

**ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES**

**GENDER RESPONSIVENESS OF HIV/AIDS
AWARENESS EDUCATION PROGRAM IN ADDIS
ABABA: THE CASE OF ARADA SUB-CITY
ADMINISTRATION**

**BY
DEMESSEW ALEMU**

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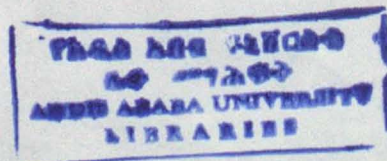
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**JULY, 2007
ADDIS ABABA**

**A THESIS SUBMITTED TO THE DEPARTMENT OF
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REQUIREMENTS FOR THE DEGREE OF
MASTERS OF ARTS IN CURRICULUM AND
INSTRUCTION**

**BY
DEMESSEW ALEMU**



**JULY, 2007
ADDIS ABABA**

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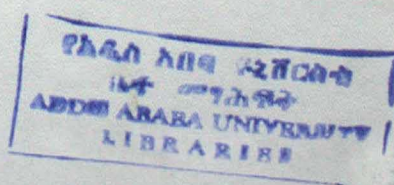
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Abbreviations and Acronyms

- AA** =Addis Ababa
AAU= Addis Ababa University
AIDS=Acquired Immunodeficiency Syndrome
AMRF=African Medical and Research Foundation
ART= Anti Retroviral Treatment
CHEP=Copperbelt Health Education Project
CRDA=Christian Relief and Development Association
DSW=German Foundation for World population
EC=Ethiopian Calendar
FAO=Food and Agriculture Organization
FAWE= Forum for African Women Educationalist
FDRE=Federal Democratic Republic of Ethiopia
FGM =Female Genital Mutilation
FP=Family Planning
GO= Governmental Organizations
HAPCO=HIV/AIDS Prevention and Control Office
HIV=Human Immunodeficiency Virus
ICAD= Interagency Coalition on AIDS and Development
IEC= Information, Education and Communication
IRC= International Rescue Committee
ISAPSO=Integrated Service for AIDS Prevention and Support Organization
IT= Information Technology
MoE=Ministry of Education
MoH=Ministry of Health
NGO= Non-Governmental Organizations
OVC= Orphan and Vulnerable Children
PGN = Practical Gender Need
PLWHA=People living With HIV/AIDS
RH= Reproductive Health
SGN =Strategic Gender Need



SNNPR= Southern Nations, Nationalities and Peoples Region

STD=Sexually Transmitted Disease

STI= Sexually Transmitted Infections

SYGE=Save Your Generation Ethiopia

TB=Tuberculosis

UNAIDS=Joint United Nations program on HIV/AIDS

UNDP=United Nations Development Program

UNICEF= United Nations Children's Fund

WeSMCO=Welfare for the Street Mothers and Children Organization

WHO=World Health Organization

WID= Women In Development

Abstract

This study has been carried out to ascertain whether the HIV/AIDS awareness education program run by the three NGOs (SYGE, WeSMCO, and ISAPSO) in the Arada sub-city administration was gender responsive or not. Accordingly, the qualitative research method of the multiple-case study was employed. Data were gathered from key informants of the NGOs' program officers, heads of the HIV/AIDS awareness education program and other experts who were working on the awareness education program in the NGOs by applying an in-depth interview. Observation was also conducted while the awareness education program was on process at the kebeles, unstructured interview was conducted with the university students, and kebele HIV/AIDS desk officers, FGD was held with beneficiaries of the program and reports of the program were reviewed.

The data were analyzed by applying the process of segmenting, coding, and developing category systems of the qualitative data analysis technique. Symbols, descriptive words, or category names were assigned to represent the content of the interview text. A master list of codes was prepared to gather all the codes that appear in each key informant interview text. At last, the views, experiences, knowledge, etc of the key informants on each question were described. Description and interpretation of the data have been made based on the research questions I set. Differences and similarities of responses of interviewees on the questions presented were identified.

Eventually it was concluded that the HIV/AIDS awareness education program conducted by the NGOs in the kebeles under the above captioned sub-city administration was not gender responsive due to several reasons that include:

1. Male participants in the kebeles and high schools HIV/AIDS awareness education programs were observed to be smaller in number as compared to females,
2. No suitable time was considered for the awareness education program in the high schools and university students,
3. The NGOs did not apply the gender analysis method to identify the needs of both sexes in the HIV/AIDS awareness education programs,
4. Budget, cultural problems, and lack of coordination among NGOs themselves and HAPCO were mentioned as factors for the implementation of HIV/AIDS awareness education programs in the areas where the NGOs were working.

ADDIS ABABA
UNIVERSITY
INTRODUCTION

1.1 Background of the selected NGOs

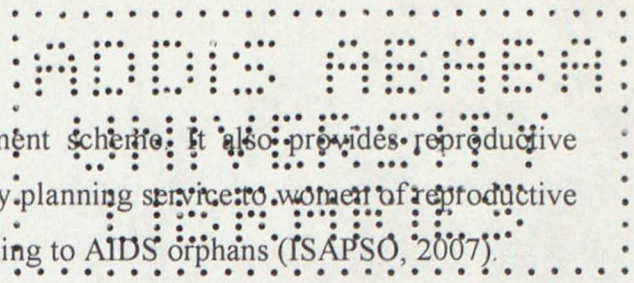
Local NGOs that were working on HIV/AIDS awareness education program in Arada sub-city administration were selected in this study based on the preliminary assessment I made prior to the selection process.

In 2004 there were fourteen NGOs working on HIV/AIDS awareness education program in the sub-city administration, however; during the research time there were found only three NGOs. I had thus chosen all the three NGOs namely; SYGE, WeSMCO, and ISAPSO.

I believe that brief background information about each NGO on the objectives it sets is necessary. To start with, SYGE is a local non-governmental organization that was established in 1991. It mainly works on sexual and RH issues to bring about sustainable attitudinal and behavioral change among the Ethiopian youth through intensive mass IEC, advocacy work, trainings and enhancement of partnership and networking (SYGE, 2006).

On the other hand, WeSMCO was established in 1997 as a local NGO. It has the objectives of providing formal and informal education for marginalized groups of communities, provides health services and facilities for disadvantaged communities, and strives to improve the livelihood of poor families and youth through creating and securing job opportunities and sources of income. Moreover, it has the objective of empowering women and children to alleviate their problems and protect their rights and tries to build the capacities of communities to enable them to care and support PLWHAs / OVCs(WeSMCO,2007).

The other local NGO selected in this study was ISAPSO. It was established in 1992. It has the objectives of creating awareness and increasing knowledge of target population on HIV/AIDS and STDs. It works on empowering commercial sex workers through



vocational skills training, and self-employment scheme. It also provides reproductive health education and community based family planning service to women of reproductive age through educational access and skill training to AIDS orphans (ISAPSO, 2007).

1.2 The issue of the study

Acquired Immunodeficiency Syndrome, better known as AIDS, is caused by infection with the Human Immunodeficiency Virus (HIV). HIV/AIDS- a new disease named in mid-1982 (Routh, Dick and Ferguson, 2005) - has had a disastrous effect on human beings in the world. It was first observed, in 1981 among homosexual American men (Routh, Dick and Ferguson, 2005). Later investigations, however, have shown that it was transmitted mainly through heterosexual practices. At present, there is no a single nation in the world whose population is not affected by the epidemic. The degree of infection, in fact, varies from nation to nation depending on various factors such as level of economic development, social and cultural conditions.

The epidemic has brought more effect on females than on males. Some of the reasons can be attributed to cultural, social, economic, legal, and biological factors. All these combined effects have consequently made females more vulnerable to the epidemic than males. Accordingly, now days, HIV/AIDS is becoming increasingly feminized (World Bank, 2004).

According to the World Bank report of 2004, globally nearly 50 percent of the people living with HIV/AIDS were females. In sub-Saharan Africa, the region most affected by the epidemic, females represented close to 60 percent of those infected with the virus. Of these, 75 percent were females in between 15-24 years old (World Bank, 2004).

The Ethiopian Ministry of Health (MoH) has reported that HIV prevalence in the country was higher among females (4 percent) than males (3 percent) in 2005 (MoH, 2005). The situation in urban areas, especially in Addis Ababa, was not distinct since there were 6.1 percent females and 3.0 percent males infected in the 2005 Ethiopian fiscal year (CSA, 2005).

Women have shouldered a disproportionate share of the burden of HIV challenges, both as infected persons and by being responsible for the household activities. They are also responsible for food production upon the illness or death of their family members. They face unfair traditional inequalities with men and have less access to health care services. They already have a high rate of deaths and illnesses associated with childbirth, and suffer a higher prevalence of HIV/AIDS than men (FAO, 2003).

The epidemic is not only a health problem but also a development challenge to nations all over the world. It has become a challenge to the millennium development goals. It has neither a cure nor a vaccine. Education becomes one of the instruments that can decrease the problem and its consequences (UNAIDS, 2004).

Prevention, in its various forms, is generally accepted as the most appropriate strategy to control the epidemic (FAO, 2003). If the gender inequalities that underlie the epidemic are addressed clearly, such an intervention can contribute to a sustainable response to the problem. Therefore, recognizing the gender-based inequalities and risks is imperative to alleviate the stroke of hard luck on women (World Bank, 2004).

In earlier periods, HIV/AIDS education programs focused on the provision of facts that relate with HIV/AIDS. Later strategies, however, have emphasized changes in knowledge/skills, attitude, and practice of people. Programs now emphasize the identification of appropriate interventions that address specific female and male vulnerability and risk factors (World Bank, 2004).

While the plight of HIV/AIDS patients can be minimized by a steady use of various interventions, attention should be paid to the application of the most appropriate preventions. As can be observed, HIV/AIDS awareness education programs are implemented through various means (mass media such as: TV, Radio, Newspaper) using diverse methods (posters, dramas, etc), both by governmental and non-governmental organizations.

Despite all the efforts exerted and a huge amount of resources expended, satisfactory results are not secured so far. As a result, the lives of millions of people are still threatened by the disease; the gap in the victims of both sexes has drastically increased; and human development is, in general, at stake.

The facts mentioned above can prompt us to pose the questions: why and where is the problem? Accordingly, the primary focus of this study is an examination of the gender responsiveness of the HIV/AIDS awareness education program implemented by the NGOs (SYGE, WeSMCO, and ISAPSO) in Arada Sub-city Administration. Gender responsive programs in general incorporate the basic principles for addressing the imbalances and inequalities that have resulted from socially and culturally constructed differences between men and women in a society (FAWE, 2002).

1.3 The Research objectives

The main concern of this research endeavor as it investigates the gender responsiveness of the HIV/AIDS awareness education program implemented by the selected NGOs. The researcher has set three basic researcher questions. In fact, the research questions in the qualitative research are usually stated in an open-ended and general form rather than in the form of highly specific questions, which is common in quantitative research (Creswell, 1994 cited by Johnson and Christensen, 2004). Thus, the researcher hopes to achieve the following three research objectives:

1. To describe the gender responsiveness of the HIV/AIDS awareness education program employed by the selected NGOs.
2. To discover the factors which are acting as barriers to NGOs for the successful implementation of HIV/AIDS awareness education program.
3. To explain the extent to which governmental and non-governmental organizations carry out integrated activities in their attempt to fight HIV/AIDS in the area.

1.2 Significance of the Study

HIV/AIDS awareness education is emphasized as one of the instruments to be applied in bringing about behavioral changes to individuals. It may require the use of diverse methods that can achieve HIV/AIDS awareness education objectives. Due to gender disparities that exist between HIV/AIDS infection rates, emphasis will be placed on the analysis of the approaches used to address the gender gaps.

The focus of the present study is therefore to explore the gender responsiveness of the awareness education program implemented by the NGOs at Arada sub-city administration in Addis Ababa. The researcher believes that such a research study has the following significance;

1. It will help those local and international NGOs, which provide HIV/AIDS education to reflect upon their approaches.
- 2 It helps the various governmental and non-governmental organizations to carry out integrated work in fighting HIV/AIDS.
3. It will encourage people living with HIV/AIDS to contribute more in raising social awareness of the community.
4. It helps even formal schoolteachers to rethink how to provide lesson on HIV/AIDS.
5. It helps religious organizations to deliver more assistance systematically to people living with HIV/AIDS.
6. The researcher also believes that this study will lay a base for other research activities to take place.

1.5 The location of the selected NGOs

In all the ten Sub-City Administrative organs of A.A, there were NGOs engaged in the prevention of HIV/AIDS. As reported by HAPCO, there were 9 in Addis Ketema, 24 in Arada, 4 in Akaki Kaliti, 7 in Bole, 9 in Gulele, 10 in Kolfe Keranio, 9 in Ledeta, 12 in Kirkos, 5 in Nefaselk Lafeto and 9 in Yeka (HAPCO, 2004).

As it can be seen from the above data, there was a high concentration of NGOs in Arada sub-city administration. As a result, this study was limited to the investigation of gender responsiveness of the awareness education program implemented by the NGOs in this sub-city administration.

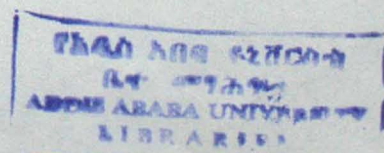
The selected NGOs were located in different sites of the kebeles under the sub-city administration. Accordingly, ISAPSO's office was located in kebele 11/12; while SYGE's office was found in kebele 03/09 and WeSMCO's office was in kebele 01/02(see the exact location of the kebeles on the map attached at the end of this research report). The detail information about the selected NGOs is specified in chapter four under the title "Background of the research settings."

1.6 Organization of the study

This study is organized in the following way. The first chapter is the introduction part. In this part of the study; the basic issue of the study is explained first. Following this, the research questions that are thought to be answered by the research are put in order. The significance of dealing on the research issue, the locations where the selected NGOs are found, and the operational definition of terms are explained accordingly.

The second chapter begins with the discussion of the concept of Gender and tries to show the relation between Gender and HIV/AIDS, HIV/AIDS and Education. It also examines the criteria for the gender responsive pedagogy. The concept of Gender analysis, the various models used to analyze it and its application in HIV/AIDS are also discussed under this chapter.

The third chapter is about the research design and the methodology part. In this part, the reasons for choosing the research methodology, the sources of the data and the reason for selecting the interviewees are discussed in detail. Furthermore, the description of the data collection instruments and their application in the study are explained.



The fourth chapter is the description and interpretation part of the data. The data collected by the use of the various instruments are described in the light of the research questions set. Eventually, the findings are interpreted and discussed.

The fifth chapter pays attention to the summary of the study and to the conclusions drawn. Suggestions are also recommended on how to alleviate the problem raised in the research.

1.7 Operational definition of terms

Terms may have various definitions depending on the context they are used. Thus, in order to make the readers clear with the meanings of some of the terms and phrases used in this study, I have given their respective operational definitions as follows:

Gender responsiveness is used to describe the extent to which the needs of both sexes are entertained in the HIV/AIDS awareness education program of the selected NGOs.

HIV/AIDS awareness education is the provision of information or education to gain an understanding of how HIV/AIDS is transmitted and how it can be prevented.

