonline.com/pt/re/aids/fulltext.00002030-200005050-00015.htm

http://www.avert.org/aidsstigma.htm

http://www.bbc.co.ur/worldservice/arts/features/howtowrite/radio.shtm/

http://www.biomedcenteral.com/1471-2458/4/17

http://www.comminit.Com/experiences/pdskdv82002/experiences-1565.html-45k-

http://www.e-alliance.ch/media-3201.pdf

http://www.e-alliance.ch/media/media-4293.doc
http://www.etharc.org/framwork/goalobj.htm
http://www.hpb.gov-sg/hpb/default.
http://www.kff.org/healthpollreport/archive_Dec2002/index.cfm
http://www.populationmedia.org/linkz_plus/linkz_plus.htm/.
http://www.scribbingwomen.org/understanding.htm
http://www.unfpa.org/news/related_docs/soap_opera.doc
http://www.ucsf-ahp.org/HTML/depression.htm
http://www.westafricanreview.com/war/vol3.2/3.2war.htm

APPENDICES

APPENDIX 1

AWARENESS OF AIDS AND ITS PREVANTION Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Cronbach's Alpha if Item Deleted
Item 1	101.2333	218.944	.849
Item 2	101.9333	218.823	.853
Item 3	101.4000	225.076	.854
Item 4	101.2667	218.409	.848
Item 5	102.0333	218.792	.849
Item 6	102.2333	240.806	.866
Item 7	101.3667	221.689	.853
Item 8	102.1000	226.783	.859
Item 9	101.4333	222.668	.853
Item 10	102.0333	214.102	.848
Item 11	102.7333	233.306	.861
Item 12	101.2333	219.633	.850
Item 13	101.4000	215.076	.847
Item 14	102.1333	229.499	.857
Item 15	101.5333	238.533	.864
Item 16	101.8667	217.913	.851
Item 17	101.9667	228.654	.858
Item 18	101.8333	223.385	.853
Item 19	103.5333	245.016	.868
Item 20	101.4333	223.495	.853
Item 21	101.7333	222.754	.854
Item 22	103.1000	252.507	.873

AWARENESS OF AIDS AND ITS PREVANTION Items Reliability Statistics

Cronbach's Alpha	N of Items
.861	30

APPENDIX 2

PERSONAL ATTITUDE Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Cronbach's Alpha if Item Deleted
Item 1	59.8667	111.982	.793
Item 2	60.6667	94.299	.749
Item 3	60.8667	111.085	.797
Item 4	60.8333	100.557	.771
Item 5	60.1333	101.016	.770
Item 6	60.1000	105.128	.777
Item 7	60.7333	97.582	.760
Item 8	60.3333	104.713	.776
Item 9	60.2667	106.478	.782
Item 10	59.9000	96.300	.764
Item 11	59.8667	101.775	.771
Item 12	60.1667	112.971	.793
Item 13	61.5000	107.569	.784
Item 14	61.3000	100.838	.768
Item 15	59.2333	112.323	.790
Item 16	60.8000	102.441	.777
Item 17	60.8000	99.062	.771
Item 18	61.8667	104.257	.772

PERSONAL ATTITUDE items Reliability Statistics

Cronbach's Alpha	N of Items
.786	21

APPENDIX 3

RISK REDUCTION BEHAVIOR Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Cronbach's Alpha if Item Deleted
Item 1	36.8000	50.924	.728
Item 2	36.2667	55.582	.743
Item 3	36.8667	54.602	.736
Item 4	37.1333	40.120	.645
Item 5	37.7000	46.838	.680
Item 6	35.3333	54.713	.722
Item 7	37.4000	51.766	.727
Item 8	37.4333	45.702	.671
Item 9	37.6333	48.723	.715
Item 10	35.1333	55.568	.725
Item 11	38.0000	51.310	.704
Item 12	37.7000	48.148	.696
Item 13	36.6000	49.421	.713
Item 14	37.8333	47.247	.681
Item 15	36.8667	54.602	.736
Item 16	36.6000	49.421	.713
Item 17	37.7000	46.838	.680
Item 18	35.3333	54.713	.722
Item 19	37.4000	51.766	.727
Item 20	36.6000	49.421	.713
Item 21	37.6333	48.723	.715
Item 22	35.1333	55.568	.725
Item 23	38.0000	51.310	.704

