# ADDIS ABABA UNIVERSITY
# SCHOOL OF GRADUATE STUDIES

The Influence of Ethiopian Television HIV/AIDS Spot on the Viewers

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**ADDIS ABABA**

# The Influence of Ethiopian Television HIV/AIDS Spot on the Viewers

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**Hinsene Mekuria**

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## Declaration

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

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Signature _____

Date of Submission _____

Place of Submission _____

# ACKNOWLEDGMENT

**Praise be to the Lord, above all.**

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## ACRONYMS

| | | |
|---|---|---|
| HIV | - | Human Immuno Virus |
| AIDS | - | Acquired Immuno - Deficiency Syndrome |
| UNAIDS | - | United Nations Program for AIDS |
| WHO | - | World Health Organization |
| ICRW | - | International Center for Research on Woman |
| MOH | - | Ministry of Health |
| BSS | - | Behavioral Surveillance Survey |
| TV | - | Television |
| ETV | - | Ethiopian Television |
| BCC | - | Behavioral Change Communication |
| FGD | - | Focus Group Discussion |

## Operational Definition

THE FOLLOWING ARE THE MOST COMMONLY USED WORDS IN THE RESEARCH, AND THE MEANING OF THE WORDS HAS TO BE SEEN FROM THE POINT OF VIEW OF THE DEFINITION GIVEN BELOW.

*SPOT*- Usually, it is a short presentation or commercial on television or radio between major programs. Spots are from 15-60 seconds long, mostly. In this research the phrase TV-spot refers to the short announcement produced by the Health Education Center of the Ministry of Health and broadcast through Ethiopian Television (ETV).

*KEBELE* – The smallest administrative unit.

*VIEWERS* – It refers to the target audiences of the TV-spot who had seen the HIV/AIDS related stigma discrimination TV-spot.

*NB:*

As the full of text the opinions that the FGD and in-depth participants gave were very long, the researcher has taken, only, the very important ideas from each responses. In relation to this, the researcher has given its own code for each respondent, especially in the finding and discussion. If you want to read the full text of the response, refer to the code given that correspond to the number given in the appendix.

## ABSTRACT

**The aim of this research was to assess the influence that the HIV/AIDS – related stigma and discrimination TV-spot, which was produced by Health Education Center of the Ministry of health and broadcast by ETV might have created on the viewers.**

**Data was collected through questionnaires, in-depth Interview and focus group discussions from the target audiences, the producers and writer director of the TV-spot.**
**All the respondents of the questionnaires, the in-depth interview and the participants of the FGD had been shown the spot by video.**

**The questionnaire were filled by 190 residents of Adama, the town where the research took place. Four focus groups of 32 people have been held. In-depth interview was held with thirteen people. Ten of them were HIV-positive, two of them, from Health Education Center, and the other one was the writer director of the TV-spot.**
**According to this research the TV-spot had not created awareness among most of the target audiences. Respondents said, the spot was stigmatizing. And also, there were many respondents who said the spot's messages was not clear. According to the majority of the respondents of this research, the word usage, and the actions in the spot have contributed to the negative consequence of the spot.**

**Analysis of data using chi-square showed that, responses given were not age, sex, and education level dependent for the majority of the questions. Based on**

**the research result, the researcher recommended that health messages should be research based, and pre-tested prior to broadcasting.**

**On the other hand, in order to minimize the shortage of human power in the field of communication the Ministry of Education has to open, Department of Communication in the universities across the country as there is no single communication school, except School of Journalism and Communication at Addis Ababa University, recommended the researcher.**

# CHAPTER ONE

## 1. INTRODUCTION

This chapter introduces the general situation of HIV/AIDS around the world, and the specific situation of the disease in Ethiopia briefly, and then it gives the highlight why the HIV/AIDS related stigma and discrimination TV-spot was chosen for the research.

## 1.1 Background

The HIV/AIDS pandemic continues to spread worldwide. The total number of people living with the human immunodeficiency virus (HIV) reached its highest level: an estimated 40.3 million people are now living with HIV. Close to 5 million people were newly infected with the virus in 2005 (UNAIDS/ WHO, Dec. 2005).

According to UNAIDS and WHO's 2005 report, Acquired Immunodeficiency Syndrome (AIDS) has killed more than 25 million people since it was first recognized in 1981, making it one of the most destructive epidemics in recorded history. Sub-Saharan Africa, which has only 10% of the total world population, is carrying two thirds of world's people living with HIVAIDS (MOH, 2004).

Ethiopia is among the least developed countries in the world interms of economic development and living standard of its people. The fundamental cause for this situation is the backward socio-economic system that has prevailed for centuries. The major problems apparent in health and social conditions are the direct reflections of the country's backwardness. Conventional health parameters, such as infant and maternal mortality rates, and average life expectancy at birth, place Ethiopia among the least privileged nations.

The health services coverage is low and communicable diseases are very rampant, causing heavy tolls of deaths and a great burden from diseases. These health problems have been made even worse with the emergence of AIDS.

The HIV/AIDS epidemic has evolved in Ethiopia from two reported AIDS cases, in 1986 to a cumulative total of 1.59 million in 2004 excluding the 37,450 new HIV births in the same year (MOH, 2004). Estimated national HIV prevalence in 2004 was 4.6% with uneven geographical distribution; 12.6% urban prevalence and 2.6% prevalence in rural settings; gender distribution is estimated at 3.8% male and 5% female. There were an estimated 607,000 AIDS orphans (children having lost one or both parents) in 2004; a cumulative total of 124,000 adults had died of AIDS in 2004 (MOH, 2004).

Experiences show that people living with HIV/AIDS very often are subjected to social discrimination and stigmatization (MOH, 2002). A National HIV/AIDS Behavioral Surveillance Survey (BSS) done in 2002, by the Ministry of Health showed stigma and discrimination to be high.

Among the out of school youth who participated in the research, 97.3% who were between 15-19 years of age expressed stigmatizing attitudes towards people living with the virus. Similarly, according to the BSS 96.4% of the participants between the ages of 20-24 expressed stigmatizing attitude towards people living with HIV/AIDS. 96.4. These result showed high levels of stigma relating to HIV/AIDS.

And this alienation of the people living with the virus has hindered the effort that is exerted in order to reduce the spread of the virus; by fear of rejection people who are HIV positive are not revealing their medical condition. One reason for the reluctance in self-identifying as HIV positive may have to do with self-efficacy.

Positive attitudes toward the self can increase feelings of self-efficacy, making behavior change more likely (Diclement, et al., 2002). Self-efficacy is defined as "people's belief that they can exert control over their motivation and behavior and over their social environment" (Bandura, 1989 as cited Barbosa, 2005-2006).

However, because of the pressure from the society, and because of their own perception about themselves, people living with the virus are not playing the proper role in fighting the spread of the disease.

The media in Ethiopia have been playing a great role in creating awareness about HIV/AIDS, especially regarding stigma and discrimination. There are different formats of media program production. The most common are, feature programs, dramas, documentaries and talk shows including spot's in relation to HIV/AIDS. All of them have their own advantage as the means of message transmission. Spots are preferred over the others, because they are cheaper to produce, relatively, and as the announcement time is short they don't bore the viewers. However, whatever the format, doing research and evaluating the impact of a certain message is very important.

As this research focuses on a single TV-spot that was related to stigma and discrimination, which was produced by the Health Education Center of the Ministry of Health and broadcast through Ethiopian Television, the reference hereafter will be simply, TV-spot or HIV/AIDS related stigma and discrimination TV-spot. The spot's central message was "fight stigma and discrimination, give care and for AIDS patients and people living with the virus."

This research attempts to assess the influence that one of the TV spots may have had brought on the viewers. The spot was broadcast in 2002.

The viewers, are defined here as parents (mothers, fathers) and the youth in the age group of 18-70. These were the targets of the spot.

The spot was chosen on the bases of its frequent and its theme in fighting HIV/AIDS-related stigma and discrimination. And the fact that the absence of any research done by the advertisers and the media institution of the different TV-spots regarding the effects that their spots created among the viewers has prompted the researcher to focus his attention on this issue.

## 1.2 Statement of the Problem

Effective health communication and education programs could contribute to avert most of the leading health problems in Ethiopia (MOH, 2004) including HIV/AIDS. However, assessment of the overall situation of Information Education Communication/ Behavioral Change Communication reveals that, poor planning and ineffective methods characterize it. This deficiency arises from the lack of skilled workers in the field of communication. For mass communication to be effective, prior research on messages to be broadcast is crucial. In addition, evaluation of messages after they have been broadcast would provide a more complete understanding of their effects.

In order to change behavior, communication designers need to understand why people behave the way they do (MOH, 2002). In order to know the behavior of the people itself, one has to be able to do different researches before he/she designs his/her message. But this kind of research is alien to the Ethiopian media and those organizations that buy airtime to broadcast their TV-spot and other feature programs through Ethiopian television. Most of the TV-spots related to health messages that were broadcast by Ethiopian Television were produced by the Ministry of Health. The Ministry of Health has confirmed research

outputs focusing on Information Education Communication (I.E.C), Behavioral Change Communication (B.C.C.) issues, strategies and interventions to be practically non-existent (MOH, 2004). The aim of this research is to assess whether a particular TV-spot may have TV-spot has influenced the viewers in changing their perception about stigma and discrimination.

# CHAPTER TWO

## 2. REVIEW OF RELATED LITERATURE

In this chapter, literatures reviewed related to the topic have been presented.

### 2.1. Background

The Acquired Immuno-Deficiency Syndrome (AIDS), the greatest health and social problem of today, was identified as a new disease initially in homosexual men in the United States, in 1981 (Essex, et al., 2002). Since then, medical experts and researchers, social scientists, psychologists, and recently the media have been galvanized in efforts aimed at preventing and managing the disease (Kiai, 2000).

Even though some encouraging results are being recorded in some countries, the epidemic has continued to widen its territory in most part of the world.

Sustained efforts in diverse settings have helped bring about decreases in HIV incidence among men who have sex with men in many Western countries, among young people in Uganda, among sex workers and their clients in Thailand and Cambodia, and among injecting drug users in Spain and Brazil (UNAIDS, 2005). The other country, which is said to be successful in the prevention, is Senegal.

According to a paper by Panos Institute (2002), Thailand, Uganda and Senegal had one thing in common in their responses to HIV/AIDS: a relatively free and open media which had the capacity to report the epidemic intelligently; a dynamic and active civil society; an engaged political leadership, and set of national institutions including media that could promote public debate.

And yet, HIV stigma and the resulting actual feared discrimination have proven to be perhaps the most difficult obstacles to effective HIV prevention (UNAIDS, 2005) in most part of the world. How can HIV-related stigma and discrimination become an obstacle to effective HIV/AIDS prevention? To answer this question it is important to define what stigma is and its relation to discrimination.

## 2.2 What is Stigma?

The term “stigmata” was used by the ancient Greeks to describe a physical mark, often burned or cut into the body, that signified shame and designated the bearer as morally defective and to be avoided (Breitkopf, 2004). So stigma is prejudice and discrimination against a set of people who are regarded by others as being *"flawed, incapable, morally degenerate, or undesirable,*" and who are treated in a negative way (Singhal and Rogers, 2003). A stigmatized person is one who possesses "*an undesired difference*" from numbers of mainstream society, which leads society to discredit them (Goffman, 1963 as cited by Singhal and Rogers, 2003). Oxford advanced learner’s dictionary of 1995 defines stigma as “a bad reputation that something has because many people disapprove of it, often unfairly”.

Stigma serves to reinforce social norms by defining deviance (Taylor, 2001). "Dis –identification" may strengthen and homogenize a community and its values by actually or metaphorically ridding of unwanted or undesirable traits (Gilmore and Somerville, 1994). Hence "stigmatization is an exercise of power over people" (Gilmore and Somerville 1994) and a means of social control by marginalizing or excluding a group from the wider community, and so reinforcing societal values (Taylor, 2001).

## 2.3 Why is HIV/AIDS Stigmatized?

In every nation, and among the members of every culture, the stigmatization of people living with HIV and AIDS is a severe problem (Singhal and Rogers, 2003). In the initial era of the epidemic in most countries, HIV infection spread through sexual networks of gay men, commercial sex workers, and/or injecting drug users. These marginalized groups were already heavily stigmatized by society, and this prejudice was carried over, and strengthened, when such individuals became identified as carriers of HIV (Herek and Glunt, 1988 as cited by Singhal and Rogers, 2003). HIV/AIDS – related stigma and discrimination has therefore appropriated and reinforced pre-existing sexual stigma associated with sexually transmitted diseases, homosexuality, promiscuity, prostitution, and sexual "deviance" (Gagnen and Simon, 1978: Plummer, 1975; Weeks, 1981 as cited by Parker, et al., 2002). This "double stigma" of AIDS stemmed from the identification of AIDS as a serious illness, and from the identification of AIDS with already stigmatized groups according to UNAIDS.

The International Center for Research on Women (ICRW) had done a research regarding HIV-Related Stigma and Resulting Discrimination in three sub-Saharan African countries in 2002; Ethiopia, Tanzania and Africa. According to the ICRW research, respondents talk on one hand about how important it is to not stigmatize or discriminate and that they would never behave this way yet at the same time describe how people who get HIV are promiscuous or indulge in other "immoral" behaviors, deserve what they get, or are being punished by God for their sins.

Those who get HIV are "promiscuous," "careless," or "unable to control themselves" and have brought HIV upon themselves, and they are blamed for bringing it into the community. Stigma and discrimination is

manifested at different levels. There is stigma and discrimination at policy and legal, institutional, community, family and individual levels.

Stigmatization can occur at another level. People living with HIV may themselves internalize the negative responses and reactions of others a process that can result in what some people have called self – or "internalized" stigmatization. "Internalized" stigma is described "felt" or "perceived" stigma as opposed to 'enacted" stigma, which is external. "Felt" or "perceived stigma" affects an individual's sense of pride and worth. For people living with HIV, this may be manifested in feelings of shame, self-blame, and worthlessness, which, combined with feelings of being isolated from society, can lead to depression, self-imposed withdrawal and even suicidal feelings (UNAIDS, 2005).

Prejudice is an attitude, while discrimination is overt behavior. The two usually go together (Singhal and Rogers, 2003).

AIDS Stigma evokes negative reactions – denial, shame, fear, anger, prejudice and discrimination that manifests themselves in interpersonal and group relationships, which are some of the major barriers to effective communication about AIDS, and problems related to it(Ibid).

Discrimination, as defined by UNAIDS in the Protocol for Identification of Discrimination Against People Living with HIV, refers to any form of arbitrary distinction, exclusion, or restriction affecting a person (UNAIDS, 2005). Discrimination is a violation of human rights. In addition to being a violation of human rights in itself, discrimination directed at people living with HIV or those believed to be HIV-infected, leads to the violation of other human rights, such as the rights to health, dignity, privacy, equality before the law, and freedom from inhuman degrading treatment or punishment (Ibid).

