ADDIS ABAB UNIVERSITY
DEPARTMENT OF COMMUNITY HEALTH

Assessment of Media Use Pattern in HIV/AIDS Prevention Among Youths in Bahirdar Town

By

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Declaration

I, the undersigned, declare that this is my original work, has never been presented in this or any other University and that all the source materials used for the thesis have been duly acknowledged.

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Acronyms

AACs…….……Anti AIDS Clubs

AIDS…….……Acquired Immunodeficiency Syndrome

BCC…….……...Behavior Change Communication

BSS…….……Behavioral Survey Surveillance

CI …….……..Confidence Interval

DHS…….……... Demographic Health Survey

FGD…… Focus Group Discussion

FMOH …….…...…… Federal Ministry of Health

HH…….…..……Household

HIV……..…..Human Immunodeficiency Virus

IEC……..…..Information, Education and Communication

KAP……..……Knowledge, Attitude and Practice

OR……..…...Odds ratio

PLWHA…….....Peoples' Living With HIV/AIDS

PMC……...……Population Media Center

STIs……...….Sexually Transmitted Infections

TV……..……Television

TEVT…….……....Technical and Vocational Training

UNAIDS…….…….Joint United Nations programme on HIV/AIDS

UNICEF……..United Nations Children's Fund

USAID……United States Agency for International Development

VCT……Voluntary Counseling and Testing

WHO……..World Health Organization

Abstract

Introduction: Every six seconds, someone around the world is infected with HIV. Young people account for half of all new HIV infections worldwide; more than 6000 contract the virus every day. Provision of accurate and timely HIV/AIDS information to modify behavior by using modern media and interpersonal communication remains a top mitigative public health priority.

Objective: The main aim of this study is to assess the media use pattern, media preference and media exposure influence on KAP in HIV/AIDS prevention among youths in Bahirdar

Methods: Cross-sectional community based quantitative and qualitative study designs were used. Adequately tailored balances of closed and open-ended questionnaires were used to interview a sample size of 730 youths (15-24 years) of Bahirdar town in January2006. FGD for purposively selected members of Anti AIDS clubs, youth associations, religious people, and local artists were conducted.

Results and discussions: Among 14 potential media sources radio has been found out the single most important information source medium reported by respondents. When the percentage of listeners per the daily-broadcast period was seen, the evening hours have the highest numbers of listeners of radio (50.4%) among the respondents followed by the mid day or noon hours (17.8%). Six hundred twenty nine (86.2%) were known to have some kind of access to radio sets while only 388(53.2%) of them had television sets. Youths exposed to radio messages were more than three or more times more likely to be knowledgeable on HIV/AIDS transmission and prevention methods than those not exposed to radio before adjusting and after adjusting for other socio-demographic factors .

Conclusion and recommendations: From this study findings, it can be noted that even though different media (radio, television, prints, interpersonal) and common sources for HIV/AIDS messages were available, most youths may not use them frequently, and on usual broadcast times. These study findings would give a baseline data for IEC/BCC programme planners and implementers, specifically among 15 to 24 year youths in the study area. Therefore it is suggested that media message dissemination would be designed based on the media preferences of youths' inline with favorite media programmes.

Key words: *media use pattern, media preference, media exposure, youth, HIV/AIDS*

1. Introduction

HIV/AIDS is the worst epidemic humanity has ever faced. It has spread further, faster and is expanding its horizon with more catastrophic long-term effects than any other disease (1, 2). Every six seconds, someone around the world is infected with HIV that causes AIDS. Like the plague that swept Europe in the middle Ages, AIDS is devastating entire continents (2). Its impact has become an overwhelming obstacle to development (1). Life expectancies are falling, child mortality is rising and standard indicators such as economic growth, literacy rate and food production are slowly sinking and the numbers of AIDS orphans increasing (2).

The realities of today's global epidemic are graver than even the worst-case predictions of 10 years ago. AIDS killed more than 3 million people in 2003 and an estimated 5 million more became infected—bringing to some 40 million the number currently living with the virus. More than 20 million have already died since the first clinical evidence of the disease was reported in 1981(1).

Among the world population, young people account for half of all new HIV infections worldwide, more than 6000 contract the virus every day (3, 4, 5). Today's young people are of AIDS pandemic generation. They are the first generation to grow up in a world with AIDS and vulnerability to HIV infection since they are mobile, and it may be difficult to track their behavior over time (6, 7).

Sub-Saharan Africa remains the worst-affected region of the world, with one in five adults across southern Africa now HIV-infected. In countries such as Botswana and Swaziland, adult prevalence is approaching 40%. In many areas, AIDS is erasing decades of progress made in human development as young, productive people die, households fall into poverty, and the costs of the epidemic continue to ever mount.

Average life expectancy in the region has declined from 62 years to 47, and continues to fall. In other parts of the world, the epidemic also shows no sign of abating. Eastern Europe and Central Asia are experiencing exponential expansions in levels of HIV infection, especially among the young. More than 1 million people in Asia and the Pacific became HIV-positive last year, while, in Latin America and the Caribbean, the epidemic is well entrenched; HIV/AIDS is a leading cause of death in a number of countries in the Caribbean Basin(1).

Ethiopia is one of the countries hardest hit by HIV/AIDS epidemic in Sub Saharan Africa (8). Currently, 1.5 million people are living with HIV/AIDS and the highest HIV prevalence still occurs among youths, in the age group 15-24, the adjusted HIV prevalence in 2004 being 4.4% among which 12.6% and 2.6% were in urban and rural, respectively (9). Bahirdar town had reported the highest HIV prevalence rate in the country, 20.2% and 16.9% from sentinel surveillance sites at Bahirdar health centre and hospital, respectively (9).

UNAIDS and WHO estimate that, without dramatic increases in HIV-prevention efforts, some 45 million new infections will occur worldwide by 2010(1).To mitigate this pandemic, strategies and methods need to be designed and developed in a way that could effectively address the needs and requirements of specific localities and population segments in prevention of HIV/AIDS (10, 11). Broadcast media have tremendous reach and influence, particularly with young people, who represent the future and who are the key to any successful fight against HIV/AIDS (1). The mass media—especially television and radio— have the potential to reach large numbers of young people around the world at a time as well as through a series of transmission and have enormous influence (12). But experiences show that the most effective communication programs involve balanced mix of both mass media and face-to-face communication, such as peer education in small groups and others (10, 12).

Information gap on the extent of the actual problem as well as media use patterns and preference on HIV/AIDS is one of the limitations of the HIV/AIDS control activities in Ethiopia (13). The Health Education Centre under the Federal Ministry of Health has developed the National Health Communication Strategy that has indicated the number of communication media production and use in HIV/AIDS/STIs prevention as one of the major output indicators (10). However, there are little efforts done so far with regards' to studying media use as well as preferences.

Hence the study of media-use pattern in HIV/AIDS prevention among youths is envisaged to contribute towards both the systematic and effective application of available media mix. The study aims to identify and assess the media use and preference, and to assess the influence of the current media exposure on knowledge, attitude and practice of youths.

2. Literature review

2.1 Mass media

The media in general can be described as a medium/channel that is utilized to convey or communicate certain information reference. Man has been using language as a tool of communication for centuries. It has enabled him to interact with the environment and to regulate his social behaviour. Though there are a number of means of communication, language is the most widely used instrument. Man communicates meanings through a sophisticated system of symbols (14, 15).

Mass media are one of those channels of communication, which are capable of reaching heterogeneous audiences simultaneously with uniform messages. These include radio, television, press and cinema. Nevertheless, in spite of the overwhelming evidence of mass media effectiveness in raising awareness, increasing knowledge and changing attitudes and behaviour, doubts still remain among non-specialists and some media critics in this regard (16,17).

Mass media can be instrumental in breaking the silence that surrounds the disease and in creating an environment that encourages discussion of how individuals can protect themselves and change their behaviour, if necessary. While this may mean combating existing social norms, values and conditions, it is not necessarily as difficult and daunting as it might appear. There are numerous examples in which media interventions have made positive changes in society. For instance, the Indian village, Lutsaan, turned its back on the dowry system after listening to a radio soap opera broadcast on All India Radio called *TinkaTinka Sukh (Little steps to a Better Life)*(18).

Mass media health campaigns have been important strategies for health promotion and disease prevention since the 1940s.Yet considerable debate surrounds the effectiveness of these campaigns. Mass media health communication frequently take the form of series of television and radio public service announcements with collateral print materials such as posters, booklets and brochures. Mass media campaigns have been conducted on topics ranging from general health issues to specific diseases, including cardiovascular health, smoking, alcohol and drug abuse, family planning, cancer control, hypertension, and HIV/AIDS (19, 20). Experience shows that Mass media programs are not able to address all aspects of HIV prevention hence the most effective communication programs involve balanced mix of both mass media and folk or face-to-face communication (10, 12).

2.2 Interpersonal communication or folk media

According to Ansu-Kyeremeh and Ong argument (8), folk media is a traditional form of communication, which has been evolving as grassroots expressions of the values and lifestyles of the people. Because folk media use local languages with which the people are familiar, have become embedded in their cultural, social, and psychological thinking. Folk media are used to communicate entertainment, news, announcements, persuasion, and social exchanges of all types. They are a means by which a culture is preserved and adapted.

Research has shown the importance of informal interpersonal contacts in persuading people to adopt or reject innovations; these contacts are often made through folk media. The power of folk media in changing behaviours in Africa results largely from the media's originality and the audience's belief and trust in the sources of the messages, which often come from people real to their audiences (8).

Despite their power to capture people's imagination and subsequently to change behaviours, the use of folk media in health education campaigns has not been fully described in Western literature (8). But in Asian countries like India, folk media are very close to the hearts

of the people; their appeal is universal and their understanding direct and at the personal level. Studies show that folk traditions are uniformly popular regardless of the educational, social and financial standing of any community (21).

In Ethiopia, available folks has not searched out and used systematically this form of media in health communication programs. Infact there is little attempt to systematically identify and establish folk media use in the existing Ethiopian setting.

2.3 Potentials or roles of existing media for HIV/AIDS prevention

Since the onset of the HIV/AIDS epidemic, the media has played a prominent role in raising awareness and providing information on HIV/AIDS. The mainstream media has been instrumental in keeping the public informed of the latest medical advances in the fight against HIV/AIDS. More than 20 years into the epidemic, there is still no cure, and major advances in the treatment only benefit technologically advanced countries. Thus, the main thrust in HIV/AIDS is prevention through behavioral change (15).

In recognition of the fact that adult sexual habits are developed largely during adolescence, this period has been targeted for intense HIV/AIDS education and behavioral modification. Communication is central to these initiatives. The challenge is to develop communication strategies within projects and programs that will support and facilitate positive behavioral change (15).

In Ethiopia, the role of the mass media in raising public awareness of HIV/AIDS is said to be insignificant. Since the mass media has failed to aggressively engage in raising awareness and the subsequent behaviour change on HIV/AIDS among the public, the community tends to marginalize HIV positive people who go public (19,22).

2.4 Media preferences and access to the sources of HIV/AIDS information

Most studies agree that young people get HIV/AIDS related information through radio, written materials, health care workers and friends. In one study in Namibian urban and semi-urban youths pointed out that peers and mass media as main sources of sexual and HIV/AIDS related information with friends being the preferred source. Media sources were held in high esteem in terms of reliability and quality of information (23).

The effective use of the mass media is a critical component of HIV/AIDS prevention. A study in South Africa indicated that 99% of young people have access to radio, 75% of them have access to television and 7% readership of newspapers. Sixty-nine percent of young people watch TV five or more days a week (24).

Again there is evidence that access to information through multiple mass media channels reinforces a message and makes more respondents likely to see certain behavioural responses as feasible. In the case of partner fidelity, there is a further shift by about 5% as we go from one to two mass media sources for the samples for both sexes. After two sources, there is a decline in the percentage of respondents claiming to have increased partner fidelity. Among those who had started condom use, the shift is of the order of about 10% as we go from one to three mass media sources in both samples. In the female sample, there is an increase in those reporting that they avoid commercial sex by about 1.9% as we go from one to three mass media sources (25).

In Ethiopian situation, according to DHS 2000, access to mass media is generally low. It has shown that 86% of women and 73% of men have no exposure to the mass media. Even if, access to mass media is low, listening to the radio is the most common way of accessing the media. Only about one in ten women and one in four men listen to the radio at least once a week (26).

Similarly, BSS 2002 indicated that in order of increasing importance, the major sources of information on HIV/AIDS for both in-school and out of school youths were printed media,

television and radio (27). In the same report in Bahirdar, teachers and health professionals were also included as sources of information (27). Similarly, a study done in Addis Ababa revealed that the most common sources of information about HIV/AIDS were radio and television followed by Anti-AIDS clubs (28).

Moreover, the assessment of the effect of radio serial dramas on reproductive health behaviour indicated that electronic media (radio) was still suggested as the most common sources of HIV/AIDS information followed by health professionals and social gatherings .On the other hand, in the same study, more people cited friends or relatives as their main source of HIV/AIDS and related issues (29).

2.5 Media exposure on KAPs of youths in HIV/AIDS prevention

The utilization of formal or the mainstream media has been found to be most effective at the awareness raising level. These are crucial in introducing certain issues into the public forum for discussion that may also have an impact at the policy and the decision-making levels depending on the crusading efforts of the media practitioners (9, 30).

On the other hand, entertainment-education programmes represent an effective and viable weapon in the war against HIV/AIDS. In Japan, for example, the number of HIV tests and the requests for HIV/AIDS counselling more than doubled within three months because of the use of popular melodramatic ("please God, Just a little More Time") television series (31).

The study in South Africa, *love Life* campaign, a new healthy life style among 15-20 year old target group indicated that HIV prevalence in the under 20 age group has declined. It has also shown that only 54% of 16-17 year olds report being sexually experienced. Of those youth who are not sexually experienced, 77% of young men and 75% of young women report that they would use a condom or insist on their partner using a condom. A smaller percentage, 55%, of young people who are sexually active report that they always use a condom when they have sex (24).

Similarly, the study done in Ghana, respondents identifying one mass media source as important are 15% to 20 % more likely to report having increased fidelity than those who did report any mass medium as an important source of HIV/AIDS information. In contrast, the small percent differences between groups with no exposure and those with one mass medium source for did not start sex, abstinence and avoidance of commercial sex indicated very weak relationships (25).

Furthermore, a study conducted in Abidjan, students made sensitization and gave information to peer groups using films, poems, pamphlets and posters on HIV/AIDS. As a result many students rushed for free screening, which is one important way of reducing HIV transmission (12).

The study conducted in Ethiopia by Population Media Centre (PMC), exposure to the '*Yeken kignit'* serial radio drama led the listeners to change a lot in facing the challenge of stigma and seeking VCT-related services, with a 20% point difference between listeners and non listeners. It further indicated that the analysis after controlling some socio-economic and demographic variables, listeners to '*yeken kignit'* were found to be twice as likely as non listeners to get tested for HIV. Similarly, more female listeners were found to be willing to take care of family member who were sick of an HIV/AIDS–related illness (80% for listeners vs 70% for non listeners). Some what similar differences were observed concerning those who said that they are comfortable spending time with a friend living with the virus (29).

In Ethiopia, AIDS awareness is generally high among both women and men. Community meetings were reportedly (32) their most important source of information on AIDS. Although most women and men know about AIDS, knowledge of prevention measures is less widespread.

The survey found that 37% of women and 63% of men know of two or more programmatically important ways (abstain from sex, use condoms, limit the number of sexual partners) of avoiding HIV/AIDS (32).

Youths are the future generations and they are at the center of global HIV/AIDS pandemic that will change the future course of the epidemic. Hence, this study is intended to answer the media-use pattern, what media most youths prefer to get HIV/AIDS information, and how the media exposure influence the HIV/AIDS knowledge, attitude and practice of youths in Bahirdar town.

