

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

**THE STUDY OF MESSAGES OF DAGU ADDIS  
RADIO PROGRAM IN COMBATING HIV/AIDS**

**By**  
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**Addis Ababa**  
**September 2010**

**THE STUDY OF MESSAGES OF DAGU ADDIS  
RADIO PROGRAM IN COMBATING HIV/AIDS**

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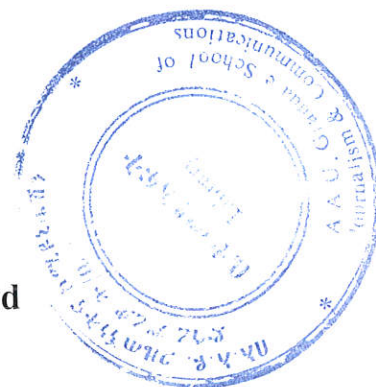
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## ACRONYMS

AIDS: Acquired Immune Deficiency Syndrome

ART: Antiretroviral Treatment

BCC: Behavior Change Communication

BSS: Behavioral Surveillance Survey

FGD: Focal Group Discussion

HAPCO: HIV/AIDS Prevention and Control Office

HIV: Human Immunodeficiency Virus

IEC: Information Education & Communication

ISY: In- School- Youth

MoH: Ministry of Health

NACS: National AIDS Council Secretariat

OSY: Out-of -School Youth

PLWHA: Persons Living with HIV/AIDS

STD: Sexually Transmitted Disease

UNAIDS: United Nations Joint Program on HIV/AIDS

UNESCO: United Nations Education, Scientific & Cultural organization

WHO: World Health Organization

## **Abstract**

This thesis aims to study the effectiveness of the messages of Dagu Addis Radio Program in combating HIV/AIDS among the youth. In doing so, an attempt has been made to identify key messages related to HIV/AIDS, explore the message design methods of the program, analyze the message delivery techniques of the program related to communication theories and assess perception of the target audience towards messages of Dagu Addis Radio Program.

The nature of the research methodology employed in this study is qualitative. In-depth interviews with key informants, focus group discussions with youths and content analysis were used as instruments to gather data. Six focus group discussions, four with in-school and two out-of-school youths were conducted. In-depth interviews were also conducted with parents of the youth, Dagu Radio Program producers as well as media and communications professionals.

Capturing and maintaining the attention of the audience, clarity of the message, perception of risk, good evidence of costs and benefits of a behavior and asking the audience to take reasonably easy actions are some of the major criteria used to see the effectiveness of the messages.

The findings of the study show that Dagu Addis is able to capture and maintain the attention of its target audience and enables to minimize their perception of risk about HIV/AIDS. The findings of the study also reveal that the radio program in its messages give good evidence of the cost and benefits of a behavior through running personal stories of the youth who practice negative behaviors on one hand and those who adopt positive behaviors on the other hand. As to actions the messages ask from the audience to adopt healthy behavior, it was found out that the actions required are simple and do not require much cost in terms of time, effort and money.

The thesis concludes that messages of Dagu Addis Radio Program create opportunity for the audience to think about the risk of contracting of HIV and increase the likelihood of experiencing appropriate changes in knowledge, attitudes, and behavior needed for HIV prevention. Moreover, from the findings of the study, it can be concluded that Dagu Addis in its messages recommends actions which can easily be taken by its target audience so as to increase audience confidence that the behavior is easy to perform. This implies that Dagu Addis messages carry recommended actions that have a tendency to promote healthy behaviors. It is also possible to conclude that Dagu Addis Radio is successful in providing evidence of risks and benefits for adopting recommended.

In general, it is possible to conclude that though Dagu Addis Radio helps enhance youth's perception of risk to HIV/AIDS.

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# **CHAPTER ONE**

## **INTRODUCTION**

### **1.1 Background of the study**

According to UNAIDS/WHO, the number of people living with HIV worldwide continued to grow in 2008, reaching an estimated 33.4 million [31.1 million–35.8 million]. The total number of people living with the virus in 2008 was more than 20% higher than the number in 2000, and the prevalence was roughly threefold higher than in 1990. The continuing rise in the population of people living with HIV reflects the combined effects of continued high rates of new HIV infections and the beneficial impact of antiretroviral therapy. As of December 2008, approximately 4 million people in low- and middle-income countries were receiving antiretroviral therapy- a ten-fold increase over five years (World Health Organization, United Nations Children’s Fund, UNAIDS, 2009). In 2008, an estimated 2.7 million new HIV infections occurred. It is estimated that 2 million deaths due to AIDS-related illnesses occurred worldwide in 2008(UNAIDS/WHO, 2010).

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2008 around 1.4 million people died from AIDS in sub-Saharan Africa and 1.9 million people became infected with HIV. Since, the beginnings of the epidemic more than 14 million children have lost one or both parents to HIV/AIDS. In the absence of massively expanded prevention, treatment and care efforts, it is expected that the AIDS death toll in sub-Saharan Africa will continue to rise. This means the impact of the AIDS epidemic on these societies will be felt most strongly in the course of the next ten years and beyond. Its social and economic consequences are already widely felt, not only in the health sector but also in education, industry, agriculture, transport, human resources and the economy in general. The AIDS epidemic in sub-Saharan Africa threatens to devastate whole communities, rolling back decades of development progress (UNAIDS/WHO, 2010).

In Ethiopia HIV infection rate continued to spread at an alarming rate since the first two cases were reported in 1986. According to, the National Single Point Prevalence estimate in 2007, using data from Antenatal, Sentinel and Demographic and Health Survey (DHS), the estimated national HIV prevalence in Ethiopia stood at 2.3% with a total of 1,116,216 people living with HIV and 855,720 AIDS orphans by the year 2009(HAPCO, 2010).

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The impact of the long-standing health problems is further aggravated with the emergence of HIV/AIDS, which has been fast spreading in the past two decades. High prevalence of stigma and misconceptions and low level of knowledge about the means of transmission of the disease are among the major factors contributed to the observed fast spread of the problem. The attempt aimed at curtailing the fast spread through effective behavior change has not yet achieved the intended target. The reason for this is very low rate of behavioral change among the public (HAPCO: 2003).

It has been over two decades since the impact of HIV in Ethiopia was first recognized and measures taken to counter act its devastating effects. The data suggest that in urban Ethiopia, the epidemic started in the mid-1980, and its prevalence rate has expanded rapidly and reached a plateau around the mid-1990. As to ANC based prevalence estimate of HIV among the general population, it was estimated to be 2.7% by the mid 1980's and escalated to 7.1% by the end of 1997 and has got a little bite up to 7.3% by the end of 2000. It is quite evident that HIV/AIDS remains to be not only a health treat but also an overall development challenge. According to the 2007 census projection, Ethiopia has a population of 80 million people. The population is rapidly increasing with an annual growth rate of 2.5% where young people under the age of fifteen constitute 43% of the country's population. Due to the high

burden of diseases, life expectancy is very low, 50 for female and 48 for male (HAPCO: 2009).

According to HAPCO, more than one million people were estimated to be living with HIV in Ethiopia. These include 289,734 eligible for ART. Women accounted for 59% of the HIV-positive population. According to the single point estimate, an estimated 79,183 pregnant women were HIV positive in 2008. In the same year, estimated 14,093 HIV positive births occurred from those infected mothers. Annually 125,147 were estimated to be newly infected and 58,290 people died due to AIDS. There were an estimated 68,136 children less than 15 years old living with HIV, out of which 17,264 needed ART. Due to the combined effect of poverty and AIDS, more than 5.4 million children less than 18 years were orphans and 886,820(16%) of them lost at least one parents due to AIDS. It should be noted that the extent of the population affected by the HIV/AIDS epidemic in Ethiopia is comparably higher as the country has the second largest population in sub-Saharan Africa. (2008).

The underlining determinants for the rapid spread of the epidemic in Ethiopia include poverty, low literacy rate, gender inequality, and recurrent natural and man-made disasters as well as inadequate institutions and infrastructures to respond to the epidemic effectively. determining factors, which are evidently believed to fuel the prevalence

of the epidemic in the country include multiple sexual partners, unsafe sexual practices, high rate of sexually transmitted infections, and low use of condom (HAPCO: 2010).

On the other hand, AIDS-related cost incurred by the health sector in terms of specific expenditure for hospitalization, treatment and supportive care has also been increased. The Multisectorial Plan of Action for Universal Access to HIV and AIDS Prevention, Treatment, Care and Support in Ethiopia document also reveals that HIV-related patients occupy approximately half of all hospital beds, and that the increasing numbers of AIDS patients strain the capacity of the already overburdened health professionals. In addition to this, the high cost for AIDS care affects budget allocation from other programs such as primary health care and essential drug services.

AIDS will have a large social, psychological, demographic and economic impact on both the individuals and societies. According to the national HIV/AIDS policy in addition to the painful stress and death that AIDS causes to the individual patients and family, it will cause social and economic problems which as a result will be the causes for family disintegration, divorce and orphaned children. AIDS also ravage the prime-age adults and their children with death rates much higher than usual. When it affects large population groups, it can diminish the

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quality and quantity of the labor force leading social and economic crises in the community.

In the same way WHO also states (2006), HIV/AIDS have its roots in a range of problems that undermine people's health and human rights, such as inequity and discrimination, poverty, social unrest and migration, exploitation and abuse. Changing these structural and contextual determinants will be fundamental to making the prevention of HIV sustainable.

In response to the problem, the Ethiopia government has taken serious of measures to curb the spread of the disease and mitigate its impact. The national task force, which was established in 1985, one year prior to the first case of AIDS was officially reported in the country, played a major role in sensitizing the public about AIDS and its consequences. The taskforce also issues the first AIDS control strategy in Ethiopia. In 1987, the government established an AIDS department within the ministry of health and the first HIV/AIDS policy was approved in 1998. The policy had overall objective of providing environment conducive for the prevention of HIV and the mitigation of the impacts of AIDS. Subsequently, a strategic framework for the national response to HIV/AIDS in Ethiopia and other strategies were developed.

In the absence of medical cure or in the presence of inadequate diagnostic facilities, strategically designed communication activities remain to be the best means to overcome the prevalence and the downbeat impact of the epidemic. In line of this, various preventive communication approaches such as information education communication/behavior change communication (IEC/BCC), and other communication endeavors among other preventive mechanisms are being highly utilized as key ingredients HIV prevention and control mechanisms.

Therefore, the National HIV/AIDS Prevention and Control Office (HAPCO) were established by proclamation in 2002. The strategic framework of the national response to HIV/AIDS epidemic in Ethiopia has been designed to guide the implementation of the programs to prevent the spread of the HIV/AIDS epidemic. Among many, the framework puts in the front line, Information, Education and Communication (IEC) and Behavioral Change Communication (BCC) as one of the priority intervention areas (HAPCO: 2006).

## **1.2. Statement of the Problem**

As most young people do not believe that they are vulnerable to HIV and other threats to their survival, they more rapidly put themselves at risk of contracting HIV than do adults. These evidences simply show us that

there are many tasks to be done in implementing communication strategies and behavioral change interventions (McKee et al, 2004).

A growing body of research shows that the perception of most young people towards their vulnerability to HIV and other threats of their survival are low. As a result, they are more likely to put themselves at risk of contracting HIV. The prevalence rate of the epidemics varies in different regions of the world. But in each of these epidemics, young people are the center both in terms of being rapidly infected as well as being the greatest potential force for change if they can be reached with the right interventions (Ross et al, 2006).

The youths of the developing world, especially those who are in sub Saharan African, are bearing the main brunt of the global HIV epidemic. According to UNAIDS & WHO, in 1997 over 3 million young people between the ages of 15 and 24 became infected with the virus. About 90% of these young people live in the developing countries of Sub-Saharan Africa, Asia, Latin America& the Caribbean were the hardest hit youths. Young people aged between 15 and 24 comprise about 20% of the world's population, but account for 60% of new HIV infection each year (Williams et al, 2001).

Young people are the assets of a country and its future (MOH, 2008). Thus, curtaining the rapid spread of HIV among young people and educating them how to protect themselves from preventable diseases like HIV/AIDS is one of urgent priorities for most developing countries. According to the WHO (2006), young people make up a segment of the population that is particularly vulnerable to HIV. Globally, altogether 50% of HIV transmission takes place among those aged 15-24, and 5000-6000 young people become infected every day.