More than any other diseases, AIDS is driven by a combination of social factors including inequality, stigmatization and ignorance, as mentioned earlier. Whether or not they actively seek to do so, the media either fuel the epidemic through sensationalism and poor or unethical reporting, or help to restrain it by promoting information, understanding and behavior change (Foreman, 2000). If the media report the issue properly and ethically they can change the direction of the tide. A doctor who betrays the confidentiality of an individual's HIV status generally harms only that patient; a newspaper, which betrays that confidentiality, not only harms that patient but feeds into the cycle of discrimination and stigma described earlier (Ibid). The ICRW research done on HIV- related stigma and resulting discrimination in the three sub-Saharan African countries, namely, Ethiopia, Tanzania and Zambia in 2002, has discovered six major problem areas:

- *People are largely unaware that their attitudes and actions are stigmatizing*. Respondent talk about not stigmatizing people living with the virus, and yet they say in order to care for the others they would separate different utensils they use at home. According to the ICRW research, many people believed HIV/AIDS to be the result of committing sin.
- *Language is central to how stigma is expressed.* People do not care HIV/AIDS by its very name in the three African countries says ICRW. PLWHA in Tanzania are referred to as "maiti inayotembea" (walking corpse) and "marehemu mtarajiwa" (expected to die). The words used by media and other educational materials are also stigmatizing by themselves.
- *Knowledge and fear interact in unexpected ways that allow stigma and discrimination to persist*. Many people know how HIV can be transmitted from one person to the other. But they don't know the difference between HIV and AIDS. If HIV is found in someone' blood

they think he/she has AIDS. So, HIV positive people are stigmatized from the beginning.

- *Sex, morality, shame and blame are closely related to HIV- related stigma*. The belief that HIV/AIDS is the disease of the immoral is common among many Africans. And this immorality is associated with promiscuity, carelessness and not able to central oneself from sex. For this reason PLWHA are seen as those people who brought shame to the society, and so get stigmatized.
- *There is a continuous call by all available means for voluntary counseling and testing of HIV in the three African countries*. However, due to the fear of the stigma people are not appearing at the testing center nor are they willing to teach others even if they knew their sero-stauts.
- *There are supports given for people living with the virus (PLWHA).* But these supports co-exist with stigma and discrimination. There is compassion and love for the people living with HIV and AIDS, yet they are blamed for their condition, as if they brought punishment and disgrace upon themselves, their parents and the society.

## 2.4 The Role of Media in HIV/AIDS Communication

The absence of a cure or vaccine for HIV/AIDS and the urgent need to reach people on the impact of the disease as well as the need to prevent it have resulted in the emphasis on mass education of populations (Kiai, 2000). This means that effective communication has to be in place in order to change the behavior of the people. However, HIV/AIDS provides many challenges. Mass media are powerful in setting the public agenda of important issues and problems. Studies have shown high correlations between media coverage of issues and the public's opinion of the importance and interest of issues (Finnegan and Viswanath). So, the media's coverage of AIDS issue will open discussion among the

population. A reporters' desire to present a sober, optimistic image may be confronted by an editor's or sub-creditor's desire to prevent a sensationalist, negative view (Foreman, 2000). The audience may complain that a certain subject might have been hidden. Or open discussion about sexual matters may trigger anger among the society, where openness has not become culture.

Because of their central position in people's lives, the mass media have unrivalled potential to inform and educate the general public (UNAIDS, 2005). Besides delivering direct information, they have the potential to influence attitudes, behavior and even policy-making in a myriad of ways through their coverage of the epidemic in news, drama, documentary and discussion. Besides offering channels for the communication of public health information and messages, the media can, for example:

- *Stimulate and lead open and frank discussion of HIV and AIDS;*
- *Provide platform for those most affected by the epidemic to air their concerns and views, especially people living with the virus;*
- *Challenge stigma and discrimination by providing accurate information about HIV and AIDS, and positive images and role models of infected and affected people;*
- *Help create an enabling environment for prevention of HIV infection, and a supportive environment for the care of people living with the virus (UNAIDS, 2005).*

At a meeting of West African gatekeepers in 1997, participants pointed out five areas where they considered the media were failing in responsibility to cover the epidemic, according to Martin Foreman, director of AIDS Program, Panos Institute, London. The five points mentioned were lack of involvement in the issue, resulting from poor training and lack of awareness of health issues; sensationalism; avoidance of key topics, such as living with HIV; lack of preparation or

transparency; and lack of a collaborative approach. Apart from covering HIV/AIDS issue properly, the media have played negative role in some of its reporting regarding HIV/AIDS. The media frequently use words such as "scourge' and "plague" which add to the general perception that HIV/AIDS and those who are affected by it should be avoided. These words are often repeated or reported without comment; in this way the media unwittingly or unwillingly reinforce stigma says Martin Foreman.

When some used stigmatizing words unknowingly, others used fear appeals for AIDS education, such as symbols of death and skulls. However, this has resulted in laughter and failure to take seriously the risk of AIDS; with others this approach has led to panic responses, stress and anxiety (Hubley, 1993).

Piotrow, et al. (1997) say the approaches that work in developing messages and materials for professional marketing and advertising can be applied also to health communication. There are different principles, which advertisers follow in order to be effective in their advertisement of a certain message. No matter whether what one promote is consumer products or encouraging healthful behavior, persuasive communication follows seven basic rules (Ibid). Piotrow and her colleagues call the basic rules the seven C's. The seven C's are principles and techniques which successful commercial advertisers apply.

The rules have proved to be fruitful in promoting different health related messages in many countries (Ibid).

According to the basic rules good advertisement, or as is used in this research, good television spot has to:

1. ***Command attention,***
2. ***Cater to the heart and head,***
3. ***Clarify the message,***

4. ***Communicate a benefit,***
5. ***Create trust,***
6. ***Call for action, and***
7. ***Be consistent or repetitive***.

1. ***Command Attention*** – People remember spots, which capture their eye, and mind immediately. Spots, which cannot control human attention immediately, can be missed from the mind soon. Attractive spots make people to watch or listen to them.
2. ***Cater to the Heart and Head*** – As people are moved more by reason so are they by emotion (Piotrow, et al. 1997). Messages, which arouse emotion, are easily remembered; emotions also make people to get involved in the event.
3. ***Clarify the Message*** – A message must be clear and understandable. Focusing on two or three issues at the same time lead to confusion. The language, the presentation and the plot of the spot must be clear to be understood.
4. ***Communicate a Benefit*** – Most people look to the advantage or benefit they get by performing or accomplishing certain task. People rarely buy new product or take up a new practice unless they see some direct personal benefit in it, (Piotrow, et al. 1997). For this reason, tell the benefit they get by performing the required behavior.
5. ***Create Trust***- When messages come from credible sources people tend to accept the message. As human being is rational and can evaluate you from his own experience, it is always important to be a trusted person or organization. When you are a person of your word, people will trust you and perform what you told them to do.
6. ***Call for Action*** – After people get convinced that the message is to their benefit, they will decide what to do next. If the message is about a certain service, like HIV testing, what they ask is where to get the service. Tell them where to get it.

7. ***Consistency Counts*** – Messages broadcast repetitively, becomes familiar among the audience. There is great possibility for repetitive messages to be an agenda for discussion. It has become an agenda for discussion means that people are contemplating the disadvantages and advantage in order to draw other people into the desired behavior of the message.

Communication strategies can help a) break the silence about AIDS, and b) move the discussion of HIV/AIDS from the personal-private to the public-policy sphere (Singhal and Rogers, 2003: p. 253). And for communication to be effective messages need to be 1. Based on information obtained from audiences' members themselves and, 2. Pre-tested with them to make sure they were correctly designed (Piotrow et al. 1997).

Most HIV/AIDS communications programs have been aimed at achieving individual-based changes in sexual and social behavior according to UNAIDS.

Most theories underlying the models and framework used in HIV/AIDS prevention were derived from social psychology and communications (Ibid). Furthermore, many of these formulations have been borrowed from family planning and population programs, which have successfully advanced the understanding and use of Information Education and Communication (I.E.C.). However, in-depth evaluations of the applicability of the borrowed theories, models, and frameworks to the special circumstances of HIV/AIDS prevention and care are rarely, if ever, made (Ibid).

The models of behavior change most often used to guide health communication programs are the same one used to inform health promotion programs. These theories and models include the Health

Belief Model, the Theory of Reasoned Action, Social learning and Cognitive Theories, the AIDS Risk Reduction Model, Stages of Change, Hierarchy of Effects, Diffusion of Innovation, and Social Marketing (Ibid).

Psychosocial theories are predicated on Western notions of individual autonomy and purpose (Elder, 2001: p. 16). The assumptions (such as individualism as opposed to collectivism) on which these theories and models are based are foreign to many non-Western cultures, where the family, group, and community play a greater role in decision making.

Seeking to influence behavior alone is insufficient if the underlying social factors that shape the behavior remain unchallenged (UNAIDS/ PENNSTATE, 1999: p. 21). According to the study conducted by UNAIDS/PENNSTATE there are five interrelated domains of context that should be the focus in developing future communications strategies for HIV/AIDS prevention, care, and support. These domains are Government Policy, Socio-economic Status, Culture, Gender Relations and Spirituality.

A message will only be effective if the advice presented is relevant, appropriate, acceptable and put across in an understandable way (Hubley, 1993: p. 51). Persuasive communication takes the audiences perspective. Effective messages build in people's current thoughts, feelings, and needs and do not disregard and contradict them (Piotrow, et al. 1997). Audiences have different ways of thinking, different vocabulary, even different ways of interpreting drawings and photographs from those of the experts and officials who initiate communication program (Ibid). For these reasons, as it is difficult to obtain direct feedback from an audience, about certain message that has been broadcast through the media, one should always carefully pre-test the message, words, pictures and ideas to make sure that they are clear, relevant and acceptable (Hubely, 1993: p. 147).

The best way to minimize misunderstanding between the communicator and the receiver is to make a message research based. Research helps to know what the people need, and also to identify social, cultural and economic factors hindering or facilitating desired social change. Research also helps to identify whom to involve as stakeholders in the design of the message, and evaluating the message after. It has been disseminated. Strategically designed communication programs increase their impact on behavior and social change.

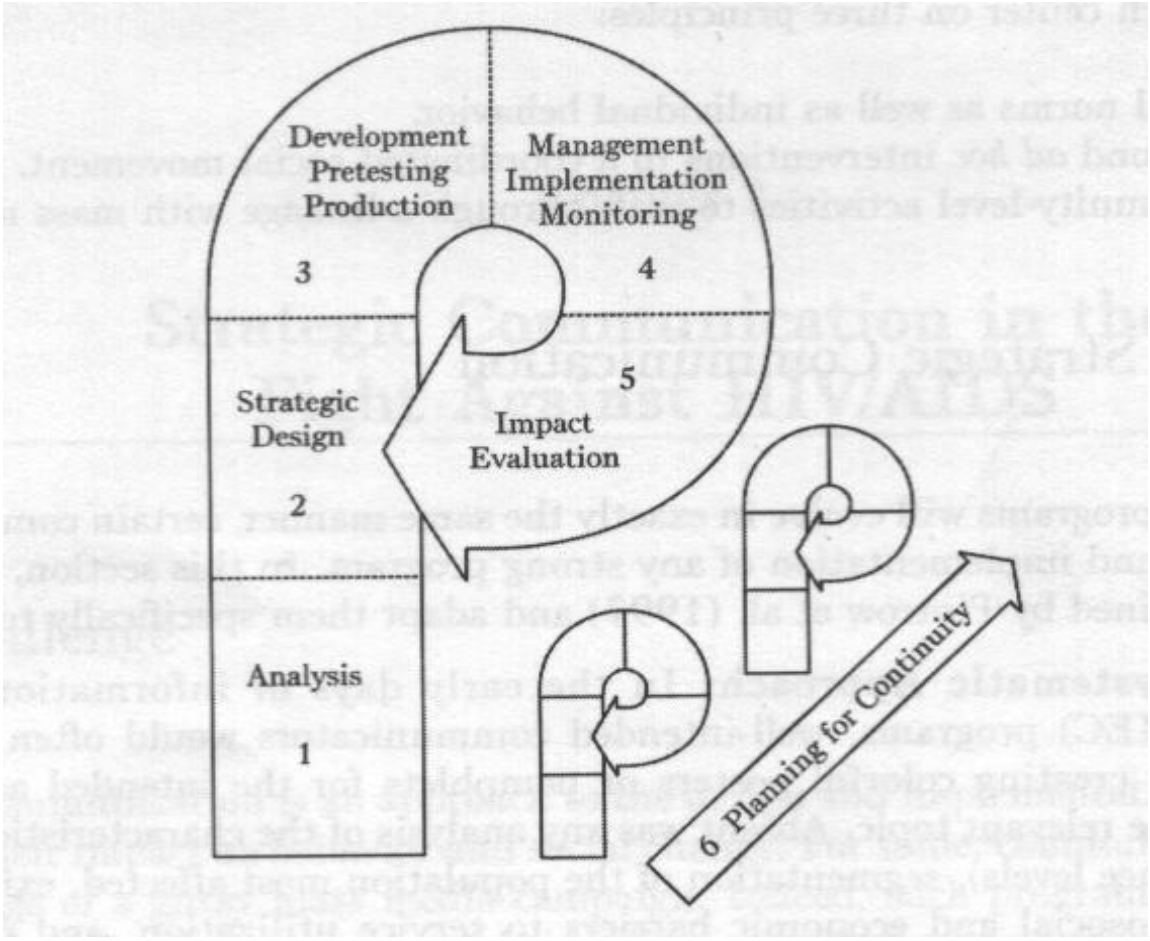
> *Effective Behavior Change Communication can increase knowledge, stimulate community dialogue, promote essential attitude change, reduce stigma and discrimination, create demand for information and service, advocate, promote services for prevention, care and support and improve skills (FHI 2002, as cited by Getachew, 2005).*

The Center for Communication Programs at the Johns Hopkins Bloomberg School of Public Health has been promoting what is known as the "p-process" since 1982 (Mckee, Bertrand, and Becker-Benton, 2004) in which p can stand for project or program.

## 2.5 The P-Process

The p-process has six different steps, which are interrelated and have their own sequences.

The p-process is a framework, which is designed to help health communicators to design a strategic communication programs. The p-process has proved to be fruitful in the success of different health promotion programs. Any systematic health promotion programs have to embrace the six different stages in the process (Piotrow, et al., 1997; McKee, Bertrand and Becker-Benton, 2004.




***JHU. Source: Piotrow, et al. 1997***

The communication design follows the following steps:

### 2.5.1 Analysis

Communication program designers have to know the health problems of the people for which they are going to prepare intervention mechanism, they have to know about the culture, existing policies, and regulations before they produce any materials, be it for broadcast, print or otherwise.

### 2.5.2 Strategic Design

Identity audience. Select the behavior change model that you are going to use in the intervention program. It is important to explain how the intervention program is going to bring about the required change at this

stage. The selection of the channels of communication will be completed at this stage.

### 2.5.3 Development, Pre-testing, and Production

After the identification and segmentation of the audience, the material will be produced. However, the produced material will not be broadcast or published before it is pre-tested among the selected audience, the stakeholders and others. Pre-testing helps to close the gab that may be created between the communicators and the receivers of the health message. As messages do not enter peoples heads as the communicator desires they have to be pre-tested. Messages are interpreted and analysed intellectually and meaning is constructed by the receiver. If comment is given regarding the message, the communicator will revise his material so as to be accepted by the audience.

### 2.5.4 Management, Implementation, and Monitoring

After the program material is pre-tested and re-produced the next step is to implement the promotion of the program. Implemented program needs regular monitoring. Anything that hinder the progress of the job can be created. For this and other reasons continuous monitoring is necessary.

### 2.5.5 Impact Evaluation

What change has the program brought among the audience? Knowing the impact that a certain intervention may have brought, helps to understand the strength and weakness of ones program.

### 2.5.6 Planning for Continuity

If a program achieves its objective it may be possible to continue as it is, but if not adjust to the changing condition and plan for the future. However, continuity depends upon the available fund. Whatever the case,

programs succeed their objective properly when they are planned as the criteria listed earlier.

"This step-by-step road map (that is the p-process) leads communication professionals from a loosely defined concept about changing behavior to a strategic and participatory program with a measurable impact on the intended audience.

This show that if health program communications are not following the road map, there success could be highly controversial.

