ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES

AN ASSESSMENT OF THE COMMUNICATION STRATEGIES USED BY FAITH BASED ORGANIZATIONS ON THE USE OF ANTI RETRO VIRAL TREATMENT (ART): THE CASE OF ETHIOPIAN ORTHODOX CHURCH

BY
TINBIT AMARE

AUGUST 2010
ADDIS ABABA

AN ASSESSMENT OF THE COMMUNICATION STRATEGIES USED BY FAITH BASED ORGANIZATIONS ON THE USE OF ANTI RETRO VIRAL TREATMENT (ART): THE CASE OF ETHIOPIAN ORTHODOX CHURCH

A THESIS SUBMITTED TO SCHOOL OF GRADUATE STUDIES
ADDIS ABABA UNIVERSITY

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN JOURNALISM AND COMMUNICATION

BY
TINBIT AMARE

ADVISOR
YACOB ARSANO (Ph.D)

AUGUST 2010
ADDIS ABABA

AN ASSESSMENT OF THE COMMUNICATION STRATEGIES USED BY FAITH BASED ORGANIZATIONS ON THE USE OF ANTI RETRO VIRAL TREATMENT (ART): THE CASE OF ETHIOPIAN ORTHODOX CHURCH

BY
TINBIT AMARE

Approved by the Examining Board

_____	_____
Chairman, Department Graduate Committee	**Signature**
_____	_____
Internal Advisor	**Signature**
_____	_____
External Examiner	**Signature**
_____	_____
Internal Examiner	**Signature**

Table of contents Page

ACKNOWLEDGEMENTS

First and for most, I would like to grace God for providing me the wisdom, courage and his blessings to move to this end. Thank you Lord! for not letting me down all these years.

I owe my deepest gratitude to my advisor Dr. Yacob Arsano, whose encouragement, guidance and support from the initial to the final level enabled me to write this thesis. He was kind, positive and helpful from the beginning to the end.

I would like to thank my mam, dad and my brother (Ermi) for their support through out my life. With out your love and encouragement I wouldn't be able to reach this far.

My gratitude goes to all my informants who were so helpful during my data collection. I would also like to thank every one in EOC-DICAC and EFFIDA for providing me all the material and the data I needed.

I am indebted to my best friend Tedla and his friends for their support in providing me the necessary materials. Especially you Tedla, I have no words at all to express my gratitude for you, for helping, encouraging and loving me all this time.

Last but not least, my deep gratitude goes to all persons and friends who encouraged and provided me materials during my study. My particular thanks go to Mahi, Rahel, Elsa, Asfaw, Degsew, Engda, Dani, Wube, Seme, Zele, Tirsit, Hagos who in one way or another had input to my study.

LIST OF APPENDIXES

ACRONYMS

AACC	All Africa Conference of Churches
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti Retroviral Therapy
ARV	Anti Retro Viral
EOC	Ethiopian Orthodox Church
FBOs	Faith Based Organizations
FGD	Focus Group Discussion
FHAPCO	Federal HIV/AIDS Prevention and Control Office
FMOH	Federal Ministry of Health
HIV	Human Immune-Deficiency Virus
IE/ BCC	Information Education/ Behavioral Change Communication
IEC	Information Education Communication
NGO	Non Governmental Organization
PLWHA	People living with HIV/AIDS
PMTCT	Prevention of Mother- to–Child Transmission
RL	Religious Leader
TOT	Training Of Trainers
UNAIDS	United Nations Joint Program for HIV/AIDS
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

Abstract

For the last two and half decades HIV/AIDS has been causing a great damage to human life. HIV remains a global health problem of unprecedented dimensions. Ethiopia is one of the sub Saharan country affected by the epidemic. For instance, in 2005 there were 1,320,000 persons living with HIV/AIDS in Ethiopia. There were 353 new infections and 338 deaths per day at the national level.

However these days with the discovery of ART drugs, mortality rate decreased. Even though mortality rate decreased, there were problems created after the invention of the drug. Since taking the drug needs >95% adherence which means not missing more than one dose per month to avoid the emergence of drug resistant HIV strains. Otherwise the virus will replicates and mutates (changes its character, including its ability to resist drugs) at a very high rate. Non-adherence by patients on ART has serious consequence both on the individual as well as the society.

According to different studies conducted through out the country, starting spiritual treatment like tsebel is one of the reasons for non adherence by patients. The belief that goes saying modern medicine could not be taken with spiritual treatment (tsebel) by the Ethiopian Orthodox Church has been creating a problem for the past few years. However, the church has changed its stand and started to educate the clergy about this issue.

The study uses qualitative method which includes in-depth interview and focus group discussion. The data is collected from two holy water site: Entoto Mariam church and Urael church. The data is collected from four target groups which include: - Religious leaders, People Living With HIV (Who are taking ART with tsebel and who stopped taking ART after they started tsebel), Community leaders and Actors (Organizations who are working on HIV and related issues).

Eventually, the findings of the study show that there is awareness about ART and adherence among religious leaders, PLWHA and community leaders. The training given by EOC helped to create awareness and to make dialogue among religious leaders. As a result, there is found to be a

behavioral change among religious leaders. They started advising PLWHA not to stop their ART drug when they start tsebel. The communication between religious leaders and PLWHA is limited to interpersonal communication (counseling) because religious leaders are not comfortable to talk about the compatibility of ART and tsebel in public. Even those religious leaders, who are giving education in public, do it rarely. The absence of a written policy by the church, scarcity of mass communication, and community resistance are some of the problems that are revealed by this study. To solve these problems, availability of policy, sensitization of the congregants at public places and churches regularly, interpersonal communication with PLWHA and the use of Mass Media in the form of TV spots and radio dialogues are recommended.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

For the last two and half decades, HIV/AIDS has been causing a great damage to human life. HIV remains a global health problem of unprecedented dimensions. Unknown 27 years ago, HIV has already caused an estimated 25 million deaths worldwide and has generated profound demographic changes in the most heavily affected countries (UNAIDS, 2008). The problem is more serious in developing countries. An estimated 1.9 million people were newly infected with HIV in sub-Saharan Africa in 2007, bringing to 22 million the number of people living with HIV. Two thirds (67%) of the global total of 33 million people with HIV live in this region, and three quarters (75%) of all AIDS deaths in 2007 occurred there(UNAIDS, 2008).

Ethiopia is one of the Sub Saharan countries affected by the epidemic. For instance, in 2005 there were 1,320,000 persons living with HIV/AIDS in Ethiopia. There were 353 new infections and 338 deaths per day at the national level. In addition, it is estimated that AIDS is accountable for 34% of all young adult deaths in the country. In this regard, the urban part of Ethiopia has been severely knocked by the pandemic. Out of the total young adult (15-49) deaths in the urban part 66.3% is due to AIDS (FMoH-HAPCO, 2006).

With No medicine, HIV has killed millions of people in the world which are parts of the productive population. However, these days with the discovery of ART drugs, mortality rate decreased. According to UNAIDS report, the annual number of AIDS deaths has declined in the past two years from 2.2 million in 2005 to 2.0 million in 2007, because of the substantial increase in access to HIV treatment in recent years. In some countries in Asia, Latin America and Sub-Saharan Africa, the annual number of new HIV infections is falling. The

estimated rate of AIDS deaths has also declined, in part as a result of success in expanding access to antiretroviral drugs in resource-limited settings (UNAIDS, 2008).

In this regard, the government of Ethiopia has taken measures to reduce the risk of transmission of HIV and mitigate the impact of the epidemic on society. The Government of Ethiopia launched its ART initiative in 2003. (MoH, 2005) Ethiopia took a step to initiate the free ART program with strong support from the international community in January 2005. It has been both a challenge and success to put 180,477 HIV patients on ARV over the last 4 years. (HAPCO, 2009)

In addition to the ART drug, people are using different means of cure like tsebel (Holly water). These days, people started using traditional means of cure with the modern one, which causes a great problem among the followers of the religion. Ermias Bezabih in his MA thesis mentioned that there are three group of people based on their attitude towards using ART. The first group does not want to take ART, because they consider it as a weapon of Satan (devil) and rather, they prefer to use tsebel only. On the other hand, the second group regards ART as a supporter of tsebel so they believe in taking ART with tsebel concomitantly. The third group with few informants believes in taking only ART as a means of healing (Ermias, 2007)

Different information dissemination activities took place since the introduction of ART in Ethiopia. For example, the National ART Strategic Communication Framework is intended to be an integral part of large HIV/AIDS programs and initiatives (ART, PMTCT, VCT, etc.) in Ethiopia. The purpose of the national ART strategic communication framework is to guide and support ART communication activities in Ethiopia (Ethiopia National ART Strategic Communication Framework, 2005). In this information dissemination process faith based organizations have a great role. In many countries, churches or other faith-based institutions serve as a meeting place for young people. Faith-

based leaders and organizations need to be involved as much as possible. Training religious leaders and church groups to talk about HIV and AIDS and the benefits of VCT can be a highly effective communication strategy (Mᶜkee et al, 2004) .

Religious leaders are closer to the society and are trusted source of information. They can influence the society easily. So, different actor organizations are planning to work with the community in general and religious leaders in particular. the involvement of the community including religious leaders, women's groups, youth organizations, farmers' associations, council members, health extension workers, teachers, development agents, and NGOs will significantly contribute to the fight against the epidemic and will be enhanced (HAPCO, 2004).

1.2 Statement of the problem

The provision of antiretroviral treatment (ART) has decreased morbidity and mortality in people living with HIV/AIDS. However, introducing ART to Sub-Saharan Africa was a topic of hot debate just a few years ago. Concerns about adherence and subsequent development of drug resistance, poor infrastructure, logistic and human capacity, and cost-effectiveness were the major issues (Assefa *et al.*, 2009).

Recognizing the devastating effect of HIV/AIDS on its population and the positive impact of ART, the Ethiopian government has responded to the epidemic as a national emergency and imperative to scale up the ART program. According to the current national single estimate, close to one million people live with HIV in the country of which 289,734 need ARV treatment (FHAPCO, 2007). Since the advent of free ART program in Ethiopia, 50% women, 44%

men and 6% children have been accessing the service. A total of 400 health care facilities, 277 public health centers and 123 public and private hospitals,

are rendering ART service in the country. The number of people who have been able to access ART has substantially increased from 900 in 2003 to 180,447 in 2008. ART patients who are retained on treatment reached 131,000 (72%) by the end of December 2008 (FHAPCO, 2009).

Now that ART is available for free and many people with the virus are using it as a positive thing. However, there are still problems in taking the drug properly. Once ART is started, it requires >95% adherence level (missing no more than one dose per month), to maximize health benefits and to avoid the emergence of drug resistant HIV strains (ART info toolkit). Some of the reasons for not taking the drug properly include: - economic problems, seeking *tsebel* (Holly water) or religious treatment, fear of drug side effects and poor patient handling. Research done by HAPCO confirmed that *tsebel* is being taken as one of the reasons for patients discontinuing ART (HAPCO 2009).

The first Ethiopian national ART strategic communication framework was launched on March 2005 with the purpose of guiding and supporting ART communication activities in Ethiopia (ART framework 2005). This communication framework involves a broad range of IEC/BCC and advocacy activities and a variety of communication channels and approaches. The main goal of this communication framework is to reduce the prevalence of HIV & AIDS and provide appropriate care and support to the infected and affected through comprehensive communication programs. The Ethiopian Faith Based Organizations adopted this communication framework to work on HIV.

