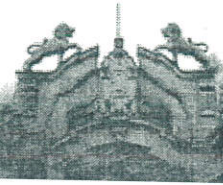


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ADDIS ABABA UNIVERSITY SCHOOL OF GRADUATE STUDIES

**MEDIA COMMUNICATION CAMPAIGN IN PROMOTING FREE PUBLIC
DISCUSSION, DIALOGUE AND DEBATE ON HIV/AIDS AND SEXUALITY
RELATED ISSUES: The case of Amhara Radio**

BY
ZELALEM TESHAYE



**ADDIS ABABA
JUNE 2010**

**Media Communication Campaign in Promoting Free Public Discussion,
Dialogue and Debate on HIV/AIDS and Sexuality Related Issues: the
Case of Amhara Radio**

**A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES OF
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**BY: ZELALEM TEFAYE
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Media communication campaign in promoting free public discussion dialogue and debate on HIV AIDS and sexuality related issues: the case of Amhara radio.

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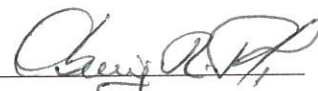
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Acronyms

ADA	Amhara Development Association
AIDS	Acquired Immuno Deficiency Syndrome
ANC	Antinatal Care
ARRM	AIDS Risk Reduction Model
BBC	British Broadcasting Cable
BCC	Behavioral Change Communication
EPHA	Ethiopian Public Health Association
FGD	Focus Group Discussion
FMOH	The Federal Ministry of Health
HAPCO	HIV/AIDS Prevention and Control Office
HIV	Human Immunodeficiency Virus
MOH	Ministry of Health
PLWHA	People Living with HIV/AIDS.
PMC	Population Media Center
STI	Sexually Transmitted Infections
UNAIDS	Joint United Nation program on HIV/AIDS
UNFPA	United Nations Population Fund
WHO	World Health Organization

Abstract

This study was conducted to examine the role of the 'Se'ate HIV' live radio phone-in program of the Amhara Mass Media Agency in promoting free and open public discussion, dialogue and debate regarding human sexuality, especially of risky human sexual behaviors, and other sexuality related issues which have long been conceived as culturally taboo by the society at large. To achieve the goal of this study, qualitative research design was found to be the best research methodological framework to gather data which are thought to be relevant to the study. To this end, the study employed focus group discussions and individual in-depth interviews as tools to generate data from sexually active age brackets ranging from 15 to 49years old who are inhabitants of Bahirdar town. The study also employed individual in-depth interview with key informants who are, one way or the other, believed to be highly concerned with the issue. The paper also attempted to review theories, models and approaches that go in line with the media and HIV/AIDS communication interventions. Finally, the findings of the study showed that the program is found to play no significant role in empowering its target audiences to make open and free public discussion, dialogue and debate about risky human sexual behaviors and other sexuality related issues, which are potentially believed to exacerbate the prevalence of the epidemic in the area. The program fails to consider the socio-cultural context, interests', needs' and levels' of understandings of its target audiences. It is also found out that the existence of one line telephone system in the studio, absence of delay machine, cost of phone calls, inconvenient of broadcasting time and shortage of airtime slot are potential hurdles that affect the program to promote open and free public discussion, dialogue and debate about risky human sexuality and other sexuality related issues on the part of its target audiences.

CHAPTER ONE

INTRODUCTION

1.1. Background of the study

HIV/AIDS is the world's most destructive crisis in human history that affects every nations of the world. It is a world tragedy, which threatens people of all race, sex, color, age etc. It has spread further with ferocious speed; killing millions of people every year in every corner of the world. It has been almost three decades since HIV/AIDS has become a major challenge and priority issues of global health.

Despite wide ranging and often intensive prevention and control programs to stem the tide of HIV prevalence, the epidemic continues to upsurge its spread at alarming rate from time to time causing unprecedented threat to the wellbeing of human creature and becoming a devastating obstacle to the development of nations.

The epidemic steadily ravages millions of adults in the prime of their working and parenting lives; it decimates the work force; it fractures and impoverishes families; it orphans millions; and it destroys the framework of communities (World Bank, 2000; McKee *et al*, 2004).

Even though HIV/AIDS has been said to have no geographical and human boundary, the prevalence of its ruthless impact in Sub Saharan Africa is quite devastating than any region in the world. By the end of 2007 alone, more than 33 million [30.6-36.1 million] people were estimated to be living with HIV/AIDS worldwide. Among those, nearly two thirds (68%) were found in sub Saharan Africa (UNAIDS, 2008).The prevalence of this mass killer epidemic in Sub Saharan Africa poses a

foremost severe threat and unprecedented negative impact on regional developments(ibid).

Ethiopia is one of the most AIDS affected nations among Sub Saharan Africa. It has been more than twenty five years since Ethiopia has begun experiencing the overwhelming downbeat impact of the epidemic. HIV was first detected in Ethiopia in 1984 and the first two AIDS cases were reported in 1986 (Tsega *et al*, 1988 as cited in FMOH *et al*, 2006). After a couple of years, high HIV prevalence rate was detected among long distance truck drivers (13%) and commercial sex workers (17%) frequenting and working in town along the main trading routes. Since then, the epidemic is wreaking massive damage upon the productive population (EPHA, 2005).

The number of people living with the epidemic in the country has dramatically been escalating from 200,000 by the end of 1990 to 1-2.3 million by the end of 2003 and has got a little bit down to nearly 1,000,000 by the end of 2007(UNAIDS,2004; UNAIDS *et al*, 2008).

The epidemic poses the foremost severe threats in the country that affect the wellbeing of the community. Significant numbers of people have died of AIDS, and the epidemic is still affecting and infecting large number of citizens in the country. Consequently, it is causing a number of children to become homeless and orphan. It is also making elderly people helpless.

Though the government of Ethiopia has developed the first national AIDS Policy in 1998, the country has not yet brought fruitful outcomes as it has been expected to fight against the overwhelming widespread of the epidemic in the country (EPHA, 2005; M^cKee *et al*, 2004). This indicates that if the tragedy steadily goes wild, the continued existence of the next

generation will be doomed and the fate of the country will be in danger of extinction.

Kofi Annan's statements on this issue sound much stronger in calling for a concerted effort among various stakeholders to unite their right upper hands so as to relinquish HIV/AIDS on earth:

When you are working to combat a disastrous and growing emergency, you should use every tool at your disposal. HIV/AIDS is the worst epidemic humanity has ever faced. It has spread further, faster and with more catastrophic long term effects than any other diseases. Its impact has become a devastating obstacle to development. 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. We must seek to engage these powerful organizations as full partner in the fight to halt HIV/AIDS through awareness, prevention, and education (UNAIDS, 2004:4).

Thus, it is unavoidably clear that there is a particular urgent need to form concerted efforts of various stakeholders including the mass media, academics, activists and some other concerned bodies to reaffirm their commitment to the recognition of the importance of HIV prevention and control activities with the aim to quarantine and if possible, to eradicate the widely spreading possibility of the epidemic in the population.

1.2. Statement of the problem

Even though some intensive efforts have been exerted to halt the alarming spread of the epidemic in Ethiopia , no significant triumph over AIDS has been achieved yet as one can easily observe from the escalation of the pandemic at a terrifying rate in the country from time to time. The epidemic still presents unique challenges in terms of effecting

positive behavioral change on the part of the public. Consequently, it climbs Ethiopia's ladder of concern.

Amhara region is one of the most HIV debilitated regions in the country. According to single point HIV prevalence estimate, adult HIV prevalence of the region for 2009 projected to be 2.8%. The projection depicts that in 2009 total number of People Living with HIV in the region were estimated to be 351,351, a number that accounts 31.4% of the total population living with the virus in the country (Nigat, 2009).

The prevalence rate of the epidemic in urban areas of the region is relatively higher than the rural areas. For example, Bahirdar, the capital city of the region, is being one of the most HIV debilitated towns in the region. According to Urban ANC site by the year 2005, the town accounts 13.5% of the country's HIV prevalence rate (FMOH & HAPCO, 2006).

Because of Socio-cultural barriers in the region, it is quite evident that making free and open public discussion, dialogue and debate on issues pertaining to human sexuality and other human sexuality-related issues have long been considered as taboo and culturally immoral. As a result, such topics have long been hidden and kept secret as a private issue. It is lucid, however, that this very existence of public fear and silence on the part of the community to freely deal with human sexuality and issues related to sexual matters, especially of risky human sexual behaviors, can potentially fuel the wide spreading possibility of HIV/AIDS in the region.

In this regard, the Amhara Regional State Radio Station, hoping to break the silence and the fear of the society in the fight to reverse HIV/AIDS, has launched a bi-weekly HIV/AIDS programs. The prime intent of these

programs is to bring and maintain the recommended positive attitudinal as well as behavioral change on the part of the general public.

Among the two programs, one is a live, phone-in program named "SE'ATE HIV" meaning "Time about HIV" that opens live, phone-in public discussion, dialogue and debate session concerning HIV/AIDS in every Friday from 7am to 8 am. The program strives to employ a horizontal, two - way interactive communication approaches. It also invites guests and attempts to let its audience make free and open public discussion, dialogue and debate on issues pertaining to risky human sexuality behaviors and other human sexuality related issues. This program, therefore, has triggered me to critically examine whether it brings a significant difference on the part of the public as it intends to be.

1.3. Objective of the study

This research has the following general and specific objectives:

1.3.1. General objective

The over all goal of this study is to shed light on the role of the medium in breaking the silence and fear of the public to make free public discussion, dialogue and debate regarding risky human sexuality behaviors and other sexuality related issues, which are believed to have their own considerable potentials in mounting the widespread of HIV/AIDS in the region.

1.3.2. Specific objectives

The study has the following specific objectives:

- 1) To examine the appropriateness of the program to the socio-cultural context of the society.

- 2) To investigate the interests' of the public towards the program in terms of its educational as well as informative values to them.
- 3) To assess the appropriateness of the program to its audience in terms of its airtime availability and its consideration of their levels' of understandings.
- 4) To identify the factors which impede the program (if any) in setting free and open public discussion, dialogue and debate session on risky human sexuality behaviors.
- 5) To explore the influence of the program in making the public open and free to deal with risky human sexual behaviors and other sexuality related issues.

1.4. Research questions

- 1) How far appropriate the program is to the socio- cultural context of the society?
- 2) How are the interests' of the public towards the program in terms of its educational as well as informative values?
- 3) How appropriate the program is to its audiences in terms of its air time availability and its consideration of their levels' of understandings?
- 4) What are the potential factors (if any) that impede the program to promote risk reducing behavior on the part of the public?
- 5) How does the program influence the public to make free and open discussion, dialogue and debate about risky human sexuality behaviors and other sexuality related issues?

1.5. Significance of the study

I believe that this study can have a significant role to play in shading light on how to mitigate the downbeat impact of this rampant disease in the country in general and in the region in particular. Furthermore, this study is also believed to have a paramount importance in providing a better ground for media houses and other stakeholders, which are keenly concerned with this issue, to take it as a basement rock in their further stride to fight against HIV/AIDS. Moreover, it is also believed that it can potentially serve as a stepping stone for further research in the area.

1.6. Scope of the study

The study targeted people of both sexes in the age brackets ranging from 15 to 49 years old who are living in Bahirdar town as study population. It embodied in-school and out-of-school youths, Commercial Sex Workers, People Living with HIV/AIDS, regional HAPCO officers, Civil Servants, Daily Laborers, and Journalists working in the medium. Coming to the medium, the study focused merely on the live, phone-in HIV/AIDS program named "Se'ate HIV", which is one of the live radio programs of the station.

1.7. Limitation of the study

As I have tried to point out in the scope of the study, the horizons of my study is confined only on the "Se'ate HIV" live, phone-in program of the Amhara Radio. It also targets people of Bahirdar town who are in the age brackets of 15-49 years old as populations of the study. Thus, I believe that it would have been much more comprehensible if it was conducted on a regional wide basis. However, because of the constraints of time and money, the study was forced to be limited only on study area that I aforementioned.

1.8. Organization of the Study

This thesis contains six chapters. Chapter one presents a general background of the study. It deals with the research problem, research question, objectives of the study, and scope of the study. Limitations encountered to conduct the study are also incorporated in this chapter. The second chapter presents a brief theoretical considerations and frameworks, different research findings and views of different scholars which are one way or the other pertinent to the study. Chapter three figures out the methods, procedures and techniques employed in the study. This chapter justifies and explains the rationale to employ qualitative research design. It also explains why and how Focused Group Discussion and Individual in-depth Interview were employed in this study. It also briefly explains ethical considerations duly taken while conducting the study, data management, and analysis techniques and procedures employed in the study. The fourth chapter is all about presentation and discussion of the data, and analysis of the findings. Chapter five presents conclusions of the study. And finally, chapter six puts forward possible recommendations.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.0. Introduction

This part of the study attempts to present brief theoretical frameworks, different research findings and views of different scholars which are one way or the other pertinent to the study.

2.1. Strategic Communication Activities to Combat HIV/AIDS

As many scholars argue, earlier development interventionists were not ardently cognizant of the importance of strategic communication to development approaches. According to McKee *et al.* (2004), in 1980s, it has been experienced in many countries that well-intentioned health officers and other personnel, having little or no experience in communication, used to develop messages that were aiming at instilling fear about HIV/AIDS. Such efforts, however, failed to engage the public in positive behavioral change. Chandra, (2004) also points out that earlier development projects were mostly in the hands of economists and technicians who hampered the understanding of social and cultural issues, which are keys to a communication strategy.