Mico and Ross (1980) say, strategic communication must be theory based. Theory helps us to explain why people behave the way they do. If effective communication is required a theoretical perspective should be explicitly stated to guide the program and its evaluation (Valente, 2002).

Using theory in developing persuasive messages saves time and money because there is less trial and error, and theoretically based campaigns are more likely to succeed compared with campaigns developed from inspiration alone (Maiback and Parrot, 1995; Rice and Atkin, 1989 as cited by Witte, Meyer and Martell, 2001). One challenge in using theory is, ambiguity to choose the proper theory. And the choice of a theory has to depend on the topic, objective, and the relevance of the theory to the issue at hand. The objective of a health promotion program can be to create awareness, or to change behavior. Based on the objective of the health program the communicator has to select the theory that is appropriate to his/her program.

There are different theories related to human behavior, which are used in health promotion programs in order to bring certain behavioral change on individual and among the society. Some of the most common theories and model used in health promotion programs are: Diffusion of

Innovation Theory, Stage of Change model, Theory of Reasoned Action and Social Learning Theory (Piotrow, et al. 1997; Valent, 2002). Even though all the theories are important in disease prevention programs, the researcher will employ Social Learning Theory to assess the impact the TV-spot created on the viewers, as this theory is more relevant for the objective of the research.

## 2.6 Social Learning/ Cognitive Theory

Social Learning Theory was developed by Albert Bandura in (1977 and 1986). The theory was developed from experimental psychological studies, which demonstrate how children learn and imitate modeled behaviours. This framework is greatly utilized in health promotion campaigns, education and communication research says Barbosa(2005-2006). According to Barbosa, Bandura stresses the influence of symbolic modeling derived from television, films, and other visual media. Bandura says that audience usually identify themselves with attractive character in the mass media, which they model later.

Bandura (1977) as cited by Barbosa (2005 – 2006) argues that people learn from observing role models in day-to-day life. One learns not only through personal experience but also by observing the actions of others and the consequences of these actions.

Bandura explains:

> *Learning would be exceedingly laborious, not to mention hazardous, if people had to rely solely on the effects of their own action to inform them what to do. Fortunately, most human behavior is learned observationally through modeling: from observing others one forms an idea of how new behaviors are performed. Because people can learn from example what to do, at least in approximate from, before performing any behavior they are spared needless errors,* (Barbosa, 2005-2006).

According to Bandura's Social Learning Theory, role model's should 1) be similar to the audience, 2) demonstrate the behaviour, and 3) be rewarded for practicing it. Bandura has argued that self-efficacy influences individual's ability to imitate modeled behaviour. People with self-efficacy, who believe in their own ability to change, are better in relating themselves to the model they see, and imitate the modeled behaviour later. Only when efficacy expectations are high people perform certain behaviours.

Social Learning/ Cognitive Theory has four variables, which show the steps to the behavior change. They are known as *Attention Process, Retention Process, Motor Reproduction process* and *Motivational/ Acquistional* Processes (Simons-Morton and Greene, 1999; and Barbosa, 2005-2006).

a) **Attentional Process** – In order to initiate what they see in the mass media people have to watch what is being shown in the media by attention.
   "*People can not learn much from observing unless they attend to, and perceive accurately the significant features of the modeled behavior*" (Bandura 1986 as cited by Simons- Morton and Greene, 1995). The attractiveness, the relevance of the topic, the complexity of the behavior performed are all contributing factors in attracting the attention of the observer.
b) **Retention Process** – Retention process deal with the ability to remember the model. If the behavior that is seen is to be used in times to come the action has to be retained in the mind.
c) **Motor Reproduction** – This is the actual performance of the behavior that has been learned from the model.
d) **Motivational/ Acquisitional Process** – People continue to act the behavior that they think is desirable in the society and is rewarding.

> Performing or not performing certain desired behavior itself results in reward or in punishment according to Bandura. He says, *"people are more likely to adopt modeled behavior if it results in outcomes they value than if it has unrewarding or punishing effects*" (Bandura, 1977 as cited by Barbosa 2005 – 2006).

Many educations – entertainment (e-e) programs broadcast through the mass media (television, radio, video, cinema) are using drama and soap operas. And the concept of reward and punishment explains the choice between bad and good characters in entertainment education programs through the mass media. If for example a certain character in a drama does not use condom, the audience will see the greater possibility that this person has to contract HIV or other sexually transmitted diseases. The reward or punishment that the man faced will make the audience to take care for themselves. As dramas appeal to emotion people become active participant when they watch the different characters, which indirectly makes them to identify themselves with some of the characters. And this has direct relation with Social Learning Theory of Albert Bandura. Popular entertainment (television shows, movies, popular song) is effective in educating audiences about disease prevention. This strategy borrows from Bandura's Social Learning Theory, that most behaviour is learned through modeling according to Freithmuth, Linnan and Potter (2000). And the TV-spot, which is under study, has some common characteristics with popular entertainment programs mentioned above. It has similar dramatic elements with the popular entertainment. That was why the researcher chose Social Learning Theory for the evaluation of the influence the spot created on the viewers.

# CHAPTER THREE

## 3. METHODOLOGY

### 3.1 Aim

The purpose of this research was to assess the influence that had been created by the HIV/AIDS TV-spot regarding stigma and discrimination.

### 3.2 Objectives

The following were the research objectives

1. To assess the influence created by the HIV/AIDS – related stigma and discrimination TV-spot that produced by the Health Education Center of the Ministry of Health and Broadcast by Ethiopian Television (ETV),
2. To assess how much of the message that was communicated using the HIV/AIDS – related stigma and discrimination TV-spot was accepted by the viewers,
3. To assess the perception of the people living with the virus about the TV-spot,
4. To assess the opinion of the different target audience of the TV-spot.

### 3.3 Research Questions

The following were the research questions raised during the study.

1. What were the lessons learned from the TV-spot regarding HIV/AIDS related stigma and discrimination?
2. How much have the TV-spot changed the perception of the viewers regarding stigma and discrimination?
3. What was the perception of the people living with the virus about the TV-spot?

4. Was the language used in the TV-spot attractive?
5. Which character or characters appealed to the audience most?

## 3.4 Study Design

The study employed qualitative and quantitative research methods.

### 3.4.1 Data Collection

Both primary and secondary data had been gathered.

#### 3.4.1.1 Primary Data

The research used three kinds of primary data gathering methods. Questionnaire, Focus Group Discussions and In-depth interview that when combined they gave the best result the researcher needs.

**A. Questionnaire**

A questionnaire is a written list of questions the answer to which are recorded by respondents. The questionnaire had three different parts. The first part dealt with demographic questions. The second, with general questions about HIV/AIDS, stigma and discrimination and the last part dealt with the spot.

A total of 215 questionnaires were distributed among the target groups out of which 190 questionnaires were completed edited and entered into the SPSS. Twenty five questionnaires were discarded because of the incomplete response to the questions.. All the respondents have seen the spot.

**B. Focus Group Discussion**

Focus Group is useful in qualitative research because the participant expresses his views and experiences. And also hear what the others say and argue on an issue. Kitzinger (1994) as cited by Oates (2000) suggests that, focus groups are appropriate for discussing issues like AIDS

because they provide safety in numbers and the company of others who share similar experiences. As the discussion is done openly, FGD helps to know the view of the target audiences of the TV-spot, which helps to know how different people viewed the same message.

Four focus group discussions were held. Each focus had 8 people, youth, and parents (fathers and mothers) who were the target of the television spot. There were one group of mothers, one group of fathers and two groups of the youths.

**C. In-depth Interview**

Interview has different advantages compared to the other data gathering instruments. One major advantage of the interview is its flexibility. In interview the interviewer can ask follow-up questions, which help the researcher to know more about, the subject he/she studies.

Also it gives the interviewer a chance to observe the non-verbal message of the interviewee. So, in-depth interview was one of the data gathering instruments, held with 10 people who were living with the virus after showing them the spot. All of them were members of Tesfa-Goh, the association of people living with HIV and AIDS.

Two people from the Health Education Center of the Ministry of Health, who were the officers and coordinators of the television spot production, and the writer-director of the TV-spot were interviewed regarding the spot.

### 3.4.2 Secondary Data

Different books, journals, papers presented at seminar and workshops, internet sources and magazines were accessed for data collection.

## 3.5 Pilot Study

Pilot study was done before the actual data collection began for the research.

The researcher first formulated his questionnaire and went to the research area, Adama, in order to test how the respondents might understand the questionnaire. The test was done among twelve (12) target population of the TV-spot. The first problem began with the spot that was to be studied. Most of the respondents were not able to recall the spot.

The other serious problem was the way how the questionnaire was formulated. The questionnaire prior to the pilot study was open ended, mostly. The response given was extremely wide far that could have been very difficult and time consuming during analysis for the researcher to codify and analyse.

After pilot study in Adama town and its surrounding the researcher returned to Addis Ababa and discussed the pilot study's result with both his internal and external advisors.

All the questions in the questionnaire were changed to multiple choice, except one question that asked the respondent to mention the different transmission routes of HIV that they knew.

Decision was made to show the TV-spot to the respondents of the questionnaire, the participants of the focus group discussion and the participants of the in-depth interview. Even prior to the pilot study the researcher had an idea to show the TV-spot by video to some of the

respondents who may not remember the TV-spot. The change made after the study was to show the spot to the all respondents. The TV-spot has been shown to all respondents of the questionnaires, and participants of the focus group discussions and the interviewee. The spot was shown at nine kebele halls (the smallest administrative unit) and six other AIDS club centers for those respondents who were approached by the researcher.

## 3.6 Sampling

The researcher used two kinds of sampling methods for this research. They are the *convenience sampling* method and *purposive sampling* methods. The reason for using the two sampling methods mentioned above was:

### 3.6.1 Convenience Sampling

Convenience sampling is usually used when enumerating or listing the population under study is difficult. And, as the spot that the researcher chose to study was broadcast by Ethiopian Television, it was difficult to identify as who watched the spot and who did not. For this reason the researcher used convenience sampling method.

### 3.6.2 Judgmental Sampling

This sampling method is used when the researcher himself decides the people who will give him the best information he needs to achieve the objective of the study. The researcher used this sampling method for interviewing people living with HIV, people from the Ministry of Health and the writer-director of the TV-spot.

## 3.7 Sample Frame

The sample frames for the study were the target population of the spot. The target populations of the TV-spot were the youth and parents (mothers and fathers).

## 3.8 Area of the Study

This research was conduct in the city of Adama, which is about 100 kilo-meters East of Addis Ababa. Adama is a cumulative center with a population of about 150,000. located along the highway and railway that stretches both to Eastern part of Ethiopia, Djibouti and Somalia. Because it is found in the great Rift Valley that extends from Syria to Mozambique, the city's climate is hotter compared to Addis Ababa. And because of its weather condition, and the hot spring that is found near the city many people form Addis flock to the city every weekend.

Most of the national workshops and seminars whether it is on HIV/AIDS, environment, agriculture or other health related issues usually takes place in Adama, which has become one of the means of income for the city. The city is serving as tourist destination. This dynamic character of the city has made it to be the sample area for the research.

## 3.9 Data Analysis

### 3.9.1 Coding

Data was coded and entered into SPSS. The coding category goes from 1 up to 6 for some of the questions.

### 3.9.2 Analysis

Information that was obtained from the questionnaire, focus group discussion and in-depth Interview. Data obtained from the questionnaire have been entered into SPSS, for processing of the frequencies for some

of the responses using percentages and chi-square statistics wherever necessary. The data processed was used to support the qualitative analysis.

## 3.10 Limitations

The time given for this research was limited. For this reason the research has been limited to only one spot, even though the number of spots broadcast in relation to HIV and AIDS was much more.

On the other hand, as the research itself was limited in studying the influence that the TV-spot created in only one city and its surrounding, the result is not representative for the whole country. However, with all its limitations the research result can give a clue as how much the TV-spot has influenced its target audience.

## 3.11 Organization of the Study

This thesis has six different chapters. Chapter one is Introduction of the research. The second chapter deals with Literature Reviewed, chapter three explains Methodology used for the research, in chapter four research finding is presented, chapter five is discussion of the finding in relation to the finding and literature reviewed while the last, chapter six is conclusion and recommendation of the research. Different appendices have been attached at the end.

# CHAPTER FOUR

## 4. THE RESEARCH FINDINGS

In this chapter the major findings of the research are presented. The data collected have been coded and entered into SPSS for further analysis.

## 4.1 Demographic Characteristics of the Respondents

The table 4.1, which follows, summarizes the most important characteristics of the respondents.

**Table 4.1: Demographic Characteristics of the Respondents**

| | | Sex of respondent | | | | Total | |
|---|---|---|---|---|---|---|---|
| | | Male | | Female | | Count | Table % |
| | | Count | Table % | Count | Table % | | |
| Age of respondents | < = 20 | 14 | 7.4% | 12 | 6.3% | 26 | 13.7% |
| | 21 - 40 | 77 | 40.5% | 50 | 26.3% | 127 | 66.8% |
| | 41 - 60 | 18 | 9.5% | 15 | 7.9% | 33 | 17.4% |
| | > = 61 | 4 | 2.1% | | | 4 | 2.1% |
| **Total** | | **113** | **59.5%** | **77** | **40.5%** | **190** | **100.0%** |
| Educational status of respondent | Illiterate-grade 6 | 14 | 7.4% | 23 | 12.1% | 37 | 19.5% |
| | Grade 7-12 | 62 | 32.6% | 40 | 21.1% | 102 | 53.7% |
| | Above grade 12 | 37 | 19.5% | 14 | 7.4% | 51 | 26.8% |
| **Total** | | **113** | **59.5%** | **77** | **40.5%** | **190** | **100.0%** |
| Marital status | Single | 74 | 38.9% | 41 | 21.6% | 115 | 60.5% |
| | Married | 38 | 20.0% | 25 | 13.2% | 63 | 33.2% |
| | Divorced | 1 | .5% | 4 | 2.1% | 5 | 2.6% |
| | Widowed | | | 7 | 3.7% | 7 | 3.7% |
| **Total** | | **113** | **59.5%** | **77** | **40.5%** | **190** | **100.0%** |

### 4.1.1 Age, Sex and Educational Status of the Respondents

Data were gathered from 190 people by distributing questionnaire. The statistical analysis of the data show, the age ranged from 18-70 years.

The mean age was 31.8 approximately, with age range of 47 years and standard deviation of 10.6.

Of the total 190 respondents 113 were males and 77 were females. The age distribution of the respondents was proportional, while majority fell in the age category of 21-40.The respondents were mostly educated, about 80.5 of them were above grade six who could read and write.

### 4.1.2 Marital Status

Amongst the respondents 60.5% were single. 33.2% were married and 2.6% divorced, while 3.7% were widowed, all women.

## 4.2 Information Source of the Respondents

According to the findings of the research, for 67.9% respondents, source of information were radio, TV, newspapers, and health personnel, while some mentioned just one of the media as their single source of information. As this result showed, as far as the audience followed all the media for information source it would be better to use all the major media for transmitting message rather than focusing on a single or two media.

**Table 4.2: Information Sources of Respondents**

| HIV/AIDS information source of respondents | Sex of respondent | | | | Total | |
|---|---|---|---|---|---|---|
| | Male | | Female | | Count | Table % |
| | Count | Table % | Count | Table % | | |
| Radio | 7 | 3.7% | 3 | 1.6% | 10 | 5.3% |
| Television | 8 | 4.2% | 14 | 7.4% | 22 | 11.6% |
| Newspapers/Magazine | 4 | 2.1% | | | 4 | 2.1% |
| Peer/friend | | | 1 | .5% | 1 | .5% |
| Health personnel | 15 | 7.9% | 9 | 4.7% | 24 | 12.6% |
| All | 79 | 41.6% | 50 | 26.3% | 129 | 67.9% |
| **Total** | **113** | **59.5%** | **77** | **40.5%** | **190** | **100.0%** |

## 4.3 Knowledge of HIV/AIDS of the Respondents

The respondents have been asked if they knew how HIV and AIDS were transmitted from one another and 95.3% chose the correct answer. Only 4.7% were not knowledgeable about HIV/AIDS transmission mode.

