

**ADDIS ABABA UNIVERSITY**  
**GRADUATE STUDIES**  
**SCHOOL OF JOURNALISM AND COMMUNICATIONS**

**Audience Reception of “TENAWO BEBETIWO” Television Program: In the  
perspective of Kombolcha town community**

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A Thesis Submitted to the Faculty of Journalism and Communications of Addis Ababa University in Partial Fulfillment of the Requirements for the Degree of Master of Arts in Journalism and Communications.

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## **Abstract**

Audience Reception of “TENAWO BEBETIWO” Television Program: In the perspective of Kombolcha town community

Kalkidan Hassen Yimer

Addis Ababa University,2017

This research is interested to study “Tenawo Bebetiwo” health television program which is intended to enable the public to have a healthy life style and educate the society about the symptoms, causes, effects, and control and prevention methods of different kinds of diseases.

The objective of the study is to examine how audiences of “Tenawo Bebetiwo” television program of Kombolcha town perceive the messages transmitted in the talk show, explore how the talk show addresses the problem of the community and how audiences used the information provided on the program in their day to day life.

In order to achieve the research objectives qualitative research method was used and data was collected with a semi-structured interview guide. Focus group discussion and in-depth interview were conducted among audiences of Kombolcha town and snowball and purposive sampling techniques used to get participants of the research. Data found from audiences was triangulated with the interviews of health professionals and producer of Tenawo Bebetiwo program. Finally qualitative thematic analysis was used after interview data was coded and categories selected and then four thematic areas were identified and discussed.

The finding of the research shows that Tenawo Bebetiwo Program was important program and teaches from home with no cost and audiences perceived the program as vital and useful for the community. The topics selected and discussed on the talk show found relevant to the community of Kombolcha town for most of the participants. Audiences explained the lessons learnt from the program includes about disease prevention, symptoms and treatment, healthy life styles and they exercise the lessons of the talk show in daily life negotiating with their own experience and cultural practices. Participants of the research suggested areas to be improved on the talk show on increasing the duration, changing the schedule of the program, improving telephone communication and promoting the program.

## List of Acronyms

EBC	Ethiopian Broadcasting Corporation
ETC	Ethiopian Telecommunication Corporation
FGD	Focus Group Discussion
EC	Ethiopian Calendar

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# Chapter One

## 1. Introduction

### 1.1 Background of the Study

In a talk show guests or a single guest whom have great experience on the intended topic discusses their work or area of expertise with a host and the audience who is listening at home or in different places be able to call live in order to participate on the raised issues.

The origin of talk shows was tracked down by Munson as early as the 1930s when interactive talk radio started to emerge in the United States and listeners were invited to phone in (Ilie, 2006:489). Two particular formats developed in the 1960s, namely all talk and all-news radio programs, which were intended as services to the listening community rather than stations in the traditional sense. Since the listeners were potential customers, controversial and sensationalized talk soon developed to attract them (Ibid).

Phil Donahue was the first to adapt the audience participation talk show (also termed “audience discussion program” and “studio debate program”) from radio to television in 1967. His show initiated what is known today as day time talk show or tabloid talk show. As a result of an increasing decentralization of the media, a transition from debate programs to talk shows occurred in Europe in the 1980s (Ibid). With the existing global flow of information Ethiopian media has incorporated the new genre into its component. Even though talk shows date half a century in other countries it is only twenty years old in Ethiopia. According to the information found at EBC, the first one to have a format of a host and studio audience was “The Alebe show” which was aired in 1999EC.

For fifty years, the television talk show has been host-centered and defined, forged in the present tense, spontaneous but highly structured, churned out within the strict formulas and measured segments of costly network time, and designed to air topics appealing to the widest possible audience. Whoever the host and whatever the format, these are the defining characteristics of the TV talk show. (Timberg, 2002:5). The reason why talk shows have become popular is that audiences communicate with the host and the people who participate in the shows.

It is obvious that Ethiopia is a nation whose people have a profound health needs and are disadvantaged in their access to various types of health information and services and as a result health communication between the society is highly needed in order to reach different audiences and share health-related information with the goal of influencing, engaging, and supporting individuals, communities, health professionals, special groups, policymakers and the public to champion, introduce, adopt, or sustain a behavior, practice, or policy that will ultimately improve health outcomes.

The talk show which the researcher is interested to study is “Tenawo Bebetiwo” health program which is intended to enable the public to have a healthy life style and educate the society about the symptoms, causes, effects, and control and prevention methods of different kinds of diseases. This is because I heard people of Kombolcha discussing about this talk show. In this research I will assess how “Tenawo Bebetiwo” health talk show helps the audience of Kombolcha community.

Tenawo Bebetiwo is an Amharic word meaning “your health by your home” and the program by this name is transmitted via Ethiopian Broadcasting Corporation (EBC), the national media of Ethiopia. The program promotes and discusses health and related issues and the producers invite health professionals and public health experts as guests. The program has been transmitted since July 2001 EC and as informed from the current EBC producers of the program the initiators were EBC workers themselves. There was a program called “Tenachin” in 2002 EC which was aired in Ethiopia radio on Friday morning for twenty minutes starting from 7:00 AM and the two programs merged and the radio program canceled with unknown reason while the television program continued to date.

Tenawo Bebetiwo program is aired every Saturday for one hour duration from 3:00 PM to 4:00 PM and repeated on Wednesday night. Audiences are allowed to call and ask the guest any questions related to the disease or health issue under discussion on the live talk show. According to Tenawo Bebetiwo program manual the three objectives of the program are:

- Create awareness
- Show healthy life styles to audience by teaching about nutrition, physical exercise and personal hygiene,

- Show the way for the patients how to take care of themselves from aggravating factors of diseases

## **1.2 Statement of the Problem**

Ethiopia is a poor country with weak health care systems and infrastructures. Reproductive health, like most aspects of health in Ethiopia, is generally poor, with significance regional difference in access to services and in health outcomes. According to Ethiopian Demographic and Health Survey 2016 report, full vaccination coverage is highest in Addis Ababa (89 percent) and lowest in Afar (15 percent).

Almost 80 percent of morbidity in Ethiopia is due to preventable communicable and nutritional diseases, both associated with low socio-economic development. Improving the general physical infrastructure and strengthening health systems are key to improving health and require major investments and much time (Chaya, 2007:2)

To eradicate such problems, health communication is used as one of the tools. The key objectives of health communication is to influence individuals and communities to change risky health behaviors and adopt good ones by creating a receptive and favorable environment in which information can be shared, understood, absorbed and discussed by the program's intended audiences.

The goal is admirable since health communication aims to improve health outcomes by sharing health-related information. In fact, the Centers for Disease Control and Prevention define health Communication as the study and use of communication strategies to inform and, influence individual and community decisions that enhance health, (U.S. Department of Health and Human Services, 2005).

Media is among the means in which these plans can be reached to the public at the same time media is a place where the public express their concerns and demands as it is among the functions of the media.

The focus of this research is “Tenawo Bebetiwo”: a talk show that discusses different health issues and creates awareness among the society since prevention is always better than cure. The show has the intention of enabling the public to have a healthy life style and educating the

society about the symptoms, causes, effects, control, and prevention methods of different kinds of disease. The show clearly illustrates the role of media in building healthy society for one nation.

The reason why this talk show is totally peculiar from the others is that it principally and prominently deals about health and health related issues and building healthy individual and society at large. Without building healthy society, it is not possible to foster the national growth of the country in every sector. And hence, I believe that it is important to know how the audience perceives the message of “Tenawo Bebetwo” and whether they are using it in their daily lives.

### **1.3 Objective of the study**

#### **1.3.1. General Objective**

The Main objective of the study is to examine how audience of “Tenawo Bebetwo” in Kombolcha perceives the message transmitted in the talk show.

#### **1.3.2. Specific Objectives**

- ✓ To examine the audience perception towards “Tenawo Bebetwo” TV program.
- ✓ To explore how audiences used the information provided on the program in their day to day life
- ✓ To assess in what ways “Tenawo Bebetwo” talk show address the problem of the community.

### **1.4. Research Questions**

- ✓ Is “Tenawo Bebetwo” TV program easily understandable to the study population?
- ✓ Have audiences applied the health information acquired from the program in their day today life?
- ✓ Does “Tenawo Bebetwo” talk show address the health problem of the community?

### **1.5. Significance of the study**

This study can contribute to identify in what ways” Tenawo Bebetwo” health program address the health problems of the community. It will also provide valuable information to the producers of “Tenawo Bebetwo” program to fill their gaps. Besides for other health programs, this

research will help to assess the interest of audiences to produce helpful programs and also serve as a resource for researchers who are interested to conduct audience research on health programs.

### **1.6 Limitation of the study**

Due to time shortage, topics presented on the talk show and its contents were not analyzed

### **1.7. Thesis Organization**

This thesis consists of five chapters. The first chapter deals with the background, statement of the problem, the research objectives, the research question and limitations of the study. The second chapter reviews the literature related to the study. The third chapter is where the methodology of the study is discussed in detail. The fourth chapter includes the findings and discussions. And finally, the fifth chapter concludes the thesis and suggests recommendations.

## Chapter Two

### 2. Review of Related Literature

#### 2.1. Talk Shows

A talk show or chat show is a television or radio programming genre in which different people from different arenas or expertise come to the stage and share their real life time personal, academic, political, cultural, social and economic experiences to the general public as in the form of interview with the host or co-host of that particular program. Most of the time the guests who are invited for this activity have done an extraordinary achievement in their area of specialty and tribute a tremendous contribution for their country and can render good lesson and experience for the audiences who are seeing, reading, or listening the show directly at the exact place of transmission together with the host and for those who are attending it by different means of mass media communications (radio, television, internet) in different places and circumstances (home, office, entertainment place, cars and etc.).(Ilie, 2006)

The show host, usually a media personality, is monitoring most of the discussion by stimulating, guiding, and facilitating the participants' roles and contributions to the program (for information, exchange, confrontation and entertainment). The discursive strategies of talk shows are: interview, narrative, debate, game, confession and testimony (Timberg, 2002:4).

The origin of talk shows was tracked down by Munson as early as the 1930s when interactive talk radio started to emerge in the United States and listeners were invited to phone in. Phil Donahue was the first to adapt the audience participation talk show (also termed "audience discussion program" and "studio debate program") from radio to television in 1967. His show initiated what is known today as day time talk show or tabloid talk show. As a result of an increasing decentralization of the media, a transition from debate programs to talk shows occurred in Europe in the 1980s (Ilie, 2006:489). Even though talk shows date half a century in other western countries, it is a very recent component and new type of genre in Ethiopia media.

As Timberg stated, for fifty years, the television talk show has been host-centered and defined, forged in the present tense, spontaneous but highly structured, churned out within the strict

formulas and measured segments of costly network time, and designed to air topics appealing to the widest possible audience.

Whoever the host and whatever the format, these are the defining characteristics of the TV talk show (Timberg, 2002:5). The reason why talk shows have become popular is that audiences communicate with the host and the people who participate in the shows.

Gill categorized the broad talk show genre into three:

.... I am going to present a three way classification of talk shows that differentiates between the audience discussion programmed, usually organized around debates about public and political issues: issue oriented show or the therapeutic genre which focuses on personal problems and dilemmas; and confrontational talk show oft dismissed as trash TV, where the emphasis is less up on problemsolving than on the spectacle of emotional conflict (2007:157).