RISK REDUCTION BEHAVIOR Item Reliability Statistics

Cronbach's Alpha	N of Items
.723	14

APPENDIX IV

ADDIS ABABA UNIVERSITY

INSTITUTE OF LANGUAGE STUDIES

DEPARTMENT OF FOREIGN LANGUAGES AND LITERATURE

Good morning/ afternoon/evening. I 'm Fitsum, a literature student at AAU.I is currently conducting a survey to elicit people's awareness of AIDS and their practices to reduce the risk of contracting the pandemic due to HIV/AIDS related dramas transmitted through ETV.

I am sincerely soliciting your help by filling this questionnaire. The information will be used for research and teaching purposes. I have selected you to fill this questionnaire for I feel that you could personally give me all the necessary information frankly and honestly. Please feel free to response to all items. All your responses will be kept in absolute confidentiality and will not affect you, your friends, or anybody else in any way, and all the information you will give me will be put together with other people's answers. Not even your name will be written in any place in this questionnaire. Would you agree to participate?

A. Yes (continue) B. No (Thank and terminate)

Please fill the appropriate answer (your choice)

Biographical Information

1. Sex_____
2. Religion_____
3. Region_____
4. Academic Status_____

Socio Economic Information

1. Please write your guardians' (parents') occupation (If child)

A. Father_____ B. Mother_____

2. The educational level of your parents:

A. Father_____ B. Mother_____

3. The monthly total income of your parents that is coming form salary and other sources._____

KEY: **STRONGLY DISAGREE-------- SDA** **AGREE ----------A**
DISAGREE ---------- DA **STRONGLY AGREE---------- SA**
UNDICIDED---------- UD

Part 1: Awareness of AIDS and Its prevention

		SDA	DA	UD	A	SA
1	The disease AIDS is caused by the virus called HIV.					
2	The HI-virus could be prevented through vaccination.					
3	Since AIDS is God's punishment to human being, taking any preventive measure is of no value					
4	AIDS is a disease, which killed and infected millions and a disease that impairs immunity.					
5	Being faithful to only one healthy partner prevents a person from contracting HIV.					
6	It is advisable to show love and kindness to the infected people in order to take them away form loneliness.					
7	Homosexuals and drug abusers are said to be main targets to AIDS.					
8	It is advisable to tell an infected women to avoid pregnancy or to abort it if she is pregnant					
9	If an individual's blood test in proved negative, it means that he will be protected in the future					
10	Sexual engagement with foreigners (people outside of a given country e.g. Ethiopia) is one of the major vehicles for HIV spread.					

11	Extramarital sex increases one's chance of contracting AIDS.					
12	It is possible to identify an AIDS victim based on his/her physical appearance.					
13	HIV virus cannot pass form one person to the other only by one sexual intercourse					
14	Having a dry kiss, a casual contact and even feeding with an HIV infected person increases the chance of infection.					
15	There is no AIDS rather it is a propaganda disease produced with intent of controlling world population growth.					
16	At present, a drug is found which can control HIV infection permanently.					
17	Even a person who looks healthy could he or she be infected with HIV					
18	Some times an HIV- infected people could stay longer without any signs					
19	Avoiding sex before getting a permanent and faithful partner is one of the main ways in to which AIDS could be prevented.					
20	Insect (e.g. Mosquito) bites are likely to pass to virus though the blood route.					
21	Every one has to perceive that he/she is of becoming infected with HIV					
22	Since AIDS is occurring due to the sexual behavior of people, victims should be segregated and discouraged not to contribute in their carrier					