Currently, however, there is a growing realization that it is carefully designed and managed communication strategies, in the absence of medical cure or in the presence of inadequate diagnostic facilities, that can potentially play much greater roles as key ingredients in empowering people to take control over their own lives and in promoting social change in terms of effecting attitudinal as well as behavioral change against HIV and AIDS (McKee *et al.*, 2004). In support of this idea, Nigussie (2008:5-6) also describes the potential roles of carefully

designed and managed communication activities in the following manner:

Experience has shown that well designed and well managed communication activities can contribute significantly to creating awareness and interest, increasing knowledge and understanding and changing attitude and even behavior with in a reasonable period of time.

Recently, strategically designed communication approaches or activities have been serving in various ways to address HIV prevention and control intervention messages with the aim to bring the desired change of attitude as well as to effect the recommended behavioral changes on the part of the high-risk and vulnerable groups of people to HIV though it has been argued that it remains to be underutilized to date in terms its potential capacity to bring a significant difference on the part of the aforementioned public (McKee *et al.*, 2004).

According to Schiavo (2007), carefully designed and managed communication activities have significant roles to create “receptive and favorable environments” with which information can be shared, absorbed and discussed by the program’s intended audience. In other words, strategic Communication activities having the aim to replace the ‘high-risk penetrative sex’ with the ‘low-risk non-penetrative sex’ can potentially serve the general public through educating them the danger of unsafe sex and persuading them to use condoms consistently and properly, and reinforcing them to limit their sexual partners to one monogamous relationships (FMOH, 2006).

Thus, evidently nowadays, there is an increasing consensus that carefully designed and managed communication activities should be taken as an integral part of HIV/AIDS prevention and control interventions. It is also essential to bear in mind that in order to

effectively bring the desired change of attitude as well as behavior on the part of the target public against HIV/AIDS through making use of strategic communication activities, it requires an in-depth understanding of the needs, beliefs, taboo, attitude and social norms of all key communication audiences (Schiavo, 2007).

In support of the above idea, McKee *et al.* (2004) also noted that strategic communication should be designed just having the following three key principles in mind:

1. It should target social norm as well as individual behavior.
2. It should go beyond *ad hoc* interventions to a coordinated social movement.
3. It should bring community level activities to scale through a linkage with mass media.

2.1.1. Health Communication Strategy to Fight against HIV/AIDS

Communication is a multi-faceted and multi-disciplinary process or approach to meet the needs of various communication goals. Strategic Health Communication is one form of carefully designed and managed communication approaches aiming and working at reaching different audiences and sharing health related information. It basically aims at influencing, engaging and supporting individuals, communities, health professionals, and other various stakeholders to champion, introduce, adopt, or sustain a behavior, practice or policy that will ultimately improve health outcomes in a predefined period of time (Schaivo, 2007).

According to McKee *et al* (2004), Strategic Health Communication is an approach to the design and implementation of health programs that increases their impact on behavior and social change. It is an effective mechanism to capture the attention of the intended audience and to

influence individual behavior as well as social norm. It can also offer guidance for communication related to HIV and AIDS prevention, testing, care and support.

In term of its considerable potential in bringing change in behavior, Clift and Freimuth (nd), as cited in Schiavo (2007), also describe strategically designed and managed health communication activities as an approach like health education that strive to change a set of behaviors of the target audience on a large scale basis regarding a specific health problem in a predefined period of time.

FMOH (2004) also clearly asserts that the overall goal of strategic health communication approaches are to inform, and provide basic health and health related knowledge and skills which are useful to adopt and maintain health promoting behavior and to avoid negative (risk) behavior.

Health communicators, bearing in mind what they have experienced over the last couple of decades to date, have come to realize that collaboratively designed, implemented and evaluated health communication strategies will help achieve the goal of improving health in a significant and lasting way by empowering people to change their behavior and by facilitating social change (O' Sullivan *et al.*, 2003).

Moreover, FMOH (2004) recommends that strategic health communication activities should be designed in a way that is easily understood by the target population and should considerably be cognizant of the individual behavior and societal norms of the target audiences so as to effectively bring the intended change in attitude as well as behavior both at individual and community level.

What makes the systematic nature of strategic Health Communication approach sharply different from the ad hoc practice of designing an

occasional posters and/or radio spot for a given cause is that it involves an extensive use of data, careful planning, stakeholder participations, creativity, high quality programming, and linkage to other program elements and levels, are a few to mention that stimulate positive and measurable behavior to the intended audience (McKee *et al.*, 2004). It also takes advantage of science and fact, in addition to ideas and concepts, to set forth a long term vision and objectives of realistic behavior change to address health issues through making use of dialogue and discussion with the intended target audiences and with various stakeholders (O'Sullivan *et al.*, 2003).

As McKee *et al.*, (2004) clearly point out, strategic health communication can also offer powerful approaches for reaching national policy makers, local government officials, traditional and religious leaders, community leaders, and members of the general public to influence social norm and individual behavior. And it has been proved highly effective in some areas of public health, especially in family planning but still remained under utilized to date in the area of HIV/AIDS.

The earlier HIV/AIDS communication interventions were mainly focusing on individual behavioral change levels. However, this intervention, that targets individual rather than communities and social organizations, as McKee *et al.*, (2004) rightly put it from the experience of many developing countries, often tends to “blame the victim” and will not have an “optimal impact”. In the same light, according to communication for development round table report held in Nicaragua that was focused on HIV/AIDS communication and evaluation (2001), as cited in UNFPA, (2002:10) the HIV/AIDS communication interventions that were existing to date, have been proved to play inadequate role in containing and mitigating the effects of the epidemic because of the following reasons:

- It treated people as objects of change rather than the agents of their own change;

- It focused exclusively on a few individual behaviors rather than addressing social norms, policies, culture and supportive environments.
- It conveyed information from technical experts rather than sensitively placing accurate information in to dialogue and debate;
- It tried to persuade people to do something, rather than negotiating the best way forward in a partnership process.

In fact, this criticism of HIV/AIDS communication intervention has forced UNAIDS to develop an alternative framework that reconsiders communication intervention on the basis of five key contextual domains: government policy, socio-economic status, culture, gender relations, and spirituality or religion (UNAIDS, 1999a as cited in McKee *et al*, 2004:43). And the key principles of the documents are:

- Sustainability of social change is more likely if the individual and communities most affected own the process and content of communication.
- Communication for social change should empower, be horizontal (versus top down), give a voice to the previously unheard members of the community, and be biased towards local content and ownership.
- Communities should be agents of their own change.
- Emphasis should shift from persuasion and the transformation of information from outside technical expert to dialogue, debate, and negotiation on issues that resonate with members of the community.
- Emphasis on outcomes should be beyond individual behavior to social norms, policies, culture and the supporting environment.

2.1.2. Participatory Communication approach and HIV/AIDS

Participatory Communication has come to appear in 1950s by a well known Brazilian adult educator Paulo Freire. He is widely known by his participatory idea of “Pedagogy of the oppressed”, which emphasizes on

Letting the stakeholders get involved in the development process and determined the outcome, rather than imposing a pre-established (i.e. already decided by external actors) outcome (Tuftte & Mefalopulos, 2009:2).

According to Servaes as in Servaes *et al* (1996), participatory communication has been practiced for decades in a variety of fields as development support communications to enhance development processes. It is a more interactive and two-way communication approach emanated from the critics of earlier linear model of communication, where information were assumed to flow down from the top (i.e. from sender to receiver or expert dictated communication).

Participatory communication considers communication not as a vertical process of information from knowledgeable to the less knowledgeable people, who are mostly at the grass root level, but rather a horizontal, interactive process of information exchange (Servaes 1991 as cited in Getachew, 2005).

Participatory communication also emphasizes on the importance of cultural identities of local communities, and of democratization and participation at all levels. It respects for local knowledge and reinforces dialogue between development specialist and communities. It also promotes free and open dialogue among communities on issues that resonate the community. Generally, it embodies the notion of dialogue in a much explicated manner (Servaes, 1996).

The central defining concept of participatory communication is therefore, the empowerment of citizens by their active involvement in the identification of problems, development of solutions, and implementation of strategies through the process of dialogue and debate based on tolerance, respect of all those involved (Tufte & Mefalopulos, 2009).

When it comes to its role in terms of fighting against HIV/AIDS, there is now a growing realization among development practitioners and planners working in HIV/AIDS prevention and other development interventions that participatory communication is the most promising approach to dwindle dependency; to scale up self confidence and self reliance of people, especially in the case of promoting open and free dialogue about risky human sexual behaviors and other sexuality related issues as free and open dialogue remain to be the central principles of participatory communication (Rajasunderam, nd as cited in Gulilat, 2006; Servaes *et al.*, 1996; Tufte & Mefalopulos, 2009).

Similarly, HAPCO (2010) recommends that participatory communication in the Ethiopia's context should involve strategic use of advocacy, media, interpersonal and dialogue based communication and social mobilization so as to speed up change in the underlying drivers of HIV risk, vulnerability and impact.

2.2. HIV/AIDS and Mass Media

As we deal with communication strategies designed to disseminate information on a socially relevant health issues so as to generate awareness and effect the recommended, positive behavioral change on the part of the high-risk and/or vulnerable groups of people to HIV/AIDS, it cannot go with out saying that mass media serves a very important function acting as a bridge for various health information (Chandra, 2004; Schiavo, 2007; M^cKee *et al.*, 2004).

It has been quite apparent that mass media have been forming an important ally in various ways with public health services through being, among other things, a key source of correct information as well as being an advocate for recommended health behavior.

Because of its potential outreach in wide geographical areas of coverage with diverse audiences, mass media is considered as a powerful connector of health communicator and their audiences (Schiavo, 2007). They are particularly effective at agenda setting and contributing to the establishment of new social norms (O' Sullivan *et al*, 2003).

In light of the above idea concerning the enormous role of mass media, Nigussie also describes it in the following manner:

...the mass media is considered the most powerful channel used to educate, inform and encourage the people to build a nation in which spiritual richness and material comfort can exist in equilibrium. Therefore a major criterion by which the general public evaluates any mass media output is the extent of its influence on society, or in other words, its educational value (2008:2).

According to surveys conducted in a number of countries, Mass Media are found to be primary sources of information about HIV/AIDS (Abaynesh, as in Nigussie, 2008). For example, in a survey conducted in the United States, 72% of Americans identify radio, television and newspapers as their primary sources of information about HIV/AIDS, just more than their doctors, friends and families (UNAIDS, 2004). Like wise, the Behavioral Surveillance Survey of Ethiopia conducted by FMOH *et al* (2006) also shows that Mass Media are the most primary sources of information about HIV/AIDS in Ethiopia.

Moreover, mass media are found not only to be as primary sources of information but also as very influential tools in making more aware of the public about HIV and AIDS across different sectors of the society (FJC-AAU, 2005; EPHA, 2005; FMOH, *et al*, 2006; Myhre & Flora, 2000; Rahman & Rahma, 2007) as well as making them careful about sexual behavior and practice (FJC-AAU, 2005). In support this idea, Schaivo (2007:133) also describes it as:

In public health, the media can influence people's perception of disease severity, their views about the potential risk of contracting the disease, or their feeling about the need for prevention and treatment.

In many developing countries like Ethiopia, where the rampant steadily goes wild, media have an essential functions to educate the public about key elements of the pandemic through disseminating facts about the pandemic and through propagating practical information like how the virus is transmitted and how it is not; what steps reduce the risk of contracting the virus and where to seek guidance and so on (Anteneh, 2006).

This 'social change media' as Chandra (2004) calls it, wants to direct its audiences back to their own world addressing them not as passive audience but as potentially active-participants in civic society.

In the same light, Abaynesh (nd) as in Nigussie (2008:160) also describes the role of media in combating HIV/AIDS, especially in countries where highly debilitated by the pandemic as:

In countries like Ethiopia with high prevalence rate, the media have a pivotal role in the fight against the pandemic. As is often said that education is the only means to tackle the fast transmission of the virus, the media, especially the broadcast media is believed to have a tremendous influence on protecting high-risk groups of the population from catching the disease.

Clearly thus, one would not agree more on the enormous influence of mass media if handled and utilized properly and effectively, in educating and empowering individuals as well as the community at large to avoid contracting the epidemic. Doing so with maximum efficacy, however, requires a clear understanding of the potential hurdles to widespread and effective HIV- prevention education (UNAIDS, 2004).

More or less, all what has been said above by various scholars on the role of media in tackling HIV/AIDS have been put in a nutshell by the African Women's Media Center Manual, (2002) cited in Anteneh, (2006:12) in the following manner:

- ⚡ The media can generate public and policy discussion of HIV/AIDS, which further encourages public awareness and leads to action by political, financial, and other leaders.
- ⚡ The media can influence public opinion and attitudes about HIV/AIDS, including attitudes towards people with HIV/AIDS. An analysis of media coverage and public opinion over several decades concluded that there is a strong relationship between them. When the media focus on a particular issue, there is a higher degree of public awareness and support to tackle that issue. Attitudes affect how people respond to HIV/AIDS and how people with HIV/AIDS are treated or cared for by their peers, employers, families, communities, the health care system, and the justice system.
- ⚡ Similarly, the media influence the language of HIV/AIDS, which in turn helps shape how people think about and deal with HIV/AIDS.
- ⚡ The media can also point to healthy behaviors – for the prevention of HIV/AIDS, the protection of those who are most vulnerable to HIV/AIDS, and for the care of people affected by HIV/AIDS.