This shows how knowledgeable about transmission route of HIV and AIDS were the respondents. Another confusion about HIV/AIDS was that some thought both to be the same.

In order to differentiate this, there was question regarding the difference between the two. 76.3% gave the correct answer. 16.8% of the respondents said they were the same, while 6.8% of the respondents didn't know the difference.

**Table 4.3: Knowledge of HIV/AIDS of Respondents**

| | | Sex of respondent | | | | Total | |
|---|---|---|---|---|---|---|---|
| | | Male | | Female | | Count | Table % |
| | | Count | Table % | Count | Table % | | |
| What kind of disease do you think is HIV/AIDS? | Sexually transmitted disease | 109 | 57.4% | 73 | 38.4% | 182 | 95.8% |
| | Transmitted by worms | 2 | 1.1% | 1 | .5% | 3 | 1.6% |
| | I don't know | 2 | 1.1% | 3 | 1.6% | 5 | 2.6% |
| **Total** | | **113** | **59.5%** | **77** | **40.5%** | **190** | **100.0%** |
| What is the difference between HIV and AIDS? | They are the same | 18 | 9.5% | 14 | 7.4% | 32 | 16.8% |
| | HIV is virus that causes AIDS, while AIDS is a syndrome that appears when body immunity decreases | 91 | 47.9% | 54 | 28.4% | 145 | 76.3% |
| | Don't know the difference | 4 | 2.1% | 9 | 4.7% | 13 | 6.8% |
| **Total** | | **113** | **59.5%** | **77** | **40.5%** | **190** | **100.0%** |
| Do you know how HIV/AIDS is transmitted? | I know | 107 | 56.3% | 74 | 38.9% | 181 | 95.3% |
| | I don't know | 6 | 3.2% | 3 | 1.6% | 9 | 4.7% |
| **Total** | | **113** | **59.5%** | **77** | **40.5%** | **190** | **100.0%** |

As this research focused on studying the influence created by the spot to fight stigma and discrimination, the researcher has included some questions to know if there was stigmatizing attitudes toward people living with the virus among the respondents. The questions asked if there was stigmatizing attitudes among the population was, whether the respondents would be willing to buy goods and also food items from HIV positive person. Regarding buying goods, 87.9% said they were willing and as of buying food items those who were willing to buy were 82.6% of the respondents.

Respondents were asked if there was any stigmatizing attitude in the issue of sharing the same drinking glass with HIV positive person. 73.7% of the respondents said they were willing to share the same drinking glass. This showed how stigma was low among the respondents, compared to the previous years.

**Table 4.4: Willingness to Share Material with HIV-positive Person**

| | | Sex of respondent | | | | Total | |
|---|---|---|---|---|---|---|---|
| | | Male | | Female | | Count | Table % |
| | | Count | Table % | Count | Table % | | |
| Would you be willing to buy goods from HIV positive? | Yes | 98 | 51.6% | 69 | 36.3% | 167 | 87.9% |
| | No | 15 | 7.9% | 8 | 4.2% | 23 | 12.1% |
| **Total** | | **113** | **59.5%** | **77** | **40.5%** | **190** | **100.0%** |
| Would you be willing to buy food items from HIV-positive? | Yes | 93 | 48.9% | 64 | 33.7% | 157 | 82.6% |
| | No | 20 | 10.5% | 13 | 6.8% | 33 | 17.4% |
| **Total** | | **113** | **59.5%** | **77** | **40.5%** | **190** | **100.0%** |
| Would you be willing to share drinking glass with HIV-positive? | Yes | 86 | 45.3% | 54 | 28.4% | 140 | 73.7% |
| | No | 27 | 14.2% | 23 | 12.1% | 50 | 26.3% |
| **Total** | | **113** | **59.5%** | **77** | **40.5%** | **190** | **100.0%** |

## 4.4 Lessons Learned from the TV-spot

The main objective of this research was to study the influence created by the TV-spot, which was produced by the Ministry of Health and broadcast through Ethiopian Television (ETV). To know whether the spot has created influence, separate questions were asked regarding only the spot. The questions included, *what did they learn from the spot, how much the spot was attractive, the usage of language in the spot, whether the spot has contributed in alleviating stigma and discrimination.*

There were questions, which also asked the respondents to identify the character, or characters they liked most, or identify themselves with. The findings are here under.

The first question related to the TV-spot and the lesson learned from the spot. 63.2% said it was stigmatizing spot. 23.7% respondents said it was not clear. Only 13.2% said it was educational. Regarding the question whether the spot increased awareness about stigma and discrimination, 81.1% of the respondents said it has not. There was similar question asked to see the consistency of the respondents answers. The question asked, if the spot has contributed to the decrease in stigma and discrimination to which 85.3% of the respondents gave the "no" answer correlating highly with earlier opinion.

**Table 4.5: Lessons Learned from the TV-spot**

| | | Sex of respondent | | | | Total | |
|---|---|---|---|---|---|---|---|
| | | Male | | Female | | Count | Table % |
| | | Count | Table % | Count | Table % | | |
| Has the spot increased awareness? | Yes | 22 | 11.6% | 14 | 7.4% | 36 | 18.9% |
| | No | 91 | 47.9% | 63 | 33.2% | 154 | 81.1% |
| **Total** | | **113** | **59.5%** | **77** | **40.5%** | **190** | **100.0%** |
| Has the spot decreased stigma and discrimination? | Yes | 18 | 9.5% | 10 | 5.3% | 28 | 14.7% |
| | No | 95 | 50.0% | 67 | 35.3% | 162 | 85.3% |
| **Total** | | **113** | **59.5%** | **77** | **40.5%** | **190** | **100.0%** |

There was one question about the language usage in the advertisement. For 73.2% of the respondents the words used were frightening. 15.8% said they never thought of the words, while for 11.1% of the respondents the words had no problem.

To a question whether the spot was attractive, 76.3 answered it was attractive. In line with this there was another question, which asked the

respondents to mention what the strength of the spot was, by giving different choices. 68.9% of the respondents said the spot was, "confusing but suspenseful."

53.7% of those respondents who participated in this research said the message of the spot was not clear, 31.6% of the respondents said the disadvantage of the spot outweighed the advantage. It was only for 14.7% of the respondents that the spot was strong and timely. Asked about the sound effect, 82% of the respondents said, it was horrifying. 8.9% of them were glad by the sound, while the other 8.9% it "gave me no-sense".

**Table 4.6: Opinion on the Word, the Attractiveness, and the Sound Effect of the Spot**

| | | Sex of respondent | | | | Total | |
|---|---|---|---|---|---|---|---|
| | | Male | | Female | | Count | Table % |
| | | Count | Table % | Count | Table % | | |
| Opinion on word use of the spot | The words have no problem | 12 | 6.3% | 9 | 4.7% | 21 | 11.1% |
| | The words were frightening | 84 | 44.2% | 55 | 28.9% | 139 | 73.2% |
| | Never thought of the words | 17 | 8.9% | 13 | 6.8% | 30 | 15.8% |
| **Total** | | **113** | **59.5%** | **77** | **40.5%** | **190** | **100.0%** |
| Was the spot attractive? | Yes | 85 | 44.7% | 60 | 31.6% | 145 | 76.3% |
| | No | 28 | 14.7% | 17 | 8.9% | 45 | 23.7% |
| **Total** | | **113** | **59.5%** | **77** | **40.5%** | **190** | **100.0%** |
| What was the strength of the spot? | It mentioned about stigma and discrimination | 20 | 10.5% | 8 | 4.2% | 28 | 14.7% |
| | The talent of the actors | 9 | 4.7% | 5 | 2.6% | 14 | 7.4% |
| | No strength to be mentioned | 14 | 7.4% | 3 | 1.6% | 17 | 8.9% |
| | Confusing but suspenseful | 70 | 36.8% | 61 | 32.1% | 131 | 68.9% |
| **Total** | | **113** | **59.5%** | **77** | **40.5%** | **190** | **100.0%** |
| Opinion on the spot in general | Message strong and timely | 13 | 6.8% | 15 | 7.9% | 28 | 14.7% |
| | Message not clear | 60 | 31.6% | 42 | 22.1% | 102 | 53.7% |
| | The disadvantage outweighs | 40 | 21.1% | 20 | 10.5% | 60 | 31.6% |
| **Total** | | **113** | **59.5%** | **77** | **40.5%** | **190** | **100.0%** |
| Opinion on the sound effect | It was horrifying | 87 | 45.8% | 69 | 36.3% | 156 | 82.1% |
| | Glad about the sound effect | 14 | 7.4% | 3 | 1.6% | 17 | 8.9% |
| | Gave me no sense | 12 | 6.3% | 5 | 2.6% | 17 | 8.9% |
| **Total** | | **113** | **59.5%** | **77** | **40.5%** | **190** | **100.0%** |

## 4.5 Characters Most Liked and Hated

Respondents have been asked to identify the characters they liked most. 32.6% of the respondents said they liked the nurse, and 28.9% said they liked the mother. The characters hated most were the youths who ran away from the HIV positive boy. 51.1% of the respondents didn't like them, followed by the mother who was hated by 38.4% of the respondents.

**Table 4.7: Characters Most Liked and Hated**

| | | Sex of respondent | | | | Total | |
|---|---|---|---|---|---|---|---|
| | | Male | | Female | | Count | Table % |
| | | Count | Table % | Count | Table % | | |
| Which character did you like most? | The mother | 6 | 3.2% | 1 | .5% | 7 | 3.7% |
| | The father | 26 | 13.7% | 29 | 15.3% | 55 | 28.9% |
| | The nurse | 34 | 17.9% | 28 | 14.7% | 62 | 32.6% |
| | The boy left alone | 6 | 3.2% | 3 | 1.6% | 9 | 4.7% |
| | The boy embraced | 21 | 11.1% | 10 | 5.3% | 31 | 16.3% |
| | Loved all | 20 | 10.5% | 6 | 3.2% | 26 | 13.7% |
| **Total** | | **113** | **59.5%** | **77** | **40.5%** | **190** | **100.0%** |
| Which character did you hate most? | The mother | 36 | 18.9% | 37 | 19.5% | 73 | 38.4% |
| | The father | 9 | 4.7% | 4 | 2.1% | 13 | 6.8% |
| | The youths who ran away from the HIV-positive boy | 64 | 33.7% | 33 | 17.4% | 97 | 51.1% |
| | The youths who embraced the HIV positive boy | 4 | 2.1% | 2 | 1.1% | 6 | 3.2% |
| | Hated all | | | 1 | .5% | 1 | .5% |
| **Total** | | **113** | **59.5%** | **77** | **40.5%** | **190** | **100.0%** |

In general, from the quantitative finding we could conclude HIV/AIDS knowledge to be high among respondents. On the other hand, the TV-

spot's contribution in the fight against stigma and discrimination was low.

A chi square test was performed to find if there was interdependence between the demographic variables and the questions raised. There was no relationship between the variables and the responses given and the chi-square was not significant for most of the questions.

Whether the TV-spot has increased awareness, there was no significant variation between male and female responses. The result shows the insignificant chi-square, meant both male and female had similar attitude about the spot. The answer given for this same question was tested whether it was age dependent. The chi-square here too was insignificant, which means the response given was not age dependent.

The other main question in the research was about the language usage in the spot. Those who said the words used in the spot were frightening were about 73% of the respondents. Cross tabulation was done to see whether the answer was age or sex dependent which was insignificant on both.

On the other hand, the cross tabulation done for the educational status of the respondent and the opinion in word usage showed certain significance.

**Table 4.8: Education Vs Opinion on Word Use**

| | | | Opinion on word use of the advert | | | Total |
|---|---|---|---|---|---|---|
| | | | The words have no problem | The words were frightening | Never thought of the words | |
| Educational status of respondent | Illitrate-grade 6 | Count | 5 | 21 | 11 | 37 |
| | | % within Educational status of respondent | 13.5% | 56.8% | 29.7% | 100.0% |
| | Grade 7-12 | Count | 13 | 75 | 14 | 102 |
| | | % within Educational status of respondent | 12.7% | 73.5% | 13.7% | 100.0% |
| | Above grade 12 | Count | 3 | 43 | 5 | 51 |
| | | % within Educational status of respondent | 5.9% | 84.3% | 9.8% | 100.0% |
| **Total** | | **Count** | **21** | **139** | **30** | **190** |
| | | **% within Educational status of respondent** | **11.1%** | **73.2%** | **15.8%** | **100.0%** |

As education level increases the words were more frightening. Chi square was significant (9.917) 4 df at 0.04 level. The respondents opinion varied with their education level, implying that for similar surveys in the future educational attainment should be considered.

However, when we analyzed the overall result, age, educational level and sex did not influence the opinion of the respondents in most cases.

## 4.6 The FGD Findings

The quantitative data of this research has been enriched by the qualitative data. The qualitative data was gathered through *focus group discussions* of four different groups (32 people total), with 8 people each, and through in-depth interview with people living with the virus. Ten

people who are living with the virus have been interviewed for this research regarding the role the TV-spot played in influencing the audience's attitude in fighting stigma and discrimination.

As the TV-spot under study was produced by the Ministry of Health, two persons who were in charge of the follow-up of the production of the TV-spot, and the writer-director of the spot were included in the research. They have given their view on the spot through interview.

The reaction that the participants of the FGD gave was directly related to the words and actions that the actors used and showed in the spot. Asked about the education they got from the spot, R1, one of the participants of youth focus group discussion said, "…the spot was highly exaggerated which didn't have any educational substances and the speech of one of the boys father, ' …And for AIDS!. Don't bother for AIDS," was rather misleading expression (see append. I., **I-1**).

Another youth R6 of the youth said, "…the spot didn't have any message, which made somebody to change his/her behavior. "The action shown by the youth in the spot made us not to have good attitude towards people living with the virus" (see append. I., **I-2**).

According to another R3, the film was attractive, but the message regarding stigma and discrimination was not supposed to be expressed the way it was done in the spot. He said he hated the spot because of the words the mother spoke which said, "…you embarrassed me", to her son (see append. I., **I-3**).

R8 was one of the participants of the father's focus group discussion. The spot's message was, "…extremely complex", to understand, for him (see append. I., **I-4**).

The message of the spot was mixed to R5. What the mother of one of the boys said as compared to the father of the other boy was opposite according to him. "…On one hand the mother says, 'you embarrassed me!'. On the other side the father says, '… and for AIDS! Don't bother for AIDS'. These were two opposite ideas…," he said(see append. I., **I-5**). As the audiences are mixed, some educated and others non-educated, negative and positive messages should not be mixed as was done with this spot, in his view.

Even though the majority of the participants of the FGD in each category said the spot's message was stigmatizing and confusing, there were few participant who said it was educational.

R8 was participant of the youth FGD. "The spot was not exaggerated neither was it confusing…", she said (see append. I., **I-6**). According to her the film showed the reality in rural Ethiopia. "There are people who run away from people who are HIV-positive still", said R8.

R4 from father's focus group discussion said, "The spot was educational…" by taking the father's expression as an example (see append. I., **I-7**). The father's expression AIDS as a simple disease, was exemplary for parents who felt ashamed because of their HIV-positive children according to R4.