Part II: Personal Attitudes about TV Dramas on HIV/AIDS

1	I always attend TV dramas on HIV/AIDS					
2	TV dramas are a lot to me to know about HIV/AIDS					
3	I like TV dramas for they show people talking or interacting with people living with HIV					
4	I like TV dramas for they describe AIDS as my concern as well					
5	I like TV dramas for they present AIDS as a challenge to the world					
6	I dislike TV dramas for they demonstrate people who die from AIDS being punished for their past wrongs					
7	I like TV dramas for they exaggerate AIDS from its true nature					
8	I dislike TV dramas for they show people respecting people living with the virus					
9	I like TV dramas for they inform for men and women to discuss about HIV/AIDS to each other					
10	I dislike TV dramas for they show people living with HIV working in public schools					
11	I dislike TV dramas for they show people living with HIV/AIDS handling food in restaurants					
12	I dislike TV dramas for they show people living with HIV/AIDS working with patients in hospitals					
13	I dislike TV dramas for they present AIDS as God's punishment for immorality					
14	I like TV dramas for they demonstrate people continuing their relationship after they hear the HIV positive status of their friends					
15	I dislike TV dramas for they demonstrate people living with HIV living like anybody else					
16	I dislike TV dramas for they show children living with HIV attending public schools					
`17	I dislike TV dramas for they are boring					
18	I like TV dramas for they inform about HIV/AIDS by entertaining the audience					

Part III: Risk Reduction Behavior

1	Since I heard about AIDS, I have tried to check whether the needles I used were suitably sterilized or not in the past 12 months? (If no injection skip to the next item).					
2	I have been sharing tooth – brush with my partner					
3	Since the last twelve month, I have been treated for STDS					
4	Since I heard about AIDS, I have made a lot of changes in my behavior that may help me to avoid AIDS					
5	I have currently a primary sexual or intimate partner					
6	I or my partner always use condoms					
7	Since I heard about AIDS especially when I engage in to sex, the thoughts of developing AIDS always intrude in to my brain					
8	I had many sexual partners in the last twelve months					
9	I always discuss sexual issues with my sex partner					
10	I always use condoms with my steady partner					
11	I always use condoms with an occasional partner (If no such partner, skip to the next item)					
12	I have engaged in to unintended sex with new partner simply forced by peers and alcohol or other drugs					
13	I always follow safe sex guidelines					

14	My social background has disinterest to the use of preventive methods					
15	I always use recreational drugs					
16	I always willingly attend workshops, peer group discussions and seminar on AIDS					
17	When it comes to decisions about preventive methods, both I and my sexual partner have the final say					
18	I agree with an idea that using condom reduces pleasures					
19	I feel control over the last twelve months to reduce the risk of AIDS					
20	My religion has an effect on my intention of using condoms					
21	I always respect my partner's demand for using condoms					
22	Since the last twelve months, I had sexual intercourse with a prostitute (only to males)					
23	Since I heard about AIDS. I have had unintended pregnancy (Only to females					

APPENDIX V

የአዲስ አበባ ዮኒቨርሲቲ

የቋንቋዎች ጥናት ተቋም

እንደምን አደሩ (ዋሉ) (አመሸ)። ፍፁም እባላለሁ። በአዲስ አበባ ዮኒቨርሲቲ የድህረ ምረቃ ት/ቤት የሥነ ፅሁፍ ተማሪ ነኝ። ለመመረቂያ ለሚሆነኝ ፅሁፍ ሰዎች በኢትዮጵያ ቴሌቭዥን በኤድስ ዙሪያ በሚቀርቡ ድራማዎች ምን ይመስላቸው እንደሆነ ጥናት እያስሜድኩኝ ነው። እርስዎም ይህንን መጠይቅ በመሙላት እንዲተባበሩኝ እጠይቃለሁ። የሚሰጠኝ መልስ ለትምህርትና ለምርምር አላማ ነው የሚውለው። እርስዎን የመረጥኩት በግልፅነትና በታማኝነት ይሞላሉ ብዬ ስለተሰማኝ ነው ። የእርስዎ መልስ ከሌሎች ሰዎች መልሶች ጋር አንድ ላይ ነው የሚታየው። ሌላው ላረጋግጥልዎ የምፈልገው ነገር ቢኖር መልስዎ እርስዎንም ሆነ ማንንም እንደማይጎዳ ነው። ለዚህም ማረጋገጫ እንዲሆንዎ ሥምዎ እንኳን በዚህ መጠይቅ አይፃፍም። ይተባበሩኛል?