3. Objectives

3.1 General objective

To assess the media-use patterns, media preferences and the influences on knowledge, attitude and practices in HIIV/AIDS prevention among youths in Bahirdar town

3. 2 Specific objectives

- To identify the existing media-use pattern for HIV/AIDS prevention
- To assess media preferences to which most youths give maximum attention to get HIV/AIDS messages
- To examine the influence of media exposure on knowledge, attitude and practices of youths in HIV/AIDS prevention

4. Methodology

4.1 Study design

The study design was community-based cross sectional, which encompassed both quantitative and qualitative methods. The quantitative technique comprised the major part of the study design. It was conducted among youths in Bahirdar town in January 2006.

4.2 Study area

This study was conducted in Bahirdar town of Amhara Regional State, which is one of the regions of Federal Democratic Republic of Ethiopia. The region with an estimated population of 18.3 million has ten zones and one special zone with 106 "woredas" and 208 towns. The study area, Bahirdar, is the capital city of Amhara Regional State and has a special zone status. It is found in the North West Ethiopia 565 kilometers away from Addis Ababa. The town has two "woredas" and 10 "kebeles" with one zonal hospital, two health centers and one health post. The town had one local FM radio station and TV air time from Ethiopia television.

According to the information obtained from the regional finance and economy office report, the current (1997E.C) total population of the town was estimated to be 168, 048 among which 79,422 were males and 88,626 were females. The total number of population within the age range of 15-24 years in the town was 44,477 among which 19,487 were male youths and 24,990 were females. Youths aged 15-24 years make up 26.47% of the total population of the town.

4.3 Study population

The source populations were all youths in Bahirdar town. Eligibility was determined by the status of residence for the last twelve months within the 10 "kebeles" of Bahirdar town, and age

between 15-24 years. The study population was selected from the source population using two-stage sampling technique for quantitative and purposive sampling for qualitative.

4.4 Sample size determination

The HIV/AIDS Behavioral Surveillance Survey (BSS 2002) of Ethiopia has examined that use (at least once a week in the previous four weeks) of the different types of media exposure. According to this survey, a considerable proportion, 59% out-of-school and 77.9% in school youths listened to the radio (27). The average being 68.45%. Since listening to the radio was the most common way of accessing the media (26), the media exposure status for this study was considered as radio exposure. Hence, the sample size for the study was calculated based on the assumption that the level of significance 95 % ($Z\alpha/2=1.96$), margin of error 5%, design effect 2 and 10% non-response rate. The expected sample size was calculated by using the STATCALC program of EPI INFO 2002 computer software statistical package.

$$n = \frac{(Z\alpha/2)^2 \; P(1-P)}{d^2} = \frac{(1.96)^2 \times 0.6845(1-0.6845)}{(0.05)^2}$$

$$= 332$$

Where:

P=prevalence of exposure to mass media (68.45%)

d=the margin of error between the sample and the population or

Desired precision (5%)

$Z\alpha/2$=critical value at 95% confidence level of certainty (1.96)

Therefore, the required sample size will be:

332+ 10% non response rate =365

365 ×2 design effect = 730

For the FGD, purposively four groups comprising eight members each (equal male and female) were selected. The participants were homogenous with age, sex, and educational background in all of the four groups. Bahirdar youth association members were one group discussants and Anti AIDS Club members were also other group and involved equal males and females during discussion.

In the case of local artists ('azmaris'), the number of female ‘azmaris’ were found inadequate to compose a single FGD participants by their own. Given the religious traditions, only two female 'azmaris' had participated. In religious cases, only males were eligible to learn the Holy Bible or 'Quran'.So, only males participated in the discussion.

4.5 Study subjects and sampling procedure

All ten "kebeles" were included in the study to get representative samples. Because there might be socioeconomic difference among newly included semi urban kebeles and the central kebeles. Depending on the size of the youth population residing in each "kebele", the number of households included in the study was selected by proportionate allocation considering 10 'kebeles' as strata. The first household within a "kebele" was selected by rolling a stick and following a random direction pointed by the stick. The next house was also selected through systematic random sampling technique. The K^{th} interval between consecutive households in each newly restructured 'kebeles' were calculated and applied independently for each 'kebele'. If there were more than one youth in a household, only one of them was selected by lottery method. In the case of non-response after repeated visit (two times), the next door was included in the study (**figure 1**).

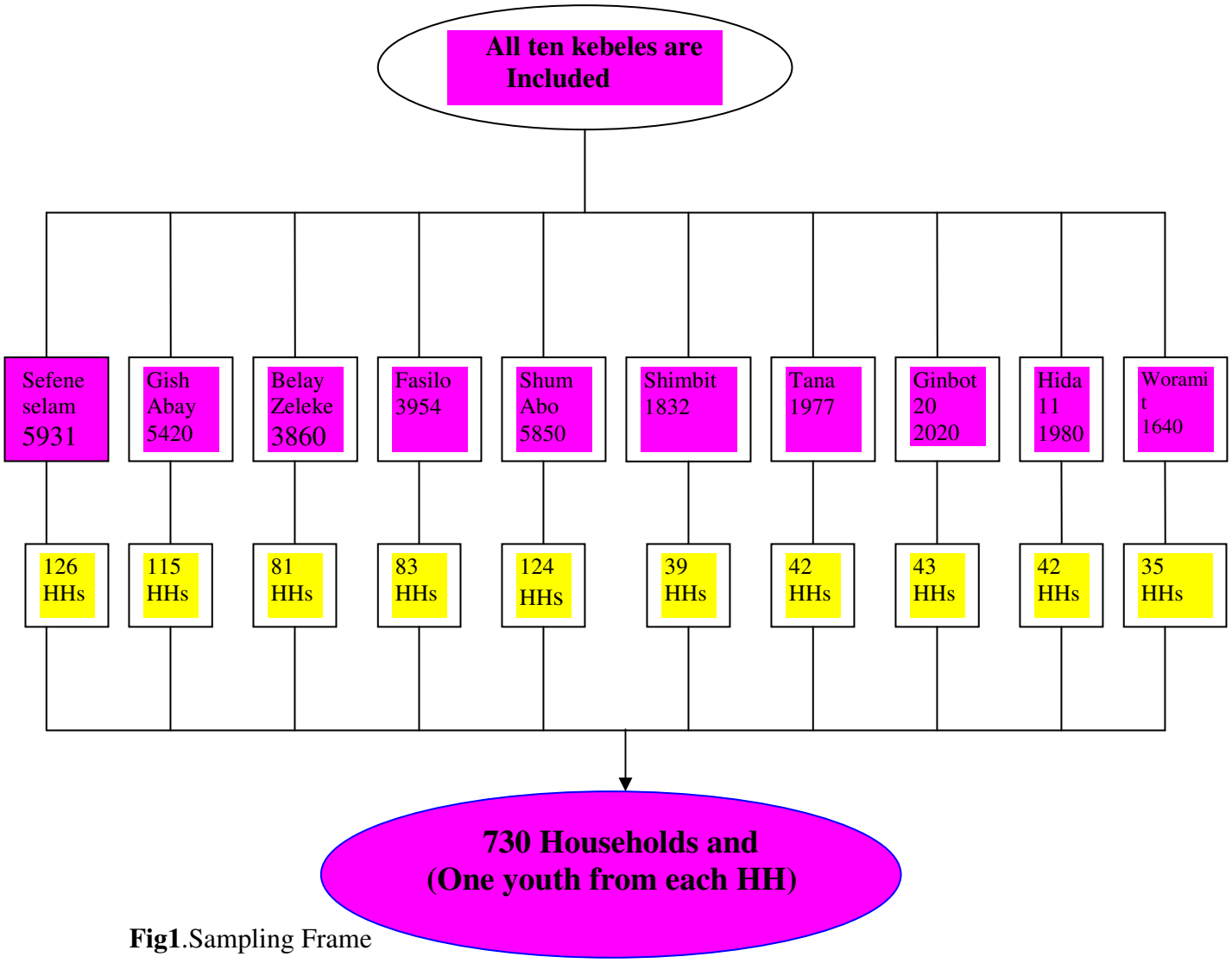


Fig1.Sampling Frame

4.6 Data collection

4.6.1 Quantitative method

Adequately tailored balance of closed and open-ended questionnaires were prepared in English then translated to the local language (Amharic) to ensure understandability, message consistency and reliability. The Amharic was translated back to English. The instrument was pre tested in households, which were similar to the study subjects but not included in the study. Both the pretest and the study proper were administered using the local (Amharic language). Two supervisors and six data collectors were recruited and trained.

After the completion of pre test, discussions were held with the interviewers and supervisors in order to assess the clarity, understandability, completeness, skipping pattern and sensitiveness of the questions. Based on the pre-tested questionnaire, corrections were made on the questionnaire and as well average time required was determined. The average time requirement, which was spared for a single respondent, was about 30 minutes.

The principal investigator had coordinated the overall administrative, logistic and other necessary conditions, including the supervision on the data collection progress.

4.6.2 Qualitative method

The principal investigator had prepared a semi-structured Focus Group Discussion (FGD) guide. The objective of the FGD was to obtain an in-depth information on media access and use pattern, media exposure and preference in HIV/AIDS prevention among youths. The discussion has been conducted with four groups of male and female youths. The discussants were youths who were members of Anti AIDS clubs, youth associations, faith-based organizations, and

traditional artists (‘*azmaris*’). Each group had consisted eight members and each focus group discussion lasted within one and half to two hours. The discussion was moderated by the principal investigator. It was held in a private and quite environment. Each discussion had been fully tape-recorded and two trained assistant moderators had taken notes at the same time.

4.7 Variables

4.7.1 Dependent variables

- ♦ Existing media use
- ♦ Media use pattern
- ♦ Media preference
- ♦ Knowledge, Attitude and Practice

4.7.2 Independent variables

- ♦ Media exposure
- ♦ Possession of radio and television,
- ♦ Socio-demographic characteristics

4.8 Operational definition

Media - can be defined as a means of channeling information or a medium/channel that is utilized to convey or communicate certain information.

Mass media - is the channel which reaches a wider audience and includes radio, television, and print media.

Folk media - oramedia, traditional media -are personal as well as group information sharing and discussion and draw their popularity from their entertainment nature.

Pattern - is forming a consistent or characteristic arrangement of media exposure in usual time of listening, watching and interacting, frequency of media message attendance, and primary media preferences.

Youth - the population between 15-24 years of age

Knowledge of modes of transmission of HIV/AIDS- a subject's ability to name at least three most important modes that HIV is transmitted through amongst: sexual intercourse with multiple partners, infected blood transfusion, prenatal transmission and sharing contaminated injection needles and syringes and other piercing instruments

Knowledge of the prevention methods of HIV/AIDS - subject's ability to identify at least three methods to prevent HIV among: sexual abstinence, delaying sex, monogamy, use a condom properly and consistently and not using unsterile injection needles and piercing instruments.

Attitude to PLWHAs and AIDS - the feelings, opinions, beliefs and overt actions about HIV/AIDS and the predisposing they have towards PLWHAs.

Acceptability - the degree to which the media messages provided satisfy the expectation of youths

Credibility - competence, truth worthiness and believability of the source

Relevance - the degree to which the message was applicable to the knowledge, beliefs, circumstances and prior experiences of the youth

Clarity - without ambiguity

Entertainment-education – is the process of purposely designing and implementing a media message to both entertain and educate in order to increase audience members' knowledge about an issue, create favorable attitudes, shift social norms, and change the overt behavior of individuals and communities (33, 34)

4.9 Data quality

The principal investigator had developed the questionnaire by reviewing relevant literatures on the subject of HIV/AIDS and media communication. Other experts in the field had reviewed the draft before pre testing and final form of questionnaire was developed. Pre

testing the questionnaire was done in 10% of the sample size which were estimates of homogenous group and the study sample population was not included in the pre-testing.

Intensive and problem-oriented two days training was given to data collectors about the objectives, principles of approach to respondents and ways of data collection. Additionally, supervisors were trained how to supervise, monitor and evaluate the data collectors. Experienced assistant moderators of Focus Group Discussion were also trained about note taking and tape recording in the process of discussion. All the data collected on each day was checked for completeness daily by the principal investigator and any necessary corrections were made on an ongoing basis. Ten percent (seventy three) of data were double entered by the principal investigator and other third person to cross check the amenability of data entered for analysis. Data cleaning was done based on randomly selected 1 to 10 data sheets (the seventh data sheet was selected by lottery method and then every tenth data sheet was selected until it was reached 10 %(73) of the sample size). Minor problems were identified and corrected. Data sheets were also edited accordingly.

4.10 Data management and analysis

The raw data were entered into Epi Info 6 Version 6.04d-January 2001 software statistical packages by using the data entry program and were cleaned prior to analysis. The frequencies and cross tabulations were printed out into hard copies for ease of cross checking as well as to check the existence of any outliers. Then the data was exported to SPSS version 11 software statistical packages for further processing the data alternatively. The descriptive statistics was used to analyze the socio-demographic part of data. Univariate and bivariate analysis were used based on the nature of data to attain stated objectives of the study. To determine the influence

of the media exposure on knowledge, attitude and practice of respondents and control the influence of confounders multiple logistic regression was employed.

4.11 Ethical clearance

Ethical clearance was obtained from the research and publication committee of the Faculty of Medicine, Addis Ababa University. A formal letter was written to all the concerned authorities and permission had been secured at all levels. Before commencing the study, discussions were held with concerned personnel of Bahirdar special zone, and the kebele administrative councils. Informed verbal consent was obtained from each respondent after explaining the purpose and procedure of the study. The participants were informed that they have a full right to participate or not to participate in the study and responses were kept confidential and anonymous.

4.12 Dissemination and utilization of results

The findings of this study would be communicated to governmental and non-governmental organizations, institutions or individuals that have stakes in the study and in the prevention of HIV/AIDS in Ethiopia, and other interested groups.

This would be realized during public defense of the thesis, through submission of reports, presentations at appropriate meetings and workshops organized by concerned organizations either at national or regional levels and can be published in scientific journals as found appropriate.

5. Results

5.1 Socio-demographic characteristics

The response rate was 100 %(n=730). From 730 study participants, 340(46.6%) were males and 390(53.4%) were females the sex ratio being 0.87:1.14. Four hundred forty eight (61.4%) of the respondents were between the age range of 15 to 19 years, 282(38.6%) of them were between 20 to 24 years. The mean $\pm$ standard deviation and median ages were 18.85±2.74 and 18 years, respectively.

The educational profile showed that 52(7.1%) were unable to read and write, 32(4.4%) were able to read and write, 224(30.68%) had elementary level education (grades 1-8), 356(48.80%) had high school education (grades 9-12, TEVT), 62(8.50%) had above grade twelve and the remaining 4(0.50%) had not responded their educational level. Four hundred eighty two (66%) had identified themselves as students, 26(3.6%) were government employees, 59(8.1%) were private employees, 69(9.5%) were daily labourers, 69(9.5%) were unemployed and 25(3.4%) had fallen under the other categories.

The majority (95.2%) of the respondents were Amharic speakers followed by Tigregna (4%) and Oromigna 0.7% share. The data had also showed that the majority 618(84.7%) of the respondents were single, 98(13.4%) were married and 14(1.9%) were widowed and divorced. Most of the study participants 572(78.4%) were Orthodox Christians, 120(16.4%) were Muslims, 21(2.9%) were protestants and 16(2.2%) were Catholics by religion.

The majority 440(60.3%) of respondents rated their family's economic status as medium and 249(34.1%) as poor. Only 33(4.5%) rated their family's economic status as rich while the remaining 8(1.1%) of respondents could not rate.