Kebele is small local government administrative body in rural and urban Ethiopia accountable to the sub-city as in the case of A.A, woreda or town administration as in the case of the others.

Sub-city is the second hierarchical body under the organizational structure of the A.A. administrative region.

Serostatus is a medical term that designates the status of a person, determined after medical examination, as being HIV positive or negative.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 The Concept of Gender

Most of the definitions of **gender** are written with reference to society and culture as compared to **sex**, which is determined by biology. The term was first used by psychologists and then by feminists to make a distinction from the biological notion of the word sex. It refers mainly to a socially/culturally constructed relation between men and women (Beth, 1994).

Gendering, which enables one to acquire the social characteristics of masculinity or femininity, is a highly complex set of processes that starts almost at birth (Beth, 1994). Once a person is born as male or female, he/she learns to accept, unquestionably, the values attached to masculinity and femininity of the society where he/she is born.

Consequently, if a society values masculinity more than femininity, then the baby-boy begins to grow by playing the 'appropriate' roles and responsibilities assigned to him starting from his early childhood onwards.

On the other hand, if a society values femininity more than masculinity, then the baby-girl grows by playing the 'appropriate' roles and responsibilities assigned to her by the society starting from her birth. However, the latter is unlikely to happen in most of the societies in our time since most of the societies encourage male dominance than female.

Gender is a dynamic term and is a learned behavior. The value assigned to it changes from society to society and from time to time. Hence, there are no universally binding social values that can apply invariably to both sexes. What may be valued concerning one sex in a society may be devalued in another society. Moreover, what may be taken for granted today concerning male and female groups may not be the same in periods or in the days to come.

Gender is used to describe all the socially and culturally determined aspects of one's life: the roles, the responsibilities, society's expectation for the future, and behavior (Pauline et al., 1997).

Gender roles vary from society to society. They refer not only to the roles and to characteristics of women and men, but also to the power relations between them. In most societies, women are responsible for the productive activities within the home. However, women have limited access to income, land, credit, education, and control over these resources (HAPCO and UNDP, 2005).

Because of gender roles, women are subject to the dominant influence of men at every level of social life. The imbalance of power in gender relations has negative consequences for women in all areas of their lives (UNICEF, 2002).

In conclusion, gender is used to describe all the socially or culturally driven aspects of people's lives: the roles they play, the responsibilities they take on, their expectations for the future, and the behavior they engaged in. It refers to many aspects of peoples' life including: emotional relation with other people, communication, behavior, sexuality, security, social position, fields of work, interests, education, jobs, economic possibilities, participation in economic and political decisions, etc. (Leach, 2003).

2.2 HIV/AIDS and Education

Education is one of the most important instruments that can prevent the spread of HIV/AIDS in the world. Its role is emphasized by the world's community. In the declaration of commitment on HIV/AIDS, under the title "Global Crisis-Global Action," prevention was taken as the mainstay for all nations in response to the pandemic. In paragraph-18 of the declaration statement it was stated that (UNAIDS, 2001):

“Recognizing the need to achieve the prevention goals set out in the present Declaration in order to stop the spread of the epidemic, and acknowledging that all countries must continue to emphasize wide spread and effective prevention, including awareness-raising campaigns through education...”

Besides education, a multitude of preventive measures, under the heading prevention (Paragraph 47-54), are cited in that historic document. Undoubtedly their implementation depends on the conditions that prevail in each of the member states.

Prior to this, Ethiopia has adopted a policy on HIV/AIDS in 1998 in order to direct the various efforts at mitigating the impact of AIDS in the country. In the policy document, prevention—that embraces all appropriate measures to end the transmission of the disease—is considered one of the general strategies that could mitigate the spread of the disease (FDRE, 1998). As part of this strategy, the preparation of HIV/AIDS education curriculum for school age students, with a combined effort of the Ministry of Education and Ministry of Health, is recommended in the policy document.

Although education is one of the preventive means of controlling the spread of the epidemic, the concept of education conveys a much more diversified meaning. The term education is taken to embrace a variety of deliberate and systematic activities designed to meet the learning needs of individuals (Sisask, 2004). Education is understood to involve organized and continual communication designed to bring about behavioral change on the part of the learner. It embraces all kinds of education at the early stages of a person’s life prior to entry in the world of work, as well as continuing education in the schools.

Education includes a variety of programs and types which are designed in the national context, such as regular education, adult education, formal education, non-formal education, continuing education, distance education, open- education, life-long education, part-time education, apprenticeships, technical-vocational education, training, special

needs education, sex education, health education, HIV/AIDS education, etc. (Sisask, 2004).

HIV/AIDS education considers intervention programs at all levels of schooling that are designed to assist individuals or communities in achieving specific health-improvements, are goal-oriented and ultimately lead to practical actions. This has become acknowledged in HIV prevention programs (Smith, 2001).

HIV interventions involve three levels. The primary prevention (mainly concerned about the cognitive aspect) seeks to change behavior by increasing knowledge about how HIV is transmitted and about prevention techniques, by providing the skills to negotiate safer sex, or by changing beliefs about the social acceptability of risk-prevention behaviors such as condom use.

The secondary prevention focuses on reducing the consequences of HIV that includes HIV counseling and testing programs, HIV seropositive support programs, programs for the prevention of relapse into unsafe sexual or drug-using behaviors, and partner notification.

Tertiary interventions involve medical rehabilitation or efforts to lessen the later consequences of HIV/AIDS. This embraces the medical treatment of those people living with HIV/AIDS.

HIV/AIDS education, with a behavioral change focus, is conducted by applying diverse methodologies such as the following:

1. Application of theoretical models: The application of cognitive theory for AIDS preventive behavior is suggested by Perloff (2001). According to Perloff, changing the behavior of individuals is not a simple process but a complex one that precedes a series of steps and continues over time. The theory of persuasion can be applied to AIDS prevention behavior, especially for safer sex. This theory emphasizes that individuals



must first label their risky behavior as problematic, think of ways to change their behavior, plan to make a change in attitude or action, and begin taking steps to change the risk behavior.

2. Continuous application of currently established prevention strategies: These strategies focus attention on the existing practices that include screening blood for HIV/AIDS infection, use of the media, AIDS education in the schools, social marketing of condoms, treatment of STDs, and commercial sex worker peer education (UNAIDS, 2000).

3. Life skill approach: If the information we receive is not consistent with our attitudes, beliefs and values, we are unlikely to adopt the new behavior. Thus, knowledge should be provided to a person, especially for youth, with life skills¹ that enable people to think critically about health risks and take effective action to protect themselves. Life skills can be grouped into three inter-related categories (UNAIDS, 2003).

- **Decision-making and problem-solving** that provide the ability to analyze the cause of the problem and search for ways to alleviate it by taking appropriate measures.
- **Communication and interpersonal relationship skills** that refer to our willingness and ability to share our opinions and feelings with others; seek advice and help when facing problems.
- **Self-management skills** which help us to deal with negative emotions (like anger, sadness, fear, etc,) and stressful situations.

¹ Life skills, according to WHO/UNESCO, are a set of psycho-social competencies and interpersonal skills that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathize with others and manage their lives in a healthy a productive way.

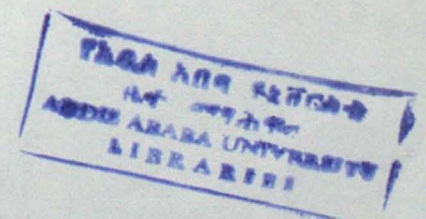
Life skills approach is based on social learning theory which asserts that children learn to behave through observation and social interaction. It also considers the constructivist psychology theory that believes in individual development based on interaction with people and the environment.

4. Peer education: The term 'peer' refers to one that is of equal standing with another; one that belongs to the same societal group, especially based on age, grade or status (UNAIDS, 1999). Peer education usually involves training and supporting members of a given group to effect change among members of the group. It is commonly used to effect change in knowledge, and attitudes at the individual level. It is also believed to create change at the societal level by modifying norms and stimulating collective action (UNAIDS, 2003).

Peer education programs provide young people with an opportunity to acquire correct information about sex and sexuality and the skills for self-protection. To implement peer education programs, the following points should be considered (UNAIDS, 2003):

- Peers should be selected from the target group based on age, and socio-economic background.
- Training should be provided with opportunities to learn and practice on how to teach peers, both knowledge and skills, for self-protection.
- The program should continuously raise the interest and motivation of peer educators.

5. Application of adult learning methodologies: Knowles (1984) theory of andragogy is concerned specifically about adult learning. Knowles emphasizes that adults are self-directed and expect to take responsibility for decisions. Adult learning programs must accommodate this fundamental aspect.



Adult learning or andragogy makes the following assumptions about the design of learning: (1) Adults need to know why they need to learn something (2) Adults need to learn experientially, (3) Adults approach learning as problem-solving, and (4) Adults learn best when the topic is of immediate value.

In practical terms, andragogy means that instruction for adults needs to focus more on the process and less on the content being taught. Strategies such as case studies, role playing, simulations, and self-evaluation are most useful. Instructors adopt a role of facilitator or resource rather than lecturer or grader. Andragogy applies to any form of adult learning and has been used extensively in the design of organizational training programs (web.njit.edu/ronkowitz/teaching/andragogy.htm-5k).

Knowles (1984) advises considering the following principles when applying andragogy to the design of adult learning programs:

- There is a need to explain why specific things are being taught (e.g., certain commands, functions, operations, etc.)
- Instruction should be task-oriented instead of memorization—learning activities should be in the context of common tasks to be performed.
- Instruction should take into account the wide range of different backgrounds of learners; learning materials and activities should allow for different levels/types of previous experience with computers.
- Since adults are self-directed, instruction should allow learners to discover things for themselves, providing guidance and help when mistakes are made.

Thus, the principles of andragogy should be considered when implementing HIV/AIDS awareness education program.

6. The participatory method: As the name indicates, involves the participation of the learners. It is also called learner or student-center method. As opposed to the teacher-

centered approach, which was the typical characteristic of the traditional method, the participatory method enables learners to participate during the learning process. It now becomes applicable in the teaching of HIV/AIDS in both schools and out side schools situations (Kedir, 1995E.C).

There are various types of participatory method of teaching both adults and children. These are; role play, rehearsal play, case study, moral dilemma, story telling, Devil's advocate, small group discussion, brain storming, debate/panel discussion, values clarification, future's wheel, project, field trips, peer teaching, problem solving, opinion polls, picture code, poems, songs, posters. The application of each of the above methods requires a clear understanding of it. Besides, it needs when and how to apply it. However, it is believed that each participatory method contributes for the development of life skills in both adults and children (Kedir, 1995E.C).

7. Other experiences: The following experiences have been practiced by NGOs in some African countries and better results were secured (World Bank, 2003).

In Ethiopia, the community conversation method is becoming more popular in addressing HIV/AIDS. Community conversation is a strategy initiated by UNDP to involve community members in discussing and finding solutions to the problems of HIV/AIDS. This methodology is based on stories about people, what they do, and their social life and enables them to talk about the epidemic starting from their own experience.

The approach has helped local communities find ways to talk, build relationships, and reflect on the issue of HIV/AIDS in their communities. The process leads to social contracts between men and women, people living with AIDS, intergenerational relationships, the urban/rural relationships between the rich and the poor (<http://www.undp.org/community>). It has been found to be an effective tool with viable results in providing HIV/AIDS education to the public (World Bank, 2003).

In Mozambique, a methodology known as 'Stepping Stones' was applied by Action Aid based on the principle that the best solutions are those developed by the people

themselves; men and women each need private time and space with their peers to explore their own needs and concerns about relationships and sexual health; and behavior change is much more likely to be effective and sustained if the whole community is involved.

In Senegal, GEEP (Groupe Pour l'Etude et l'Enseignement de la population) launched a program entitled "Promotion of FLE" in the formal education setting that targeted teachers and students. Its goal is to promote responsible sexual behavior through training activities, peer education, social mobilization, and provision of support materials and equipment.

In South Africa, Love Life (NGO) launched a program that aims to reduce the incidence of HIV among youth and based on the principles that education must deal with the broader context of sexual behavior; condom use must become a normal part of youth culture; and education and prevention must be sustained over many years at a sufficient level of intensity to hold public attention. This was implemented mainly through the use of media and youth centers.

In Tanzania, the AMRF initiated a program to improve reproductive health knowledge among 12-19 years olds and decrease the rate of sexually transmitted infections and HIV infection. Teacher-led peer educators use formal and informal as well as participatory techniques to teach about reproductive health.

In Uganda, a project known as 'Baaba Project', which aims to promote the sexual and reproductive health of street children by providing training, was also effective.

In Zambia, the CHEP focused on health education and HIV/AIDS prevention in all sectors in one of the provinces.

In Zimbabwe, Africare (NGO) contributed to a reduction in the transmission of HIV/AIDS by effectively reaching adolescents with reproductive health information and promoting positive attitudes and behavior.

Whatever methods of educating the people are employed, the gender gap can be minimized if due consideration is given to gender issues. In other words, its pedagogical aspect should be gender responsive. We may ask what a gender responsive pedagogy is.

2.3 Gender responsive pedagogy

Gender responsive pedagogy refers to the teaching and learning process that pays attention to the specific needs of females and males. It generally requires teachers/trainers to apply an all embracing gender approach in the process of lesson planning, teaching, classroom management and performance evaluation (FAWE, 2006).

It also integrates the experiences and needs of both female and male students/learners into all educational practices and ultimately enabling them to overcome traditional gender relations through education (UNESCO, 2006).

In the formal education system, there are occasions when teachers fail to pay attention to the specific gender needs of both sexes. For instance, due to socialization and cultural conditions, girls may fear to touch some animals or insects that are used as specimens in biology experimental classes. Moreover, they may be told not to handle chemicals or electricity since it is considered dangerous for girls to do so (FAWE, 2006).

Classrooms may also be arranged in traditional seating styles that make it difficult for girls to speak up in front of their peers and teachers. Instead, most of the time, they are encouraged to sit at the back of the classroom adversely affecting their participation in classes (WWW.Oxfam.Org.uk).

Even the languages that teachers use in the class may reinforce negative gender attitudes. This may be verbalized in the following ways, i.e. that girls are not as intelligent as boys, that girls do not need to perform well because they will get married, that girls can not be scientists or can not be better than boys in some other professions, etc. and this affects girls' academic drive and performance (WWW.Oxfam.Org.uk).

Many books and teaching aids can reinforce attitudes and beliefs that men are superior to women by demonstrating men as doctors, engineers, pilots, and women as nurses, cooks, mothers, secretaries, homemakers, etc (FAWE, 2006).

Most teacher-student relationships are not favorable to effective learning. Teachers are inclined to be authoritarian, hostile, unapproachable, and distant. Such behavior does not encourage girls to seek guidance or any other form of assistance from their teachers. It also makes it difficult for teachers to respond to the special needs of their students.

School management systems do not consider gender issues in their design and implementation. Most school rules and regulations do not provide for action and sanctions for gender related concerns like sexual harassment and bullying. They are not sensitive to the special needs of girls (for instance, the absence of facilities to manage menstrual hygiene like privacy, water, sanitary towels, and bins) (FAWE, 2006).