1 አዎ (እንቀጥል) 2. አልተባበርም (አመሰግናለሁ)

የግል መረጃ

1. ዕድ ----------
2. ክልል ----------
2. ሀይማኖት ----------
3. የትምህርት ደረጃ ----------

የአካባቢ መረጃ

1. የወላጆችዎ ስራ፡ አባት ---------- እናት ----------
2. የወላጅዎ የት/ት ደረጃ፡አባት ---------- እናት ----------
3. የወላጆች አጠቃላይ የወር ገቢ ----------

መግለጫ፡- በጣም አልስማማም . . . በአ እስማማለሁ . . . . . እ
አልስማማም . . . . . አ በጣም እስማማለሁ . በእ
ለመግለፅ ይከብደኛል . . . ለይ

ክፍል 1፡- ኤድስንና መከላከያውነወ በተመለከተ የተጠያቂው እውቀት

		በአ	አ	ለይ	እ	በእ
1	ኤድስ የሚመጣው ኤች አይ ቪ በሚባል ቫይረስ ነው።					
2	የኤች አይ ቪ ቫይረስን በክትባት መከላከል ይቻላል።					
3	ኤድስ የፈጣሪ ቁጣ ስለሆነ ለኤድስ የመከላከያ እርምጃ መውሰድ ጥቅም የለውም					
4	ኤድስ ሚሊዮኖችን ያጠቃና የገደለ እና የሰውነትን የተፈጥሮ በሽታ የመከላከል ብቃት የሚጎዳ በሽታ ነው።					
5	ለአንድ ጤነኛ ጓደኛ ታማኝ በመሆን ኤድስን መከላከል ይቻላል።					

6	ከ ኤች አይ ቪ ጋር የሚኖሩ ሰዎች ብቸኝነት እንዳይሰማቸው ፍቅር እና እንክብካቤ ልናደርግላቸው ይገባል።					
7	ግብረ ሰዶማውያንና አደንዛዥ እፅ ተጠቃሚዎች በኤድስ የመጠቃት ዕድላቸው ሰፊ ነው					
8	ከኤች አይ ቪ ጋር የምትኖር ሴት ካረገዘች ብታስወርድ ትመከራለች					
9	አንድ ሰው አሁንኳኤች አይ ቪ ቫይረስ ነባ ከሆነ ወደ ፊት እንደማይዘው ዋስትና አለው ማለት ነው።					
10	ከኢትዮጵያ ውጪ ከሚመጡ ሰዎች ጋር ግንኙነት ማድረግ ለኤች አይ ቪ በሀገራቱ ከማስፋፊያ መንገዶች አንዱ ነው።					
11	ብዙ ሴቶችን ማግባት በኤድስ የመያዝን እድል ያሰፋል።					
12	ከኤች አይቪ ጋር የሚኖሩ ሰዎችን በአይን አይቶ ማወቅ ይቻላል።					
13	በአንድ ጊዜ የግብረ ስጋ ግንኙነት የኤች አይ ቪ ቫይረስ አይተላለፍም					
14	መሳሳም ንክኪ ና ከቫይረሱ ተሸካሚ ጋር አብሮ መብላት በቫይረሱ የመያዝ እድልን ይጨምራል።					
15	ኤድስ የሚባል ነገር የለም። ይልቁንም የአለምን ህዝብ ቁጥር ለመቀነስ የተደረገ የቃል ዘመቻ ነው።					
16	አሁን ኤች አይ ቪን የሚከላከል መድሃኒት ተገኝቷል።					
17	ጤነኛ የሚመስሉ ሰዎች ከቫይረሱ ጋር የሚኖሩ ሊሆኑ ይችላል።					
18	አንዳንዴ ከቫይረሱ ጋር የሚኖሩ ሰዎች ምንም የተሸካሚነት ምልክት ሳያሳዩ ሊቆዩ ይችላሉ።					
19	ቋሚና ታማኝ ፍቅረኛ እስኪያገኙ መታቀብ ኤድስን የመከላከያ አንዱ መንገድ ነው					
20	እንደ ወባ ትንኝ ያሉ ነፍሳት ቫይረሱን ሊያስተላልፉ ይችላሉ።					
21	ማኝኛውን ሰው ነባ በቫይረሱ ሊያዝ እንደሚችል ማሰብ አለበት					
22	ኤድስ በግብረ ስጋ የሚመጣ ስለሆነ ከቫይረሱ ጋር የሚኖሩ ሰዎች ከስራ ገበታቸው መወገድ ይኖርባቸዋል።					