Actually, in developing countries like, Ethiopia, audience discussion programs about political issues, is not that much well experienced and practiced phenomena like other developed western countries due to the presence of infant media democracy and retarded honest communication between the government officials, different opposition party leaders and the general public. Rather the public prefers to be silent than forwarding valuable directions and amendments for the government officials in fear of the consequences after their transparent and genuine comment. As a result, they are more interested to actively participate by asking and forwarding questions and comments in issue oriented and entertainment talk shows like the 'Tenawo Bebetiwo' health concerned TV talk show.

Thompson as cited in Deacon *et. al.* writes:

...we should note that the vocal and visual communicative channels of radio and TV permit a much closer approximation of everyday conversation or talk than do previous media [(print media) my emphasis], for electronics media and especially TV make communicating individuals into 'personalities' with a voice, a face, a character and a history, personalities with whom recipients can sympathize or empathize whom they can like or dislike, detest or revere (1999: 285).

Especially now a days, due to the rampant advancement of science and technology in every corner of the globe, the current generation of our country, Ethiopia, cannot go together linearly with the recent sophisticated technology in a sufficient manner and they cannot partake the treasures of the electronic media in appropriate manner. Apart from that since the reading habit and culture for the print media is too poor, they want to stick on the essential information's acquiring from radio or TV shows.

## **2.2. Defining Audience**

As Hartley stated, the term audience is used to describe a large number of unidentifiable people, usually united by their participation in media use. Naming an audience usually also involves homogenizing it, ascribing to it certain characteristics, needs, desires and concerns (2002:11). McQuail, by contrast, eschews the 'rather simple surface meaning of audience as the aggregate of persons forming the readers, listeners, viewers for different media' (1987: 215).

An audience can literally be defined as a collection of spectators or listeners who engage themselves in public performances with a common goal of giving critique regarding what has been disseminated. Basically, the strength of an audience significantly influence the effectiveness of the information rendered and thus in the presence of an outstanding audiences, there is always a spectacular outcome. A reluctant audience always receives insufficient information regarding the subject matter and further exacerbates the unreliability of the information.

As Denis McQuail states 'The word "audience" has long been familiar as the collective term for the "receivers" in the simple sequential model of the mass communication process (source, channel, message, receiver, effect) that was deployed by pioneers in the field of media research' and claims that most audiences of the mass media are not observable. Hence, audiences are both a product of social context and a response to a particular media provision (McQuail, 1997).

The essence of audience analysis is that we can select the type of information to be delivered based on the audiences' interest, level of understanding, attitude and beliefs once the audience is identified and thus fulfills the ultimate expectation of the participants (Ibid).

Shaun Moores asserts that the audience is not a homogeneous group that is easily identifiable for observation and analysis. Rather, Moores proposes a plurality of audiences – consisting of

disparate groups categorized according to their reception of various media and/or by their social and cultural positioning (Moore, 1993).

The feedback coming out of the audience usually are constructive in that the performer can do some modifications to the delivered information according to inquiries suggested by the audiences. The successfulness of the broadcasted program is again evaluated by the positive impact which creates on the public in the way that improves their perception towards the central idea of the purpose of the broadcast.

### **2.3. Audience participation**

If the audience is not committed enough to engage him/herself in different public performances information cannot flow in smooth manner to meet their ultimate goal and thus in order to escape from such difficulties it is very crucial to involve regardless of how strongly you participate.

The concept of audience participation shares a variety of meanings. According to Aviel, it is defined as the feedback which the broadcasters provide through a combination of traditional systems and new technologies. It thus encompasses tools such as voting by SMS for a particular candidate in a reality show, or calling in a talk show to give one's opinion (Aviel, 2012: 430).

A sure fire way to escalate audience participation is to ask them questions regarding what has been disseminated. Better audience interaction and participation occurs when audiences feel the information delivered is relevant to them and that they can apply it in their daily activities.

As Clark and Aufderheide noted, 'the people formerly known as the audience now are at the center of media' and present a model of new 'public media' as 'people-centric'. At the same time, new forms of public interest content are emerging that are specifically participation-based, such as wikis and crowd-sourced crisis mapping (Clark and Aufderheide, 2009:).

When discussing audience involvement, we need to distinguish between active and passive participation. Active participants are those who want to try out or join in arts activities themselves. A typical example of active participation is a community show, where local people act, dance, sing, make costumes and even direct and market the show. Passive participation refers to audience members who may be highly engaged and loyal, but prefer to spectate rather

than take part (Walmsley and Franks, 2011:4). Since active participation always outweighs passive participation it is better to involve actively in any public performances.

By emphasizing that audiences may take part in something larger than themselves, the concept of the participatory audience is more social. To be sure, audiences have always and necessarily been active, for otherwise no textual interpretations could ever be actualized. Further, the advent of digital media does not, retrospectively, render audiences passive (Livingstone, 2013: 22)

## **2.4 Phone in**

Telephone communication is one of the most important forms of communication. Even though the use of telephone communication is now a days substituted by other forms of communication such as email, phone use still plays a significant role in encoding and decoding different messages. It has increasingly taken the place of face to face communication.

Phones have touched so many lives in so many ways. People use their phones for so many things that the devices are often personal extensions. They are also critical in the distribution or redistribution of other media. Television, radio, newspaper, books, magazines, and movies all have extensions into the consumer world via phone devices. With phones being everywhere, the media is potentially there as well. Not only does mobile utilize the same formats as previous media, but it also serves to redistribute the content of other media. Mobile uses words, pictures, music, and sound like other media (Clark. B, 2013).

Phones are now becoming sophisticated and are also emerging at an alarming rate. People greatly utilize this type of communication so as to send a request and get an appropriate response for things they desire to know.

People's everyday ways of interacting and communicating have been radically transformed through new forms of communication media and technologies, such as SNS and Smartphones. People are spending more time communicating through these means without face-to-face interaction (Turkle, 2012).

The main reason that makes cell phone a powerful medium is their portability, convenience and their ability to convey messages instantly. Thus, in the presence of cell phone there is always a faster, more enhanced and more convenient distribution of information.

Arthur suggested that ‘the technology has obvious promise for impaired people,’ the new media communication technologies might bring new communication opportunities to bridge the communication gap between hearing impaired and hearing groups. Perhaps the new forms of media and the advent of mobile technologies have changed to allow new possibilities for richer communication experiences between Deaf/Hard of Hearing and hearing people (Arthur, 2009: 9).

In recent years, mobile phone is not just a communication device rather it is a multi-function device. Goggin and Hjorth indicated that the ‘mobile phone increasingly becomes a platform for mobile media.’ (2009: 9). One of the major advantage of having telephone conversation is that communication can occur instantaneously with better confidentiality and also maintains the true privacy of the owner.

Though much research has shown the damaging effects of technology on face-to-face interaction, one study found that phone use in public might make individuals more likely to communicate with strangers. In 2011, Campbell and Kwak examined whether and how phone communication influences the extent to which one engages face to face with new people in public settings.

In comparison to face to face communication, phone communication usually occur in an explicit manner because the physical and cultural barriers in this type of communication are more or less better resolved and the confidentiality of the requester can also be well documented. Thus, without any doubt, phone communication always outweighs face to face communication in many aspects. Actually, it is also due to this fact that phones are currently becoming the mainstay of communication devices.

Frankly speaking, phones are the most critical communication devices in the distribution and redistribution of different media programs and thus they will always remain as gold standards in the vicinity of any media set up and will also continue to provide their invaluable support in the development of our communication skills.

## **2.5. Health Communication**

According to Bernhardt, “Health communication is the scientific development, strategic dissemination, and critical evaluation of relevant, accurate, accessible, and understandable health information communicated to and from intended audiences to advance the health of the public” (2004: 2051).

There is no magic bullet other than health communication that can address health related issues for the general public. It is vivid that majority of the population sought after health related information so as to escalate their medical knowledge there by improving quality of life. Hence, health communication can serve as a cornerstone in such circumstances.

Maibach and Holtgrave stated health communication as “the use of communication techniques and technologies to positively influence individuals, populations, and organizations for the purpose of promoting conditions conducive to human and environmental health”(1995: 219–220).

Basically, the ultimate goal of health communication is to increase knowledge, awareness and understanding of health issues. However, the background of health communication is not only confined to health advancement and halting of bad prognosis of a disease. It also extends to various social, political and economic issues.

The scope of health communication includes disease prevention, health promotion, health care policy, and business, as well as enhancement of the quality of life and health of individuals within the community” (Ratzan et al, 1994: 361).

In order to obviate health disparities, it is indispensable to use a full range of health communication strategies including entertainment-education, media advocacy, interactive health communication and interpersonal communication, as the health disparities have a potential to extend in to social, economic and political discrepancies.

According to Robinson et al, Consumer demand for health information and the availability of new media technologies have spurred substantial interest in interactive health communication (IHC), the interaction of an individual—consumer, patient, caregiver, or professional—with or through an electronic device or communication technology to access or transmit health information or receive guidance and support on a health-related issue. Hence, with access to IHC applications, consumers gain greater control of influences over their health, and health professionals may become more effective and efficient providers of care, health information, and support (Robinson et al, 1998: 1264-1265).

Effective health communication is always associated with positive health outcomes and thus takes the lion share in rendering health care services.

The emergence of tailored health communication was part of a growing marketing approach to customize health information (Rogers, 2003). Tailoring could enhance motivation to process health information in at least four ways: (a) match content to an individual's information needs and interests, (b) frame health information in a context that is meaningful to the person, (c) use design and production elements to capture the individual's attention, and (d) provide information in the amount, type, and through channels of delivery preferred by the individual (Rimer and Kreuter, 2006: 187-188).

The National Cancer Institute suggested that, health communication can increase the intended audience's knowledge and awareness of a health issue, problem, or solution; influence perceptions, beliefs, and attitudes that may change social norms; prompt action; demonstrate or illustrate healthy skills; reinforce knowledge, attitudes, or behavior; show the benefit of behavior change; advocate a position on a health issue or policy; increase demand or support for health services; refute myths and misconceptions; and strengthen organizational relationships (National Cancer Institute, 2001: 3).

## **2.6 Two-step Flow of Communication**

Two step flow of communication was first drawn by Paul Lazarsfeld and his associates in 1948. The central tenet of the theory is that media did not have direct influence rather the message encoded from mass media first reaches "opinion leaders" who filters the information and flow to less active section of the population (Nayyar, 2007). So that "people tend to be much more affected in their decision making process by face to face encounters with influential peers than mass media" (Ibid).

This theory gave emphasis to the role played by opinion leaders and argued inter-personal contacts are more important than the media in influencing audiences. As a result this limited effects model came to be called the two step flow theory

## **2.7. Use and Gratification**

A uses and gratifications approach to the study of communication was first formally outlined by Katz. He suggested that communication research should reverse the traditional question of what

the media do to people, and ask instead what people do with the media (1959: 1). It is this thinking that leads to availability of different studies which emphasizes the behavioral change and role of active audiences.

Katz et al outline the basic assumptions of a uses and gratifications approach. First, the audience is active, and thus much mass media use is goal directed. Second, the initiative in linking need gratification with media choice lies largely with the audience member. Third, the media compete with other sources of need satisfaction. Finally, the gratifications sought from the media include diversion and entertainment as well as information, and these will vary according to the social roles and psychological disposition of individual audience members (Katz et al, 1973). People usually seek to satisfy their various need through media and thus it is the responsibility of the media to differentiate the participant's level of understanding and disseminate information based on the audience's interest.