The United Nations in 2003 for example, notes that “every minute five young people become infected with HIV/AIDS through unprotected sex or sharing contaminated needles when injecting drugs.” Similarly, a study conducted by Save the Children - USA on adolescent reproductive health in government high schools of Addis Ababa in 2000 shows that a number of sexually active adolescent do not practice safe sex. The study found out that there are a number of tasks to be done in educating and creating awareness among the youth, so as the next generation would be free of HIV/AIDS. Therefore, strengthening young people’s ability to protect themselves and engaging them as a positive force in fighting HIV/AIDS are critical to turning the tide of the HIV/AIDS pandemic.

On the other hand, some argue that changing one’s behavior and attitude through different media messages is very challenging. Even, they argue to the extent that people are fade up of watching and listening to

media programs, as the program lacks creativity, persuasive power and friendly approach. They further criticize that the programs have full of facts dominated by numbers and statistics, and the programs lack entertainment appeals and fail to portray the reality in a manner that would keep the attention of the general public. A growing body of research, however, reveals that the media can play a vital role in creating positive change in the lives of young people through delivering information that can change one's attitude and perception, behavior and action.

Media has a great power to educate and influence the society. Concerning this the African women media center succinctly expresses media has a tremendous force in the war against HIV/AIDS and is an essential part of the solution. The National HIV/AIDS Communication Guideline (2003) also reflects this idea as information in the HIV/AIDS area enables individuals or groups to understand the importance of the issues and act positively in decision-making process in their peer groups and communities. Moreover, through such information, target audiences would be able to know the magnitude of the problem that urges them to make immediate and appropriate action.

For example, an assessment report of Panos Institute Southern Africa regional office (2008) on HIV and AIDS radio campaign messages in

Botswana reveals that, like most of Southern Africa countries, radio is one of the most cost-effective forms of communication. In addition to this, several agencies in Botswana have given recognition to the importance of the media in stemming the tide of HIV. In Botswana, radio was credited by several groups with raising general awareness about HIV, how it is spread, what one should do to stop the spread.

According to UNESCO (2000), in east and southern Africa, mass media have a significant role to fulfill in creating and sustaining public opinion and the political will to deal with the problem. It can also play a central role in educating the public about the importance of preventive measures and serve as signpost to dangers. It can also create public awareness. The 4<sup>th</sup> global report of UNAIDS (2004) also expresses media as an increasingly important in most young lives, and in many countries they represent excellent channels through which to reach youth with HIV prevention messages. In this regard, the media are viewed as being influential in building awareness across different sectors of the society to be careful in sexual behavior and practices. So in order to tackle HIV/AIDS and decreasing personal risk perception among the youth, it is noteworthy to study the underlining problems and communication barriers.

In this dimension, the National Behavioral Surveillance Survey of 2006 indicate, the three preventive methods and absences of incorrect belief about HIV/AIDS transmission merged to form a comprehensive indicator of knowledge, and this comprehensive knowledge was found among only in 22.6 % percent in school youth, (ISY) and in 17.2 % out-of- school youth (OSY). As a result, these findings reveal that unless young people are convinced that their risk of HIV is real, they will have little chance to protect themselves from infection. Considering intervention among the youth 52% in-school-youth had heard HIV/AIDS messages on the radio, where as 85% out-of-school youth perceived the likelihood of them becoming infected to be nil or low. In line with this, the national HIV/AIDS communication guideline suggests; informing, educating, persuading and entertaining as common communication approaches in combating HIV/AIDS (2003).

Hence, media and communications play a pivotal role for prevention, whether to stay abstain or seeking a commitment to one's partner or deciding to be tested for HIV. Consequently, media messages can be the primary agent for change in a health promotion program. They are the primary or sole means of influencing the target endpoint, whether knowledge gain, shifts in social norms, or behavior change (Bracht, 1990).

In Africa, radio is one of the best means of information. Because of its pervasive nature and its ability to break barriers of illiteracy, it reaches a wider audience than any other medium. For example, there are an estimated 94 radios per thousand people in the least developed countries, ten times the number of televisions or copies of daily newspapers available. In West Africa, the number of community radio stations has just jumped from five to 72 between 1991 and 1998(Adam et al, 1999).

Considering this national agenda and problem, Dagu Addis radio program which is being managed by AIDS resource center started its transmission targeting the youth on Sheger FM 102.1 on December 2008. The radio program aims to reach in-and-out of school youths of Addis Ababa. The program also works with high schools using mini-media radio to explore themes of relationships, sexuality, communication, HIV/AIDS, reproductive health, gender, lifestyle and other health behavior areas relating to the youth .To reach in-school youth, Dagu Addis is broadcasting in fifteen high schools mini-media. These schools also have their own radio program listener groups. To reach out-of-school youth, adults and parents of the youth Dagu Addis radio is broadcasting on Sheger FM 102.1 radio. The primary target audience of the program consists of young people age 15 – 19/20 year olds attending high schools. Whereas, the secondary

audience of the program are parents and other adults as well as out of school youth within the same age group as the primary target audience.

The overall goal of the radio program is to slow down the spread of HIV infection among young people. Hence, the radio program works towards to the contribution of the ongoing efforts of the country in changing young people's attitude and beliefs about HIV/AIDS. As a result of this effort young people's can modify their risk perceptions, build their ability to adopt and maintain healthy behaviors.

The program was first designed to slow the spread of HIV infection among young people. This program contributes to ongoing efforts across Ethiopia that seeks to change young people's attitudes and beliefs about HIV/AIDS, modify their risk perceptions, and build their ability to adopt and maintain healthy behaviors. the program aims to achieve to increase students' perception of their susceptibility to HIV infection; To Increase the percentage of students reporting increased self-efficacy with respect to HIV prevention; and to delay sexual debut among students who are not sexually active. In general, the intention of this intervention is to increase students' sense of vulnerability, while at the same time strengthening their ability to protect themselves from infection (self-efficacy). The program's behavioral objective is to delay sexual debut

among students who are not sexually active. All these objectives pertain to students attending participating pilot schools.

Dagu Addis is a half-hour radio program running regularly on Sheger FM 102.1 on Saturday evening starting at 8:30-9:00p.m. It also rebroadcast on Tuesday evening at 7:30-8:00 p.m. According to Ato.Liku Teshome, Dagu Addis radio program Coordinator and BCC officer, Sheger FM 102.1 radio station has been their first choice because of the station's popularity, attractiveness, credibility and frequency quality. Concerning the program transmission date and time, Saturday was chosen to be the best day of the week, as it is a holiday and the program is being aired between two popular programs, "Egirkuwassin baradio Yemelketu"(Watch Football through Radio)i.e. the English primer league and Saturday entertainment program. Concerning the coverage of the geographical areas of the radio station Sheger FM 102.1 transmission covers Addis Ababa and its surroundings.

Dagu Addis radio program follows magazine format and uses personal narratives, vox-pop, music, interview, reality stories and other audio format to influence young people's attitudes towards HIV risk and sexual behavior. The program producers strongly believe that by combining entertainment and education they can easily reach to the feelings, hearts

and minds of the targeted audiences and facilitate the paths to different prevention mechanisms.

From the focus group discussion conducted with in-and-out of school youths, it has been observed that among many youth-focused radio programs, which disseminate messages on HIV and other health related issues most of youth-focused radio programs lack creativity and does not seem to serve the purpose of meeting their objective of protecting the youth from HIV/ AIDS.

According to the focus group discussant most of these programs messages are monotonous and do not seem to be tailored to the needs' of the intended audiences. The programs fail to understand the nature and needs of the target groups. Even young people, who listen to the programs, do not seem to internalize the programs messages and use them in their day-to-day lives. So, one of the factors that have contributed to these programs poor quality is associated with their messages.

Hence, according to Family Health International (2002) messages must be designed to addresses the informational needs and perceptions of the target population. HAPCO (2010) also stresses, any BCC programs should tailor its messages based on the audience's current position in

the stages of behavioral change as well as the intended behavior change that the messages wish to bring about.

A study conducted by Agaredech Jemanesh reveals that mass media messages directly or indirectly affect the public. They can teach about both the accepted and non accepted social norms within their communities. Therefore their contribution in day-to-day life is of decisive significance. However, the mass media can play the above mentioned role only if they are used in an effective and systematic way. In addition, Abaynesh Birru says that addressing HIV/AIDS issues needs a clear understanding of the problem and the challenges to be faced. Good designing, participatory planning process which involves the audience and good monitoring and evaluation system is also important for effective radio and television program (2008: 182&187).

Thus, this research will attempt to find out the main communication gaps and problems through studying the messages and the designing of the radio program in combating HIV/AIDS. Hence, the research will look at whether the key messages in Dagu Addis are related to HIV/AIDS and youth and at the same time analyze the message delivery techniques of the program.

### **1.3. Objectives of the study**

#### **1.3.1. General objective**

The general objective of the research is to explore the impact of the messages of Dagu Addis radio program in combating HIV/AIDS.

#### **1.3.2. Specific objectives**

The specific objectives of the research are:

- To identify key messages related to HIV/AIDS and youth
- To explore the design of the program (especially message design of the program )
- To analyze the message delivery techniques of the program related to communication theories
- To assess perception of audience towards messages of Dagu Addis radio program.
- To assesses how youth related issues are identified

### **1.4. Research Questions**

In its attempt to investigate Dagu Addis radio program messages in combating HIV among the youth, the study is guided by the following research questions:

1. In what way the programs are designed?
2. What are the key messages of the program?

3. To what extent the programs are designed to the youth.
4. What are the perceptions of the target audience towards to the messages of the program?
5. What are the impacts of the program in combating HIV/AIDS?
6. In what ways do the messages help the youth to combat HIV/AIDS?

### **1.5. Significance of the Study**

The first beneficiaries of this research are believed to be the media houses, journalist, concerned governmental and non-governmental organizations as well as those who are engaged in producing HIV/AIDS and Health related IE/BCC materials. More importantly, audience of the media particularly, the youth can benefit from the improved messages disseminated by the media. It can also serve as an important resource to health communication researchers.

### **1.6 Organization of the Thesis**

This thesis has five chapters. In the introduction part, the background of the study, statement of the problem, objectives and significance of the study are included. Chapter two presents review of the related literature. In this chapter, major theories and models of HIV/AIDS communications, the role of mass media in fighting the pandemic, and issues related to message development are discussed. Chapter three is about research methodology. The chapter gives the rational for using the

selected methods and data gathering instruments employed in the study. Presentation of data, analysis and discussion are contained in Chapter four. Chapter five presents the conclusion made based on the findings of the study.

# **CHAPTER TWO**

## **REVIEW OF RELATED LITERATURE**

### **Introduction**

This chapter mainly focuses on some of the major's health communication theories and models in the context of HIV/AIDS communications frameworks, which have been used worldwide in many successful HIV/AIDS behavioral change programs. Whenever there is a need of implementing any kind of health interventions, we need theories, which have tested successfully. In this chapter, theories and models like: diffusion of innovation, health belief model, social learning theory, the AIDS risk reduction model, stages of change and agenda setting theories have been reviewed. The roles of mass media in fighting HIV/AIDS and challenges and steps of message development have been also examined. Towards the end of the chapter, monitoring and evaluation of HIV/AIDS programs, one of the key elements of any successful programs, is, considered. The chapter begins with definitions of communication and health communications.

### **2.1. Health communication**

Communication is the transfer of information and understanding from one person to another. It is a way of reaching others with ideas, facts,

thoughts, feelings and values. It is information shared by two or more persons about matters of common interest and concern. It is thus impossible to separate the word communication from implications of mutual involvement and relationship, the development of commonality between peoples (Negussie, 2008:12-13).

In human, communication means trying to establish “commonness” with someone. The purpose of communication is to motivate people to act, change, adopt, achieve desired results, and maintain achieved results. To communicate with people one should seek to understand the audience first before he/she is understood by them. Empathy, the ability to see the problem from the viewpoint of the audience, is of great importance (Girma, 2001:99).

As defined by Schiavo (2007:4), understanding of health communication theory requires reflection on the literal meaning of the word communication. Communication in HIV/AIDS is:

exchange of information, between individuals, for example, by means of speaking, writing, or using a common system of signs and behaviors; message- a spoken or written message; act of communicating; rapport- a sense of mutual understanding and sympathy; and access-a means of access or communication, for example a connecting door.

In fact, all of these meanings can help to define the modalities of well-designed health communication programs. Therefore, communication in its simplest form consists of the transmission of information, ideas, and attitudes from one person to another. That is a communicator sends a message through a channel to an audience, seeking some effect (Agee et al, 1985:17).As a result, communication is a process by which people arrive at a shared meaning through the interchange of messages (Ruin et al, 2005:3).