2.2.1. The role of radio in fighting against HIV/AIDS

Radio, as a pervasive medium in terms its potential outreach and wider geographical coverage as well as its capacity of being easily affordable and accessible, has been serving as the most appealing tool for participatory communication and social change over the last fifty years (Chandra, 2004). Radio continues to be the most popular and most widely available medium throughout the world to transmit information over wide geographical areas and to engage a significant number of isolated populations over wider geographical locations (Adam and Harford, 1999).

According to McLeish (2005), radio is found to be well suited and appropriate medium to meet the needs of the poor and the disadvantaged; and to reach the general population as it is relatively lower in cost and it does not require the education level of literacy. Furthermore, Kruger (2006) also noted that radio is remarkably the only source of information for most people, especially for those who are in developing countries as it has many advantages that allow it to reach much deeper in to communities than any Tv, print and internet. According to a survey conducted in South Africa, 90% of South Africans have access to radio. What is so astonishing here is that, as he further pointed out, "more South Africans own radio than own mattresses."

Even though, currently there seem to be a high tendency of disdaining the powerful role of radio in this era of internet, radio yet remains to be the most powerful means of communication to date even for those who have access to other sources of information (ibid).

With regard to the high pervasive nature of radio, (McLeish, 2005:3) also describes it as:

Books and magazines can be stopped at national frontiers but radio is no respecter of territorial limits. Its signals clear mountain barriers and cross deep oceans. Radio can bring together those separated by geography or nationality- it can help to close other distances of culture, learning and status.

Adam and Harford, (1999:3-4) also state that radio has the following significant number of advantages to fight against HIV/AIDS and other STIs:

- Radio can motivate people by building on aural/oral traditions and stimulate the imagination better than video or television.
- Radio programs are cheap, quick and easy to make.
- Radio receivers are widely available, cheap and easily portable; this makes them convenient for listeners.
- Radio can reach people who are isolated by language, geography, Conflict, illiteracy and poverty.
- Radio can reach those who do not come to health facilities because of cost, distance or embarrassment: it can convey insights gained by health workers on the ground to a wide audience.
- Radio can help inform people and raise awareness about a new idea, product or service that is available.
- Radio can help create a demand for services, eg 'If you are concerned that you might have a sexually transmitted disease (STD), you can go to an STD clinic where you will be treated in total confidentiality by the doctors and nurses'
- Often radio listening is a group activity which encourages discussion of educational issues after the broadcast. This is an important stage in the process of behavior change.

Radio programs are actually different in formats. It may include phone-in, spot, interview, drama and others that require professional experts. According to HAPCO (2010:33-34), there are important points that we need to take in to consideration when developing radio materials:

- convenience of broadcasting time to the intended audience (during evening, early morning, lunch time or other time slots)
- Language of the intended audience.
- Relevance of utilizing radio for the intended audiences.
- Implementing interactive discussion that facilitates dialogue such as live discussion via telephone or mail.

2.2.1.1. Radio phone-in program

Radio phone-in also known as radio phone-call is one of the most popular radio program formats involving issues of amusing, serious, controversial and harrowing in quick succession, depending on the nature of the calls it includes. It may deal with various subjects like politics, socio-cultural issues, health etc (Starkey 2004). It aims at allowing a democratic expression of views to let people have their say and express, and share their views on matters which concern them, and to create the possibility of community action just through making use of phone-calls (McLeish, 2005).

Historically, radio phone-in program first came to appear in 1968 on BBC local radio featuring the voice of members of the public. The station primarily established an interactive open line for listeners to phone in their music request and to participate in a sort of competition (Beaman, 2006).

Radio phone-in, as it has evidently been experienced from many international, national and local radios, is popular platform for direct audience participation relatively with no censorship to exchange views and voice concern on critical, current and burning issues like HIV/AIDS and other pressing health related issues through calling to a station (ibid). It aims at encouraging people to talk about and resolve serious national threats and to develop skills and attitudes to deal with specific life situations.

Obviously, many mass media program formats have long been criticized because of their tendency and/or nature in making the audience passive receiver of mass media messages as they extensively employ vertical (top-down) communication approaches. However, radio phone-in program format is widely known by its very nature of actively participating and engaging its audience. Unlike many other program formats, it extensively makes use of a horizontal Vs top down, two-way, interactive communication approaches. It encourages its audience to actively participate in the discussion, dialogue and debate by setting agendas of public concern on pressing societal issues and how to find it a possible solution.

Depending on the subject it intends to address, radio phone-in program are different in types. For example, McLeish (2005:138) classified radio phone-ins in to four major categories:

- ❖ The open line - conversation with the studio presenter.
- ❖ The specific subject – expert advice on a chosen topic.
- ❖ Consumer affair – a series providing ‘action’ advice on detailed cases.
- ❖ Personal counseling – problem discussed for the individual rather than the audience.

In describing the participatory nature of radio phone-in program formats, Shingler and Wieringa (1998) as cited in Beaman (2006:96) assert the following statements:

... a caller to a station is not an isolated voice but probably speaks for a number of listeners who are tuned in to the program. Indeed it is probably safe to say that if one caller states an opinion that opinion will be shared by at least ten of your listeners who are not phoned in.

As many scholars would argue, Phone-in can also have a possibility to be dull, irritating and sometimes offensive unless it is carefully planned and intelligently produced and handled. As McLeish (2005) argues, this program format, unless it is carefully handled, is much more subjected to libel, abusive and obscenity by the callers. He further recommends the “use of delay ” as the best way possible to overcome the above problem. The use of delay time through making use of a delay device, as he recommends, enables the program producers to delete those unethical utterances coming from the callers before it goes on air. It is a short term recording. When it happens, it will be faded out and will be replaced by the live presenter’s voice.

The program should also have a purpose and optimal role to effectively undertake democratic discussion, dialogue and debate through bearing in mind the listeners’ needs, the seriousness of the issue to be raised and editorial stand of the station (Beaman, 2006; McLeish, 2005; and Starkey 2004).

According to Beaman (2006:97), there are three basic questions that we need to bear in mind when we start thinking about broadcasting phone-in program:

- ❖ Are there good and bad times of the day or even the year to hold a phone in? Are there, for example, likely to be more listeners at

home during the colder months and are you less likely to get callers in the early evening compared with late at night?

- ❖ If you are choosing a subject for discussion, does it have wide listener appeal? Does the taster at the start of the program really fire their interest and imagination?
- ❖ If you intend to use a guest speaker in the studio are they the best person for the job? Can they cope with the unpredictability of the callers?

2.3. Conceptual Frameworks

According to Nelson *et al.* (2002) there have been a number of persuasive approaches and theories used over the past 50 years aiming at encouraging individuals as well as societies at large to make attitudinal as well as behavioral change from disciplines as diverse as communication, psychology, sociology, political science, education and public health. The following are the theories and models that are found to be so suitable to the study serving as a mirror to see each and every aspects of the study in a more cleared manner.

2.3.1. Agenda Setting Theory

As it has been mentioned so far, mass media, in one way or the other, can potentially play a much crucial roles in affecting and determining peoples' live. According to Lippmann (nd) as cited in Griffin (2006:396) media act as a mediator between "the world outside and the picture in our head." It is universally agreed that mass media disseminate the public information, education and entertainment. Agenda setting is one of the roles of mass media by which agendas of information, education as well as entertainment can be set with the aim to shape public perception of the world. According to McQuail (2005: 548) it has been defined as:

A process of media influence (intended or unintended) by which the relative importance of news events, issues or personages in the public mind are affected by the order of presentation (or relative salience) in news reports. It is assumed that the more the media attention given to a topic, the greater is the importance attributed to it by the news audience.

Agenda setting describes the very powerful influence of the media – the ability to tell us what issues are important. It is the label attributed to the ability of mass media to direct attention of the public towards certain subjects which it conceives as important (Davison *et al.* 1982). Regarding this, McComb and Shaw (1974) as cited in Griffin (2006:395) believe that the “mass media have the ability to transfer the salient of items on their news agendas to the public agenda.” Meaning, the media can have the capacity to indicate to the public what the main issues of the day are and influence the public to regard the issue as their main agenda (McQuail, 2005). In the same light, McLeish (2005:59) also describes this powerful role of mass media as “people will discuss what they hear on the radio and are less likely to be concerned with topics not already given wide currency.”

Another scholar, Watson (2003:128) with an attempt to reveal the link between media agendas and public perception of what constitutes news also clearly describes it in the following manner:

If the public look to the media for news, what the media decides is news is what the public recognize as news. What is emphasized by the media is given emphasis in public perception; what is amplified by media is enlarged in public perception.

As far as Agenda Setting Theory is concerned, it is common to see a number of books and articles reiterated with Cohen’s mantra of “the media are not very successful in telling us what to think, but are stunningly successful in telling us what to think about” (Griffin,

2006:401). In support of this idea, Trenaman and McQuail (1961) as cited in McQuail (2005: 512) elaborate, "the evidence strongly suggests that people think about what they are told but at no level do they think what they are told."

Despite varying manner of expression, all what have been said above is fairly similar. The general assumption of agenda setting theory therefore is issues of what have been conceived by the general public as trivial and less important can be made more salient by the media through frequently raising the issue to the public to think and talk about it.

According to McComb (1974) as cited in Griffin (2006) there are two levels of agenda setting: the first level of agenda setting is object salience which is concerned with the transfer of salience of an attitude object in the mass media's pictures of the world to a prominent place among the pictures in our head. The second level of agenda setting is attribute salience which is concerned with the transfer of salience of a dominant set of attributes that the media associate an attitude object to the specific features of the image projected on the walls of our mind.

Therefore, it is quite lucid that the agenda setting role of the media is very crucial to our society, especially when it comes to silent issues like HIV/AIDS and issues pertaining to human sexuality that people have long conceived it as taboo to talk about just in open and free manner. Thus, this agenda setting role of the media is believed to provide an important implication for promoting the public to make free and open public discussion, dialogue and debate on human sexuality and issues related to sexual matters which can potential fuel HIV/AIDS.

2.3.2. Precede- Proceed Model

The other conceptual framework that has been found relevant to the study as a mirror to critically see the study is the Precede-Proceed Model. According to Nelson *et al* (2002), the model provides profound view of the many factors associated with any health behavior change and targets a community health promotion framework. This model particularly examines the structural and social obstacles to behavior change and it is also believed to be so valuable in examining a communication effort with in a larger context.

This framework basically examines the precede and the proceed factors that contribute to behavior change. According to Nelson *et al.* (2002), the 'precede' involves the examination of predisposing, reinforcing and enabling construct in educational/environmental diagnosis and evaluation and the 'proceed' involves the implementation phase consisting of policy, regulatory and organizational constructs in educational and environmental development.

This study also mainly concerned more on the precede constructs that affect subject of the study to make open and free public discussion dialogue and debate on risky human sexual behaviors and other sexually related issues.

As Wondwossen (2004) describes, the predisposing factors in the precede-proceed model involves the individual's knowledge, attitude, behaviors, belief and values before the intervention. It affects willingness to change. In other words, it is the existing belief, attitude and value (e.g. cultural or ethical norms) of the society that affects a person whether to adopt a new behavior or not (Nelson *et al.*, 2002).

The second construct is the 'enabling factor'. It is, as Wondwossen (2004:22) clearly pointed out, "factors in the environment or community of an individual that facilitate or present obstacles to change." In other words, it has some thing to do with the availability of a conducive environment to adopt a new behavior.

The last, but not the least Preceding construct is the 'Reinforcing factor'. This factor includes family and community approval (social support) or discouragement on adopting the new behavior that potentially affect the sustainability of behavior change (Nelson *et al*, 2004).

Generally, when planning communication or health education strategies like the promotion of open and free public discussion about risky sexual behaviors, these factors require that individuals need to be considered in the context of their community and social structures, and not in isolation (Wondwossen, 2004).

According to Nelson *et al.* (2002), this model is also ardently cognizant of other people and factors outside the individual to be considered in communication efforts. Hence, as they further noted, prior to committing to a skill-based activities such as quitting un safe sex, an individual may need to acquire another skill such as effectively negotiating a behavior change with some one else (e.g. with his/her sexual partner).

Generally, this model notes that it is wise to bear in mind these Precede- Proceed attributes when designing a framework that aimed at promoting open and free public discussion about risky human sexual behaviors and other sexually related issues.

2.3.3. AIDS Risk Reduction Model (ARRM)

AIDS Risk Reduction Model provides a framework designed to describe and predict AIDS related behavior. ARRM is considered most relevant in studying high risk sexual practices. It explains and predicts how and why individuals adopt preventive behaviors. It also tries to understand why individuals fail to make behavioral transitions (Catania *et al.* 1990 as cited in Melkote *et al.*, 2001).

It is a three stage model which subsumes several variables from other behavioral change models and theories like, the Health Belief Model, Social Cognitive Theory, Emotional Influences and Interpersonal Processes (FHI, 2004, as cited in Gulilat, 2006; Melkote, 2001). Accordingly, the model identifies the following three major stages that an individual encounters in the course of behavior change:

Stage 1: Recognition and labeling of one's behavior as high risk.

It involves knowing which sexual activities are associated with HIV transmission. It has some thing to do with the notion of "susceptibility" of the health belief model.

Stage 2: Making commitment to reduce high risk sexual contacts and increase low risk activities. This commitment to change high risk behavior includes, weighing cost and benefits, and evaluating response efficacy. This concept of efficacy is derived from social cognitive learning theory.

Stage 3: Taking action. This stage is further broken down in to three phases: 1) information seeking 2) obtaining remedies; 3) enacting solutions.

2.4. Related Local Studies

When I was searching for local studies which were done on issues related to my topic, I came across a number of research findings in the graduate school of Journalism and Communication as well as in the other libraries of Addis Ababa University. When I looked in to their content, I found some studies, which are one way or the other related to my study, but I could not find any research done on the role of live radio phone-in program format in fighting against HIV/AIDS.