Uses and gratifications also distinguishes between activity and activeness to better understand the audience. Activity refers to what the media consumer does whereas activeness refers to the audience's freedom and autonomy in the mass communication situation. Activeness is relative and also varies within individuals by time of day and type of content (R. West & L. H. Turner, 2004). It should be noted that audiences are not always active participants even though they have enough self-awareness of their own media use. Some audiences may remain dormant and thus participate passively but that does not mean they will not influence the media. Hence, a great emphasis should be given for both active and passive audiences.

According to uses and gratifications theory, the mass media constitute a resource on which audiences draw to satisfy various needs. Thus, the uses and gratifications approach accommodated an understanding of audience members as active agents within a social network rather than fragmented individuals within a monolithic mass. Furthermore, the model acknowledges media content and how attitude change extends to include the audience's knowledge, behavior, beliefs and value systems (Abercrombie, 1996: 141).

Even though the use and gratification approach is the pioneer for novel audience researches, it has its own drawbacks and is often challenged on various grounds. Because it is not devoid of criticisms, different scholars criticize this theory in different manner.

Palmgreen et al argue that there is still much to learn about the relationship between gratifications sought and obtained, the antecedents of such gratifications and the ways in which they relate to media behavior (1981).

More recently, a uses and gratifications study in the USA focused on social networking that older adults engaged in online. A survey had shown that “about 51% of all Americans aged 50-64 and 33% of those over 65 had a Facebook account, although a lot less [were] regular daily users” (Ancu, 2012: 1).

## **2.8. Contemporary audience reception**

At the heart of contemporary media studies and the study of audiences lies a curious paradox. Technical questions of media production and distribution aside, the inherent aim of critical media and communication studies is to explore how recipients of mediated texts create meaning. The task of assessing the contribution of reception studies and reception theory to the contemporary study of media audiences is further complicated by the fact that these terms have come to describe a range of diverse and only partially related theoretical traditions (Nightingale. V, 2011: 230-231).

Even though the universal aspects of audience reception has increased linearly with enhancement of reception studies, no significant effort has been made to speculate them in systematically ordered manner and to let them act as a guide for analyzing, planning and designing empirical reception data.

Livingstone describes reception studies as the body of work that focuses “on the interpretive relation between audience and medium, where this relation is understood within a broadly ethnographic context.” (Livingstone, 1998: 237–238). Actually, this definition fail to include diverging methodological and conceptual traditions.

According to Staiger, reception studies are defined by not being “a hermeneutics or truth- finding of the meaning of the text rather the engagement of historical and theoretical enterprises” (Staiger, 2005: 2). Unlike Livingstone, he includes a variety of methodological and conceptual traditions and was also able to differentiate some basic approaches regarding queries of audience reception such as behaviorism, cognitive psychology, and psychoanalysis, conflict of theory and functionalism.

Since the most focal way of empathizing audience and media is to deeply think the changing role of media technology and use, it is very crucial to analyze the contemporary audiences' level of reception and arrange information accordingly.

According to Holub, Reception Theory was a revolutionary approach to contemporary literary criticism which pays attention to the function of the reader in a process of literary experience and is also considered as a reaction to social, intellectual, and literary developments (Holub, 1984: 1).

Because audiences are not all the same, there should be different ways of convoking audience reception either collectively or individually based on the nature of their social life. Therefore, interrogating the way audiences perceive incoming messages is often profitable as it has something to do with refining and re-defining the disseminated information.

The relationship of work to work must now be brought into this interaction between work and mankind, and the historical coherence of works among themselves must be seen in the interrelations of production and audience reception (Jauss, 1982: 15).

Unlike literal theorists, contemporary media reception scholars often face blurred textual forms which usually lack clear textual boundaries.

Schroder has attempted to construct an empirically based, multi-dimensional model of media reception featuring six dimensions called Motivation, Comprehension, Discrimination, Position, Evaluation, and Implementation. He vividly notes that reception analysis must “distinguish between readers' subjectively experienced agreement or disagreement with the media text on the one hand, and the researcher's 'evaluation' of the role played by readers' positions in hegemonic struggles” (Schroder, 2000: 236).

Generally speaking, the contemporary audience reception theory vividly preface the concept of audience involvement and how the media and audience come close together in a process of literary experience and meaning production. Actually, novel concepts coming out of this theory directly determines the way we currently understand and interpret different literature, arts and the world as a whole.

In the context of converging mediated communication where single individual texts are ever harder to define or only constituted on an individual level, the temptation to study audiences in

separation from texts is only heightened by the methodological difficulties faced for the contemporary researcher by acts of reading (Nightingale. V, 2011: 247). Basically, it is mind boggling to notice the paradigm shift of the audience reception theory.

## **2.9. Encoding and decoding model**

The Encoding/decoding model of communication was first developed by cultural studies scholar Stuart Hall in 1973. Literally, encoding can be defined as production of message with a system of coded meanings whereas decoding refers to a process of understanding and interpreting the encoded message as intended.

Hall claims that television and other media audiences are presented with messages that are decoded, or interpreted in different ways depending on an individual's cultural background, economic standing, and personal experiences (Hall. S, 1980). In here, audience members can play an active role in decoding messages as they rely on their own social contexts, and might be capable of changing messages themselves through collective action.

In the process of encoding, the sender (i.e. encoder) uses verbal (e.g. words, signs, images, video) and non-verbal (e.g. body language, hand gestures, face expressions) symbols for which he or she believes the receiver (that is, the decoder) will understand. The symbols can be words and numbers, images, face expressions, signals and/or actions. It is very important how a message will be encoded and is partially dependent on the purpose of the message (Bankovic, 2013).

Equilibrium should also exist between encoding and decoding in order for the disseminated information to meet its ultimate goal and purpose. This is to emphasize that there should not be an imbalance between the original and perceived messages so as to prevent any distortion or misunderstanding.

Hall suggests a four-stage theory of communication: production, circulation, use (distribution or consumption), and reproduction. Each of these stages should be treated as “relatively autonomous,” as while each of the stages are paramount in defining the message being sent, there is limited control on how each moment will be articulated and understood by the viewer (Hall. S, 1973: 52).

Communication theorist Stuart Hall argues that there are three positions that people may take upon decoding a television message. These positions are known as the dominant hegemonic position, the negotiated position, and the oppositional position. The dominant hegemonic position is one where the consumer takes the actual meaning directly, and decodes it exactly the way it was encoded. The negotiated position is a mixture of accepting and rejecting elements. It is a mixture of adaptive and oppositional elements. In oppositional position, a viewer can understand the denotative and connotative meanings of a message while decoding a message in a globally contrary way (Hall, S, 1980).

Some scholars further elaborate and modify Hall's encoding and decoding model because they argue that the model has some unsolved problems and drawbacks.

Ross suggests two steps in modifying the original model. The first step is to distinguish between the graphical model and the typology. The second step is to divide the model into two versions, an ideology version and a text-related version. In this version Ross changed the term 'dominant-hegemonic' to 'text-acceptance'; and the term 'oppositional' to 'text oppositional' (Ross, 2011). Just because a message is encoded in a particular way, it does not mean it will be decoded in its intended format.

Morley mentions that in the decoding stage there is a need to distinguish comprehension of the text and its evaluation. He also pointed out that Hall had developed the encoding/decoding model according to class forms; however, class is now replaced by "race" and "ethnicity," which have become the master category of analysis for individual audiences (2006). The traditional model of encoding/decoding is criticized for its linearity – sender/message/receiver – and for its lack of structured conception of various moments as a complex structure of relations.

Hermes highlighted that everyday use of the media produces different meanings for different audiences, and these meanings could also vary in different contexts. Television produces meanings at the level of encoding and the level of decoding, which can be related but are never identical. This is due to the determining moments that can influence the texts at any stage along the circuit of communication (Hermes, 2010).

Interpretation of a message varies from person to person. Encoding/ decoding are helpful in elaborating the role of an audience and specifically allow for receiving messages based on individual level of experience. They serve as a strong fence in improving communication skills.

“The more scene changes in a message, the more new information is presented visually and, as a result, the greater the cognitive load on the visual encoding system” (Potter, Lang and Bolls, 2009: 150). Actually, both encoding and decoding notify the translation of messages in an easily understandable and comprehensible manner.

In his numerous writings about television in particular Fiske has argued that television is a polysemous medium that invites a diversity of audience responses. He holds that, within basic sociocultural constraints, viewers do have a relative autonomy to act as members of a ‘semiotic democracy’, that is, to ‘rewrite’ TV texts so as to serve their needs for information, pleasures, identifications (Fiske, 1989: 67).

In general, the purpose of this chapter was to review the literature of reception studies on talk show. As noted health talk shows are powerful communication medium, as they are able to contribute to health related changes. They are also able to influence audiences by creating awareness and knowledge. This makes it an important medium to assess.

Furthermore, different theoretical frame works were covered in which this research analysis is rely on.

## **Chapter Three**

### **3. Research Methodology**

#### **3.1 Data Gathering Method**

This study is intended to find out how audiences of “Tenawo Bebetiwo” perceive the message transmitted in the talk show. So as to achieve its objective qualitative method has been applied. So this chapter describes the philosophical underpinnings of qualitative research methods that gives the reasons for choosing the methodology for this study. The chapter focuses on the sampling procedure and the methods of data collection. Besides, it also highlights the data analysis procedure.

#### **3.2. Research Location**

The researcher selected Kombolcha city administration purposely and one reason was that the researcher familiarity to the area which makes the data collection relatively accessible. Kombolcha is one of the growing towns found in north central Ethiopia, South Wollo Zone of Amhara region. It is 401Km to the north east of the capital city, Addis Ababa and found with a longitude of 39 degree 45 minute East and latitude of 11 degree 43 minute North. Furthermore, it is one of the industrial town of the country and also has reserved area for Industry Park, contains dry port place to transit imported goods from Djibouti to the country. Due to this and other factors the town has different people coming for work in the industries both laborers from rural areas and professionals from other parts of the country and according to the information found at town administration the population reaches to 130, 858 in year 2008 EC.

#### **3.3. Scope of the Study**

This study focuses on Tenawo Bebetiwo health television program and assesses the responses of Kombolcha town community about the program. Focus group discussion and in-depth interviews were conducted to dwellers of the town and also two woreda health office experts living in Kombolcha were interviewed about the program. In addition, to know the encoders perspective one Tenawo Bebetiwo program producer was interviewed.

The FGD's were organized based on gender, occupation, and age. Before each FGD, one recorded Tenawo Bebetiwo program was presented to rehearse the memory of participants.

Finally it needs to be clear that this study is not a representative of the whole audiences of Tenawo Bebetiwo talk show of Kombolcha town.

### **3.4. Sampling Method**

To achieve the objective of the study the researcher used purposive and snowball sampling techniques. In qualitative research the samples are likely to be chosen in a deliberate manner which is known as purposive sampling. The goal for selecting this sample is to have those individuals which enable the researcher to get relevant and plentiful data regarding to the topic of the study (Yin 2011:88) According to Wimmer and Dominick, in snow ball sampling a researcher randomly contacts a few qualified respondents and then asked these people to refer associates they know who may also appropriate for the study (2010).

As a result one individual was contacted to each focus group discussion purposely by the researcher and this participant brought other participants for its group taking the purpose of the research in to account. Based on purposive and snowball sampling methods participants for focus group discussion and in depth interview were selected considering the purpose of the study and their capacity to respond the research questions.