The Ethiopian Orthodox church has been participating in the campaign against HIV/AIDS in alongside with other religions and organizations. The AIDS epidemic has affected Ethiopia like many other countries in Africa, promoting an increasingly vigorous effort by the Ethiopian Orthodox Church to educate the society about the disease and to care for the afflicted. The Church also regularly promotes its anti-AIDS message in worship services, bible studies and during Sunday school classes (AACC, 2003).

Even if the church is trying its best to address the problem, there are still obstacles. For example, there are two groups of religious leaders: those who support the use of ART with tsebel and those who support only the use of tsebel. Some members of the scholars' council of the Ethiopian Orthodox Church believe that ART could be taken like any other medicines. According to them, one can take both tsebel and ART simultaneously (Zena, 2006). A study conducted by Christian AID Ethiopia also shows the same result. On the other hand, there are priests who are preaching against ART inside and outside monasteries and churches. A hermit, who coordinates the service at Entoto tsebel site, advices PLWHA not to seek ART while attending tsebel treatment (Zena, 2006).

The church has not issued an explicit policy on HIV/AIDS. It seems evident that this policy gap is one of the driving reasons for the above differences in the spiritual teaching and instructions among the clergy in the same church. We have learnt that a draft policy has been submitted to the Holy Synod of the church; so far though, it has not been adopted and proclaimed (Mahiber Kidusan, 2006; Zena, 2006)

1.3 Research questions

This research has the following research questions:

1. What communication strategies does the Ethiopian Orthodox Church use in addressing the use of ART?
2. How do religious leaders and PLWHA communicate on the use of ART?
3. Which communication method is effective in addressing the issue?
4. What are the challenges that religious leaders face in their attempt to address the issue of ART within their communities?

1.4 Objectives

General objective

The general objective of this thesis is to assess the communication strategy used by the Ethiopian Orthodox Church.

Specific objective

The specific objectives of this thesis are:

- To measure the awareness of religious leaders, PLH and community leaders on ART use.
- To find out communication method between religious leaders and PLWHA on the issue of using ART.
- To assess the effectiveness of communication strategy used by the Ethiopian Orthodox Church on the use of ART.

1.5 Significance of the study

This study is assumed to be significant to many organizations in the following ways: First, it helps Ethiopian Orthodox Church to know its strength and weakness, since the main objective of the research is to assess the communication strategies used by it. Second, it helps actors like HAPCO and MoH to get information on how to work with the Ethiopian Orthodox Church on ART use. Finally, it helps other researchers to see the problem from other religions' point of view.

1.6 Limitation of the study

Due to financial and time constraints, the data will only be collected from two tsebel sites in Addis Ababa. In addition the thesis will only focus on one religion which is the Ethiopian Orthodox.

Since data is collected through qualitative method from few selected people it is hard to make generalization of the whole population. Finally, shortage of written materials on ART and tsebel in the church are some of the limitations of this thesis.

1.7 Organization of the paper

This thesis contains six chapters. Chapter one presents a general background to the study. It outlines the research problem, the significance of the study, objectives, and limitations encountered during the course of the study are also dealt with. Chapter two looks at the theoretical considerations underlying the study. It presents a review of literature on theoretical argument and models that deals with health communication strategies. The third chapter focuses on the methods, procedures and techniques employed in the study. The fourth and the fifth chapters deal with data description, analysis and discussion. The last will be the conclusion and recommendations chapter.

1.8 Definition of terms

Adherence: Is the fact of adhering to a particular rule, agreement, or belief.

Bahitawian: Monk

Baptist: A person who puts water on peoples head as a sign that their sins have been forgiven.

Congregant: members of a people attending worship

Strategy: a plan of action designed to achieve a particular goal.

Tsebel: Holly water

CHAPTER TWO
REVIEW OF RELATED LITERATURE

2.1. Introduction

This chapter deals with health communication theories and other related literatures. The theories discussed in this thesis includes: social influence theory and diffusion of innovation theory. In addition to this, detail information about ART drug is given. The chapter further deals with the current situation of ART in Ethiopia, ART and *tsebel* treatment etc. The contribution of FBOs in the fight against HIV globally, Ethiopian Orthodox Church struggle to fight against HIV are also addressed in this chapter.

2.2. Communication theories

Current health communication interventions are based on solid theoretical frameworks that address behavioral change, including the social cognitive theory (Bandura, 1986), the theory of reasoned action (Fishbien & Ajzen 1975) and the social influence theory (Fisher, 1988). Common health communication model like the AIDS risk reduction model (Morisky & Ebin, 2001), the health belief model (Janz & Becker, 1984; Mattson, 1999; Rosenstock, 1974) and stage of change model (DiClemente and Norcross 1992) have also informed health communication interventions.

The role of mass media and other communication strategies in behavioral formation and change is clearly documented. Studies also emphasize the critical role of interpersonal communication and of opinion leaders to influence behavioral change at an individual level (Morisky & Ebin, 2001). Atkin (2001), for instance, notes the importance of personal influencers in changing the beliefs, attitudes, behaviors, and practices of those who trust and follow them

or through social interactions. Religious leaders fall in this category of change agents at an individual, societal, and policy level, and are therefore appropriate in addressing HIV/AIDS related issues at these levels.

2.2.1 The social Influence theory

Social influence theory explains why some people listen to others (Fisher, 1988) and how one person persuades others to change their beliefs, opinions and attitudes (Turner, 1991). Researcher has found that people are willing to go against their own beliefs to harm another when instructed to by an authority, while some use opinions of others as a guide to reality in situations that are ambiguous and uncertain (Cline, 2003).

The theory focuses on the social realities of participants with implications for understanding social influence, messages, and meanings from their viewpoint. From this perspective, social influence consists of the processes whereby people agree or disagree about appropriate behavior and form, maintain, or change social norms and the effects thereof, as well as the social conditions that give rise to such norms (Cline, 2003). The particular mechanism of social influence includes social norms, network membership, conformity pressures, media influences, social comparison, and modeling (Morisky & Ebin, 2000). There is evidence that people form and conform to social norms, and that there are influences inherent in social relationships and implicit pressures for agreement, even without instructions to agree or explicit group memberships (Turner, 1991).

In HIV/AIDS prevention, social influence and social norms directly impact high-risk sexual behaviors. Social influence approaches emphasize behavioral expectations and standards (social norms) present in the environment and prepare the learner to resist pressure to engage in risk- taking behaviuors (Morisky &ebin, 2001). Examining smoking behavior, Cline, 2003 also observes that social influence through everyday interpersonal interactions in social

networks may serve to disseminate health information or, conversely, to reinforce risk- taking behavior as a social norm as in the cases of smoking and other peer- influenced behaviors like sexual practices or drug use. In the case of HIV/AIDS, Cline concludes that, “everyday interaction is significant in creating a “shared reality” of illness which she argues is “ a socially constructed product and process of everyday talk”. Such construction sometimes determines how the disease is addressed based on how social networks view it and its impact within their environment or network.

The theory explains the potential of religious leaders as social influencers and the impact FBOs might have in addressing HIV/AIDS- related issues like stigma and discrimination, ART and tsebel treatment based on their socially constructed norms and their role in society.

2.2.2 Diffusion of innovation theory

Diffusion is a process in which an innovation is communicated through certain channels over time among the members of a social system (Rogers, 2005). The diffusion of innovation theory assumes that an innovation (new idea) diffuses in the target population in accordance with stages in adoption and type of adopters. Innovators, early adopters, early majority, late majority, late adopters and laggards are type of adopters. On the other hand the stage of adoption is divided into stages of awareness, interest, trial, decision and adoption.

Innovators: these include individuals who are change- oriented, risk- taking and who are eager to try new ideas.

Early adopters: this group includes community leaders and opinion leaders who are influential and have wide social networks. Religious leaders are part of this group since they have a great influence in the society.

Early majority: these include individuals who are influenced by opinion leaders and the mass media.

The stages of adoption start with awareness which is the first step. In this step individuals become aware of the existence of an idea, problem or program. Then in the next step the individual will be interested in the new idea. Different factors such as information from a credible source or a source which is acceptable to the individual can influence the interest. Religious fathers are considered to be the most trusted and credible source of information, so they can influence their followers. Then the trial, the decision and the adoption stage will continue. In these stages people will try the new idea, which could expose them to different obstacles. So the decision will be based on their experience in the first trial as well as reactions from other people. Therefore after passing all these stages an individual reaches to the final stage which is the adoption or continuation of the behavior or innovation.

2.3. What is Anti-Retroviral Therapy (ART)?

Anti-Retroviral Therapy (ART) is the administration of at least three different medications known as Anti-Retroviral drugs (ARV) in order to suppress the replication of the human immunodeficiency virus (HIV). ART changes a uniformly fatal disease to a manageable chronic illness. Successful use of ART suppresses HIV viral replication, consequently slowing down disease progression, improving immunity and delaying mortality (ART info toolkit, 2005).

2.3.1. ART in Ethiopia

Recognizing the devastating effect of HIV/AIDS on its population and the positive impact of ART, the Ethiopian government has responded to the epidemic as a national emergency and imperative to scale up the ART program. The MoH has been working towards the provision of safe, effective, equitable and sustainable ART services to those infected by HIV. In this effort, it has developed an ART Policy and ARV Guidelines with support from national and

international partners (MoH 2005). In addition, Ethiopia took a step to initiate the free ART program with strong support from the international community in January 2005 (HAPCO, 2009).

Since the advent of free ART program in Ethiopia, 50% women, 44% men and 6% children have been accessing the service. A total of 400 health care facilities, 277 public health centers and 123 public and private hospitals, are rendering ART service in the country. The number of people who have been able to access ART has substantially increased from 900 in 2003 to 180,447 in 2008. (HAPCO, 2009)

In order to support communication activities through out the country a national ART strategic communication framework was developed in November 2004. The framework provides a basis for harmonization of messages and coordination of partner efforts to address immediate priorities in the country's effort to roll out ART to those infected and affected by HIV/AIDS (HAPCO, ARC, CCP 2005).

2.3.2. ART and Adherence

Adherence is one of the challenges to the implementation of safe and effective ART program. Adherence refers to informed consent and participation in care and treatment. Adherence is critical for the successful management of all chronic illnesses including ART. ART requires >95% adherence level (missing no more than one dose per month), to maximize health benefits and to avoid the emergence of drug resistant HIV strains.

Patients need to strictly adhere to the advice and instructions of healthcare providers (NAP 2005), failure to do so can cause drug resistance that, in turn,

causes mutations of the virus, leading to the creation of new HIV subtypes that spread through the population. (McKee *et al.*, 2004).

According to a study conducted by HAPCO out of 4,000 patients that have been lost to follow up and alive, 838 were interviewed and they gave reasons for discontinuing their treatment. Economic problems, seeking holly water or religious treatment, fear of drug side effects and poor patient handling are the major reasons mentioned by the patients. Anecdotal evidence suggests that a large number of AIDS patients are seeking treatment at know holly water sites. Out of the 838 patients interviewed 269 indicated that seeking Holly water treatment was their main reason for discontinuing treatment.

In addition to the above mentioned cases, studies conducted outside of Addis also demonstrated the same result. For example in a study conducted in southwest Ethiopia among the 231 patients 22 of them stopped their ART medication because they started tsebel. Another study carried out in Yirgalem Hospital also confirmed the same thing.