Table 1. Socio-demographic characteristics of respondent youths in Bahirdar town, January 2006

Characteristic	Number	Percent (%)
Sex		
Male	340	46.6%
Female	390	53.4%
Age(in years)		
15-19	448	61.4%
20-24	282	38.6%
Religion		
Orthodox	572	78.4%
Muslim	120	16.4%
Protestant	21	2.9%
Catholic	16	2.2%
No religion	1	0.1%
Ethnicity		
Amhara	695	95.2%
Tigre	29	4%
Oromo	5	0.7%
Gurage	1	0.1%
Marital status		
Single	618	84.7%
Married	98	13.4%
Widowed	9	1.2%
Divorced	5	0.7%
Educational Status		
No response	4	0.5%
Do not read and write	52	7.1%
Read and write	32	4.4%
Elementary(1-4)	68	9.3%
Junior (5-8)	156	21.4%
Grade (9-12,TEVT)	356	48.8%
12^{+}	62	8.5%
Occupation		
Daily labourer	69	9.5%
Private Employee	59	8.1%

Government Employee	26	3.6%
Student	482	66%
Unemployed	69	9.5%
Others	25	3.4%
ReportedFamily's economic status		
Poor	249	34.1%
Medium	440	60.3%
Rich	33	4.5%
Do not know	8	1.1%

5.2 Available and common sources of information

The fourteen common media potentially available for respondents to get any kind of information were listed and then required to score from 1 to 14 in the order of choices. One is given for the first choice and fourteen for the least. It was summed up and the media with the least average and sum was considered as the first choice. Among fourteen potential media sources, radio has been found out as the single most important medium reported by both sexes to be the source of information. Next to radio came television as the second source of information for both males and females. Families or relatives were found the third sources for females while fifth for the males as depicted in the table below. Friends or peers, leaflets, Anti-AIDS clubs (AACs) and news letters had been found as important sources of learning different issues in that order. In classification of media sources by categories, electronic sources were found to be the first and interpersonal one's the second sources while print media the third as depicted below.

Table 2.Primary available sources of information for respondents with total rank and rank order by sex in Bahirdar town, January 2006

Source	Sex			
	Males		Females	
	Total Rank	Rank Order	Total Rank	Rank Order
Church /mosque	3075	13	3429	12
Kebele	3119	14	3518	14
Family/relatives	2425	5	2671	3
Friends/peers	2407	4	2736	4

Anti AIDS Clubs	2599	7	3020	7
Traditional gatherings	2943	11	3328	11
Radio	1672	1	2061	1
Television	1820	2	2295	2
Magazines	2341	3	2814	5
Idir	3065	12	3465	13
Local drama	2761	10	3105	9
Posters	2743	9	3217	10
Leaflets	2563	6	2835	6
News papers	2639	8	3042	8

From the focus group discussion, participants pointed out that Amhara regional FM radio is the enjoyable source for its participatory discussion programme on different concerns. But the time allocated to HIV/AIDS issues was reported to be scanty. Similarly, it was also indicated that television was watched only for selected attractive programmes. Amhara regional television was reported to be broadcasted usually at less convenient time for youths. Discussants further indicated that very few youths have access to e- mail services. However*," the 909 hot line free services were reportedly being widely used by the youths".*

Discussants further revealed that there were interpersonal or folk media being sources of information which included local dramas, poems, 'menebaneb', role-plays; candle nights, coffee ceremonies and community conversations. It was argued that currently folk media were in use in almost all Anti-AIDS clubs (AACs) and youth associations in certain occasions. Participants indicated that "*in community conversation, parents and other family members participate by engaging them through jokes. Then the participants would also tell their life experience."*

As indicated there were no sustainable providers of print media such as leaflets, posters, newsletters and magazines to youths in the town. Discussants have argued on that "*the existing print materials were even black and white which could not attract the interests of youths and their content was also not timely*." One discussant pointed out that "*leaflets produced in the last two years were given to be distributed at present."*

Religious group discussants have shared their own ways of approaching to youths in relation to HIV/AIDS. Amongst all poems and songs:

“Ye aids beshita betam yekebede yesemay beredo, Yezemenu wotat yemidrun azimera aderegew bado."

Which in English may be put as: HIV/AIDS is the scorching pandemic under the sun now, which is mowing down, the hope of the future, the youth like a hay.

“Alem bitseletin bitmeramer, minim alawekech ye aids neger." Its English equivalent as: Oh world; how sublime your technological progress, how mesmering your discoveries, it seems you failed when it comes to the pandemic of HIV/AIDS.

“HIV yewahinew sibeza tihut, kalnekut aynekam kalderesubet, sinekut kifunew aylekm bimot." Do not blame the virus HIV, for whatever befallen us, we are to blame for whatever the status and the consequence of this pandemic is .The reward for our carelessness and deaf ear is premature death.

"Enante wotatoch simu lingerachihu, bemayreba zimut ehedal libachihu, yemayreba zimut min aregelachihu, endekiremit mebrek bochachiko talachihu". Oh youth of the day! can you please hear me, your heart is bewildered and blinded for or by unsafe sex, so what have you earned from your adventure your reward for it seems to be appalling of mutilation like what the lightening of the summer does to its unawares.

“Egziabheir adera Ethiopian asbat, sile AIDS beshita mihretin abzalat." Oh God! Can you please heed to Ethiopia plight, save (rescue) her from this contagious pandemic,” etc. were common songs in religious places.

Similarly local artists '*azmaris*' in nightclubs communicate with public in that occasion. There are many azmaris' houses in the town. Among all, *'balageru' and 'amelmal'* night clubs are the common ones. Some of the songs quoted during focus group discussions were:

"Worari asafiresh benechoch kegn gizat yaltenberkekishi, Birkiye awafat birkiye ensisatin amlak yadeleshi, Axum lalibela Gonder fasil gimb chis abay yeturist meshib liyu tefetroshi Ethiopia hagere HIV mequaquam endet akateshi"

Oh Ethiopia, where you never bowed to any imperialist dreamer, Oh Ethiopia, the land of endemic birds and animals, the homeland to the Obelisk of Axum, Rock-hewn churches of Lalibela, Castles of Fasil and source of the Blue Nile, Oh mom! How on earth could you fail to defend from the pandemic of HIV?

"Keziam kezih atbeyi ende koda gedgage, fikir metesaseb kale yibekal andi wodaj." Remember, it is of no use to have sex with every one, be prudent and get firm your grip on faithful, one love.

"Yetsinu haymanot yesew zer megegna, muslim christianu tekebabro bakimu metenegna Metakeb, mewesen woyim metekem andun bememret, hulum sew yinesa AIDS lematfat." Oh Ethiopia, cradle of mankind and home to the devout religious, where Christianity and Islam have lived parallel, if we are to do away with this concern, the solution is abstinence, remain faithful or use condom.

"AIDS AIDS alut simun asansew, Kehulum yikebdal laltetenekekew." The problem is people are unbearably careless whatever they heard and saw about HIV/AIDS, and the pity is many are going down the dark tunnel of death.

"Yemidir fitretat wayi belu wayi belu, yesewn lij gela AIDS belaw alu." Creatures of Mother Nature why are you so silent about this haze danger and extinction.

"Arogew amet alko sigemir adis, tilk tinish sanil AIDS enastawse." I want to remind everybody, year in, year out, always watch out AIDS.

"Medhanit lemagegnet scientist biyatenu, meftihew tegegne andi la andi tsinu." While scientists are still striving to get a cure for this deadly disease the best solution at hand is to remain faithful to ones partner.

All of these are very impressive when presented in organized manner in their actual environment. In summary, one has to be reminded of the age old Ethiopian saying that *"wuha siwosid eyasasake new"*- life rarely goes as a river (flood) sweeps away anyone who is negligent and careless in his daring against it is the best quote from one of the discussants. This is to say that youths are joking while dying with HIV/AIDS. These brief folk descriptions indicated above attempt to cover the entire continuum of causes, effects and prevention alternatives around HIV/AIDS.

5.3 Media-use pattern

Usual time of listening/watching, reading and interacting to available media

When the percentage of radio listeners per the daily-broadcast period or timing is estimated, the evening hours were found to have the highest numbers of listeners of radio (50.4%) among the respondents followed by the mid day or noon hours (17.8%). The combination of both mid-day and evening transmission has been found to have relatively very few audiences (9.05%) while morning programmes have no listener at all. The combination of morning and noon or evening was found to have 66(9.05%) of audiences. There were portion of respondents who would not listen to the radio 100(13.7%).

Similarly, television has been found to be watched by most youths in the town in the evening hour (54.5%) which was three fold as compared to its mid-day audiences (18.2%). There were 199(27.3%) of respondents who had never watched television at all times.

Table 3.Usual time of attending radio and television of youths in Bahirdar town, January 2006

Usual time of listening radio or watching television	Radio		Television	
	Frequency	percentage	Frequency	Percentage
Not listening or watching	100	13.7%	199	27.3%
Noon/day	130	17.8%	133	18.2%

Evening	368	50.4%	398	54.5%
Noon and Evening	66	9.05%	-	-
Morning, Noon and Evening	66	9.05%	-	-

In order to identify reasons to exposure to radio, television, print and interpersonal media, respondents were asked to make choice from the three major media purpose category: entertainment, news and education. Table 4 summarizes the total audience responses for all study subjects. Respondents were asked to report the status of television and radio set possession of the family. The results suggested that out of the 730 respondents, 629(86.2%) were reported to have radio sets and only 388(53.2%) of them had television sets. Among those who do not possess radio sets, 47(46.5%) were also listeners from their neighbors. Similarly, among non-possessors of television, 161(47.1%) had exposure to it in some ways.

Frequency of listening/watching, reading and interacting

In relation to the pattern of frequency of listening radio, 459(68%) of respondents had a habit of listening radio almost every day while 169(25%) had a habit of listening at least once per week. Regarding sex and age group, fewer than 11.65% of males and females aged 15-19 years listen to the radio and watch television at least once a week. More than half (58.4%) of study populations had primary reasons of listening radio to get news and information where as 26.1% for learning (education) purposes. Similarly the frequency of watching television among respondents was 258(48.5%) watch almost every day and 213(40%) at least once per week. As well the primary reasons for watching television were depicted as 279(52.6%) news and information, and 170(32.1%) learning or education purposes.

In the case of reading prints, the majority of respondents, 516(70.7%), had a habit of reading different print media such as leaflets, magazines, news letter and posters while 214(29.3%) had not been found to have reading habits of any of the print media. Among those who had a habit of reading health learning materials, 338(65%) read at the frequency of at least once per week and 132(25.4%) at less than once per week. Males (15.96%) and females (23.27%) aged 15-19 years read print materials at least once a week. The primary reasons for reading prints was indicated as 256(49.3%) for news and information and 156(30.1%) for education or learning purposes. The traditional or interpersonal way of communication was indicated in the study that 250(34.4%) interact at least once a week and 131(18%) less than once a week. Youths usually interact with people for entertaining 196(45%) and 143(32.8%) to get news and information. Only 90(20.6%) communicate for educational issues.

Table 4. Reported media possession, frequency of exposure and primary reasons of exposure of respondents by sex and age group in Bahirdar town, January 2006

Variables	Sex by age group				Total
	Male		Female		
	15-19	20-24	15-19	20-24	
Radio possession(n=730)					
Yes	176(24.1%)	122(16.7%)	201(27.5%)	130(17.8%)	629(86.2%)
No	30(4.1%)	12(1.6%)	41(5.6%)	18(2.4%)	101(13.8%)
Frequency of listening radio (n=675)					
Almost every day	132(19.6%)	88(13%)	138(20.4%)	101(15%)	459(68%)
At least once per week	45(6.7%)	37(5.5%)	63(9.3%)	24(3.6%)	169(25%)
Less than once a week	11(1.6%)	4(0.6%)	19(2.8%)	12(1.8%)	46(6.8%)
Do not listen at all	1(0.2%)	-	-	-	1(0.2%)
Primary reasons for listening radio(n=675)					
Entertainment/ music/	25(3.7%)	16(2.4%)	36(5.3%)	22(3.3%)	99(14.7%)
News and information	120(17.8%)	81(12%)	121(18%)	72(10.7%)	394(58.4%)
Education	43(6.4%)	30(4.4%)	61(9%)	42(6.2%)	176(26.1%)
Others	1(0.2%)	1(0.2%)	3(0.4%)	1(0.2%)	6(0.9%)
Television possession (n=730)					
Yes	112(15.3%)	77(10.6%)	123(16.9%)	76(10.4%)	388(53.2%)
No	94(12.9%)	57(7.8%)	119(16.3%)	72(9.9%)	342(46.9%)
Frequency of watching television (n=532)					
Almost every day	80(15%)	48(9 %)	77(14.5%)	53(10%)	258(48.5%)

At least once per week	62(11.7%)	47(8.8%)	62(11.7%)	42(7.9%)	213(40%)
Less than once a week	15(2.8%)	12(2.3%)	17(3.2%)	14(2.6%)	58(10.9%)
Do not listen at all	-	1(0.2%)	1(0.2%)	1(0.2%)	3(0.6%)
Primary reasons for watching TV (n=530)					
Entertainment /music/	26(4.9%)	12(2.3%)	22(4.2%)	18(3.4%)	78(14.7%)
News and information	83(15.7%)	58(11%)	77(14.5%)	61(11.5%)	279(52.6%)
Education	45(8.5%)	37(7%)	59(11.1%)	29(5.5%)	170(32.1%)
Others	2(0.4%)	1(0.2%)	-	-	3(0.6%)
Habit of reading print media (n=730)					
Yes	141(19.3%)	109(14.9%)	165(22.6%)	101(13.8%)	516(70.7%)
No	65(8.9%)	25(3.4%)	77(10.6%)	47(6.4%)	214(29.3%)

Table 4. Continued ….

	Sex by age group				
	Male		Female		
Variable	**15-19**	**20-24**	**15-19**	**20-24**	**Total**
Frequency of reading prints(n=520)					
Almost every day	17(3.3%)	12(2.3%)	6(1.2%)	9(1.7%)	44(8.5%)
At least once per week	83(16%)	65(12.5%)	121(23.3%)	69(13.3%)	338(65%)
Less than once a week	44(8.5%)	31(5.9)	35(6.7%)	22(4.2%)	132(25.4%)
Do not read at all	-	1(0.2%)	4(0.8%)	1(0.2%)	6(1.2%)
Primary reasons for reading prints(n=519)					
Entertainment/music/	35(6.7%)	27(5.2%)	26(5%)	17(3.3%)	105(20.2%)
News and information	66(12.7%)	50(9.6%)	82(15.8%)	58(11.2%)	256(49.3%)
Education	42(8.1%)	31(5.9%)	57(11%)	26(5%)	156(30.1%)
Others	-	1(0.2%)	1(0.2%)	-	2(0.4%)
Experience of interacting with traditional media communication(n=438)					
Yes	108(24.7%)	92(21%)	124(28.3%)	82(18.7%)	406(92.7%)
No	5(1.1%)	8(1.8%)	7(1.6%)	12(2.7%)	32(7.3%)
Frequency of interacting folk sources(n=727)					
Almost every day	25(3.4%)	11(1.5%)	10(1.4%)	991.2%)	55(7.6%)
At least once per week	63(8.7%)	52(7.2%)	79(10.8%)	56(7.7%)	250(34.4%)
Less than once a week	23(3.2%)	37(5.1%)	41(5.6%)	30(4.1%)	131(18%)
Do not interact at all	93(12.8%)	34(4.7%)	112(15.4%)	52(7.2%)	291(40%)
Primary reasons for interacting(n=436)					
Entertainment/music/	58(13.3%)	49(11.2%)	55(12.6%)	34(7.8%)	196(45%)
News and information	36(8.3%)	29(6.7%)	39(8.9%)	39(8.9%)	143(32.8%)
Education	16(3.7%)	20(4.6%)	36(8.3%)	18(4.1%)	90(20.6%)
Others	2(0.5%)	2(0.5%)	-	3(0.7%)	7(1.6%)

Favorite radio programmes

In an open-ended question each respondent was asked to list down his or her favorite radio programmes. These programmes were to be listed according to the degree or order of importance and only the first four were considered for this study.