### **3.5 Qualitative Research Methods**

According to Grix quantitative method is interested in finding out numerical qualities of an event or case and the goal of inquiry is prediction, hypothesis testing but qualitative method is interested in the nature and essence of an event, person or case and its goal of study is understanding, and description. Grix (2004:122)

The strength of qualitative research is its ability to provide complex textual descriptions of how people experience a given research issue. It provides information about the “human” side of an issue – that is, the often contradictory behaviors, beliefs, opinions, emotions, and relationships of individuals. Qualitative methods are also effective in identifying intangible factors, such as social norms, socioeconomic status, gender roles, ethnicity, and religion. (Mack, Woodson, Maqueen, Guest and Namey 2005)

As Brennen stated quantitative researchers use a variety of methodological strategies to measure the effects of different types of communication on various groups in society. For example quantitative researchers consider topics such as effects of television violence on children. In the

contrary qualitative researchers are interested in assessing the diversity of meanings and values created in media rather than focusing on media effects or influences, they attempt to understand the many relationships that exist within media and society such as topics, how people understand advertising messages about cancers (Brennen 2013). Since this study aims to examine how audience of Tenawo Bebetiwo program understand the messages transmitted in the program, the researcher found qualitative method appropriate to use in order to meet the research objective.

### **3.6. Data Gathering Techniques**

#### **3.6.1 Focus Group Discussions**

“Focus groups originally began as a way of collecting data about how sample audiences might have perceived a particular radio program or other types of mass communications” (Merton, Fiske, & Kendall, 1990)(as cited in Yin)

As stated in Poindexter and McCombs, focus groups is a qualitative data collection method effective in studying the social norms of a community or sub group which helps to improve and measure services that meet the needs of a given society. Besides, focus group use open ended, follow up questions to investigate a small group of participant’s attitudes, opinions, and behaviors to understand their motivation and reaction (Poindexter and McCombs 51, 240)

As Wimmer and Dominick states from 6 to 12 peoples are interviewed at the same time with a moderator and the people whom participate in this interview need to share a certain characteristics that helps to answer his/her research questions (Wimmer and Dominick 2010:145)

Briefly, the focus group method involves bringing together a group or, more often a series of groups, of subjects to discuss an issue in the presence of a moderator (Lunt and Living stone, 1996:80)

This research depends on focus group and in depth interviews as the key source of data. Thus, the researcher has conducted four FGD with 23 participants of which eight (35%) were females. Due to saturation of the responses found from the four FGDs the researcher did not conduct the fifth FGD because a research questions were already answered.. As Hansen et al confirm that decision to determine the size and number of FGD’s is depends on the resource at hand and nature of research (1998:268). The researcher purposely communicated the first individual for

each FGD and then with snowball referral other participants were brought to the research accordingly. To explain further how each group was organized: FGD 1 were males, below age thirty five and in a similar educational status, second FGD were religious group having both males and females with similar age group, third FGD were all females with different occupation and fourth group were males whose age is above thirty five and teachers by profession. For each FGD one recorded Tenawo Bebetiwo program (different for each group) was presented before the discussion started and the FGD was conducted from one hour to one hour and half each,

### **3.6.2. In-depth interview**

The in depth interview is a technique designed to elicit a vivid picture of the participants perspective on the research topic. It is an effective qualitative method for getting people to talk about their personal feelings, opinions, and experiences and also the appropriate one for addressing sensitive topics that people might be reluctant to discuss in a group setting. (Mccombs and Poindexter 29-30)

The individual interview is a means to avoid the prospect of group pressure which scholars take as a likely limitation in the case of focus group discussion (Schrodertal, 2003:153). With In-depth interview individuals own understanding and perception will be clearly discussed and identified.

Eight in-depth interview were conducted to two health experts from Kombolcha and five residents of the city and also with one Tenawo Bebetiwo program producer. To get those participants, one health extension worker was contacted purposely thinking that the talk show is related with her role in line with prevention and she referred the researcher to other four women who watch Tenawo Bebetiwo usually and the five individuals including the health extension worker were involved to the in-depth interview. In addition, one of the health expert was currently working at woreda health office and the other one was provided health service for Kombolcha communities for many years and both of them were included to the research thinking the active participation of the health service provision and many years of experience in the town respectively. Furthermore, one producer which included in the research was the EBC staff and one of those initiator of the program and had many years of experience in encoding the program.

## Chapter Four

### 4. Data Analysis and Interpretation

Qualitative data collection method was administered with semi-structured interview guide for the research and a total of thirty individuals who were living in Kombolcha town were participated in FGD and in-depth interviews. Four FGDs were conducted with a total of 23 participants which means six in one FGD, on average and eight in-depth interviews of which two of them were health professionals and one was producer of Tenawo Bebetiwo program from EBC.

Thematic analysis was applied for analyzing the data. First codes were created using Microsoft word commenting system by reviewing interview data line by line. Codes with similar idea were categorized to one group and finally the main thematic areas were identified from the data.

#### 4.1 Results of Producer interview

Audiences are the backbones of any kind of mass media communication since their feedback is an important ingredient for the betterment of further broadcast. Wondwosen Tilahun, one of the initiator and producer of the program, believes that the program achieved its objectives and one evidence was the feedback producers received from audiences about the program. He informed the researcher how audiences gave their feedback about the program in the following way:

**Wondwosen (producer):** we get comments from the people by our telephone, postal address, and personal mobile phone and in person. Most of the time the comments were constructive. Our audiences told us that by watching Tenawo Bebetiwo program they got good lessons and awareness about different health problems. However, I remembered once a health expert commented to our approach in the attempt of diagnosing the patients problem through phone was in appropriate technically. He believed that the program would be nice if the doctor diagnose the patient in person than via telephone. If we believe the comment given was appropriate and in line with our objectives, we accept and incorporate the idea to our program and make changes accordingly. (Personal interview, Date, 02/05/17)

In line with this the researcher tried to assess a one week letters which was sent to the producers and it confirmed that the comments were constructive as Wondwosen said so. There are two producers of the Tenawo Bebetiwo program most of the time and they lead the talk show

alternatively. The researcher was curious to know how they get health issues for the program and Wondosen clarified it as follows:

**Wondosen:** We get program ideas in three different ways. The first one is observation. As a journalist and part of the society we (producers) try to see our environment deeply and critically. The other one is reading and following different health media. There are different health related magazines, newspapers, books, and websites. We read and visit them to get ideas. The last one is suggestion from experts, audiences, and other media experts. (Personal interview date: 02/05/17)

As a weekly program the researcher was assessed if there was a time the program was interrupted in one year period and selected the period from 05/06/08 to 25/06/09 EC and reviewed program the regularity. As a result only four programs were canceled in a year time which was due to overlapping of Tenawo Bebetiwo program with four different live programs: Ginbot 20, 2008 national holiday celebration, 07/12/08 Rio Olympic live transmission, 28/12/08 - Ethiop-Seychelles quarter final football game, and on 29/04/09 - Birth of Christ national holiday celebration. This shows that producers were successful in conveying the program in weekly basis throughout the year without any interruption and the program was continuously on air for its audiences.

Media plays a big role in health promotion, disease prevention and selecting topic for the talk show needs preparation to make irrelevant and the health problem of the community. Ethiopia is a country with a population having diversified culture, different geographical and environmental risk factors, lifestyle and diversified health, economic and social conditions and the disease burden and enabling factors for disease transmission varies from place to place within the country. The researcher asked the producer how they choose topics for the show and how they evaluate the relevance of the topics to audiences and Wondosen elaborated it as follows:

**Wondosen:** I do believe that the program is relevant to audiences because we could see the influence it makes to the people in different times. Sometimes audiences come and tell us that they got tangible knowledge from the program and practicing it in their day today lives and also they called and wrote to us about Tenawo Bebetiwo's considerable contribution for them to be healthy.

The program producers are also aware of the complaints about the time of the transmission, the duration of the program, and the number of times the program is broad casted in a week through the letters sent to them, the phone calls and text messages they received. The producer believes that all the complaints have been taken as a feedback and some can be considered. Wondosen clarifies what they are thinking about schedule change as follows:

**Wondosen:** we are planning to change the program schedule even if we are not yet decided the exact day and time. This is because some people said that Saturday is not a convenient day to watch the show. They believe that Saturday is the day used to have fun with friends.

Producers of the program are not without challenges in conveying Tenawo Bebetiwo program to audiences in a weekly basis throughout the year. The first challenge from the producers' side was lack of training on health and related programs because the producers had journalism and social science education background not health. The other challenges were difficulties in getting the appropriate guest, problem of translating scientific health terminologies in to Amharic and lack of sponsor. Wondosen clarified the challenges producers faced in, in delivering the program as follows:

- Difficulty in getting the right health expert for the program and the topic chosen for discussion in the talk show. We, Producers contact health experts through their organizations formally. However, most of the time guests refuse the invitation to be a guest and share their experience and knowledge. Their main reason was shortage of time and lack of interest to be guest on the program. Therefor bringing guest to the program requires patience and a lot of effort to convince them which is time taking in most of the cases
- Lack of health related educational back ground and training is the other challenge. We have only a journalism back ground but the program would be better if we get comprehensive and long term training regards to public health. EBC simply gave us a policy training and other NGO's or health bureau gave us short term training only when they had issues to work with us.
- Getting the exact Amharic translation for scientific and health terminologies is a challenge. Producers translate these words ahead of the program and during the talk

show following the guest speech we try to explain the words and terminologies in Amharic.

- Getting a sponsor is also a big challenge

## **4.2 Results of Focus Group Discussion and In-Depth Interviews**

### **4.2.1 Use of Tenawo Bebetiwo program**

All the twenty three FGD participants of the research (100%), unanimously, acknowledged the importance and use of Tenawo Bebetiwo program for their own health and also the community at large. Participants considered Tenawo Bebetiwo program as the first program dealing with health, publicized health problems and diseases through mass media and they have appreciated the initiatives of the producer to deal with this important health promotion and education program. Three of the FGD participants' words were selected and presented here, Tesfaye 55, FGD-3A and Genet, 24 FGD-4B and they clarified usefulness of the programs as follows:

**Tesfaye:** Tenawo Bebetiwo program is a new program to my knowledge and there were no similar programs broadcasted so far in EBCandif they exist, they were not well known by the community. The program raised important health issues of the community which needs preventive measures ahead. It is educator and essential program.

**Genet:** I think the program is reachable to urban dwellers and it is a good initiation and the program is teaching. For me, it is the first channel I know which discusses and talks about health and raises different disease problems.

Participants were assessed about target audiences of the program and they have explained for whom the program should be decoded. Yeschi, 52, FGD-4D, Temesgen, 32, FGD-3F, and explained the importance of the program for all human kinds and it is both for a healthy and sick, child and adult, urban and rural, men and women, educated and non-educated. However, Sewasew, 26, FGD-1A suggested the program should target women, especially rural women who stay at home and have no opportunity of getting health education. Their ideas are briefly clarified in the following manner:

**Yeschi:** Health issues are important for all, touches all and it is the country's main problem and this program talks about health and it has to be improved and expanded. The

program has no cost and informs audiences how to be prevented from diseases. Even though its inaccessibility to rural communities is the gap the program is still very good.

**Temessgen:** I watch Tenawo Bebetiwo program and I have a positive attitude towards it. I believe that the program presents disease problems which are common to our community and if the person has not exposed to diseases the program helps to prevent from it. For those who have the disease or pain it clears the misunderstandings and we are watching the program without incentives and no doubt about its importance.