2.4 Gender and HIV/AIDS

Varying patterns of male/female infections rates have been reported all over the world since the first AIDS patient was identified in America. In the early stages of the HIV/AIDS pandemic, more men were infected than women. However, the situation has changed as the epidemic spread. Currently there has been a shift towards heterosexual transmission and increasing infection rates of females. Consequently, most statistical data on the issue in most parts of the world shows that more women than men are now living with HIV and dying of AIDS. The age patterns of the infection are also significantly different for the two sexes (Matlin, et al., 2000).

In conjunction with this, we may pose a question "Why it is so?" In response to this, the World Bank (2004) has tried to evaluate the intrinsic relation between HIV/AIDS prevalence rates and gender inequalities. Accordingly, it was reported that the epidemic is mainly motivated by gender-based cultural, social, economic, and legal inequalities. Because of this, gender inequalities are supposed to fuel the spread of the HIV/AIDS.

How the gender inequalities give rise to the epidemic is argued as follows (World Bank, 2004):

1. In sub-Saharan Africa, HIV/AIDS is transmitted mainly by heterosexual activity. As a result of this, gender norms require females to remain ignorant, passive, subordinate, and faithful in sexual relations while simultaneously promoting the idea that men should be knowledgeable and experienced.
2. Vulnerability factors of the epidemic vary by sex, age, and circumstances. Accordingly, female vulnerability, in general, includes poverty, cultural and sexual norms, violence, and legal issues that greatly impede women's access to resources, information, and services. For males, risky behavior is associated with poverty, long-distance employment, and cultural and sexual norms. This gender inequality aggravates the vulnerability of both sexes to HIV/AIDS.
3. Factors such as limited empowerment, restricted access to and control over resources and opportunities; and the economic dependence of females on males are linked with women's limited control over their own health and safe sexual intercourse. This eventually leads to vulnerability, to gender-based violence and HIV infection.
4. At times females' responsibility for care giving activities at home reduces their participation in productive and economic activities as the epidemic spreads. This in turn affects women's social and economic opportunities by contributing to the cycle of poverty, lack of empowerment, and vulnerability to infection.
5. Laws and regulatory frameworks discriminate against women and reinforce women's subordinate status in property and inheritance rights, marriage, employment, rape, and sexual harassment, and contribute to vulnerability to infection.

6. Biologically, women are more susceptible to HIV transmission during unprotected sexual intercourse.
7. Gender-based harmful traditional practices such as FGM and widow inheritance contribute to the spread of the virus.
8. Stigma and the culture of silence and denial can also fuel the epidemic by preventing diagnosis and care seeking, and reducing communication between sexual partners.

Gender inequalities that perpetuate poverty and HIV/AIDS need to be addressed in a comprehensive, multi-sector HIV/AIDS action plan is essentially a gender-based issue and needs to be seen in this light if it is to be addressed effectively. It is believed that it can be conquered when the effort to achieve gender equality is flourished.

Similarly, WHO (2003) has tried to disclose the link between the HIV/AIDS epidemic and the role **gender norms** play in determining an individuals' ability to prevent infection, access to care, support, or treatment, and the ability to cope when infected or affected. It has given coverage to the discussion about the role gender norms play in the spread of HIV/AIDS. For that reason:

1. Gender norms of male dominance often compel women and girls to be ignorant and unreceptive about sex, which greatly hinders their ability to negotiate safer sex or access appropriate services. Moreover, the imposition of gender roles and the rigid division of labor is primarily responsible only for reproductive and productive activities within the home, as opposed to men who are supposed to be the primary economic actors and producers outside their homes.
2. Gender norms, especially in rural areas, account for women having less access to key productive resources such as education, land, income, credit, and employment, which significantly affects the power they should have in

negotiating protection with their partners. This also greatly affects their ability to cope with the impact of the infection.

3. In relative terms, gender norms for men and boys create social pressure to take risks, be self-reliant, and prove their manhood by having sex with multiple partners. Consequently, such norms expose men and boys to the risk of infection and influence them on their use of HIV/AIDS prevention, care, or support services.
4. In most societies, gender norms make women and girls more vulnerable to the epidemic than men. These societies supposedly pay much attention to youth, such as those that expect unmarried girls to remain a virgin. Such an attitude can put them at risk by restricting their access to full information about sexuality and reproductive health services.

In a similar discussion about gender and HIV/AIDS, UNICEF (2002) has also categorized the factors that compel women and men to be at risk as **biological, social, and economical**. Accordingly, females have bigger reproductive surface area than males. Men's semen has a much high concentration of the HIV virus than female vaginal secretions. Thus, females, as recipients of the semen during sexual relations, are more risk-prone to HIV (Panos Ethiopia, 2004).

Moreover, in women and girls, STDs often go undetected because of absence of symptoms of disease for a long time. In fact, STDs can shortly be observed on females than males. Even when STDs are detected, females may fear societal responses (of their partners or their own family) in getting cure.

The other biological factor affecting the transmission of HIV is from mother-to-child during pregnancy, birth, and breast-feeding. Moreover, biologically such roles being exclusively female, causes females to be affected more than males.

The social factors that contribute for the spread of HIV are singled out as; **traditional gender norms** (as discussed above) that favor males more than females by allowing males freedom in the choice of their sexual partners whether they are single or married. On the other hand, due to unjust gender norms, females are forced to be ignorant about accessing accurate information and services and from talking openly about their bodies, sex and reproduction-so that they do not know what they need to know to protect themselves from HIV/AIDS.

Most women do not have the power to influence men to use condoms and to apply their sexual experiences on their partners. Besides, they are imposed to spend a disproportionate share of caring for HIV/AIDS infected family members. Due to the gender bias, parents are unwilling to spend scarce resources on females' education on HIV/AIDS or for their medical care. Such practices in general put females at risk.

Economic and political factors are also reasons that contribute to the spread of HIV/AIDS because women labor the longest hours, in the home, at the workplace, and in the community for least economic return. Politically, they are also denied equal participation in policy making and equal access to resources. They are discriminated against employment, housing, education, and health. Consequently, their needs are often ignored. Such situations increase their dependency and vulnerability and limit their ability to change or influence the conditions in which they live.

Obviously women and girls suffer the most damaging consequences of migration, trafficking, and displacement during conflicts. Due to the low status of women and girls, and the widespread violation of their rights, women are trafficked or sold into prostitution. This in turn contributes for the high prevalence of HIV/AIDS in some countries (UNICEF, 2002).

In response to a question of why HIV has the face of a woman, FAO (2006) listed four factors that contribute to women and girls vulnerability to infection as:

- Biological factors.

- Limited access to economic opportunities.
 - Limited access to health care that increases risk factors.
 - Low social status compromising the ability to choose healthier life strategies, etc.
- Although these factors are similar to the factors mentioned by most authors, they lack clarity since they are stated in general terms.

The intrinsic relationship between gender and HIV/AIDS is unquestionably accepted fact and the cultural values that are firmly established in the society are the main contributors to this. Some of these cultural values cannot be changed through time and resistance may occur. Resistance to cultural values is believed to create a challenge in the implementation of HIV and gender programming. This resistance can manifest itself in the following way (ICAD, 2003):

- **Barriers in women participation:** Due to cultural impositions, women's participation in public and domestic affairs is very limited and this continues to influence the spread of the disease.
- **Poverty:** Economically women are dependent on men. When a man dies the wife is likely to miss all the sources of the economic support. Eventually she will be engaged in sex for money.
- **Increased risks in sex work:** Women who are engaged in sex work for survival face risk. This is due to the fact that they may be forced to have unsafe sex with their partners.
- **Controlled access to information:** In some societies sexual issues are remained taboo and adults control them. Such practices prevent some of the people (including women) to be informed about HIV/AIDS.

- **Difficulty accessing health care:** Due to domestic responsibilities, distances of clinics and lack of funds for medication, women face difficulties in accessing information about HIV/AIDS.
- **Expectations of women's sexual passivity:** In many societies women are expected to be sexually inexperienced and passive and are required to give priority to male sexual pleasure.
- **Lack of government action:** In some countries, governments pass down the responsibility of dealing HIV/AIDS to the community while expending the necessary resources. Women are thus imposed to pick up the burden of care-taking at home; and men providing additional financial assets.
- **Political repression:** In societies where women are denied the right to inheritance, customary law often ensured that a widow and her children would be provided for. However, those women may be abandoned if they are HIV-positive.
- **Displacement and conflict:** Violent conflicts may cause rape that leads to HIV infection.

In a similar study conducted by Panos Ethiopia (2004) the following factors were listed as the most prominent causes affecting the gender dimension of the HIV/AIDS in Ethiopia. These are:

- **Prevention of mother-to-child transmission programs:** So far, the programs that focus on the provision of Anti Retroviral drugs to protect the baby disregard the mother in prolonging her life after delivery.
- **Failure to own protective means:** Due to its high cost, female condoms cannot be distributed to all females throughout the country.

- **Information, education and communication problems:** There are some informal organizations, established in schools and elsewhere, that aim to educate youth on HIV/AIDS. However, more males than females participate in these activities due to male dominance, lack of empowerment of females, and parents' reluctance to sending their children.
- **Treatment of sexually transmitted infection:** Females do not command the economic gains of the family and have no control over it and this has an effect on their decision to go to the health centers for treatment when they face health problems.
- **Traditional malpractices:** Early marriage, circumcision, abduction, skin cutting, and rape increase the vulnerability of women to STIs and eventually to HIV/AIDS.

2.5 The Concept of Gender Analysis

There seems little doubt that there is 'female discrimination' in the economic, social, and political aspects of life. This can be attributed to the various social, biological, cultural, etc. factors that prevail in most of the societies. Such a tendency leads to unsuccessful implementation of plans, programs, projects, etc. Measures are thus taken to correct gender relation problems. In doing so, a method known as 'gender analysis' or as sometimes called 'gender relation analysis', is thus employed to alleviate such a problem.

Gender relation analysis, as the name implies, refers to the analysis of the relationship, the power, and the inequalities between males and females in a society. It is a systematic means of assessing the effect of policies, programs, projects, and laws on men and women. It enables defining and understanding how culture or societal life defines the rights, responsibilities, and duties of men and women in relation to one another (Leach, 2003).

The main aim of gender analysis is to see closely the gender relations to determine what changes are required if more equitable relationships are to come and ultimately to promote a more equal society. It is conducted to determine the relationship of the two sexes in all walks of life at different levels (at national and international levels). It basically answers the following questions: Who does what?, how often?, for how long?, who owns what?, who makes decisions? and why it is like this? (Leach, 2003).

Gender differentiated data is crucial when doing a gender analysis since it answers the basic questions that are related with gender. Unless data are gathered on access and control over the resources and power for decisions, etc., it is difficult to perform gender analysis. Gender analysis is an important means of collecting data on the general conditions of females and males in a given society (Tezera, 2003). The purpose of the analysis determines the type of questions to be raised and the kind of the gender differentiated data that could be collected.

In order to expand the application of gender analysis to HIV/AIDS, an analytical framework is needed. There are different analytical frameworks that represent different theoretical positions. Some of the analytical tools are briefly introduced below.

2.5.1 The Harvard Analytical Framework

The focus of this framework is on access to and control of resources. It pays attention to the importance of economic considerations in working towards gender equality. The model enables those who apply it to map the various **activities** engaged in men and women, to assess their respective access and control of the **resources** needed for these activities, and to identify **influencing factors** (Leach, 2003).

The framework can be applied to the gender analysis of structures and practices within the educational organizations. In a study conducted in Nigeria, for instance, the framework revealed the discrimination and stereotyping which exists in routine daily practices. Its application to an organizational setting permits greater understanding of the gender nature of that organization (Leach, 2003).



2.5.2 Moser's Gender planning framework

This framework is based on the concepts of gender roles and gender needs, and policy approaches to gender and development planning. According to Moser five different policy approaches can be identified, each categorized in terms of the roles of women on which it focuses, and the practical and strategic needs it meets. These are (Beth, 1994):

- **Welfare:** It is the earliest approach, 1950-70. Its purpose was to bring women into development since they were seen as the passive beneficiaries of development. It recognizes the reproductive role of women and seeks to meet PGNs (are those needs that women identify in their roles in society, such as water provision, health care, and employment) through measures against malnutrition and family planning. It is non-challenging and is, therefore, still widely popular in some developing countries.
- **Equity:** The original WID approach used in the 1976-85 UN Women's Decade. Its purpose was to achieve equity for women, who are seen as active participants in development. It recognizes the triple roles (productive, reproductive, and community managing activities) and seeks to meet SGNs (are those needs that women identify because of their subordinate position in society, e.g. issues like legal rights, domestic violence, equal wages, and women's control over their bodies) through direct state intervention by giving political and economic autonomy, and reducing inequality with men. It challenges women's subordinate position. It is criticized as Western feminism, is considered threatening, and is unpopular with governments.
- **Anti-poverty:** This is the second WID approach adopted from the 1970s onwards. Its purpose is to ensure that poor women increase their productivity. Women's poverty is seen as a problem of underdevelopment, not of subordination. It recognizes the productive role of women, and

seeks to meet the PGN to earn an income, particularly in small-scale income-generating projects. It is most popular with NGOs.

- **Efficiency:** The third, and now the most popular, WID approach, adopted particularly since the 1980s debt crisis. Its purpose is to ensure that development is more efficient and effective through women's economic contribution, with participation often equated with equity. It seeks to meet PGNs while relying on all three roles and an expandable concept of women's time. Women are considered in terms of their capacity to compensate for declining social services by extending their working day.
- **Empowerment:** It is the most recent approach expressed by Third World women. Its purpose is to empower women through greater self-confidence. Women's subordination is experienced not only because of male oppression but also due to colonial and neo-colonial oppression. It recognizes the triple role (productive, reproductive and community) and seeks to meet SGNs. It is potentially challenging, although its avoidance of Western feminism makes it unpopular except with Third World women's NGOs.

2.5.3 Women's Empowerment Framework

This framework is intended to help planners, policy makers, managers, and evaluators assess the extent to which a policy, organization, or program is committed to women's empowerment. It looks at equal participation of both sexes in the control of the development process and its benefits by women and men. The framework is based on the views of the following five different levels of equality (Leach, 2003):

1. **Welfare:** It refers to the level of women's material welfare relative to men (equal access to food, income, and shelter). It can be used as an encouragement for girls to attend schools with, for example; free fees, free stationeries, free uniforms, etc.

2. **Access:** It promotes equal access to the factors of production, i.e. land, labor, credit, education and training, marketing, and all other services and benefits. It shows equal opportunities and the need to remove all forms of legal and administrative discrimination against women.
3. **Co-sensitization:** It is about a clear understanding of the difference between sex and gender, and an awareness that gender roles, including the sexual division of labor, are culturally determined and can be changed.
4. **Participation:** It refers to equal participation in decision-making, whether in policy-making, planning, or administration. It requires the involvement of women in the community affected by the decision made.
5. **Control:** It refers to equal control over decision-making, including the factors of production and the distribution of benefits. It promotes the balance of control by both sexes without the domination of one over the other.