Apparently, communication can be used as a useful instrument “to spread knowledge, values, and social norms”. Therefore, communication is “a process in which the participants create and share information with one another in order to reach a mutual understanding” (Piotrow, 1997:2 & 18).

Consequently, communication facilitates creation of awareness, acceptance and action at individual, group and inter-group levels. The process always involves a sender and a receiver regardless of the number of people concerned (Jimma University,2004:36).The National HIV/AIDS Communication Guideline of Ethiopia(2003:3) also characterizes communication as the process of sharing ideas, feelings and attitudes as:

Communication related to HIV/AIDS is the expression of ideas, feelings or attitudes associated to HIV/AIDS with ultimate goal of changing behavior of the identified target audience/s. In communication associated to HIV/AIDS, relevant information, (it could be protected sex; abstinence etc.) or knowledge is transferred to the concerned individual or groups to change their behaviors or attitudes positively. If the change in behavior or attitude brought about is positive, it means that commonness or common understanding has been achieved.

In this regard, the Behavioral Change Communication Material Development Guideline considers communication “as an essential element of HIV and AIDS programs in conveying messages aimed at bringing appropriate behavioral change in terms of prevention, treatment, care and support (HAPCO, 2010:5).

Since human beings are commonly referred as ‘social entity’, communication is central in the life of human being. Therefore, communication is a never-ending process in the form of interaction. As a result, people share their feelings and learn through communication (EPHA, 2009:105).

Health communication is a process for the development and diffusion of messages to specific audiences in order to influence their knowledge, attitude and beliefs in favor of healthy behavioral choices (Schiavo, 2007:8). Health communication can also be defined as “the study and

use of methods to inform and influence community decisions that enhance health”. Fundamentally, health communication emphasizes the importance of communicating, the audience, and the message to be communicated (Nelson et.al, 2002:6-7).

One of the key objectives of health communication is to influence individuals and communities. Improving health outcomes by sharing health-related information is also one of the major objectives of health communication. In fact, the Center for Diseases Control and Prevention (CDC) defines health communication as “the study and use of communication strategies to inform and influence individual and community decision that enhance health” (Schiavo, 2007:5).

Schiavo briefly put it, health communication encompasses the study and use of communication strategies to inform and influence individual and community decisions that enhance health. It links the domains of communication and health as a necessary element to improve personal and public health. As with other forms of communication, health communication should be based on a two-way exchange of information that uses a common system of signs and behaviors. It should be accessible and create mutual feelings of understanding and sympathy among members of the communication team and intended or target audiences (2007:4).

After two decades of relentless struggle, human beings have not yet found complete cure or vaccine to HIV/AIDS defeated. Therefore, behavior modification remains the main strategy of survival. At the center of overcoming the challenges posed by HIV/AIDS is health communication, which plays a vital role in modifying behavior through communicating new scientific ideas to all people in an understandable and believable way. Therefore, health communication plays an important role in “producing appropriate risks perception that must prevail in the environment to ensure survival in the advent of this pestilence” (Girma, 2001: 99).

Health communication is also recognized as an important tool in Ethiopia’s efforts to address challenges of HIV and AIDS, as the country adopted a health communication strategy. The goal of the National Health Communication Strategy is to “enable individuals, families and communities lead happy and healthier lives through prevention and control of health hazards by promoting health and contributing to the creation of healthier and prosperous society”(HEC:2004:8).

## **2.2. Theories & Models in the Context of HIV/AIDS Communications**

Theories and models are the foundations of successful HIV/AIDS communications interventions. Hence; theories are useful in various stages of program interventions: planning, implementing, and evaluating. Program planners can provide an insight in to how to shape program strategies to reach people and organization and make an impact on them (Glanz et al, 2008:25-26).

Glanz et al succinctly put it, as “the professional who understands theory and research comprehends the “why ” can design craft a well-tailored intervention. He or she does not blindly follow a cookbook recipe but constantly creates the recipe anew, depending on the circumstances, based, preferably, on evidence about the intended audience and previous interventions” (2008:25&26).

### **2.2.1 Health Belief Model (HBM)**

The health belief model (HBM) was originally intended to explain why people did not participate in programs that could help them diagnose or prevent disease. The major assumption of this model is that in order to engage in healthy behavior, intended audiences need to be aware of their risk for severe or life-threatening diseases and perceive that the benefits of

behavior change outweigh potential barriers or other negative aspects of recommended actions (Schiavo, 2007:37-38).

The health belief model is one of the most commonly used models of health behavior change and is probably the most frequently taught model in health intervention courses. Many health professionals have used it to guide the development of intervention and campaign efforts, and its influence on health communication research is enormous (Witte, 2001:33).

HBM is one of the first theories developed to explain the process of change in relation to health behavior. It has also inspired many others influences and models in the field of health education. Health education is defined as “any planned combination of learning experiences designed to influence, enable, and reinforce voluntary behavior conducive to health in individuals, groups, or communities”. Schiavo also argues that (2007:37-38) a person must hold the following beliefs in order to be able to change behavior. HBM has the following key components.

**1. Perceived susceptibility:** The individual’s perception on whether he or she is at risk for contracting a specific illness or health problem (*“am I at risk for HIV?”*)

**2. Perceived severity:** The subjective feeling on whether the specific illness or health problem can be severe or life threatening and therefore worthy of one's attention (*"how serious is AIDS; how hard would my life be if I got it?"*)

**3. Perceived benefits:** The individual's perceptions of the advantages of adopting recommended actions that would eventually reduce the risk for disease severity, morbidity, and mortality (*"if I start using condoms, I can avoid HIV infection"*)

**4. Perceived barriers:** The individual's perceptions of the costs of and obstacles to adopting recommended actions (includes economic costs as well as other kinds of lifestyle sacrifices). In other words this is barriers to taking actions (*"I don't like using condoms"*)

**5. Cue to action:** public or social events that can signal the importance of taking action (*for example, witnessing the death or illness of a close friend or relative due to AIDS, a neighbor who is diagnosed with the same disease or mass media campaign*)

**6. Self-efficacy:** The individual's confidence in his or her ability to perform and sustain the recommended behavior with little or no help from others. The health belief model is a risk-learning model because the goal is to teach new information about health risks and the behaviors that minimize the risks. The overall premise of the HBM is that knowledge will bring change. Knowledge is brought to target audiences through an educational approach that primarily focuses on messages,

channels, and spokespeople. HBM can also be used for audience-related research since it provides a useful framework to organize one's thoughts in developing audience profile.

The model attempts to explain and predict health behaviors. This is done by focusing on the attitudes and beliefs of individuals. The model was first developed in response to the failure of a free tuberculosis health screening program. Since then, the HBM has been adapted to explore a variety of long- and short-term health behaviors, including sexual risk behaviors and the transmission of HIV/AIDS. For example, a person will take a health-related action (using condoms).

The goal of health belief model is to teach new information about health risks and minimize those risks (Pechamann as cited in Schiavo, 2007). In sum, the HBM may be viewed as the grandmother of most modern health education theories, as such, its variables and principles can be seen in many health risk message models (Witte, 2001:36).

So health belief model can be taken as one of the best behavioral change model if it has been used effectively according to the needs and meet of the audiences. When the target audiences perceived their vulnerability, severity and benefits they will change themselves. In tackling peoples risk behaviors due attention has to be given to social, psychological,

educational and cultural factors. Therefore health belief model is very useful in the prevention and control of HIV/AIDS intervention by enhancing the target group to be aware of their risks.

### **2.2.2. Stages of Change Model (Transtheoretical Model)**

The UNAIDS communication framework for HIV/AIDS(1999) explains stages of change as it has been based on the conception that individual behavioral change goes through a process of behavioral change involving a series of interrelated stages. The stages of change model also known as transtheoretical model, defines behavioral change as a process that goes through different stages or steps. Each stage describes different “levels of motivation or readiness to change”. The model identifies five stages of change:

- 1. Pre-contemplation**, in which individuals have no intention of adopting recommended health behavior but learning about it
- 2. Contemplation**, in which individuals are considering adopting the recommended behavior
- 3. Decision**, in which individuals are decide to adopt the recommended health behavior
- 4. Action**, in which people try to adopt the recommended behavior for a short period of time

**5. Maintenance**, in which people continue to perform the recommended health behavior for a long period (at least for six months) and, ideally, incorporate it in their routine and lifestyle.

Schiavo (2007:43-44) for example, notes that “In health communication, these stages can be used in the segmentation phase of the intended audiences to identify groups that have similar levels of motivation and readiness for behavioral change. Therefore, this theory can be instrumental in designing communication objectives, messages, and strategies for each of these groups”.

Moreover, Valente (2002:42) also argues that, this theory has been applied to measure the effects of health promotion programs such as the Centers for Disease Control and Prevention (CDC’s) multisite AIDS community demonstration project. This model has been used in designing health messages too. Change occurs in stages and that it is possible to identify distinct events in the process so that stages can be delineated. Most theorists acknowledge that a change in attitude can be an important step toward change in behavior.

Stages of change model determines most of the target audiences in respect to a given behavior. The idea behind the stage of change model is first to categorize people according to their stage of “readiness” with

respect to the recommended response ,and then develop messages that move them from one stage to another. Here the messages used to move people from one stage to the next differ slightly across stages. The theory also offers a useful typology for segmenting the audience in to different groups (Witte, 2001:43-44).

### **2.2.3 The AIDS Risk Reduction Model (ARRM)**

The AIDS risk reduction model (ARRM), introduced in 1990, provides a framework for explaining and predicting the behavior change efforts of individuals specifically in relationship to the sexual transmission of HIV/AIDS. This model has three stages and incorporates several variables from other behavior change theories including the health belief model, efficacy theory, emotional influences, and interpersonal processes.

According to the UNAIDS communication framework for HIV/AIDS (1999), the AIDS risk reduction model is based on the belief that one has to label a behavior as risky before a change can be effected. Once the behavior is considered risky, a commitment is made to reduce the behavior .Here, fear of anxiety and social norms is considered as a factor that influences moving from one stage to the next.

The AIDS risk reduction model has the following three stages:

**STAGE 1:** recognition and labeling of one's behavior as high risk

**STAGE 2:** making a commitment to reduce high-risk sexual contacts and to increase low-risk activities

**STAGE 3:** taking action, this stage is broken down into three phases: information seeking, obtaining remedies and enacting solutions.

On the other hand, for example, external motivators such as public education campaigns, an image of a person dying from AIDS, or informal support groups, may also cause people to examine and potentially change their sexual activities.

#### **2.2.4 Social Learning (Cognitive) Theory**

Albert Bandura has developed a social learning theory, arguing that individuals learn behaviors from those around them by imitating role models. Health promotion programs should present role models that the audience can identify with so that the modeled behaviors will be imitated. Bandura has argued that self-efficacy influences an individual's ability to imitate modeled behaviors. People with self-efficacy, who believe in their own ability to change, are better able to relate to, understand, and hence imitate modeled behaviors. Those without self-efficacy can develop it vicariously by watching role models. According to social learning (cognitive) theory, role models should be similar to the audience, demonstrate the behavior, and be rewarded for practicing

it. If the audience identifies with the role model, they can vicariously experience the behavior and the rewards of adoption (Valente 2002:43).

One of the social learning theory key premises is its emphasis on the outside environment, which becomes a source of observational learning. In this theory, the environment is a place where individuals can observe an action, understand its consequence, and as a result of personal and interpersonal influences become motivated to repeat and adopt it. Social learning theory has the following key components (steps to the behavioral change):

**Attention** - people's awareness of the action being modeled and observed

**Retention**- people's ability to remember the action being modeled and observed Health communication

**Reproduction (trial)**- people's ability to reproduce the action being modeled and observed.

**Motivation** -people's internal impulse and intention to perform the action

**Performance**- the individual's ability to perform the action on a regular basis

**Self-efficacy**- the individual's confidence in his or in her ability to perform and sustain the action with little or no help from others, which play a major role in actual performance.

In social learning theory, behavior is the result of three reciprocal factors: behavior, personal factors and outside events. Any change in any of these three factors is expected to determine a change in the remaining ones. That is why; behavior is viewed as influenced by a combination of personal and outside factors and events (Schiavo, 2007:39). Here the major premise is that we can learn by observing others. By applying social learning theory, health promotion programs can use role models to demonstrate appropriate health behaviors (Valente 2002:43).