**Sewasew:** The program should be presented for women specially rural women who needs education on child feeding and care, taking care of children, preparing food and staying at home than the men who stay outside mostly. Therefore, mothers can prevent their children and their husbands from various diseases and a woman gets more advantage of the program than others.

Health professionals were also beneficiaries from Tenawo Bebetiwo program in addition to other non-professional audiences and the health experts were interviewed on the importance of the program confirmed its importance. Eyerusalem, 30-male, a health professional as one of the dwellers of Kombolcha town has affirmed a usefulness of the program

**Eyerusalem:** Yes, I regularly watch Tenawo Bebetiwo program every Saturday. I am a health professional and I do believe that I get knowledge from the program and as a result learnt a lot from it practically.

Yes of course, the program had reached to many people at once at their home through EBC television channel with no cost and initiates families to discuss all together about health and diseases, will take care of their health by their own. Amare, 48, FGD-3B, Leulseged,40, FGD-3C, and Ejigu, 28, FGD-1E participants gave the briefing about the importance of the program to the family at home and a larger population at once as follows:

**Amare:** Tenawo Bebetiwo program as we learn from its name that people learn about a disease at their home without any cost and if they have the health problem related with the topic they can directly call and ask guests. It is a good program.

**Liuleseged:** I understand that Tenawo Bebetiwo program has lots of advantages. The program teaches you from home without making any expense about taking preventive measures. If the health problem happens one will learn how to manage it before the problems get worse. For example, I remember a show about cholesterol and the amount of animal product one person should take to a maximum level and the amount from plants as well was discussed and it alerts people to take care ahead about their eating habit.

**Ejigu:** You watch the program from home and initiates discussion among audiences of the program and someone who knows one thing, another person may not know about that particular issue and they will learn each other.

Participants indicated that the program provided the opportunity for audiences to ask questions related to the topic of discussion directly to the guest or physician. Guests were professionals and with many years of experience both in teaching and providing treatment for different diseases. Therefore media play a role in getting medical treatment and it serves as a bridge between a lay person and an expert. Sewasew, 26, FGD-1A and Zelalem, 36, FGD-3E appreciated the knowledge and experience of the guests who were invited to the talk show as follows:

**Sewasew:** From the advantages of the program one is that people who can't get treatment, especially advanced treatments and with this program individuals will get the opportunity to ask questions to physicians and get advice through telephone.

**Zelalem:** It is a good program and informs us about health issues we face in daily life and by asking guests from home we can get answers for our questions from the known physicians and it is a teaching program.

Seven of the twenty third (30%) FGD participants of the research mentioned the impact of Tenawo Bebetiwo program that the program promoted a healthy life style, informed how to prevent from diseases and motivated audiences to assess their health status based on the lessons provided about symptoms of diseases, and above all encourages audiences to visit the nearby health institutions as early as possible. Social role of media was reflected within a family who watched the program at home and discuss on the presented topic and it makes audiences to change their wrong perceptions. Three of the FGD participants Ayalew, 28, FGD-1D, Amare, 48, FGD-3B, and,FGD-2A expressed the advantage of the program in preventing from diseases and promoting health as follows:

**Ayalew:** Tenawo Bebetiwo program is an indispensable and beloved by most people, it teaches how to prevent from diseases and how to get treatment after infected with a certain disease. For example it provides important information for a person who has cancer. It helps to prove the common Amharic saying “Tamo Kememakek Askedimo Metenkek”- get prevented before becoming sick and weak, and individuals can deal with their own health from home following the program.

**Amare:** Tenawo Bebetiwo Programs I watched were all good, give you the basic knowledge that everybody should know and provides good lessons. For example there was one program about hypertension. What is hypertension? I had wrong understanding and during the show the physician clearly explained and I changed my mind about hypertension. There are conditions we couldn't understand about the disease and what it means. Therefore, the program makes all these issues clearer and it is important program and I liked it.

According to Baran and Davis(2003) the audience reception theory has the strengths of a focusing attention on individuals and understanding how, within the particular context of their lives they interpret media contents in the mass communication process. Learning by watching the program depends on the audience level of knowledge, experience, life style, social interaction and exposure to disease symptoms and the problem in general. Participants asserted the lesson learnt in the day today life Genet, 24 FGD-4B, Tesfaye 55, and FGD-3A appreciated the advice of the physicians and also got other practical lessons from the program and they have expressed it in the following way:

**Genet:** I have learnt a lot about community health even if I couldn't remember most of them. To mention one, as a woman, I have learnt to which diseases I am exposed for during early adolescence and how I could prevent and took care from them. The other lesson was on taking anti-pains without physician prescription and the health problems which is coming as a result.

**Tesfaye:** I follow the program with my families and the topics were problems of the community and the questions raised were important and need to be answered. For example if we take hypertension and epilepsy these are difficult health problems of the community. Most of us didn't know what to do when one person became hypertensive or fail down due to epilepsy until we watched from Tenawo

Bebetiwu. But now we knew that taking the person to the hospital is the only solution. The program addresses these kinds of issues and shows how the community should help each other at similar circumstances. Therefore, I believe that my family and also the community has got many lessons from this program.

Overall perception of audiences about Tenawo Bebetiwu was assessed among twenty three FGD participants to evaluate the overall program usefulness and approach. All the participants gave rank ranging from excellent to fair and as a result 48% (11 of 23) of FGD participants ranked Tenawo Bebetiwu program as Very Good and 43% (10 of the 23) ranked the program as Good. Two participants ranked the program as fair and no one provided Excellent and its limitations were reasons for this and explained below.

The program was unique in approach and its content in presenting health and health related issues through television talk shows in Amharic in the country and it was difficult for participants to compare Tenawo Bebetiwu with other programs and gave rank. This made the evaluation of the program challenging for most of the participants of FGD. Those who considered the program good and very good mentioned its use fullness to the community. Amare, 48, FGD-3B and Yirga, 32, FGD-1B mentioned the limitations of the program in accessing rural populations and other related gaps besides its importance in the following way:

**Amare:** this program is a new program that I heard no similar program before. The program is presented in organized way even if it has some limitations in attractiveness based on our context but helped people to learn from home how to prevent from diseases, provides hint about the causes of different diseases and if the problem occurs it gives advice to go to the nearby health institution and reaches to those who are interested to follow health issues and also motivates others to watch. Therefore it is a very good program for me.

**Yirga:** For one country having such a program which deals with health issues is good because health promotion activities are to a minimal level by the government and non-government organizations in our country. However, it lacks so many things including promotion and needs improvement but the program is good.

In addition, transmitting of Tenawo Bebetiwu program through EBC was indicated as barrier for its acceptability and participants indicated that EBC were not their favorite channel at these days

and they had no much trust, this has impacted audiences not to watch Tenawo Bebetiwo program even if they believe the program was useful and best. They suggested conveying the program via other television channels, like EBS, would make the program to reach many audiences. However, channels like EBS are transmitted through satellite and this raises again the problem of access of the talk show to many audiences. Three participants Sewasew, 26, FGD-1A, Liuleseged, 40, FGD-3C, Gidey, 31, FGD-1F, and explained the drawbacks of encoding the program via EBC in the following manner:

**Sewasew:** I trust those presenters and guests who are professionals. However... I don't trust EBC and not tune to EBC mostly, this indirectly makes me not to watch the program.

**Liuleseged:** On EBC there are different programs repeated now and then which are mostly not useful as this program including the news which has nothing new and bored audiences. This has made me not to watch EBC and I watched EBC sometimes. This is one of the reasons for me not to watch this program. EBC does not focus on important issues like health and science which can change and teach many people and save many lives.

**Gidey:** the program is not accessible and couldn't be reached to majority of the population and not competent with other programs because EBC is not competent with other channels. The program is only delivered through EBC and new media like EBS are better alternatives to reach majority of the audiences than EBC. This makes most people not to watch the program.

#### **4.2.1 Accessing the media**

All participants were agreed on the importance of the program and no question was raised on its usefulness. However participants were mentioned the transmission of the program was only via Television which was not a media majority for the rural population of the country used. From the twenty three participants of the four FGDs, twenty (87%) of them were concerned about unreachability of the program for rural population who needs awareness about disease prevention and treatment advice since they have no hospitals and physicians nearby them. Radio was suggested as one major medium to transfer the talk show that majority of the rural population used radio as the first means of mass communication. They have little or no education in general

and have limited knowledge about diseases and preventive mechanisms and would benefit much from this talk show.

According to Griffin “media first encode information to a small group of people who stay well-informed, then those opinion leaders pass on and interpret the message to others in face to face interaction”(2011:55). In line with this, Genet, 24 FGD-4B mentioned the importance of radio transmission targeting Health Extension Workers would be important and they can educate their communities more than what they were currently doing as follows:

**Genet:** I wish the program reaches all populations of the country and it is important for all.

However our country is poor and difficult to reach the rural population who are not educated and have lower awareness on health problems than the urban dwellers. Reaching them via radio is one mechanism. The health extension workers are key in rural areas and preparing programs targeting them on Tenawo Bebetiwo talk show is very important. Health Extension Workers can then educate the communities more than what they are currently doing supported by the talk show.

Participants asserted the importance of radio transmission of the program in addition to television. From 23 FGD participants 11 of them (48%) suggested the effectiveness of radio transmission of the program to reach majority of the populations they believe that the rural community should get access to this program.since they have problems of sanitation, the workload of the farmers is high and it has negative implication on their health. Most of the time, the health centers are very far from their home to get advice and treatment regarding to their health. But if they had the chance of getting the health talk show like Tenawo Bebetiwo it would have impact on their health.The words of two of the participants were selected among the eleven to reduce repetition. Ayalew, 28, FGD-1D, Tiruwork, 40, FGD-4C,and explained the usefulness of accessing the program via radio to rural population of the country in the following manner:

**Ayalew:** The rural community is suffering from different diseases and they have a culture of using radio information. My father who is living in rural areas as a farmer is always with his radio so that he is well aware of each program on radio and learnt more on agricultural practices like use of fertilizer and power saving stoves. If this program is transmitted through radio it would be very helpful for rural community

like him. This TV show has animation and simulations which helps the audiences to understand the whole process and this is important for urban community and making the program on air via radio would increase its reachability.

**Tiruwork:** The program is good but its accessibility has limitations. The program is in television and when we analyze how many people have TV, even in urban areas it is limited, and how many people have the time to watch the program on EBC is also another question. If the program is transmitted in radio like through radio Fana and Ethiopia radio it would be reachable for rural communities and for such county having 85% of the population living in rural areas, it would have significant impact.

#### **4.2.2 Relevance and use of the media information**

Health is a broader topic and audiences watch health programs for different purposes. Some watch the program since they have the health problem under discussion and to get treatment measures or further diagnosis. Other audiences had followed the program in order to prevent themselves from disease causes and exposing factors. The World Health Organization defined health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (WHO constitution 2006) and participants of the FGD watched the program aiming both for getting further diagnosis and treatment if there was any disease that is already acquired and to be prevented from the disease and also to lead a healthy life.

All participants of the FGDs except Sewasew, 26, FGD-1A, agreed with the idea that the health issues raised and discussed on Tenawo Bebetiwo were relevant to health problems of the communities of Kombolcha town. However, Sewasew argued that less attention was given with this program for communicable diseases which affects most people including Kombolcha town and he explained his opinion in the following manner:

**Sewasew:** The program should be presented for all people. Programs on non-communicable disease target those who are living in urban and educated communities and there should be program on communicable diseases for communities living in rural parts of the country who are not educated. The content has focused more on non-communicable disease like hypertension, diabetics and cardiac diseases and given less attention to communicable diseases. In Ethiopia there are non-communicable

diseases but as a developing country communicable disease burden is high in rural areas where large population is found.