All in all, ten major radio programmes were identified from respondent lists. Out of the total respondents (n=730), 682(93.42%) of respondents were identified as consumers of at least one radio programme. About 48(*6.58 %%*) have no inclination to listen any of the radio programmes and the rest had preferences in the commonly listed programmes. Table 5 depicts distribution of respondents to first-choice radio programmes. About 185(25.34%) respondents rated drama programmes as the most favored. Youths or children and sport programmes were found favored by 143(19.59%) respondents. *'from the books' world*" 102(13.97%) could be taken as a third rate favored programme. Question and answer, news economy and home economics shared the remaining rank in that order.

Table 5: Favorite radio programmes to respondents in Bahirdar town, January 2006(n=730)

Variable	Number	Percent (%)
Drama	185	25.34%
Sport	143	19.59%

From the books' world	102	13.97%
Question and answers	92	12.6%
News	78	10.68%
Economy	26	3.56%
Home economics	25	3.43%
Health	21	2.88%
Police	10	1.37%
No favorite programme	48	6.58%

Favorite television programmes

In an open-ended question to select favorite television programmes, respondents identified about 11 major programmes. Approximately, 670(91.78%) of respondents were found to be television audiences of some form.

From the total number of programmes, only the programmes;*'120'Ethiopian television* 178(24.38%),*'sink drama'* 111(15.20%), sport 102(13.98%) and *'Hamsa lomi'* 65(8.90%) had larger primary audiences (see table 6).*'* *Hibreteriet(variety music show)*, questions and answers, youth or children, idol Ethiopia, Africa Journal, and feature film were taken as a second class of programmes with relatively better size of audience.

Table 6: Favorite television programmes to youths in Bahirdar town, January 2006

variable	Number	Percent (%)
'120 Ethiopia television'	178	24.38%
Drama	111	15.2%
Sport	102	13.98%
'Hamsa lomi'	65	8.9%
'Hibretriet'	61	8.36%
Questions and answers	42	5.75%

Youth and children	37	5.07%
Idol Ethiopia	32	4.38%
Africa journal	31	4.25%
Feature film	11	1.51%
No favorite programmes	60	8.22%

5. 4 Media preference

The media preference of respondents to get specifically HIV/AIDS messages was asked to rank thirteen media from 1 to 13 in the order of preference. One was given to the first choice and thirteen to the least preference. Then it was summed up and the media with the least average and sum was considered as the first preference. As it is depicted in the table 7, radio and television were preferred as the first and second respectively. The health professionals, leaflets, parents and news letters were preferred as in that order. When the media were arranged in the four major categories, radio, television, print and interpersonal media are preferred in that order.

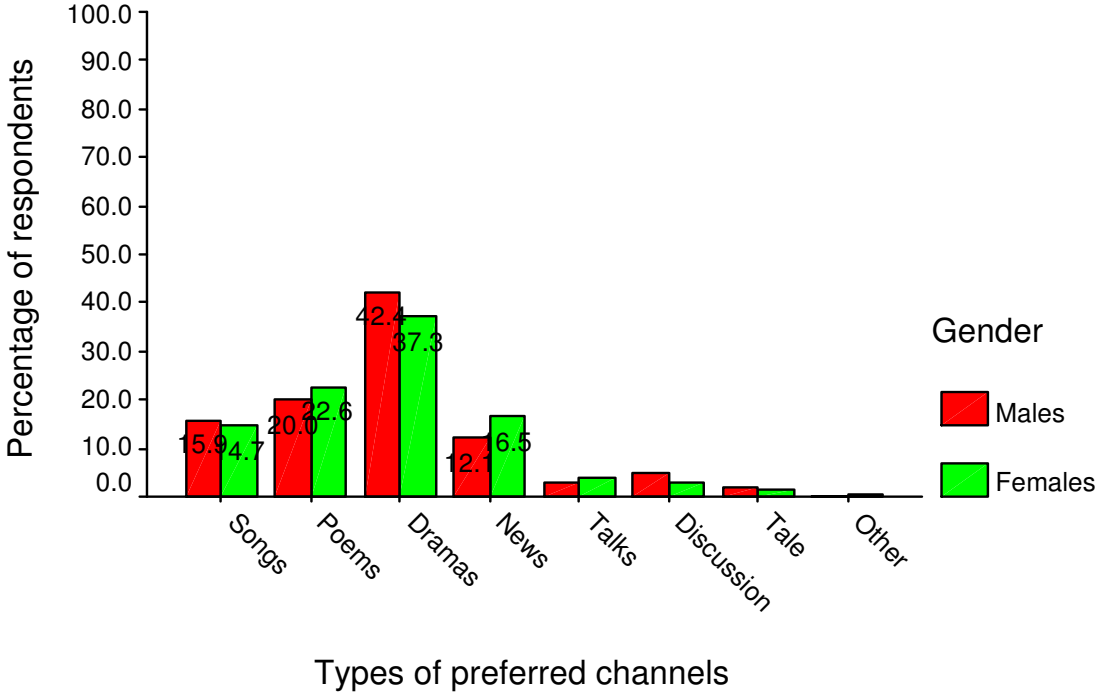
Table7. Media preference among youths to get HIV/AIDS information in Bahirdar town, January 2006(n=730)

Source of HIV/AIDS messages	Average rank	Total rank	Rank order
Radio	4.76	3447	1
Television	5.14	3722	2
Health professionals	5.93	4295	3
Leaflets	6.29	4556	4
Parents	6.35	4599	5

News letters	6.75	4884	6
Peers	6.81	4929	7
Teachers	6.82	4934	8
Religious leaders	6.83	4948	9
AACs	7.20	5213	10
Posters	7.60	5505	11
Magazines	7.69	5568	12
Others	12.84	9296	13

Among the listed communication channels, both males and females had a preference of drama, 42.4% and 37.3% respectively. Poems, songs and news were also found next by both sexes in the respective lists. The others were found the least preferences (Fig.2).

Fig.2 Distribution of respondents by media preferences in Bahirdar town,January 2006



Note: the sum of % adds up more than 100 for multiple responses

The respondents were asked to rank available HIV/AIDS message sources in their locality. This was based on the source credibility, acceptability, clarity or understandability and relevance of basic media categories. The ranking was done by excellent, very good, good and fair levels graded from 1 to 4 respectively. It was indicated that radio is preferred as the excellent source of HIV/AIDS messages according the set criteria. About 217(29.7%), 215(29.5%) and 238(32.6%) of respondents pointed out that it is assumed as comparatively more acceptable, understandable and relevant. Television was reported to be relatively credible than other HIV/AIDS information sources but in its acceptability, understandability and relevance is only next to the radio.

Table 8.Perceived media preference based on sources credibility, acceptability, clarity and relevance by respondents in Bahirdar town, January 2006

Variable	Number	Percent (%)
Credible		
Radio	156	21.4%
Television	200	27.4%
Print	112	15.3%
Interpersonal	126	17.3%
Acceptable		
Radio	217	29.7%
Television	213	29.2%
Print	137	18.8%
Interpersonal	169	23.2%
Understandable		
Radio	215	29.5%
Television	187	25.6%

Print	160	21.9%
Interpersonal	152	20.8%
Relevance		
Radio	238	32.6%
Television	201	27.5%
Print	139	19%
Interpersonal	149	20.4%

In the focus group discussion**,** participants indicated that "*even though we prefer radio and television, the programmes were not focused on youth issues except on few days or hours of a week."* One discussant approved that "*I would never see other programmes other than 'sink' drama since others were not addressing HIV/AIDS and youths' issues."*

Regarding print media, the preference was made as the discussants argued that they could reach vast population regardless of economic constraints of youths. Both poor and rich would have equal access to it. It was quoted in the way that "*even if the quantity and quality of leaflets were limited, they are preferred by most youths but cost money."* On the contrary one discussant pointed out that *if all contents of the print were about HIV/AIDS, no one would read them.*

Amongst traditional or folk media, participants had indicated that local poems, coffee ceremony and community conversation were preferred. The focus group discussants agreed on local poems presented by youths during candle nights had attracted most youths. In this respect one of the discussants pointed out that "*he had seen youths who do cry because the poems deep touched them."* Coffee ceremonies were also indicated as very common in each sub kebele and household levels. As pointed out, in these occasions each individual raised issues to be discussed

and others participated freely without any fear because the members are trustworthy such as relatives and neighbours. However," minors" such as youths could not participate because there is a proverb in the community *"the consequence of zoonotic disease would not be told among chickens".* It is to mean that sexual related issues should not be exposed to the youths.

5.5 Reported knowledge, attitude and practice of respondents

Different knowledge, attitude and practice questions were raised to respondents to determine the intended reported knowledge, attitude and practice of respondents. The mean of scores were calculated and cut of points set for each independent variables. Those scores below the mean values were considered to be poor and those above the cut of point were regarded as good to respective variables.

The socio-demographic characteristics were considered to see whether these variables had certain pattern of change in relation to each respondent's background. Both males and females had almost similar reported knowledge, attitude and practice levels across the table 9 below. Among age groups, 20-24 years old respondents had relatively higher knowledge and attitude levels, 234(83%) and 260(92.2%) respectively. The reported practice had been seen as such different. In regard to educational status, as the educational status increased from those who could not read and write to twelfth completed and above, the reported knowledge, attitude and practice level had shown increasing pattern. In the case of occupation, being government employee seems to be related to reported knowledge, attitude and practice level.

Table 9. Reported knowledge, attitude and practice score levels of respondents in Bahirdar town, January 2006

Variables	Score levels					
	Knowledge level		Attitude level		Practice level	
	Good	Poor	Good	Poor	Good	Poor
Sex						
Male	273(80.3%)	67(19.7%)	305(89.7%)	35(10.3%)	175(51.5%)	165(48.5%)
Female	318(81.5%)	72(18.5%)	349(89.5%)	41(10.5%)	203(52.1%)	187(47.9%)
Age(in years)						
15-19	357(79.7%)	91(20.3%)	394(87.9%)	54(12.1%)	195(43.5%)	253(56.5%)
20-24	234(83%)	48(17%)	260(92.2%)	22(7.8%)	183(64.9%)	99(35.1%)
Religion						
Orthodox	465(81.3%)	107(18.7%)	510(89.2%)	62(10.8%)	293(51.2%)	279(48.8%)
Muslim	91(75.8%)	29(24.2%)	107(89.2%)	13(10.8%)	63(52.5%)	57(47.5%)
Protestant	18(85.7%)	3(14.3%)	21(100%)	-	14(66.7%)	7(33.3%)
Catholic	16(100%)	-	15(93.8%)	1(6.3%)	7(43.8%)	9(56.3%)
No religion	1(100%)	-	1(100%)	-	1(100%)	-
Marital status						
Single	501(81.1%)	117(18.9%)	551(89.2%)	67(10.8%)	290(46.9%)	328(53.1%)
Married	78(79.6%)	20(20.4%)	91(92.9%)	7(7.1%)	81(82.7%)	17(17.3%)
Widowed	7(77.8%)	2(22.2%)	8(88.9%)	1(11.1%)	3(33.35)	6(66.75)
Divorced	5(100%)	-	4(80%)	1(20%)	4(80%)	1(20%)
Educational Status						
No response	3(75%)	1(25%)	4(100%)	-	2(50%)	2(50%)
Do not read and write	32(61.5%)	20(38.5%)	47(90.4%)	5(9.6%)	29(55.8%)	23(44.2%)
Read and write	17(53.1%)	15(46.9%)	24(75%)	8(25%)	16(50%)	16(50%)
Elementary(1-4)	51(75%)	17(25%)	57(83.8%)	11(16.2%)	32(47.1%)	36(52.9%)
Junior (5-8)	130(83.3%)	26(16.7%)	143(91.7%)	13(8.3%)	75(48.1%)	81(51.9%)
Grade (9-12,TVT)	305(85.7%)	51(14.3%)	319(89.6%)	37(11.4%)	176(49.4%)	180(50.6%)
12^{+}	53(85.5%)	9(14.5%)	60(96.8%)	2(3.2%)	48(77.4%)	14(22.6%)
Occupation						
Daily labourer	42(60.9%)	27(39.15)	49(71%)	20(29%)	36(52.2%)	33(47.8%)

Private Employee	44(74.6%)	15(25.4%)	53(89.8%)	6(10.2%)	37(62.7%)	22(37.3%)
Government Employee	24(92.3%)	2(7.7%)	26(100%)	-	21(80.8%)	5(19.2%)
Student	412(85.5%)	70(14.5%)	438(90.9%)	44(9.1%)	213(44.2%)	269(55.8%)
Unemployed	55(79.7%)	14(20.3%)	65(94.2%)	4(5.8%)	52(75.4%)	17(24.6%)
Others	14(56%)	11(44%)	23(92%)	2(8%)	19(76%)	6(24%)
Reported Family's economic status						
Poor	92(77.1%)	57(22.9%)	215(86.3%)	34(13.7%)	132(53%)	117(47%)
Medium	368(83.6%)	72(16.4%)	402(91.4%)	38(8.6%)	223(50.7%)	217(49.3%)
Rich	26(78.8%)	7(21.2%)	31(93.9%)	2(6.1%)	17(51.5%)	16(48.5%)
Do not know	5(62.5%)	3(37.5%)	6(75%)	2(25%)	6(75%)	2 (25%)

5.6 Influence of media exposure on reported knowledge, attitude and practice

To examine more closely the influence of media exposure to respondents in relation to the HIV/AIDS knowledge, attitude and practice, the multiple logistic regression was run with exposure treated as a dichotomous variable for each of the media channels (radio, television, print and interpersonal) and categorical for media mix exposure. Youths exposed to radio messages were more than three times more likely to be knowledgeable on HIV/AIDS transmission and prevention methods than those not exposed to radio before adjusting [OR=3.33,95%CI=2.11-5.24] and after adjusting for other socio-demographic factors [OR=3.31,95%CI=2.08-5.24].

Similarly, respondents who were television owners were found to have acquired positive influence. Accordingly 1.58 times more likely knowledgeable than those to have not possessed it in both crude odds ratio [OR=1.58, 95%CI=1.09-2.30, $p<0.01$] and adjusted [OR=1.55, 95%CI=1.06-2.27, $p<0.01$]

It was noted that the self reported exposure to media mix of HIV/AIDS messages channels or sources for both crude and adjusted odds ratio indicated that four media exposure was

positively associated with the knowledge ability of respondents [OR=3.49,95%CI=1.09-11.22]. The reading habits and interpersonal interaction were found to have no observed associations in this study.

Respondents were also asked to respond whether a person who lives positively keep his or her serostatus private or disclose to the public, willingness to care, live, and eat together in their own houses and what a person like this would do after knowing the serostatus in their localities.

The preliminary analysis suggested a positive association between the radio possessions with the attitude of respondents towards peoples living with HIV/AIDS. The multiple logistic regression analysis indicated that respondents who possess radio have more than three and half times more likely to have positive attitude than non-possessors of radio sets do [OR=3.73,95%CI=2.18-6.37]. Even after adjusting socio demographic factors, it also has almost similar result with stronger influence on attitude of youths [OR=3.69, 2.14-6.38, $p<0.001$].

The influence of media mix exposure over a single media was also observed. It showed that the exposure to multiple media had an influence of more than four times more likely on the perceived attitude of youths on what than single media exposure [OR=4.4,95%CI=1.06-18.48]. This has also positive association on the attitude of youths ($p<0.01$). The television possession and reading habits of print media pointed out they might not have influence on the attitudes of respondents.

The influence of radio and television possessions, reading habits of prints, interpersonal interactions and multiple media exposures controlling socio-demographic factors was assessed through multiple logistic regressions. There was no observed association between any of the variables on practices.