In general the above mentioned theories and models will help in designing and implementing effective HIV/AIDS programs in such a way that the programs will be more effective in bringing behavioral changes among the intended target groups. As young people's put themselves at risk of contracting HIV than any other segments of the society these theories are very useful in changing their attitudes, beliefs and behaviors in their day to day life activities. These theories and models can be a great help in changing one's risk perception, showing readiness to change and individual's perception of contracting the illness also in avoiding risky barriers.

More over the theories are a paramount in presenting the benefits that can lead the youth's to healthy life style and in what way risk can be reduced. Developing healthy behaviors, decision making and action

taking ability, increasing one's awareness and confidence can be mentioned as some of the benefits these theories and models can contribute in the struggle against HIV/AIDS. Generally, for achieving effective behavioral change and designing successful media intervention the above mentioned theories and models are very fundamentals. The foundations of many media interventions success lies on these theories and models.

### **2.3 The Role of Mass Media in Fighting HIV/AIDS**

The media can play a leading role by providing correct and appropriate information. It can create awareness among the youth by filling in the gap of the appropriate knowledge needed for the prevention mechanism and at the same time working towards avoiding misconceptions. According to the UNAIDS report, "media are increasingly important in most young people's lives, and in many countries, as they represent excellent channels through which to reach youth with HIV prevention messages" (UNAIDS, 2004:97).

In this regard, facilitating the platform for discussion and raising the public's consciousness about the problem can be mentioned as some of the achievements the media houses accomplish in the past two decades since HIV/AIDS began its devastating effects worldwide.

Routledge also points out that the mass media have played an important role in communicating ideas about HIV/AIDS (2001:211). Schiavo (2007:45) also recognizes the power of the media as; “no one can dispute the ability of the mass media to reach significant percentages of interested groups and audiences. If adequately used and selected in response to the audience needs and preferences radio, television, printed media, and the Internet are powerful connectors between communicators and their audiences”.

In Ethiopia among all the media channels, radio covers a large portion of the land, “In Ethiopia, radio has 90% coverage of the country. According to the DHS 2000, 80% of the respondent said their primary source of information about HIV/AIDS is the radio” (Negussie, 2008:160).

The media can play its leading role in a number of ways such as exhibiting the benefits of behavioral change, encouraging the society to practice safer sex, and demonstrating HIV/AIDS and other related issues to be public agenda. Moreover, by educating the public to avoid stereotypes and misconceptions about the virus and at the same time encouraging support for those affected and infected by the disease, the media can create positive change in the fight against the pandemic. Therefore, mass media can be taken as one of the pathways of change and an influential power over the public

McKee et al also reflects similar view, as they say mass media can play a critical role in behavioral change communication (BCC) programs for young people (2004:117). A study conducted in a dozens of countries throughout the world by the Center for Communication Programs of John Hopkins University (JHU-CCP) reveals that communication change people's reproductive health behavior as well as their attitudes. Women and men who have seen or heard mass media and other programs that address reproductive health are more likely to use modern contraceptives, to adopt safer sexual practice , to seek family planning services, and to discuss sensitive subjects with others than people who have not been similarly exposed.(JHU-CCP,1998:2).

The UNESCO report also reassures this view. "The mass media have a significant role to fulfill in creating and sustaining public opinion and political will to deal with the problem" (UNESCO:2000). In her study conducted on the coverage of HIV/AIDS issues on women and youth programs in the Ethiopian broadcast media, Abaynesh points out the following key concepts concerning the role of media in fighting the virus. She states, in countries like Ethiopia, such high prevalence rate, the media has a pivotal role in the fight against the pandemic. As it is often said, education is the only means to tackle the fast transmission of the virus. The media, especially the broadcast media, is believed to have a

tremendous influence on protecting high-risk groups of the population from catching the disease (2008:160).

Similarly, surveys conducted in many countries also show that the primary source of information about HIV/AIDS is the media. However, all the program messages need to be tailored according to the program's target audiences considering the listener's knowledge on the subject area and background. Even before developing the message, the producers are expected to diagnosis the problem area by conducting a preliminary research. The language of all the messages also needs to be simple and at the same time clear and understandable. Moreover, the content of the programs has to be meaningful, timely needed, and important and at the same time provocative. As the radio program works towards changing the attitudes and belief of the targeted audiences a professional or an expert comments and advice is necessary at the end of each discussion point.

## **2.4 Qualities of Effective Radio Programme**

A program will appeal to an individual when it causes a personal resonance because of experience, preference or expectation. According to Robert McLeish there must be some agreed professional criteria for the evaluation of program excellence, hence at least some of the following components will be in evidence.

**1. Appropriateness.** Irrespective of the size of the audience gained, did the program actually meet the needs of those for whom it was intended? Was it a well-crafted piece of communication which was totally appropriate to its target listeners, having regard to their educational, social or cultural background? Program quality here is not about being lavish or expensive; it is about being in touch with a particular audience, in order exactly to serve it, providing with precision the requirements of the listener.

**2. Creativity.** Did the program contain those sparks of newness, difference and originality that are genuinely creative, so that it combined the science and logic of communication with the art of delight and surprise?

**3. Accuracy.** Was it truthful and honest, not only in the facts it presented and in their portrayal and balance within the program, but also in the sense of being fair to people with the different views?

**4. Eminence.** A quality program is likely to include first-rate performers-actors or musicians. It will make use of the best writers and involve people eminent in their own sphere. This, of course, extends to senior politicians, industrial leaders, scientist, sportsmen and women – known achievers of all kinds.

**5. Holistic.** A program of quality will certainly communicate intellectually in that it is understandable to the sense of reason, but it should appeal to other sense as well-the pictorial, imaginative or

nostalgic. It will arouse emotions at a deeper and richer level. Touching us as human beings responsive to feelings of awe, love, compassion, sadness, excitement-or even the anger of injustice.

**6. *Technical advance.*** An aspect of quality lies in its technical innovation, its daring-either in the production methods or the way in which the audience is involved.

**7. *Personal enhancement.*** Was the overall effect of the program to enrich the experience of the listener, to add to it in some way rather than to leave it untouched -or worse to degrade or diminish it? The end result may have been to give pleasure, to increase knowledge, to provoke or to challenge. An idea of 'desirable quality' should have some effect which gives, or at least lends, a desirable quality to its recipient.

**8. *Personal rapport.*** As the result of a quality experience, or perhaps during it, the listener will feel a sense of a quality experience, or perhaps during it, the listener will feel a sense of rapport-of closeness-with the program makers. One intuitively appreciates a program that is perceived as well researched, pays attention to detail, achieves diversity or depth, or has personal impact.

Combining accuracy with appropriateness, for example, means providing truthful and relevant news in a manner that is totally understandable to the intended audience at the desired time and for the right duration. Program quality news will also introduce creative ways of fairly

describing difficult issues, so leaving the listener feeling enriched in his or her understanding of the world (McLeish, 2006:301-302).

## **2.5 Message Development**

Historically, behavioral change communication materials for HIV/AIDS mainly focused on disseminating messages that would outline means of HIV transmission and protection against the disease. Minimum attention was given to cultural and social contexts, which highly influence the effectiveness of the behavioral change communication initiatives. These contexts, however, often present barriers to the intended individual behavior change.

According to the Behavioral Change Communication (BCC) material development guideline message is defined as: information conveyed to the intended target population with the aim of motivating them to change behaviors or actions, stimulating dialogue or promoting a product or service. A message should be a short phrase or sentence that summarizes an idea in simple and understandable terms. Simply, a message is the key idea that can easily be repeated to intended audience as well as the “take-away” information that is hoped to be embedded in the mind of people (HAPCO, 2010:27).

This explanation shows the relationship among key concepts like behavior, action, and idea and target audience. Therefore, message in the above explanation focuses on providing simple, short & understandable concepts by increasing responsiveness among the society for the ultimate goal of behavioral change. The guideline further explains that prior to message development, BCC need-analysis should be the first step that can be followed by designing the strategic plan. Hence, any BCC program should tailor its messages based on the audience's current position in the stages of the behavior change as well as the intended behavior change that the messages wish to bring about.

Most communication interventions fail to bring the desired result should be designed with an understanding of recipients (target audiences) health, social characteristics, beliefs, attitudes, values, skills, and past behaviors" (Glanz, 2008:14). For the simple reason that they do not bother about what their target audiences need. In other words, their messages are not research based. In light of this, the guideline for development of production and distribution of health learning materials published by Health Education Center underlines situational analysis as the first step to effective communication just as it is the first step in any effective action (HEC, 2008:10).

Whenever messages are designed, they are expected to fit in to the target audience's life style if we want to win the heart and mind of the people. Whenever a message is, developed target audiences need to be considered for a number of reasons. As Glanz vividly puts it "for health education to be effective, it should be designed with an understanding of recipients or target audiences health, social characteristics, beliefs, attitudes, values, skills and past behaviors" (2008:14). In health communication, language can be one of the barriers of not reaching our audiences, if not used wisely and effectively.

According to HAPCO (2003:4) "Messages in HIV/AIDS must be expressed in a language understood by identified audience(s). It has to be prepared in such a way that the audience(s) will not be misguided about the intentions .The message should be timely, meaningful and applicable, in order to achieve behavior change. messages in HIV/AIDS must be expressed in a language understood by identified audiences .It has to be prepared in such a way that the audiences will not be misguided .The message should be timely, meaningful and applicable, in order to achieve behavior change." Therefore, it is important to consider the above-mentioned points when a message is designed.

Finally, message development will have a complete cycle if it is blessed by pre-testing. A pre-test phase will give a chance for the program producers, before they disseminate inappropriate, misleading, incorrect

and wrong information to the target audiences. In every message development, monitoring and evaluation activities are parts and parcel of each step of the program.

## **2.6. Health Communication Messages Review Criteria**

The University of Toronto health communication unit recognizes effective health communication message as:

### **1. The message will get and maintain the attention of the audience.**

If you don't capture and maintain the attention of the audience throughout the message, you don't have a chance of achieving your objectives. "The more audience members can be engaged to actually think about the message (including imagined or actual rehearsal of the recommended behavior), the more likely they are to experience appropriate changes in knowledge, attitudes, and behavior" To make ads attractive, interesting, entertaining, and stimulating always apply high quality creative and mechanical execution (text, graphics, visuals) and consider using consider using parody, suspense, word play, sensuality, emotionally involving scenes, humor, vivid visuals, striking statements, lively language, fascinating facts, and/or memorable slogans.

**2. The strongest points are given at the beginning of the message.**

The information that is most critical for convincing your audience to adopt the recommended behavior should be positioned early in the message. That way, audiences who lose interest or become otherwise distracted will still have the opportunity to process some key points.

**3. The message is clear. The message should be clear to the audience.**

In other words, it should be easy for them to point out the actions you are asking them to take (Now what), the incentives or reasons for taking those actions (So What) as well as the evidence for the incentives and any background information or definitions (what). Elements that can help or hinder clarity include:

- Language (vocabulary, lingo) and reading level,
- Pace/speed,
- Amount of content (avoid trying to cram in too much),
- background (text, graphics, music, etc.), and
- Repetition.

Statistics also should be used with caution in messages.

**4. The action you are asking the audience to take is reasonably easy.** Sometimes a behavior is not acceptable to the audience because it takes too much effort and sacrifice. This can be overcome by presenting

easier behaviors that have fewer barriers and are more easy and appealing. The key is to be aware that target behaviors can be arranged along a continuum according to degree of time, effort, money, psychological and social costs. For example, abstinence has not been a very effective strategy for alcohol, tobacco and drugs. Instead, you might promote modestly demanding behaviors such as signing a pledge card or abstaining just during a 'drug-free week'. There are also other responses that might be targeted, such as awareness, knowledge, beliefs, values and attitudes; that will lead to the focal behavior.

Having role models demonstrate the behavior can increase audience confidence that the behavior is easy to perform and providing solutions to barriers that have been expressed by the audience can also help make the behavior easier for audiences. Not all barriers can be addressed this way, however. In many cases the actual physical or social environment must be modified to make a behavior reasonably easy to accomplish.

#### **5. The message uses incentives effectively.**

Creating a persuasive health communication message involves more than simply asking the audience to do what you want. You must explain to them why they should be interested in changing their behavior. Incentives for changing behavior can be physical, economic,

psychological, moral-legal, or social, and they can be either 'for' or 'against' a behavior (i.e. 'why' or 'why not' adopt recommended action?)