2.3.3. ART and tsebel treatment

Tsebel is the most popular mode of healing in the Ethiopian Orthodox church. The church uses tsebel to bless anything it wishes to make sacred. In healing:

> *"…. demons are exorcised with holy water. If a man is sick, sometimes holy water is supplied for drinking, pouring over his hands and sprinkling his face and body. Holy water sanctifies whoever is touched by it, frees him from uncleanness and attacks of the power of darkness, and secures that whenever it is sprinkled there is freedom from pestilence and snares of Satan" (Aymro W. and Joachim M. 1970)*

PLWHA are flooding to *tsebel* sites seeking solution for their problems which have resulted from HIV/AIDS. According to Ermias the attendants of the *tsebel* treatment at Entoto Mariam church have different view towards using ART. There are individuals who refuse to take ART simultaneously with the tsebel treatment and those who use both treatments at the same time (Ermias 2007). According to another study conducted by Christian AID Ethiopia (CAE) in November 2008, considering only the Orthodox Religious Leaders, there are individuals who support only tsebel when other group supports ART separately and the third group both combined.

The Church's position on the use of ART had been unclear and many patients believed so strongly in the power of the *tsebel* that they stopped their ART regimens altogether. So the church has been criticized by different Medias from outside for not advising PLWHA to continue their ART medication. However things have been different since the patriarch publicly spoke about the issue. "Both are gifts of God, they neither contradict nor resist each other," the Archbishop of the Ethiopian Orthodox Church, Abune Paulos, said this week. "You can swallow your drugs with the holy water," he added. (Spero news May 26, 2007).

2.4. Faith based organizations in the fight against HIV.

FBOs have played an important part in effective global response to AIDS over the past 20 years and can have a central part to play in the development and implementation of national AIDS program (UNAIDS, 2009). Globally, many FBOs have contributed or still searching for an effective approach to responding to the HIV/AIDS pandemic. (Calderón, 1997) However, they have also been accused of being “sleeping giants” in the age of HIV/AIDS for not addressing the epidemic to their fullest potential (Parry, 2003).

In Sub- Saharan Africa, which is the most affected part of the world; FBOs play a major role in HIV/AIDS care and treatment. According to WHO estimates between 30% and 70% of the health infrastructure in Africa is currently owned by faith-based organizations (WHO, 2007). In Ethiopia different Faith based organization work together in the fight against HIV. The Ethiopian Interfaith Forum for Development, Dialogue and Action (EIFDDA) is one of the organizations who work with FBOs to address issues like HIV/AIDS.

2.4.1. Ethiopian Orthodox Church and HIV

The Ethiopian Orthodox Church has 40 million followers which are about 60% of the total population, 40 dioceses covering 481 woredas, 35,000 parish churches and monasteries, 20,000 traditional church schools, over 500,000 clergies, more than 6 million registered Sunday school members, 3 theological collages and 7 clergy training centers (EOC- DICAC, 2004). This shows that the Ethiopian Orthodox Church (EOC) has a vast network throughout the country. But church members were at first reluctant to address the problem of HIV/AIDS. However, church leaders felt the need to ensure that parishes, priests and parishioners involve themselves in HIV/AIDS prevention and care because these groups have a direct mandate to care for the spiritual and physical well-being of their congregations (Berhane Selassie S & Belachew A, 2000). In 1999, Pathfinder funded efforts of the Ethiopian Orthodox Church's Development of Inter Church Aid Commission (EOC-DICAC) in HIV/AIDS prevention, care, and support. Today they are active nationally, headed by a medical doctor and several zonal-level program coordinators (Pathfinder: 2006).

The church in collaboration with different organizations has done different communication activities. For example, the Ethiopian Orthodox Church (EOC) Development and Inter-church Aid Commission initiated a programme in 1998 E.C provide training for priests and preachers on HIV/AIDS as communicators

and counselors in the EOC structure(Berhane Selassie S & Belachew A, 2000). This program focused on giving training to Sunday school students, preachers and priests. After taking the training they are expected to act as promoters, counselors and communicators.

The EOC HIV/AIDS prevention and control department believes that the church has a concrete potential to fight the epidemic. As EOC has effective infrastructure that enables her to reach every corner of the country at grass-root level. In addition clergies have regular contact and involvement in daily lives and rituals of their congregation and can speak to them with great credibility.(EOC- DICAC, 2004) Therefore it is clear that religious leaders could be helpful in every aspect related to HIV communication .

2.5. Health Communication strategies

Health communication encompasses the study and use of communication strategies to inform and influence individual and community decisions that enhance health (ODPHP, 2010). Most communication strategies aim at changing peoples' behavior. According to Renata communication strategies are the overall approach that is used to accomplish the communication objectives. Communication strategies need to be research based, and all activities should serve such strategies (Renata, 2007).

According to Piotrow et al. (1997) there are certain elements that guide the design and implementation of strategic communication. We need to follow a systematic approach which means a sequential ordering of actions in the design, implementation, and evaluation of the program.

In addition, health communication strategies need to respond to an actual need that has been identified by preliminary research and confirmed by the intended audience. (Renata, 2007).

Therefore, program planners should not rely on any workshop, press release, brochure, video, or anything else to provide effective communication without making sure that their content and format reflect the selected approach (the strategy) and is a priority in reaching the audience's heart (Renata 2007).

Satpathy also states that an effective communication strategy is a critical component of the global endeavors in HIV/AIDS prevention and education. He added

> *Given the stress placed on HIV/AIDS prevention and care, mostly due to the absence of cure for or vaccination against the disease, employing effective communication strategies becomes pivotal in controlling the pandemic. Consequently, evaluating and redefining views to communicating proper messages to different populations and the public at large has become a critical aspect of HIV/AIDS prevention and care.*

2.6. Conclusion

Passing all difficulties like cost, infrastructure etc most developing countries were able to launch free ART drug to PLWHA with the help of developed countries. These in general helped most countries since mortality rate and PMCT decreased. PLWHA were also able to accomplish their daily task with out being burden to other. Bearing all this advantages in mind, using the drug was another headache for these countries. Since, there were a dozen reasons for not doing that. Among them seeking spiritual treatment was one of them.

According to studies conducted by different researchers, it is worthy to note that experience sharing between and with in religious group is very important

to provide the appropriate service for the community members in the area of HIV/AIDS prevention, care, support and treatment.

The nation wide movement of the Ethiopian Orthodox church in collaboration with different bodies seems promising in informing the community about ART and tsebel. However obstacles related to the issue hinders the effort of the church to tackle the epidemic. This is mainly due to the fact that religious leaders have different attitude in relation to the treatment of ART with tsebel. Not only religious leaders but also PLWHA has also different thoughts about ART and tsebel treatment. There are still priests who support only tsebel treatment and argue that taking a modern medicine with tsebel is impossible.

On top of this, for all this variation the effectiveness of the communication strategies applied so far must be examined to convince all religious leaders to reach to a common agreement to take both ART and spiritual treatment at the same time to ensure 100% compliance or adherence in taking ART to avoid drug resistance.

In a similar manner, the effectiveness of the communication strategy must be examined for the congregants and PLHs to take both ART and the spiritual treatment together if they started both ART and spiritual treatment. Generally, the danger of non-adherence to ART by stopping the drug for some time should be clearly communicated with all concerned to save the lives of individual by allowing them to live longer and to save the society by avoiding the circulation of drug (ART) resistance virus in the community.

CHAPTER THREE
RESEARCH METHODOLOGY

3.1. Introduction

In this study qualitative research method was applied by conducting an in-depth interview and focus group discussion, to assess the communication strategy used by the Ethiopian Orthodox Church. The data was collected from two tsebel sites, Entoto Mariam church and Urael church. In general both document review and the qualitative approach were applied to generate primary and secondary information related to the subject area. The document review mainly focused on literatures at global, regional and national levels on the use of ART, traditional medicine and communication methods.

3.2. Research design

This study used qualitative research design(frame work) which is an effective means to identifying intangible factors, such as social norms, socioeconomic status, gender roles, ethnicity, and religion (Mack N. et. al. 2005). The qualitative research design has been chosen to get in-depth understanding of the issue and to allow research participants to express their views broadly.

In addition qualitative research is especially effective in obtaining culturally specific information about the values, opinions, behaviors, and social contexts of particular populations (Mack N. et. al. 2005).

3.3. Site selection

The selected sites for the assessment are the following: Entoto Mariam church and Urael church. Both are located in Addis Ababa and are considered to be

'famous' places among the faithful. In addition, most PLWHA rent a house and settle in this tsebel sights.(see appendix 6)

3.4. Research Tools

In-depth interviewing and focus group discussion are the two research tools that are used in this research.

3.4.1. In-depth interview

In –depth interviews are one of the most common qualitative research methods. According to Lindlof

> *"In qualitative research one interviews people to understand their perspectives on a scene, to retrieve experiences from the past, to gain expert insight or information, to obtain description of events or scenes that are normally unavailable for observation, to foster trust, to understand a sensitive or intimate relationship, or to analyze certain kinds of discourse"(Lindlof 1995:5)*

In this research 26 interviews with different target groups which include PLWHA, religious leaders, community leaders and actors were done. The entire interview was done by the researcher. Four types of interview guidelines were prepared. The first one was for PLWHA, the second one for religious leaders, the third for community leaders and the last one for actors. All tools were prepared in English and then translated into Amharic to make communication smooth.

A. In-depth interview with PLWHA

Eight in depth interviews with PLWHA's from the two sites were conducted. Five of them were females and the rest three males. Five of them took ART with tsebel and the rest three stopped their ART medication to pursue tsebel

treatment. The interviews were conducted at health centers, church yards and house of the informants. The interviews took 30 min to 1 hr and 15 minutes depending on the situation. The data collection was made from June 7 to 13 2010. The main issues raised during the interview include background information, Knowledge about ART and adherence and education about ART and tsebel (see appendix-2).

B. In-depth interview with religious leaders

Eight religious leaders, four from each church were interviewed, all of them were males. Most interviews took place in churchyard, office and home of priests. Among the religious leaders interviewed two of them were priests, two head of the church, two of them Baptists and two preachers (see Appendix 7). The amount of time consumed differs from 1hr to 1hr 30 min. The major issues raised were information about ART and adherence, their attitude towards taking ART with tsebel etc (see Appendix 1). The data were collected from June 10 to 16, 2010.

C. Interview with community leaders

Three community leaders were interviewed, all of them were males. Two of them were *idir* leaders and one was *yehager shimagle.* All of them were interviewed in a café. The major issues of discussion include their knowledge about ART and tsebel treatment and their opinion about the contribution of religious leaders towards teaching about HIV and related issues (see Appendix 3). The data were collected from June 17 to18, 2010.

D. Key informant interview with actors

Actors include organizations that perform intervention on HIV/AIDS. Two officials from EOC- DICAC were interviewed, both of them were male. The first one was head of the IE/BCC office and the second one was IE/BCC desk

officer. Both of them were interviewed inside their office. In addition five officials from different offices which include HAPCO, EFFIDA, Mekidim Ethiopia, ISAPSO and ATEM consultancy service were also interviewed. The major issues of discussion were the communication strategies used by the church, the gap observed, opinion on effective communication methods etc (see appendix 4). The data collection took place from June 2 to June 30, 2010. Many people from the EOC office were contacted and interviewed informally to collect secondary data.