ክፍል ሁለት፡- በኤች አይ ቪ ኤድስ ላይ የሚሰሩ የቴሌቭዥን ድራማዎች ላይ ሰዎች ያላቸው አመለካከት

		በአ	አ	ለይ	እ	በእ
1	በኤች አይ ቪ ኤድስ ዙሪያ የሚቀረጹ የቴሌቭዥን ድራማዎችን ሁሌም እከታተላለሁ					
2	የቴሌቭዥን ድራማዎችን ለኔ ኤች አይ ቪ ኤድስን ለማወቅ ትልቅ ድርሻ አላቸው					
3	ሰዎች ከቫይረሱ ጋር ከሚኖሩ ሰዎች ጋር ሲያወሩ ስለሚያሳዩ የቴሌቭዥን ድራማዎችን ማየት እወዳለሁ፡፡					
4	ኤድስ የኔም ጉዳይ መሆኑን ስለሚገልፀው የቴሌቭዥን ድራማዎችን ማየት እወዳለሁ፡፡					
5	ኤድስ አለምን እየተፈታተነ ያለ ጉዳይ እንደሆነ ሥለሚገለፀው የቴሌቭዥን ድራማዎችን ማየት እወዳለሁ፡፡					
6	በኤድስ የሞቱ ሰዎች ስለመጥፎ ሥራቸው እየተቀጡ እንዳሉ ሥለሚያሳዩ የቴሌቭዥን ድራማዎችን ማየት አልፈልግም፡፡					
7	ኤድስን አጋነው ስለሚያቀርቡ የቴሌቭዥን ድራማዎችን ማየት እወዳለሁ፡፡					
8	ሰዎች ከቫይረሱ ጋር የሚኖሩትን ሲንከባከቡ ስለሚያሳዩ የቴሌቭዝን ድራማዎችን ማየት አልፈልግም፡፡					
9	ወንዶችና ሴቶች ስለኤድስ መወያየት እንዳለባቸው ስለሚያሳስቡ የቴለቭዥን ድራማዎችን ማየት እወዳለሁ፡፡					
10	ከቫይረሱ ጋር የሚኖሩ ሰዎች በህዝብ ት/ቤቶች ሲሰሩ ስለሚያሳዩ የቴሌቭዥን ድራማዎችን ማየት አልፈልግም፡፡					
11	ከቫይረሱ ጋር የሚኖሩ ሰዎች ምግብ ቤት ሲሰሩ ስለሚየሳዩ የቴሌቭዥን ድራማዎችን ማየት አልፈልግም፡፡					
12	ከቫይረሱ ጋር የሚኖሩ ሰዎች ሆስፒታል ከሚኖሩ በሽተኞች ጋር ሲሰሩ ስለሚያሳዩ የቴሌቭዥን ድራማዎችን ማየት አልፈልግም፡፡					
13	ኤድስ በሰው ልጅ ኃጢአት የመጣ የፈጣሪ ቁጣ አድርገው ስለሚያቀርቡ የቴሌቭዥን ድራማዎችን ማየት አልፈልግም፡፡					

14	ሰዎች የጓደኞቻቸውን በኤድስ መያዝ አውቀው ጓደኝነታቸውን ሲቀጥሉ ስለሚያሳዩ የቴሌቭዥን ድራማዎችን ማየት እፈልጋለሁ።					
15	ከቫይሩሱ ጋር የሚኖሩ ሰዎች እንደማኛውም ሰው መኖር እንደሚችሉ ስሚያስገነዝቡ የቴሌቭዥን ድራማዎችን ማየት አልፈልግም።					
16	ከቫይረሱ ጋር የሚኖሩ ህፃናት የህዝብ ት/ቤት ሲማሩ ስለሚያሳዩ የቴሌቭዥን ድራማዎችን ማየት አልፈልግም።					
17	አሰልቺ ስለሆኑ የቴሌቭዥን ድራማዎችን ማየት አልፈልግም።					
18	እያዝናኑ ስለሚያስተምሩ የቴሌቭዥን ድራማዎችን ማየት እፈልጋለሁ።					