#### **6. Good evidence for threats and benefits is provided.**

Message designers must provide credible evidence that threats (associated with not doing the behavior) and benefits (of doing the behavior) are real and likely. Audiences must also be convinced that the behavior recommended will actually alleviate the threat discussed. This can be challenging since different types of evidence works with different audiences. For example audiences that are already interested in the topic respond to expert quotes, documentation and statistics, and audiences that are not involved are more likely to respond to dramatized case examples and testimonials.

#### **7. The messenger is seen as a credible source of information.**

The *messenger* is the model appearing in the message who delivers information, demonstrates behavior, or provides a testimonial. The messenger is helpful in attracting attention, personalizing abstract concepts by modeling actions and consequences, bolstering belief formation due to source credibility, and facilitating retention due to memorability.

## **8. Messages are believable.**

Messages must be realistic. This means they should:

- should not make extreme claims or use extreme examples;
- must avoid highly dramatic episodes; and
- They have to provide accurate information (i.e. not misleading information).

## **9. The message uses an appropriate tone for the audience.**

A message's tone may be light, heavy, humorous, angry, whimsical, ironic, cheery, dramatic, etc. In general a serious tone is safest if it is not too boring or bland. Regardless of tone avoid preaching or dictating and always test humor before using it!

## **10. The message uses an appeal that is appropriate for the audience.**

Rational appeals work with audiences that are already interested in your topic and emotional appeals work better with audiences that are not already interested in your topic. If you frighten the audience, be sure to give them a relatively easy way to alleviate the threat. If you make your audience anxious, without a way to reduce the anxiety they will block out the message – or do the behavior you don't want them to do, even more often.

**11. The message will not harm or be offensive to people when they see or hear it. This includes avoiding ‘victim blaming’**

It can be difficult to control who is exposed to your message – it may unintentionally reach audiences it wasn’t intended for. Therefore, ethically, developers must consider the views of anyone who might encounter the message. This is mainly a problem for negative messages that use threats or fear appeals.

In all cases, designers should adopt the motto ‘first do no harm. It is also important to remember that complicated behaviors like smoking, eating, exercising and drinking are not always simple personal choices. Be sensitive to the role of an individual’s environment. Help them to overcome their environment and don’t assume it is their fault and all their responsibility.

## **2.7. Monitoring & Evaluation of HIV/AIDS Programs**

The 2009 Monitoring and Evaluation Assessment Report of the federal HIV/AIDS prevention and control office strongly recommends that a “national, harmonized, result-based, and multi-sectoral HIV monitoring and evaluation system is necessary to improve the performance of the HIV response in Ethiopia”. The National HIV/AIDS communication guideline (2003:35) also recommends, “Any intervention program including the one related to HIV/AIDS communication needs to have a well-defined monitoring and evaluation system in place”.

The National Health Communication Strategy points out that there should be a continuous process used to determine the extent to which an intervention or a project has been efficiently implemented at different levels” (HEC, 2004:1).A well designed monitoring and evaluation activities can help any HIV/AIDS communication activities to be successful by saving unnecessary wastages of money, time, energy and human resources.

Effective health communication programs are built on sound research and evaluation. Hence, meaningful research and evaluation are not afterthoughts but integral parts of initial program design. Research provides the ideas and tools to design and carry out formative, process, and outcome evaluations to improve health communication efforts, certify the degree of change that has occurred, and identify programs or elements of programs that are not working.

On the other hand, Rice et al succinctly express “evaluation as the gateway to any successful interventions, as it contributes to the knowledge base of how programs reach and influence their intended audiences so that researchers can learn lessons from these expectations and implement more effective programs in the future” (2001:106). Consequently, all HIV/AIDS communications program are expected to

integrate monitoring and evaluation activities as one of their major program element if they need to have successful communication intervention.

## **CHAPTER THREE**

### **RESEARCH METODOLOGY**

#### **Introduction**

As it has been explained in the previous chapters, the purpose of this study is to examine the impact of the messages of Dagu Addis Radio Program in combating HIV/AIDS and minimizing personal risk perception among the youth. To this effect, qualitative research design is deployed to investigate the design research and evaluation of the program in what way the messages help the youth to combat HIV/AIDS and at the same time to look into the perceptions of the target audience towards the programs message. Therefore, this chapter elucidates the rationale for choosing and how qualitative research design and data collection instruments such as focus group discussion and in-depth-interviews are used.

#### **3.1. Research design**

A growing body of research indicates that by using qualitative research, researchers can have a chance of intensive and in-depth insight of an issue under study. According to Ulin et al (2005), the availability of the rigorous methods for qualitative inquiry can take us down many

rewarding paths to understanding life in ways that consider the perspectives and experiences of people who live it.

Thomas (2003), shares a similar view as he states qualitative research as a multi method in focus, involving an interpretive, naturalistic approach to its subject matter. This means that qualitative researchers study issues, attempting to make sense of, or interpret phenomena in terms of the meanings people have attached to them. This implies that the goal of qualitative research is to look for meaning.

Hence in studying the impact of the messages of Dagu Addis radio program in combating HIV/AIDS among the youth, I have used qualitative research method. As qualitative research method is in-depth and intensive in its nature, I believe that the study does have a chance of finding out the hidden truth about the main problem of the study.

According to Arvind Sigal and Evert M. Rogers (2003:360), “qualitative research is especially suited to unraveling the complexities of local knowledge, social and cultural peculiarities, and power and control issues”. Therefore, Qualitative research design is believed to have a great chance to know more about the perception of the target audiences better than the quantitative research design.

## **3.2. Data Collection Instruments**

Working with in qualitative research design this study employed focus group discussion and individual in-depth interviews as particular tools to generate relevant data to the study.

### **3.2.1. Focus Group Discussion (FGD)**

Valente (2002:61) states that focus group discussions are often used by program designers to understand the audience's perspective on a particular behavior. For example, a program for smoking cessation might conduct FGDs among quitters to learn how they quit. The data can then be used to design the program and the accompanying evaluation instruments.

Morgan (1988) cited in Ulin et al (2005) says that focus group is the use of group interaction to produce data and insights that would be less accessible without the interaction found in a group. He further states that focus group as an instrument that has been applied increasingly to research in population and health. He further explains that the use of focus group by researchers and consultants sheds new light on people's understanding of fertility, HIV risk, socio-economic influences on health decision making and so on.

Focus group discussions are in-depth discussions, in which six to ten representatives of the target audience, under the guidance of the facilitator, discuss topics of particular importance. The results of focus group sessions are expressed in qualitative terms. FGDs are interactive that is participants hear the thoughts of others, triggering their own memories or ideas and thereby enriching the discussion.

According to Burton (2000), focus group discussion is organized to explore a specific set of issues such as people's views and experiences such as contraception, drink driving, nutrition or mental illness. The group is focused in the sense that it involves some kind of collective activity such as viewing a film, examining a health message or reading magazines. Thus focus group can provide insight in to the experiences of individual participants, their value life in the opportunity to analyze the interaction between participants.

Therefore, focus groups discussion is a very useful tool in providing qualitative data which give insight into attitudes and perceptions, which are often difficult to obtain using other instruments. Similarly, Rice and Atkin (2001:138) point out that "focus group interviews provide insights into target audience beliefs on an issue, allow program planners to obtain perceptions of message concepts and help trigger the creative thinking of communication professionals". Similarly Buddenbaum and

Novak (2001:234) also argue that “focus groups are useful for probing beneath surface opinions to gain insight in to people’s reel feelings and their reasons for opinions and behaviors”

Dagu Addis radio program has well organized radio listeners groups in 15 secondary high schools in six sub cities of Addis Ababa. Taking this into consideration; four high schools have been selected for the study. These are Addis Ketema Secondary School from Addis Ketema Sub City; Menilik Secondary School from Arada Sub City; Shimeles Habte Secondary School from Kirkos sub City and Kokebe Tsibahe Secondary School from Yeka Sub City. Accordingly, four focus group discussions were conducted with in-school-youths.

In addition to this, as the program was designed to reach both in-school and out-of-school youths, two focus group discussions were conducted in two big business areas of the city to have the opinions of out-of-school youths towards the radio program messages. These are ‘Merkato’, the largest open market in Ethiopia, and “Effoyta Market”, which is located in Kolfe Keranyo. From the discussions conducted with Daggu Addis radio program producers, it was learnt that there are a lot of listeners who give comments and express opinions on Daggu Addis radio program from the above mentioned areas. Accordingly, these areas have been chosen for conducting focus group discussions with out-of-school youths.

Therefore, a total of six focus group discussions were conducted with eighty-seven participant to obtain rich data that enable to assess the effectiveness of Dagu Addis radio program's messages in educating the youths about HIV/AIDS. The focus groups discussions were guided by a moderator who used discussion guidelines to facilitate the discussions. In all the discussions, there was a notetaker who taped the discussions and took notes.

These focus group discussions enabled to evaluate the behavioral change brought by target audiences of the radio program.

**The guidelines used for focus group discussions with in-school and out-of-school youth include the following:**

1. What are the factors that make youths vulnerable to HIV/AIDS? In what ways the radio messages can help you understand HIV/AIDS and its further complications?
2. How do you understand the radio program messages? Do you think the issues raised in the radio program are relevant to you?
3. With whom do you listen to the program? Do you listen to the program with your family members, friends, etc? Do you discuss the issues raised in the program?

4. Do you think the radio program can bring about behavioral change among the youth? What are the changes in your perception about HIV/AIDS after listening to the radio program?
5. How do you evaluate the radio program from the socio-cultural context of the country?

### **3.2.2. In-depth interviews**

According to Valente (2002:58), in-depth-interviews represent one of the richest sources of information available to researchers. According to Hansen et al. (2004), interview can be used to understand the goals of a client, to better define the nature of the message assignment, or to learn about people's opinions, attitudes, concerns, and interests. In short, in-depth interviews will give us a chance to know more about the subject matter from different angles and perspectives.

In addition to the six focus group discussion, a total of twelve in-depth interviews were conducted to have rich data and in depth insight of the issue. Four in-depth interviews were made with Dagu Addis radio program producers and another four in-depth interviews were made with other radio program and health communication professionals who did not participate in the production of the radio program. To have a better insight of the programs before conducting the in-depth-interview all the professionals are provided the selected twelve radio programs. The

professionals are a youth counselor from Ethiopian family health guidance association, youth radio program journalist, a journalist from medical news paper , a medical and a health communication professional who has huge experience in the ministry of health, health education center in producing & evaluating health messages and now working in Ethiopian public health association. The remaining four were conducted with parents of the youth. Therefore, a total of twelve in-depth-interviews were conducted to get audiences' views and opinions of the radio program messages. Accordingly the following questions have been forwarded for the above mentioned In-depth interview respondent.

**Guidelines for in-depth interviews with Dagu producers (in-house)**

**include the following:**

1. What are the main objectives (themes) of the program?
2. Have you conducted any preliminary research before running the program? Did you conduct audience research (need assessment) when the program was first designed?
3. In what way do messages of the program help the youth in combating HIV/AIDS?
4. Do you have a mechanism for monitoring and evaluating the program?

**Guidelines for in-depth interviews with media and communications professionals (externals) include the following:**

1. What is your overall opinion on the issues raised in the radio program?
2. How do you evaluate the radio program from the socio-cultural context of the society? (from cultural, language and other factors...)
3. Do you think the radio program can bring about behavioral change among the youth? Do you think the program messages can help the target audience to understand HIV/AIDS and its further complications?

**Guidelines for in-depth interviews with parents (externals) include the following:**

1. Do you listen to the radio program with your children? Do you have a habit of discussing and sharing ideas about the radio program with your children? How often do you openly discuss about HIV/AIDS with your children?
2. Do you think that the radio program messages would help the youth to understand HIV/AIDS and its further complications? (i.e., in creating awareness about HIV/AIDS and its further complication?)

3. How do you evaluate the radio program from the socio-cultural context of the society?

### **3.2.3. Content Analysis**

Content analysis refers to procedures for studying the content and meaning of messages. A well done content analysis will produce findings that are reliable and valid (Buddenbaum & Novak 2001).

Similarly, Gray, (2005:327) describes content analysis as the process of breaking data down in to smaller units to reveal their characteristic elements and structure. Through content analysis, we can also gain new insights in to our data. Data can be broken down in to their constitute parts, and connections made between these concepts, providing the basis for new descriptions.