2.5.4 Social Relations Framework

This approach is intended as a method of analyzing the gender inequalities within institutionalized (framework of rules for achieving certain social or economic goals) relations that affect the distribution of resources, responsibilities, and power. It can also serve as an aid for designing policies and programs that support women as agents of their own development. It is a powerful vehicle for examining and explaining the institutional construction and maintenance of gender relations.

It concentrates on the relationships between people and their relationship to resources and activities, and the way in which these are re-worked through institutions. It can be applied narrowly to analyze how gender inequality is formed and reproduced within a single institution or it can be applied broadly to reveal how gender and other inequalities are interlinked through interaction between different institutions, creating situations which disadvantage certain individuals /groups in multiple ways (Leach, 2003).

2.6 HIV/AIDS and Gender Analysis

Each sector and each situation that is subject to gender analysis requires thinking about the development of a module that is appropriate and accessible to it (Mukabi and Masinjila, 1997). The case is not different in HIV/AIDS prevention programs as they need more consideration of the needs of both sexes. Thus, they require the application of gender analysis.

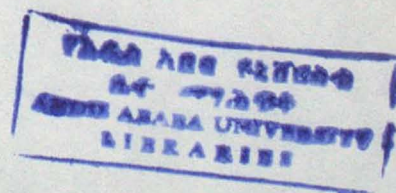
By and large, men and women face diverse vulnerabilities and different competence because of their 'gendered' function. At times these roles are very different and flexible. In both cases, the failure to identify gender roles and to formulate HIV/AIDS policies, plans, and programs, with them consciously in mind, can result in the inequitable delivery of assistance, and inadequate attention to the final outcomes of interventions (HAPCO and UNDP, 2005).

Gender analysis is, therefore, applied to analyze the disparities between men and women, as pre-determined by cultural status and roles in society. Within the context of HIV/AIDS, it clearly shows how socio-cultural factors affect women's and men's susceptibility to infection, access to prevention, treatment, and care. It analyzes the norms, values, attitudes of the society. It makes clear all the underlying factors that outline the vulnerabilities between both sexes.

On the basis of the above captioned ideas, the key areas that are normally explored within a Gender Analysis in HIV/AIDS are the following (HAPCO and UNDP, 2005):

1. Division of labor across gender lines.
2. Access and control over resources and benefits based on genders.
3. Self-image, social-image, and self-confidence of women as compared to men.
4. Role of women in the community.
5. Problems and needs of women—this is also often used for addressing broader poverty issues.
6. Social capital and women's institutions to address problems identified by women.
7. Assessment of stakeholders and their potential to address problems which have been identified (including the stakeholders

or other organization's gender sensitivity). 8. Interventions that can address the practical and livelihood needs of women and their strategies or long-term needs, but can be used in the HIV context as well.



CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1. Introduction

This study has employed the qualitative method of the multiple-case study. This was due to the fact that a close observation of the problem can be realized by applying the appropriate method known as the case method. This was chosen because of my interest in dealing with the details of the HIV/AIDS awareness education approaches of the selected NGOs.

The foregoing reason compelled me to deal the present research problem using the case method. It is true that a case can be a person/s, an event, a program/s, a time/period, a critical incident, community/communities, a group/s, neighborhoods, organizations, cultures, regions, or national states (Patton, 2002).

The case approach enables qualitative analysis by comprising a particular way of collecting, organizing, and analyzing data with the aim of gathering comprehensive, systematic, and in-depth information about the case under study (Patton, 2002).

There are, in fact, three different kinds of case studies (Johnson and Christensen, 2004). The first one is the intrinsic case study in which the researcher's primary interest is in the understanding and describing of the particular cases. The second kind is the instrumental case study in which the researcher studies the case to learn about something more general. The third type is the collective case study or some times called multiple-case design where the researcher employs it when he or she believes that greater in sight into a research topic can be obtained by studying multiple cases in the over all research study.

Researchers in the field believe that there is an advantage in studying more than one case (Johnson and Christensen, 2004). The first advantage is that a comparative type of study can be conducted in which cases are compared and contrasted by their similarities and differences. Secondly, a theory can effectively be tested by observing the results of all

cases studied. Thirdly, researchers can be able to generalize the results from multiple cases than from the single ones.

The case study, in general, has been seen as an inferior method (compared to other quantitative methods) since it allows very little quantification and no generalizations. Despite the attitudinal variations contend by researchers, nowadays the case study method is considered as a valid form of inquiry when the research context is too complex for survey studies or experimental strategies, and when the researcher is interested in the structure, process and outcomes of a single unit (Sarantakos, 1998).

Like all other methods, the case method is expected to undergo through the process of the test of reliability. Unless this measure is ensured, it will be hard to ascertain its methodological efficiency. Thus, triangulation is taken as one of the strategies for testing the reliability of the case method since it enables qualitative researchers to utilize different data collection methods. Accordingly, the following four types of triangulation are known in the case method (Patton, 1987):

A/ Collecting different kinds of data on the same question. B/ Using different fieldworkers and interviewers to avoid the biases of any one person working alone. C/ Using multiplied methods to study a program. D/ Using different perspectives (theories) to interpret the set of data.

In the light of the above basic points of case research, care has been taken when selecting collective/multiple cases for this study. Prior to the selection of the topic (the main driving forces being the ones that I mentioned at the beginning of this chapter), I have posed questions: What kind of case should I use? What kind of data should I collect? What kind of instruments should I use? How can I analyze and interpret the data? etc. After due consideration to these and other questions, I have selected three non-governmental organizations (SYGE, WeSMCO, and ISAPSO) that were engaged in HIV/AIDS awareness education program at the Arada Sub-City Administration in Addis Ababa.

The program departments in each of the above mentioned NGOs are clearly shown in their organizational structures and HIV/AIDS awareness education program is under this unit. Consequently, program officers, HIV/AIDS program coordinators, and experts who were thought to have knowledge on the issue were selected as key informants. The key informants from all the three NGOs were selected since they were working on HIV/AIDS awareness education programs in that particular NGO.

Observations at the settings where the education and training process has been taking place were simultaneously conducted. Unstructured interviews with kebele HIV/AIDS desk heads and university students were held. Focus group discussion with trainees and learners were also held.

3.2 Research design

Instead of designs or models, the most popular term in qualitative research is conceptual framework, which is the same as research design. A conceptual framework explains, either graphically or in a narrative form, the main things to be studied. It is supposed to specify how, where, when, and under what conditions the researchers collect and analyze the data. In fact, the structure of a conceptual framework varies from case to case (Sarantakos, 1998).

The design normally contains the logical sequence in which the study is to be carried out as well as the elements of the study, its methods of data collection and analysis, and all procedures that need to be considered for the study should be carried out without hindrance or problems (Sarantakos, 1998). For these and other reasons, this study has applied the following data collection instruments.

3.3 Instruments for data collection

Case study researchers advice to rely on any data that will help understand the case and answer the research questions (Johnson and Christensen, 2004). Thus, I have employed the following data collection instruments.

3.3.1 Observation

Observations relevant to the research questions were carried out at the centers where the training or awareness education programs were taking place. I have said training because **ISAPSO** and **SYGE** provide HIV/AIDS awareness education program through the training of high school and university students where as, **WeSMCO** offers HIV/AIDS awareness education through a regular program (once in a month in each kebele) for PLWHAs.

On the other hand, **WeSMCO** had an awareness education program for PLWHAs in Kebele 01/02, 10, and 11/12. Observations on the teaching-learning process of the awareness education program at these Kebeles have been completed by the application of the format (see the observation format from appendix V) for one hr in each Kebele respectively.

The data collected in this way consisted of detailed descriptions of trainers' activities, behaviors, and the full range of interpersonal interactions with the people that they teach or train. In general, I was concentrated on how, whom, when and where they teach on HIV/AIDS awareness education.

The researcher had direct contact with the people in order to observe the trainers and trainees in the selected areas; the trainers' and trainees' situation, and the problems under study. The study used a structured approach to observations to avoid observations that were loosely organized and to minimize researcher's bias.

The structured observations have been employed in formal and strictly organized procedures, with a set of well-defined observation categories that were subjected to a high level of control. Besides, it was organized and planned ahead of time.

3.3.2 Interview

Qualitative researchers often use open-ended questions to get qualitative data and to allow for follow up questions. This enables them to obtain an in-depth information about participants' thoughts, beliefs, knowledge, reasoning, motivations, and feelings about the issue under study (Johnson and Christensen, 2004).

In this study, therefore, unstructured interview with university students (**see the questions from appendix VI**), an in-depth interview with key informants (**see the questions from appendix IV**) and unstructured interview with kebele HIV/AIDS desk heads (**see the questions from appendix IX**) were conducted. Much time was taken to collect detailed information from each NGO. The size of the key informants depended on what and why I wanted to find out, how the findings will be used and the resources (time and money) I had for the study.

Interview questions were presented to each interviewee in Amharic to avoid confusion and secure detailed information to each question. The topics and questions were provided to the key informants/ interviewees by the researcher three days before the session has begun to allow the key informants/interviewees the opportunity to explore the questions and issues ahead of time and plan their responses.

The in-depth interview questions, which were the same in content for all subsequent key informants, were presented to;

1. WeSMCO staff members particularly to the program officer, HIV/AIDS and FP/RH program coordinator, and Skill Training Scheme and Youth Support program coordinator.

2. SYGE staff members particularly to the program officer, university capacity building project officer and adolescent Reproductive Health project officer.

3. ISAPSO staff members particularly to the program officer, prevention of violence against female students' project officer and urban gardening project officer.

Similarly, unstructured interviews (see the format from appendix VI) have been administered at Bisheftu for university students who were drawn from five universities and with Kebele HIV/AIDS desk heads (see the detail information from table II). During the interview session, care has been taken to make sure that the respondents did not regress from the topic and tape recorder was used with the consent of the respondents.

3.3.3. Focus Group Discussion (FGD)

Focus group discussions that were special types of group interviews (Johnson and Christensen, 2004) were also used to triangulate the other methods of data collection instruments. The researcher has led the discussions with students participating in HIV/AIDS education programs in the Addis Ababa University, in Menelik II High School (see the questions from appendix VII), and Kebele PLWHAs (see the questions from appendix VIII) to examine how the group members think and feel about the HIV/AIDS awareness education programs under study.

Each focus group was composed of equal number of both sexes (except Menilik II high school students since they were all females) to gather the kind of information related to the focus of this study. The discussions have focused on the contents, methods, and impacts of HIV/AIDS awareness education programs by the NGOs in their locality.

Attention was paid to make sure that everyone has involved in the discussion. The researcher did not allow a few individuals to dominate the discussion. Care has been taken to make the particular topic/question exhaustive. The group discussions were recorded using tape recorder with the consent of the group members.

3.4 Data analysis

Concerning the analysis of multiple cases, each case is first examined in terms of the total and their difference is then examined for similarities and differences. The final report was usually written to present a rich (vivid and detailed) and holistic (describes the whole and its parts) description of the case (Johnson and Christensen, 2004).

Accordingly, the data obtained from each interviewee have been transcribed word by word and sent back to the interviewees for comment if there was any mistake while recording. Finally all interview texts were collected from each interviewee and they have undergone the process of segmenting, coding, and developing category systems (Johnson and Christensen, 2004). Thus, during the segmenting process I have read the interview text of each interviewee from each NGO line by line and raised questions like: Do I see any line of the text to have relevance to my research questions? Is this text different from the one that comes before and after it? Where does this segment start and end? etc.

In coding process, I have assigned symbols, descriptive words, or category names for the interview text of each interviewee. Lastly using category, which is similar to coding, I developed names that represent the content of the segments of the data. A master list of codes was prepared by collecting all the codes that appear in each key informant interview text. At last, the views, experiences, knowledge, etc of the key informants on the questions have been categorized. The data collected through unstructured interviews, observations, focused group discussions, and by document review were taken to triangulate the in-depth interview.

Description and interpretation of the data have been made based on the research questions I set. Differences and similarities of responses of interviewees on the questions presented were identified. The researcher has thus tried to make his own perspective and understanding to make sense out of the similarities and differences of the responses.

The report was finally prepared based on the qualitative procedure. In fact, diversity in the reporting of qualitative research is common today. As Johnson and Christensen (2004) report, there are many non-traditional and creative styles that are sometimes used by qualitative researchers. Thus, I did not adhere to the style / format used in the quantitative approach when preparing the report.

3.5 Ethical considerations

I have tried to establish good relationship with all the interviewees by making myself clear where I came from, why I decided to conduct the research, why I chose the interviewees for study, etc. I have also arranged the interview and the focus group discussion time without affecting or with the consent of each key informant and interviewee. During the interview process I recorded the interview using a tape recorder with the permission of all key informants.

In similar way, I have made myself clear to PLWHAs before the beginning of the observation at each kebele. I have also asked permission from the coordinators to take and attach the photographs with the research report.

For the sake of anonymity, I use pseudonyms in the places of key informants involved in the study. Finally, I have obtained letters from each NGO that testify my involvement in the collection of the data during the time of the research (see the letters attached at the end of this research report).

CHAPTER FOUR

DESCRIPTION AND INTERPRETATION OF THE DATA

4.1 HIV/AIDS awareness education program in the selected NGOs

4.1.1 General considerations

HIV/AIDS awareness education program in the selected NGOs was taking place in different settings (see the figures from appendix I). Accordingly, WeSMCO has organized a program in three kebeles (01/02, 10 and 11/12) of Arada sub-city since 1996 E.C. At the beginning of the program, it was not easy for the kebele dwellers to expose themselves as AIDS patients since the stigma during that time was very rife. Because of this, WeSMCO has designed a strategy in which orphans and TB patients in the kebeles to come for wheat aid. Some of the people who heard the news have come and registered. Gradually HIV/AIDS and other related issues have begun to be discussed among the people. The regular program, which was once in a month, has led the people to ask for HIV/AIDS test. In due course of time, those who knew their serostatus began to adjust a new way of life by taking ART (Interview with all the three HIV/AIDS desk heads in the three kebeles, April 2007).

Although regular programs in both higher institutions and high schools were inflexible to organize similar programs on HIV/AIDS, ISAPSO and SYGE have to some extent tried to make a breakthrough. SYGE promoted awareness education program through a strategy called “Youth Dialogue” at the Addis Ababa University, which began in 2006.

On April 29/2007(9:30-11:45 AM), I made a visit while AAU students were taking part in the training of the aforementioned strategy at Yared musical school. Both sexes were assumed to be represented on equal numbers, as there were thirteen boys and thirteen girls during the time, in the Youth Dialogue Club. The club was organized to train its members for six weeks with the assumption that they would transfer their knowledge

about HIV/AIDS to fifty students per head in the university (Interview with H at SYGE, April 2007).

In a similar manner, ISAPSO had a contact with girls' clubs of Menelik II and Kokebetsebah High Schools. The main function of the club was to empower girls to fight violence in schools. Furthermore, the club members had the responsibility of publicizing students on HIV/AIDS in cooperation with Anti-AIDS club of the respective schools. To this end, ISAPSO has organized two training programs for Menelik II High School club members in 2006/2007 academic year i.e.; 1. Training on peer education on Feb. 23-28/2007 for twenty-three female and six male students. 2. Training on peer counseling on Jan. 23-30/2007 for twenty-five female and six male students (interview with N at ISAPSO, April 2007). In fact, the main purpose of the training was to enable the club members to acquire the skill to discuss with the other students in their respective schools.