Table10. Multiple logistic regression analysis of media exposure influence on reported HIV/AIDS knowledge and attitude of respondents in Bahirdar town, January 2006

Description	Crude OR	95%CI	Adjusted OR	95%CI
(a) Knowledge				
Radio possession				
Yes	3.33***	2.11-5.24	3.31***	2.08-5.24
No	1.00		1.00	
TV possession				
Yes	1.58**	1.09-2.30	1.55*	1.06-2.27
No	1.00		1.00	
Interpersonal interaction				
Yes	1.63	0.70-3.77	1.84	0.78-4.36
No	1.00		1.00	
Print media reading habits				
Yes	1.63	0.70-3.77	1.07	0.71-1.61
No	1.00		1.00	
Media mix exposure				
One medium	1.00		1.00	
Two media	1.25	0.38-4.13	1.55	0.45-5.34
Three media	1.50	0.49-4.57	1.74	0.55-5.52
Four media	3.25*	1.04-9.91	3.49*	1.09-11.22
(b) Attitude				
Radio possession				
Yes	3.73*	2.18-6.37	3.69***	2.14-6.38
No	1.00		1.00	
TV possession				
Yes	1.55	0.96-2.50	1.55	0.95-2.52
No	1.00		1.00	
Interpersonal interaction				
Yes	1.02	0.29-3.44	1.20	0.34-4.24
No	1.00		1.00	

Print media reading habits				
Yes	1.05	0.63-1.77	1.04	0.61-1.75
No	1.00		1.00	
Media mix exposure				
One medium	1.00		1.00	
Two media	0.86	0.21-3.47	1.16	0.27-4.95
Three media	2.11	0.54-8.25	2.66	0.65-10.91
Four media	3.52	0.89-13.93	4.40**	1.06-18.48

*** Significance at p<0.001,** Significance a p<0.01,* Significance a p<0.05

6. Discussion

The aim of this study was to assess the common sources of information, the media use pattern, media preferences and influences of media exposure on knowledge, attitude and practices (KAPs) of youths in HIV/AIDS prevention. The main analytical tools were descriptive and multiple logistic regression model. Also qualitative analysis was performed on the basis of Focus Group Discussion data.

The response rate was 100 %(n=730). This might be attributed to proper trainings of the data collectors, proper explanation of the objective of the study to the respondents, the assurance of confidentiality and maintaining privacy during the data collection process.

From 730 study participants, 340(46.6%) were males and 390(53.4%) were females. Four hundred forty eight (61.4%) of the respondents were between the age range of 15 to 19 years, 282(38.6%) of them were between 20 to 24 years. Fortunately, female study participants were greater than male participants in this survey. Moreover, 84.7% of respondents (15-24 years) were single in their marital status. This actually did not imply the typical characteristics for Amhara region where early

marriage was typical. Probably this might be the urbanity of the study area which would be different from rural in sociodemographic characteristics.

The findings of this study showed that radio and television were the common sources of HIV/AIDS messages followed by families, friends, and religious people in that order. There were also local ways of communication sources such as religious institutions and 'azmaris' (songs and poems) with potentials in fighting against HIV/AIDS epidemic.

This finding was similar with study done in Uganda (35) that pointed out that radio is the channel with the greatest audience reach and common source. Similarly, one study in Zambia showed that radio and television were found to be an effective ways to reach urban Zambian youth (36). Another study in Pennsylvania pointed out that television is the primary source of HIV information for youths contrary to the finding of this study which showed radio as primary source (39). Study conducted on high school youths in Addis Ababa showed similar finding (28). Another study in South West Ethiopia, Jimma town, found that the most widely used source of information concerning HIV/AIDS was radio, followed by television and the least source being reading prints (13). Similar study done in Amhara and Oromia regional states' selected zones by Population Media Centre (PMC), Ethiopia, revealed that electronic media (radio and television) were suggested as the major sources of information on HIV/AIDS and related issues (29).Another study done on internally displaced youths in Ethiopia had also indicated that radio and television were the most common sources of information on HIV/AIDS(40).On the other hand, more youths cited friends or relatives as their main sources of information which could counter argued to this finding (29,40).

Even though radio and television were the common sources in the area, it was indicated from the focus group discussants that the time allocated to HIV/AIDS issues was reported to be scanty and both radio and television programmes had no entertainment nature. In addition to this Amhara

regional television was reported to be broadcasted usually at less convenient time to youths to attend. These might be the possible reasons to most respondents not to give attention to such electronic media. There were also common traditional ways of communication identified from 'azmaris'and religious groups which were evolved as grass root expressions of the values and lifestyles of the local people. All folk descriptions taught that the mode of transmission, methods of prevention of HIV/AIDS and also the severity of it on youths in the study area.

In the media use pattern, the usual time, the evening hours have the highest numbers of listeners of radio (50.4%) and television watchers (54.5%) of the respondents. One study done in Ethiopia by UNICEF in 1989 had also revealed that evening hours have the highest numbers of radio listeners and watchers of television (37). It was revealed that among non-possessors, 47(46.53%) listened to radio and 161(47.1%) watched television from their neighbours or other sources. Since one study conducted in Buhera District of East Zimbabwe showed that ownership of a radio or a television set did not necessarily mean access because some of this equipment might be broken down and inconsistently supplied electricity (42). Hence non possessors could also have a chance of listening radio or watching television.

The frequency of listening to radio 459(68%) and watching television 258(48.5%) of respondents were found to be almost every day where as reading habits of respondents 338(65%) was at the frequency of less than once per week. Regarding sex and age group, fewer than 11.65% of males and females aged 15-19 years listen to the radio and watch television at least once a week. Males (15.96%) and females (23.27%) aged 15-19 years read print materials at least once a week. In most countries in the Sub Saharan regions (24 African countries including Ethiopia), fewer than 10% males and females aged 15-19 years listen to the radio, watch television and read a print media at least once a week (41). Another study in South Africa had showed that 69% of young people watch television five or more days a week (24).The percentage of South African youths

exposed to television was better than the exposure frequency of this study finding (69%vs 48.5%). The main reasons for listening radio, watching television, reading prints and interacting with people was found to be news and information followed by the educational purposes.

Six hundred eighty two (93.4%) of respondents were reported as consumers of at least one radio program and 22(3.01%) had no inclination to listen any of the radio programmes. Similarly, 670(91.78%) of respondents were found to be television audiences of some form. Still radio was the most important media to pass youth related issues (HIV/AIDS).

In the case of media preference, radio, television, prints and interpersonal communications were preferred in that order by the respondents. Based on the source credibility, acceptability, clarity and relevance, it was self reported that radio was excellent source of HIV/AIDS messages but not as such credible and its programmes were not focused on youths' issues except few days of a week.

However, in the focus group discussion**,** participants indicated that "*even though we prefer radio and television, the programmes were not focused on youth issues except on few days or hours of a week."* One discussant approved that "*I would never see other programmes other than 'sink' drama since others were not addressing HIV/AIDS and youths' issues."* These would indicate that there might not be programmes which had entertainment nature to catch up the youths' interests.

Concerning popular radio and television programmes the favourite ones had been identified. Even though there were no the most popular radio programmes, drama, youths' or children's and 'from book world' were favoured by the respondents. These have entertainment education nature of presentation. "*Yeken kignit*" and '*mentamenged'* radio programmes which were prepared by the Population Media Centre have been pointed out, by the focus group discussants, which had for carrying entertainment message contents. One study conducted in South Africa showed that there

are literally hundreds of HIV/AIDS community theatre projects which focused on providing information and suggestions about ways in preventing HIV infections (38).The television programmes which were favoured included '120' Ethiopia television, '*sink*' drama, sport and *hibretriet* had got larger audiences. There are also another favourite television programmes such as *'hamsa lomi', 'shay buna'*, fashion show and beauty consent disclosed during focus group discussion. In South Africa loveLife-deliberate approach to HIV prevention-favoured by most youths in the country-was effective in prevention of HIV/AIDS (24)**.**The study done in Amhara and Oromia regional states by PMC, Ethiopia, indicated that males and females preferred different radio programmes. Males preferred news programmes, whereas females preferred music programmes (39.6% and 27.6% respectively). Current events programmes were the favourite among 13.3% male respondents, where as, music programmes were the most popular programme among female respondents (34.7%) and closely followed by news programmes (31%). Drama programmes were the next favoured programmes among females (29). This had a little difference in relation to this study. Identifying such most favoured radio and television spots would help in designing HIV/AIDS interventions.

In the age groups 15-19 years possess more radio and television than those in the age range 20-24years.But in the regards of knowledge, attitude and practices, youths of age 20-24years had relatively higher knowledge, attitude and practice than of age group 15-19years.The ownership of the electronic media might be by their parents, not by their money since this age group(15-19years) were dependent on their family where are as 20-24 years youths were self helping so that they might not afford to buy such media by themselves. On the other hand, 20-24years youths had higher knowledge. This might be because of the chance they frequently had to go out of the house and increased interaction to social gatherings, events, etc where there might be a good exposure to HIV/AIDS issues.

The study also showed that self-reported radio possessors were more than three times more likely to be knowledgeable on HIV/AIDS mode of transmission and prevention methods than non possessors before adjusting [OR=3.33,95%CI=2.11-5.24] and after adjusting for other socio demographic factors [OR=3.31,95%CI=2.08-5.24]. Television possessors have been reported to have strong influence on knowledge where as the possession of television had no observed influence on attitude and practices of respondents. The multiple media exposure (media mix) had more likely influence on knowledge of respondents. As the number of media channels through which respondents were exposed to HIV/AIDS information increased, so did the likelihood of knowledge.

Almost 86.2% and 53.2% of respondents were radio and television possessors respectively. It was revealed that radio had more likely strong influence on knowledge than those of non possessors. A study in Ghana pointed out that radio exposure seems to have larger influence on individuals' knowledge base (25). Similarly, the multiple logistic regression analysis indicated that possession of television has more likely strong influence on knowledge of respondents. The study revealed that exposure to information through even one media source could be enough to generate substantial increases in some types of prevention awareness. Respondents claiming three or more media mix exposures as important sources of HIV/AIDS information are 3.49 times more likely to have more knowledge than those identifying only one media exposure as important. Studies showed that the likelihood of knowledge on mode of transmission and methods of prevention of HIV/AIDS increased with the number of media channels, though the dose-response effect between intensity of exposure and knowledge (25,35).

7. Limitation and strength of the study

Some of the strengths of this study

1. It tried to focus in a town that is highly affected by the HIV/AIDS epidemic in Ethiopia and among vulnerable and, at the same time, the future of the country
2. All "kebeles" found in the town were included in the study to obtain representative information
3. It has employed qualitative (Focus Group Discussions) to complement the survey findings, such as the available media use and preferences.

Some of the limitations of this study

1. Apparent variability of denominators due to some study participants did not want to respond to certain specific questions so that it was tried to analyse only those who responded to the specific questions.

2. Inadequate references to compare the findings of this study with other similar studies

8. Conclusion

From this study finding it can be noted that even though different media (radio, television, prints, interpersonal) and common sources for HIV/AIDS messages were available, most youths would not use them frequently, and on usual broadcast times. There would be information gap among youths since youths only focus on programmes that had entertaining nature. Most radio and television spots would not include HIV/AIDS and other youths' issues.

Media use pattern was not also considered which would include the usual time of listening, ownership of channels, reasons to all media exposures, frequency of listening radio and watching television, reading habits of prints and interpersonal communication. The media preference of youths when arranged in the four major categories were found radio, television, print, and interpersonal media were preferred first, second, third and fourth in that order.

The media exposure had a positive influence on knowledge and attitude of youths. Radio and television had more likely strong influence on knowledge and attitude of respondents. It had been

also known multiple media exposure had strong influence on knowledge and attitude of respondents than exposure to one media.

Therefore these study findings would give a baseline data for IEC/BCC programme planners and implementers specifically 15 to 24 year youths in the study area.

9. Recommendations

1. The availability of HIV/AIDS information sources appeared not deficient in the study area but the choice of appropriate media to reach youths, were not given attention to their media preferences. Hence the media message dissemination need to be designed based on the media preferences of youths' and inline with favourite media programmes.

2. The media-use pattern in the study area was shown that most youths listen radio and watch television in evening hours almost every day for news, information and education purposes. So is for reading prints. Therefore the release of HIV/AIDS messages would need critical considerations of these patterns prior to planning and designing Information, Education Communication/Behaviour Change Communication interventions.

3. Interacting with traditional media (especially local artists 'azmaris' and religious based) communications were not well assessed and utilized in the fight against HIV/AIDS. In this study the

folk media were found to be the entertaining means of communication to youths. Hence the use of these media would be very important to pass HIV/AIDS messages to youths.

4. The use of multiple channels of communication (media mixes) might contribute to the knowledge and attitude of respondents. As indicated in this study, using more than one media as information sources would have added influence on Knowledge and attitude of youths. Hence multi-media exposure strategy approach would be helpful in bringing intended change of knowledge and attitude of youths.

5. Media especially those which were considered as available, common and preferred sources of information need to transmit, attractive, timely, credible and understandable information on HIV/AIDS issues of youths

6. The methodology used in this study was more of quantitative rather than qualitative. Hence it would further be advisable to use qualitative study design to find deeper insights on these issues.

7. Since this study is limited in urban area and only represented urban settings, an expanded study in a larger scale would be recommended to address rural perspectives.

10. References

1. UNAIDS, Joint United Nations Programme on HIV/AIDS, Making a difference: Media and HIV/AIDS, Geneva, 2004(internet access in 2004). http://data.unaids.org/publications/irc-pub06/jc1000-media_en_pdf.pdf
2. UNAIDS, UNAID Responds to HIV/AIDS, Geneva, September, 2001
3. UNAIDS, 2004 Report on the global AIDS epidemic: 4th global report, ISBN 92 9173 355 5, WC 503.4, avenue Appia, Geneva Switzerland, 2004
4. Piotrow PT, Kincaid D.L, Rimon II JG, Rinehart W. John Hopkins University, Health Communication, Lessons from family planning and reproductive health; Westport, Connecticut, London, 1997:165-72
5. United Nations Children's Fund, Joint United Nations Programme on HIV/AIDS and World Health Organization, Young people and HIV/AIDS: opportunity in Crisis.2002
6. UNAIDS, AIDS epidemic update, Geneva, December 2001
7. Thomas E.Backer, Everett M.Rogers, etal, Designing health Communication campaigns:

what works? London, 1992: Pp.43

8. Panford S., MEd, Using Folk media in HIV/AIDS Prevention in Rural Ghana, American Journal of Public Health, October 2001, 91(10):1559-1562

9. Federal Ministry of Health, Disease prevention and control department; AIDS in Ethiopia, fifth edition, Addis Ababa, Ethiopia, June 2004.

10. Health Education Centre, FMOH, National Health Communication strategy for 2005- 2014 in Ethiopia, Addis Ababa, October 2004.

11. UNAIDS/ Penn State University, Communication Frame work for HIV/AIDS: A New Direction, Avenue Appia, Geneva, Switzerland, 1999.

12. Johns Hopkins Bloomberg School of Public Health, Mass Media Communication, 2002(internet access 2002) www.jhuccp.org*/mmc*

13. G/Selassie S, Yemane T, Evaluation of posters as IEC materials used for prevention of HIV/AIDS, Ethiopian Journal of Health Sciences, July 2004; 14, special issues ISSN 1029-1857

14. Krishna Mohan, Meera Banerji, Developing Communication Skills, 2002: 3-4

15. IDRC books free online: Reports from results of the rapid assessment of the programs targeting adolescents and youths, International Development Research Center, Ottawa, Canada, 2005(internet access August 2005)

16. Wahlstrom, Perspectives on Human Communication, WCB, 1992: 231- 254.

17. Elkamel F. the need for Well-planned Behaviour Change Communication, Volume 2, Number 3, 1996:1232-37

18. USAID, Examining HIV/AIDS stigma in selected South African media, University of Pretoria, HIV/AIDS and TB, Department of Health, January-March 2003(internet access September 2005) http://www.csa.za.org/filemanager/download/68/Stigma%20Media%20Scan

19. Workneh S, Evaluation of mass media messages in the prevention and control of HIV/AIDS,

A thesis submitted to school of Graduate Studies of Addis Ababa University in Partial full fillment of the requirements for the Degree of Masters of Public Health in the Department of Community Health, April 2004.