One of those studies which are found most related to my study is a thesis done by Tibebe (2006) entitled "*Decoding messages: A reception analysis of how youths make sense of HIV/AIDS messages of Yibekal Radio program.*" This study was conducted to explore how high school youth in Addis Ababa, interpret and make sense of media messages about HIV/AIDS. Accordingly, his finding shows that there exists an incomplete understanding or decoding of the variety of messages included under the umbrella of the HIV/AIDS message of "**Yebekal**" HIV/AIDS radio program. His study also identifies the poor listening habit of the youth because of the inconvenience transmission time of the program and its lack of entertainment appeal as the main cause for the incomplete understanding of the whole messages of the program.

What makes his study to be similar with mine is that we both studied the role of radio in fighting against HIV/AIDS. However, what makes his study to be different from mine is that it has been conducted on in-school youths of Addis Ababa. The station and the program formats it studied are also quite different from mine.

The other related study is a thesis conducted by Hiwot (2007) entitled "*Family planning communication in rural Ethiopia. The case of Basona*

Woreda". Her study finding shows that there exists lack of compatibility between radio program and the context of people as hurdles to effectively understand media communication messages. Just like my study, her study focused on media communication (radio in emphasis). But, the issue she tried to study is quite different from mine. While her study emphasized on family planning communication, mine is on HIV/AIDS communication.

The other study, which is found to be somehow related with mine is a study done by Sebsib (2002) entitled "*socio-cultural and behavioral aspects of HIV/AIDS among youth adults in Bahirdar town*". His research finding shows that socio-cultural factors such as lack of open discussion about reproductive health issues, denial, stigma and discrimination are significant among others that exacerbate HIV prevalence in the town. Unlike mine, he did not see the role of mass media in relation with the socio-cultural aspects of the society in the town.

To windup all what have been mentioned so far, this part of the study tries to present theoretical frameworks, different research findings and views of different scholars in relation to their significance for the study. It is with the hope that it serves as a mirror to see each and every aspects of the study more fully.

This part of the study attempts to see the essence and importance of strategically designed communication approaches in promoting safer sexual behaviors so as to avoid contracting HIV/AIDS. As it has been mentioned so far, lack of open discussion and dialogue on the part of the society about risky human sexuality is exacerbating the alarming prevalence rate of HIV/AIDS in the society. To this end, strategically designed communication activities or approaches, which are believed to be pretty much indispensable to promote safer sexual behaviors on the

part of the community have been considered carefully. Some other communication frameworks designed by UNAIDS, UNFPA and some other organizations working on HIV/AIDS have also been given due emphasis. Moreover, some criticism concerning the failure of earlier HIV/AIDS communication interventions have also been considered carefully with the aim to take lessons from the drawbacks of earlier HIV/AIDS communication interventions, and to promote open and free discussion, dialogue and debate on the part of the public.

It also tries to consider the significant role of mass media, especially radio in promoting open and free public discussion, dialogue and debate about risky sexual behaviors that fuels HIV/AIDS. It tries to show that radio is the best medium to fight against the epidemic. Because of its pervasive nature, it has been mentioned that radio promotes community participation to fight against HIV/AIDS. Particular emphasis has also been given to phone-in radio program format. It has been pointed out that it is the best means to break public silence and fear about HIV/AIDS and other sexuality related issues. It promotes participatory communication approaches to empower the public to take control over their own health.

This part of the study also tries to carefully consider some conceptual frameworks that help view the study more clearly. The Agenda setting Theory of Mass Media, the Precede-Proceed Model, and AIDS Risk Reduction Model are the conceptual frameworks that happened to be best suited to the study.

Agenda Setting Theory is all about the powerful role of Mass Media in making its agenda a public agenda. Especially, it is important in promoting and breaking public silence and fear through reinforcing open and free public discussion, dialogue and debate about risky human

sexualities. If the media repeatedly sets or presents this agenda to its audience, then it gradually becomes a public agenda so that the public can negotiate freely and make safer sexual practices.

The Precede – Proceed Model examines the structural and social obstacles to behavior change. According to this model, there are precede and proceed attributes that affect the target people to adapt recommended behaviors about HIV/AIDS. It helps to see how these constructs affect the public to promote open and free public discussion, dialogue and debate about risky human sexuality.

The last but not the least conceptual framework that is found to be so relevant to the study is AIDS Risk Reduction Model (ARRM). This model assumes that people will measure the advantage and the disadvantage of developing certain behavior like making safer sexual negotiation in open and free manner based on the information, knowledge and skill they have had about the risks of HIV and AIDS. They are assumed to make a cost-benefit analysis of sustaining or reducing risky sexual activities based on various factors like psychological, socio-cultural and environmental factors.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0. Introduction

It has been set out earlier in this paper that the major aim of the study is to explore the role of Amhara Regional State Radio Station in promoting free and open public discussion, dialogue and debate regarding risky human sexuality behaviors and other sexuality related issues which have their own considerable potentials in mounting high prevalence rate of HIV/AIDS in the society. To achieve this objective, the following study population and study setting, research design and method, data collections tools, ethical considerations, and data analysis procedures etc. were employed. The methodological approaches are discussed in line with the theoretical framework and their relevance to the goal of the study.

3.1. Study Setting and Subject of the Study

This paper was targeting people of age groups ranging from 15–49 who are living in Bahirdar Town as population of the study. The rationale behind selecting these age groups and the town Bahirdar is that these age groups are sexually active and are of the most vulnerable age brackets to HIV/AIDS (MOH, 2009). And the motive behind selecting the study site, Bahirdar, is because of the fact that it is the leading HIV stricken town in the region (FMOH&MOH, 2006).

The study embodied in-school and out-of school youths, commercial sex workers, civil servants, daily laborers, people living with HIV/AIDS, regional HAPCO officers, and Journalists working in the media, especially the program manager and program producer of that particular program, as study populations. Gender wise, it also involved both male and female sexes. Coming to the medium, the study focused only on the

'Se'ate *HIV* live radio phone-in program of the Amhara Regional State Radio Station.

3.2. The Research Design

Choosing carefully an effective research design is a fundamental stage in the very process of conducting a research (Creswell & Clark, 2007). My reading of the literature pertaining to the nature of my study has clearly showed me that the research methodological design that seems to be best suited to this study is purely of a qualitative design in nature.

Unlike quantitative research design, qualitative research design helps one to clearly observe and understand social phenomena from the perspective of the subject of the study (Silverman, 2004; Bryman, 2004). Meaning, it attempts to view the world through the eyes of the subjects of the study. According to Henn *et al.* (2006:150), the objective of qualitative research design "...is to take detailed descriptions of people's behavior and thoughts to illuminate their social meanings."

This approach is, thus, believed to be so suitable to this particular study to explore a detailed account of the role how the Se'ate HIV program of the medium is playing on the part of the public in terms of breaking their fear and silence to discuss, make dialogue and debate about issues pertaining to risky human sexual behaviors and other sexually related issues just in a free and open manner.

3.2.1. Method of the Study (approach)

Because of the nature of the study which this paper tried to investigate, and in fact as the title indicates, Case study is found to be the best and suitable approach to this study among the different types of qualitative research approaches.

According to Creswell (2007:74), “case study involves the study of an issue explored through one or more cases within a bounded system (a setting, a context).” It extensively explores a bounded system (a case) or multiple bounded systems (cases) over time through making use of a detailed and in-depth data collection involving multiple sources of information such as interview, focus group discussion, observation, and so on (ibid).

3.3. Data Collection Tools

Working within the framework of qualitative research design, this study employed focus group discussion and individual in-depth interviews as particular tools to generate qualitative data in order to explore the role of the medium in promoting the public to make free and open public discussion, dialogue and debate on risky human sexual behaviors, which are obviously supposed to escalate high HIV prevalence rates. All the informants both in FGD and individual in-depth interview were tape recorded in Amharic.

3.2.1. Focus Group Discussion

Focus group discussion is one of the two data collection tools chosen to be used in this study. As many researchers argue, it is the most commonly used type of data generating tool in qualitative research design. According to Kitzinger (nd), the idea behind the focus group discussion is that group processes can help people to explore and clarify their views in ways that would be less easily accessible in a one to one interview. The application of focus group discussion is thus believed to provide a group of individuals, who are selected by the researcher as informants, the opportunity to discuss and share ideas from personal experience and reflect the missing point based on ideas raised by the fellow participants (Lindlof & Taylor, 2002). In line with this idea, Henn

et al. (2006: 164-165) also describe the significance of focus group discussion as:

“... the intent is to stimulate discussion among people and bring to the surface responses that other wise might lay dominant. Such discussion may enable participants to clarify their views and opinion positions or, on the basis of engaging with others, to articulate more clearly than they other wise might. The interactive dynamic is therefore considered to be a crucial element of the focus group approach.”

As Stewart & Shamdasani (1990) cited in Hansen *et al.*, (1998) clearly point out, FGD is not a discussion to be held haphazardly among people who happen to be available as subject of the study; rather it is a carefully planned research endeavor that demands careful attention.

Group discussion is particularly appropriate when the interviewer has a series of open ended questions and wishes to encourage research participants to explore the issues of importance to them, in their own vernacular language, generating their own questions and pursuing their own priorities (Kitzinger, 1994, as cited in Lindlof & Taylor, 2002).

Participants of the focus group discussion of the study were thus selected based on Henn *et al.*, (2006:165) argument of

Membership of focus groups is usually determined by some shared attributes among participants. This might be an experience, a known opinion-position, socio-demographic characteristics, or some other variable.

In this study, I therefore, purposively selected a total of sixteen groups constituting of an average of seven participants in each groups who are selected based on their shared attributes (homogeneity) which were thought to be of important to explore the necessary data to the study. Among the sixteen focus groups, eight groups are regular listeners as

well as active participants of the program, and the remaining eight groups neither listen to the program nor do they actively participate in the program. For more detail, refer to the appendix attached.

3.2.2. Individual in-depth interview

The other data collection tool that was found to be so important to generate relevant data to this study is individual in-depth interview. The purpose of conducting this individual in-depth interview was to further deepen, clarify and explore more insights that I could not get it or missed from the focus group discussions.

Based on their structure, interview can be categorized in to structured, semi-structured and unstructured interview (Bryman, 2004). Semi-structured interview is the most widely and commonly used qualitative interview structured type (Flick, 2002). This study also employed a semi-structured interview. In semi- structure interview,

The researcher has a list of question or fairly specific topics to be covered, often referred to as an interview guide, but the interviewee has a great deal of leeway in how to replay. Questions may not follow on exactly in the way outlined on the schedule. Questions that are not included in the guide may be asked as the interviewer picks up on things said by interviewees. But, by and large, all of the questions will be asked and a similar wording will be used from interviewee to interviewee (Bryman, 2004: 321).

Hence, it is in light of this considerable potential flexibility of qualitative interview structure types that I employed individual semi-structured interview in my study.

I therefore, purposively selected some informants from the focus group discussions I conducted earlier as well as a few key informants from

Amhara Mass Media Agency and Amhara HAPCO through making use of snow ball sampling techniques.

3.3. Ethical Considerations

As many researchers argue, 'ethics' is the most important issue that needs to be considered carefully while conducting a research, especially of cultural sensitive issues like human sexuality and other sexuality related issues. According to Henn *et al.*(2006) ethics in social research deals with issues that concern the behavior of the social researcher and the potential consequences their research brings to their study subjects.

As far as ethical issues in social research are concerned, it commonly tends to focus on issues of informed consent, privacy, anonymity, harm, and confidentiality. (Henn *et al.*, 2006 ; Diener & Crandall, 1978 as cited in Bryman, 2004).

Informed consent- refers to ensuring the willingness of the research participants or the to be researched with the aim to involve them in the research process after briefly informing the purpose of the research (Bryman, 2004). It also involves negotiation with research informants whether they are willing to be tape recorded and/or photographed after briefing the purpose of the study (ibid).

Kumar (1996:192), also describes it in the following manner:

informed consent implies that subjects are made adequate aware of the type of information you want from them, why the information is being sought, what purpose it will be put to, how they are expected to participate in the study, and of how it will directly affect them.

Having the literature in mind, this study also ensured consent of informants through carefully informing the informants the purpose of the study, and how the information is recorded and used afterwards.

Anonymity- refers to preventing research informants from being individually identifiable. Researchers often use pseudonym as one way to ensure anonymity (Henn *et al.*, 2006). In this research however, I did not use pseudonyms, rather I used other techniques, like age and/or occupations to keep the source anonymous.

Confidentiality- refers to the use of confidential data only for the particular purpose of a research and not transferring it to any third party of what ever it may be. According to Kumar (1998:194), “sharing information about a respondent with others for purposes other than research is unethical.” Confidentiality means holding the data in confidence and keeping it from public consumption (Henn *et al.*, 2006). This study also ensured informants that the information I gained from them would be kept confidential. It also assured that the information gained from the informants would not be used for any other purpose.

Avoiding Harm- a research that is likely to cause a harm to research participants is considered as unacceptable or unethical (Bryman, 2004). It can be of physical harm, psychological harm, etc (Henn *et al.*, 2006). This study also, by no means, would do some thing that could cause harm to the research participants.

3.4. Data Processing Procedure and Analysis

As I have mentioned so far, all individual in-depth interview and focus group discussions were tape recorded, and notes were also taken during the discussion to further strengthen the recorded material. The data then

were transcribed and translated in to English as all the discussions and interview were first held in Amharic. After transcribing and translating the data, it was then coded thematically with careful consideration of the objectives of the study. Finally, the coded data were analyzed using techniques of thematic analysis. The information was then written in narrative form. And pertinent quotations from the group discussion and individual in-depth interview which speak to the theoretical assumption were selected to illustrate the major findings of the study. The quotations were presented in verbatim.