## 4.7 In-depth Interview

Qualitative data was also gathered by in-depth interview. The in-depth interview was done with the people living with the virus. The question presented to them was whether the spot was educational and have contributed positively to the fight against HIV and AIDS.

Solomon Bekele is the member of Tesfa Goh, the association of people living with the virus. He said " The way the spot was produced was beyond the understanding of the people..." and expressed his doubt if the viewers have understood its message properly (see append. I., **I-8**).

Welela Assefa also a member of Tesfa-Goh said, " The spot was frightening...". The action of the boy who fell from a cliff and later found on the bed, showed "hopelessness" said Welela (see append. I., **I-9**). The speech of the mother which said "you embarrassed me" itself was dehumanizing language in her view.

Another member of Tesfa-Goh who did not want his name to be mentioned criticized the spot producers. The scene, which showed certain youths who were running away from their friends who was HIV-positive, and the words the mother spoke, were devastating for people who lived with the virus according to him. The spot has shocked HIV-positive people who contributed a lot in the fight against HIV/AIDS in Ethiopia, he added.

There was one HIV positive woman, Elsa, who said, even though the weakness outweighs the spot has strength. For her the father's words which said, "as far as I am with you..." were encouraging, even thought the mother's speech "you embarrassed me", was humiliating for those who live with the virus. She didn't like the youths who ran away from HIV-positive boy. "... They were not supposed to run away like that. That contributed to stigma. It was very bad", she said (see append. I., **I-10**).

The TV-spot advocated to give support for people living with HIV and AIDS. It said "*let us give support to AIDS patients, and people living with the virus.*"

This looked to be positive words for the people living with the virus. But they have a different interpretation of those words. Mesfin Feyisa is Chairman of Tesfa Goh (Dawn of Hope), Adama Branch. That advocating phrase came, too late, after every thing has been devastated, said Mesfin:

> *…For me this message is meaningless. Remember, the mother of that boy said, "you embarrassed me." It is meaningless to talk about support to somebody after your crushed his personality... (see append. I., **I-11**)*

This view is similar to R7 of what the participants of the mother's FGD said, *"It is useless to talk about support after you hurt somebody both mentally and physically."*

From both the FGD and the in-depth interview the majority of the participants were not happy with language used in the spot. The most commonly mentioned words, which the respondents took as stigmatizing, were the mother's expression, which said "you embarrassed me".

R1 is the mother of three children, of the mothers FGD. She said what was shown in the film was contrary to the culture, of the country, especially that of the mother's action. Her argument was that, mothers do not express their anger that was related to their dignity in a public place, like it happened in the film.

> *If a mother heard her son to be HIV-positive, she would keep the information very secret. She doesn't want anybody to hear about it. Unlike in the advertisement, no mother would speak out about her son, publicly.*

R2 of the mothers FGD has similar opinion. As mothers cared for their children, and would want to keep things secret, they don't speak such hurting words to their children. " …A mother doesn't say, 'you embarrassed me,' to her son in public places," she said. In her view, the spot was exaggerated (see append. I., **I-12**).

The other disliked expression by the respondents of this research was, the HIV-positive sons' father expression of AIDS. And what the father said, did not have any educational value, rather it was misleading according to most of the respondents.

## 4.8 Characters Liked and Hated by the Viewers

Most of the participants in the FGD, and in-depth interview have given similar responses about the character they liked and hated most in the spot.

Most of the participants of the FGD said they liked the nurse, who was treating the HIV-positive boy at health facility. The other character the respondents liked was the father. They argued that even though the father's expression was annoying, the support that he gave to his son was encouraging and exemplary to other fathers, who ignored their HIV-positive children as worthless.

The most hated characters by the participants of both FGD and the in-depth interview were the youths who ran away from the HIV-positive boy, and the mother who said, "you embarrassed me."

Asked about the character they liked or hated most, the youth FGD had similar opinion. R5 from the group said, "…there was no community section be it the youth or the old, who flee away when they came across a person living with the virus…" (see append. I., **I-13**). For him the spot was not realistic, and so he didn't get someone who could be a model for him.

R1, of the mothers FGD had similar view. She said, "…there is nobody who flee away from HIV-positive person in Ethiopia, let alone Adama…"(see append. I., **I-14**).. First of all, as she said it was impossible

to identify HIV-positive person by looking at his/her face. However, the youth in the film were fleeing from that HIV-positive boy just after they looked at him, which raised the question how they knew that he was HIV-positive. "Here the spot itself was not clear and its consequence was negative", said R1. And the action shown has made her hate the youth including the mother.

As the spot was dramatic, the respondents had been asked if putting something creative was a problem.

R6, one of the mothers FGD participant said on this point, "…AIDS is about life… I cannot accept, for example the youths action who ran away from the HIV-positive boy under the cover of drama or creative work." (see append. I., **I-15**).

Wolela Aseffa a member of Tasfa-Goh said, she hated the mother as she hated the youth who ran from the HIV-positive boy. The reason she hated the mother was because of the words she spoke.

As there were characters hated there were characters liked by the viewers. The nurse and the father were characters liked by 32.6% and 28.9% of the respondents, respectively. The respondents liked the nurse because she had been treating the HIV positive boy by touching his body. And the father was liked for encouraging his son by saying, "As far as I am with you!..." Some hated the father because the words, which came right after this, mentioned words, "…And for AIDS! Don't bother for AIDS."

According to most of the FGD participants the spot was very exaggerated. The languages which some of the characters spoke were not appropriate for the objective of the spot, which was intended to fight stigma and discrimination. Some of the other characters that the audience liked

were the youths who embraced the HIV-positive boy and the boy who fell from a cliff.

The action shown by the characters itself contributed to stigmatization, according to this research.

The qualitative data showed that almost all the respondents were knowledgeable about the transmission route of HIV/AIDS. Almost all the respondents were able to mention at least one-way HIV/AIDS could be transmitted from one person to another. Even those who didn't know the difference between HIV/and AIDS were able to mention the way HIV/AIDS was transmitted. This showed how correct and incorrect knowledge about HIV/AIDS existed together.

Data gathered from the qualitative and quantitative method showed, stigma and discrimination to be lower among the general population. However, there seemed to be a problem with HIV-positives themselves. One HIV-positive said, "I would buy food items from HIV-positive person. But I wouldn't sell food. Because I will not get market as I am HIV-positive." There was another HIV-positive woman who gave a similar answer: "People do not appear and they talk. So, even though I buy, from HIV-person I don't engage myself in such business," she commented. Even though the data confirmed the reduction of stigma and discrimination, there is what is called "felt stigma" among HIV-positive people. Felt-stigma showed the feeling that HIV-positive people have about themselves.

## 4.9 Opinion of Health Education Center

The TV-spot was produced by the Health Education Center of the Ministry of Health, the center that was responsible in the production of both print and electronic/broadcasting health learning materials.

Mr. Abera Yasin was head of the Health learning material production department under the Ministry of health. Asked whether the TV-spot was done based on research Mr. Abera said, "...at the time when the HIV/AIDS related stigma and discrimination TV-spot was produced conditions were not favourable to do research...," (see append. I., **I-16**).

The TV-spot was produced by amateur promotion organization owner, who didn't have much skill and knowledge in producing health related messages. Why was such an amateur promotion organization was chosen to do the spot. "It was because", he answered, "Health Education Center was not able to do spot on its own by hiring directors, actors and writers of spots...," (see append. I., **I-17**).

The Ministry of Health do not have the means of controlling the professional make-up of the promotion organizations except following-up whether the promotion organization was working to schedule, according to Mr. Kifle Sede the Head of the Health Education Center, of the Ministry of Health. According to Mr. Kifle, "the problem that the Health Education center frequently face is that when the different organization compete for tender they show different people's Curriculum Vitae (CV). When it comes to practice those people are not part of the job at all from experience seen so far," says Kifle. As promotion organizations are business oriented they don't hire or include professionals who could give support, according to Mr. Kifle. "The greatest problem in the preparation of health message is the lack of trained human power, especially in the field of communication," according to Mr. Abera.

Whether the TV-spot was pre-tested, Mr. Abera answered, "it was pre-tested among some health professionals in the Ministry of Health but not among the target group, in an exhaustive way."

The owner of the promotion organization that won the tender in order to produce the spot was Mr. Solomon Alemu. Solomon is Amateur playwright. He had six (6) months certificate in literature, which he received more than a decade ago. Except writing stage or television drama he didn't have any media or communication education background. There was no communication specialist, neither media professional who gave him consultancy when he produced the TV-spot. He did it on his own and gave the material to the Health Education Center. He produced the TV-spot based on the terms of reference and topic that he was given by the health education center of the Ministry of Health.

Solomon Alemu was not sure on his side whether the TV-spot was pre-tested among the target audiences. He said, "pre-testing became popular only in recent times."

# CHAPTER FIVE

## 5. DISCUSSION

In this chapter, major findings are discussed in relation to the objectives of the study and literatures reviewed. The discussion focuses on the influence that was created on the viewers by the HIV/AIDS related stigma and discrimination TV-spot.

According to Parker, Dalrymple and Durden (2000), communication will be effective when the communicator and the receiver share the same meaning from certain message that was produced. However, the data gathered regarding the influence created by HIV/AIDS related stigma and discrimination TV-spot broadcast through Ethiopian Television (ETV), was "stigmatizing" for the majority, 63.2% of the respondents. In the eye of 81.1% of the respondents felt, the TV-spot has not created awareness regarding stigma and discrimination. 53% said the message of the spot was not clear were.

Two main things can be concluded from the data gathered. The spot had been seen as stigmatizing because the message was not put in a clear and understandable way, according to the respondents.

### 5.1 Stigmatizing TV-spot

According to the respondents of the questionnaire, the FGD and in-depth interview participants of this research, the spot was seen as stigmatizing because of the words and the actions shown in the spot.

The most stigmatizing words mentioned by the majority of the respondents were what the mother of one of the boys said, "you embarrassed me". And the idea that words could contribute to stigma and discrimination was understood long ago. Foreman (2000) as

reviewed in the literature, "… media unwittingly or unwillingly reinforce stigma," through the improper use of words. Even though the words he mentioned were such words like "scourage" and "plauge" there are lists of other words, which are said to be stigmatizing (see append. **VIII**).

The words, which were in the spot, were not among the lists of those words, of course. But one thing is clear. The irresponsible usage of words in the media could bring a negative consequence as it happened with that spot. One of the participants of the mothers FGD R3 said the words the mother spoke were frightening. According to her, "those people who are afraid of HIV/AIDS or those who are not educated take the words that the mother spoke and can apply it at their home or neighbour," and that results in stigmatization which was intended to be fought ((see append. I., **I-18**).

The ICRW research done on HIV/AIDS related stigma and resulting discrimination in three sub-Saharan African countries Ethiopia, Tanzania and Zambia in 2002 also confirmed how language was central in stigmatization. According to the research, the words used by the media and other educational materials are stigmatizing.

So, the suggestion of the respondents of this research about those words were in conjunction with literature reviewed from literature, gave different concrete examples.

Apart from the words, the other thing, which made the TV-spot to be seen as stigmatizing, was the action shown by the youth who ran away from the HIV-positive boy. Even though there was not anything which told whether that boy was HIV-positive, just as they saw him on a road his friends ran away ferociously, taking off their sandals from their legs. The action was exaggerated, said many respondents.

Regarding this, one of the participants of the youth FGD said, "... The spot showed us something that never happened." That the people who lived with the virus neither liked the action. Though no single word was spoken in that action the action itself spoke more than words.

In the research in the three sub-Saharan African countries including Ethiopia was one, the major problem that ICRW discovered was, people's lack of awareness of their attitudes and actions as stigmatizing. This findings have direct relation to what the respondents felt about the action shown in the TV-spot and the meaning that action gave them. One HIV-positive person who was the participant of the in-depth interview has said, "that action gave the message, run away from people living with the virus." That action was very strong which caught human attention easily. It was the most dominant action in the spot. That was why the majority of the respondents talked about it.

## 5.2 Spot Not Clear

In one of the questions that asked about their general opinion on the spot, little more than half of the respondents, 53% of them said the spot was not clear. To a different question that asked to mention the strength of the spot, 68.9% of respondents said the spot was "confusing but suspenseful".

One might ask where the spot was not clear or vague. According to the data gathered in qualitative form, the spot had two different ideas. What the mother of one of the boys spoke was opposite to what the father of the other boy said. There was a scene also where one of the boys falls from a cliff and rolled down a mountain. The reason why that HIV-positive boy fell from a cliff was not known according to the respondents.
The central message of the spot was a call to care and support people who lived with the virus. But the words and the action shown reinforced

the stigma, argued some respondents. That was why many participants of this research said the spot is message was not exactly clear. R4 was one of those who didn't understand the message of the spot, from the fathers FGD. "... I understood what the message of the spot was from the discussion that we did in-group, now. Even though I had seen the advertisement before, its message was extremely complex for me," said R4.

It was a spot, which was "complex" to understand according to Solomon Bekele, too, the HIV-positive in-depth interview participant. And according to Parker, Dalrymple and Durden (2000), it is very difficult to individuals to interpret complex messages via the mass media. The problem with the spot was that it raised two different complex plots, which led to the confusion, resulting in negative interpretation of the message.

A message will only be effective if the advice presented is relevant, appropriate acceptable and put across in understable way says Hubley (1993). Hubley mentioned three important points. For a message to be effective the advice has to be relevant, appropriate and acceptable in understandable way. The message about caring and supporting people living with the virus was relevant and acceptable. But the problem was that, the message was not put in understandable and clear way. That was why 53.7% the respondents said the spot was not clear. In addition to the words and the actions shown, the sound effect used in the spot has possibly contributed to the negative outcome of the spot. It was by 82.1% of the respondents that the sound effect was seen as horrifying. One may ask, what the "horrifying" characteristics of the sound effects have to do with the negative outcome of the TV-spot? The sound effect was horrifying meant that it was frightening. R3 of father's FGD said, "the music and the sound effects used were frightening. The music used

was a kind of music which could make us not to approach people living with the virus from the fear of being caught by the virus...." We can understand from this suggestion, as the sound effect's contribution was negative. Hubley (1993) says using frightening approach in AIDS education results in "...panic responses, stress and anxiety", which was what happened in the TV-spot result.

Good persuasive communication follows seven basic rules say Piotrow, et al. (1997). The first rule says that good spot or advertisement has to "command attention." This was true with the TV-spot under study as most of the respondents, about 76.3% of them agreed that the spot was attractive. However, the attractiveness of the spot has not added to its persuasiveness as data confirmed. 81.1% of the respondents said the spot has not created awareness on stigma and discrimination. This showed how attractiveness of a certain spot production couldn't be insurance for the acceptability of the spot's message. What R3 of the youth FGD said confirmed this. She said, "when you see the film it is attractive. The production of the film commands your attention. It is suspenseful. But I haven't seen anything that made me to change from its message..." (see append. I., **I-3**). The HIV/AIDS related stigma and discrimination TV-spot has failed to meet its objective by mixing different messages, which were difficult to understand.

The rest of the points listed in the criteria about communicating a benefit, creating trust, catering to the heart and head, calling for action and broadcasting the spot repeatedly actually depended on the previous points. For example, rather than catering to the heart and head, the spot actually offended many respondents. Girma Wayyu, an in-depth interview participant said, "... we saw opposite ideas. The people in the film spoke different things. It was not good spot."

R6 of the youth FGD participant said on his part. "… the spot portrayed HIV-positive people as if they were sinners, in my opinion" (see append. I., **I-2**).

As far as the spot's message was not clear broadcasting it repeatedly or transferring the message through a different channel would be wastage of resource, in the researcher's opinion.