ክፍል 3 የባህሪ ለውጥ

		በአ	አ	.ለይ	እ	በእ
1	ስለኤድስ ከሰማሁበት ጊዜ ጀምሮ የተወጋሁባቸው መርፌዎች ያልተከፈቱ መሆናቸውን አረጋግጫለሁ (ለተወጉ ብቻ)					
2	ከጓደኞቼ ጋር የጥርስ ብሩሽ እጋራለሁ።					
3	ባለፉት 12 ወራት ውስጥ በግብረ ስጋ ስሚመጡ በሽታዎች ምርመራ አድርጌያለሁ።					
4	ስለ ኤድስ ከሰማሁበት ጊዜ ጀምሮ ኤድስን ለመከላከል የሚያስችሉኝ ብዙ የባህሪ ለውጦች አምጥቻለሁ።					
5	አሁን ፍቅረኛ አለኝ					
6	ግንኙነት ስንፈፅም ሁሌ ኮንዶም እንጠቀማለን።					
7	ስለ ኤድስ ከሰማሁበት ጊዜ ጀምሮ በግብረ ስጋ ግንኙነት ልፈፅም ስል ኤድስ ትዝ ይለኛል።					
8	ባለፉት 12 ወራት ውስጥ ብዙ የግንኙነት ጓደኞች ነበሩኝ።					
9	ስለ ግብረ ስጋ ግንኙነት ሁሌም ከግብረ ስጋ ጓደኛዬ ጋር እወያያለሁ።					

10	ከጊዜያዊ የግንኙነት ጓደኛዬ ጋር ሁሌም ኮንዶም እጠቀማለሁ፡፡					
11	በአጋጣሚ ግንኙነት ስፈፅም ሁሉም ኮንዶም እጠቀማለሁ፡፡					
12	በሰዎች ፣ በመጠጥ ወይም በአደንዛዥ እፆች ተገፋፍቼ በአጋጣሚ ግንኙነት ፈፅሜ አውቃለሁ፡፡					
13	ጥንቃቄ የተሞላበት የግንኙነት መርሆዎችን ሁሌም እከተላለሁ፡፡					
14	የምኖርበት አካባቢ የኤድስን የመከላከያ ዘዴዎች እንድወስድ አያደርገኝም					
15	ሁሌም ትንባሆዎችንና መጠጦችን ለመዝናኛነት እጠቀማለሁ፡፡					
16	ሁሌም በኤድስ ላይ የሚካሄዱ አውደ ጥናቶችን ፣ ውይይቶችን እና ሴሚናሮችን በራሴ ፍላጎት እከታተላለሁ፡፡					
17	እኔና የግንኙነት አጋሬ ከግንኙነት በፊት ኤድስን የመከላከያ ዘዴ በጋራ እንወስናለን፡፡					
18	ኮንዶም ምቾትን እንደሚቀንስ እስማማለሁ፡፡					
19	ባለፉት 12 ወራት ኤድስን የተከላከልኩ ይመስለኛል፡፡					
20	ሐይማኖቴ ኮንዶም እንዳልጠቀም ያግደኛል፡፡					
21	ጓደኛዬ ኮንዶም መጠቀም ከፈለገ/ች ሁሌም እስማማለሁ፡፡					
22	ባለፉት 12 ወራት ከቡና ቤት ሰራተኛ ጋር ግንኙነት ፈፅሜያለሁ (ለወንዶች ብቻ)					
23	ስለኤድስ ከሰማሁበት ጊዜ ጀምሮ ከያልተፈለገ እርግዝና ገጥሞኝ ያውቃል(ለሴቶች)፡፡					

Declaration

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

Name: Fitsum Asmerom

Signature:

Date: July ____, 2006