CHAPTER FOUR

DATA PRESENTATION, DISCUSSION AND INTERPRETATION

4.0. Introduction

This part of the study meshes the presentation of the data, discussion and interpretation of the findings. The data obtained both from the in-depth interviews and focus group discussions were corroborated together for the sake of triangulation. The findings are then presented, and illustrated by quotations arising from the focus group discussion as well as from individual in-depth interviews. The discussion and interpretation is dictated by the objective of the study and informed by the theoretical considerations.

4.1 Overview of the Amhara Mass Media Agency

The Amhara Mass Media Agency was first established in 1992. For the first two years of its inception, it has been serving the region as a primary source of information being under the umbrella of the region's bureau of information. Initially, it has been organized in to three main categories: 1) radio and television, 2) Press and PR 3) News Services. After a couple of years, it was then reorganized in to a major unit under the region's Bureau of Tourism and Culture by the region's proclamation number of 4/1988. All what were being reported and produced by the media had been sent for transmission to central media agencies like, Ethiopia Radio, Ethiopia Television as well as to other Newspapers at the national level. In 2006, the agency has eventually become separated from the Region's Bureau of Culture and Tourism and begun to play its own independent role by the region's proclamation number 120/1998.

Structurally, the agency has four main media outlets: Amhara Radio, Amhara Television, Bekur Newspaper, and Web and News center. It is, thus, through making use of these media outlets that the agency provides information, education as well as entertainment concerning issues that deal with political, social and economical affairs of the region in particular and the nation in general.

As it can be seen from the diagram attached, the agency does not have any research department, which is in fact a back bone for any media organization. Evidently, the absence of research department in media organization might have its own influence on the efficacy of the work flow of the organization.

4.1.2. Main Purpose of the Agency

Like those of many other governmental media organizations in the developing countries, the Amhara Mass Media Agency mainly advocates development communication as its primary mission. It addresses development issues like health, agriculture, and other aspects of development issues.

Health, as a core development issue, is the one among other development facets that has been given due emphasis by the Amhara Mass Media Agency. The agency, therefore, have been exerting a considerable effort to address pressing health issues especially HIV/AIDS in the region.

As mentioned so far in the first two chapters, the Amhara region is one of the most severely debilitated areas in the country by HIV/AIDS. The epidemic steadily continues to ravage every aspects of the region. To this end, a number of prevention intervention efforts have been made to stem the tide of the epidemic in the region. In this regard, the Amhara mass

media agency, on its part, is also striving for fighting against HIV/AIDS in the region. In doing so, the agency produces a number of programs regarding HIV/AIDS prevention and care mechanisms in various ways through making use of its media outlets.

More specifically, the Amhara Radio is the one among the other media outlets of the agency that produces programs on the aforementioned pressing health issue. The medium produces two programs on HIV/AIDS and other related issues in a week. Concerning the two programs, one is the live phone-in program formats named 'Se'ate HIV' which employs live phone-in discussion regarding HIV/AIDS and other related issues. It sets issues of discussion (agendas), invites guests (mostly experts on the area) and lets the audience participate on the issue through phone calls. What is more, the program mainly aimed at promoting free and open public discussion, dialogue and debate about HIV/AIDS and other sexually related issues, which have long been considered as taboo topics and culturally immoral by the society at large to talk about them publicly in open and free manner. Therefore this study attempt to examine the role of the program in empowering the public to have open and free discussion, dialogue and debate about HIV/AIDS and other sexually related issues.

In the upcoming sections, issues such as knowledge and understanding about HIV/AIDS, the consideration of the socio-cultural context of the society by the program, the appropriateness of the program's air time schedule to the society, the consideration of the program to the level of understanding of its target audience etc are treated thoroughly in line with the theoretical considerations.

4.2. Knowledge and Understanding about HIV/AIDS

It seems quite logical to carefully examine in advance the public understanding and knowledge of HIV/AIDS before rushing into investigating their openness about discussing human sexuality and the contribution of the 'Se'ate HIV' program to their current behavior. It is based on the logic that unless people have some thing in mind, they will not have any thing to share and discuss with each other.

Hence, informants both in focus group discussions and individual in-depth interviews were primarily asked whether they know any thing about HIV/AIDS, its mode of transmission as well as its prevention and care mechanisms with the aim to examine their level of understanding and knowledge of HIV/AIDS.

Accordingly, almost all of the informants have clearly mentioned that they do not have any problem regarding their knowledge and understanding about the epidemic. As most of the informants mentioned, it has been a long time since HIV and AIDS have become burning health issues of discussion. They further described that almost every body, except some sexually inactive kids, know about it.

In this regard, an informant aged 22 from a focus group discussion among in-school youths held in Bahirdar University; main campus highlighted the groups' idea in the following manner:

Let alone the educated, almost every body in the town, even the layman can tell you about HIV/AIDS; how it is transmitted and its prevention and care mechanisms as well.

In line with this public knowledge and understandings of the epidemic, a key informant who is a communication expert in HIV prevention and control from Amhara HAPCO explained, *“At knowledge level, it is undeniable that majority of the society have relatively better knowledge and understanding of the epidemic.”* He further explained that research findings like the Behavioral Surveillance Survey of Ethiopia and others research findings that have been done on the region have also vividly showed that majority of the society do have some understanding and knowledge of the epidemic.

Moreover, another informant who is a general manager of Nigat association of civil servants, who are HIV positive also strengthened the above arguments that it is difficult to say that there exists lack of knowledge about HIV/AIDS on the part of the majority of the society. As he further illustrated, HIV/AIDS is not as such a new phenomenon for many of the society as it is steadily knocking every ones house. *“As a result, every body unavoidably comes to know about this rampant,”* he said.

Therefore, based on the assertion forwarded by almost all of the informants of the study, it is safe to say that majority of the society have at least some sort of understandings and knowledge about the epidemic.

Possibly, now it is time to examine whether they are frank and open enough to publicly discuss and make dialogue about human sexuality, especially about risky human sexual behaviors and the influence of the program to their current behavior so and so on.

4.3. Appropriateness of the Program to the Socio-Cultural Context of the Society

As pointed out so far in the area where this research has been undertaken, it has been quite apparent that making public discussion, dialogue and debate about sexuality and other sexuality related issues in open and free manner is considered as taboo and quite sordid. As a result such topics have long been considered as a private and hidden issue. It has been kept silent for a long time ago. However, the 'Se'ate HIV' live radio phone-in program of the Amhara radio, on its part, is striving to break this public silence and fear of the society. This part of the analysis, therefore, examines whether the program is carefully cognizant of the socio-cultural context of the target audiences.

The reason why the consideration of socio-cultural context of the target audience by the program to be one of the themes of this analysis is because of the argument that goes saying:

program planners have often criticized for expecting members of the target audience to adopt a behavior that are in-consistent with their cultural norms, with few clues of how to counter the inevitable social consequences of such bold action (McKee et al, 2004:42).

Therefore, key informants who are believed to be highly concerned with this issue were interviewed whether the program considers the socio-cultural context of the society or not. Accordingly, they responded in the following manner:

A key informant, who is the producer of the program, had the following to say:

I believe that we are well acquainted with the socio—cultural context of the society as we are part and parcels of the society. Thus, as a producer, the program is highly cognizant of the existing socio-cultural context of the society. Every thing the program strives to address is resonant of the society.

The above extract implies that being a member of the community is found to be a mere guarantee to assure whether the program is highly cognizant of each and every socio-cultural context of the society.

Similarly, another key informant who is an expert in HIV prevention and control program from Amhara HAPCO explained that the program addresses issues based on the existing problems of the society. He further illustrated that the program does not address non-existent, odd and strange issues to the society.

However, it is wise here to bear in mind that no matter how they both said that the program considers the socio-cultural context of the society, it seems that it is their personal opinion and of course it is a weak logic to accept. Hence, it would be safe to find another convincing logic. The above arguments therefore, led me to quest for whether the program is designed based on carefully conducted research findings to understand and/or consider the socio-cultural context of the target society more fully. Hence, key informants who are in charge of this account had been interviewed to clarify whether the program is research based or not.

For that reason, another key informant who is a manager of the 'Se'ate HIV' program had the following to say:

As far as I know, there is no research conducted on the program. Often it is guided by common sense. It seems that it is being produced just only for the sake of saying that discussion have been made on HIV/AIDS.

Conversely, the producer of the program on his part argued that no matter how there is no any research conducted on the program so far to understand whether the program considers the socio-cultural context of the society, the program does have its own pre and post evaluation

sessions (i.e. a program assessment before and after the transmission of the program). He further made it clear that it is just through those evaluation sessions that they can assure whether the program is cognizant of the socio-cultural context of the society or not.

Therefore, one can easily notice from the above argument that the program from the outset was not carefully designed based on research. Rather it was designed through common sense, as one of the informants rightly put it. Here it is also worthwhile to note that the agency at large does not have a research department as its organizational structure clearly depicts. What is more, there exists a kind of misconception to regard program monitoring, which they call evaluation session, as a major research, with which to rely heavily on. Of course, it is a form of process evaluation that tracks output either in terms of activities completed or actual service utilization (McKee *et al.*, 2004).

In line with this lack of consideration of the socio-cultural context of the society in HIV/AIDS communication intervention by the mass media, Adam & Harford, (1999:8) stress the following important points:

HIV/AIDS are subject to socially and culturally determined perceptions and unless you understand local attitudes and base your broadcast on them, there is a danger that the audience will regard any education and advice irrelevant.

Therefore, it is not safe to say that the program is cognizant of the socio-cultural context of the society nor does it possible to say that it is not considering the socio-cultural context of the society. One can not be certain about it unless careful research is conducted on it.

4.4. Educational and Informative Values of the Program

The purpose of this theme is to elucidate whether the program has educational and informative values to its audience. As a result, informants who are regular listener and / or active participants of the program both in focus group discussion and individual in-depth interview were asked to witness their experience whether the program has educational and informative values to them.

Before going in to detail, it sounds worth essential first to clearly differentiate informative value with that of educational value of Mass Media for the sake of clarity. According to Adam and Harford (1999:113),

Informing is merely conveying information. Education implies using a system to make the information understandable and memorable so that people can make informing choices.

Accordingly, significant number of informants both in focus group discussions and individual in-depth interviews claimed that the program is informative but does not have as such educational value to them. They complained that the approach the program follows could not grab their need and interest. Many of them reported that they used to listened to the program either for the sake of avoiding loneliness or just because they have no any other option.

In line with this, an informant aged 22 from a focus group discussion among in-school youths held in Bahirdar Technical and Vocational College had the following to say:

The program always addresses issues that I knew before. Even the issue it addresses is not as such attractive. So, I got no new things to learn with interest from the program. Rather, it gets me bored of listening the same issue again and again. I simply listen to the program for the sake of avoiding loneliness as I am living alone.

Another informant aged 41 from a focus group discussion among civil servants held in Ghion Hotel reflected the groups' idea in a nut shell that the program does not motivate them to listen to it in suspense. He further explained that it lacks creativity to keep their attention a head.

Similarly,, an interviewee who is out of school youth aged 30 had the following to say:

I often listen to the program. I often hear people arguing each other through the program. I also listen to some guests speaking in the program. But I couldn't understand what they want to say especially those who are invited as guests. In their course of discussion, they usually use words, which I couldn't understand. Even, I sometimes ask myself why I should waste my time for such trivial thing.

As can be understood from the above discourses, the program does not consider the need, interest and level of understanding of the audience. It merely conveys information but fails to grab their attention so as to make the information understandable and memorable on the part of many of its target audience. As a result, most of the informants are not that much well contented with the educational value of the program.

Conversely, however, another interviewee, aged 37 who is HIV positive described the educational and informative role of the program in the following manner:

I am a regular listener as well as active participants of the program. I would rather prefer to miss my breakfast than to miss the program. It is really my school where by I learn a lot of things. It shares and teaches me important ideas by inviting guests. It lets them to share us their professional and/or lived experiences. It also lets us learn and share each other our own experiences.

Moreover, another informant who is a manager of Nigat Association of civil servants who are living with HIV/AIDS strengthened the above idea that the program is improving the lives of many of their members by teaching the society at large to reduce as well as to fight social stigma associated with being HIV positive. He also noted that it is their golden opportunity to teach others who are isolated by geography and illiteracy.

As it can be understood from the above two statements, the program is found to be quite educational and informative for a few, especially for HIV positive people while it remains to be un appealing for the majority of the audience especially for those who are HIV negative audiences. Hence, it would not be inflated to say that the program seems targeting mainly people who are living with HIV/AIDS. But, to be safe from hasty generalization, I critically thought that it is wise and quite logical to ask who the target audiences of the program are. When I posed this question to the program manager, he told me that it is just for youngsters and adults who are sexually active age groups. But, I was not merely depended on his answer. Then, I posed the same question to the program producers for verification. After verifying that the program targets youngsters and adults of both HIV positive and negative groups, then it traced me back to critically re-examine and carefully identify factors that make the audience to be so reluctant and disinterested to take lesson and gain useful information from the program.

After having a series of discussion and in-depth interview with informants and key informants of this study, I was then be able to find out that the inappropriate language being used in the program, guests invited (who speaks) in the program and style of presentation as factors that affect the program to fail to educate its target audience as it intends to be.