E. Selection of the respondents for the interview

PLWHA were selected in two ways. Those who took both ART and tsebel were first contacted through their doctor from Peter TB hospital, since they trust them. The second way was that a snowball technique in which PLWHA who stop ART drug are recruit after being contacted by the already chosen individuals.

Religious leaders were selected purposively based on the job description they have in the church. Therefore I tried to include priests, Baptists, preachers etc. The three community leaders were chosen based on the indication given from different organization. All of them have worked with different organization about HIV/AIDS.

The key informants from the EOC- DICAC are selected based on their position. Other officials from five NGOs were selected based on the experience they have working with Faith Based organization on HIV/AIDS and related issues. Totally, the number of respondents is 26.

3.4.2. Focus Group Discussion

FGDs can be used with other methods; they can either supplement another primary method or combine with other qualitative methods in a true partnership (Morgan, 1997).

In addition to the in-depth interview, three focus group discussions were conducted to supplement the in-depth interview. The first focus group discussion was with PLWHA. The group was composed of six individuals: two males and four females. The selection was done purposively to include both groups, which means those who are taking ART with tsebel and those who quit the medicine due to tsebel. The informants were between the age of 25- 40 (see appendix 5).

The second FGD was with religious preachers. Six preachers from both churches were selected. The selection was made based on availability, since it is difficult to collect this people. The informants were between the age of 28- 45 and all of them were males. The FGD took place in the church hall.

The third FGD was conducted with Sunday School Students. Eight Sunday school students were selected purposively to include sexes, age and activity in the church. Among the respondents four of them were female and four male. The FGD took place in the Sunday school office. The informants were between the age of 20- 31 (see appendix 7).

In all the FGD one person moderated the discussion and the other one was recording points raised by the participants. All the FGDs were tape recoded after the participants were asked there volunteerism. Like that of the in-depth interview the discussion points included were opinion of the FGD participants on the use of ART with holy water and effective communication strategies to be applied for religious leaders, PLWHA and the congregants (see appendix 5).

3.4.3. Document review

Available materials (soft and hard copy) which are found in EOC –DICAC and other organizations were reviewed. Among the materials reviewed the training manual, books, videos are the main ones. The review was not actually thorough and deep, but it provides an overview.

3.5. Ethical considerations

All of the participants were interviewed with their full consent and in convenient places where their privacy is kept. Hence, before beginning the interview the purpose and content of the questions has been explained in brief to them and they have given their full consent orally. Response of respondents is anonymous and data collector informs respondents that they have full right to discontinue or refuse to participate in the study at any time.

3.6. Data processing and analysis

All the data from the interviews and Focus Group Discussions were tape recoded and also hand- written notes were taken. Then the recorded data were transcribed and translated into English since the data were collected in Amharic. The transcribed data has been categorized according to the themes of the findings. After that according to the research questions the findings have been analyzed and discussed by triangulating the in-depth interview and focus group discussions results against the findings from key informant interview and literature review.

Finally, based on the implications of the findings conclusions and recommendations have been drawn.

CHAPTER FOUR

FINDINGS

4.1. Introduction

The main objective of this research is to assess the communication strategy/method used by the Ethiopian Orthodox church. Thus, this chapter attempts to answer questions raised by the research and also tries to address the objective of the study.

The data collected through qualitative research are presented and discussed. Findings from both in-depth interviews and focus group discussions are corroborated together. Some necessary quotes arise from the focus group discussions and in-depth interviews are added to support the findings. Inline with this, the theories aforementioned in the literature pat of this study, have been mentioned and discussed again.

The first objective of the study is to find the awareness of religious leaders, PLWHA and community leaders about ART and adherence. So, the first part explains about knowledge of these three groups. The second part deals with the communication strategy that the Ethiopian Orthodox Church has been using. The last part deals with the education given by priests and the attitude of priests and PLWHA towards taking ART with tsebel.

4.2. Knowledge about ART and adherence

4.2.1. PLWHA

Health communication is a process for the development and diffusion of messages to specific audiences in order to influence their knowledge, attitudes and beliefs in favor of healthy behavioral choices (exchange, 2006; Smith and Hornik, 1999). So, in order to influence peoples' knowledge, communication

has a crucial role. Knowing about a health issue empowers people by providing them with knowledge and understanding about specific health problems and interventions (Muturi, 2005).

Among the respondents PLWHA are one of the target groups. Half of the respondents take ART with tsebel; the other half stopped their ART medication to try treatment with tsebel.

All of the respondents know the effect of stopping the drug except one. They said Doctors, Radio, TV and other PLWHA are their source of information. The information they got from their doctors helped them a lot. With regard to the side effect of stopping ART one respondent said:-

> "*Stopping the medicine can lead you to death. I used to live in Sudan. When I came to Entoto I stopped taking ART and started tsebel. Then, I became very sick, so I continue to take my medicine". (Male informant who take both from Entoto)*

The respondents who only take tsebel also said that they knew the side effect of stopping the medicine currently. However, previously they believed that ART and tsebel could not go along together.

Those who stopped taking the ART and started tsebel give the following reasons for stopping ART: due to sickness, the information they got from the community and the church about ART was negative, taking any medicine with tsebel was forbidden by the church. People are forced to choose between their religion and modern medicine.

A respondent who stopped the medicine stated:

> "*Previously religious leaders will not allow us to take ART with tsebel that is why I stopped the ART. But now, everything is changed even priests are allowing us to take*

both medications and I regret stopping the ART drug" (male respondent from Entoto Mariam church.)

The FGD participants also said that most people are aware of the situation because they saw many people dying in the past three years. It seems that most PLWHA learn more from their own experience than any other educational media. In addition all of them said they got little information from religious leaders. One of the FGD attendant said "In 1999 E.C Abune Paulos patriarch of the EOC came to Entoto Mariam Church and said it is possible to swallow the drug with tsebel". After that time there is a great change around the church and with PLWHA also. Even if the speech of patriarch Abune Paulos changed things around the church, there are still PLWHA who refused to believe that ART can be taken with tsebel.

4.2.2. Religious leaders

Religious leaders are highly-trusted and well-respected by the faithful in their communities. (Mᶜkee 2004: 178) So this position gave them a great opportunity to disseminate information to the society.

In this research religious leaders are the second target groups. All the religious leaders who participated in this research heard about ART. Most of them got the information from the training given by Ethiopian Orthodox Church Development and Inter-Church Aid Commission (EOC- DICAC). In addition they got information from other religious leaders and Mahbere Kidusan.

Among the religious leaders who participated in the in-depth interview, more than half got training about ART and tsebel treatment. As a result, these religious leaders have a better knowledge about ART treatment and the effect of stopping the drug than those who did not get any training.

A Baptist from Entoto Mariam church said the following about ART drug

> "*Even in the Holy Bible there are many medicines given to us which are made of different things. God will not only cure in one way. He has several means of curing people like tsebel, medicine, prayer etc. God also gave human the knowledge, so they use this knowledge to create the ART medicine."* (Baptist from Entoto Mariam Church)

Most of the respondents said they got enough information about ART from a doctor during the training sessions. That information helped them to guide PLWHA in a right direction.

4.2.3. Community Leaders

Individuals, families and communities, and the society are the center of the health communication strategy (MoH, 2004:27). The community should be involved in the design, implementation, and monitoring of local efforts to expand services or assist in improving their quality. Community Leaders are the third target groups of this research. Majority of the respondents said they heard about ART from different sources of information. Which include: Mass Media (radio, TV, newspaper), from PLWHA who use ART and from NGOs (ISAPSO).

Most of the respondents also know the effect of stopping the ART drug. In this regard, One of the respondents said "I know many people who died because of stopping their drug". Another respondent also stated that he has got education from ISAPSO about the drug and the side effect of stopping it.

On the other hand, some other respondents also said they only know the drug exists but they have no clue about its effect that it is going to cause to PLWHA and to the community if the drug is not used properly.

4.3. Communication strategies employed by the Ethiopian Orthodox Church on ART use

The Ethiopian Orthodox church Development and Inter-church Aid Commission (EOC- DICAC) is a 33 years old development wing of the Church. As part of the programmatic activities, DICAC has prepared a long-range strategic plan and project implementation guidelines for its HIV/AIDS program.

According to Ato Wondosen Damitew, head of the IE/BCC office, ECO has performed different communication activities to tackle the pandemic. The problem of stopping ART due to tsebel became an issue through out the country. It also became the concern of the Ethiopian Orthodox Church. Findings from different studies conducted through out the country also suggested that tsebel is one of the reason for non- adherence.

It has been five years since the church accepted the universal declaration which states the compatibility of ART and tsebel. So after that time the church has been engaged in different activities. Among the activities preformed by the church the following are the main ones: Training of Trainers (ToT) for Baptists , priests and Sunday school students, leaflet and poster production, TV spot and experience sharing through meeting in and outside of the country.

Training of trainers (ToT)

Training of trainers given to Baptists, priests and Sunday school students are the major activities done by the Ethiopian Orthodox Church (EOC). EOC has been focusing on Baptist and gave them training for the past three years. Ato Mewaie, IE/BCC desk officer stated that in the year 2000 they gave training to 80 Baptists and in 2001, 100 Baptists in Addis Ababa. Ato Wondosen explained the reason why they focused on Baptists:-

> *"We give training to the clergy in general but we gave special attention and focus to the Baptists. We did that because they are the ones who are more close to the situation than any other person in the church." (EOC IE/BCC desk officer)*

Majority of the respondents (religious leaders) also said that they got training about ART and tsebel. One respondent from urael church stated the following

> *"In a meeting conducted in Jimma, we had a hot debate about allowing the use of ART with tsebel. There were religious leaders who refused to accept the idea. Among them those who came from remote monasteries and "Bahitwian" argued a lot and finally we reached into an agreement" (RL from urael church)*

Ato Wondosen said during the training session's compatibility of ART and tsebel is discussed. More explanation is given by different people, which includes teachers from the Church and health professionals. Some of the education given by the Church during the training sessions is as follows: detail information about HIV/AIDS, education about ART through health professionals and education about the compatibility of ART and tsebel by health professionals and people from the church.

Ato Wondosen also stated that the training is given for priests and Baptists for the following reasons: First, once they know and agree about the compatibility of ART with tsebel, they can teach PLWHA and congregants about it. Second, they can give care and support for PLWHA. Third, they can give counseling for PLWHA. Finally, they can teach congregants and PLWHA through mass education in tsebel sites and churches.

In support of the above idea, he had the following to say:

> *In addition to the training given, we used different information dissemination methods like TV spots by using famous people,*

radio dialogue, leaflets, posters and books. But, due to shortage of budget, we couldn't use these methods effectively.

Even if they have never done an assessment on the strategies they used Ato Wondosen believed that the strategy they are using is effective. However, a radio dialogue which is being done in collaboration with radio Fana FM pointed them one important issue. He explained it in the following manner:

Resistance from religious fathers was one of the problems that we face. However in a radio dialogue that we have done in collaboration with radio Fanna confirmed the resistance is not only from the church but the community also shows a great resistance.

4.4. Education and tsebel

4.4.1. Education given by priests

Providing religious leaders with statistics and case examples can be useful in convincing them of the need for sexual and reproductive health education (Mckee 2004: 119). A pilot study conducted in Jimma also indicated that religious leaders can play an important role in HIV/AIDS awareness, prevention, and patient care in Ethiopia if well designed training programs and follow-up guidelines are provided, and if leaders are encouraged to develop innovative programs in their respective communities. (Feiruz Surur & Mirgissa Kaba, 2004) With a similar aim EOC gives training to Baptists, Priests and Sunday school students.