4.1.2 Description of the learning setting

The awareness education program by WeSMCO in all kebeles has been conducted as an on and off type of program in the kebele offices with no special rooms (Interview with SA at WeSMCO). Especially during the time of the observation, I noticed chairs scattered all over the floor. The chairs were not arranged correspondingly with the number of participants in all the three kebeles.

Although the problem was felt by the organization, participants of all the three kebeles have found it hard to have chairs per head while the awareness education program was going on. Besides, there was no sufficient light in the offices and the ceilings were very close and caused suffocation. The seats were not arranged in rows and were more concentrated at the back. Consequently, the presenter could not equally observe all participants during the discussion as there were participants who were not noticed (three from kebele 01/02, one from kebele 10 and two from kebele 11/12) when raising hands for comments or questions. During the focus group discussion with the PLWHAs, all of them expressed the discomfort that they felt about the learning places.

However, nothing could be said about the awareness education programs in the universities and high schools since interviewees from these institutions had confirmed that there were no regular programs. ✓

4.1.3 Presentation of the lesson

The topics for discussion with PLWHAs were selected based on the presenters' own interest (See the topics from table 1 of appendix I). There was no rule or mechanism that guided them what topic to choose, how to teach, for how long to teach, etc. As far as the presenters had created a relation with the PLWHAs, they were in a position to choose topics that were thought to satisfy the participants' interest.

In a focus group discussion with PLWHAs, it was pointed out that most of the topics raised during the discussion in the awareness education program were not considered separately for females and males. Instead, they were general. During my observation in all the three kebeles, I noticed the topics selected for discussion as general.

On the other hand, the training of university students on message development, for university anti-AIDS movement, took place at the training auditorium of DSW BONITA in Bisheftu town. I had observed the training process for thirty minutes on March 21/2007 by the time when the trainer (from the Ministry of Health) was presenting a discussion topic on "dissemination, monitoring, and evaluation of IEC materials." Seats were arranged in "U" shape and the trainer was in front of the trainees. Both sexes were mixed in their seat arrangements. The trainer first presented the topic and inquired the trainees to react. More male students (eight) than females (three) were observed while participating (by asking and answering questions) during the discussion.

4.1.4 Participants and their interactions

There were more female participants of PLWHAs than males in the program. The small number of male participants was attributed to the fact that most males were believed to be afraid of the stigma (Interview with SA at WeSMCO, April 2007). During the focus group discussion with PLWHAs, a similar reason was cited.

During the discussion on the issues raised in the 'class', females (fifteen in kebele 11/12, ten in kebele 10 and eighteen in kebele 01/02) dominated more opportunities for interaction with the presenters than males (six in kebele 01/02, two in kebele 10 and five in kebele 11/12) in all forms of response through being called on by presenters. Female students actively responded more to presenter-initiated questions, but they also displayed interest for more female-initiated questions.

Presenters were asking additional questions and were provided detailed feedback from the responses of both sexes. The feedback was mainly as an affirmation of correct answer or the negation of the incorrect ones. In addition, all presenters were encouraging both sexes to take part in the discussion.

During the discussion time, I saw some PLWHAs coming to the learning settings nearly the end of the program in all kebeles (four from kebele 01/02, nine from kebele 10, and six from kebele 11/12). It was hard to believe that these people had gained the right knowledge as the other participants. Presenters, during the time, had shown no reaction concerning such type of behavior.

4.1.5 Participants' attitude towards the program

During my observation of the kebele awareness education program, I saw more females (as shown above) participating very interestingly in the discussion. They were expressing what they felt about the topics raised. To a question that inquired to mention the benefits of attending the awareness education program, some of the PLWHAs (five participants of the focus group discussion) said that it had helped them to know about HIV transmission and how to prevent it.

During my observation, I heard some participants (thirty two from kebele 01/02, eleven from kebele 10 and eighteen from kebele 11/12) saying that they had to save their family although they were victims by then. The PLWHAs, during the focus group discussion, expressed their determination to attend the program all the time. I have quoted an

interesting case by one participant mainly expressing her interest on why she was attending the awareness education program run by WeSMCO.

“Her name was M.B. She was living in kebele 10 of Arada sub-city. She had no children. Years had passed since her husband died. She remained alone since his death. She began life by hiring her one-room house for bar ladies. Even she used to help bar ladies when they gave birth in her house. After she had attended awareness education program, she was convinced to take HIV/AIDS test. Eventually, she was told that she had the virus in her blood. She could not trust the result since she had no sexual contact with any one else after the death of her husband long time ago. Being suspicious about the result, she asked the medical people how it could happen without any sexual contact. After a through discussion on the issue, she herself traced back the reason. It was due her carelessness since she did not take care by the time she was washing clothes that were smeared with blood and urine. She admitted that it was late and she could not help it. She was unfortunate. Since then she began to attend HIV/AIDS awareness education program in the kebele.”

A woman who was living with the virus at the time expressed similar feeling. She was weeping, while she was explaining about the advantage of attending such programs by recalling the previous hard time.

“Her name was T. She was living in kebele 10 of Arada sub-city. Three years had passed since her husband died. She had three children. Before her husband died, he used to come late being intoxicated. She had been asking him why he was doing so. He could not improve. Lastly, he became sick and died because of HIV/AIDS. She said that she could have saved herself had this program been earlier. Regrettably she said that she would not have slept with him when he stayed out side for the first time.”

During the focus group discussion with AAU students, I heard (both female and male) students expressing their interest in joining the youth dialogue club. One of the students has shared his view as the following:

“As far as the previous methods of teaching about HIV/AIDS were concerned, they were not designed according to the interest of each age group, no matter by what means they were delivered. Yet the youth dialogue is more appropriate for youngsters like we (H, a second year journalism student at AAU, April 2007).”

Even all the girls' club members of the Menelik II High School students expressed similar views toward the program. According to them, the training they took enabled them how to hold discussion on HIV/AIDS issues without being timid.

4.1.6 Gender responsiveness of the program

Key informants of all the three NGOs perceived the concept of gender responsiveness (in HIV/AIDS awareness education program) as equal representation of both sexes in all training programs rather than designing special kinds of trainings or programs that satisfy the needs of each sex. Consequently, there were no courses or programs prepared by the NGOs particularly for women or men, boys or girls.

All topics were discussed without making any distinction. All key informants believe that HIV/AIDS awareness education program should not be designed separately. As stressed by one key informant:

“As far as HIV/AIDS is a threat to all human kind, regardless of sex, race, religion and the like, why the need to design programs separately? Is that not a way of making a distinction between the two sexes? Doesn't it widen the existing gap between the two sexes? I don't think that it is a good approach” (Interview with E at SYGE, April 2007)

The other factors that have bearings on the gender responsiveness of the HIV/AIDS awareness education program are discussed as follows:

4.1.6.1 The selection of trainers/presenters

Concerning the employment of trainers/presenters in the programs, the NGOs had gone through diverse experiences. ISAPSO, for instance, had the experience of employing its own gender and HIV/AIDS experts and other staff members. At times, when it felt necessary, it used to hire trainers from other partner NGOs. WeSMCO, on the other hand, had the practice of employing experienced counselors of other NGOs. Besides, it had been employing its own home-based care facilitators. As in the case of SYGE, either it used to employ its own trainers or requested experienced trainers from other partner NGOs. However, all the key informants affirmed that they did not employ trainers who could hold separate HIV/AIDS awareness education programs for males and females.

4.1.6.2 The selection of trainees /participants

The HIV/AIDS awareness education programs organized by the selected NGOs were not gender free. One of the reasons was that there were more female participants under the WeSMCO HIV/AIDS awareness education programs in all kebeles. I asked the reasons why but I gained no clear answers. However, the WeSMCO HIV/AIDS awareness education program coordinator has guessed that it could be due to the problem of stigma.

The same was true concerning ISAPSO since it was targeted towards the awareness of girls without due consideration to the whole students of Menelik II High School. Thus, it might be difficult to claim that HIV/AIDS program in the school was gender responsive.

Key informants were also asked whether they used to assess or not (prior to their intervention) the areas to design programs and select the right type of participants. However, all of them have confirmed that they simply start HIV/AIDS awareness education program without conducting any kind of assessment prior to their intervention.

It is true that the Ministry of Health or Regional Health Bureaus are used to reporting HIV/AIDS infection rate at the national or regional level every year since its inception. However, there was no 'concrete information' (as all Key informants agree) at the sub-city or kebele level where the selected NGOs for the study were working for. Despite this fact, the selected NGOs used to infer the trend, when they found it necessary, from the general statistical information than on the specific areas that they were working.

Key informants were also asked whether they would consider the needs of both sexes when planning HIV/AIDS awareness education programs or not. All of them have responded positively. Nevertheless, as confirmed in the subsequent question, they could not explain how they considered the needs of both sexes when planning HIV/AIDS awareness education program. This has shed doubt on the reliability of the information they provided.

Key informants (two from ISAPSO, three from SYGE and two from WeSMCO) believe that the consideration of the need of both sexes could be realized by 'following the principle of gender balance or gender equality' when selecting participants for training on HIV/AIDS. As a result, training organizers in the NGOs have made it clear to their partner institutions (institutions that are working together) to send equal number of boys and girls in the HIV/AIDS awareness education program that were supposed to be implemented especially in the high schools and universities.

4.1.6.3 Time suitability

Lack of time for the awareness education programs in the schools and higher institutions was identified by key informants (by key informants of the NGOs working in the high schools and higher institutions) as the main problem to implement the program. Not all the programs at the high schools and Universities were implemented as planned due to lack of time. Key informants of ISAPSO and SGYE have reported that they had difficulties to implement their programs in these areas during the preceding times. Difficulties have aroused, as claimed by the key informants of these organizations, since the regular programs in these environments were regimented (without giving chance for

other extra curricular activities). Moreover, schools and higher institutions leaders were not cooperative. Due to this reason, key informants planned to use students' spare time and it was not easy for some students to take part in such programs as their parents did not offer them permission.

Although this was the case, the program at the kebeles, designed by WeSMCO, has been reported to satisfy the needs of the participants since it was once in a month and was arranged with the consent of the majority (during the first meeting with them) of female participants. Despite this fact, PLWHAs have complained (during the focus group discussion) about its sustainability on regular basis since they faced overlap (two programs of PLWHAs in kebele 01/02 were postponed) of programs.

4.1.6.4 The selection of learning materials

Key informants were asked what kind of teaching/training materials they were using in the programs. Accordingly, they have affirmed that the materials were of various types; some were prepared by the NGOs themselves as in the case of ISAPSO and SYGE (I got the opportunity to visit the information center of both NGOs). Besides, SYGE and ISAPSO have used the materials prepared by DSW and UNDP (community conversation and Youth dialogue manuals which are found important for their purpose). WeSMCO has made use of relevant materials from any source by leaving the chance of selection to the presenters.

It is obvious that the implementation of HIV/AIDS awareness education program in the kebeles, schools, higher institutions or else where is unthinkable without the use of resource materials. In this case, the NGOs have used materials prepared by themselves or by other organizations. Not the same materials were used by all the NGOs and none of them also considered the needs of both sexes.

4.1.6.5 The use of teaching methods

Key informants were asked what training/teaching methods they have applied. To this end, it was said that the method applied in the awareness education program was mainly

participatory/interactive though it was in its narrow sense since they applied the group discussion method only. Key informants believe that the method enabled the participants to express their feelings. It also initiated women to participate, promote confidence-building, address stigma and empower women to make their own decisions.

In the actual process of the awareness education program the trainers have used to apply, as all key informants call it, the participatory method for implementing HIV/AIDS awareness education program. In conjunction with this, key informants have cited the following reasons in preferring the participatory method;

- a. It could be applied to all age levels of participants,
- b. It enabled all participants to express their view on common issues raised during discussion
- c. It has also encouraged females to participate on equal footing with male participants.
- d. The participatory method was believed to encourage women to promote confidence building, prohibits stigma, empower women to make their own decision.

Training or awareness education programs on HIV/AIDS were believed to be organized by frequent application of the above-mentioned method by the selected NGOs. In a focus group discussion with PLWHAs, I have asked what method the presenters used to employ. Impliedly it was confirmed that the participatory method was applied since participants were not afraid to say what they feel about since the presenters were encouraging them to share their views. AAU students have expressed the same view during the focus group discussion. I have also observed presenters in all kebeles encouraging all participants to express their view on the topics raised.

It was reported that the peer teaching method has been used by ISAPSO when orienting the girls' club members of the high schools.

With regard to the pedagogical process of the awareness education program, no one of the key informants has described even the concept of pedagogy since it was not known by any of the key informants. They had no any information even how the pedagogical process could be explained. Instead, they were familiarized with the concept of pre-training and post-training evaluation that was, in fact, more applicable to the evaluation of training programs only.

4.1.6.6 Failure to apply gender analysis

The same was true concerning the concept of gender analysis. As disclosed by all key informants, gender analysis was not applied in the areas where the NGOs were working. This was not due to lack of familiarity with the concept but the less emphasis they have placed on its application.

4.2 Factors affecting the implementation of HIV/AIDS awareness education program

4.2.1 Cultural factors

All key informants reported that they had challenges with regard to girls' participation especially in the areas out side AA. This was considered as the manifestation of the cultural imposition since there were some barriers that acted against females' interests in general. As one of the key informants stated:

“We have observed some females who were timid and who failed to participate during the discussion. This, I believe, was due to the cultural factor. This was not surprising. We know that girls in our society were trained to be shy. It was not also surprising for males to be dominant (Interview with E at SYGE, April 2007)”

As explained by key informant from SYGE (Interview with E at SYGE, April 2007), culture has prohibited learning about HIV/AIDS and reproductive health since sexual life in our country is considered as a taboo subject. The other key informants also believe that

the society lacks openness towards sex and let females to be under the control of men. Thus, they have assumed that the society should be taught on resisting the spread of the disease.

Key informant from SYGE (Interview with E at SYGE, April 2007) believes that cultural problems are more common in the rural areas than AA. Due to this, females have shouldered the burden of the problem imposed by HIV/AIDS in both the household affairs and external activities. This in turn has caused them to be more vulnerable to the disease.

4.2.2 Social factors

The strategies adapted by the three NGOs to address the issue to the most affected parts of the society were different. They were the NGOs that choose the place and the population whom they wanted to orient. Accordingly, some have applied 'prescribed strategies.' For instance, SYGE has referred to DSW manual. On the other hand, ISAPSO and WeSMCO believe that the situation has to determine the strategy. During the time of the research, both NGOs (ISAPSO and WeSMCO) were implementing programs in AA and outside AA. For this reason, they have thought that their strategies have to suit the needs of these societies. Making such a distinction, as argued by the key informants, has enabled them to determine the content of the message that should be addressed to the society.

All the three NGOs were working with community-based organizations, youth associations, clubs, parents, etc. They believe that they have tried to know the society prior to the implementation of HIV/AIDS programs in the area. Thus, they have not faced problems during the implementation time. They also believe that they respect the social norms that were operating in these organizations.