20. Essex M.et al, AIDS in Africa; fifth edition, London, 2002
21. Rayudu, C.S, Media and communication management, Himalaya publishing press, third edition, 1998:342-50
22. Walta information center, role of mass media in HIV/AIDS awareness Creation Activities, Addis Ababa. Ethiopia; September 2001:22-25
23. UNICEF, Assessing Communication around HIV Prevention; "Right to know" Initiative; Oshakati, Nambia, November 2002
24. Coulson N., Development in the use of the mass media at the national level for HIV/AIDS prevention in South Africa; Henry Jkaiser Foundation, 2001
25. Benefo Kofi D. The mass media and HIV/AIDS prevention in Ghana, the journal of health and Population in Developing Countries, Department of Health Policy and Administration, School of Public Health, University of North Carolina at Chapel Hill, May 2004; ISSN 1095- 8940.
26. Central Statistics Authority of Ethiopia, Demographic and Health Survey (DHS 2000), Calverton, Maryland, USA, May 2001
27. Mitike G, Lemma W, Berhane F., Ayele R., Assefa T., HIV/AIDS Behavioral Surveillance Survey (BSS), round one, Addis Ababa, Ethiopia, 2002
28. Cherie A, Mitikie G, Ismail S, Berhane Y, perceived sufficiency and usefulness of IEC materials and Methods on HIV/AIDS among High School Youths in Addis Ababa, African Journal of Reproductive Health, WOMEN'S HEALTH AND ACTION RESEARCH CENTRE, April 2005, ISSN: 1118-484,1(9):66-67
29. Hailemariam Assefa, Mekonen Yehulashet, etal, the effect of Radio Serial Dramas on

Reproductive Health Behaviour: Key Findings from the evaluation, Addis Ababa, Ethiopia, December, 2005

30. Health Communication Partnership how to mobilize communities for and Social change, A Field Guide by Lisa Howard-Grabman and Gail Snetro, Baltimore, USA, 2002:210-16

31. UNAIDS PSR, HIV/AIDS and Communication for behaviour and social change: Program Experiences, Examples, and the way Forward, Communication workshop conducted, New York, USA, 25 to 27 July 2000.

32. Measure DHS+ Dimensions, A semi annual newsletter of the Demographic and Health Surveys Project, Volume 3, Number 2, Fall 2001

33. Singhal Arvind, Everett M Rogers, Combating AIDS, Communication strategies in Action, Sage Publications, London, 2003

34. Singhal A., Cody J.Michael, Rogers M.Everett, Sabido M., Entertainment-Education and Social change, Lawrence Eribaum Associates, publishers, New Jersey, London, 2004

35. Bessinger R., Katende C., Gupta N., Multi media campaign exposure effects on knowledge and use of condoms for STI and HIV/AIDS prevention in Uganda, Elsevier Ltd., 2004

36. USAID Office of HIV/AIDS, Institute for Youth Development, Youth Net/Family Health International, HIV prevention for young people in Developing countries: Report of a Technical Meeting, Washington, DC, July 24, 2003

37. UNICEF, Media use patterns for social mobilization in Ethiopia, Addis Ababa, October 1989

38. Piotrow T.P, Rimon II G.J, Merritt P.A, Saffitz G., Advancing Health Communication: The Population Communication Services (PCS) Experience in the Field, Johns Hoopkins Bloomberg School of Public Health, Center for Communication Programs, March 2003

39. J.Silvesstre A. Anthony, F.Faber John, etal, A Model for Involving Youth in Health Planning: HIV prevention in Pennsylvania, Volume 34, number 2, SPECIAL REPORT, March/April 2002

40. Kidanue A., Banteyerga H., Indepth Study of the knowledge, Attitude, Behavior and Practice

(KABP) of Internally Displaced Persons (IDPs) in Ethiopia Towards HIV/AIDS and their Health Status and Medical Care Assessment, Miz-Hazab Research Center, Addis Ababa, Ethiopia, December 2002

41. Bankole A et al., Risk and Protection: Youth and HIV/AIDS in Sub-Saharan Africa, New York; The Alan Guttmacher Institute, 2004

42. Matewa E.F., Media and the Empowerment of Communities for Social Change, a thesis submitted to the University of Manchester for the degree of PhD in the Faculty of Education, Department of Management and Institutional Development, June 2002

Annex I

Addis Ababa University,
Medical Faculty
Department of Community Health

Survey Questionnaire on
Media-use pattern in HIV/AIDS prevention among youths in Bahirdar town
Dear brother/sister

I am working for a thesis research project in collaboration with Addis Ababa University. I am asking your responses in order to find out the media use pattern and media exposure in HIV/AIDS prevention among youths.

I am going to ask you some very personal questions that some people become hesitant to answer. Your name will not be written on this questionnaire, and will never be used in connection with any of the information you write on the questionnaire. You do not have to answer any questions that you do not want to answer, and you may end to participate in the study at any time you want to. However, your honest answers to these questions will help us better understand what youths think and say about AIDS media

communication and how people respond to media or channels of dissemination of HIV/AIDS information. We would greatly appreciate your help in responding to this study.

Would you be willing to participate? (Indicate by ticking the appropriate response?

Yes---------- no ----------

Thank you!

Signature of the data collector certifying that informal consent has been given verbally by the respondents

Name ---------- signature----------

Respondents identification number ----------/----------/---------

Date ---------/----------/1998 E.C

Part one: socio demographic characteristics of respondents

The following are your background socio-demographic characteristics. Please indicate your response by circling your choice or writing your response in the space provided accordingly

No	Questions	Coding categories	Skip to
Q101	Sex of the respondent	Male 1 Female 2	
Q102	Age	----------years	
Q103	What is your religion?	Orthodox 1 Catholic 2 Protestant 3 Muslim 4 other(specify)---------	
Q104	Your educational status?	read and write 1 grade 1-4 2 grade 5-8 3 grade 9-10(previous) 4 grade 11-12(previous) 5 grade 9-10(current) 6	

		grade 11-12(current) 7 grade 12 and above 8 TVT 9 other---------- 10 no response 88	
Q105	To which ethnic group do you belong?	Amhara 1 Oromo 2 Tigre 3 Others(specify)-------- 4	
Q106	Marital status	Single 1 Married 2 Divorced 3 Widowed 4 other(specify) --------- 5	
No	**Questions**	**Coding categories**	**Skip to**
Q107	What is your occupation?	daily laborer 1 private employee 2 civil servant 3 student 4 unemployed 5 other(specify)--------- 6	
Q108	How do you rate your family's economic status?	Poor 1 Medium 2 Rich 3 do not know 88	

part two: Pattern of media exposure, possession, usual time of attending HIV/AIDS information

The following questions ask your media exposure, possession, and usual time of attending and frequency. Please indicate your response by circling your choice or writing your response in the space provided accordingly

No	**Questions**	**Coding category**	**Skip to**
Q201	What is your primary source of news concerning national and local issues?	------church/mosque 1 ------kebele 2	

	Please indicate choices from the list according to the order of priority by giving 0 to the least priority and 14 to highest priority	------family/relatives 3 ------friends/peers 4 ------Anti AIDS clubs & related 5 ------traditional gatherings 6 ------radio 7 ------television 8 ------magazines 9 ------idir 10 ------local drama 11 ------posters 12 ------pamphlets 13 ------news papers 14	
No	**Questions**	**Coding categories**	**Skip to**
Q202	Do you possess radio in your household?	Yes 1 No 2	
Q203	If your answer to question to Q202 is "no", where do you listen to radio?	Neighbour 1 I do not listen 2 others(specify) 3	Q208
Q204	How do you often listen to the radio?	Almost every day 1 At least once per week 2 Less than once a week 3 Not at all 4	
Q205	What is your usual time of listening to the radio?	Morning 1 Noon 2 Evening 3	
Q206	What is your primary reason for listening to the radio?	Entertainment, such as music 1 For news &information 2 For education 3 Other(specify)----------4	

Q207	What is your favorite program in radio?(list some)	---------- ----------	
Q208	Do you possess television in your household?	Yes 1 No 2	
Q209	If your answer to question Q202 is "no", where do you watch television?	Neighbors 1 I do not watch 2 Others (specify) 3	Q214
Q210	How often do you watch television?	Almost every day 1 At least once per week 2 Less than once a week 3 Not at all 4	
Q211	What is the usual time to watch television?	Noon 1 Evening 2	
No	**Questions**	**Coding categories**	**Skip to**
Q212	What is your primary reason to watch television?	Entertainment, such as music 1 For news &information 2 For education 3 Other(specify) 4	
Q213	What is your favorite program in television?(list some	---------- ----------	
Q214	Do you have habit of reading newspaper and /or magazines?	Yes 1 No 2	Q217
Q215	How often do you read a newspaper or magazine or leaflets?	Almost every day 1 At least once per week 2 Less than once a week 3 Not at all 4	
Q216	What is your primary reason to read newspapers or magazines?	Entertainment 1 For news &information 2 For education 3 Other(specify) 4	

Q217	How often do you interact with idir, kebeles, Anti AID clubs, religious and community events?	Almost every day 1 At least once per week 2 Less than once a week 3 Not at all 4	Q301
Q218	Do have the experience of using traditional media(information source) in your area? (Examples:poems,role plays,songs,...etc)	Yes 1 No 2	
Q219	What is your primary reason to interact with folk media (interpersonal communication channels)?	Entertainment 1 For news &information 2 For education 3 Other(specify) 4	
Q220	What are your favorite issues of interaction interpersonally?(list some)	---------- ---------- ----------	

Part three: **Knowledge, attitude, sexual behavior and practice**

The following questions ask your Knowledge, attitude, sexual behavior and practice. Please indicate your response by circling your choice or writing your response in the space provided accordingly

No	Questions	Coding category	Skip to
Q301	Have you ever heard of the HIV or an illness called AIDS?	Yes 1 No 2	Q312
Q302	If your answer to Q301 is 'yes', what is your source of information?	People 1 Radio 2 Television 3 Reading 4	
Q303	Indicate the way in which a person may acquire HIV infection?	Mosquito bite 1 Blood transfusion 2 Sharing unclean sharps 3 Having sex with multiple partners 4 From infected mother to child 5 Shaking hands with a person who lives with a HIV/AIDS 6	

		Others(specify)----------7	
Q304	Can HIV transmit from mother to child?	Yes 1 No 2 I do not know 88	
Q305	Indicate how HIV can be transmitted from a mother to a child?	During pregnancy 1 At delivery 2 During breast feeding 3 Other times 4 Do not know 88	
Q306	Is there anything a person can do to avoid getting infected with HIV, which is the virus that causes AIDS?	Yes 1 No 2 Do not know 3	Q307
No	**Questions**	**Coding categories**	**Skip to**
Q307	What can a person do?	---------- ---------- ----------	
Q308	Does AIDS have cure?	Yes 1 No 2 Do not know 88 No response 99	
Q309	Is there a proven vaccine to the public that protects a person from getting HIV?	Yes 1 No 2 Do not know 88 No response 99	
Q310	Which media or information source do you think would help most to give answers to the questions above?	------parents 1 ------peers 2 ------Religious leaders 3 Teachers 4	

		Health professionals 5 Anti AIDS clubs 6 Television 7 Radio 8 Posters 9 Leaflets 10 Magazines 11 News paper 12 Others(specify)----------13	
No	**Questions**	**Coding categories**	**Skip to**
Q311	If a person learns that he/she is infected with the virus that causes AIDS, should the person be allowed to keep this fact private or should this information be available to the community?	Should be kept private 1 Available to community 2 Do not know/not sure 3	
Q312	If a relative of yours became sick with the virus of AIDS, would you be willing to care, live with and eat together in your own household?	Yes 1 No 2 Do not know/not sure/depends 88	
Q313	What do you think a person like you would do if he or she had HIV? List some	---------- ----------	
Q314	At what age you have started sexual intercourse?	Age in years----------1 Never started----------2	 Q401
Q315	Have you had sexual intercourse in the last 12 months?	Yes 1 No 2 Do not know 88 No response 99	 Q317
Q316	If your answer to Q315is' yes', how many	----------	

	partners you had within the last 12 months?	----------	
Q317	Have you ever considered practicing HIV prevention for yourself?	Yes 1 No 2	
Q318	Indicate which prevention method you are practicing?	---------- ----------	
Q319	Have you ever refused or stopped sexual intercourse if he/she will not use a condom?	Yes,everytime 1 Sometimes 2 Never even 3 Never thought about it 4	
Q320	During sexual intercourse, with what frequency did you and your partner(s) use a condom within the past 12 months?	Every time 1 Do not know 2 Some times 3 Never used 4	

Part four: media preference

The following questions ask your media preference. Please indicate your response by circling your choice or writing your response in the space provided accordingly

No	**Questions**	Radio	TV	Print	People(interpersonal or interactive)
Q401	In your opinion, of all the information you got about HIV/AIDS, which source(s) do you prefer best? Indicate by numbering 1. excellent 2. very good 3. good 4. fair				
	Source credibility				

	Acceptability				
	Clarity/understandability				
	Relevance				
Q402	Which of the channels do you prefer as sources of HIV/AIDS information/education? Prioritize starting from the first most to the least choice of yours?	Parents 1 Peers 2 Religious leaders 3 Teachers 4 Health professionals 5 Anti AIDS clubs 6 Television 7 Radio 8 Posters 9 Leaflets 10 Magazines 11 .News paper 12 People living with HIV/AIDS 13 Others(specify)----------14			
Q403	In what form do you prefer to obtain HIV/AIDS related information?	Songs 1 Poems 2 Drama 3 News 4 Speeches 5 Discussion 6 Tale telling 7 Other (specify)----------8			

Q404	What specific HIV/AIDS related issues you would like to know more in the future?	_____ --- ---	
Q405	How do you like or prefer To learn most?	One to one discussion 1 In a group discussion or dialogue 2 By reading, listening or watching privately 3 Through entertaining 4 Through a mix of the above methods or approaches 5 others, specify----------6	

<u>በአዲስ አበባ ዩኒቨርስቲ</u>
<u>ሕክምና ፋከሊቲ</u>
<u>የሕብረተሰብ ጠና ትምህርት ክፍል</u>

<u>መግቢያ</u>፡ ይህ በወጣቶች የመገናኛ ዘዴዎች አጠቃቀም እና የኤች.አይ.ቪ /ኤድስ መከላከል ላይ ያተኮረ ጥናታዊ ዳሰሳ ለማካሄድ የተዘጋጀ መጠይቅ ነው::

<u>ውድ ወንድም / እህት</u>

እኔ ----------ብአዲስ አበባ ዩኒቨርስቲ የሁለተኛ ዲግሪ ተማሪ ስሆን ለዚህ ማሚያ በወጣቶች የመገናኛ ዘዴዎች አጠቃቀም እና ኤች.አይ.ቪ /ኤድስ መከላከል ላይ ያተኮረ ጥናታዊ ዳሰሳ ለማካሔድ የተዘጋጅውን መጠይቅ ምላሽ እንድትሰጠኝ/ጪኝ ፈቃድህን/ሽን እጠይቃለሁ::

በጥናቱ መጠይቅ ውስጥ አንዳንድ ሰዎች ለመመለስ የሚቸገሩትን ዓይነት ጥያቄ ልትጠየቅ/ቂ ትችላለህ/ትቺያለሽ:: ነገር ግን የአንተ /ቺ ስምና የሰጠህኝ/ሽኝ መረጃ በመጠየቁ ላይ አይፃፍም:: በጥናታዊ ዳሰሳው መጠይቁ መሠረት ለመመለስ ፈቃደኛ ያልሆንህበት/ሽበት ጥያቄ ካለ ለመመለስ አትገደድም/ጂም ሆኖምየአንተ/ቺ

በእርግጠኝነት ምላሽ መስጠት ወጣቶች በኤች.አይ.ቪ.ኤድስ ዙሪያ የመግባቢያ ዘዴዎች ያላቸውን አስተያየትና በአጠቃላዩ ህብረተሰብ ዘንድ ያለውን ምላሽ በተሻለ መልኩ ለመገንዘብ ያስችለናል፡፡

በዚህ ጥናታዊ ዳሰሳ ላይ ያለህን/ሽን እገዛ በጣም እናመሰግናለን፡፡

ስለዚህ አንተ/ቺ በዚህ ጥናት ላይ ለመሳተፍ ፈቃደኛነህ/ነሽ?