According to Thomas (2003), the process of content analysis entails searching through one or more communications to answer questions that the investigator brings to the search. content analysis are not limited to written or printed documents but extend as well to audio recordings, still photographs, motion-picture films, video recordings and the like. Since Content analysis is one of the pathways of getting rich and trustworthy data the study deploys it.

The study for content analysis covers one year Dagu Addis Radio Program which was aired from May 3, 2009 up to May 8, 2010. During this period, fifty radio programs were broadcast on Sheger FM 102.1. Hence, a total of twelve radio programs were selected for content analysis. In doing so, every fourth of the radio program within the period was selected.

These twelve radio programs episodes focus on the areas of: abortion and unintended pregnancy, condom use ,effective study, open communication ,taking substances (addiction), Job creation ,facts about HIV , peer pressure ,unsafe school environment , managing Emotions, leisure time and being faithfulness (love relationship).

## **CHAPTER FOUR**

### **DATA PRESENTATION AND ANALYSIS**

#### **4.1. In-school and out of school youths**

To have a better understanding about the effectiveness of Dagu Addis radio program messages in creating awareness and educating the youths about HIV/AIDS six focus group discussions have been conducted four with in-school youths and two with out-of-school youths. Accordingly, the data from the focus group discussions are presented under five major themes. These include, factors that make the youths vulnerable to HIV/AIDS and understanding of HIV/AIDS messages and its further complications, clarity and relevance of the radio program messages, listening habits and discussing the program with friends and family members, listeners' behavioral change & risk perception and the socio-cultural context.

##### **4.1.1. Factors that make the youths vulnerable to HIV/AIDS and understanding of HIV/AIDS messages & its further complications**

In this study, the first attempt was made to assess factors that make youths vulnerable to HIV/AIDS and the youths understanding of HIV/AIDS messages & its further complications. Concerning this most of in-and-out of school youths have rich comprehensive knowledge on the subject matter. Moreover they have the awareness and understanding of

the different modes of HIV transmission and prevention mechanisms. From the focus group discussions conducted with the youths who are regular listeners of Dagu Addis radio program, it has been learnt that all in-school youth discussants have rich knowledge on factors that make the youths vulnerable to HIV/AIDS & its further complications.

Most of the focus group discussion participants mentioned factors that make the youths vulnerable to the disease are unprotected sex, direct blood contact, sharing sharp objects, and mother-to-child transmission as major modes of HIV transmission. They noted that the virus cannot be transmitted through eating and working or playing with people living with HIV/AIDS.

They also expressed the factors that make the youth most vulnerable to HIV are having many sexual partners, unsafe sex or sex without condom ( the youth call it "open sex"), casual sex (sex with unknown partner), unemployment, poverty, exposure to pornographic films, drug, "shisha" and alcoholic drinks. Some of the participants also pointed out harmful traditional practices like abduction and circumcision as major causes of HIV/AIDS.

In addition to this most of the youths, both in-and-out of school youths understand the radio program messages and how youths could be

vulnerable to HIV/AIDS. Moreover, most of the youths understand the effects of drugs, and alcoholic drinks in increasing HIV infections and its further complications.

Among the group discussants one in-school youth shared his group thought about factors that make the youths vulnerable to HIV/AIDS and its further complications as follows.

The youths can be vulnerable to HIV/AIDS in many ways. I believe different addictions such as *chat*, *shisha* and alcoholic drinks can make the youth vulnerable to HIV/AIDS. I think unemployment can also force them to be addicted by these substances. If the youth don't have any means of spending their time, they will sit the whole day, chewing *chat* or watching pornographic films. After that they take alcoholic drinks which indulge them to have unprotected sex. They often make sex with commercial sexual workers and sometimes with their partners. As they drink too much, they do not pay the proper attention to use condom while making sex.

From the focus group discussion conducted, it has been found out that most in-&-out-of-school youth understand what makes the youths vulnerable to HIV/AIDS and its further complications.

#### **4.1.2. Clarity and Relevance of the radio program messages**

Most of the youths participated in the focus group discussions noted that they can understand the radio program messages. Regarding to clarity and relevance of the radio program messages, the data show that both

in-school and-out-of-school youths have no problem of understanding the intended message delivered to them. They further noted that the issues raised in the programs are relevant to them as the programs demonstrate good evidence of the benefits of behavioral change.

Elements that can help or hinder clarity include: language (vocabulary, lingo) amount of content (avoid trying to cram in too much), pace (speed), background (music and other elements) and repetition. Thus, when the clarity of the messages is seen in light of the above criteria, Dagu appears to be successful in reaching its target audience. This in turn leads to the conclusion that the youths (both in-&-out of school) understand actions they need to take to adapt positive behaviors.

Similarly, the reflections obtained from the youth about the relevance of the program also suggest that the youth take the program as an important information source for issues that affect them. They cited interviews conducted by the producers with the youth who practice both positive and negative behaviors. An extract taken from a 16 year old girl who shared the group views responded to the question regarding to the clarity & relevancy of the radio program messages is presented as follows:

The program presents examples of both positive and negative behaviors. Some of the youth are engaged in dangerous behaviors.

For example, they do not use condoms when they make sex, they spend a night outside home without the consent of their parents, they drink alcohol, and they take drugs. So these people can be vulnerable to HIV/AIDS. However, there are also youth who decide not make sex before marriage, do not take alcoholic drinks and succeed in education. Program producers also give advice to avoid such dangerous behaviors. What is presented in the programs are clear and relevant to the youth and moreover it helps us a lot.

#### **4.1.3. Listening and discussing the program with friends and family members**

Listening and discussing the program with friends and family members can play a significant role in HIV/AIDS intervention. Open discussion on HIV/AIDS issues is often suggested as an important tool in the fight against HIV/AIDS, while denial of the problem can aggravate the burden of the pandemic. Clear understanding and knowledge created through open discussion especially with family members and friends will pave the way to address problems such as stigma and discrimination.

Regarding to open discussion, most of the youths (both in-and-out of school youths) expressed their views that the radio program helps them to develop their confidence to discuss HIV/AIDS and other related reproductive issues openly. Some of the youth develop the habit of listening the radio program with their parents and family members. This indicates that they were able to increase their knowledge about HIV and

AIDS and build up confidence to speak with their peers and family members about the pandemic as a result of the radio program messages.

Among the focus group discussants, female, aged 17 in-school youth who shared the groups view had the following to say regarding lack of openness as one of the basic factors that exacerbate the prevalence of the epidemic on the part of the audiences in focus:

In my family we used to listen to the radio program and discuss on the issues raised in the program openly. If the youth discuss openly with their family members and friends about HIV/AIDS, they can protect themselves from the virus. For me, the problem lies with openness. We have overcome denial of the problem, stigma and discrimination through open discussion on the subject matter with friends and family members.

Apart from the program aired in Sheger 102.1 FM, the school-based Dagu Addis Radio Program Listeners' Groups also create an opportunity for the in-school youths to regularly discuss issues associated with HIV and AIDS with their peer groups, teachers and program producers. As a result most in-school youths have satisfactorily comprehensive knowledge on HIV/AIDS.

#### **4.1.4. Listeners' behavioral change and risk perception**

Regarding to Listeners' behavioral change and risk perception most of the youths express their views as Dagu Addis appears to use messages that inform the youth that they are at risk. The Program carried

messages that indicate the youth are at risk of HIV/AIDS. It also tends to use people engaged in risky behaviors to inform its audience that their actions can be at risk. In this regard one of the focus group discussant expresses the groups view in the following way:

The program educates us to protect ourselves from different risky behaviors. It helps us understand issues that adversely affect our lives. For instance, I will be at risk if I do not use condom consistently and properly when I have sex. It helps us know when and how we should make sex. It also helps us understand how we can entertain ourselves.

Similarly, a 17 year old girl responded the following to the question raised whether they (the youth) undergo behavioral change and develop risk perception of contracting HIV.

People in our age can engage in different activities. That is what Dagu shows us. But if we do not protect ourselves and if we don't see the risks and change or modify our behaviors (I mean if we have one) we will end up or be infected with HIV or get pregnant.

Thus, Dagu Addis Radio demonstrates the severity of HIV/AIDS, it helps its audience to realize and understand the risk they may face. In other words, it helps them enhance their perception of risk to HIV/AIDS. Almost all the youth noted that the actions recommended by the radio program to promote healthy behaviors are very easy and do not take

much efforts and costs and it helps them to undergo a behavioral change.

#### **4.1.5. Socio-cultural context of the society**

Different views are expressed regarding to the socio-cultural context of the society, especially language usage of the radio program. Most of the youths like the language usage of Dagu Addis Radio Program. They said the program uses the language they want to hear.

On the other hand few youths who do not like the language usage of the program said that some of the words used in the program are not common and appropriate to the culture of the country. They cited programs on fondling sexual organ of one's partner and day Party among others, could make the youths emotionally think about or engage or motivate towards sex. In general most of the youths both in-&-outs of school youths comment the program as easy, comfortable to listen and appropriate to them.

In general from the focus group discussion conducted, it has been found out that most in-&-out-of-school youths undergo behavioral change as a result of the radio program messages.

## **4.2 Dagu Addis Program Producers**

### **4.2.1. The main objectives (themes) of the program**

As it is mentioned in the introductory part, curtailing the rapid spread of HIV among young people is one of the country's most urgent priorities. Hence, the main objectives (themes) of the program focus on the areas of prevention, care and treatment activities which can play a significant role in the fight against HIV/AIDS. Working on these prioritized areas can help reducing the youth's susceptibility to HIV infection, and at the same time it can help change young people's sexual attitudes and behaviors.

Producers of the program noted that the program aimed at decreasing the transmission of HIV by providing information and presenting testimonies and role models that help young people to make informed decisions in their walks of life. The following extract taken from one of the producers clearly shows that.

The radio Program's overall goal is to slow down the spread of HIV infection among young people that seek to change their attitudes and beliefs about HIV/AIDS, modify their risk perceptions, and build their ability to adopt and maintain healthy behaviors. The general objectives (themes) of the radio program focuses generally on delivering comprehensive information based on the knowledge and attitudes of young people related to sexual and reproductive

health including HIV/AIDS, and their broader life issues including aspirations, hopes and self-perception. In this way we can build up the youths communication skills.

Apart from their role in HIV prevention, these programs can help the youths develop and enhance their life and interpersonal communication skills. In addition, they will help the youths to be effective in problem solving and decision making processes. Moreover, these programs can help the youths to cope up with emotions and stress. In this way, the youths can change their attitudes and beliefs about HIV/AIDS, modify their risk perceptions and maintain healthy behaviors. In general, the program appears to be successful in selecting and presenting HIV/AIDS related issues for its target audiences

#### **4.2.2. Conducting preliminary research/audience research**

As it is reviewed in the literature review of this study, when a message is developed, target audiences need to be considered for a number of reasons. For health education to be effective, it should be designed “with an understanding of recipients’ (target audiences) health, social characteristics, beliefs, attitudes, values, skills, and past behaviors. From the in-depth interview with the chief-producer of the radio program, it has been learnt that the producers make the required

preparation to present the youth's agendas beginning to the pre-production period. The program producer forwarded the following statement on the activities of conducting preliminary research /audience research of the program.

I think if we first did not conduct preliminary research /audience research of the program it will not be successful now. To design the messages that are relevant to the youth, first we did a desk review of other countries' experience. Then we conduct focus group discussion with the youths. They told us their interests and priorities and at the same time point out their gaps in information and knowledge. In addition to this, we have meetings and panel discussions with governmental and non-governmental organizations who are working with the youth. In this way, we make our efforts to keep the issues raised in the program to make sense of the audiences and maintain its relevance to the youth. These are the steps we take prior to developing our messages to the youth.

Moreover, the radio program producer's makes an effort to incorporate feedbacks and comments from their listeners obtained through letters, phone calls and mobile messages (SMS). They also have quarterly in-house review meetings.

According to the program producer before airing the program every week, they make a review by internal and external teams. In addition to this, the program have an external advisors abroad who comment on the

relevance and other related issues of each program. In this way the final aired program have rich in puts from many professionals and stakeholders on the subject matter.

#### **4.2.3. Messages of the program helping the youths in combating HIV/AIDS**

Concerning message of the program and its usage in combating HIV/AIDS Dagu Addis radio program focuses to slow down the spread of HIV infections among the youth through changing the youth's attitudes and beliefs about HIV/AIDS.