To crosscheck the real health problem of the community of Kombolcha town, health experts who are dwellers of Kombolcha town were interviewed about the relevance of the topics of Tenawo Bebetiwo program to the health problems of the community and they also felt that water born diseases, diarrhea and acute fever illness were problems for their community. Fetene, 60 and Eyerusalem, 30 mentioned the health problems of the community of Kombolcha as follows:

**Fetene:** Water born disease, stomach problem and typhoid are the common health problems of Kombolcha community

**Eyerusalem:** Most of the cases are diarrhea and acute fever illness. Before 10 years, malaria case was prevalent but now it is under control

Health experts mentioned that the focus of presentation on the program is on non-communicable diseases and health problems of Kombolcha community are less discussed. Eyerusalem, 30, stated that:

**Eyerusalem:** Once I saw about typhoid and cholera cases presented but most of the time difficult scientific cases about kidney and hypertension were presented.

Fetene, 60, health expert from Kombolcha had a similar opinion on the topics covered on the program focusing non-communicable diseases and he clarified it as follows:

**Fetene:** I believe that it was presented but I haven't attended the program about the above mentioned diseases (water borne diseases, typhoid, etc.). Most of the diseases prevalent in Kombolcha town are communicable disease and I hope more attention has to be given to such kind of diseases rather than non-communicable diseases like hypertension and diabetes which comes from our daily eating practices and diet.

The researcher had the chance to get and review the topics covered for one year period 05/06/08 EC to 25/06/09 EC which was not enough actually to come up with conclusion about the program focus areas. However, review of the topics covered with this period showed that few

topics were covered on communicable diseases and it seems that participants concern was correct.

However, the rest of the participants of both the FGD and in-depth interviews agreed with the relevancy of the topics of Tenawo Bebetiwo program to their day today life, health conditions and problems. Four participants' Sara, 27, FGD-2A, Amare, 48, FGD-3B and Yeshi, 52, FGD-4D interview results presented here as example to show relevancy of the topic to participants life and they explained it in the following manner:

**Sara:** All the diseases and cases discussed don't mean exist in our communities here in Kombolcha. However, if there is a disease I have acquired or wanted to be prevented, based on the lesson I got from the program and from my earlier experience I will try to apply considering all these and go to healthcenter and also use the cultural medicines. As a practical lesson, I learnt to take immediate action either taking traditional medicine or going to health center when symptom of diseases are observed because it is not good to neglect and leave it considering it as simple.

**Amare:** I think this program has inspired me. One lesson acquired after watching the program is that unless one person in the family has a strong pain or observable symptom of a disease, families were not taking the person to health center in our culture. However this program changed the mind of most people to visit a health center as early as the symptoms appeared or the pain felt. In addition our eating practice and culture is bad and the program taught us to correct it and to have a balanced diet based on our economic capacity to prepare. The other thing was on taking the prescribed drugs by the physician appropriately for both children and adults. Previously before we finish all the drugs we used to discontinue taking the medicine if one feels recovered and its problems gone away. However I have learnt the importance of taking the total dose prescribed for a treatment and one should go back to the hospital and get the confirmation from the doctor about the cure from the disease.

**Yeshi:** health is for all and the program is important for all, if the program is about women's health that means it is for all women whether she lives in urban or rural the

message is the same and should be conveyed via radio to reach rural communities in addition to the current television show.

Disease prevention messages apply for all human beings irrespective of area of living and participants mentioned the lessons they learnt about prevention and what they have practiced based on the recommendations provided about healthy life style, eating balanced diet and taking more vegetables less animal products, doing physical exercise, avoid drinking alcoholic beverages, smoking cigarettes and chewing khat which harms health, etc. Tesfaye 55, FGD-3A and Sewasew, 20, FGD-1A explained about the steps they have gone in exercising preventive measures in the following manner:

**Tesfaye:** since this program started, I was watching it and took some preventive measures for myself and for my family. For example on eating practice like problems of eating much salty food, taking fatty and oily foods, etc. In addition to my family, as a teacher, I inform and talk to my students about this program under the subject integration and tell them to have a healthy eating practice and taking preventive measures earlier and I tried to share importance of health information and hope would continue doing so in the future.

**Sewasew:** I couldn't say I brought significant change due to the program but the lessons on diet and disease prevention mechanisms are important for day to day life. Repeated presentation of topics would have its own impact in changing your life style like smoking, chewing khat, alcohol use etc. and it helps to be aware of their effects. Even if you don't take action the show would influence you not to take health affecting substances freely and this is important and leads to quit completely.

To apply the lessons of the talk show individuals work cost-benefit analysis and decided for action. Participants explained that exercising all the lessons learnt was not as such easy for them but having the information by itself was very important and its application will follow after one understands the problem. Three participants Kalkidan, 23, FGD-4E, Mezmure, 29, FGD-2C and Yeshe, 52, FGD-4D asserted their personal experience in practicing the knowledge acquired from the program to their life in the following words:

**Kalkidan:** Individuals' exposure for risk factors of diseases are not the same and the level of practicing the lessons learnt varies as well. For example, on the program there

was discussion on causes of kidney disease, its prevention mechanisms, symptoms and treatment. I learnt that drinking water is one way of prevention from kidney disease and I am now drinking much water in a daily basis. Therefore, if someone was informed about a disease in one way or another he/she will have the awareness and if one has the awareness on the causes of a disease, there is no reason for not practicing it. Even if we could not practice prevention mechanisms when the disease affects us we know the problem and start practicing.

**Mezmure:** I have learnt from the program about sinus or allergy which cannot be treated by medicine rather one can treat himself by his own and the cause also varies from person to person. For one person allergy can be caused due to environment change, for another person smelling perfumes and knowing this helps to control and manage it before it changes to asthma. Therefore I have applied this to my own life after learning from this program.

**Yeshi:** Even if all couldn't be practiced, you use the information acquired from the program and apply it when needed. For example, doing physical exercise helps to prevent from various diseases and I do exercise. However, getting the information by itself is something important.

Audiences negotiate with the messages of the program and take the important lesson relating to their experience and culture of the society they are living with. Five of the FGD participants (22%) of the research appreciated the explanations given on scientific basis for the causes and treatments of different diseases and lessons were well taken by them. However they claimed that in real life and practice audiences use the cultural and religious medicines to relief pain and other health problems including basil-“damakasey”, rue-“tenaadam” and holy water. Participants are aware of that the scientific drugs are also made from plants and it is a matter of the dose that makes the traditional medicine problematic and they believe in the healing power of the traditional home treatments and they also recommend inclusion of these treatments on the talk show. Aminat, 29, FGD-2D has reservation on the scientific explanation of mental health and the traditional treatment was her preferred way of treatment for this kind of disease and she had also complain on physicians different diagnosis of the same disease and she feel that taking the

scientific medicine as granted will not be a perfect solution always. Tiruwork, 40, FGD-4C, also agree with the importance of traditional medicines and clarified their argument similar to Aminat as follows:

**Aminat:** The program focused and presents scientific approach of diagnosis and treatment of diseases. However, we know that there are tradition ways of treating diseases and no program is presented or discussed on this. It is clear that most treatment drugs were preparing from plants passing through modern manufacturing processes and physicians prescribe these drugs. However, at home there are daily treatments liking using basil-“damakasey” and I haven’t watched a program on these kinds of traditional treatments on Tenawo Bebetiwo and on the program the recommendation is always visit the nearby health center. I trust most of the issues presented but not all. For example, I don’t trust the scientific treatment of mental health and in the community we are observing people coming to a healthy life after getting religious healing processes. In other cases the scientific treatment is based on the wrong diagnosis and patients will not be cured and they go to the traditional medicine and will get better health. ....It is also obvious that the scientific medicine is derived from the traditional medicine.

**Tiruwork:** the program is very good. Majority of the people have economic problem to get treatment at hospitals or at health centers while the problem could be treated at home without expense. For me when I say “Tenawo Bebetiwo” it means, you can get treatment at home through this program and also using traditional medicines like black-seed-“tikurazmud”, rue-“tenaadam”,and basil-“damakasey”. Even if these traditional medicines are not advisable in science, they can heal from disease that the problem on these treatment is the dose which is unknown mostly.

#### **4.2.3 Language, Communication and Overall Approach of Tenawo Bebetiwo program**

Presentation of the program in Amharic was appreciated by most of FGD participants, Alemu, 32, FGD-1C he explained that Amharic is his mother tongue language, can easily understand the discussions, questions and answers on the program and clarified it in the following way:

**Alemu:** The guests are experts and present the topics in a simple and understandable manner including translating medical terms in to Amharic. Guests come to the talk show prepared and they listened and try to address questions as possible. They were not in a hurry like most physicians were doing at hospitals and clinics. Rural communities even don't be told about their diseases by the hospital physician's, rather they got prescriptions and leave.

Indeed, the medium of communication for the talk show is Amharic. However, mostly guests use English words during the talk show and audiences faced difficulties in understanding the concept and this is a big problem by itself for rural population. Therefore, their culture and level of understanding should be considered. Zelalem, 36, FGD-3E, Liuleseged, 40, FGD-3C from FGD participants and Rehima from in-depth interview explained the communication problem they faced in using English words during the talk show and challenges to understand the main points as follows:

**Zelalem:** The program should be reachable to all people so that the language of presentation should be simple to audiences. However some words may not have Amharic direct meanings and the health expert may use the term directly but the program producers should translate those words and give explanation in Amharic.

**Liuleseged:** For rural community the communication should be in a familiar language with them and should consider their culture to be heard and the same application should be taken in to account for urban and literate community. Technical terms should be translated with equivalent Amharic words.

**Rehima:** The journalist language is clear since he simply forward questions and doesn't give brief explanation but health professionals use English words on their explanation and it is not clear especially for us, housewives and it is difficult to understand what the health professional has said.(personal interview date: 18/4/17)

The audiences' suggestion of making the communication easy and understandable to audiences were shared by the two health experts Eyerusalem, 30 and Fetene, 60 also agreed with the idea of making the communication purely Amharic and translate important technical words to Amharic by expressing their opinion as follows:

**Eyerusalem:** Language and communication is one of the problems of the program because the doctors use medical terms. Actually there are some terminologies which haven't equivalent meaning in Amharic. However some doctors used English language during the discussion and as much as possible they should speak in Amharic and translate important scientific words to Amharic because most of the audiences of Tenawo Bebetiwo might be illiterate and miss the points.(personal interview date:13/4/17)

**Fetene:** The journalists were better while explaining terms and briefs the questions for audiences. Sometimes there are doctors who use medical terms and they have to be translated with equivalent Amharic version. Foreign language shouldn't be mixed with Amharic on the discussion since the program is intended to deliver information about symptoms, treatments and causes of different diseases targeting the whole society of the country.(Personal interview date: 17/4/17)

The use of phones offers public health professionals the opportunity to expand and develop their relationship with others (whether they are called patients, audiences, users, constituents, partner or colleagues). Thus, phones are resources of instant access to health information, a tool for social support and the development of social capital, a production tool, a way to engage audiences, and a data collection and feedback device (Lefebvre. C, 2009). Three of the FGD participants Tiruwork, 40, FGD-4C, and Temesgen, 32, FGD-3F appreciated the program phone in opportunity for audiences to directly ask the guests who are professionals and having many years of experience.