Among the in-depth interview respondents six of the religious leaders said that they did not teach about compatibility of ART and tsebel. On the other hand, two of them said that they gave education in tsebel sites. In the FGD conducted with preachers, respondents said that they gave a general education about

HIV/ AIDS. In addition, Sunday school students who participated in the FGD 2 stated that they teach about ART and tsebel (to youth who came to church) by using poem, drama and different entertainment activities. They also said they got training about ART and tsebel from EOC.

One of the questions raised to PLWHA was whether they did get any education from religious leaders. Majority of them said that they have never got any education from religious leaders. Two of the PLWHA from the Urael church said that they got education occasionally from religious leaders. Besides, some of the PLWHA from Entoto Mariam church said they have only got education about ART and tsebel from Patriarch Abune Paulos once in 1999E.C.

On the other hand, those respondents (religious leaders) who gave education about ART and tsebel said that they face difficulties in addressing the issue. They said it is hard to convince people and some PLWHA. In support of the above idea, one of the respondents stated the following points:

> *Sometimes people refuse to listen to us when we talk about HIV/AIDS, especially about ART and tsebel. In addition there are priests (bahitawian) who teach the community outside the compound of the church and people most of the time gathered to listen to them. They are the ones who forbid the society not to take ART with tsebel (religious leader from urael church*)

In addition to the above mentioned points, the attitude of priests towards teaching congregants and PLWHA in public about ART has also a great effect. Priests from Entoto Mariam church had the following to say:

> *Teaching the congregants and PLWHA in public is not good. I do not feel comfortable teaching in public about the compatibility of ART and tsebel. Because, other religions will*

question our belief. In addition PLWHA and congregants will loss faith in us. (Priest from Entoto Mariam Church)

Similarly, a Baptist from Entoto Mariam Church had the following to say:

I have never thought in public about ART and tsebel, but I will advise PLWHA to go and consult their doctors and not to stop their medicine. There are PLWHA who insult us when we told them they can take both. It is difficult for us to do so. That is why we ignore them. (Baptist from Entoto Mariam Church)

4.4.2. The attitude of priests towards taking ART with tsebel

Majority of the respondents stated that they have no problem if PLWHA take ART with tsebel. Only one priest from urael church said that ART and tsebel could never be taken simultaneously. He strongly disagrees with the churches stand about this issue. In line with this he said:

In the Bible, it is clearly stated that HIV is a punishment from God. So, the church has a policy about HIV, which is to be faithful. So we can not change this policy because somebody came up with a new idea….. Tsebel can cure 100% so there is no need to use additional medicine.(Priest from urael Church)

From the data collected through interviews and FGDs it is clear that most priests agree with the idea and they also believe that there is a great change around the church. Most of them encourage their Godsons and Goddaughters to take the medicine with tsebel; even they remind them to take the medicine on time. In relation to this point, two PLWHA who take both ART and tsebel said the following:

My Godfather always encourages me to take my medicine on time. He also told me I should never stop my medication based on wrong information I got from others. (A female respondent who take both from urael church)

I have never seen priests who discourage PLWHA not to take ART. I have a friend who died recently because his friends told him not to take the ART with tsebel and not to listen to religious fathers. The Priests in this tsebel site are so supportive they know my case and they always encourage and advise me to continue my medication. (A female respondent who take both from Entoto Mariam Church)

Even respondents who have stopped taking ART said they have never been advised to stop ART by a religious leader. On the contrary, some participants in the FGD stated that there are still some religious leaders who advised PLWHA to stick to tsebel, fasting and praying.

Even if majority of the religious leaders agreed with the idea of taking ART with tsebel, there are some issues that concern them. Few of the religious leaders said if PLWHA got cured it will be questioned by people which treatment cured them. In addition they said taking a modern medicine with tsebel has been forbidden for a long time so it is difficult to accept the idea easily and to convince PLWHA to do the same. In line with this idea one priest said the following:

I have been advising PLWHA to take the medicine with tsebel but they feel guilty so they refuse to do that……. It would have been better if a medicine which can be taken once in a day could be invented. It will make things easier since they can participate in any spiritual activity during the day and after that they can take their medicine at night. (A priest from Entoto Mariam church)

4.4.3. The attitude of PLWHA towards taking ART with tsebel

Most studies conducted throughout Ethiopia indicated that tsebel is one of the reasons for non-adherence with PLWHA. In this study, most respondents said that it is ok to take both treatments at the same time. One of the respondents who stopped the drug said the following with regret on what he did:

> *When I came to Entoto Mariam Church tsebel site, I stopped my medicine. From my past experience, a medicine could not be taken with tsebel that is why I stopped it. In addition, many people told me that I should stop my medication if I started tsebel. But now, when I see PLWHA taking ART with tsebel I regret what I did.(A male respondent from Entoto Mariam Church)*

However, two of the respondents who are taking only tsebel on the other hand said they feel comfortable and healthy because, they are taking tsebel. In addition, FGD participants mentioned that some PLWHA throw their medicine to pursue their tsebel treatment. Most of the respondents have seen their friends dying the past few years. So, they have no intention of stopping their medication. More over, some religious fathers said that some PLWHA are not psychologically ready to take tsebel with ART.

4.4.4. Opinion of priests about preference of teaching method

Majority of the religious leaders said that they have never taught about ART and tsebel in public. Even if they got training to teach the congregants and PLWHAs, they think preaching about the compatibility of ART with tsebel will jeopardize the religion. In addition they said people misjudge them when they try to teach about this issue. One to one communication and counseling are the two communication methods preferred by these priests. They stressed the

importance of privacy in this issue. In this regard, one religious leader had the following to say:

> *I gave advice to my Godchildren to go to health center to get more information about the issue. However, when they need my fatherly advise, I always encourage them to do the right thing. (A Baptists from Entoto Mariam Church)*

However, those who taught about ART and tsebel in public mentioned the importance of teaching the public about the issue. A priest from urael church who taught congregants in tsebel site said the following:

> *In our religion, sometimes people have to fast until 3:00 p.m during weekdays so that they can drink tsebel after that. However, I taught people in public not to do this since we do not force sick people to fast. Even in the holy Bible, it is clearly mentioned. The idea of fasting is to make our body weak so there is no need for sick people to do that because they are already weak due to sickness (A Baptist from urael Church)*

As Sunday school students who participated in the FGD said, it is easier for them to teach in public using entertainment like drama, poem, song etc. Majority of their audiences are youth's who come to church during Saturday and Sunday. They said the teaching method they are using is easy and can attract the youth.

A priest who is doing administrative work in Entoto said there is a communication gap between higher officials from the church and those who are working in the church. So, he suggested the information must flow from up to bottom by involving everyone. He stated:

> *The communication has no chain. There is a communication gap between higher officials and the church. It would have been better to take voluntary people from each church so that*

they will be trained and after that they can disseminated the message to others.

4.4.5. Opinion of community leaders and actors on ART and tsebel

Community leaders

Respondents in the in-depth interview said that religious leaders can contribute a lot in the information dissemination to the society. They said religious leaders are close to the communities at grass root level so if they are well trained, they can change the attitude of the society.

Majority of the respondents said they have never seen a religious leader teaching about ART and tsebel. However, two of the community leaders said they have seen "behatawians" teaching the community outside the church compound not to take ART with tsebel. One of them said he has seen many of this people during holidays around the church teaching people by cursing priests who support the up taking of ART with tsebel.

Actors

Actors are the fourth target groups in this study. Actors are those organizations who are working on HIV/AIDS and related issues. Through in-depth interviews their opinion about ART and tsebel were asked. The actors included in this study are mentioned in chapter three (the methodology chapter). Among the actors Ato Solomon (assistance program officer on ART communication) from HAPCO said they are working with the Ethiopian Orthodox Church (EOC) on ART use. He further explained what they did with EOC as follows:

We revised the existing bulky clergy training (ToT) manual to a user friendly and more participatory way. We added a new chapter called compatibility of holy water and ART. We also develop two types of videos: The first one is a question and answer which shows a panel discussion with experts and the

clergy. The second one deals with finding solution to the current challenges at holy water site. This section models a community conversation amongst clergies striving to find solution.

As some of the actors said, they only participated in a workshop organized by Ethiopian Orthodox Church. One of the questions posed to actors was "what do you think is the contribution of Faith Based Organizations (FBOs) in the dissemination of information to the society about ART". All of the actors said FBOs has a great role in the information dissemination process because mostly FBOs are working at grass root level. In addition religious leaders are typically respected and accepted by the community so the influence they have on their community can be a valuable asset to employ in efforts made for mass communication and behavior change that we want to achieve (ART communication office, HAPCO). Further more, the contribution of Faith based organization in relation to the use of ART is significant as they have good acceptance by PLWHA and the congregants if they teach continuously in a regular manner by integrating with their routine activity the outcome will be successful (Consultant in Public health and HIV/AIDS, ATEM).

In addition to the above mentioned points, Dr. Habitamu (HIV unit Coordinator, EFFIDA) stated the following suggestions about the role of religious leaders:

- They can disseminate the information on the availability of the ART, access and utilization
- They can address the barriers for ART uptake including misconceptions since there are confusions between ART and Holy Spirit
- They can reinforce adherence to the drugs
- They can also function as distribution points for it once they are properly educated

Most actors said there is a great change among religious leaders about taking ART with tsebel. However, they said there are still some religious leaders especially in the rural part of the country who forbid tsebel treatment with ART. In relation to this point a project officer from ISAPSO said the following:

> *The Ethiopian Orthodox Church never advises to stop ART but there are some religious leaders who are against ART. Such religious leaders believe that God has sent HIV to punish us, the only way to be cured from the pandemic is using holy water.*

One respondent agreed that the communication strategy used by the Ethiopian Orthodox Church is effective. A clinical head from Mekidem Ethiopia said I can tell that their communication strategy is effective because at this time most of our ART users have brought a behavioral change regarding ART and tsebel. They use both ART and tsebel at a time. In addition to this point, the head of EOC IE/BCC office said, "We believe the communication strategy we are using is effective, since one to one communication is the most effective means of communication." On the contrary, some actors said the communication strategy is not that much effective. The following are the gaps observed:

- The communication is not continuous
- Even if the patriarch promulgated the compatibility of ART with tsebel the church does not even have a written document so far.
- All religious leaders do not have the same understanding or opinion on the use of ART and spiritual treatment.
- In some religious institutions, there is no regular program given for HIV education.
- Shortage of knowledge and awareness by PLWHA, religious leaders, actors and different bodies.

- Shortage of money to give training, to broadcast radio programs and to publish posters, books and leaflets.