On the other hand, key informants from WeSMCO and SYGE have explained the experiences of the society in the planning, implementation and evaluation of projects. In all their projects they have emphasized on how to seek the participation of the society

before they start implementing. In this regard, they have questioned the sustainability of projects unless the participation of the society is maintained.

In spite of the variations in the strategies applied by the NGOs in the HIV/AIDS awareness education program, all key informants claim that they have achieved better results. To mention some, both sexes were participating in their programs and they have established good relations with the society. Although this was not the interest of the study, I believe that this statement should not be taken for granted unless it is supplemented by other confirmatory data.

4.2.3 Administrative factors

With regard to the administrative factors, all key informants mention about the budget problems that have acted as a series problem for the implementation of the program. As mentioned by one key informant (Interview with A at ISAPSO, April 2007), “we observe the imbalance between the problem we are dealing with and the budget we use.” I believe that this statement should be proved before it is taken for granted.

Some other factors were also mentioned: lack of fund and the in availability of adequate offices. All the three NGOs were obliged to expend much money for lodging offices. They feel that the money could have been spent for the implementation of the other HIV/AIDS projects.

Besides this, the selected NGOs have encountered problems in collecting and analyzing sex-aggregated data that could ensure them to design gender responsive HIV/AIDS awareness education programs.

Key informants from WeSMCO have also disclosed the presences of implementation problems. This was mainly because some professionals were reluctant to go and work in some remote areas where WeSMCO projects were operating.

In an interview with university students, some of the following general factors that have affected the implementation of HIV/AIDS awareness education programs in their respective campuses were also cited. These were, in availability of IT facilities to share experiences with other students of the universities, community carelessness (since it doesn't pay attention to the disease), repetitive messages about HIV/AIDS through the media, misunderstanding of the society about the disease, lack of edutainment in the university campuses, lack of follow-up, lack of time for the awareness education programs, lack of confidence on the part of the students (since no behavioral changes are observed), lack of openness and experience (about sex) on the part of the students, cultural and religious causes for the spread of the disease, lack of cooperation on the part of university administration, budget problems and inconsistency of programs.

The above factors should not be taken for granted due to the fact that interviewees have previously responded that awareness program in their respective universities did not exist. Moreover, I believe that research should be conducted by seeking the participation of the university community and a large number of students to prove the above assertions.

4.2.4 Work relation factors

All the key informants claim that they have created good relations with their respective partners and government organizations. However, the relation did not emanate from the need to combat HIV/AIDS collectively since there were no common plans that they have set. Even no relation procedures were put in effect.

In A.A, the selected NGOs claim that they have created relations with the Kebeles, sub-city administrations, women's affairs offices and A.A educational offices on matters that reflect their mutual interests especially on HIV/AIDS. Besides, all key informants have clearly articulated the presence of relations with their respective donor organizations. However, relations with donors were not persistent. Moreover, all key informants have confirmed the presence of work relations with the national and regional HAPCO.

As far as the NGOs relations were concerned, the relations with their respective partners were on the issue of fund and some other objectives than on HIV/AIDS. Also, nothing was said (by key informants) about what, when, where, how to execute their common objectives. The same was true concerning the HAPCOs established at the national or regional levels.

They confirm that they did not work with these organizations in accordance with their needs. This was due to budget problem. They have not run any common projects with any of the organizations mentioned above. However, they expressed their intent to exert more efforts in the future in the areas of awareness education programs that should target mainly on adolescents and children. They believed that these were the areas that they want to emphasize on averting the spread of HIV/AIDS. They also expressed their willingness to work with organizations that share the same objectives.

4.3 Interpretation and discussion of findings

Education plays a decisive role to avert the spread of HIV/AIDS. Based on such an understanding, it is better to see the programs that were designed and implemented to address HIV/AIDS. In fact, HIV/AIDS education conveys broader message. For instance, it may mean condom promotion, counseling, abstinence, etc. However, the provision of HIV/AIDS education by the use of various means remains fundamental to the response (UNAIDS, 2004).

The current study undertaken in Arada sub-city administration has tried to explore the gender responsiveness of the HIV/AIDS awareness education program in some selected NGOs. The study portrays that the programs implemented by the NGOs in the different social groups have not yet responded to the gender needs of both sexes due to some factors. It also reveals that the failure to respond the needs of both sexes is manifested in the different HIV/AIDS awareness education program areas that the NGOs implemented. Important findings from the study are reviewed under HIV/AIDS program settings.

4.3.1 The question of gender responsiveness of the program with reference to the various settings

The HIV/AIDS awareness education program was observed while it was on process. Participants of the program were adults and youngsters of both sexes (dominantly females as in the case of kebele and high school attendants) and age levels.

Notwithstanding the fact that HIV/AIDS awareness education program can take place at any place and time, the learning settings arranged by WeSMCO at the kebele offices should be evaluated in terms of their conduciveness. There were no sufficient chairs, the roofs were too close and cause suffocation, no sufficient light, and tables were not arranged systematically. As far as the learning places at the kebeles were concerned, they were not appropriate. The rooms were not meant for learning since they were mainly built for offices. I have doubt about the sustainability of the program since it lacks organization.

All attendants of the program should be asked how they feel about the settings. Perhaps they might not tell what they feel about it as far as they are supposed to be in the hands of the donors. They should not be compelled to stay in a small-sized room/office for more than an hour in the name of learning. I am afraid their interest may gradually decline and lead them to quit the learning program totally.

On the other hand, the awareness education program at schools and higher institutions did not attract the attention of the leaders in the institutions. The leaders were in fact confined with their own regular works. It is true that the institutions regular program has no room for such kinds of activities. Yet, much could have been done if teachers, students, and the other school members at schools were mobilized and convinced. Awareness education programs in schools can take place in curriculum-based approach or non-curriculum-based approach by taking teachers and students as the main actors (UNAIDS, 2006).

The NGOs in the schools and higher institutions claimed that they were not working according to their capacity. They complained about the lack of the cooperation of the

leaders in furnishing them sufficient support. As pointed out by all key informants and the high school students, the failure and success of these programs depend simply on the good will of the leaders. If the leaders are enthusiastic, the programs can persist. If not they would not.

4.3.1.1 The kebele program

Apart from the high schools and higher institutions, awareness education program was also going on in the kebeles by WeSMCO. At the beginning, the program has been designed to provide food for AIDS patients who remained helpless. Although this has been the main aim at the beginning, WeSMCO has managed to run the awareness education program. In due course of time, there were problems encountered. Programs have been postponed or cancelled due to an overlap of programs in the kebeles.

In a single kebele, one could find various types of peoples. For instance, we may get parents and school children, married and unmarried people, men and women working outside their home, sex workers, PLWHAs, men who have different sexual behaviors, prisoners, police, soldiers, professional groups(teachers, health workers, drivers, journalists, etc), traditional healers, religious and community leaders, politicians, employers, etc. Thus, when designing HIV/AIDS program in the kebele, NGOs should consider the interest of each of the above social groups. Moreover, the program requires learning about the local myth and customs that may affect the spread of HIV/AIDS and STDs (Hubley, 2002).

In conjunction with the above suggestion, the learning materials, the place, the presenters, were not carefully selected based on the needs of both sexes. The presenters of the lesson on HIV/AIDS at the kebeles were home-based caretakers and they might have gone through training on how to care and support AIDS patients than teaching adults or handling adult learning programs.

4.3.1.2 The higher institution program

As reported during the focus group discussion with the AAU students, HIV/AIDS awareness education program in the campus was taking place occasionally. Very surely students get orientation during AIDS day or any other occasion once or twice a year. The reason was the same as in the case of high schools. The regular programs in these institutions may not allow other programs to take place.

Higher institutions are places for research and teaching. Students and the campus community as a whole may also be thought as an enlightened social group who knows or creates a lot. Perhaps due to these and other reasons higher institutions may not be seriously considered by the NGOs in terms of HIV/AIDS awareness education program.

In Ethiopia, however, HIV/AIDS is mainly infecting people of age 15-49 old. We can definitely say that university students are in between these age levels. Thus, attention should be paid to this social group too. More opportunities are available in the universities to fight HIV/AIDS. I believe that a lot can be done by mobilizing the resources there. However, lack of time to organize programs in the campus can act as a constraint.

Although this was the case, an attempt to access the students especially by SYGE, may be considered as a step forward. The youth dialogue approach may now be in its younger stage. I hope it will be popular in the future. I have heard students expressing their interest to continue by being a member of the club. The concept of youth dialogue and its application should clearly be understood by students and its strong points should be communicated to students in the other universities. The community conversation method which has now become popular in Ethiopia was first introduced and applied in limited peasant kebeles of SNNPR especially at Alaba woreda (<http://www.undp.org/community>).

4.3.1.3 The high school program

The awareness education program in the high schools was not designed separately. Instead, it was designed to be implemented through girls' club. In fact, the girls' club in

Menelik II High School had its own problems. During the focus group discussion with members of the club, I heard members of the clubs complaining about the lack of cooperation on the part of the school leaders, teachers and students. As a result of this, members of the club felt hopeless.

Members of the club confessed that they had arranged no program throughout the year (until the focus group discussion took place) with the rest of the school students concerning HIV/AIDS. They have also reported that the number of club members was decreasing. This was because some of the members were either grade 10 or 12 students who finished classes earlier than the other grades. This may be corrected by recruiting more club members from the other classes than grade 10 and 12 students.

Better results could have been secured if good relation with the high school leaders and NGOs had been created. It is obvious that students have the potential to play a role in the awareness education program. In relative terms, schools have resources like the mini-media, the library, the classrooms, the laboratory, the computer, etc. that could be arranged for the program. Above all, schools have the human resource that can do a lot. Nevertheless, there was no coordination among the forces in the schools.

On the other hand, school-based intervention was assumed to be the largest intervention in countries like ours. It was also found important to promote pupils' knowledge, behavior and their attitude. Teachers can play a role by reflecting the values and beliefs of the society. For instance, it may be hard to teach about condom use and sex in a society when it is ignored or denied. Teachers at this time can create many examples of innovative interventions concerning HIV/AIDS education (Ross, et al., 2006).

4.3.2 Implementation problems

The factors that affect the implementation of HIV/AIDS awareness education programs were broadly categorized as social factors, cultural factors, and administrative factors. All of them had bearings on the implementation of HIV/AIDS awareness education program.

The intensity of the influence could depend largely on the condition that prevails in the area where the program was supposed to be implemented.

The social condition that acted against HIV/AIDS project might differ from the other project. However, in all cases the social factor has its own exertion. In this regard, HIV/AIDS awareness education program requires the study or knowledge of the society where the program was supposed to be implemented. However, nothing was practically done by the NGOs to study the nature of the society where they have planned to work prior to their implementation. With regard to this argument, IRC (2003:37) says the following:

“HIV spreads through the behaviors of individuals, but these behaviors are influenced by the social and cultural context .To plan for prevention and care we need to understand this context. The detailed planning of the strategies and interventions will depend on an understanding of local decision making structure, gender roles, the health status of the community, access to and use of health care services, patterns of sexual behavior,... care options for people with HIV related illness, barriers to effective care and support for PLWHA including stigma, the laws that relate to HIV and other STIs.”

Not only the social factor that influences the implementation of the awareness education program but the cultural factors should also be mentioned. Culture, as agreed by most health workers, has given rise to the spread of HIV/AIDS. In our case, the cultural factors, which were imposed on females, were felt by the NGOs especially in HIV/AIDS projects outside A.A. In A.A, it may not be noticed or may be practiced in a very subtle manner at homes. It is perhaps due to the heterogeneity of the society and the existence of cultural assimilation. In some cultures of our rural society, we see culture determining the role of the two sexes.

The spread of HIV/AIDS is believed to be aggravated by cultural factor. The disease is creating imbalance in the number of HIV/AIDS victims. Females account the highest number of victims in most parts of the world. To this end, education plays a role in changing the attitude of the society and shaping the culture too.

The community conversation method that is practiced nowadays in some parts of our country can to some extent alleviate the cultural problem. It is when a person speaks out that the hearer can infer his internal feelings, attitudes, emotions, and internal personality. The hearer may react and can forward his comments or suggestions. Accordingly, attitudinal change may come but not in an overnight since it requires time. The participatory method used by the NGOs in our case, if practiced properly, may bring the desired change through ages.

Administrative factors have also exerted effect on the implementation of the HIV/AIDS awareness education program. In fact, administrative factors pertaining to one organization or institute may not bear uniform effect. For instance, budget can be a problem to one organization but not to the other. The same is true about the other administrative factors. However, to a lesser or higher extent/degree, administrative factors can affect the implementation of programs and the same is true in HIV/AIDS awareness education program. Key informants have reported that budget was a high constraint to their program. It was in fact the expected factor.

As far as budget is concerned, it is one aspect of the resources that should be mobilized in the implementation of the program. However, there is misconception concerning the term 'resource' in HIV/AIDS program since it is interpreted as fund only. It is true that resource includes not only money, but also people, goods and services. It may come from a variety of sources like government, grants from international agencies, AIDS foundations, private sector, etc (UNAIDS, 2000).

Besides budget, key informants from WeSMCO have reported that their organization has problems in employing qualified persons who could go and work outside AA. In fact, this

problem can be alleviated if the organization manages to pay better remuneration. Otherwise the project, no matter what kind it is, will be closed.

The other resource problem cited by the NGOs was lack of offices of their own. All of them were working in offices that they hired. Unless they managed to have their own offices, they may continue to pay for it. This in turn affects the implementation of the program since it saps the large portion of their budget.

4.3.3 Replication of programs

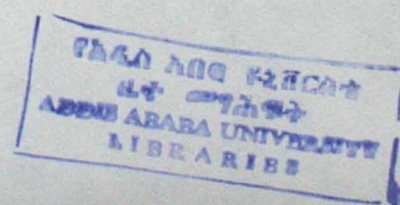
The NGOs mentioned in this study were engaged, in one way or the other, in HIV/AIDS awareness education programs targeting the different social groups. All of them strive to achieve the objectives they set. Obviously they face their own challenges and successes. Despite this fact, experience has shown that the fight against HIV/AIDS requires coordinated efforts of the society as a whole. The issue of HIV/AIDS should not be left to the government, to few NGOs or to one group alone. It has to be the concern of all citizens and all organizations.

In relation to this, ISAPSO and SYGE were working on youth though it was in different settings. They have no any common discussion platform where they could meet and raise common issues. Each of them was working independently to achieve their own programs/objectives. Such a move may cause the unfair distribution resources.

However, there was a tendency among the NGOs to come and work together. NGOs working in the HIV/AIDS awareness education programs, with HAPCOs at all levels, should be net worked to use resources wisely.

4.3.4 Misunderstanding of the concept of 'Gender responsiveness'

As mentioned in the previous discussions, gender responsiveness was perceived by key informants as equal representation of both sexes in all training/awareness education programs rather than designing special kinds of trainings or programs that satisfy the needs of each sex. Consequently, they did not provide courses/lessons for males or



females alone. However, the disease does not exert equal effect on both sexes. Females are more victims than males. This is due to various reasons, as discussed in the literature part.