**Tiruwork:** With this program I got the opportunity of directly communicating the professors and health experts and I can ask them if I have pain. I have also seen them treating and listening audiences who were calling and asking.

**Temessgen:** There are different things I could mention about this program. For example the discussion is supported with pictures and simulation which makes it easily understandable. The other good thing from the program is its two way of communication through telephone call from those who have the disease and pain to the professionals, this makes the program participatory.

The interviewed health experts also approved the technical knowledge of guests invited on the program and they have confidence on the guests' professionalism and the importance of their scientific explanations. Fetene, 60 Eyerusalem, 30 stated it like this:

**Fetene:** Guests are educated and have specialty on the particular type of disease and they have the tangible knowledge and huge experience. So I believe on them. (Personal interview date: 17/4/17)

**Eyerusalem:** The guests have the potential, because producers invited professionals those who have huge experience on the chosen topic as a result, they can answer questions from every direction and I have no doubt on them. (Personal interview date: 13/4/17)

However, the telephone line could not be reached and mostly it was busy, said the participants. As a result audiences couldn't get the chance to ask their questions and suggested having multiple lines and use modern technology to solve the problem. Two of the three in-depth interview participants tried to call in order to ask but couldn't get the line. All of the five in-depth interview participants (100%) and four of the FGD participants mentioned the telephone call communication has a problem; the line is busy, network interrupts callers before they finish their questions, misunderstandings between the caller and producer/guest and short period to ask questions. Biruk, 34, Serawit, 50, Rehima, 29 from in-depth interview and Aminat, 29, FGD-2D explained their opinions in the following way:

**Biruk:** their phone is not working properly as a result of this the audience couldn't reach them to ask what they wanted. The quality of the phone is lowered and they can't mutually understand in a good way. The phone participants couldn't get the answers for the questions they raised immediately without absence from the online network this should be improved. (Personal interview date: 9/4/17)

**Serawit:** The time is short, the telephone line is busy and the network is not clear most of the time. The questions asked by phone participants are not answered because of time shortage. Even participants question had not clearly heard and the network interrupts easily and as a result full information cannot be obtained. (Personal interview date: 18/4/17)

**Rehima:** A brief explanation is not given about the questions raised through phone by the invited professionals and they simply recommend patients or participants to visit the nearby hospitals. The communication between the participant and the guest is not clear because of the network problem and the guest didn't wait the idea of the participants to finish their questions as well. (Personal interview date: 18/4/17)

**Aminat:** Most of the time the telephone is busy for people who wanted to call and ask. If they use some technology for communication that would be nice for people who wanted to call them in order to ask questions easily.

Participants indicated that the program has lacked attractiveness and producers are completely overwhelmed in transferring the health messages and this made the program boring so that audiences will not be engaged and stay attentive till the end of the program. The producers should consider the variations among audiences in age, level of education, culture and style of living so on and so forth to make the program attractive to audiences in related to the topic of discussion.

**Liuleseged:** Audiences vary with age and culture so that the presentation should consider audiences' characteristics to make the program attractive. For example, children need more motion driven or cartoonist movies and presenting health issues for them considering their interest makes the program attractive. In addition, including funny and artistic things in the middle of the program increases its usefulness and it will capture the full attention of audiences. In our tradition there is saying during debate which is "say something about me and let me say about you" which is artistic and initiates the debate. This kind of artistic tactics, which makes the program attractive, should be incorporated. The producers are responsible to do this because it is related to journalism and communication. Therefore instead of asking questions directly to the physician it is better to make it a bit artistic.

**Amare:** Getting feedback from the community with some interval is mandatory and this can be used as input for the program improvement. The program should be attractive to audiences and it should make them to watch excited and not bored and lackluster. If the program is continuously discussing issues for full one hour it will be

tedious. Audiences vary by age, education and other factors and adolescents typically may not have the patience with the current way of presentation. For example including health related jokes in the middle or music about health can refresh audiences and they will continue watching the program.

FGD participants indicated that Tenawo Bebetiwo program has a lack of advocacy and promotion both from EBC and other concerned bodies working on health and health promotion and as a result most people are not aware of its existence at all and few people watch the program fully. If the program is promoted and its schedule is informed to audiences regularly there will be higher chance for watching the program. Ayalew, 28, FGD-1D, and Zelalem, 36, FGD-3E noted that the program lacks promotion and advocacy in the following way:

**Ayalew:** I think this program is not watched by people even though it is very important and talks about everyone's health. This program lacked advocacy from the concerned bodies and health professionals that our people are spending much of their time on other movies than programs like this.

**Zelalem:** Changing the program time from day time to the night time and informing audiences when the program will be on air through text by closely working with ETC would be nice because the program information is told only when the program is on air.

#### **4.2.4 Convenience of Tenawo Bebetiwo schedule for audiences and concerns on the duration of the program**

Tenawo Bebetiwo program is being on air every Saturday from 3:00 to 4:00PM for one hour duration and from the twenty three FGD participants only eight of them (35%) were considered the duration of one hour for the program is enough. However, twelve of the FGD participants (65%) were felt that the time allocated for the program is short when we consider the issue raised and discussed are important and also to address the questions coming from the audiences through telephone. They recommended increasing the duration from one hour to one and half hour to two hours. In addition, all the five in-depth interview participants (100%) believed that one hour duration for the program is short and not enough for the discussion and receiving telephone questions and giving answers. They added that due to the short duration of time it is

difficult to get the line and the time will be over before the questions are asked correctly and the appropriate response was provided fully.

On the other hand, the research assessed convenience of the program date and time of transmission for participants. Only two FGD participants (8%): Sewasew, 26, FGD-1A and Tesfaye 55, FGD-3A feel that the current schedule of the program was comfortable for them. However seventeen of the FGD participants (74%) are not comfortable with the current schedule and their preference is making the program at night following the two o'clock EBC news that most of the family members are at home and audiences will not have work or social issue unlike the current schedule that people working in Bank and industries work the full day of Saturday. The other three participants preferred Sunday afternoon and one participant prefers Saturday morning. Among the in-depth interview participants' only one participant has no problem with the current schedule. The rest have another preference, three of them wants the program to be on Sunday afternoon and one participant prefers the program be at night with similar reason to that of FGD participants, that they have work in Saturday afternoon and do social matters.

### **4.3 Summary of the Findings**

Both focus group discussion and in-depth interview participants witnessed the usefulness of Tenawo Bebetiwo and awareness created on disease prevention, symptoms of diseases and follow up treatments as discussed by professional health experts and above all to obtain a healthy life style

Four focus group discussions were conducted and themes were identified from the data collected and most the participants indicated that the topics presented were relevant. While access of Tenawo Bebetiwo program was limited since it is a television program and the rural community of the country use this medium less than radio and they suggested encoding the program in radio as additional alternative. Participants further suggested changes in schedule of the program and increasing its duration, improve telephone communication between the caller and the guest, use Amharic words throughout the talk show, promote the program and make it attractive to capture the attention of audiences to the end of the program.

Producers also mentioned current initiatives and thoughts to be under taken for the program and they revealed their challenges which were mentioned by audiences as weakness including

problems of translating technical and English words to Amharic, and problems in advocating the program which was due to lack of sponsor.

All the participants of the FGD except one person agree with the relevance of the topics discussed were the health problems of Kombolcha town. They mentioned that disease prevention mechanisms are important for all irrespective of where one lives and does, and women problem in one area is similar to a women problem in another area. However, FGD-1A idea was that the program has focused more on non-communicable disease while the common diseases in our country and in Kombolcha town as well are communicable diseases. His idea were supported by the two health experts interviewed who are living in Kombolcha town. They explained that the common diseases of Kombolcha town are waterborne disease, typhoid, diarrhea and acute fever illness and the program has given less attention to communicable disease and as a result the health problems of communities of Kombolcha town were not presented on the talk show.

Audiences negotiate with the messages delivered through media and do the cost benefit analysis to apply it in their day to day life. The lessons conveyed on the program were accepted by audiences and they agree with the scientific explanation given by the guests who are professionals, lectures in universities and have long years of providing treatment for patients in different places. However, audiences practice cultural ways of treatments at home like use of basil-“damakasey”, rue-“tenaadam” and holy water in addition to the modern medicine. Some further commented that modern medicine and the drugs are developed from plants and use of these traditional medicines have problems on its dose but have the healing power and suggested Tenawo Bebetiwo program prepares on the use of these traditional medicines.

Presenting Tenawo Bebetiwo talk show in Amharic was appreciated by the participants of the research because it is the mother tongue of most of them and they can easily understand and the discussion is clear for them and they listen and can ask their questions via telephone easily since the communication is in Amharic However the use of English words and scientific terminologies was one of the communication problems of the program and audiences mentioned the problem will be bigger when one consider audiences living in rural areas and those who are illiterate. Producers of Tenawo Bebetiwo also mentioned that translating terminologies to Amharic is a very challenging task of them and they are trying to do it in regular basis. Health experts also

feel that the presentation should be purely in Amharic and mixing it with English confuses audiences.

Almost all participants of the researcher agreed with the problem of telephone communication between audiences, callers and the guests. Audiences participate in the talk show through telephone call and they reflect their opinions and questions and on this program many participants tried to call and meet the guest. However, the telephone line was very busy and even if one get it the line was not clear and audiences can't listen clearly the questions, the network breaks and communication interrupts in most of the cases. The duration of the program was short for 65% of FGD participants and 100% short for in-depth interview participants and suggested expanding the period to one and half hours or two hours because they explained that health is a very important issue and the discussion should be enough including the question and answer part of telephone call.

The current schedule of the program, which is Saturday afternoon, was not comfortable for 74% of FGD participants and four of the five in-depth interview participants and they have explained their reason that some were at office like those working in industries and bank at this time, some have social affairs because it is the time they will be out of office work and for others it is the time for entertainment. Therefore, most participants suggested having the program at night following the news and some give another option making it on Sunday. The producers of the program were already aware of the inconvenience of the current program time and planning to change even if they didn't yet decided the exact day and time.

In addition some participants suggested making the program attractive and artistic is essential than encoding health and related messages continuously for one hour period. They have also suggested that the approach should consider audiences' context, culture, age and level of education as audiences are not all the same and decoding messages rely on their own social contexts.

The perception of audiences about Tenawo Bebetiwo program was assessed and participants of the FGD were requested to rank Tenawo Bebetiwo program considering its usefulness and overall approach. From the 23 of the FGD participants 11 of them (48%) ranked the program as a very good program and 10 of them (43%) ranked the program as good. This shows that the

program has a positive perception from its audiences and they have explained why they did not rank the program as excellent and one, because there is no other similar program to compare with it and second, the program has limitations and gaps to be improved which were mentioned on the earlier discussions.

## Chapter Five

### 5. Conclusions and Recommendations

#### 5.1 Conclusion

Qualitative data gathering techniques (focused group discussion and in-depth interview) were employed to undertake the study. Using snowball and purposive sampling technique, a total of 31 study subjects were selected for focus group discussions (FGD) and in-depth interviews. The research triangulated the opinions of the three different groups of the participants: audiences, health expert audiences and the producers and the program perception among participants were reviewed and discussed. The finding revealed that almost all participants were purposely tuned to the program in order to get health information and as a result of this, their needs were met.