## 5.3 Reasons for Failure

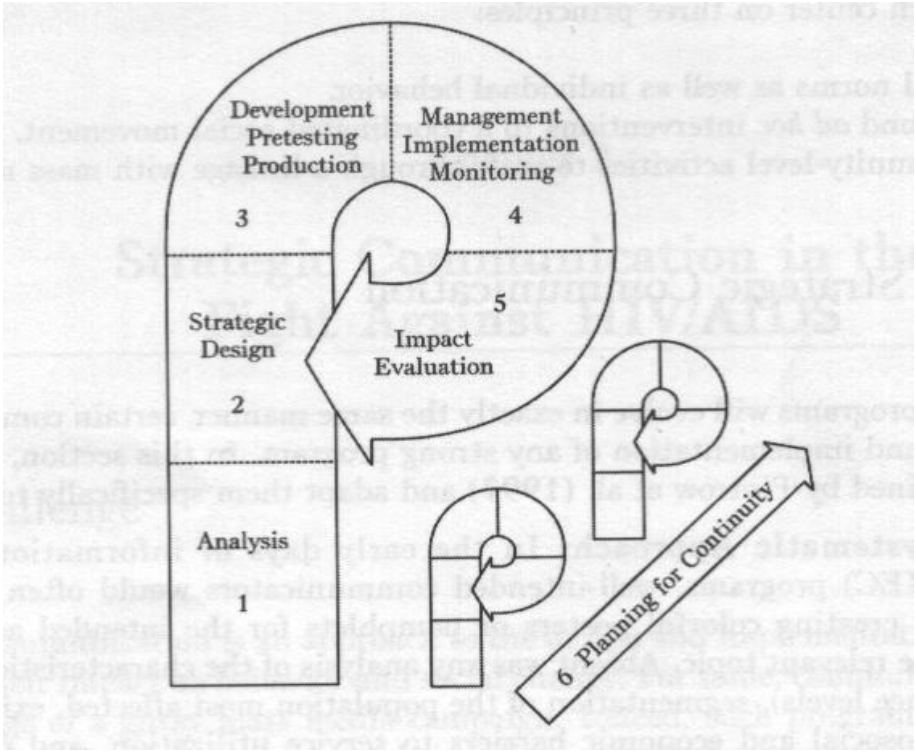
There were different reasons for the TV-spot's failure in meeting its objective.

According to the data obtained from the Health Education Center of the Ministry of Health, no research was done prior to the production of the spot, even though research was important in preparing health message.

Mr. Abera Yasin, head of the then electronic health learning materials production department said, "conditions were not favourable to do research" at the time. The importance of research is unquestionable in producing such material. Research minimizes the misunderstanding that could be created between the communicator and the receiver of a message.

The framework known us the p-process which was designed by the Center for Communication Programs at the Johns Hopkins Bloomberg School of Public Health tell us that health communicators has to design communication strategically.

## P-process




***JHU. source: Piotrow, et al. 1997***

As is shown in the figure, the design of health message begins from analysis. What is done during analysis is similar to what is done during research in the researcher's opinion. In analysis, the communicator studies the language, the culture, the existing policies and regulations etc. related to the topic to be addressed. The same is done in research. However, as mentioned earlier by Mr. Abera Yasin, no exhaustive research was done prior to the production of the HIV/AIDS related stigma and discrimination TV-spot.

The other basic problem for the TV-spot's failure in not meeting its objective among the majority of the research participant was that, the TV-spot was not pre-tested among the target audience.

Mr. Abera Yasin said, "the spot was pre-tested among some health professionals but not among the target group." Piotrow, et al. (1997) say audiences have different ways of thinking, different vocabulary, even different ways of interpreting drawings and photographs from those of the experts and officials who initiate communication program. And according to Hubley (1993) as it is difficult to obtain direct feedback from an audience, about certain message that has been broadcast through the media, one should always carefully pretest the message, words, pictures and ideas to make sure that they are clear, relevant and acceptable.

Pre-testing helps to close the gab that may be created between the communicators and the receivers of the health message. Messages do not enter people's heads exactly as the communicator desires. Messages are interpreted and analyzed intellectually and meaning is constructed by the receiver (Parker, Dalrymple, and Durden, 2000). For this reason, the communicator cannot expect the viewers to share the same meaning with him on the message that he designed. So, broadcasting health messages without pre-testing would expose the material to criticism as it happened with the TV-spot under study. Had the TV-spot been pre-tested, the notion that the spot was "stigmatizing" would have been corrected.

The p-process framework, which was designed by John Hopkins University, also gives great emphases for the pre-testing of health related messages. According to the designers of the framework, if comment is given regarding the message during pretest, the communicator will revise his material so as to be accepted by the audience. Because of this pre-testing health messages prior to broadcasting is very helpful for both the designer of the message and the receivers.

The other problem with the TV-spot was that, it was not developed based on theory. Using theory when developing messages saves time and

money, and theoretically based campaigns are more likely to succeed compared with campaigns developed from inspiration alone say Maibach and Parrot (1995) and Rice and Atkin (1989) as cited by Witte, Meyer and Martell (2001). But the HIV/AIDS related TV-spot was not produced based on theory. What Mr. Abera Yasin said confirmed this: "When we produced health messages using theory was not common." It is not for production alone that theory is important. Theory is also important for evaluating health related messages.

In the absence of theory, evaluating health related messages wouldn't be easy. Even though the initial production of the TV-spot under study was not theory based, the researcher will evaluate the TV-spots influence from Social Learning Theory, which is one of the media effects theory.

## 5.4 Social Learning Theory and the TV-spot

The central idea of Social Learning Theory is that, one learns not only through personal experience but also by observing the actions of others and the consequences of these actions.

The behavior shown in the media will result either in reward or in punishment, which gives the audience a choice to identify themselves, with the rewarding or punishing behavior. Actually, nobody wants to have a bad behavior, which result in punishment or disliked by others. Everybody wants to adapt the good behavior that results in reward.

Evaluated from this theoretical framework there were characters liked and also hated by the viewers in the HIV/AIDS TV-spot.

The characters who were liked most by the respondents were the nurse, by 32.6% and the father by 28.9% of the viewers. And the characters who

were hated most, by 51.1% of the viewers were the youths, followed by the mother who was hated by 38.4% of the viewers.

Even though there were characters both liked and hated by the respondents, the general results of the findings showed, as the TV-spot was stigmatizing. In line with this, 81.1% of the respondents said the spot has not created awareness. The main reason for the spot's lack of success was the words and the actions shown in the spot as mentioned repeatedly.

However, the inappropriate usage of words, and showing unnecessary act which result in negative consequence has its own meaning when we see it from Social Learning Theory point of view. What the mother of one of the boys, and the action that those youths showed was seen as "stigmatizing" by many respondents. In Social Learning Theory those models who showed the bad behavior would be punished. Had the spot been done based on such kind of theory, the viewers would have seen them getting punished for their behavior. That didn't happen in this spot.

When the behavior of certain model results in punishment, the viewers would learn from them and take the good behavior. As there was not neither reward nor punishment between the bad and good behavior in the TV-spot, the viewers were not able to identify themselves with any of the characters, which made the spot to be seen as stigmatizing.

What the mother of one of the boys said to her son, "you embarrassed me," was not appropriate as most of the respondents of this research agreed. Because of what she talked, her son had been hurt psychologically. But we didn't see anything there after, either when she regretted or get punished for the wrong she did to her son, which could have given education to the viewers, according to Social Learning Theory.

It was all these different situation that made the viewers of the spot get confused about the message of the spot.

Even though the numbers was not as big as those who were hated, there were characters that were liked by the respondents. The two characters most liked by the respondents were the nurse and the father. Respondents said they liked the nurse because; she had been "touching" the HIV-positive boy who came to her for treatment. And the father was liked, for the reason that he encouraged his son who was HIV-positive. Elsa, the HIV-positive woman, who was one of the participants of the in-depth interview said, she liked the father because he was telling his son not to worry as far as he (the father) was with him. If my father was alive and gave me such an encouraging words, I would be happy, even if my mother said “you embarrassed me.” This shows that, what people who lived with the virus wanted was somebody who gave them support and have sympathy for them, unlike those characters who ran away at first glance.

# CHAPTER SIX

## 6. CONCLUSION AND RECOMMENDATIONS

In this chapter, the conclusion and recommendation are presented, based on the general result of the research.

### 6.1 Conclusion

HIV/AIDS is still very great health, and economic problem in Ethiopia. Great effort has been exerted in order to curb the spread of the disease, by government, non-governmental, faith-based organizations and the community in the last few years. The effort has started to bear certain result. According to the data gathered by the researcher, regarding the TV-spot about 96% of the respondents were knowledgeable how HIV/AIDS was transmitted from one to another. And about 97% of them were able to mention at least one-way HIV/AIDS could be transmitted from one to another.

The greatest obstacle that had been hindering the fight against HIV/AIDS was stigma and discrimination related to the disease. However, the available data showed the reduction of stigma and discrimination better than ever. The maximum stigmatizing attitude was 26.3% as revealed in this research, for the study participants in Adama.

This stigmatizing attitude was around 96.4% according to the National HIV/AIDS Behavioral Surveillance Survey (BSS) done in 2002 by the Ministry of Health. Of course, as that survey was national it might be difficult to compare it to the result of a single city. But it can give a clue. According to that survey, the 96.4% stigmatizing attitude was shown by the youth out of school between the ages of 20-24. With the present research FGD had been held among the youth in the age group of 18-29.

The discussion result showed stigmatizing attitude to be low as mentioned earlier to be able to say the effort exerted so far has started to bear certain result.

However, when broadcasting message the improper use of media can affect the hard gained result. As the media promote healthy life style, they also promote unhealthy life style through the message that is broadcast.

The research done on the HIV/AIDS – related stigma and discrimination TV-spot showed that the spot was stigmatizing and "complex" as some respondent suggested. In both cases the spot had not met its objective, which was to support the fight against stigma and discrimination. The spot advocated to give support and care for AIDS patients and people living with the virus. However, according to the research done, the TV-spot had not contributed in creating awareness regarding HIV/AIDS related stigma and discrimination which was the greatest obstacle in the fight against the pandemic. It had not created awareness for 81% of the respondents.

The TV-spot failed to meet its objective because of the language and actions shown in the spot, which were stigmatizing according to the research participants opinion. The sound effects used in the TV-spot also had not been appreciated by about 82% of the respondents who said it was "frightening". This research has confirmed how language and actions contributed to stigma. There were different interrelated reasons, which made the TV-spot to be unsuccessful in its message according to this research:

1. The TV-spot was produced without research,
2. The TV-spot was broadcast without pretest among the target groups,
3. The TV-spot was produced without any theoretical base,

4. Target audience did not participate or involved in the design of the media message.

Any governmental or non-governmental organizations want to succeed in their communication program on the target population. None wants the failure or unacceptability of the message that it produces. So based on the research finding above, the researcher forwards the following recommendation for those, which work on HIV/AIDS communication.

## 6.2 Recommendations

**For Federal Ministry of Health, Regional Health Offices and NGOs**,

Whether it is for broadcast or for print, before producing any material communicators have to set their communication objective. It should clearly state whether it is to create awareness? Or change behaviour?

- After setting the communication objective research should be undertaken related to the set objective. Different audiences need different message depending upon their age, level of education, experience and occupation etc.
- Culture, the language, etc. of the target population need to be studied.
- Material should be pre-tested before broadcasting or printing on the target audience.
- Many governmental, non-governmental and faith based organizations produce different educational material. They do it every time. Unless one knows the impact that those messages have brought, it would be wastage of resource to produce those material again and again. Evaluation of impact helps to know where the strength or weakness of a certain message is in order to effect correction in upcoming intervention.

- HIV/AIDS is about life and death. One misleading message can ruin the social life of thousands. So, HIV/AIDS message should be handled by proper professionals, in communication, media, creative artists, health personnel and others in collaboration with each other.
- Message preparation for the media is not an easy task. Research, pretest… will cost money. Hence, allocation of funds is necessary. For this reason allocate enough fund for this job.
- Priority to quality should be considered message produced than the cheap labour hired for it.

**For Ministry of Education**

The role of communication in development has not been clearly understood in Ethiopia. No attention was given for communication, there is but a single communication school in Ethiopia, except School of Communication and Journalism, in Addis Ababa University. As there were not communication professionals trained in the country, most of the jobs that were supposed to done by the communication people are being done by people from a different field. And this has resulted in the suffering of the communication programs of different organization. For this reason, as the Ministry of Education paid attention in other fields it has to pay attention to communication, also.

The Ministry should open Communication Departments in the new Universities in different regions across the country, so more communication professionals will be trained and participate in the development process.

In order to minimize the shortage of human power in the field of communication, the government should enter into collaboration with famous universities in the field of communication and send students

there, who will assume responsibility in training communication professionals in Ethiopia.

**The Media, ETV**

Ethiopia Television is the only national television in the country. All the messages, which are prepared for television, are broadcast through ETV. And this organization collects annual fee from the population for the service that it gives. Hence, there is responsibility tag on messages delivery, which may hurt the healthy life style of the people. To minimize such problem the organization has to work in collaboration with those organization who produce health related message, whether it is on HIV/AIDS or otherwise and control the quality of the messages by consultation with each other.

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# APPENDIX – I

## *Responses of the FGD and In-depth Interview Participants*

***I -1***

*I had seen the spot on television repeatedly. What I saw was exaggeration. The action in the spot is highly exaggerated. The exaggeration began from the first shot. We see two young boys walking out of a clinic. One of the boys folds a slip that he was given by the nurse and puts it in his trousers back pocket. The other one went away, calmly.*

*We hear the father of one of the boys saying, "And for AIDS! Don't bother for AIDS". The father has taken AIDS as if it is simple disease; AIDS is not simple. That was misleading. What I saw was exaggeration. I didn't see any educational substance in it.*

**I – 2**

*The spot didn't have any message, which made somebody to change his/her behavior. If what they wanted to tell us was not to discriminate, it was not supposed to be presented that way. The spot didn't make us to be friendly to people living with the virus. Rather it made us to have a different view on stigma and discrimination. The spot showed certain youth who run away firm a young boy whose blood test was HIV-positive. The youths who were in the same age with this HIV-positive boy flee away from him as if they saw a ferocious beast. The action shown by the youth in the spot made us not to have good attitude towards people living with the virus. The spot portrayed HIV-positive people to feel as if they were sinners, in my opinion.*

**I – 3**

*When you see the film it is attractive. The production of the film commands your attention. It is suspenseful. But I haven't seen anything good that makes me to change from its message. Education on stigma and discrimination was not supposed to be expressed the way it was done in the spot. This spot could make us to have a wrong attitude about HIV and AIDS. I hated the mother. Because she said, "you embarrassed me", to her son. The producer's worried for the art of the production instead of worrying for the central message of the spot.*

**I – 4**

*It was an exaggerated action that I saw in the film. I understood what the message of the spot was from the discussion that we did in-group, now. Even though I had seen the advertisement before, its message was extremely complex for me.*

**I – 5**

*The spot has two different messages, which were mixed. On one hand the mother says, "you embarrassed me!". On the other side the father says, "…And for AIDS! Don't bother for AIDS". These were two opposite ideas. Which one could the audience take? If we are to teach, we have to teach one thing at a time. Why should positive and negative things get mixed? In our society there are educated and non-educated people. Which message can the audience take from this spot? It was very confusing television spot for me.*

**I – 6**

*The spot was not exaggerated neither was it confusing as my friends here talk. It is not AIDS that is killing those people living with HIV/AIDS. It is the stigma that is affecting them. I think what the spot wanted to show, was the problem that existed among the general population. We have not*