4.4.1. Usage of Inappropriate Language

Concerning the usage of inappropriate language, majority of the informants claimed that the program usually employs full of technical and jargon words, which most of them either could hardly understand or get bored of it. As most of the informants clearly mentioned, they often observe a mix of English and Amharic in the course of discussion sessions as well as in the professional briefing (explanation) sessions of the program. Moreover, they also claimed that there are some offensive and disgusting words being used in the program. In reflecting the group's idea, an informant aged 49 from a focus group discussion among civil servants held at Ghion Hotel had the following to say:

When we listen to the program, we sometimes hear guests, whom they call experts, explaining and giving clarifications on certain issues, which the audiences have been discussing before. There, it is common to hear mixed language and jargon words, which we couldn't understand.

Likewise, one of the interviewees aged 27, among out of school youths told me that she sometimes asks herself whether she is listening to BBC or the 'Se'ate HIV' program of the Amhara Radio. She further told me that the guests, who are invited as experts by the program usually, use a mix of Amharic and English Languages.

Similarly, an informant aged 22 in a focus group discussion among commercial sex workers held in kebele 5, (Koshekosh) had the following to say regarding language that is usually being used by experts, who are invited as guests of the program

I often hear people in the program talking about different issues through making use of difficult words, which I can hardly understand.

Concerning usage of appropriate language in HIV/AIDS communication campaign, Adam and Harford recommend that the language used or to be in the HIV/AIDS communication campaign must reflect the target audiences' dialect and idiom. Because, they further explained, "*Listeners are very quick to spot linguistic inconsistencies such as an accent from outside the local area*" (1999:47).

Regarding usage of appropriate language in the program, another informant aged 30 who is HIV positive had told me that no matter how he found the program so educational and informative, he used to hear very offensive words in the program associated with being HIV positive mostly by participants (callers). As he told me, very irritating words and phrases like "HIV carrier" "health prolonging medicines", "prostitutes" and many other offensive words that could dismay ones morality have long been forwarded by a number of participants in the program. Unlike the above two arguments, he argued that such mistakes are usually committed by other participants of the program; not by experts who are invited guests of the program.

All the above discourses, therefore, imply that inappropriate usage of words, whoever commits it, inevitably make the program boring and complicated, and thus lose the interest of the potential audiences.

4.4.2. Guests Invited (Who Speaks)

The other factor which is found to be one of the barriers to the educational values of the program is the guests who are being invited by the program. Majority of informants complained that they are not comfortable with many of the guests who are usually invited by the program. As many of the informant mentioned, the program frequently invites guests mostly from Amhara HAPCO. It rarely invites guests who

are public figures and most respected persons from the community at the grass root level who can potentially teach and influence the society to change their risky sexual behaviors.

Here is what one of the informants who is 28 years old youth in a focus group discussion among out-of school youths held in kebele 11, youth center said regarding the guests who are usually invited by the program:

I often observe that the program usually invites experts as guests from the regional HAPCO. Of course it is good to have explanations from experts in HIV prevention and care. But, I feel that it should not be only those experts who can teach the society. There are many others, especially elderly and religious fathers who are influential and most respected to teach the society from their lived experience and from religious point of view.

Similarly, one of an interviewee who is 48 years old civil servant woman told me that the society at large give due respect for elderly people and religious fathers better than any one else. She also noted that HIV/AIDS and human sexuality are culturally very sensitive issues. She further mentioned that to address such issues, they are not expected only to go to school. Eventually she argued that unless such issues are addressed by those people who are culturally more respected and dignified, it will be difficult to bring the desired change of attitude and behavior as well on the part of the public.

The above statements clearly imply that the society at large are more likely prefer to learn and get advice from elderly people and religious fathers, who are the most respected and dignified than from others. Therefore, it seems that it is because of lack of engaging such segments of the society that the program fails to grab the attention of the majority of the potential audience.

4.4.3. Style of Presentation

The last but not the least impeding factor that is found to hamper the educational role of the program is its style of presentation. As the majority of informants clearly mentioned, the way the program is presented is not as such attractive and lively. Regarding this, informants described their apathy in the following manner:

With an attempt to reflect the idea of the majority of the informants, a 24 years old informant from a focus group discussion among in-school youths held in Bahirdar University, main campus described that the program usually lacks creativity to make it smart and attractive, so as to easily sway the attention of the audience. As to him, the program does not motivate them to wait its air time availability just eagerly. Moreover, he added that the program is full of talk with out having any entertainment appeal in the middle.

Similarly, another informant aged 23 in a focus group discussion among out of school youths held in kebele 11, youth center had the following to say:

The program fails to consider the interest of the youths. The program always raised issues of discussion in a very hard and unpleasant way. It raises issues of discussion then lets the audience nag each other. Eventually, it ends up with nothing. It really lacks entertainment appeal. Hence unless it is entertainment based education, it is very difficult to catch the attention of the youths.

As can be understood from the above statements, the style of the presentation of the program fails to consider the interest of the potential audiences. In line with this, Atkin (nd) as in Atkin & Rice (2001:56) pointed out “a key role of awareness messages is to arouse interest or concern and to motivate further exploration of the subject.”

4.5. The Appropriateness of the Program's Time Schedule

The rationale to choose the appropriateness of the program's time schedule to be one of the themes of this study is that convenience of time schedule is one of the most important points that should be taken in to account when examining the role of a program to its audience (Adam and Harford, 1999). Therefore, informants were asked whether they are convenient with the time schedule of the program. Accordingly, significant number of informants replied that they are not comfortable with the time schedule of the program. As majority of them clearly mentioned, the time the program is available on air is either their transitional time that they move from one place to another or it is their sleeping time especially for those Commercial Sex Workers who work overnight.

In this regard, one of the informants aged 20, in a focus group discussion among in-school youths held in Bahirdar University, main campus, reflected the group's idea in the following manner:

We are not comfortable with the air time availability of the program. It is in our transitional time that it happens to be on air. At that time, we move from dormitories to classes and/or to cafeterias.

Similarly another interviewee who is a 25 years old commercial sex worker from Abaymado pointed out that even though she wants to regularly listen to the program, she is always in trouble with the air time schedule of the program. As she further explained, she usually works overnight and then, gets tired off to getup and listen to it in the morning.

Like wise, another informant aged 45; from a focus group discussion among civil servants held in Ghion Hotel had the following to say:

By the time the program is available on air, I will be either in the taxi to go for work or just about to leave home. So most of the time, I do not finish the program attentively unless it is a holly day that I will be at home.

Furthermore, a key informant who is the producer of the program also confessed that he is not comfortable with the air time schedule of the program. He further said, “*When I invite experts as guests to this program, they are usually not comfortable with the time it will be available on air.*”

The above statements clearly indicate that the time in which the program will be available on air does not carefully consider the convenient time that majority of the potential audiences would be free to listen to it and/or to make active participation in the program. In line with this, Beaman (2006:97) recommends the following points to be borne in mind when we start thinking about broadcasting phone-in program:

Are there good and bad times of the day or even the year to hold a phone in? Are there, for example, likely to be more listeners at home during the colder months and are you less likely to get callers in the early evening compared with late at night?

4.6. Consideration of their Level of Understanding

One important point that lead me to mull over to question whether the program is considerate of the levels’ of understanding of its potential audiences is that the program, as pointed out above, is found to be less cognizant of their interest and need, and the convenience of time of the potential audience as well. Hence, it sounds much stronger here to examine this issue in line with those issues treated above.

Thus, informants were asked whether they encountered any sort of difficulty to understand the message that it intends to convey. Accordingly, while almost half of them responded that they do not have any difficulty to understand the message, the remaining others replied that they have some difficulties to understand the message.

Those who say “we don’t have any difficulty to understand the messages of the program” were mostly, in-school youths, out of school youths, people living with HIV/AIDS and to some extent civil servants.

On the other hand, those who say “*we have some kind of difficulty to understand the intent of the message the program strives to convey*” were mostly daily laborers, commercial sex workers and to some extent civil servants.

To begin with the response of one of the informants who is a 23 years in-school youth in a focus group discussion held in Bahirdar University main Campus,

As far as I am concerned, I have never faced any difficulty to understand what it intends to say. If I would not exaggerate it, it is even under my knowledge of understanding, because, every thing being said in the program is quite plain for me to understand.

Similarly, another informant aged 37; in a focus group discussion among out-of school youths held in kebele 11 at Family café highlighted majority of the group’s idea that the issues being raised in the program do not go beyond their level of understanding. As she further explained, the program has never raised complicated ideas except some pitfalls in usage of technical words to understand the message. Even that by it self, as she said, is not as such a big deal to affect their understanding of the messages of the program.

On the other extreme, an informant aged 47 in a focus group discussion among daily laborers held in c-zone areas of Abaymado had the following to say about the consideration of the program to his level of understanding:

I usually face some difficulties to understand what is being said in the program. No matter how, I attempt to listen to the program with full concentration, I couldn't completely understand what it wants to say. I don't know why, may be because I am illiterate."

Similarly, another interviewee who is a 29 years old commercial sex worker in the koshekosh area of kebele 5, pointed out that though she some times tunes on her radio set (especially when she get free time), she hardly understands what it is all about.

The above statements clearly imply that the program is considering only those who have relatively better level of understanding than those who are relatively illiterate groups among the target audiences. Therefore, it is possible to say that the program fails to consider the levels of understandings of some segments of its potential audiences.

4.7. Other Impeding Factors

So far, it has been analyzed that the program is found to be less cognizant of the interest and levels' of understanding of its potential audiences. Along with those constraints of the program, some of the contributing factors to these constraints of the program have also been identified. Now, it is time to scrutinize carefully the other major factors that hamper the program to set conducive environment so as to empower its audience to make open and free discussion, dialogue and debate about human sexuality, especially of risky human sexual behaviors that would potentially aggravate the prevalence of HIV/AIDS in the society in focus.

Therefore, key informants as well as other informants who are believed to be highly concerned with this issue have been asked thoroughly to identify the potential factors (if any) that hold back the program to play its role as it intends to be. Accordingly, the following factors were found to be underlying factors attributed as potential hurdles of the program.

4.7.1. Technical Factors

The presence of technical problem is found to be one of the factors that affect the program. Of these technical factors, the absence of multi-way telephone system in the studio is a major factor to be mentioned. It is found out that they are using only one-way telephone system. In line with this technical problem of one-way telephone system, a key informant who is the producer of the program had the following to say:

Here, we are using a one-way telephone system with which only one participant with either the program producer or with the invited guest in the studio can make a discussion. It doesn't let others participate simultaneously by arguing or counter arguing with an idea being raised. As a result, it doesn't allow the program to make a hot, debatable and discussion session involving a number of participants at a time. Rather, it lets others desperately wait the phone till it gets free so as to take over the line in a very competitive basis.

Similarly, another key informant who is manager of the program described the draw backs of this one-way telephone system, *"It serves only one person at a time. It does not participate more than one participants simultaneously"*

The above excerpts clearly indicate that this one-line telephone system of the program, allows only a participant to have a say and left it to others who are waiting to take over the line. Thus, it does not allow more than one participant simultaneously to argue or counter argue each other on an issue of discussion. Hence, it considerably fails to participate a significant number of participants at a time in a very hot and debatable manner.

The other barrier under this technical factor is found to be the absence of delay machine. In this regard, the program manager had the following to say:

When audiences make a call to the program to participate for discussion, knowingly or unknowingly they some times tend to offend others, invade someone's privacy, and make some libelous and defamatory utterances. Consequently, it is causing the agency to be sued of allowing such slanderous indictments. This problem would be solved if there is a delay machine in our studio.

The above extract goes with the argument of McLeish (2005) that says "use of day" as the best way to overcome such abusive utterances coming from callers. As he argues, the use of delay time through making use of delay machine enables the program producer to delete such unethical utterances coming from callers before it goes on air.

4.7.2. Time Frame (Duration of Time)

The other factor which is found to be one of the potential hurdles of the program is the amount of time allocated to the program per week. As it has been mention in the first and third chapters of this study, this program is transmitted once in a week for an hour. Regarding this, most of the informants complained that the amount of time given to this pressing health issue is quite insufficient. In this regard, a key informant who is the producer of the program had the following to say

It is very difficult to actively engage a significant number of audiences with in this short period of time. And it is also difficult to transmit useful information to our audiences within this short period of time. There are even times that we will be forced to interrupt the program accidentally while having hot discussion with our audiences because of scarcity of time. Even we are not supposed to use our time till the news bridge has come.

What is more, another key informant who is the manager of the program also noted that there are occasions that some minutes will be taken out from this one hour program by some advertisements and news bridges.

In line with this, another informant aged 34, who is living with HIV/AIDS, had the following to say:

I often observe only few audiences participating in the program. I think it is because of the insufficient time allocated to the program. So, if enough time is given to the program, it can involve a large number of participants.

As the above extracts clearly depicts, the amount of time given to this pressing health issue is found to be insufficient to engage a significant number of participants. It also indicates that the amount of time given to the program is very difficult to treat issue of discussion thoroughly.

4.7.3. Cost of Phone Calls

The other important factor that is found to be one of the barriers of the program is the cost of phone call charges. It is found out that it limits the number of callers (participants) of the program.

In this regard, an informant aged 15, in a focus group discussion among in-school youths held in Ghion Secondary School said that he some times wants to actively participate in the program on a certain issues of discussion, but he could not do that because of the cost of a telephone call it charges him.

It is also found out that even those who could afford telephone call are usually in hurry. In this regard, a key informant, who is the producer of the program, had the following to say:

While the audiences make calls, they usually think of the cost it charges them. Consequently, they are often in hurry to transmit what they want to say. They don't have a patient to

listen to a question being raised in response to their argument. They don't even take time to introduce themselves in advance. Rather, they just directly rush in to the point what they want to say then, get off soon. As a result, many of them do not thoroughly say what they want to say.