So, the prevalence data from both the Focus Group Discussions and the in-depth interview showed that the health information they got from Tenawo Bebetiwo program is vital so as they practiced it in their day today lives and benefited from it. However few respondents didn't practice the information they acquired due to their personal weakness and economical problem.

Themes were found from the data collected and most of the participants indicated that the topics presented were relevant while access of Tenawo Bebetiwo program was limited

The findings also indicate that few participants had preference of using cultural way of medication rather than the scientific one. This is because audiences could construct meanings based on their life styles, experience and social interaction.

Producers believe that the program objectives were achieved based on the feedback they got from audiences. Audiences participated on focus group discussion and in-depth interview asserted that awareness had been created on disease prevention, symptoms of diseases and follow up treatments, healthy life style and they have learnt a lot from home, with no cost with their families and benefited much from the advice of highly experienced health experts and guests of the program. This shows that the decoders understand the message as the encoders intended to convey so that the "dominant hegemonic" position is shown as encoding and decoding model asserted.

## 5.2 Recommendation

The usefulness of the Tenawo Bebetiwo program was tremendous as confirmed by the research participants, the program should continue improving the weakness and limitations discussed and identified.

In order to achieve the objectives of the program both producers and EBC should work on the limitations and suggestions given by research participants was worth taking and incorporating to the program. The first suggestion following the importance of the program was reaching larger population via radio which is available and regularly used medium for most of the rural communities. Therefore EBC should work with the Ethiopia radio and FM radio programs in order to get air time for this important health program through radio in addition to television.

Changing the schedule of the program from Saturday afternoon to night time after the news was suggested and it was justified as most of the people would be at home and can have the time to watch the program. This was what the producers were informed and aware already and therefore action should be taken as early as possible. The second suggestion was increasing the duration of the program to an hour and half or two hours which helps to grasp the discussion exhaustively and audiences will get enough time to ask their questions by phone and full answers watched out by audiences. The telephone communication problems should also be improved and supported by modern technology and the program should have multiple lines open for callers.

The effort of producers in translating English words and scientific terminologies to Amharic should continue and EBC should support producers in developing a kind of dictionary for health terminology in interpreted to Amharic. EBC should provide trainings to producers of Tenawo Bebetiwo on health promotion, communication and education because producers are not health professionals, they are journalist and have no health background. Providing appropriate training for producers not only help them to manage the talk show but also support audiences in asking guests important questions and enrich the program content and the discussion.

Producers of the program should also work in making the program attractive as suggested by audiences. The contexts and characteristics of audiences like their age and culture should be taken in to account. Producers of the program in particular and EBC in general should advocate and promote the program and due to poor advocacy of this program participants indicated that

there were people who didn't know the existence of a program called Tenawo Bebetiwo in EBC at all.

Program monitoring and evaluation should be done on Tenawo Bebetiwo talk show so that the producers can improve the content and format of the program.

For further study on Tenawo Bebetiwo it is good to include content analysis which helps to analyze whether topics discussed were relevant for the community or not. In line with this, FGD participants and health experts interviewed indicated that more focus was given for non-communicable disease on the program and analyzing the content of the program will provide enough evidence to answer this question and also it helps to ensure whether important issues under the topic presented were fully covered and discussed.

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## Questionnaire

### Appendix 1

#### In-depth Interview and focus group interview guiding questions

##### Part 1: Biographical Information

1. Name/Code \_\_\_\_\_
2. Age \_\_\_\_\_
3. Gender \_\_\_\_\_
4. Level of education  
a/ illiterate b/ 1-8th grade c/ 9-12<sup>th</sup> grade d/ above diplomas

##### Part 2: Interview questions

5. Do you have television access at home or watch from neighbor or relatives?
6. Have you ever watched Tenawo Bebetiwo Television talk show? If yes (Group who watched the show in the past two years or?)
  - If yes, what is the program about?
  - Why are watching Tenawo Bebetiwo program
  - When did you start watching
  - How frequent are you watching?
7. Is the transmission day of the week comfortable for you to watch the program?
8. Do you have another preferred day? If yes When?
9. Do you have another preferred time? If yes, at what time?
10. How is the duration of the talk show to deal with the topic? (Probe to list topics of discussion he/she remembers)(it is usually for one hour)
11. How are your needs met in the TV program (refers to the issues you think were made particularly for you)?
12. What do the programs lack/miss to meet your demands (if they do explain)?
13. How much are the topics relevant to you or someone you know?
14. Are there any programs that inspired you? Can you try to remember one or more programs?
15. How much is the talk show presentation of issues understandable to you?

16. How easily/clearly do you understand the language/words used by the journalists and the health expert?
17. Whose language do you understand better: the journalists' or the health expert?
18. To what degree do you think has the program helped you know the causes, symptoms and treatment of disease or health condition discussed?
19. Is the way of presenting the topic suitable? How? Things that need to be improved?
20. How do you see the question and answer telephone communication between the health profession (guest) and audiences?
21. Have you ever called to this talk show on live transmission? If yes, was your question answered correctly? Explain
22. Does the host ask important questions to be asked on the topic of discussion? How?
23. Do you have the disease or health problem presented on the talk show?
24. Do you know anyone who has the disease or health problem presented on the talk show?
25. Have you acquired lesson on the disease or health problem presented on the talk show? If yes, what were the lessons?
26. Have you practiced/exercised the lessons learnt from the talk show to your life? If yes, how?

## Appendix 2

### FGD Guiding Questions on Tenawo Bebetiwo television talk show

#### Part 1: Biographical Information

1. Name/Code \_\_\_\_\_
2. Age \_\_\_\_\_
3. Gender \_\_\_\_\_
4. Level of education  
a/ illiterate b/ 1-8th grade c/ 9-12<sup>th</sup> grade d/ above diploma

#### Part 2: Interview questions

1. What did you think of the Tenawo Bebetiwo health talk show program? (What is the program about?)
2. What do you like best about the Tenawo Bebetiwo program?
3. What lessons have you learnt from this program?
4. Are they inconformity with what you already know?
5. How does each program appeal to your own life experience as a human?
6. How do you see the talk show presentation? (duration, day and time)
7. To whom do you think the programs need to be presented? Why?
8. Do you trust the information presented on Tenawo Bebetiwo?
9. What needs improvement? (Suppose that you were in charge and could make one change on the program that would make the program better. What would you do?)
10. If you were to evaluate Tenawo Bebetiwo television program, where do you put it and why?
  - a. a/ excellent b/very good c/ good d/ fair e/poor

## **Appendix 3**

### **Guide for individual in-depth interview of Health Experts living in Kombolcha town**

#### **Personal details**

ID\_\_\_\_\_

Age \_\_\_\_\_

Sex\_\_\_\_\_

Educational Status\_\_\_\_\_

Years of Experience in Health\_\_\_\_\_

Current Occupation\_\_\_\_\_

#### **Interview Questions**

1. Have you ever watched Tenawo Bebetiwo TV talk show?
2. How do you see the program content and presentation as a health expert?
3. What do you think is the common disease of Kombolcha town?
4. Have these common disease of Kombolcha been discussed on Tenawo Bebetiwo TV talk show?
5. Have you ever met someone who practiced the lessons of Tenawo Bebetiwo TV talk show? Explain
6. Do you think that the time allocated for Tenawo Bebetiwo TV talk show is enough?
7. Do you think that the health professionals invited to the Tenawo Bebetiwo TV talk show explained well about the disease under discussion? Were they capable?
8. Do you think that the language of health professionals used on the program understandable to audiences? If not what do you suggest?
9. What are the deficiencies of the program?
10. What are the things should be included or improved in the program?

## Appendix 4

### Guide for individual in-depth interview with the producers of the Tenawo Bebetiwo television talk show

#### Personal Details

- Name \_\_\_\_\_
- Position \_\_\_\_\_
- Responsibility in the production of the Tenawo Bebetiwo television talk show  
\_\_\_\_\_
- Educational background \_\_\_\_\_
- How long have you been involved in the production of Tenawo Bebetiwo program in the *EBC*?
- Have you ever received media related trainings? And in particular health communication?

#### Interview Questions

1. How do you get program ideas?
2. Are the issues relevant to the audiences? Why do you think so?
3. Do you think that the issues you raise relate to the reality on the ground?
4. What are the sources of the information/facts... on which you base your program?
5. Have you ever thought of changing the time or day or frequency of broadcasting? If 'yes' Why?
6. How does feedback on your programs come to you?
7. What do the comments generally say?
8. Do you think that the program achieved its objectives? How?
9. What are your main challenges you faced in presenting the program?

# Research Participants List

## Focus Group Discussion Participants Profile

FGD 1

Date 21/3/2017

S.No	Name	Sex	Age	Edu. status	Occupation	Remark
A	SewasewAmsalu	M	27	Bpharm& medical stud	Pharmacist	
B	YirgaAdugna	M	32	Msc	Industrial Chemist	
C	AlemuMengesha	M	32	Msc	Lecturer	
D	Ayalew Belay	M	28	Bsc	Chemist	
E	EjiguAlemu	M	28	Msc	Researcher	
F	GideyBirhe	M	31	Bsc	Lecturer	

FGD 2 (Religious group) Date: 23/3/2017

S.No	Name	Sex	Age	Edu. status	Occupation	Remark
A	Sara Abera	F	27	Bsc	statistics	
B	TesfamariamKasaba	M	26	Bsc	Nurse	
C	MezmureDawit	M	29	Diploma	Music	
D	Aminat Mohammed	F	29	Msc	Lecturer	
E	Ali Ahmed	M	28	Diploma	IT expert	

FGD 3Date:26/3/17

S.No	Name	Sex	Age	Edu. status	Occupation	Remark
A	TesfayeYimer	M	55	BA	Teacher	
B	Amare Eshetu	M	48	MA	Teacher	
C	Liuleseged Belay	M	40	Msc	Teacher	
D	TatekAssen	M	40	Bsc	Teacher	
E	ZelalemEshetu	M	36	BA	Teacher	
F	TemessgenDerbus h	M	37	BA	Teacher	

FGD 4Date: 27/3/17

S.No	Name	Sex	Age	Edu. status	Occupation	Remark
A	HiwotYimer	F	28	12th completed	Bajaj driver	
B	Genet Damenaw	F	24	diploma	Promoter	
C	TiruworkGetahu n	F	40	BA	Accountant	
D	YeshiKentiba	F	52	diploma	Civil servant	
E	Kalkidan Sileshi	F	23	Diploma Student	Student	
F	BahirneshGirma	F	23	Degree Student	Student	

In-depth interview participants

S.No	Name	Sex	Age	Edu. status	Occupation	Date of interview
A	FetihyaAbebe	F	24	Diploma	Health Extension worker	6/4/17
B	BirukGashaw	F	34	12 complete	House wife	9/4/17
C	ZemzemAwolle	F	36	Complete from 9 <sup>th</sup> grade	Factory worker	11/4/17
D	SerawitDeneke	F	50	Diploma	Accountant	18/4/17
E	Rehima Yassin	F	29	12 complete	House wife	18/4/17

S.No	Name	Sex	Age	Edu. status	Occupation	Date of interview
A	EyerusalemTessema	M	30	BSc	Expert at Kombolcha Health Office	13/4/17
B	FeteneDessalegn	M	60	BSc	Retired health officer	17/4/17

S.No	Name	Sex	Age	Edu. status	occupation	Date of interview
A	Wondwosen Tilahun	M		MA	Journalist	2/5/17