አዎን _____ አይደለሁም _____

እናመሰግናለን፡፡

የመረጃ ስብሳቢው ከተጠያቂው በትክክል የቃል ማረጋገጫ ማግኘቱን በፊርማ ያረጋግጡ፡፡

ስም ----------ፊርማ ----------

የተጠያቂው መለያ ቁጥር ---------/----------/---------

መጠይቁ የተሞላበት ቀን --------/---------/1998 ዓ.ም

<u>ክፍል አንድ</u>፡ የተጠያቂውን ማህበራዊ ሁኔታ የሚመለከቱ ጥያቄዎች

የሚከተሉት ጥያቄዎች የአንተ/ቺ ማህበራዊ ሁኔታ የሚዳስሱ ስለሆኑ ምላሽህን/ሽሽን በተሠጠው ባዶ ቦታ በማክበብ አመልክት/ቺ

ተ.ቁ	መጠይቅ	መልስ	ይለፍ
101	የተጠያቂው ፆታ	ወንድ 1 ሴት 2	
102	ዕድሜህ/ሽ ስንት ነው	በዓመት	
103	ሐይማኖትህ/ሽ ምንድን ነው?	ኦርቶዶክስ 1 ካቶሊክ 2 ፕሮቴስታንት 3 ሙስሊም 4 ሌላ ከሆነ ይግለፀ 5	
104	የትምህርት ደረጃህን/ሽን አመልክት/ቺ	ማንበብና መፃፍ 1 ከ1ኛ - 4ኛ ክፍል 2 ከ5ኛ - 8ኛ ክፍል 3 ከ9ኛ - 10 ኛ በቀድሞው 4 ከ11ኛ - 12 ኛ በቀድሞው 5 ከ9ኛ - 10 ኛ ክፍል በአሁኑ 6 ከ11ኛ - 12 ኛ ክፍል/መሰናዶ 7 ከ12ኛ ክፍልና ከዚያ በላይ 8 ተክኒክና ሙያ 9 ሌላ ካለ ይግለፀ 10	

		መልስ የለም 88	
105	ብሄረሰብህ/ሽ ምንድን ነው?	አማራ 1 ኦሮሞ 2 ትግሬ 3 ሌላ ከሆነ ይጠቀስ 4	
106	የጋብቻ ሁኔታህን/ሽን አመልክት/ቺ	አላገባሁም 1 አግብቼአለሁ 2 ተፋትቼአለሁ 3 ባሌ ወይም ሚስቴ ሞት 4 ሌላ ከሆነ ይግለጽ 5	
107	ሥራህ/ሽ ምንድን ነው?	የቀን (የጉልበት)ሠራተኛ 1 የግል ተቀጣሪ 2 የመንሥት ሠራተኛ 3 ተማሪ 4 ሥራ አጥ 5 ሌላ ከሆነ ይገለጽ 6	
108	የአንተን/ቺን ቤተሰብ የሀብት ደረጃ በየትኛው ትመደባለህ/ቢያለሽ?	ድሃ 1 መካከለኛ 2 ሀብታም 3 አላውቅ 88	

<u>ክፍል ሁለት</u>: የወጣቶች በኤች.አይ .ቪ/ኤድስ መረጃ ያላቸው የማግኘት ዕድል፣ የመገናኛ ዘዴዎች ባለቤትነት፣ እና የመገናኛ ዘዴዎችን የሚከታተሉበትን ጊዜ የሚመለከቱ ጥያቄዎች

ተ.ቁ	መጠይቅ	መልስ	ይለፍ
201	ከሚከተሉት መካከል አብዛኛውን ጊዜ ስለ አገራዊና አከባቢያዊ ሁኔታዊች ግንዛቤ ምንጭ በቅደም ተከተል የትኛዎቹ ናቸው? / በፍላጎትህ/ሽ መሠረት በደረጃ ከ1 ጀምሮ እስከ 14 ቁጥር በመጻፍ አመልክት/ቺ	----ቤተክርስቲያን መስጊድ 1 ----ቀበሌ 2 ----ቤተሰብ /ዘመድ 3 ----ጓደኛ/አቻ/እኩያ 4 ---- ፀረ- ኤድስ ክበብ 5 ---- ባህላዊ ስብሰባ 6 ---ሬድዮ 7 ----ቴሌቪዥን 8 ----መጽሔቶች 9 ----እድር 10 ----ባህላዊ 11 ----ፖስተር /ግድግዳ ለጠፍ/ 12 -----በራሪ ጽሑፎች 13 ----ጋዜጦች 14	
202	በቤትህ/ሽ ውስጥ ሬድዮ አለህ/ሽ?	አዎን 1 የለም 2	
ተ.ቁ	መጠይቅ	መልስ	ይለፍ
203	ለ202 ጥያቄ መልስህ/ሽ የለም ከሆነ ሬድዮ ከየት ታዳምጣለህ/ጪያለሽ?	ከጎረቤት 1 ከየትም አላዳምጥም 2 ሌላ (ይጠቀስ) 3	→208
204	ሬድዮ ለምን ያክል ጊዜ ታዳምጣለህ/ጫለሽ ?	በየቀኑ 1 ቢያንስ በሣምንት አንድ ቀን 2 በሳምንት ከአንድ ቀን ላነሰ 3 አዳምጩ አላውቅም 4	
205	ብዙውንጊዜ ሬድዮ የምታዳምጠው/ጪው በየትኛው ጊዜ ነው?	ጧት 1 ቀትር/ቀን 2 ማታ 3	
206	ሬድዮየምታዳምጥበት/ጪበት ዋና ምክንያት አመልክት/ቺ	በሙዚቃ ለመደሰት 1 ዜናና ሌሎች ረጃጆችንለማዳመጥ2 ለመማር/ዕውቀት ለማግኘት 3 ሌላ ካለ ይገለፅ 4	
207	የምትወደው/ጂው ሬድዮ ፕሮግራም ጥቀስ/ሺ?	_____	
208	በቤትህ/ሽ ውስጥ ቴሌቪዥን አለህ/ህ?	አዎ 1 የለም 2	
209	ለ208 ጥያቄ መልስህ/ሽ የለም ከሆነ ቴሌቪዥን ከየት ትመለከታለህ/ሽ?	ከጎረቤት 1 ከየትም አልመለከትም 2 ሌላ ካለ ይገለፅ 3	→214
210	ቴሌቪዥን ለምን ያክል ጊዜ	በየቀኑ 1	

	ትመለከታለህ/ህ ?	ቢያንስ በሳምንት አንድ ቀን 2 በሳምንት ከአንድ ቀን ላነሰ 3 አዳምጬ አላውቅም 4	
211	ብዙውን ጊዜ ቴሌቪዥን የምትመለከተው/ቺው በየትኛው ጊዜ ነው?	ቀትር/ቀን 1 ማታ 2	
212	ቴሌቪዥን የምትመለከትበት/ቺበት ዋና ምክንያት?	በሙዚቃ ለመደሰት 1 ዜናና ሌሎች መረጃዎችን ለማግኘት 2 ለመማር /ዕውቀት ለማግኘት/ 3 ሌላ ካለ ይጠቀስ 4	
213	የምትወደው/ጂው የቴሌቪዥን ፕሮግራም ጥቀስ/ሺ?	_____	
214	የተለያዩ ጋዜጦችን ወይም መጽሔቶችን የማንበብ ልምድ አለኅን/ሽን ?	አዎን 1 የለም 2	→217
215	የታተሙ /በራሪ ጽሑፎችን ፣ መፅሔቶች፣ ጋዜጦች/ በየስንት ጊዜ ታነባለህ/ቢያለሽ?	በየቀኑ 1 ቢያንስ በሳምንት አንድ ቀን 2 በሳምንት ከአንድ ቀን ላነሰ 3 አንብቤ አላውቅም 4	
216	መፅሔት ወይም ጋዜጣ የምታነብበት/ቢበት ዋና ምክንያት?	ለመዝናኛ/ለመደሰት 1 ለዜናና ሌሎች መረጃዎች 2 ለመማር/ለዕውቀት ማግኛ/ 3 ሌላ ካለ ይጠቀስ 4	
217	ከዕድር እና/ወይንም፡ ቀበሌዎች፡እና ወይንም ፀረ ኤድስ ክበባት፡ እና/ወይንም ከሃይማኖት ተቋማትና የህብረተሰብ ነክ ፕሮግራሞች የምትገናኝበት/ኚበት በየስንት ጊዜ ነው?	በየቀኑ 1 ቢያንስ በሳምንት አንድ ቀን 2 በሳምንት ከአንድ ቀን ላነሰ 3 ተገናኝቼ አላውቅም 4	→301
218	በባህላዊ የመግባቢያ(መልዕክት መለዋወጫ) ዘዴ ወይንም ዘዴዎች የመገልገል ተሞክሮ አለህ/ሽን? (ለምሳሌ :ግጥም፤ ጭውውጥ፤ መዝሙር...)	አዎን 1 የለም 2	
219	ከባህላዊ የመግባቢያ ዘዴዎች ጋር ሰላለህ/ሽ ግንኙነት ዋና ምክንያት?	ለመዝናናት 1 ለዜናና ሌሎች መረጃዎች 2 ለመማር/ለዕውቀት ማግኛ/ 3 ሌላ ካለ ይጠቀስ 4	
220	ከባህላዊ የመግባቢያ ዘዴዎች የሚያስደስትህን/ሽን ግንኙነት ጥቀስ/ህ?	_____	

<u>ክፍል ሦስት</u> :ወጣቶች በኤች አይ ቪ/ኤድስ መከላከል ዙሪያ ያላቸው እውቀት/ግንዛቤ፡ አመለካከትና ተግባራዊ ሁኔታን የሚመለከቱ ጥያቄዎች

ተ.ቁ	መጠይቅ	መልስ	ይለፍ
301	ኤች አይ ቪ/ኤድስን ሰምተህ/ሽ ታውቃለህ/ሽ ?	አዎ 1 የለም 2	→312
302	ለ301 ጥያቄ መልስህ/ሽ አዎን ከሆነ ከየት ሰማህ/ሽ?	ከሰው 1 ከሬድዩ 2 ከቴሌቪዥን 3 ከሚነበቡ ሕትመቶች 4	
303	አንድ ሰው በኤች አይ ቪ እንዴት ሊያዝ ይችላል? (ለመላሹ በምርጫ መልክ መቅረብ የለበትም፡ የተሠጠው መልስ ይክበብ)	በወባ ትንኝ ንክሻ 1 በደም ልገሣ 2 ንፁህ ያልሆኑ ሰለቶችን በጋራ በመጠቀም 3 ከአንድ በላይ ሴቶች/ወንዶች ጋር የግብረስጋ ግንኙነት ማድረግ 4 ቫይረሱ ካለባት እናት ወደ ልጅ 5 ከቫይረስ ጋር ከሚኖሩ ሰው ጋር በመጨባበጥ 6 ሌላ ካለ ጥቀስ/ሺ 7	
304	ኤች.አይ.ቪ ባይረስ ከእናት ወደ ልጅ ሊተላለፍ ይችላል ወይ?	አዎ 1 አይተላለፍም 2 አላውቅም 88	306
305	ኤች አይ ቪ ቫይረስ ከእናት ወደ ልጅ እንዴት ይተላለፋል?	በእርግዝና ወቅት 1 በወሊድ ጊዜ 2 ጡት በማጥባት 3 በሌላ ጊዜ 4 አላወቅም 88	

306	አንድ ሰው በቫይረሱ እንዳይያዝ ሊያደርግ የሚገባው ጥንቃቄ አለ ወይ?	አዎን 1 የለም 2 አላውቅም 88	
307	እንደ አንተ/ቺ ያለ/ች ግለሰብ ኤች.አይ.ቪን ለመከላከል ምን ምን ማድረግ ይችላል?	_____ _____	
308	ኤድስ መድኃኒት አለውን?	አዎን 1 የለም 2 አላውቅም 88 መልስ የለም 99	
309	ኤች አይ ቪን ለመከላከል የተረጋገጠ ክትባት አለ ወይ?	አለ 1 የለም 2 አላውቅም 88 መልስ የለም 99	
310	ከላይ የቀረቡትን ጥያቄዎች ለመመለስ በጣም ያገዘህ/ሽ የመገናኛ ዘዴ ወይንም የመረጃ ምንጭ የትኛው ነው? (እንደ ጠቀሜታው በደረጃ ከ1 እስከ 13 ቁጥር ይስጡ)	----ወላጆች 1 ----ጓደኞች 2 ----የሀይማኖት መሪዎች 3 ----አስተማሪዎች 4 ----የጤና ባለ ሙያዎች 5 ----ፀረ ኤድስ ክበባት 6 ----ቴሌቪዥን 7 -- -ሬድዩ 8 ----ፖስተር 9 ----በራሪ ጽሑፍ 10 ----መፅሔት 11 ----ጋዜጣ 12 ----ሌላ ይጠቀስ 13	
311	አንድ ሰው በኤች አይ ቪ ቫይረስ መያዙን መደበቅ ወይንስ ለህብረተሰቡ ማሣወቅ ይገባዋል?	መደበቅ አለበት 1 ለሕዝብ ማሣወቅ 2 አላውቅም 3	
312	አንድ የአንተ/ቺ ዘመድ/ቤተሰብ በቫይረሱ ቢያዝ ለመንከባከብ፡ አብሮ እንዲኖርና እንዲበላ ፈቃደኛ ነህ/ሽ?	አዎ 1 አይደለም 2 አላውቅም 88	
ተ.ቁ	መጠይቅ	መልስ	ይለፍ
313	አንድ እንደ አንተ/ቺ ያለ ሰው በደሙ/ማ የኤች.አይ.ቪ ቫይረስ እንዳለ ከተረጋገጠ ምን ማድረግ አለበት?	_____ ----------	
314	የግብረ ሥጋ(ጾታዊ) ግንኙነት ማደረግ በስንት ዓመት ጀመርክ/ህ?	ዕድሜ በዓመት ------ 1 ግንኙነት አድርጌ አላውቅም 2	401
315	ባለፉት 12 ወራት ውስጥ የግብረ ሥጋ ግንኙነት ፈፅመህ/ሽ ታውቃለህ/ሽ?	አዎ 1 የለም 2 አላውቅም 88 መልስ የለም 99	→317
316	ለጥያቄ 314 መልስህ/ሽ አዎን ከሆነ ከስንቶቹ ጋር የግብረ ሥጋ ግንኙነት ፈፅመሃል/ሻል?	_____ _____	
317	አንተ/ቺ ኤች አይ ቪ ለመከላከል ሞክረህ/ሽ ታውቃለህ/ሽ?	አዎ 1 የለም 2	
318	ኤች.አይ.ቪን ለመከላከል የምትጠቀመውን/ሚውን ዘዴዎች ዘርዝር/ሪ?	_____ ----------	
319	ጓደኛህ/ሽ ኮንዶም ለመጠቀም ሳይፈልግ ሲቀር የግብረ ሥጋ ግንኙነትን ሠርዘህ/ሽ ወይም አቋርጠህ/ሽ ታውቃለህ/ሽ?	አዎ ሁልጊዜ አደርጋለሁ 1 አንዳንድ ጊዜ 2 ምንም ጊዜ 3 አስቤ አላውቅም 4	
320	ባለፉት 12 ወራት ውስጥ ምን	ሁልጊዜ 1	