*understood the spot's message properly. We say it is exaggerated, because we are thinking about ourselves only. If we go into the rural area of Ethiopia there is such a problem. Running away from people who are HIV – positive, changing route if one come cross somebody who is living with the virus by giving different reasons are what happens everyday.*

**I – 7**

*The spot was educational for me. The father's expression of AIDS, as if it is a simple disease was very good. The father didn't panic when he heard about his son's serostatus. Rather he encouraged him. He told him that he would be with him whatever problem he might face. It was educational for those parents who feel shame about their children because of AIDS. We saw the HIV- positive boy falling from a cliff. The boy fell because of the societal, and the stigma at home. The spot thought us not to do so, and showed what could happen if we mistreat people living with the virus.*

**I – 8**

*The way the spot was produced was beyond the understanding of the people. As it was complex. I don't think the viewers have understood it properly. It was not a spot, which its message was not clear.*

**I – 9**

*The spot was frightening. I have reasons to say this. As we saw from the film there was one HIV-positive boy who fell from a cliff and rolled down the mountain, and later seen on the bed. This shows hopelessness. The message looks as if to say, "HIV-positive person can not live". On the other hand, what the mother of this boy said itself was dehumanizing. She says, "you embarrassed me" to her HIV-positive son. It was a shocking language for me, who lives with the virus.*

**I – 10**

*As I understood, the advertisement has both weakness and strength. What I saw as the strength of the spot was, the father's situation. The father was encouraging his son who was HIV-positive. He was telling his son not to worry, as far as he (the father) is alive. The father said "as far as I am with you...", if my father was alive and gave me such on encouraging words, I would be happy, even if my mother said "you embarrassed me". The weakness was on the youths who run away. We saw the youth running away when they saw the HIV-positive boy. The boy whose blood was tested and got to be HIV-positive was their friend. They were not supposed to run away like that. That contributed to stigma. It was very bad.*

**I – 11**

*Yes, at the conclusion there was a message, which said, "Let us support people living with HIV/AIDS." For me this message is meaningless. Remember, the mother of that boy said, "you embarrassed me." It is meaningless to talk about support to somebody after your crushed his personality. I would love if the mother had said, "Don't worry. I am with you my son." You know, it is something that somebody do for you at the beginning that you remember always. Even if this person does something good later, you don't remember about it much. So, the care must have come just from the beginning.*

**I - 12**

*If the mother attacked the psychology of her son, he would not return back from taking revenge against other people. He can also hurt himself. For this reasons mothers do not do and speak something that is against the*

*well being of their son. On the other hand mothers also want to keep things secret. A mother doesn't say, "you embarrassed me," to her son in public places. Because this is AIDS. It is an exaggerated spot, in my view.*

***I – 13***

*I am sure, there was no any community section be it the youth or the old, who flee away when they came across a person living with the virus. I know the film had been broadcast in 2002. Some may think as the film was four years old, it could be the reality of that day. I don't think so. I was youth then, and still I am so, age 29. I had heard about AIDS before that. The problem was not the time for me. The film was not realistic film. The youths in the spot cannot be models for us.*

**I – 14**

*I don't think there is anybody who flees away from HIV positive person anywhere else in Ethiopia, let alone Adama. First of all, you cannot identify HIV-positive person by looking at his face. So, how did they know that the boy was HIV positive? Here the spot itself was not clear. And what the youth did was very negative, in consequence. That was why I hated them. The other person who was not a good model for us was the mother, of course.*

**I – 15**

*Even if the spot was something dramatic, it was not necessary to mix up things. AIDS is about life. Because of this you have to take care about each and every action and words. The spot showed us, the youth who were running away from the HIV-positive boy. I cannot accept, for example, the youths action who ran away from the HIV-positive boy under the cover of drama or creative work.*

**I-16**

*We believe that every health learning materials have to be prepared based on research. But at the time when the HIV/AIDS related stigma and discrimination television spot was produced conditions were not favorable to do research. So what we did was to gather information from different books and from reports that come from health facility. We prepared the terms of reference for the TV-spot from the secondary data that we got from our structure.*

**I – 17**

*As Health Education Center was not able to do spot on his own by hiring directors, actors and writers of spots, what we did was to float tender so that different organizations which produce spots could compete to take the production which is funded by the Ministry of Health.*

*After we announced the tender through the newspapers and other media, some advertising organizations competed for the overall production of the spot. What we usually do when we want to prepare such spot is, we formulate a kind of Terms of Reference which tell how long the time is, the kind of cameras that must be used and what topic to cover. That was what we did in the production of this spot also. After their proposal is evaluated the job is given to the winner. In the evaluation of the proposal we don't see the financial proposal alone. We also evaluate the human power and the professional mix they have. Our responsibility is to follow-up. The rest is the duty of the promotion organization.*

**I – 18**

*The words the mother spoke have problems. They were frightening. Those people who are afraid of HIV/AIDS or those who are not educated take the words that the mother spoke and can apply it at their home or neighbor.*

*So, choosing words is very important when one produce such message, which are broadcast through the mass media.*

**appendix – II**

# QUESTIONNAIRE- ENGLISH VERSION

**ADDIS ABABA UNIVERSITY**
**SCHOOL OF COMMUNICATION AND JOURNALISM**

**Study about lessons learned from HIV/AIDS TV - Spot that was broadcast on Ethiopian Television**

**Questionnaire for the General Population**

**General Directions**

The primary purpose of this questionnaire is to find out how people reacted to the ***HIV/AIDS TV-Spot that was broadcast on Ethiopian Television.*** Hence, your responses are highly valued in helping to determine if the HIV/AIDS TV-Spot has brought the required change, regarding HIV/AIDS related-stigma and discrimination. All of your answers will be kept confidential. Your assistance by answering the following questions would be sincerely appreciated

**Circle the corresponding number to your answer. You can choose more than one answer.**

**I. Demographic Questions**

1. Age _____
2. Sex 1. Male 2. Female

3. Level of Education 1/ Below grade 6 2/ Grade 6-12

3/ Above grade 12

4. Occupation _____

5. Your martial Status? 1. Single 2. Married 3. Divorced

4. Widowed

**II. HIV/AIDS, HIV/ AIDS - related Stigma and Discrimination**

**1. What kind of disease do you think is HIV/AIDS?**

a/ It is a disease that is transmitted through sexual intercourse

b/ It is a disease that is transmitted by worms.

c/ I don't know what kind of disease it is.

**2/ What is the difference between HIV and AIDS?**

a/ Both are the same

b/ HIV is a virus that cause AIDS, while AIDS is a syndrome that appears when body immunity debilitates.

c/ I don't know the difference.

3. Do you know how HIV/AIDS is transmitted?

a/ Yes b/NO

4. Mention three ways HIV/AIDS can be transmitted.

1_____ 2_____3_____

5. Do you think it is possible to identify those people who live with the HIV from other people by looking at them?

a/ Yes b/ No

5.1 If your answer is " Yes" explain how it is possible to identify people living with HIV from other ordinary people _____

6. Is there HIV-positive you know in your area ?

a) Yes b) No

7. With whom do you discuss about HIV/AIDS ?

a/ Parents b/ Peers/friends c/ Relatives

d/ Doctor/ Nurse e/All

8. What is your HIV/AIDS information source?

a/ Radio b/ Television C/ Newspapers /Magazine

d/ Peers e/ Anti - AIDS clubs f/ All

9. Would you buy non-food items from a person living with HIV?

a) Yes b) No

9.1. I your answer is “No” mention your reason._____

10. Are HIV-positive people looked down in your area?

a/ Yes b/ No

11. Who stigmatizes people living with the virus in your area?

**a/ The young (12-18) b/ The youth (19-35)**

c/ Adults (36-60) d/ 61 and above

12. Why do you think people stigmatize those living with HIV/AIDS?

a/ Due to lack of knowledge how HIV/AIDS is transmitted

b/ Some People think those who live with the virus were promiscuous

c/ Both are correct

d/ others (Specify) _____

13. Would you buy food items from a person living with the virus?

a/ Yes b/ No

13.1 If your answers is "No" please specify your reason _____

14. Why do people who live with the virus get stigmatized in your opinion?

a/ People are afraid that they would transmit the disease

b/ People think their behavior is bad

C/ People think they are promiscuous

d/ all e/ others(specify)_____

15. Would you be willing to share the same drinking glass with HIV-positive person?

a) Yes b) No

16. What words do people in your surrounding use to describe HIV/AIDS? _____

17. Do you think those people who are HIV-positive have to be blamed for their sero-status?

a/ Yes b/ No

**III. About The HIV/AIDS TV-Spot**

1. What is your opinion about the TV - Spot?
   a/ It was educational and informative spot
   b/ It was a spot which the message was not clear.
   c/ It was spot that made people living with the HIV/AIDS get stigmatized
   d/ others (Specify) _____
2. What did you learn from the HIV/AIDS TV -Spot?
   a/ The importance of giving support for the people living with the virus
   b/ AIDS is frightening.
   c/ running away from the people living with the virus
   d/ Others (Specify)_____
3. Do you think the HIV/AIDS TV-Spot contributed to the reduction of stigma and discrimination?
   a/ Yes b/ No
4. Do you believe the message was influential in bringing behavioural change?
   a/ Yes b/ No
5. Which character in the HIV/AIDS TV - spot did you like most?
   a/ The mother b/ The father c/ The nurse
   d/ The young boy who was HIV positive and was with his mother
   e/ The young boy who was HIV positive and was with his father?
   f/ All

5.1 Please specify your reason why you liked the character that you mentioned. _____

6. Which character in the HIV/AIDS TV-Spot did you hate most?

a/ The mother b/ The father c/The nurse

c/ The youths who ran away from the young boy who was HIV Positive

d/ The youths who embraced the HIV-positive boy

e/ The nurse f/ Hated all

7. Please specify your reason why you hated the character that you hate most. _____

8. What is your opinion about the words used in the HIV/AIDS TV- Spot?

a/ The words were chosen carefully and had no problem

b/ The words were frightening

c/ I have never thought of the words

d) If you have a different opinion specify._____

**9. Was the HIV/AIDS TV-Spot attractive?**

a/ Yes b/ No

10. What do you think was the strength of the HIV/AIDS TV- Spot?

a/ Its message about stigma and discrimination

b/ The talent of the actors in acting

c/ It didn't have any strength

d/ Even though the message was confusing the spot was suspenseful

e/ Others(specify)_____

**11. What is your opinion about the message or theme of the spot?**

a/ The message was strong and timely

b/ The message was not clear

c/ The message had more side effect than advantage

d/ Others(Specify) _____

12. What is your opinion about the sound effects used in the HIV/AIDS TV-Spot?

a/ The sound effects used were horrifying and frightening

b/ The sound effects used were interesting

c/ The sound effects gave me no sense.

13/ Do you think the spot has contributed in the reduction of stigma and discrimination ?

a) Yes b) No

14. Do you think the spot has created awareness about stigma and discrimination?

a. Yes b. No

***appendix - III***

# QUESTIONNAIRE – AMHARIC VERSION

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   S. ÕÅ— W. ¾Ö?“ vKS<Á
   [. K?KA‹ (ÃÓKè ª †¨<)----------

9. ›?‹ ›Ã y= ÅS< ¨<eØ S•\" ŸT>Á¨<lƒ c¨< gk× gkØ KSÓ³ƒ ðnÅ— '-ƒ;

G. ðnÅ— '˜ K. ðnÅ— ›ÃÅKG<U

9.1 ðnÅ— ›ÃÅKG<U "K< UŸ"Áƒ-" ÃÓKèM":: ----------

10. Ÿ›?‹.›Ã.y=/›?Ée Ò` uT>•\ c-‹ LÃ u`e- ›"vu= }î°• ÃÅ[Óv†ªM; G. ›-' }î°• ÃÅ[ÒM K. ›Ã' }î°• ›ÃÅ[ÓU

11. Ÿ›?‹.›Ã.y=/›?Ée Ò` ¾T>•\ c-‹" uÃuMØ ¾T>ÁÑK<ƒ u¾ƒ—¨< ¾°ÉT@ ¡MM ¾T>Ñ–< c-‹ "†¨<;

G. °ÉT@Á†¨< Ÿ12-18 ¾J'< ¨×„‹ K. Ÿ19-35 ¾J'< ¨×„‹

N. Ÿ36-60 ÁK< ÑAMTf‹ N. Ÿ61 ¯Sƒ uLÃ ¾J"†¨< c-‹

S. K?KA‹ (ÃÓKêª†¨<) ----------

12. c-‹ Ÿ›?‹ ›Ã y=/›?Ée Ò` ¾T>•\ ¨Ñ•‹" KU" ¾T>ÁÑK<ª†¨< ÃSeM-M;

G. Ÿ›?‹ ›Ã y=/›?Ée ’È ƒ ’ÅT>}LKõ "KT¨p

K. Ÿ›?‹ ›Ã y=/›?Ée ¾}Á²< c-‹ ›S"´^ ¾'u\ "†¨< wK¨< eKT>ÑU~

N. G<K~U

S. K?KA‹ U¡"Á„‹ "K ÃÓKèª†¨< ----------

13. Ÿ›?‹.›Ã.y= ÅS< ¨<eØ S•\" ŸT>Á¨<lƒ c¨< UÓw '¡ 'Ñ` KSÓ³ƒ ðnÅ— '-ƒ;

G. ðnÅ— '˜ K. ðnÅ— ›ÃÅKG<U

13.1 ðnÅ— ›ÃÅKG<U "K< U¡"Áƒ-" ÃÓKèM":: ----------

14. Ÿ›?‹.›Ã.y=/›?Ée Ò` ¾T>•\ c-‹ KU" ÃT>ÑKK< ÃSeM-M;

G. ui¨<" Áe}LMõK }wK¨< eKT>ð\

K. vl]Á†¨< SM"U cLMJ'

N. u›?Ée ¾}Á²< ›S"´^ eK'u\ '¨< }wKA eKT>S"

S. G<K<U W. SMc< ¾KU

15. e- uT>•\uƒ ›"vu= ÁK< c-‹ ›?‹.›Ã.y=/›?Ée" KSÓKê U" ›Ã'ƒ nLƒ" ’ÅT>ÖkS< Ã²´\:: ----------

---

16. ›?‹ ›Ã y= uÅS< ¨<eØ S•\" ŸT>Á¨<lƒ c¨< Ò` ›"É ¾SÖÝ w`ßq KSÒ^ƒ ðnÅ— '-ƒ;

G. ðnÅ— '˜ K. ðnÅ— ›ÃÅKG<U

16.1 SMe- #ðnÅ— ›ÃÅKG<U$ ŸJ' U¡"Áƒ-" ÃÓKè::----------

17. Ÿ›?‹ ›Ã y=/ ›?Ée Ò` ¾T>•\ c-‹ ÅT†¨< ¨<eØ zÃ[c< uS•\ S¨Ñ´ ›Kv†¨< wK¨< ÁevK<;

G. ›- S¨Ñ´ ›Kv†¨< K. S¨Ñ´ ¾Kv†¨<U N. ›L¨<pU

u›=ƒÄåÁ ,K?y=»" eK}LKð¨< ¾›?‹.›Ã.y=/›?Ée Te¨mÁ

1. eK²=I Te¨mÁ ÁK-ƒ Hdw U"É" '¨<;

   G. ›e}T] Te¨mÁ 'u`  K. ÓMî ÁMJ' Te¨mÁ 'u`

**N. ›?‹ ›Ã y=/ ›?Ée uÅT†¨< ¨<eØ ÁK c-‹ ¨ "Ç=ÑKK< ¾T>ÁÅ`Ó Te¨ ¨mÁ 'u`::**

   S. K?L "K ÃÓKè:: ----------

2. Ÿ HIV/AIDS Te¨mÁ¨< U" ƒUl`ƒ ›Ñ–<;