There is an argument that awareness education programs designed in this respect should consider these factors. To this end, the UNAIDS (2006:135) report on the global AIDS epidemic says the following;

“Extensive evidence demonstrates that HIV prevention initiatives that are specifically tailored to women’s needs can reduce women’s risk of HIV infection....These are sorely needed. For the most part, HIV prevention strategies have yet to grapple effectively with the gender dimensions of HIV prevention, treatment and impact mitigation.”

Focusing on the needs of females in general does not mean neglecting or mistreating the needs of males. Obviously, the need to treat the needs of each sex separately has emanated from the consequences that HIV/AIDS has imposed especially on females. Since females are highly exposed to the disease, the solution to their problems should also be seen accordingly.

4.3.5 The need to apply a variety of teaching methods

A training/teaching method is a strategy or tactic that a trainer/teacher uses to deliver the content so that the trainees/learners will achieve the objectives (Wentling, 1993). In this regard, the NGOs applied one aspect of the participatory approach/method especially the group discussion method. Such a trend may inhibit the application of the various participatory methods and leaves out the trainer/ presenter to adhere on one aspect of the participatory method. This will in turn have an effect on the learning objectives set.

The application of a variety of participatory methods and techniques (role playing, case study, story telling, brain storming, etc.) increases the interest of the learners and ensures the effectiveness of the program (Wentling, 1993).

However, criteria should also be set when selecting the participatory method. Thus, one should ask what objectives are set, what performances are being looked for, what characteristics the learners/trainees should have, what methods are appropriate, and what practical requirements are there to run the program (Wentling, 1993).

4.3.6 The need to apply gender analysis

The application of gender analysis requires the considerations of multitude of factors. Failure to apply it may bear an effect in the fight against HIV/AIDS. As discussed under the review of the related literature part, gender analysis clearly shows how the socio-cultural factors affect women and men susceptibility to infection, access to prevention, treatment, and care.

It analyzes the norms, values, attitudes of the society. It makes clear all the underlying factors that outline the vulnerabilities between both sexes (HAPCO and UNDP, 2005). Thus, gender analysis in HIV/AIDS programs considers the social and cultural factors in the society and should be applied by due consideration of this. Had the method of gender analysis been applied in the areas where HIV/AIDS awareness education programs were implemented, some of the problems related with the identification of gender needs by the NGOs could have been resolved. Therefore, the method of gender analysis should be applied by the NGOs when designing HIV/AIDS awareness education program.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 SUMMARY

This study was carried out to ascertain whether the HIV/AIDS awareness education program run by the three NGOs (SYGE WeSMCO, and ISAPSO) in the Arada sub-city administration was gender responsive or not.

Relevant materials on the problem were reviewed under the second chapter of this study. Accordingly, the concept of Gender and its relation with HIV/AIDS, the various methods of education that can be employed in the fight against HIV/AIDS, the criteria for the gender responsive pedagogy and the concept of Gender analysis and the various models used for its application in HIV/AIDS were discussed.

Data were gathered from key informants of the NGOs' program officers, heads of the HIV/AIDS awareness education program and other experts who were thought to have knowledge on the awareness education programs in the NGOs by applying an in-depth interview. Observation was also conducted while the awareness education program was on process at the kebeles, unstructured interviews were conducted with university students, and kebele HIV/AIDS desk officers and FGD was held with the beneficiaries of the program.

The data were analyzed by applying the process of segmenting, coding, and developing category systems of the qualitative data analysis technique. Symbols, descriptive words, or category names were assigned to represent the content of the interview text. A master list of codes was prepared to gather all the codes that appear in each key informant interview text. At last, the views, experiences, knowledge, etc of the key informants on each question were described. Description and interpretation of the data have been made based on the research questions I set. Differences and similarities of responses of the interviewees on the questions presented were identified. The researcher has thus tried to make his own perspective and understanding to make sense out of the similarities and

differences of the responses. Eventually it was concluded that the HIV/AIDS awareness education program conducted by the NGOs in the kebeles under the above captioned sub-city administration was not gender responsive due to the less number of male participants, lack of suitable time in the high school and university HIV/AIDS awareness education programs, the less emphasis placed on the application of the method of gender analysis.

Also, lack of work relation among the NGOs themselves, budget, and cultural problems were identified as factors for the implementation of HIV/AIDS awareness education programs by the selected NGOs.

5.2 CONCLUSION

We all feel that HIV/AIDS is devastating the whole world indiscriminately. Various prevention strategies have been designed since it was first observed in our world. Among all these strategies, providing information or teaching about the disease is found to be the least costly and effective method.

Efforts are exerted by NGOs and GOs throughout the world to mitigate its spread. However, efforts may be required to be gender responsive. Otherwise, the gender gap that the disease has brought on females will perpetuate.

To this end, this research has intended to answer mainly the research question whether the awareness education programs designed and implemented by NGOs pay due consideration to gender issues or not. To investigate the problem scientifically, the qualitative research approach of collective/multiple cases study was employed. Consequently, data were gathered by conducting unstructured interview, through observation, and focus group discussions.

The data obtained from each interviewee were transcribed word by word, then checked, and sent back to the interviewee for comment. Consequently, I developed names that represent the content of the segments of the data. A master list of all collected codes that

appeared in each key informant interview text was prepared. At last, the views, experiences, knowledge, etc, of the key informants' on the questions presented were categorized.

The data collected through unstructured interviews, observations, and focused group discussions were taken to triangulate the in-depth interview. Description and interpretation of the data were made based on the research questions I set. Differences and similarities of responses of interviewees on the questions presented were identified. The researcher has thus tried to make his own perspective and understanding to make sense out of the similarities and differences of the responses.

Finally, the following conclusions were reached based on the data gathered by employing the various tools.

1. Concerning the participants of the awareness education program in all the settings, the NGOs have not paid attention to the treatment of the needs of both sexes. As seen in the description part of the study, the awareness education programs in the schools were mainly concerned about the prevention of violence against female students' than HIV/AIDS. Even in the Universities the awareness education program designed by the application of the new strategy called 'the youth dialogue' was in its infant stage.

On the other hand, the awareness education program in the kebeles was not also gender responsive since participants were more females than males. Nothing was done by WeSCMO to answer the reasons why the number of male PLWHAs has decreased.

2. The trainers participating in the awareness education program has been recruited both from the NGOs themselves and from partners. External trainers, though female trainers were not assigned to handle the special problems of females, were most of the time supposed to have rich experience in the topics to be presented during the training/teaching programs. This was found difficult to prove since it was impossible to contact the trainers themselves. However, internal trainers were the staffs of the NGOs

themselves who have not undergone the process of training on how to handle such programs. This was the case in WeSMCO since the presenters were home-based care takers. It may be easy for the NGO to run the awareness education programs by employing such kinds of people. However, such an attempt may have its own effect on the learning interest of the participants since the right people were not selected.

3. Time was mentioned as a serious factor in the selected NGOs awareness education program. In both the high schools and universities, it was hard for the NGOs to organize awareness education program in a way that could satisfy the interest of students. This was due to the fact that there was no room to accommodate awareness education programs in these institutions. Thus, the awareness education programs for the high schools and higher institutions did not take place as it was intended by the NGOs. Consequently, it was hard to say that the awareness education program of the NGOs has entertained the needs of both sexes in these institutions.

4. Concerning the learning places in the kebeles, one can say that they did not satisfy the needs of both sexes since they were mainly built for offices. The case may not be true in the high schools and higher institutions since there was a better facility there.

5. The teaching method employed by the NGOs was mainly the participatory/interactive method. As far as its application was concerned, it has become more popular in some parts of our country. The method was believed to guarantee many-fold advantages to females and males participants of the program. However, the application of one aspect of the method alone by the selected NGOs may not ensure the effectiveness of the program.

6. Although the setting was different, both ISAPSO and SYGE were engaged in the awareness education program of students without due consideration to coordination or sharing of experience. In fact, all the selected NGOs lacked coordination. Each of them is engaged in the implementation of its own plan. Since students in both settings were in similar age levels, the experience gained by one NGO may help the other too. This could be shared if coordination and a common platform was created and arranged among them.

7. Budget, cultural problems, and lack of coordination among NGOs and HAPCO were mentioned as factors for the implementation of HIV/AIDS awareness education programs in the areas where the NGOs were working.

8. The NGOs did not apply the gender analysis method to identify the needs of both sexes in the areas where they were working.

5.3 RECOMMENDATION

The current study has shown the lack of gender responsiveness of HIV/AIDS awareness education program in the various settings of the selected NGOs. Effectively combating of the epidemic requires ultimate behavioral change on the part of all citizens in the society. To facilitate such behavioral change, all organizations and citizens of our country must utilize the efforts.

Based on the findings of the study, the following recommendations are proposed

1. Concerning the learning setting in the kebeles, WeSMCO, and the kebele leaders should work together to arrange HIV/AIDS awareness education programs using the kebeles meeting halls. This may not let PLWHAs or other participants to sit and learn in a small-sized room. Prior to the implementation of the awareness education program in such areas, NGOs should apply the method of gender analysis.

2. Besides, all organizations working on PLWHAs should involve them in the designing, implementing, and evaluation of prevention strategies by addressing their distinct prevention needs. This may create a feeling of responsibility and belongingness on the part of the beneficiaries.

3. With regard to the awareness education programs in the high schools and universities, the NGOs and the leaders of the respective institutions should discuss on how to implement the program that can affect the whole students.

4. Gender responsiveness of HIV prevention program must consider the issue of gender in all components of teaching/training programs starting from the planning stage up to the implementation in order to ascertain whether the needs of both sexes are entertained or not.

5. The awareness education program should be linked with the adult literacy program in the kebeles. This is due to the fact that adult literacy programs mainly focus on real problems of adults. Thus, NGOs engaged in the field should work together with such kinds of NGOs to address the issue to the public more urgently.

6. As far as the current activities of the NGOs are concerned, they do not have any common program to work on HIV/AIDS prevention. Thus, it is desirable for the NGOs to be net-worked. This initiative can be taken either by AA HAPCO or the NGOs umbrella organization (CRDA). Besides, the HAPCOs at the national or regional levels should create better environment to work with the NGOs.

7. To alleviate some of their financial problems, NGOs should prepare competitive projects. Besides, a mechanism should be created by all the concerned authorities on how the NGOs can generate their own income.

8. Trainers/presenters of the HIV/AIDS education who have no training on how to handle adult learning program should first get a sort of training by having a contact with the Ministry of Education or with other organizations working in the field.

9. Although the participatory/interactive method that is applied by the NGOs is found to be appropriate in the current awareness education programs, the other aspects of the participatory methods that can meet the needs of the participants should also be applied by studying the conditions in each learning setting.

10. Religious institutions and other institutions working on harmful traditional practices can also be encouraged to contribute their share in breaking through the cultural barriers while combating the disease.

11. Research should be conducted on how to raise the participation of both sexes in the awareness education programs of the kebeles. Moreover, the gender responsiveness of the teaching materials used by the NGOs should also be studied.

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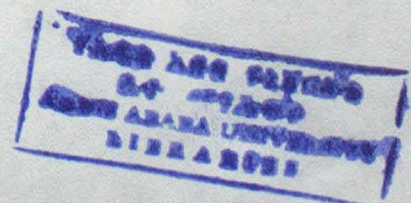
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Appendix I

Table 1: Number of participants and trainers in the different locations by sex

Location ***	No. of participants*			No. of presenters*/trainers			Topic/s discussed
	M	F	T	M	F	T	
11/12	9	23	32	1	2	3	"Sexually transmitted diseases"
10	2	17	19	-	2	2	"Let us worry about the others"
Bisheftu	15	15	30	6	1	7	"Training on HIV/IDS message development for university Anti-AIDS movement"
01/02	10	49	59	-	2**	2**	"How can we combat problems related with RH?"

* Presenters: M= Male
 F = Female
 T = Total

** All the presenters during this time were nurses invited from Hiwot Ethiopia NGO

*** 01/02, 10, and 11/12, are kebeles and Bisheftu is a town

Appendix II

Table 2: Summary of information about the key informants/interviewees in the different organizations by sex

Organization	Interviewee		Responsibility in the NGO	Remark
	Male	Female		
ISAPSO (Key informants)	3	-	program officer, prevention of violence against female students' project officer and urban gardening project officer	In-depth interview
SYGE (Key informants)	2	1	program officer, university capacity building project officer and adolescent Reproductive Health project officer	In-depth interview
WeSMCO (Key informants)	2	1	program officer, HIV/AIDS and FP/RH program coordinator and Skill Training Scheme and Youth Support program coordinator	In-depth interview
AAU	2	3	Youth dialogue club members	Unstructured interview was conducted
BahirDar university	1	1	Anti-AIDS club members	Unstructured interview was conducted
Gondar university	1	-	Anti-AIDS club member	Unstructured interview was conducted
Haromaya university	3	3	Anti-AIDS club members	Unstructured interview was conducted
Jimma university	2	1	Anti-AIDS club members	Unstructured interview was conducted
Kebele (WeSMCO)	4	4	PLWHAs living in the three kebeles	Focus group discussion was conducted
Kebele (01/02,10, and 11/12)	-	3	HIV desk officers	Unstructured interview was conducted
AAU (SYGE)	3	3	Youth dialogue club members	Focus group discussion was conducted
Menelik II high school (ISAPSO)	-	6	Girls' club members	Focus group discussion was conducted



Figure 1: HIV/AIDS awareness education program of PLWHAs



Figure 2: Training of university students (drawn from five universities) on disseminating information about HIV/AIDS.

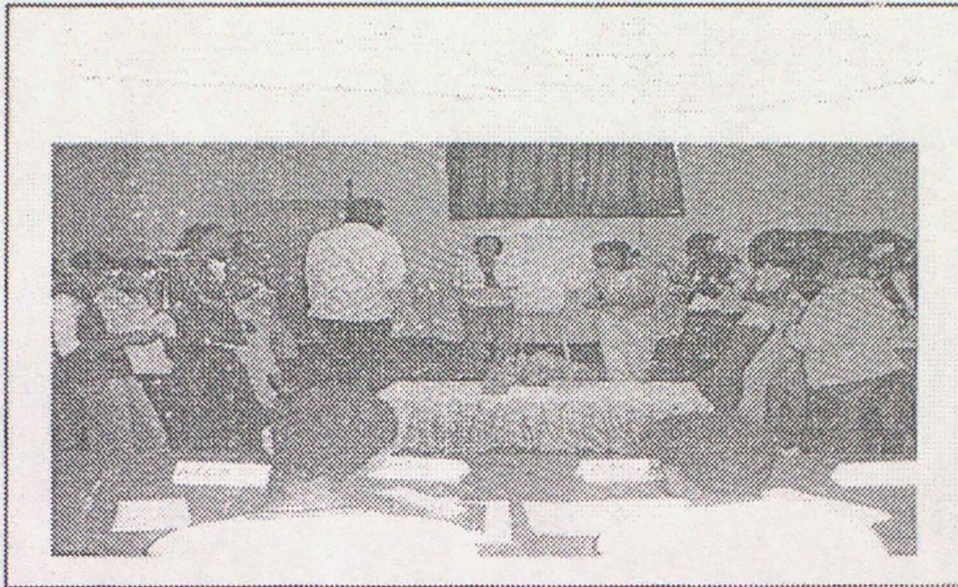


Figure 3: Awareness education program in kokebetsebeha high school using drama.