	ያህል ጊዜ ነው አንቺና/አንተና ጓደኛሽ/ህ ኮንዶም የተጠቀማችሁት?	አላውቅም 2 አንዳንድ ጊዜ 3 ተጠቅመን አናውቅም 4	

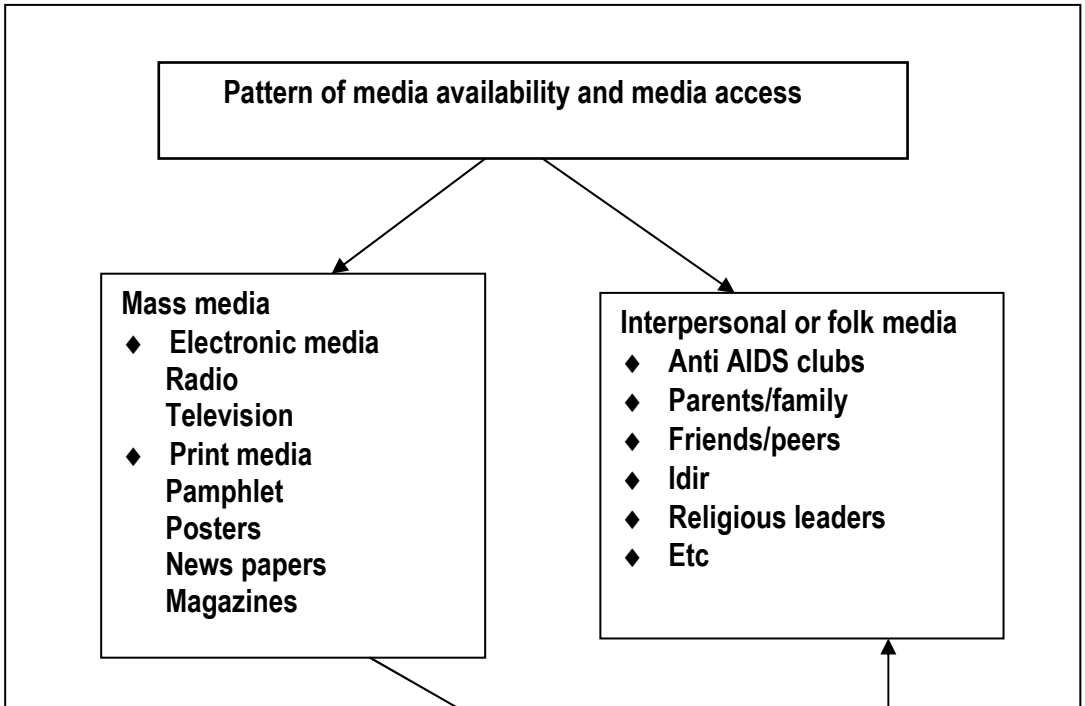
<u>ክፍል አራት</u>: የወጣቶችን የመገናኛ ዘዴዎች ምርጫን የሚመለከቱ ጥያቄዎች

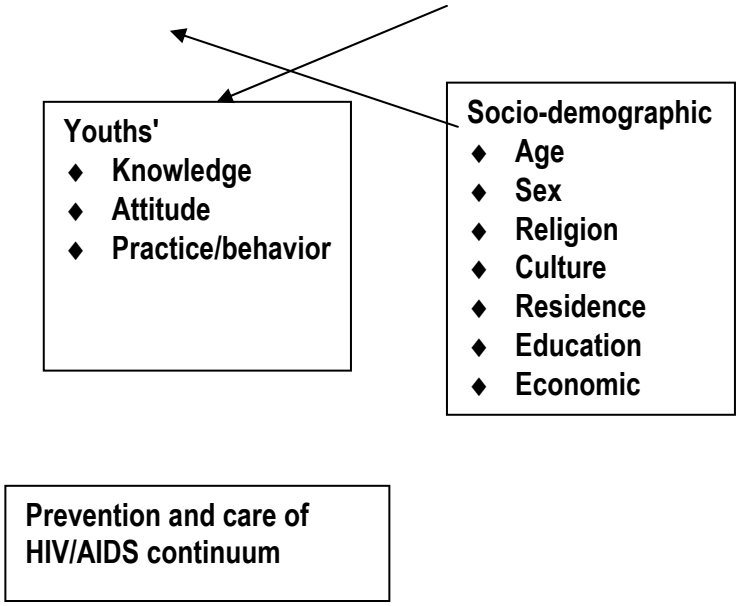
ተ.ቁ	መጠይቅ	መልስ				ይለፍ
401	በአንተ/ቺ ሐሳብ በተለያዩ የመገናኛ ዘዴዎች ስለ ኤች አይ ቪ/ኤድስ መከላከል መረጃ ቢተላለፍም በጣሙን የሚሻለው መንገድ አመልክት/ቺ (በተመረጠው ላይ 1. እጅግ በጣም ይሻላል 2. በጣም ይሻላል 3. ጥሩ ነው 4. እመብዛም ነው በቁጥር ያስቀምጡ)	ሬዲዮ	ቴሌቪዥን	ሕትመቶች	ባህላዊ የመግባቢያ ዘዴዎች	
	የምንጩ ታአማኒነት					
	ተቀባይነት					
	በቀላሉ ሊገባ የሚችል ወይም ግልፅነት					
	ለኤች አይ ቪ/ኤድስ መከላከል አግባብነት					

402	ስለ ኤች አይ ቪ/ኤድስ መረጃ በየትኛው የመግባቢያ ዘዴ(የመረጃ ምንጭ) ቢተላለፍልህ/ሽ ትመርጣለህ/ሽ? በቅደም ተከተል አስቀምጥ/ጪ (በደረጃ ከ ቁጥር 1 እስከ 14 ያስቀምጡ)	------ወላጆች 1 ------ጓደኞች 2 ------ የሀይማኖት መሪዎች 3 -------መምህራን 4 ------የጤና ባለሙያዎች 5 ------ፀረ ኤድስ ክበባት 6 ------ቴሌቪዥን 7 -------ሬዲዮ 8 ----ግድግዳ ላይ የሚለጠፉ 9 -------በራሪ ፅሑፎች 10 -------መፅሔቶች 11 -------ጋዜጦች 12 -----ከቫይረሱ ጋር የሚኖሩ ሰዎች 13 ------ሌሎች ከሆኑ ይጠቀስ 14	
403	ስለኤች አይ ቪ/ኤድስ መረጃ ለማግኘት የምትፈልገው/ጊው በምን መልኩ ነው? (ከተጠቀሰው አንዱን ምረጥ/ጪ)	በዘፈን/ዜማ 1 በግጥም 2 በድራማ 3 በዜና 4 በንግግር 5 በውይይት 6 በተረት ተረት 7 በሌላ (ይጠቀስ) 8	
404	ለወደፊቱ ከአሁኑ በበለጠ ትኩረት ስለኤች አይ ቪ ኤድስ ለማወቅ/ለመማርየምትፈልገውን/ጊውን ርዕስ እስኪ ጥቀሺ/ስ?	_____ _____ _____	
405	ብዙውን ጊዜ በምን መልኩ ብትማር/ሪ ትመርጣለህ/ጫለሽ? (ከተጠቀሰው አንዱን ምረጥ/ጪ)	አንድ ለአንድ በመወያየት 1 በቡድን ውይይት/ጥያቄና መልስ 2 በማንበብ፡ በማድመጥ ወይም በመመልከት 3 በመዝናናት ወይም በመደሰት 4 ከላይ የተጠቀሱትን በማዋሃድ 5 ሌላ ካለ ይጠቀስ 6	

Annex II

Conceptual frame work of media-use pattern in HIV/AIDS prevention among youths





Annex III

For qualitative method of data collection:

Focus Group Discussion Guide

Dear brothers/sisters

First and for most I would like to say welcome to this focus group discussion. I am working for a thesis research project in collaboration with Addis Ababa University. I and my assistants are here to discuss very pertinent issues related to youths of Bahirdar town. Your active participation in providing valuable suggestions, comments and responses in order to find

out the common sources of HIV/AIDS information, media preferences, sexual practices and future issues to be included in HIV/AIDS prevention among youths is very crucial.

Hence your honest and true discussion to the following guide questions will help us better understand what youths think and say about AIDS media communication and how people respond to media or channels of dissemination of HIV/AIDS information.

Would you be willing to participate in the discussion? If yes, we can continue our discussion and greatly appreciate your help in responding to this study.

Thanks for your participation!

1. What are the common sources of HIV/AIDS information in your locality (Bahirdar town)?

Discuss in detail based on the following clues:

- Electronic media(Radio, Television, e-mail,...etc)
- Print media(posters, leaflets, news letters,...etc)
- Traditional or interpersonal media (poems, role plays, songs,...etc)

2. In your opinion, of the information you got about HIV/AIDS, which source(s) you and your friends prefer best in Bahirdar town?

Discuss in terms of significance to HIV/AIDS prevention and control

and

Source credibility, acceptability, understandability and relevance?

3. Currently the situation of HIV/AIDS in Ethiopia especially in Bahirdar is still the worst. In your opinion, what are the responses of most youths in Bahirdar town to HIV/AIDS issues? If the responses of youths are negative what could be the possible reasons?

4. In your opinion, what is the general observations about the sexual practices of youths in the town? Consider at which years most youths start sexual intercourse and the experience of condom use?

5. From your observations, at what level you rank behavioral change of most youths in the town? If you think there is lower level of behavioral change among you and the other youths like you, what do you think are factors that hinder youths from behavioral change towards HIV/AIDS related issues?

6. What specific HIV/AIDS related issues you would like to know more about in the future?

7. Could you list some of traditional or folk media available to youths in your location to communicate with youths about HIV/AIDS information? [This discussion guide is more specific to religious and local artists group]

(Present as you say in your natural environment by using your local instruments if necessary)

እዝል ሶስት

የቡድን ውይይት መመሪያ

ውድ ወንድሞቼ እና እህቶቼ

በመጀመሪያ ደረጃ ከሁሉም አስቀድሜ በዚህ ውይይት ለመሳተፍ እንኩን በሠላም መጣችሁ እላለሁኝ። እኔና ጎደኞቼ እዚህ የተገኘነው በአዲስ አበባ ዩኒቨርሲቲ ሕክምና ፋከሊቲ የህብረተሰብ ጤና ትምህርት ክፍል ለድህረ ምረቃ ማሞያ በባህርዳር ከተማ በሚገኙ ወጣቶች የመገናኛ ዘዴዎች በኤች.አይ.ቪ/ኤድስ የመከላከልና የመቆጣጠር ተግባር ላይ መረጃ ለመሰብሰብ ነው።

በዚህ መሠረት እናንተ በትኩረት በመሳተፍ ጠቃሚ ሀሳቦችን፣አስተያየቶችንና ምላሾችን በኤች.አይ.ቪ/ኤድስ የመረጃ ምንጮች፣የወጣቱ የመረጃ ምንጭ ምርጫውን፣የግብረ-ሥጋ ግንኙነት ሁኔታ እና ለወደፊቱ በምን ዙሪያ ትኩረት ቢሰጥ የተሻለ እንደሆነ ውይይት እናደርጋለን፡፡

ስለዚህ እናንተ የምትሠጡትን ማንኛውም ምላሽ በጣም ጠቃሚ መሆኑን ተገንዝባቸሁ በዚህ ውይይት ላይ ለመሣተፍ ፈቃደኛ መሆናችሁን ብትገልጹልኝ ጥሩ ይሆናል፡፡ እሺ ፈቃደኛ ከሆናችሁ በቅድሚያ ለተሣትፎአችሁ እያመሰገንን ከዚህ በታች በቀረቡት የመወያያ ነጥቦች መሠረት ውይይታችንን እንጀምራለን፡፡

እናመሰግናለን፡፡

የመወያያ ነጥቦች

1. በባህርዳር ከተማ በወጣቶች ዘንድ በኤች.አይ.ቪ/ኤድስ የመረጃ ምንጭነት የሚዘወተሩና የተለመዱ የመግባቢያ ዘዴዎች ምን ምን ናቸው?
   - ♦የኤሌክትሮኒክስ መገናኛ ዘዴዎች(ሬድዮ፣ተለቪዥን፣ኢ-ሜል፣...)
   - ♦ፕሪንት ሚዲያ(ፖስተር፣በራሪ ወረቀት፣ጋዜጣ፣...)
   - ♦የባህላዊ መግባቢያ ዘዴዎች(ግጥም፣ቅኔ፣ሰምና ወርቅ፣መዝሙር፣...)
2. ወጣቶች ስለ ኤች.አይ.ቪ መረጃ ለማግኘት እጅጉን የሚመርጡት የመገናኛ ዘዴዎች የትኞቹ ናቸው?

♦ የመረጃ ምንጭ ታአማኒነት

♦ ተቀባይነት

♦በቀላሉ ሊገባ የሚችል ወይም ግልጽነት

♦ኤች.አይ.ቪን ለመከላከል ከለው አግባብነት አንጻር መድቦቸው

3. ኤች.አይ.ቪ/ኤድስ በወጣቱ ዘንድ በከፍተኛ ሁኔታ እየተሠራጨ ይገኛል፡፡በእናንተ ሐሳብ ወጣቱ ስለዚህ ጉዳይ ሲነገረው የሚሰጠው ምላሽ ምን ይመስላል? ጥሩ ምላሽ ከልሆነ ምክንያቱ ምን ሊሆን ይችላል?

4. በእናንተ ሐሳብ በባሕርዳር ከተማ የሚገኙ ወጣቶች ጸታዊ ግኑኝነት የማድረግ ልምዳቸው ምን ይመስላል?ግኑኝነት ከሚጀምሩበት ጊዜ አንጻርም ጭምር ቢታይና ሰፋ ያለ ሐሳብ ቢሰጥ፣ለኮንደምስ ያላቸው አስተያያት ምን ይመስላል?

5. በባሕርዳር ከተማ በወጣቶች ዘንድ ስለ ኤች.አይ.ቪ/ኤድስ መከላከል ላይ ያላቸው የባሕሪ ለውጥ ምን ደረጃ ላይ ነው ያለው ትላላችሁ? ዝቅተኛ ደረጃ ላይ ነው ያለው ከላችሁ የባህሪ ለውጥ ያልመጣበት ምክንያት ዘርዝሩ፡፡

6. በቀጣዩ ለወጣጡ በምን በምን ርዕስ ላይ ስለ ኤች.አይ.ቪ/ኤድስ ትምህርት ቢሰጥ ወጣቱ ዘንድ የበለጠ ስለ ኤች.አይ.ቪ/ኤድስ አውቆ ራሱንና ቤተሰቡን ሊጠብቅ ይችላል?

7. በዚህ በባህርዳር ከተማ ውስጥ በሐይማኖት ተቆማት አከባቢ እና በምሽት ክበባት የሚዘወተሩ በባህላዊ መግባቢያ ዘዴዎች ምን ምን እንደሆኑ ብትገልጹልን?

♦ የሀይማኖት ሰዎች

♦ በአከባቢ የሚገኙ አከባቢዊ አርቲስቶች(አዝማሪዎች)

ለተሣትፎአቸው በጣም እናመሰግናለን፡፡