As to the producers of the radio program, the key messages of Dagu Addis focus on presenting comprehensive knowledge of HIV/AIDS, clarifying misconceptions about HIV/AIDS, showing risky behaviors leading to HIV infections, teaching costs and benefits of adopting a healthy behavior, seeking and getting information on HIV/AIDS and reproductive health, establishing good and healthy relationship among couples, spending leisure time and protecting one's self from unwanted pregnancy can be mentioned among others. And these messages help the youths to understand the severity of the pandemic in many ways. While expressing messages of the program, one of the producers of the program made the following remark.

In general, we would like to get out messages that let the youth know that they are at risk of contracting HIV/AIDS; they are capable of identifying and avoiding risky behaviors; and adopting positive or healthy behaviors to help them protect themselves from HIV/AIDS and achieve their goals and have a promising future.

#### **4.2.4. Monitoring and evaluation mechanisms of the program**

As it is mentioned in the review of related literature, any intervention program including the one related to HIV/AIDS communication needs to have a well defined monitoring and evaluation system in place. A well designed monitoring and evaluation activities can help any HIV/AIDS communication activities to be successful by saving unnecessary wastages of money, time, energy and human resources.

From the in-depth-interview conducted with the program producers it has been learnt that Dagu Addis radio program monitors and evaluate the overall achievements of the program by using different mechanisms. By conducting regular focus group discussion and in-depth-interview with the target group's rich feedbacks and data's has been collected. Taking in to considerations listener's letters, phone calls and at the same time organizing quiz and answers forum helps the program producers to know more about the effectiveness of the radio program. In this way the producers of the program certify the elements that are working, and at the same time identified elements of the programs that are not

working. As a result applying the monitoring and evaluation mechanisms helps the radio program producers to design and implement more effective programs. In general from the Producers of the program it has been noted that the program is successful in achieving its aim and objectives.

### **4.3. Media and communications professionals**

#### **4.3.1. Issues raised in the radio program**

For most of the media and health communication professionals, the radio program focuses on issues related to the youth's agenda. The issues raised in the program are relevant to the youth's needs and interest. This can be taken as one of the strengths of the program, focusing always on the youth's agenda, reflecting their priorities and involving them as a change agent. This strength might be the result of the discussions with the youths by the program producers prior to preparing the program. In addition to this, the meetings the producers held with governmental and non-governmental organizations working with the youths also helped a lot in finding out issues that are appropriate to the youths' interest.

One of the strengths of any radio program lies in selecting issues appropriate to its target audiences. Segmenting listeners is also vital to ensure the messages of the program can fit the needs and expectations of its listeners. Generally from the in-depth interview with the media and

health communication professionals, it has been learnt that the radio program focuses on issues related to the youth's agenda. A senior media and communication expert gives his comment on the program as follows:

The radio program focuses on youth issues. It highly involves young people. The issues raised in the program are relevant to the youth. Views, opinions and experience of the youth are also reflected and shared in the program. This can be taken as one of the strengths of the program, focusing always on the youth's issue.

In general, it is possible to infer that the program addresses the needs and wants of the youths.

#### **4.3.2. Consideration of Socio-cultural context**

Considering the Socio-cultural context of the society, some of the media and health communication professionals whose views are accessed in the in-depth interviews revealed that the radio program follows new style and tradition in the era of the countries media history. They mentioned facilitating free and open discussion as one of the strength of the program, according to these professionals whenever there is free and open discussion on any subject matter there will be an answer for all the problems the society encounters. On the other hand for few of the media professionals the language being used in the programs are sometimes inappropriate. Even though few of the professionals have reservations on

the language usage of the program most of the professional agree the program language considers the intended target groups needs and reality.

In line with this, a veteran youth radio program journalist expressed his view during the in-depth interview as follows:

Passing messages through the language that is appropriate for the target audience is an important factor for effectively delivering messages. I think Dagu Addis has won its target audiences mind and heart by giving due attention to the reality of the youths. Discovering the needs and wants of the youth and at the same time communicating in their own language and style is a success by itself.

#### **4.3.3. Bringing behavioral change among the youth**

Most of the producers indicated that the program could bring about behavioral changes among the youth. Most media and health communication professionals appreciate the program, as it voices young people's perceptions, opinions and activities. They further noted this as one of the strengths of the program. They also indicate the program shows risks facing the youth and present recommended positive behaviors that need to be promoted. Moreover, they said the program uses role models to show the possibility of adapting positive behaviors.

As stated by media and communications professionals, role models who can demonstrate the behavior can increase audience confidence that the behavior is easy to perform and providing solutions to barriers that have been expressed by the audience can also help make the behavior easier for audiences.

A health radio program producer expresses his idea as follows:

The program often voices young people's perceptions, opinions and activities. Positive or negative behaviors of the youth are presented. The program shows also risks facing the youth and presents recommended positive behaviors that need to be promoted.

Bringing behavioral change among the youth needs promotion of the desired behaviors through the participation of the youth. As noted in the review of related literature perceived benefits which are the individual's perceptions of the advantages of adopting recommended actions would eventually reduce the risk for disease severity, morbidity, and mortality (i.e., "if I start using condoms, I can avoid HIV infection") which at the end of the day ultimately brings a behavioral change among the youth.

As stated above, Dagu Addis Radio is successful in providing evidence of benefits for adopting recommended behaviors such as using condom, avoiding casual sex, drug substances such as *chat*, *shisha* and

alcoholic drinks, so that through time the youths will bring a behavioral change. Another health journalist also said:

The program indicates risky behaviors and point out indirectly some suggestions to avert them. The referral system is also good, as the program producers also encourage audiences to use 952, free phone service that can provides young people and other segments of the society with counseling services. Moreover, the program uses role models to show the possibility of adapting positive behaviors.

In general according to media and communication professionals the radio program is effective by selecting issues appropriate to the youths needs and interest .As a result the radio program will win the hearts and minds of the its listeners and achieve a behavioral change among the youth. .

#### **4.4. Parents of the youth**

##### **4.4.1. Open discussion and sharing ideas on the radio program within the family members**

Concerning open discussion and sharing ideas on the radio program within the family members, it has been learnt from the in-depth interviews with parents of the youth now a day's most of the parents of the youths develop the habit of discussing on the radio programs topics

freely, even they started sharing ideas on sexuality and other issues associated with HIV and AIDS with their children.

On the other hand inside in few families there is still no openness and free discussion on the subject matter from both sides (i.e., from the youths and their parent's side). For these few parents of the youths even though the program promotes open discussion on HIV/AIDS there is still a communication gap with their children's. This has also been reflected by the youths in the focus group discussion who are afraid of discussing reproductive health issues with their parents.

In general Dagu Addis tries to create a platform for discussion issues related to HIV and AIDS in most families. As a result now a day most of the parents of the youths started to develop the habit of discussing sexuality issues with their children as they seem to understand the urgency of the matter.

#### **4.4.2. Understanding HIV/AIDS and its further complications**

Concerning messages of the program and understanding of HIV/AIDS issues and its further complications some of the parents of the youth expressed their view as Dagu Addis radio program messages create a chance for themselves & their children to know new ideas and views about the problem. They further noted the radio program teaches their children to understand the gradual change in their adolescent period.

In addition to this, according to the parents of the youth, the program teaches their children's different health education issues, self awareness, decision making, and critical thinking skills which can help the youths not to engage in unprotected sex and rather focusing on their education and future vision.

On the contrary to this few parents of the youths have negative outlook towards to the radio program messages. These parents do not see the topics raised in the programs as issues that help or promote positive behaviors. This can also clearly indicate the differences in perception due to a generation gap. They pointed out their fear that the radio program might change their children's focus from education to sex and lead them to engage in unprotected and untimely sexual practices.

Generally most of the parents of the youths express their views as the messages aired through Dagu Addis as constrictive and positive. Furthermore most of the youth's parents noted that the messages of the program in one way or another are interrelated to HIV and AIDS, and as a result this the youth will understand the problem and its further complications.

#### **4.4.3. Socio-cultural context of the society**

Concerning the socio-cultural context of the society some of the parents of the youth evaluate the radio program messages as useful, and they further noted that the radio program tries its best to show the hidden reality of the problem at hand. On the other hand few parents of the youth, whose views are accessed in the in-depth interviews, revealed that the language being used in the program is sometimes inappropriate. In general, most of the parent viewed Dagu Addis radio program as a means for the positive behavioral change among their children.

#### **4.4. Content Analysis**

The study for content analysis covers one year Dagu Addis Radio Program which was aired from May 3, 2009 up to May 8, 2010. During this period, fifty radio programs were broadcast on Sheger FM 102.1. Hence, a total of twelve radio programs were selected for content analysis. In doing so, every fourth of the radio program within the period was selected. These twelve radio programs episodes focus on the areas of: abortion and unintended pregnancy, condom use, effective study, open communication, taking substances (addiction), job creation, facts about HIV, resisting peer pressure, unsafe school environment, managing emotions, spending leisure time and being faith full.

Therefore out of the twelve programs four of the programs focus on the areas of life skills; three of the programs focuses on the areas of developing interpersonal communication skills; two of the programs focus on the areas of decision making; the rest programs focuses on the areas of coping with stress(emotions); problem solving and self awareness(esteeem).

Hence, it has been tried to explore the effectiveness of the content of the radio program in line with the following criteria's. Key messages of the radio program, message delivery techniques, perception of risk, good evidence of costs and benefits of behavior and actions from the audience are major areas considered for the content analysis.

Accordingly, the key messages of the program are related to the major topics that are addressed in the program. An attempt has been also made to analyze how the program relates these issues with HIV/AIDS and what are the key messages. In this regard, it was found out that the issues raised above are often entertained independently, so they implicitly carried messages about HIV/AIDS. The twelve cases presented below illustrate message delivery techniques, perception of risk, behavioral change, good evidence of costs and benefits of behavior and actions from the audience are major areas considered for the content analysis.

## **Radio Program One**

### **Abortion and unintended pregnancy**

This program focuses on abortion and unintended pregnancy areas. The program featured a 15 year old girl who faced with unintended pregnancy. The girl who used to attend a boarding school was raped when she went to a nearby lake at night to have enjoyment. She used traditional abortion method and terminated the pregnancy. She also conceived from her teacher who at the beginning approached her as someone who assisted her to succeed in education. She again went back to the traditional medicine men to terminate the pregnancy. This resulted in a lot of problems. She lost a lot of blood during the abortion.

Presently, she is now living with the virus; moreover she could not control her urine. Moreover, she underwent some psychological problems due to the pregnancy and cervical infections. In the program was also a gynecologist who shared his professional opinions on the risks and effects of unwanted pregnancy, above all. To show the existing working legal policies the program used a lawyer who expressed his legal opinions concerning the legal framework of abortion in the country. At the end of the program, the producers gave tips to their audiences and also advise the youths where to get information and assistance on issues related to

abortion and HIV/AIDS. For instance, calling 952, a free call service is cited as an important source of information.

## **Radio Program Two**

### **Condom use**

The program focuses on usage of condom from different angles. In this program besides to the youth's opinions, a counselor w/o Workeye Tsige was asked to give her professional opinion on the subject matter. She recommends on the program condom as one of the best preventive mechanism of protecting oneself from the infection if it used properly.

Beside to this the program shows the benefits of using condom consistently as it can prevent other sexual transmitted diseases and protect the youths from unwanted pregnancy. The program further noted that as all condoms are electronically tested in the laboratory the youths are expected to get rid of the rumors and misconceptions about condom. The program producers and guest of the program (counselor Workeye) also demonstrates the steps and how to use condoms effectively.

Inconsistent use, improper use, discontinuing on the justification of faithfulness, lack of self-control due to alcohol, chat and drug use, distrust of condoms and stigma of buying condoms presented as some of the barriers which hinder the youth from buying and using it properly.

The program strongly links and justifies the interrelation between HIV/AIDS and condom and shows the benefits and the expected actions from the audience.

### **Radio Program Three**

#### **Effective study**

The program focuses on how students will be more successful and effective in their study and education. Some successful students have been interviewed about their experiences in the program. Abel Kebede who is now eleventh grade student and Azeb Worku from Addis Ababa university post graduate studies shared their learning and study habits. Moreover the famous guitarist Henoke Tmesgen shares his experience while he was studying at George Washington University in the United States of America.

All the respondent answer focuses on the areas of giving the due attention in the class room while the instructors teaches. In addition to this the educational psychologist Ato Yohanness Afwork presents his professional views of effective study skills. Hence, the program demonstrates some of the good evidence and benefits of effective studies. The program also gives tips for developing effective study habits as using time management effectively, developing reading habits, organizing oneself, attending class & visiting libraries regularly and self discipline.