Appendix IV

Interview guide for key informants of NGOs

1. General information about the organization

- i. What are the objectives and activities of your organization?
- ii. Have you made any change concerning your organization's objectives in addressing HIV/AIDS?
- iii. If yes, what is it and when was that?
- iv. How does your organization communicate with the public?
- v. How does your organization motivate people to take part in the programs?
- vi. With which organizations/institutions/ people do you work in close cooperation?

2. HIV/AIDS awareness education program

- I. Do you know the infection rate in this kebele/area? If so, what is it and what are the sources of data?
- ii. Which age groups (male or female) are more affected?
- iii. What measures do you apply to ensure that the most affected group is reached?
- iv. How do you increase HIV/AIDS awareness among the public? What is the content of the messages to the public?
- v. Do HIV/AIDS awareness education programs address gender inequalities?
- vi. Are HIV/AIDS awareness education programs directed specifically at young women, older men, young men, or older women? What is the content of the different programs?
- vii. What do you think are your strengths and weaknesses in HIV/AIDS awareness education programs? (Please mention point by point)

3. Gender responsiveness of the program

- i. Do you consider the needs of both men and women during the planning process of awareness creation program? If yes, how do you try to consider?
- ii. Are there courses/programs specifically for women? For men? If so, what is the content?

- iii. Who are the trainers? Number and sex? Training experience?
- iv. Who are the trainees? Number and sex? Age? Occupation?
- v. Is training conducted by peer group trainers (e.g. young women trainers for young women trainees, young men trainers to young men trainees) or mixed groups?
- vi. What method/s do trainers apply?
- vii. Do training methods promote gender equality or do they uphold gender stereotyping and reinforce gender inequalities?
- viii. Do methods encourage women to participate, promote confidence-building, address stigma and empower women to be able to make their own decisions?
- ix. What materials do trainers use to teach? Do training materials promote gender equality or do they promote gender stereotyping and reinforce gender inequalities?
- x. When do they teach/train? How many hrs per day/week? Are there implications for access by women in the schedule or time of training sessions? For men?
- xi. Where does the teaching/training process take place? Are there implications for access by women in the location of training? For men?
- xii. Can you explain how the pedagogical process (from planning up to evaluation) of the program goes on?
- xiii. Do you apply gender analysis when planning the program? Describe the method/s you apply? Why you prefer that kind of method?

4. Social factors affecting the implementation of the program.

- i. Do you work with a group of people with common social, economic, or religious factors? If yes, what are the common factors?
- ii. Is there cooperation on the part of the community/society? If yes, explain. Are there social groups who refuse to take part in the program? If yes, are they mostly men or mostly women? Why do they refuse to take part? Is there any communication problem with the community/society? Are there social norms that compel you to conform? Do parents encourage their girls to join your program? Boys?
- iii. Do females or males feel shy to join your program? If so, how is female shyness addressed by the program? How is male shyness addressed?

- iv. Are there beliefs about the program? If yes, by whom, men, or women, and how do they express it? Which religious followers come to your program most of the time? Why do others not come?
- v. What is the cost of your program? Is this a constraint for women? For men?
- vi. What are the constraints to women or girls joining the program? How is the program addressing these constraints?

5. Cultural factors affecting the implementation of the program

- i. Are there some people/groups that resist due to cultural values? If yes, how do you describe these groups (female/male) and how do they express their resistance?
- ii. How does the program address cultural issues that affect the spread of HIV and the impact of AIDS in general?
- iii. Does the program address gender inequalities that relate to cultural beliefs? If yes, how does the program address it?
- iv. What is the proportion of female to male participants?
- v. Which cultural values are given due consideration by women participants in relation to HIV/AIDS? By men?
- vi. How does the program address the different cultural values of women and men in relation to the spread of HIV and the impact of AIDS?

6. Administrative factors affecting the implementation of the program.

- i. What is the number of women in the total staff? In the professional staff?
- ii. Is there any staff person responsible for gender issues? If so, what is the role of this person?
- iii. Does the organization collect sex-disaggregated data and report on gender equality issues in program monitoring? If so, does the organization analyze gender data to improve program delivery?
- iv. Does the program allocate any budget specifically for girls or women? If so, what percent of the total budget?

- v. Are there planning, budgeting, implementation, controlling, and evaluation problems that affect your organization's ability to implement HIV/AIDS awareness education programs? (Please explain one by one)
- vi. What recommendations do you suggest to address the problems?

7. Work relations

- i. Do you have vertical and horizontal relation with NGOs? If yes, explain it briefly?
- ii. Do you have any relation with GOs? If yes, with which GOs?
- iii. On what specific issues of HIV/AIDS do you work together with NGOs/GOs?
- iv. What factors are affecting your relation with NGOs and GOs?
- v. How can your relation with NGOs and GOs continue in the future?
- vi. How do you evaluate your achievements? What major problems have you encountered so far? How did you solve them?
- vii. What is your future plan? Is your program sustainable? How?

Checklist for classroom observation

Classroom setup

1 Is there adequate or appropriate infrastructure and furniture?

Yes No

2 a) Are the seating arrangements conducive for learning?

Yes No

b) Describe the seating arrangements (i.e. chairs in rows, chairs and desks in rows, benches at tables, benches in rows, chairs in a circle, no chairs – seated under a tree, etc.)

c) Describe the seating arrangements for women/girls (Mostly near the front? Mostly at the back? Mixed throughout the class?): _____

d) Describe the seating arrangements for men/boys (Mostly near the front? Mostly at the back? Mixed throughout the class?): _____

3 a) What is the number of female trainees? _____ Did women/girls participate actively in the training process?

Yes No

b) Number of women/girls who speak out, ask questions and for how long:

c) What is the number of male trainees? _____ Did men/boys participate actively in the training process?

Yes No

d) Number of men/boys who speak out, ask questions and for how long:

4. a) Sex of trainer: Male ___ Female ___

b) Was there trainer-trainee interaction in the classroom?

Yes No

c) If yes, describe interaction (i.e. trainer asks questions to the large group? Trainer involves all participants in exercise.) _____

5. a) Was trainee-trainee interaction encouraged?

Yes No

b) If yes, describe interaction (i.e. pairs exercise, small group work?)

6. Did the trainer explain the lesson clearly?

Yes No

7. Did the trainer give the trainee adequate wait-time when responding to questions?

Yes No

8. a) Did the trainer motivate female trainees (reinforcement)?

Yes No

How? _____

How often during the class? _____

b) Did the trainer motivate male trainees (reinforcement)?

Yes No

How? _____

How often during the class? _____

9. Did the trainer manage the classroom situation very well?

Yes No

10. Did the trainer employ methodologies that involve all trainees?

Yes No

If yes, state what methodologies were used (i.e. small group discussion, role-plays, small group exercise, individual exercise shared with the large group, exercise in pairs):

Appendix VI

Unstructured interview guide for university students

1. Is there awareness education program in your university?
2. Who are participating in the program most of the time?(Describe them in detail)
3. Do you think that trainers/presenters sometimes use language that reinforces gender bias?
Give examples?
4. Do you think that the training/learning materials reflect gender inequalities and gender stereotyping? Give examples?
5. What factors affect the effective implementation of HIV/AIDS awareness education program in your university? (Name them)

Questions for focus group discussion with University and high school students

1. Does HIV/AIDS awareness education program take place in the university or your high school? Who prepares it? What is their content? What methods do they apply? When does it take place?
2. How do you evaluate the training/teaching methods applied on HIV/AIDS awareness education program by the organization?
3. How is the participation of students in this respect?
4. Is the time assigned for HIV/AIDS awareness education program enough?
5. What methods are applied at present on HIV/AIDS awareness education program to increase its gender responsiveness?
6. What methods should be applied in the future on HIV/AIDS awareness education program to increase its gender responsiveness?
7. What problems have you noticed in the HIV/AIDS awareness education program?

Appendix VIII

Questions for focus group discussion with PLWHAs

1. What benefits does HIV/AIDS awareness education program in the kebele provide you?
2. How do you evaluate the training/teaching methods, content, training time, and place applied on HIV/AIDS awareness education program by the organization?
3. Are there people who do not participate in the program? What do you think is the reason?
4. What problems have you noticed in the HIV/AIDS awareness education program?
5. What measures should be taken to solve the problem?
6. How should the program continue in the future?

Appendix IX

Interview questions for kebele HIV/AIDS desk officers

1. Can you explain me when, how and with what criteria wheat delivery program started in your kebele?
2. Are there other programs in parallel with wheat delivery program?
3. What other programs can be implemented in line with wheat delivery program to combat the spread of HIV/AIDS?
4. Can you explain me HIV/AIDS awareness education program in your kebele, if there is any?
5. What problems does the awareness education program have, if it exists?



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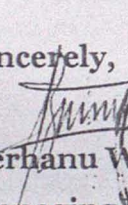
Date

09 JUL 2007

Addis Ababa University
Department of Curriculum and Teachers
Professional Development Studies
Addis Ababa

Demessew Alemu has been conducting a research on the title "Gender Responsiveness of HIV/AIDS Awareness Education Program in Addis Ababa. The case of Arads sub-city Administration." During his stay in our organization, he conducted interview, observation, and focus group discussion with his sample population by employing the right procedures.

Sincerely,


Berhanu W. Giorgis
Managing Director



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Address:

☒ 14685

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Addis Ababa, Ethiopia

☎ 251-011-122 2217/ 011-122 2218
Fax: 251-011-122 07 41
E-Mail syg@ethionet.et

- SYGE works on Adolescent Sexual Reproductive Health and HIV/AIDS to bring sustainable attitudinal and behavioral change among Ethiopian youth.

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Welfare for the Street Mothers and Children Organization

Benishangul-gumuz
Bullen & Dibate Bra. Off.
Amhara, Kobo Bra. Off.
☎ +251 33 334 0519

06 JUL 2007

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Date
ቁጥር No: 0668.07.0
Ref.No

Addis Ababa University
Department of Curriculum and Teachers Professional Development Studies
Addis Ababa

Subject: verification for the data collected

Ato Demessew Alemu has been conducting a research on the title "Gender responsiveness of the HIV/AIDS awareness education program in Addis Ababa: The case of Arada sub-city Administration. During his stay in our organization, he conducted interview, observation, and focus group discussion with his sample population.



With Best Regards,

Getachew Mekonnen
Program Department Head

Registration No 268

Bank Account:- Commercial Bank of Ethiopia
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Integrated Service for AIDS Prevention and Support Organization (ISAPSO)


Ref 302/ISAPSO/'07
Date June 26, 2007

AAU
Department of Curriculum and Teachers Professional Development Studies
Addis Ababa

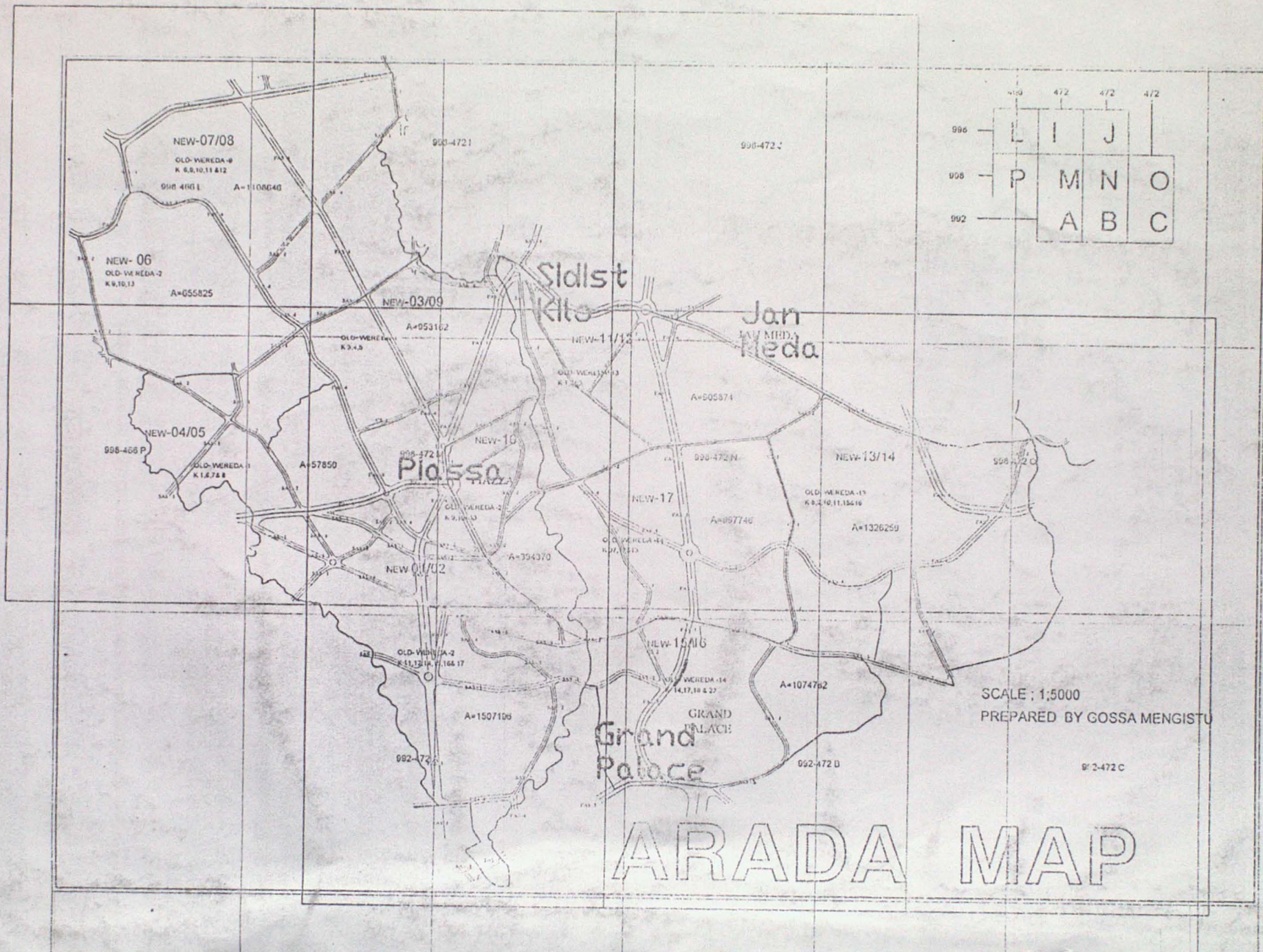
Dear Sir:

Ato Demessew Alemu has been conducting a research on the title "Gender responsiveness of the HIV/AIDS awareness education program in Addis Ababa. The case of Arada sub-city Administration". During his stay in our organization, he conducted interview, observation, and focus group discussion with his sample population by employing the right procedures.

Sincerely


BELETU MENGISTU
Executive Director





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 PREPARED BY GOSSA MENGISTU

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