   G. K›?Ée ISU}— ¨"¡w"u? TÉ[Ó ¨"ÇKw"

   K. ›?Ée ›eð] SJ"  N. u›?Ée ¾}Á²" Sgi

3. ¾›?‹.›Ã.y=/›?Ée Te¨mÁ¨< SM°¡ƒ K¨<Ø ¾SõÖ` ›pU 'u[¨< wK¨< ¾U"K<;  G. ›-' ›U"KG<

   K. ›Ã' ›LU"U

4. uTe¨mÁ¨< LÃ Ÿ}¨'<ƒ Ñì-vl]Áƒ uÉ`Ñ>¨†¨< ¾¨ÅÆª†¨< ¾ƒ™‡ "†¨<;

   G. ¨"Å ¨"ƒ ¾}¨'<ƒ"

   K. ¨"Å ›vƒ ¾}¨'<ƒ"

   N. ¨"Å'`e G<" ¾c^‹¨<"

   S. ÕÅ™‡ ¾gg<ƒ" zÃ[c< uÅS< ¨<eØ ÁK¨<" ¨×ƒ

   W. ÕÅ™‡ Ákñƒ" zÃ[c< uÅS< ¨<eØ ÁK¨<' ¨×ƒ

   [. G<K<"U ¨ÉÍ†ªMG<

5. K`e- }¨ÇÏ ¾J'<ƒ Ñì-vl]Áƒ ¾¨ÅÆuƒ" U¡"Áƒ ›Ö` ›É`Ñ¨< ÃÓKè::----------

   ----------

6. uTe¨mÁ¨< LÃ Ÿ}¨'<ƒ Ñì-vl]Áƒ uÉ`Ñ>¨†¨< ¾ÖK<ª†¨< Ñì-vl]Áƒ ¾ƒ™‡ "†¨<;

   G. ¨"Å ¨"ƒ ¾}¨'<ƒ"

   K. ¨"Å ›vƒ ¾}¨'<ƒ"

   N. ›?‹.›Ã.y= uÅ¨< ¨<eØ ÁK¨<" ¨×ƒ ¾gg<ƒ" ¨×„ƒ

   S. ÅS Ÿ›?‹.›Ã.y= 'í ¾J¨'<" MÏ›pð¨< ¾dS<ƒ" ¨×„‹

   W. ¨"Å'`e G<" ¾c^‹¨<"

   [. G<K<U  ÖM‰†ªKG<

7. K`e- Åe ÁKc–<-ƒ" ÑìvI]/Áƒ ¾ÖK<uƒ" U¡"Áƒ ›Ö` ›É`Ñ¨< ÃÓKè ----------

   ----------

8. uTe¨mÁ¨< ¾nLƒ ›ÖnkU LÃ U” ›e}Á¾ƒ ›K-ƒ;

   G. uTe¨mÁ¨< LÃ ÁK< nL„‹ Ø”no ¾}Å[Ñv†¨<“ U”U ‹Ó` ¾K?Kv†¨< ’u\

   K. uTe¨mÁ LÃ ÁK< nL„‹ ›eð] ’u\

   N. uTe¨mÁ¨< LÃ eK}’Ñ\ nL„‹ ›eu? ›L¨<pU

   S. K?L ›e}Á¾ƒ "K-ƒ ÃÓKè----------

9. ¾,K?y=»” Te¨mÁ¨< du= ’u`;

   G. ›- du= ’u`  K. du= ›M’u[U

10. ¾›?‹.›Ã.y=/›?Ée Te¨mÁ¨< Ø””_ U” ’u`;

    G. eKTÓKM“ SÉM- uTe¨mÁ¨< SÖkc<

    K. ¾}¨“Ä‡ ¾›}ª¨” ‹KA

    N. ÃI ’¨< ¾T>vM Ø””_ ¾K¨<U

    S. SM¡~ ¾}U u=J”U ¾Tc¨mÁ¨< ›k^[w Mw cnÃ SJ’<

    S. K?L "K ÃÓKê----------

11. uTe¨mÁ¨< SM°¡ƒ LÃ U” ›e}Á¾ƒ ›K-ƒ;

    G. SM°¡~ Ö””^“ ¨p© ’u`

    K. SM°¡~ ÓKê ›M’u[U

    N. SM°¡~ ÑAÍ= ÑA’< ÁS´” ’u`

    S. K?L "K ÃÓKê

12. ¾Te¨mÁ¨< ›²ÒÐ‹ uTe¨mÁ¨< LÃ ¾}ÖkS<ƒ ¾ÉUê Ów›ƒ (sound effect) K`e- U” ›Ã’ƒ eT@ƒ ðÖ[w-ƒ;

    G. ¾TeÚ’p eT@ƒ u¨<eÖ? ðØbM

    K. ›eÅe„—M  N. U”U eT@ƒ ›MeÖ˜U

13. ¾›?‹ ›Ã y=/ ›?Ée Te¨mÁ¨< TÓKM“ SÉM- ’Ç=k”e ›É`ÕM wK¨< ÁevK<;

    G. ›-  K. ›ÃÅKU

14. Te¨mÁ eKTÓKM“ SÉM- Ó”³u? ðØbM wK¨< ÁU“K<;

    G. ›- ðØbM  K. S}LKõ ¾’u[uƒ õ_ ’Ñ` ›M}LKðU

**Appendix – IV**

# QUESTIONS FOR THE FGD PARTICIPANTS

**Addis Ababa University**

**SCHOOL OF COMMUNICATION AND JOURNALISM**

Study about lessons learned form HIV/AIDS TV-spot that was broadcast on Ethiopian Television

Questions for Focus Group Discussion, among the target audience of the TV-spot.

1. What is your opinion about the TV-spot?
2. What is your opinion about the message?
3. What is your opinion about the words used in the spot?
4. How was the action shown in the film?
5. There were different characters in the spot. Which character did you like most? Why? Which one did you hate? Why?
6. Scholars say that media is effective in creating awareness. How much has the TV-spot influenced you in changing your perception about stigma and discrimination related to HIV/AIDS?
7. What was the strength of the spot?

## APPENDIX – V

### *In-depth Interview Questions (for People Living with the Virus)*

**Addis Ababa University**

**SCHOOL OF COMMUNICATION AND JOURNALISM**

*Study about the lessons learned from HIV/AIDS TV-spot that was broadcast on Ethiopian Television*

**In-depth interview** with the people living with the virus regarding the HIV/AIDS TV-Spot broadcast on Ethiopian Television

### Demographic Questions

1. Age of Respondent _____
2. Sex Male ☐ Female☐
3. Level of Education 1) Below grade 6☐ 2) Grade 6-12☐ 3) Above grade 12☐

*Questions Regarding the HIV/IDS TV-Spot on Stigma and Discrimination*

1. What is your impression about the HIV/AIDS TV-spot?
2. What is the message of the spot for you?
3. How much is HIV/AIDS related stigma a problem in your area from your own experience?
4. Do you think the HIV/AIDS TV-spot has contributed in creating awareness not to stigmatize people?
5. What is your opinion about the language used in the spot?
6. Which character did you like most?
7. Which one did you hate? Why?

## APPENDIX – VI

### *In-depth Interview Questions (for representatives of Health Education Center)*

## ADDIS ABABA UNIVERSITY
## SCHOOL OF COMMUNICATION AND JOURNALISM

*Study about the lessons learned from HIV/AIDS TV-spot that was broadcast on Ethiopian Television*

**In-depth interview** with the producers of the HIV/AIDS related TV-spot (health education center under the Ministry of Health)

**Questions for the producers of the TV-spot (Ministry of Health Education Center)**

1. Why did you want to produce the HIV/AIDS TV-spot at the time?
2. Was the HIV/AIDS TV-spot production based on research? Who did the research? For How long? When? Where?
3. Had the HIV/AIDS TV-spot been pretested prior to broadcasting?
4. What was the composition of the production team?
5. What was the role of people living with HIV/AIDS in the production? Had they been involved in the research and the pretest?
6. On what theory was the message based?

***Appendix - VII***

# IN-DEPTH INTERVIEW QUESTIONS (FOR THE WRITER-DIRECTOR OF THE

***TV-spot)***

**ADDIS ABABA UNIVERSITY**
**SCHOOL OF COMMUNICATION AND JOURNALISM**

Study about lessons learned from the HIV/AIDS – related stigma and discrimination TV-spot that was broadcast on Ethiopian Television

Questions for writer-director of the TV-spot,

1. How did your write the TV-spot? Did you have experience in writing such a spot?
2. Health communication professionals say that, health related messages have to be clear and simple. Have you considered this when you wrote the script?
3. How did you choose the target audience?
4. Has the spot been tested before broadcasting?
5. Do you think the spot had succeeded in its objective?

***appendix – VIII***

# LIST OF STIGMATIZING WORDS

### Sensitive Language Suggested When Reporting On HIV/AIDS

The following table includes a list of language to be sensitive to when reporting on HIV/AIDS. It is intended to aid in an understanding of the complexities of reporting on HIV.

| INSENSITIVE LANGUAGE | WHY | ALTERNATIVES |
|---|---|---|
| **AIDS/ HIV carrier** | This is a stigmatizing term, which focuses on an individual as a carrier of disease. It is important to emphasize that HIV/AIDS is a disease that can be managed and lived with, rather than focusing on the diseased status of the individual. | HIV-positive, Person/ man/ woman living with HIV |
| **AIDS sufferers/ victims** | These words evoke images of helplessness and weakness. | People living with HIV/AIDS |
| **AIDS virus** | The correct name of the virus is HIV. AIDS is a syndrome caused by HIV. | HIV, the virus that causes AIDS |
| **Body fluids** | This phrase is very broad and can refer to a range of body fluids, not all of which can transmit HIV. It is always better to be specific. | Specify the fluids (e.g., blood) |
| **"Catch AIDS"** | HIV is transmitted (eg Sexually; mother-to-child, via blood), and then leads to the development of AIDS. Unlike contagious diseases, HIV cannot be "caught." *Clarification:* HIV is not a contagious disease, ie it cannot be transmitted through casual contact (eg Sneezing, coughing, saliva). | Contract HIV, Become infected with HIV, Become HIV-positive |
| **Full-blown AIDS** | This is an older slang term that is rarely used anymore. Progression to AIDS is one stage of HIV disease. | AIDS |
| **Gay/ homosexual/** | These terms, particularly gay and bisexual, refer to an identity that may or may not be tied to a behavior. In many countries and | Men who have sex with men (MSM) |

| | | |
|---|---|---|
| **bisexual** | cultures, men who have sex with other men may not perceive themselves as gay, bisexual, or homosexual. It is important to distinguish between behavior (which can place an individual at increased risk of transmitting and acquiring HIV) and sexual identity, particularly when talking about HIV transmission. | |

| INSENSITIVE LANGUAGE | WHY | ALTERNATIVES |
|---|---|---|
| **HIV and AIDS, HIV or AIDS** | They are not two diseases. Rather, they are different stages of HIV disease. | HIV/AIDS, HIV disease |
| **HIV-infected person** | "HIV-positive" is preferable to "HIV-infected," as the latter term places emphasis on the infection, rather than the individual living with it | Living with HIV, HIV-positive, (Having) contracted HIV |
| **HIV virus** | This term is redundant. HIV stands for "Human Immunodeficiency Virus" | HIV |
| **Innocent (victim), Guilty** | This infers that certain modes of transmission are worse than others and that some HIV-positive individuals deserve their status. | Omit the word |
| **Prostitute** | This term has a negative connotation. It does not accurately describe situations in which women may be forced into exchanging sex for money or food due to gender inequality and lack of alternative economic opportunity. | Sex worker, Commercial sex worker |
| **Safe sex** | There is always an inherent risk when having sex. | Safer sex |
| **Scourge, plague, Dreaded disease** | These words are overly dramatic and over used. They also may imply judgment and it may be better to substitute with less dramatic language such as medical terms. | Disease, Epidemic, Illness |
| **Sufferer, Victim** | These terms imply passiveness and helplessness. | Avoid using these terms |
| **Suspected (of having HIV), admitted (to having HIV)** | These terms may foster stigma because they imply secrecy. | Avoid using these terms |

Excerpted from the Kaiser Family Foundation's, available at http://www.kff.org/hivaids/7124.cfm

***appendix – iX***

# THE PROFILE OF THE FGD PARTICIPANTS HELD IN THE

## *Town of Adama*

The Focus Group Discussions (FGD) were held from May 22, 2006 to 25, 2006. There were four different groups of FGD. One Group of the mothers, one group of the fathers and two groups of the youths, (one group of the youths were from in-school while the other group were from the out-of-school). All the discussion was recorded by a tape recorder. The discussion was held in Amharic language, and later translated into English for the purpose of the research. The profile of the discussion participants have been listed as follows. The discussion was facilitated by the researcher.

### *The Mothers FGD*

| R. No | Name | Age | Level of Education |
|---|---|---|---|
| 1 | Makida Aman | 38 | 12th complete |
| 2 | Almaz Birru | 43 | 8th grade |
| 3 | Tayeech Zena | 34 | 11th complete |
| 4 | Maritu Taye | 27 | 10th complete |
| 5 | Chaltu Tola | 47 | 6th complete |
| 6 | Zeniya Kasin | 36 | 12+2 |
| 7 | Ayyantu Tola | 33 | 9th complete |
| 8 | Nigisti Giday | 37 | 7th complete |

The FGD with the mothers was held on May 22 from 10:30-11:45 am.

### *The Fathers FGD*

| R. No | Name | Age | Level of Education |
|---|---|---|---|
| 1 | Mustefa Kedir | 38 | 12+2 |
| 2 | Mammo Fayisa | 37 | 10 complete |
| 3 | Ali Abdulsemed | 42 | 12 complete |
| 4 | Tola Gemmechu | 44 | 9th complete |
| 5 | Shibiru Girma | 39 | 12+1 |

| | | | |
|---|---|---|---|
| 6 | Feyisa Tullu | 52 | 10th complete |
| 7 | Girmachew Amba | 48 | 11th complete |
| 8 | Yohanis Fayye | 50 | 10+3 |

The FGD with the fathers was held on May 23 from 2:00 3:30 pm.

***The youths FGD (the out-of-school youth)***

| R. No | Name | Age | Sex | Level of Education |
|---|---|---|---|---|
| 1 | Sisay Taye | 32 | M | 12+2 |
| 2 | Solomon Tsagaye | 30 | M | 12th complete |
| 3 | Betalihem Birhanu | 24 | F | 12th complete |
| 4 | Betaliham Demise | 23 | F | 12+1 |
| 5 | Neway Taliarge | 29 | M | 12th complete |
| 6 | Fitsum Belachew | 26 | F | 12+3 |
| 7 | Gurmu Birruu | 27 | M | 12th complete |
| 8 | Alem Addisu | 25 | F | 12+1 |

The FGD with the youths was held on May 24 from 2:00 – 3:30 pm.

***The Youth FGD (The In-school youth)***

| R. No | Name | Age | Sex | Level of Education |
|---|---|---|---|---|
| 1 | Aman Hasan | 21 | M | 10+2 |
| 2 | Tigist Terfa | 20 | F | 10+1 |
| 3 | Meseret Ayyana | 22 | F | 10+2 |
| 4 | Birhanu Worku | 21 | M | 10+1 |
| 5 | Kedir Muzeyen | 20 | M | 10 |
| 6 | Semira Beker | 21 | F | 9th |
| 7 | Solan Bona | 19 | M | 10 |
| 8 | Alemu Genana | 23 | M | 10+2 |

The FGD with the youths was held on May 25 from 5:00 – 6:30 pm.