CHAPTER FIVE

DISCUSSION

The research type of this study is qualitative method, the sample size could barely enable us make generalizations about the entire population in the research site. However, the in-depth interview and focus group discussions data collection techniques were vital in helping the researcher to understand the internal feelings and detailed experiences of the participants. So it has been tried to assess the communication strategy used by the Ethiopian Orthodox Church by seeing the beliefs, experiences and attitudes of the research participants towards the compatibility of ART and tsebel. Despite the issue of representativeness of the data for the research area it is supposed that the findings possibly could call for general survey on the issue under investigation. With these facts in mind the findings were analyzed and discussed as follows in accordance with the research questions

5.1 Knowledge of religious leaders, PLWHA and Community leaders about ART and adherence

Since the discovery of the ART drug in the world, HIV/AIDS has become a controllable disease. The spread of the drug to the rest of the world especially to the developing countries like Ethiopia has brought a significant change economically, socially and morally. The drug helped many people to stay alive and healthy so that they can accomplish their daily task without being burden to others. The drug also helped to reduce infant mortality rate by reducing mother to child transmission. However, having all this advantages adherence to taking the drug is one of the most important issue. As it is clearly stated in the literature review, the drug needs >95% adherence (means not missing more than one dose per month) to avoid drug resistance. Non-adherence by patients on ART has serious consequence both on the individual as well as the society.

HIV replicates and mutates (changes its character, including its ability to resist drugs) at a very high rate. The virus can, therefore, naturally, produce offspring that are resistant to one or more antiretroviral drugs. (ART info toolkit, 2005).

Bearing all this in mind a lot have been done by GO, NGOs and FBOs to create awareness about the drug. There is also a plan to continue working to reduce causes for non-adherence. Among this causes fasting and starting tsebel treatment is one of them.

According to the theory of diffusion of innovation in the first stage a person will adopt a new idea which is to become aware of the existence of an idea, problem or program before doing anything. So from the data collected majority of the respondents know about ART and adherence. As it is clearly understood from the interview session their levels of awareness or information differ from person to person.

People Living With HIV/AIDS (PLWHA): Except one of the respondent all of them know about the complication that is caused when they stop the drug. During the second day of the data collection I attended a woman's funeral in Entoto Mariam and the respondents sadly told me that she died because she stopped her medication and started tsebel. PLWHA from both church have seen their friend suffer and die. Even those PLWHA who stopped the drug knows what their future will be. Two of respondents said they stopped the drug without knowing the effect of it. But now they regret to what they did.

Majority of the respondents rely on the information they got from Health centers. However, they also got information from Radio, TV and their HIV positive friends. The education they got from the patriarch two years ago influenced and convinced most of the respondents to continue their tsebel treatment without stopping their medicine. Most of them even suggested it would have been better if the same kind of education could be given continuously.

Most of the respondents were misinformed by their friends, the community and religious fathers about taking ART with tsebel. Some of them assumed that it is the church's stand that ART and tsebel could not be taken simultaneously. In addition even if they see a change in the attitude of religious leaders, they have never seen them preaching about the issue, so this put's them in confusion. On the other hand respondents in the focus group discussion revealed that there are PLWHA who wants to stick to their tsebel treatment and take all the risk.

Religious leaders: All of the respondents heard about ART. Most of them participated in the training given by EOC/DICAC. In the training they were able to know the complication that is caused by stopping the drug. However some of the respondents heard about the issue as a rumor from church and their friends. One of the respondents who participated in a national meeting held in Jimma said they were able to decide about the compatibility of ART and tsebel. He added even if there is still a difference of opinion among religious fathers majority of the priests were informed and convinced about the issue.

The researcher looked at the training manual and books which were prepared by EOC. The training manual includes detail information about ART, drug resistance, the church's stand about compatibility of ART and tsebel etc. Both materials also include quote from the Bible which could help religious fathers to refer when they give counseling, mass education etc. However the church could not give training to every religious father found in the country and also there is a shortage of book production so the book could not be distributed to everyone. Though this is the case EOC tried to give training of trainer to disseminate the information throughout the country.

Community Leaders: Majority of the community leaders said they got information about ART from Media. Some of them said they have heard about the drug but they do not have detail information about drug resistance.

5.2 Communication between religious leaders and PLWHA

The main objective of health communication is informing, and providing basic health and health related knowledge and skills that could persuade and enable people develop positive attitudes and values, useful to adopt health promoting behavior and maintain it. (MOH 2004)

The attitude of religious fathers towards the compatibility of ART and tsebel has a great effect on how they communicate to PLWHA. At least they first need to agree with the idea then they can communicate with others. Majority of the respondents said they have no problem with PLWHA taking ART with tsebel except one religious leader who totally disagreed with the idea of ART with tsebel. In addition there are also PLWHA who also disagree with the idea. According to the information collected from different target groups there is great behavioral change among religious leaders in the past few years.

However, even if they agree with the compatibility of ART and tsebel they were not able to educate PLWHA in public. On the contrary two priests from the urael church said they taught in tsebel sights but PLWHA in that sight said they got education rarely. Majority of the religious fathers preferred to speak with PLWHA privately, talking about the issue in public makes them uncomfortable.

There are some issues that hinder the communication between PLWHA and religious leaders. For example, respondents from urael church said PLWHA in this tsebel sight are scared to disclose their status to religious leaders, some PLWHA are scared to tell religious leaders whether they started or stopped ART in fear of stigma and discrimination, some religious leaders preferred to keep silent about the issue etc.

5.3 Appropriateness of communication methods

According to the data collected the communication methods used by EOC to some extent is effective. The training given by the church helped the clergy in general to know the magnitude of the problem. It also facilitated behavioral change around the church. Majority of the respondents (PLWHA) said there is a great change; religious leaders stopped forcing us to quit our drug when we start tsebel.

Even if their number is insignificant there are religious leaders and students who are striving to give education to the congregants and PLWHA but the frequency is low. In addition, majority of the respondents said they give counseling about ART and tsebel to PLWHA especially to their godchildren. Most of the PLWHA said most religious leaders are supportive and treat us very well in tsebel sights. However there is a communication problem between religious leaders and PLWHA, due to fear of stigma. Most PLWHA are scared to talk to religious leaders, even those who have stopped the drug do not want to tell their godfather about it.

Some of the gaps observed in the communication methods used by EOC are caused by different reasons:

No written policy: - The Ethiopian Orthodox Church has accepted the universal declaration. This means the church has agreed and accepted the compatibility of ART and tsebel. However there is no policy or guideline written in the church, so this creates confusion among religious leaders and others. Though the patriarch teach in favor of using ART, there is no published HIV/AIDS policy in the church that directs the ministers and the faithful about the various controversial issues that are raised regarding to the use of ARV and other spiritual practices in relation to ART (Mahibere Kidusan, 2006). The

absence of declared policy may open a room for different versions of teaching on HIV/AIDS related issues including ART. Especially the issues related with spiritual life commitments like fasting, bowing and participation in liturgical service are subjects to be addressed clearly. Actually as the key informant of the church said a laity with identified disease is not expected to fast-as a general principle. (Ermias, 2007) A priest from urael church also said sick people are not forced to fast.

Therefore, if all these things are not clearly mentioned and written down a gap will be created, it will also be difficult to have the same stand between religious leaders.

Lack of mass education: - The Ethiopian Orthodox Church has been giving training to Baptists and priests so that they can teach PLWHA and congregants about ART and tsebel. However the situation around the churches was different since few religious leaders give education. Even the education given was not satisfactory. At Wondosen said that additional to other reasons, the community has also contributed in pushing PLWHA to stop their medicine. Most PLWHA also said there is a great pressure from the community, some of them were told by their peers, neighbors and relatives not to use tsebel with modern medicine. Therefore it would have been better if religious leaders give continuous education around the church in order to create awareness with in the community.

Not using other methods: - Due to shortage of budget cannot publish enough books, leaflets and broachers. Especially the books which contain detail information about ART and tsebel would have helped religious leaders as a reference material.

Community resistance: - Few years back the resistance from religious leaders was a big problem for the implementation of ART drug with tsebel. And

the EOC has been trying to create awareness among religious leaders through training. In fact there is a greater change around the church but there are few religious leaders who still resist. Moreover the resistance from the community is another obstacle for any communication to be effective. Since PLWHA are part of the community they can easily be influenced. Therefore, even if religious leaders are aware about it and educate PLWHA without the help of the community will be meaningless.

5.4 Conclusion

Even if there are some changes that are seen around the church after the intervention done by the Ethiopian Orthodox Church additional work is needed to bring more change and to sustain the change. For example, in order to solve any misunderstanding and confusion there needs to be a written policy in the church about the compatibility of ART and tsebel. There also needs to be a continuous program arranged in each church to teach PLWHA and congregants about ART and tsebel. The teaching could be done in tsebel sites, during morning and afternoon prying times. In addition Religious leaders must not be ashamed to teach PLWHA and congregants about the issue. However they should have the same agreement and opinion among themselves to teach the community not to stop ART after they started and to take it in parallel with tsebel.

On top of this the Ethiopian Orthodox Church should work in collaboration with different NGOs and governmental organization to solve budget problem. Otherwise voluntary work around the church should be encouraged to help PLWHA.

Other problems like community resistance and misinformation could easily be solved by using other means of communication methods like community conversation, radio dialogue, TV spots etc. These methods should be

exploited to educate the society to avoid resistance from the community. In line with other communication methods the mass media should give attention for this issue to make aware PLWHA and congregants on the danger of drug resistance in relation to ART at community and national level.

CHAPTER SIX

CONCLUSION

6.1 Conclusion

As it is stated in the discussion part the problem of non-adherence to ART drug due to tsebel treatment is becoming a serious issue in Ethiopia. Many PLWHA flee to tsebel site everyday to seek for tsebel treatment. Due to this patients who dropout their drug increased. As a result there is a great risk in the country since quitting the medicine could affect particularly the individual and the society in general. In addition, stopping the medicine will led to the replication of drug resistance HIV strain, which could be spread to the society and ruin the country's effort to tackle the epidemic.

Since HIV/AIDS is not a problem of few individuals or few organizations or a country, everyone's effort is needed for prevention, care and support. Faith based organizations can play a vital role in the effort made by the government and other institutions who are working in the area. The determination of most faith based organizations in our country to work on HIV/AIDS prevention, care and support is worth mentioning. Among this faith based organization the Ethiopian Orthodox Church is one of them. The church has 40 million followers, which account 60% of the population and 40 dioceses covering 481 districts. This infrastructure enables the church to reach the community at a grass root level in most part of the country.

Therefore with all the difficulties the churches response seems encouraging. The Ethiopian Orthodox church has developed a five year program (2004/5-2008/9) to combat the epidemic. So for the past four years the church has been struggling to disseminate information about the compatibility of ART and tsebel. The church still has a plan to strive more in the future.

Based on the findings, the researcher has arrived at the following conclusions:-

There is awareness about ART and adherence among PLWHA, religious leaders and community leaders. The level of awareness varies based on their source of information and exposure. For religious leaders the training given by EOC was the main source of information.

The number of religious fathers who opposed the compatibility ART with tsebel decreased. However there are still religious leaders and bahitawians in and outside of the church who opposed and disagree with the church's stand about ART and tsebel.

The communication strategy used by EOC focused on the clergy, giving training of trainers (ToT) for Baptists, priests and Sunday school students was the main activity done by EOC. After the training these groups are expected to act as promoters, counselors and communicators. Though the trained religious leaders were expected to teach PLWHA and congregants only few of them taught rarely.

Interpersonal communication is the main communication method preferred by religious leaders. Most religious fathers advised and encouraged their godchildren to continue their ART drug even when they started tsebel. On the other hand PLWHA like the rally done by the patriarch and they want to see religious leaders do the same.

The attitude and resistance of religious leaders were the main obstacles for PLWHA to take ART with tsebel. However the number of religious leaders who oppose this idea became decreased. On the contrary the resistance from the community became strong.

The communication between religious leaders and PLWHA about ART and tsebel is very limited especially in urael church. Both sides fear to discus about the issue clearly.