Therefore, the above assertions imply that lack free-phone (hot line) service is one of the factors that limit the number of participants of the program.

4.7.4. Lack of Proper Trainings

As the data presented so far clearly indicate, there exists lack of interest and enthusiasm on the part of majority of the audience. Lack of offering short term and long term training to journalists working in the program about HIV/AIDS and other HIV/AIDS related communication is found to be one of the underlying factors to that problem.

Regarding this lack of training, a key informant, who is the manager of the program had the following to say

As far as I can remember, I have taken only one training on HIV/AIDS here in Bahirdar town for about five days. The program producer also has once gone only for a training. Even I doubt that it was about HIV/AIDS. You know what, Here there is a trend of sending journalists to workshops or trainings just not based on its importance or its relevant to the assigned task of the journalist, rather it is simply based on the criteria of letting every journalists have equal chance to participate with regardless of its importance.

Besides, another key informant who is the producer of the program was interviewed whether the single training he took helped him to produce the program effectively. Accordingly, he claimed that it was dealing about research findings done outside the country so he could hardly make it localized.

As the above discourses imply, trainings of both short and long terms, which are being given to journalists working in the program are not sufficient enough to empower them to effectively make the program that could help them carefully understand the needs and interests of the audiences. Moreover, it also indicated that there is management problem in sending journalists to trainings or offering them those trainings with respect to its importance to their assigned tasks.

4.8. The Impact of the Program to the Audiences' Current Behavior

All what have been presented and discussed so far were of the consideration of the program to the socio-cultural context of the audience, their level of understanding and factors that hampers the program to do what it intends to do etc. After thoroughly examining all those things, now it is time to ask "so what?" meaning, "what is the impact of this program to its target audiences at the end?"

Here, for the sake of clearly depicting the impact of the program to its audience, I deliberately incorporated not only the responses of those who are regular listeners but also the responses of non-regular listeners of the program.

The first important thing that needs to be carefully analyzed under this theme is thus how open and free are the audiences' of the program to make discussion, dialogue and debate on human sexuality, especially of risky human sexual behaviors.

Thus, both groups (listeners and non-regular listeners) were asked how free and open they are to discuss, make dialogue and debate about those issues. Accordingly, most of the informants in both groups (i.e. listeners and non-regular listeners of the program) responded that they are

usually afraid of making discussion, dialogue and debate on such issues in a free and open manner.

For example, one of the informants aged 17, in a focus group discussion among in-school youths held in Ghion Secondary School who are non-regular listeners of the program had the following to say:

I don't want to make any sort of discussion about risky sexual behaviors with any body else. Because, I believe that this is not my right time to do so. I don't want to make sex till I finish my education. Mostly, I even tune off the radio set when I happen to hear such issues because I am afraid of being seen by others of my family members while attentively listening to the program.

The above excerpt indicates the misconception that discussion about sexuality and other sexuality related issues are left only for those who started practicing sexual intercourse.

Similarly, another informant aged 26 in a focus group discussion among commercial sex workers who are non-regular listeners of the program reflected the group's idea that they don't want to make any discussion about risky sexual behaviors with their customers. As she said, most of their customers do not have the patient to do that. Rather, they are always in hurry. Even they, themselves do not feel ease to do that.

In the same way, majority of those groups who are regular listeners of the program also mentioned that they are not comfortable to make free and open discussion, dialogue and debate on issues pertinent to human sexuality and risky human sexual practices with regardless of the program. In line with this, an interviewee aged 25 who is HIV positive and regular listener of the program, pointed out that she did not tell it to any one of her family members and even to her boy friend, the fact that she is HIV positive and taking ART.

Like wise, another informant, aged 23 from a focus group discussion among out of school youths held in kebele 11 youth center who are listeners of the program had the following to say:

No matter how I listen to the program, I am not as such open and free to discuss such issue with any one else even with my mam. Because I grew up in a very conservative family, who do not encourage open discussion about such issues. I remember even how I suffered to tell to my parents when I saw my first menstrual period.

As can be understood from the above assertions, almost all of the respondents both listeners and non-regular listeners of the program are afraid of making free and open discussion, dialogue and debate about those issues in public. Therefore, it implies that the program is found to play no as such significant role in making difference on the part of the regular listeners of the program.

However, it is my logic that it would be weak and sounds illogical to conclude that the program does not have any impact simply based merely on the above findings. Rather, it sounds quite logical to re-examine its impact from different angles.

Therefore, the other mechanism employed by this study to re-examine the impact of the program to its audiences was through asking participants how free and open they are to buy condom in the shop, in the pharmacy or in any where it is available. Accordingly, majority of the participants who are both regular listeners and non-regular listeners of the program mentioned that they are not comfortable to buy condoms, especially in places where there are people they know. As most of them mentioned, mostly they are not interested to buy condom in their own village. Many of them are afraid of being seen by the people they know while buying condom.

In line with this, an informant aged 22; in a focus group discussion among in-school youths held in Bahirdar University, main campus who are regular participant of the program mentioned that he often either sends kids to buy him condom or he goes to somewhere far from the place where he resides.

Similarly, another informant from a focus group discussion among daily laborers held in Abaymado c-zone area who are non-regular listeners of the program had the following to say:

Oh! God forgive you! Let a lone buying it from a shop, I don't even want to call its name. I wouldn't even accept it if somebody buy me by his own.

Another interviewee aged 32, who is HIV positive and regular listener of the program pointed out that he has never bought condom him self. If he could not find any one to buy him condom, he would try to make sex with out it.

The above discourses clearly show that majority of participants of the study are not comfortable to buy condom, especially in places nearby their village. Rather, most of them usually look for someone to buy them condom. Many of them know that they should use condom to protect themselves from contracting HIV, but their level of commitment to do that is found to be so low. It seems that they are worrying more for being seen by others while buying condom than contracting the virus.

Therefore, one can easily notice from above that the program does not bring any significant change on the part of those who are regular listeners of the program as both listeners and non-regular listeners of the program do not make open and free discussion, dialogue and

debate about risky human sexuality and other human sexuality related issues. It is found out that there is no any remarkable difference between those who listen to the program regularly with that of non regular listeners. Now, it would be safe to say that impact of the program to their current behavior is quite minimal.

CHAPTER FIVE

SUMMARY AND CONCLUSION

This part of the study tries to recapitulate the key findings which arose out of the study. In this chapter, I basically try to summarize what the research has been all about, how it was undertaken and the major findings it came up with.

As pointed out earlier in the first chapter of this study, this paper was aimed at investigating the role of the 'Se'ate HIV' live radio phone-in program of the Amhara Radio in promoting open and free public discussion, dialogue and debate regarding risky human sexual behaviors and other sexuality related issues, which are believed to have their own considerable potentials in mounting the widespread of HIV/AIDS in the region. To this end, the data which are thought to be so indispensable to the study have been gathered from different sources through individual in-depth interviews and focus group discussions. Then the data, obtained both from individual in-depth interviews and focus group discussions have been corroborated and analyzed together for the sake of triangulation through making use of qualitative thematic analysis techniques. Finally, the following summaries and conclusion have been made based on objectives of the study:

- ❖ Concerning the consideration of the program to the socio-cultural context of the society, it was found out that even though the key informants claimed that the program considers the socio-cultural context of the society, it is hard to say that the program strictly considers the socio-cultural context of the society since there is lack of research undertakings to clearly identify sensitive socio-cultural issues and how those socio-cultural issues can be treated in the program. Moreover, they

confessed that it is mostly through common sense that they can assure whether the program is cognizant of the socio-cultural context of the society or not.

- ❖ With regard to the educational and informative values of the program, the study result shows that the program is found to be informative to the majority of the informants but is educative to a few, especially for PLWHA. In addition, usage of language, the guest usually invited by the program and style of presentation were found to be the underlying factors, which are mostly attributed to the failure of the educational value of the program.
- ❖ Concerning the appropriateness of the program's air time schedule to its audience, the finding of this research shows that the program fails to consider the convenient time that majority of its audience will be free to listen to it. It was found out that the program appears on air while majority of its target audience are in transition either from home to school, or to work place or to any where.
- ❖ Similarly, issues pertaining to the consideration of the program to its audiences' level of understandings, this study found out that the program seems less concerned with the levels' of understandings of the illiterates. While many of in-school youths, out-of school youths, PLWHA, and to some extent civil servants claimed that they do not have any problem regarding their understanding about the program, almost all Commercial Sex Workers , daily laborers and to some extent civil servants

on the other hand complained that they have some difficulty to understand the messages of the program more fully.

- ❖ With regard to the impeding factors that potentially hamper the program to successfully accomplish its goal, this study found out that technical problem like the existence of one-way telephone system and absence of delay machine in the studio, time frame (the amount of time allocated to the program), cost of phone calls, and lack of trainings for journalists working in the program are found to be the major hurdles of the program.

- ❖ In conclusion, the study findings clearly showed that 'the Se'ate HIV' live phone-in program of the Amhara Radio is found to play no significant role to the current behavior of its target audiences, especially in empowering them to discuss, make dialogue and debate on issues pertaining to human sexuality behaviors, especially of risky human sexuality behaviors, and other sexuality related issues which have long been conceived as taboo by the society at large in open and free manner. As a result, the findings showed that the program could not break public silence and fear about those taboo issues, which can potentially fuel the prevalence of HIV/AIDS in the society.

CHAPTER SIX

RECOMMENDATIONS

Based on the findings of the study, the following possible recommendations have been suggested as remedies to alleviate the existing and observable potential hurdles of the program:

1. The agency should have a research department to undertake research works with the aim to understand clearly the socio-cultural contexts, levels' of understandings and interests' of its target audiences.
2. Both the program producer and program manager should use and should strive to let participants of the program use appropriate language, which can not offend other target audiences.
3. The program producer and manager should also invite religious fathers and elderly people as guests who are highly respected and influential to teach the community about HIV/AIDS.
4. The agency should give its journalists appropriate trainings, which can sharply go with their assigned tasks.
5. The agency should allocate enough air time to the program.
6. The agency should work in close collaboration with telecommunication to find possible ways to install multi-way telephone system in the studio and to let the audience have a free (hot line) phone call services to the program.

7. The agency should make a strong link with other broadcasting agencies at the national level to share and exchange experiences on how to treat issues related to HIV/AIDS.
8. This research encourages further research on the area; especially in comparing the nature that indicates the wide spread nature of national broadcasting on issues related to HIV/AIDS and human sexuality.
9. Other broadcasting agencies at the national level can also take lessons from the weak and strong sides of the program.

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APPENDIX I: Data Gathering Instrument Guide

The purpose of this instrument is to gather data for a master thesis as a partial fulfillment of master's degree in Journalism and Communication. I am very grateful to thank you for your kind cooperation in advance!

I). Focus group discussion guide for Female Commercial Sex Workers who are listeners of the program.

1. What do you know about HIV/AIDS ?
2. How often do you listen to and/or actively participate in the "Se'ate HIV" radio phone-in program by Amhara Radio? And what do you understand the message to be saying?
3. How often do you use condom? Is there any circumstance that you do not use condom? Why? How does the program influence you to do so?
4. Have you ever got Voluntary Counseling and Testing services (VCT)? WHY? How does the program motivate you to do so?
5. How comfortable and strong are you to freely negotiate with your sexual clients and partners about using condom and some other risky sexual behaviors? And have you ever advice others of your friends to use condom properly while making sex with their clients? If so, in what manner?
6. Does the "Se'ate HIV" phone-in program influence your sexual behavior? How?
7. Do you think that the program is important and appropriate for your life situation? Why?

II.) Focus group discussion guide for female Commercial Sex Workers who are NOT regular listeners of the program.

1. What do you know about HIV/AIDS ?
2. What are your sources of information about HIV/AIDS ?
3. How often do you use condom while you make sexual intercourse with your sexual clients and/or partners? Why? Who influences you to do so?
4. How strong and comfortable are you to freely negotiate with your clients and/or sexual partners about using condom and other risky sexual behaviors?
5. Is there any circumstance that you do not use condom while making sex with your clients and/or sexual partners? Why?
6. Have you ever got voluntary HIV counseling and Testing services (VCT)? Why?
7. How comfortable are you to make open and free discussion, dialogue and debate with your friends, relatives and neighbors about risky sexual behaviors? Why?
8. Why don't you listen to the 'Se'ate HIV' live radio program of the Amhara radio?

III) Focus group discussion guide for in-school youths who are listeners and/or active participants of the program.

1. What do you know about HIV/AIDS ?
2. What are your sources of information about HIV/AIDS ?
3. How often do you listen to and/or actively participate in the "Se'ate HIV" radio phone-in program of the Amhara Radio? And what does that mean to you?
4. Does the program provide you all the information you need to know?

5. Are the issues raised in the program appropriate for your life situation? Is it applicable? How?
6. How comfortable are you to make open and free discussion, dialogue and debate with your friends and other people about human sexuality and risky sexual behaviors? And what do you think is the contribution of the program to this behavior?
7. Do you often make discussion, dialogue and debate with others of your friends in your school on what you heard and/or made a phone to the radio program about risky sexual behavior? And how comfortable do you think others of your friends are to make free and open discussion, dialogue and debate about human sexuality and risky sexual behaviors?
8. How comfortable are you to buy condom in the shops, pharmacy or any where available? Why?