This program has an indirect relationship with HIV/AIDS in a number of ways. For example if the youths are successful with their education they will have bright visions and clear understanding of what is going on around them. They will have an awareness of the problem. Simply they will not indulge them self's in any risk behaviors.

#### **Radio Program four**

##### **Open communication**

The program focuses on the areas of open communication with parents. Issues raised in the program include discussing on reproductive health issues, taboo issues such as sex, raising children, sharing ideas openly, generation gap and so on. In general the program has strong link with so many health related problems as open communication is the main gate for the prevention and control of the pandemic.

#### **Radio Program five**

##### **Taking substances (addiction)**

The program focuses on the use of different kinds of alcoholic drinks and substances such as 'chat', 'shisha', 'hashish' among the youth. In this program, two drug addicted youths have been interviewed about their experience with different kinds of substances. The boys have been addicted for a long period of time. The problem forced them to steal and

stop their education. His relationship with the family was also severely affected, and he was on the verge of becoming mentally ill. After being addicted for 14 years, one of them changed his life style and his behavior.

The program shows the steps one of the two youth (Paulos) took to change his life after receiving advice. Paulos changed his mobile phone to avoid contact with his friends who put him in the risky behavior. He is also able to focus on education and re-establish good relations ship with his friends. The program also interviewed a psychologist who shared his opinion on how to stop and avoid unwanted behaviors such as using different kinds of substances. The psychologist showed the means and complications of the problem and forwarded behavior which needs to be practiced by the addicted youths. At the end of the program, the program producers give tips to the youths to practice in their future life. One of the means which makes the youths to be vulnerable to HIV/AIDS is using different kinds of alcoholic drinks and substances such as 'chat', 'shisha', 'hashish'. Most of the time after drinking alcoholic drinks the youths indulge themselves in to unprotected sex .As they drink too much, they do not pay the proper attention to use condom while making sex.

As stated above, the message delivery techniques of the radio program

include personal stories the youth, experts who have knowledge about a particular issue, the producers of the program and music (songs) that is related to the issue raised. The variety of techniques seems to help capture the attention of the audience. The programs above also show how the youth could be at risk of affected by different circumstances that have perilous effects on their life. The unwanted pregnancy in program one and substances in the two programs illustrate how the youth could be at risk unless they are careful.

Moreover, the program presents good evidence of the risks of negative behavior and the benefits of adopting positive behavior. The second story clearly indicates how the family (social) life and health of Paulo's was affected by his behavior. On the contrary, his situation was improved when he began adopting a positive behavior (avoid substance and focus on education).

In general, the findings obtained from the content analysis of selected programs show the above results. Accordingly the radio programs are successful in delivering its objectives to the intended target groups.

### **Program six**

#### **Job creation**

The program presents how the youths create job for themselves. When

Eyasu did not get the chance of passing the national matriculation exam he finds himself in a dilemma. After struggling for a couple of years he has opened his own advertising agency. After three difficult struggling years he is now the owner of “Eyasu Advertising agency” which has a capital of three million birr and twenty eight employees. This program has a direct relationship with HIV/AIDS as unemployment is one of the factors that lead the youths to indulge unwanted sex activities and different addictions. More over the program messages the youth not to frustrate whenever things go in the wrong way.

### **Program seven**

#### **Facts about HIV**

The program mainly focuses on the fundamental facts of HIV/AIDS. Modes of transmission of the virus, testing, sexually transmitted infection, risk factors, transmission from mother to child, usage of condoms and other related fundamentals issues are entertained in this program. The program uses quiz and answers format to participate the youths in answering the questions. Councilor Tsion and Eyasu forwarded further explanations on the subject matter and Yekatit twelve ( the former Etege Menen )high school students participated in the quiz and answers competitions.

## **Program eight**

### **Peer pressure**

One of the reasons most youths fail in different addictions are in one way or another interrelated with peer pressures. Biruke one of the chat addicted youth fails from his studies because of his friend's pressure. Chewing chat, smoking cigarette, drinking alcohol and shissa, unsafe and unplanned sex are cited as some of the problems the youths face from their peers pressures. The program presents Dr. Dawit Wondemagne professional opinion on how the youths can resist their close friend's pressure.

## **Program nine**

### **Unsafe school environment**

The program focuses on unsafe school environment and its consequences. These days in most school surrounding areas there are bars, hotels, restaurants, "shisha" houses, couple houses, bed rooms, porno film houses, pool houses, "chatt" chewing houses and so on which can distract the youths attention towards to their studies. As a result of their availability near to the schools environment most students use them as a recreational center.

Eyoub, Danawit and Solomon spend most of their times in these areas. Finally they failed from their class for a number of times, they face suspension and ban from for their school. As now a day some of the

youths are addicted to these drugs and alcohols they have high probability of facing HIV/AIDS as they practice unsafe and unplanned sex with their friends.

### **Program ten**

#### **Managing Emotions**

This program focuses on the areas of managing one's emotions like anger, jealousy, love, sex, suspicion and so on. Most of the time quite a number of youths has no ability of managing their emotions in their day to day life .As a result they face a number of hardships and disappointment in their life's. Breaking relationships because of unsound suspicion is one of the themes this particular program tries to show. This program has a direct relationship with the overall objectives of the radio program. Whenever people have no self confidence and self esteem they inclined to perform emotional and irrational decisions. And as result this ultimately leads them to unplanned sex, drinking alcohol, fight, breaking relationship and so on.

### **Program eleven**

#### **Leisure time**

This program focuses on how the youths are expected to spend their leisure time in a productive way. Reading fictions, watching movies, playing foot ball, basketball & pool, listening to music, visiting holly

places, participating in voluntary activities, playing with friends, learning language and computer are some of the activities mentioned in the program by the participants of the radio program as their leisure time activities. The program has a direct relationship with HIV/AIDS as it will keep them not to be engage in distractive activities and be aware of the problem.

## **Program twelve**

### **Faithfulness**

Among partners faithfulness plays a major role. Open discussion and communication between partners and building truthfulness paves the way to ever lasting relationship. In this program Belian and Mateyas shares their experience. They express the very foundation of their relationship lies with being faithful with each other. Faithfulness plays an important role in the prevention of HIV/AIDS among partners. Whenever there is faithfulness with partners there is always trust among them. And this trust will keep them not to practice sex without their partner's. As a result they will protect themselves from any kind social, mental and biological problems.

All the twelve Dagu Addis radio programs directly or indirectly addressed HIV and AIDS focusing on the day to day activities of the youth. As most of the radio programs are appropriate to the youths' needs, the radio

programs can be taken as effective in combating HIV/AIDS among the youths.

In general according to both in-and-out of school youths Dagu Addis radio program is effective in delivering simple, understandable, clear, practical and easy to remember messages that show the severity and risk of the problem giving due attention to its target needs and expectations. The Program carried messages that indicate the youth are at risk of HIV/AIDS. The program also tends to use people engaged in risky behaviors to inform its audience that can be at risk. As a result of this most of the youths develop positive behaviors. Almost all the youth noted that the actions recommended by the radio program to promote healthy behaviors are very easy and do not take much efforts and costs and it helps them to undergo a behavioral change. Regarding to clarity and relevance of the radio program messages, both in-school and-out-of-school youths have no problem of understanding the intended message delivered to them.

As to the program producers there is a remarkable behavioral change among the youth as a result of the radio program. The producers stress the radio program focus areas on the issues related to the youth's agenda as one of the reasons for the youths to undergo a behavioral change. Issues raised in the program are relevant to the youth's needs

and interest. The radio program is effective in presenting information, testimonies and role models that will help young people to make informed decisions in their walks of life and develop positive behaviors. According to the Dagu Addis radio program producers' focusing on the HIV/AIDS prioritized areas also helps the radio program listeners to teach and be aware of reducing their susceptibility to HIV infection, and at the same time it helps them to change their sexual attitudes and behaviors.

Most media and health communication professionals conclude that Dagu Addis helps the youth by facilitating free and open discussion among the youths and their family members; as a result of the free and open discussion the youths can clear any doubt and misconceptions about HIV/AIDS. Hence this will enhance them to develop self confidence and self-esteem. For most of the media and health communication professionals, the radio program focuses on issues related to the youth's agenda. The issues raised in the program are relevant to the youth's needs and interest. This can be taken as one of the strengths of the program, focusing always on the youth's agenda, reflecting their priorities and involving them as a change agent.

Concerning the youths parent most of them started to develop sharing ideas on HIV and AIDS, reproductive health and other associated issues

with their children as a result of the radio program messages. Dagu Addis radio program creates a chance for the parents as well as to their children to know new ideas and thoughts about the problem. On the other hand there are few parents of the youth who has still fear and suspicion on some of the radio programs messages as it promotes the habit of discussing sexuality and reproductive topics freely.

Generally from the six focus group discussion with in-and-out of schools youths and with the twelve in-depth interview conducted with the radio program producers, media & health communication professionals and parents of the youth Dagu Addis radio program is effective in combating HIV/AIDS among the youth.

## **CHAPTER FIVE**

### **CONCLUSION AND RECOMMENDATION**

#### **5.1. CONCLUSION**

As it has been stated in the earlier chapters, the purpose of this research is to study the effectiveness of Dagu Addis Radio Program in combating HIV/AIDS among the youth. Therefore, this research has been studied to show the effectiveness of using media interventions especially radio programs in order to stop the rapid spread of HIV/AIDS pandemic among the youths.

As it has been mentioned in the health belief model in order to change in to healthy behavior, intended audiences need to be aware of their risks. In this line a growing body of research shows that the perception of most young people towards their vulnerability to HIV and other threats of their survival are low. As a result, they are more likely to put themselves at risk of contracting HIV. As most young people do not believe that they are vulnerable to HIV and other threats to their survival, they more rapidly put themselves at risk of contracting HIV than do adults.

Giving due attention to these realities the study focuses on the effectiveness of Dagu Addis radio program in combating HIV/AIDS

among its target audiences. Therefore, the following conclusions have been made based on the findings of the study.

Dagu Addis radio program has a number of strengths which makes the program to be more effective in delivering HIV/AIDS and related messages to its target audiences. Segmenting the audiences, identifying and focusing on related issues, working closely with the youths, conducting preliminary research, creativity (implementing new styles and approach), giving attentions to the needs and expectations of the youth, focusing only on one issue at a time, taking in to consideration listeners feedback and working by combining both entertainment and education (edutainment) can be mentioned as some of the strengths of the radio program which can be very useful to others. On the other hand to be more successful Dagu Addis has to improve its language usage and considering the socio-cultural context of the society.

Therefore, it is possible to conclude that the messages of Dagu Addis Radio Program are directly interrelated in preventing the youths from HIV/AIDS. From the findings of the study, it can be concluded that Dagu Addis recommends actions which can easily be taken by its target audience. This implies that Dagu Addis messages carry recommended actions that have a tendency to promote healthy behaviors. The findings of the study attest that Dagu Addis is able to capture and maintain the attention of its target audience. It creates opportunity for

the audience to think about the messages and increase the likelihood of experiencing appropriate changes in knowledge, attitudes, and behavior. In general, it is possible to conclude that the messages of Dagu Addis Radio Program are effective and successful in combating HIV/AIDS among the youth.

## **5.2. RECOMMENDATION**

Based on the findings of the study, the following recommendations were made.

- Radio programs like Dagu Addis that are research-based, audience- focused, regularly monitored and well designed messages can play a very important role in addressing and preventing different problems including HIV/AIDS. Therefore, it is advisable for those who work in the area of producing radio programs on HIV and AIDS to follow the steps taken by Dagu Addis radio program to produce an effective radio program.
- A radio program which follows edutainment (entertainment and education) approaches like Dagu Addis radio program can easily change and influence the youth's attitude. Hence, it is advisable for those who work in producing youth-focused programs to use

this approach to be more effective and successful in conveying their messages.

- It is apparently true that the youths are one of the foremost HIV/AIDS affected segments of the society. As it has been well articulated in this study, one of the approaches of Dagu Addis radio program is reaching the target audiences by using extensive discussion and dialogue with the target groups and its listeners. In addition to this, monitoring the radio program gives a chance to the program producers to know more about both the strength and weakness of the program. Therefore, it is advisable for radio program producers to use Dagu Addis radio program approach in reaching their target groups effectively.
- The program should heed the norms, values and life of styles of the society to produce a program that is acceptable by both youth and their parents so as to create a platform for open discussions and debates between the two actors which play an important role in the fight against HIV/AIDS.

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