The communication method used by the EOC is limited to giving trainings due to shortage of finance. However EOC tries to use other methods like TV spot, radio dialogue, poster and books.

Sunday school students and priests from urael church strive to teach PLWHA and the community at tsebel sights.

The Ethiopian Orthodox Church has accepted the universal declaration that states the compatibility of ART with tsebel but there is no written policy in the church. In addition there is no clear information either orally or written in each church to tell priests the stand of the church, so this created confusion among religious leaders.

Bibliography

Assefa Y, et al. (2009) Rapid Scale-Up of Antiretroviral Treatment in Ethiopia: Successes and System-Wide Effects. PLoS Med 6(4): e1000056. doi:10.1371/journal.pmed.1000056

All Africa Conference of Churches (AACC). (2003). Partnership between churches and people living with HIV/AIDS organizations. Guidelines

*A*tkins, C. (2001). Theory and principles of media health campaigns. Public communication campaigns, Thousand Oaks: Sage publication.

Aymro Wondmagegnew and Joachim Motova (eds)(1970). The Ethiopian Orthodox Church. The Ethiopian Orthodox mission: Addis Ababa,

Bandura, A. (1986). Self- Efficacy: The exercise of control. New York, NY:WH Freeman.

Berhane Selassie S. & Belachew A. (2000). Ethiopian Orthodox Church involvement in HIV/AIDS prevention, care and support. Int Conf AIDS. 2000 Jul 9-14; 13: abstract no. TuPeE3881. International Conference on AIDS. Retrieved March 2, 2010 from http://gateway.nlm.gov.

Calderón, R.M. (1997). Religious-based initiatives. HIV/AIDS prevention. Series. AIDSCAP/ Family Health International, Latin America and Caribbean Regional Office. UNAIDS Project Document.

Cline, R. J. (2003). Everyday interpersonal communication and health. Handbook of health communication. Mahwah, NJ: Lawrence Erlbaum Associates, Inc.

Ermias Bezabih. (2007). Anti Retro Viral Treatment- its Social and Religious Challenges. (The Experiences of 32 Members from two associations –Tesfa Setechign Mariam and Mekdim Ethiopia). (Unpublished MA thesis). Addis Ababa university.

(2004). Ethiopian strategic plan for intensifying multi-sectoral HIV/AIDS response (2004 - 2008). Addis Ababa Ethiopia.

Endrias Markos et al. 2008. Adherence to ART in PLWHA at Yirgalem Hospital, South Ethiopia. Ethiopian Journal of health.

Fishbein, M., Ajzen, I. (1975). Belief, attitude, Intention, and Behaviour: An introduction to theory and research. Redaing, MA: Addison –Wesley

Fisher, J. D. (1988). Possible effects of reference group- based social influence on AIDS- risk behavior and AIDS prevention. American psychologist.

FMoH. 2004. National Health Communication Strategy (2005- 2014). Health Education Center.

HAPCO. (2009). ART Scale- up in Ethiopia success and challenges. Addis Ababa. Ethiopia

HAPCO. (2005). ART information toolkit. Addis Ababa. Ethiopia

HAPCO- MoH (2004). National Anti- Retroviral therapy (ART) strategic communication framework. Addis Ababa. Ethiopia.

Lindlof, T.R. (1995). Qualitative communication research methods: introduction to qualitative communication studies. London: SAGE publication.

Mahibere Kidusan. (2006). Assessment on Knowledge, Attitude and Practice of HIV/AIDS in Ethiopian Orthodox Tewahido Church. Addis Ababa. (Unpublished)

McKee N, et al. (2004). Strategic communication in the HIV/AIDS epidemic. *London;* sage publications.

Ministry of Health (MoH). (2005). GUIDELINE FOR IMPLEMENTATION OF ANTIRETROVIRAL THERAPY IN ETHIOPIA. Addis Ababa. Ethiopia.

Morgan, D.L. 1997.Focus Groups as Qualitative Research. 2nd edition. Thousand Oaks, CA: SAGE.

Nancy, Muturi. 2008. Faith- Based initiatives in Response to HIV/AIDS in Jamaica. International journal of communication.

Parry, S. (2003) Response of faith- based organizations to HIV/AIDS in Sub- Saharan Africa, world Coucil of churches, Ecumenical HIV/AIDS Initiative in Africa. Retrived: February 10, 2010 from http://www.wcc-coe.org/wcc/what/mission/fba-hiv-aids.pdf

Renata, Schiavo. (2007). Health Communication from theory to practice. Joh willey & Sons, Inc.

Surur F. & Mirgissa Kaba. 2004. The Role of Religious Leaders in HIV/AIDS Prevention, Control, and Patient Care and Support: A Pilot Project in Jimma Zone. Michigan State University Press.

Tuner, J. C. (1991). Social influence. Bristol, PA, open university press.

UNAIDS. 2009. Partnership with Faith –based organizations, UNAIDS Strategic Framework. Joint united nations program on HIV/AIDS

UNAIDS. (2008). Report on the global AIDS epidemic. Switzerland.

WHO. 2007. Faith-based organizations play a major role in HIV/AIDS care and treatment in sub-Saharan Africa. Accessed from **www.WHO.org** on March 10, 2010.

Windahl Sven, Signitzer Benno, Olson Jean T. 2009. Using Communication Theory: An Introduction to Planned Communication. SAGE Publication Inc.

Zena Birhanu. (2006). Care and Support and People Living with HIV and AIDS at Holy Water: An Assessment at Four Selected Sites in Addis Ababa: A Thesis for Partial Fulfillment of Masters Degree in Social Work. Addis Ababa University (Unpublished).

Appendix I

Hello, how are you? My name is Tinbit Amare I am currently a student of Addis Ababa University, School of Journalism and communication; I am going to conduct research (A case study on the Ethiopian Orthodox Church communication strategy). I would like to interview you few questions about antiretroviral drug and other means of treatment like *tsebel*. The objectives of the study are: to measure the awareness of religious leaders, PLH and community leaders on ART use, to assess the effectiveness of communication strategy used by the Ethiopian Orthodox Church on the use of ART and to give recommendation on the communication method on issues related to the use of ART by RLs and actors based one the result of the current assessment. Your cooperation and willingness for interview will be very helpful in identifying the problems related to the issue. Thank you for your cooperation

Interview guide line for religious leaders

I. Personal information

1. Address_____
2. Age _____
3. Level of education _____
4. Marital status _____
5. Sex_____

II. Knowledge of ART and adherence

6. Have you heard about ART? If yes from where did you hear about it?
7. Do you know the effect of stopping ART? If yes where do you get the information?

III. Education and tsebel

8. Did you get any education about ART use?
9. Did you teach PLWHA about ART use?
10. If you teach where and what do you teach about ART?

11. Did you teach congregants to take *tsebel* and ART together? If yes, did you face any problem? If no why not?
12. Do you think ART and *tsebel* can be taken simultaneously? Yes No
13. If yes, why? If no, why not?
14. Are there religious leaders who advise People Living with HIV/AIDS (PLWHAs) to stop taking ART when they start *tsebel*? Yes No
15. If yes, what are their reasons?
16. Do you think a majority or a minority advice the use of ART and *tsebel* at the same time?
17. What do you suggest to reach to a common agreement on this issue among religious leaders?

l¦Y¥ñT m¶ãC yqrb Ýl m«YQ

1 **x«Ý§Y mr©**

1 xD‰š_____

2 ò¬_____

3 XD»_____

4 yTMHRT dr©_____

5 yUBÒ hùn¤¬ _____

2 Sl {r x¤C xY vþ mD¦nþT ÃlW XWqT

6 Sl {r x¤C xY vþ mD¦nþT sMtW ÃWÝlù? xã µlù kyT sÑ?

7 mD¦nþtÜN ¥öM y¸ÃSkTlW CGR ÃWÝlù? xã µlù mr©WN kyT xgßù?

3 TMHRTÂ {bL

8 Sl {r x¤C xY vþ x«ÝqM TMHRT xGŸtW ÃWÝlù?

9 Sl {r x¤C xY vþ mD¦nþT kŠYrsù UR l¸ñ„ sãC xStMrW ÃWÝlù?

10 µSt¥„ yTÂ SlMN xSt¥„?

11 M:mÂN {r x¤C xY vþ mD¦nþTNÂ {bLN xND §Y SlmWsD xStMrW ÃWÝlù? xã µlù ÃU«äT CGR nbR? ylM µlù lMN?

12 {r x¤C xY vþ mD¦nþTÂ {bL xND §Y mwsD YC§L BlW ÃSÆlù? xã ylM

13 xã µlù lMN? ylM µlù lMN?

14 kŠYrsù UR y¸ñ„ sãCN {r x¤C xY vþ mD¦nþT jMrW {bL sþjM„ mD¦nþtÜN XNÄþÃÌR«ù y¸mK„ y¦Y¥ñT m¶êC xlù? Xã ylM

15 xã µlù MKNÃ¬cW MNDN nW?

16 YHN xYnT MKR y¸s«ùT y¦Y¥ñT m¶ãC Bzù ÂcW?

17 bzþH gùÄY §Y xND xYnT xÌM §Y lmDrS MN bþdrG _„ nW Y§lù?

Appendix II

Interview guide line for PLWHA

I. Personal information

1. Address
2. Gender ____
3. Age_____
4. Level of education_____
5. Marital status _____

II. Knowledge about ART adherence

1. Are you currently taking ART?
2. Do you know the side effect of stopping ART?
3. Are you using additional medicine like *tsebel* as a means of treatment? If yes do you use the *tsebel* with ART?

III. Education and information

1. Where did you get information about ART?
2. Did you get any Education about ART from a religious leader? If yes when and about what did the religious person teach you?
3. Do you know religious leaders who teach People Living with HIV only to take *tsebel* for those who have started ART? Yes No
4. If yes, please give reasons? If no, please give reasons?
5. What do you suggest in relation to the issue of taking both ART and *tsebel*?
6. What are the reasons for your suggestion?
7. Do you know People Living with HIV who has stopped ART after starting *tsebel*? Yes_____ No_____
8. If yes, please give reasons? If no, please give reasons
9. Do you think the current teaching method and/or communication strategies used by religious leaders are effective ? Yes No
10. If yes please give reasons for your answer
11. If no give reasons for your answer

12. What other communication strategies do you suggest (What other teaching method do you suggest)

kŠYrsù UR l¸ñ„ ytzUj yÝl m«YQ

1 **x«Ý§Y mr©**

1 xD‰š_____

2 ò¬_____

3 XD»_____

4 yTMHRT dr©_____

5 yUBÒ hùn¤¬ _____

2 **Sl {r x¤C xYvþ mD¦nþT bxgÆB SlmWsD Ãl :WqT**

1 bxhùnù s›T y**{r x¤C xY vþ mD¦nþT Xyt«qMK/> nW?**

2 mD¦nþtÜN ¥öM lþÃSkTL y¸ClWN CGR ÃWÝlù? ÃB‰„

3 kmD¦nþtÜ l¤§ l¤lÖC yHKMÂ mNgìCN lMúl¤ {bLN Y«q¥lù? xã µlù {blùN kmD¦nþtÜ UR YwSÄlù?

3 TMHRTÂ xþNæR»>N

1 Sl {r x¤C xY vþ mD¦nþT mr© kyT xgßù?

2 Sl {r x¤C xY vþ mD¦nþT k¦Y¥ñT m¶ TMHRT xGŸtW ÃWÝlù? mLSã xã kçn mc½Â MN MN ngéCN xSt¥RãT?

3 kŠYrsù UR y¸ñ„ sãCN mD¦nþT xÌR«W {bL BÒ XNÄþ«qÑ y¸ÃStM„ y¦Y¥ñT xÆèC ÃWÝlù?

4 xã µlù MKNÃ¬cW MNDnW Y§lù?

5 {bLNÂ {r x¤C xY vþ mD¦nþtÜN xND §Y mWsD §Y S§lW ngR MN húB YsÈlù?

6 MKNÃèT MNDnW

7 y{r x¤C xY vþ mD¦nþtÜN {bL kjm„ b`§ ÃÌr«ù kŠYrsù UR y¸ñ„ sãC ÃWÝlù?

8 xã µlù MKNÃ¬cW MNDnW? ylM µlù MKNÃ¬cW MNDnW

9 bxhùnù s›T y¦Y¥ñT m¶ãC Sl x¤C xY vþÂ Sl{r x¤C xY vþ mD¦nT l¥St¥R Xyt«qÑbT ÃlW y¥St¥¶Ã zÁ _„ nW BlW ÃSÆlù?

10 xã µlù MKNÃèÓN YzRZ„

11 ylM µlù MKNÃèÓN YzRZ„

12 MN ›YnT y¥St¥¶ zÁãC bþ«qÑ _„ nW Y§lù?

SlTBBé xmsGÂlhù

Appendix III

Interview guide line for community leaders

I. Personal information

1, Name _____

2. Address _____

3. Job _____

4. Marital status _____

5. Level of education _____

II. Knowledge about ART

1. Have you ever heard about ART? If yes from where
2. Do you know the side effect of stopping ART?
3. Do you know anyone who uses ART in your community?

III. Education and ART

1. Do you know any religious leader or organization who teaches about ART?
2. Do you think ART can be used simultaneously with *tsebel*? If no why not?
3. What do you think is the role of religious leaders in disseminating information about HIV in general and ART in particular to the community?
4. Do you work with any religious organization on ART use?
5. Are there People Living with HIV who only take *tsebel* after starting ART? Are there religious leaders who advise them to do that?
6. What are the reasons for the response to Q5 above?
7. What communication strategies do you suggest to advice People Living with HIV not to stop their ART when they start *tsebel*?

lHBrtsB m¶ãC ytzUj yÝl m«YQ

1 **x«Ý§Y mr©**

1 xD‰š_____

2 ò¬_____

3 XD»_____

4 yTMHRT dr©_____

5 yUBÒ hùn¤¬ _____

2 Sl {r x¤C xY vþ mD¦nþT ÃlW XWqT

6 Sl {r x¤C xY vþ mD¦nþT sMtW ÃWÝlù? xã µlù kyT sÑ?

7 mD¦nþtÜN ¥öM y¸ÃSkTlW CGR ÃWÝlù? xã µlù mr©WN kyT xgßù?

3 TMHRTÂ {bL

8 Sl {r x¤C xY vþ mD¦nþT y¸ÃStMR y¦Y¥ñT m¶ wYM y¦Y¥ñT tÌM ÃWÝlù?

9 {r x¤C xY vþ mD¦nþTÂ {bL xND §Y mwsD YC§L BlW ÃSÆlù? ylM µlù lMN?

10 y¦Y¥ñT m¶ãC Æ«Ý§Y Sl x¤C xY vþÂ btlyM Sl {r x¤C xY vþ mD¦nþT mr© lHBrtsbù y¥St§lF ¸ÂcW MN YmSLã¬L?

11 k¦YmñT tÌ¥T UR Sl {r x¤C xY vþ mD¦nþT ys„T S‰ xl?

12 {r x¤C xY vþ mD¦nþT kjm„ b`§ xÌR«W {bL y¸wSÇ kŠYrsù UR y¸ñ„ sãC ÃWÝlù? XNÄþÃÌR«ù y¸mK„ y¦Y¥ñT m¶ãCS xlù?

13 k§Y ls«ùT mLS MKNÃtÜ MNDN nW?

14 kŠYrsù UR y¸ñ„ sãC {bL sþjM„ mD¦nþ¬cWN XNÄÃÌR«ù l¥DrG MN xYnT y ÷ÑYnþk¤>N ST‰t½©þ m«qM _„ nW ?

Appendix IV

Interview guide line for actors

1. Address and background _____
2. Position in the office _____
3. Does your organization work with Faith-based organizations on ART use? In what way?
4. What do you think is the contribution of Faith Based organization in the dissemination of information to the society about ART?
5. Are there religious leaders who advise to stop ART after People Living with HIV have started using *tsebel*? What are your reasons for the response
6. Do you know People Living with HIV who has stopped taking ART after starting *tsebel*? What would be their reasons?
7. Do you know any communication strategy used by Faith Based Organization? Yes_____ No_____
8. If Yes, Is it effective? If no, why not and what is the gap?
9. What kind of communication strategies should Faith based organizations use to transmit messages about ART?
10. Your comments on the communication process between Religious Leaders and People Living with HIV , religious leaders and the congregants , People Living with HIV with People Living with HIV
11. Any other comment in relation to the use of ART and *tsebel.*

Appendix V

Guide or discussion points for Focus Group Discussion

I. <u>Focus group discussion question for religious students</u>

1. Do you know about ART and how it is used? If yes where did you get the information from?
2. Did you discuss about ART with PLWHA and the community?
3. In your church do you teach (preach) about ART? Did you face any problem because of that?
4. What kind of teaching methods do you use with congregants about ART?
5. Which teaching methods are easier for you to use? Could you please explain?
6. Do you work with HAPCO, MoH or other NOGs on ART use? If yes could you explain what you do?
7. Do you agree that ART and *tsebel* can be taking together?
   - If yes, did you teach to PLWHA about that? Did you face any problem because of that?
   - If no why not?

8. Are there Religious Leaders who teach only to take *tsebel* for those who have started ART? Yes_____ No_____

9. If yes, please give reasons? If no, please give reasons

10. Do you think the current teaching process is effective? Please give reasons

11. What communication strategies do you suggest for the future?

II. <u>Focus group discussion question for PLWHA</u>

1. Are you using ART as a means of treatment?

2. Do you use other means of treatment other than ART? If yes please state them.
3. Have you ever stopped your ART medication because of *tsebel*? Do you know the side effect of stopping your ART drug?
4. Do you support the use of ART with *tsebel*? If no, why not?
5. Do you get support from religious leaders for taking ART with *tsebel*?
6. Do you get any education about ART from religious leaders?
7. Are there Religious Leaders who teach only to take *tsebel* for those who have started ART? Yes_____ No_____
8. If yes, please give reasons? If no, please give reasons
9. Do you think the current teaching process is effective? Please give reasons
10. What communication strategies do you suggest for the future?

kŠYrsù UR l¸ñ„ sãC UR y¸drG yxTkùrT bùDN WYYT _Ãq½

1 {r x¤C xY vþ mD¦nþTN T«q¥§Chù?

2 k{r x¤C xY vþ mD¦nþT bt=¥¶ yMT«qÑbT yHKMÂ zÁ xl? xã µ§Chù xB‰„êcW

3 b{bL MKNÃT y{r x¤C xY vþ mD¦nþtÜN xÌRÈChù ¬WÝ§Chù? mD¦nþtÜN ¥Ìr_ MN CGR ÃSkT§L B§Chù ¬SÆ§Chù?

4 {r x¤C xY vþ mD¦nþTN k{bL UR mWsDN TdGÍ§Chù? y¥TdGû kçn lMN

5 {r x¤C xY vþ mD¦nþTN k{bL UR mWsÄChùN y¸dGF y¦Y¥ñT mr xl?

6 k¦Y¥ñT m¶ãC Sl {r x¤C xY vþ mD¦nþT Ãg¾ChùT TMHRT xl? ÃB‰„

7 kŠYrsù UR y¸ñ„ sãCN mD¦nþT xÌR«W {bL BÒ XNÄþ«qÑ y¸ÃStM„ y¦Y¥ñT xÆèC ÃWÝlù?

8 xã µlù MKNÃ¬cW MNDnW?

9 bxhùN s›T ÃlW y¥St¥¶Ã zÁ _„ wYM bqE nW BlW ÃSÆlù? XÆKã lmLSã MKNÃT YS«ù

10 lwdðT MN MN ›YnT y¥St¥¶Ã zÁãC bþ«qÑ _„ nW Y§lù

Appendix VI

List of informants

No		Age	Sex	Remark
1	PLWHA 1	30	Female	ART and tsebel
2	PLWHA 2	37	male	Tsebel
3	PLWHA 3	35	male	ART and tsebel
4	PLWHA 4	25	female	ART and tsebel
5	PLWHA 5	32	male	ART and tsebel
6	PLWHA 6	28	female	Tsebel
7	PLWHA 7	32	Female	ART and tsebel
8	PLWHA 8	26	Female	ART and tsebel
9	Religious leader	32	Male	Priest
10	Religious leader	51	Male	Preacher
11	Religious leader	50	Male	Head of the church
12	Religious leader	43	Male	Baptists
13	Religious leader	45	Male	Preacher
14	Religious leader	38	Male	Priest
15	Religious leader	63	Male	Baptist
16	Religious leader	60	Male	Head of the church
17	Community leader	56	Male	*Idre* leader
18	Community leader	45	Male	*Idre* leader
19	Community leader	39	Male	Yehager shimagle

	Name	**Organization**	**Position**
1	**Ato wondsen Damitew**	**EOC -DICAC**	**Head of IE/BCC**
2	**Ato Mewie**	**EOC- DICAC**	**Desk officer**
3	**Ato Solomon**	**HAPCO**	**Assistance program officer on ART communication**
4	**Dr. Habitamu**	**EFFIDA**	**HIV unit coordinator**
5	**W/t Fatuma Hassen**	**ATEM consultancy**	**Consultant on Public health and HIV/AIDS**
6	**Ato Jane**	**ISAPSO**	**Project officer**

7	**W/t Genet Ligaba**	**Mekidem Ethiopia**	**HBC,CBC and clinic head**

Appendix VII

General information on the tsebel sites

Historical trend

Information from the Addis Ababa Diocese of the Ethiopian Orthodox Tewahido Church shows that there are 121 parish council churches in the city. The number of churches may exceed this number since there are many parishes, which have two churches. Though exact figure is not given, the service of tsebel is given almost all of the churches.

The holy water at Entoto was identified in 1994 though historically it is believed to be there for many years. It is said that the hermit who is now responsible for the holy water administration saw a revelation and started investigating. After two years, it was discovered and it has become famous since that time. The hermit has served there at Entoto Mariam church fro 20 years.

The spring of the holy water at Urael has appeared 40 years back. But it was not famous as it is now. The area was full of dense forest. Legend has it that criminals used to hide there. Once, a man who had killed somebody washed his sword by the holy water. As a result of this, the holy water disappeared until 1975 where it was reveled again to Tsebatie Gedamu, the then administer of the church. From that time onwards the fame is increasing and miraculous healings were experienced by those who believed in the holiness of the water. Beginning from 1992 the holy water is being pulled by a pumping machine. The existing block fence, the floors of the compound and the different rooms in the compound of the holy water were built in 1997.

Declaration

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

Name _____

Signature _____

Date of Submission _____