IV. Focus group discussion guide for in-school youths who are NOT regular listeners of the program.

1. What do you know about HIV/AIDS ?
2. Have you ever made any discussion, dialogue and/or debate with any body else about risky sexual behavior that cause HIV/ AIDS? Who has forced you to do this?
3. With whom do you feel more comfortable to discuss, make a dialogue and debate about condom and risky sexual behaviors? Why?
4. How comfortable are you to buy condom in the shops, pharmacies or any where available? Why?
5. Why don't you listen to the Se'ate live radio phone-in program of the Amhara Mass Media Agency?

V). Focus group discussion guide for out of school youths who are regular listeners and/ or active participants of the program

1. What do you know about HIV/AIDS ?
2. How often do you listen to and/ or make active participation to the “Se’ate HIV” phone-in program of the Amhara Radio? And what does that mean to you?
3. Do you think the program is appropriate for you and for your friends given your life situation? If so, How?
4. Does the program provide you all the information you need to know?
5. How often do you make open and free discussion, dialogue and debate with your family members and friends about Risky sexual behavior that causes HIV/AIDS ? And how comfortable are you to do so? how is the contribution of the program to this behavior?
6. How comfortable are you with the words being used in the program?
7. Have you ever made discussion, dialogue and debate with your friends and family members on issues of what you heard and/or made active participation in the program?
8. How free and comfortable are you to buy condom in the shop, pharmacy or any where available? And how does the program helps you to do so?

VI. Focus group discussion guide for out of school youths who are NOT regular listeners and/ or active participants of the program

1. What do you know about HIV/AIDS ?
2. How often do you make open and free discussion, dialogue and debate with your friends and family members about risky sexual behaviors that causes HIV/AIDS ?How comfortable are you to do so? Who has influenced you to have this behavior?

3. How others of your friends and family members are open and free with you to discuss dialogue and debate about risky sexual behaviors? Why?
4. How free and comfortable are you to buy condom in the shop, pharmacy or any where available? Who has influenced you to do so?
5. Why don't you listen to and/or make active participation to the Seate HIV radio phone in program of the Amhara Radio?

VII. Focus group discussion guide for civil servants who are listeners of the program

1. What do you know about HIV/AIDS ?
2. How often do you make discussion, dialogue and debate about sexuality and risky sexual behavior with your family members? In what circumstance?
3. How comfortable do you think are your family members, friends, relatives and colleagues to make free discussion, dialogue and debate about HIV/AIDS?
4. How often do you listen to and/or make active participation on the " Se'ate HIV" phone-in program of the Amhara Radio? And what does that mean to you?
5. What is your outlook about the " Se'ate HIV" phone-in program of the Amhara Radio in terms of its educational and informative values to the public?
6. What can you say about the appropriateness of the program's air time availability and its consideration of your interest?

VIII. Focus group discussion guide for civil servants who are NOT regular listeners of the program

1. What do you know about HIV/AIDS?
2. How often do you make discussion, dialogue and debate about sexuality and risky sexual behavior with your family members? In what circumstance?
3. How comfortable do you think are your family members, friends, relatives and colleagues to make free discussion, dialogue and debate about HIV/AIDS ?
4. Why don't you listen to the 'Se'ate HIV' live radio phone-in program of the Amhara Radio?
5. How comfortable are you to buy condom in the shop, pharmacy or any where it is available?

IX. FGD guide for people living with HIV/AIDS

1. What is your main source of knowledge about HIV/AIDS?
2. Have you ever disclosed yourself to the society that you are HIV positive? Why?
3. How often do you listen to and/or make a call to the " Seate HIV" phone-in program of the Amhara Radio? And what does that mean to you?
4. How do you understand the message to be saying?
5. How informative and educative do you think the program is to the society?
6. How does the program influence your sexual behavior? in what manner?
7. Do you think the program helps to improve your social relationships in terms of reducing stigma and discrimination associated with being HIV positive? How?
8. Was there any thing discussed in the program that you don't believe it? If so, what was it?
9. What can you suggest to improve the quality of the program?

X. FGD guide for daily laborers

1. What do you know about HIV/AIDS?
2. What are your sources of information about HIV/AIDS ?
3. Can you tell some of the modes of HIV transmissions?
4. What are the prevention mechanisms you know about HIV?
5. Have you ever listened to and/or made a call the “ Se’ate HIV” program of the Amhara radio? If yes, what does that mean to you? Is it understandable?
6. What do you know about condom and its importance? How comfortable and free are you to buy condom? Who has influenced you to do so?
7. Have you ever use condom in your life? Why?
8. Have you ever made discussion, dialogue and debate about sexuality and risky sexual behaviors? If yes, with whom? When? And in what circumstances?

I. Interview guide for program manager

1. Who are the target audiences of your program?
2. What is the main concern of your program? And what do you want to communicate in your program?
3. Which segments of the society are active participants of the program?
4. How can you put your ideas (agendas) on to public agendas in your program? (How do you make your message seem interesting and important?)
5. What do you think are the potential hurdles of the program? (If any) and what remedial actions did you take to alleviate the problem?
6. Have you ever attempted to find out the interests of your program’s target audience through conducting impact assessment? If so, when? And what was the result?

7. Is your program research based?
8. Does your program consider the socio-cultural factors of the audience? How?
9. Do you think that adequate coverage of time and attention has been given to your program? How?
10. Who do you consult as your source of information before producing the program? Do you use professional inputs to your program? Why?
11. What is your educational background?
12. Have you and/or your colleagues taken trainings, seminars, and workshops so far on HIV/AIDS?
13. Do you think that your program is influencing the public to change their attitude as well as their behavior about HIV/AIDS? How?
14. What words do you and your colleagues usually use when talking about HIV/AIDS with your callers and invited guests? Would those words acceptable for any one to use?
15. Would you please add any comments and suggestions you have?

II. Interview guide for program producers

1. What do you think are the potential hurdles of the program?
2. Which segments of the society do you believe are active participants of the program?
3. Would you please tell me about your educational background?
4. Have you ever taken any training, workshops and/or seminar on HIV/AIDS?
5. Who do you consult as your sources of information before producing the program? Why?
6. Would you please tell me the problem (if any) that your program has faced so far? And what measures did you take to overcome the problem?

7. How can you put your program's ideas (agenda) on to their regular agenda from the discussion? (How you make your message seem interesting and important?)
8. What words do you and your colleagues usually use when talking about HIV/AIDS with your callers and invited guests? Would those words acceptable for any one to use?
9. How open and free are your audience to discuss about issues being raised in your program?
- 10 . Any comment or suggestion you would like to add?

III. Interviewing guide for professionals in Amhara HAPCO?

1. Kindly your occupation please?
2. What is your opinion about the " seate HIV" phone-in program of the Amhara Radio in terms of its educational and informational value to the society?
3. Do you think that the program is compatible with the socio-cultural aspects of the society?
4. To which segments of the society do you think this kind of program is more suitable for? how?
5. Do you think that the program has limitations? If so, what are they?
6. Do you think that the program bringing change in terms of empowering the society to freely and openly discuss, make dialogue and debate about risky sexual behaviors that put them at risk? If so, how?
7. What can you say about the public level of understanding and knowledge about HIV/AIDS?
8. Do you have any other comment to add about the program?

አባሪ

የዚህ መረጃ መሰብሰቢያ ዋና ዓላማ በጆርጅያና ሌዛምና ኮሙኒኬሽን ትምህርት ክፍል በማስተርስ መርሃ ግብር የማሟያ ጥናት መረጃ ለመሰብሰብ ተብሎ የተዘጋጀ ነው።

ስለ መልካም ትብብራችሁ በቅድሚያ አመሰግናለሁ።

I. ፕሮግራሙን በቋሚነት ለሚያዳምጡ ሴተኛ አዳሪዎች የቀረቡ የቡድን ተኮር ውይይት አቅጣጫ

1. ስለ ኤች አይ ቪ ኤድስ ምን የምታውቁት ነገር አለ?
2. ሰዓተ-ኤች አይ ቪ የተሰኘውን በአማራ ሬዲዮ የስልክ ውይይት ፕሮግራም ምን ያህል ጊዜ ታዳምጣላችሁ?
3. ኮንዶም ምን ያህል ጊዜ ትጠቀማላችሁ? የማትጠቀሙበት ሁኔታስ አለ ወይ? ለምን? በዚህ ጉዳይ ላይ የፕሮግራም ተፅእኖስ ምን ያህል ነው?
4. በፈቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ የምክርና የምርመራ አገልግሎት አግኝታችሁ ታውቃላችሁ? በዚህ ጉዳይ ላይ ፕሮግራሙ ምን ያህል ግፊት አድርጎባችኋል?
5. እናንተ ከደንበኞቻችሁ ጋር በነፃነት ስለኮንዶም እንዲሁም ስለሌሎች አደገኛ የወሲብ ባህሪያት ለመደራደር ወይም ለመወያየት ምን ያህል ምቹዎችና ጠንካሮች ናችሁ? ሌሎች ጓደኞቻችሁን ከደንበኞቻቸው ጋር የግብረ ስጋ ግንኙነት ሲያደርጉ በአግባቡ ኮንዶም እንዲጠቀሙ መክራችኋቸው ታውቃላችሁ ወይ? ከሆነ በምን መልኩ?
6. ሰዓተ-ኤች አይ ቪ የተሰኘው ፕሮግራም በእናንተ የወሲብ ባህሪያት ላይ ምን ያህል ተፅእኖ አሳድሯል?
7. ፕሮግራሙ ለእናንተ ነባራዊ ህይወት ጠቃሚና ተገቢ ነው ብላችው ታምናላችሁ? ለምን?

II. ፕሮግራሙን በቋሚነት ለማያዳምጡ ሴተኛ አዳሪዎች የቀረበ የቡድን

ተኮር ውይይት አቅጣጫ

1. ስለ ኤች አይ ቪ ኤድስ ምን የምታውቁት ነገር አለ?
2. ስለ ኤች አይ ቪ ኤድስ የመረጃ ምንጮቻችሁ እነማን ናቸው?
3. ከደንኞቻችሁ ጋር እንዲሁም ከ ወሲብ አጋሮቻችሁ ጋር የግብረ ስራ ግንኙነት በምታደርጉበት ወቅት ምን ያህል ጊዜ ኮንዶም ትጠቀማላችሁ?
4. ከደንኞቻችሁ እንዲሁም ከወሲብ አጋሮቻችሁ ጋር ስለኮንዶም አጠቃቀም እንዲሁም ስለአደገኛ የወሲብ ባህሪያት በነጻነት ለመወያየትና ለመደራደር ቁርጠኝነታችሁ ምን ያህል ነው?
5. ከደንኞቻችሁ እንዲሁም ከወሲብ አጋሮቻችሁ ጋር ያለ ኮንዶም የግብረስጋ ግንኙነት የምትፈጽሙበት አጋጣሚ አለ ወይ? ለምን?
6. በፍቃደኝነት ላይ የተመሰረተ የኤች አይ ቪ የምክርና የምርመራ አገልግሎት አድርጋችሁ ታውቃላችሁ ወይ?
7. ከሌሎች ጓደኞቻችሁ፣ ከዘመድ አዝማድ፣ እንዲሁም ከጎረቤቶቻችሁ ጋር በግልጽኝነትና በነጻነት ስለአደገኛ የወሲብ ባህሪያት ውይይት፣ ክርክር እና ንግግር ለማድረግ ምን ያህል ምቹዎች ናችሁ? ወይም ቁርጠኝነታችሁ ምን ያህል ነው?
8. ሰዓተ-ኤች አይ ቪ የተሰኘውን በአማራ ሬዲዮ እየተዘጋጀ የሚቀርበውን የቀጥታ የስልክ ውይይት ፕሮግራም የማታዳምጡት ለምንድነው?

III. ፕሮግራሙን በቋሚነት ለሚያዳምጡ ወጣት ተማሪዎች የተዘጋጀ

የቡድን ተኮር ውይይት አቅጣጫ

1. ስለ ኤች አይ ቪ ኤድስ ምን የምታውቁት ነገር አለ?
2. ስለ ኤች አይ ቪ ኤድስ የመረጃ ምንጮቻችሁ እነማን ናቸው?
3. ሰዓተ-ኤች አይ ቪ የተሰኘውን የአማራ ሬዲዮ የቀጥታ ስልክ ውይይት ፕሮግራም ምን ያህል ጊዜ ታዳምጣላችሁ? ፕሮግራሙ ለእናንተ ምን ትርጉም አለው?
4. ፕሮግራሙ ልታውቁት የምትፈልጓቸውን መረጃዎች ይሰጣችኋል?

5. በፕሮግራሙ ላይ የሚነሱ ሃሳቦች ከእናነት ህይወት አንጻር ጠቃሚና ተገቢ ነው ብላችሁ ታስባላችሁ? ተግባራዊነታቸውስ? እንዴት?
6. እናንተ ስለወሲብ እንዲሁም ስለአደገኛ የወሲብ ባህርያት ከሌሎች ጋር በግልጽነትና በነጻነት ውይይት፣ ክርክር እንዲሁም ንግግር ለማድረግ ምን ያህል ምቹዎች ናችሁ? ለዚህ ባህርያችሁ የፕሮግራሙ አስተዋጽኦ ምን ያህል ነው?
7. ፕሮግራሙን ካዳመጣችሁ በኋላ እንዲሁም የስልክ ተሳትፎ ካደረጋችሁ በኋላ ከሌሎች የትምህርት ቤት ጓደኞቻችሁ ጋር ስለአደገኛ የወሲብ ባህርያት ውይይት፣ ንግግር እንዲሁም ክርክር ምን ያህል ጊዜ ታደርጋላችሁ? ሌሎች ጓደኞቻችሁስ በነጻነትና በግልጽነት ስለወሲብ እንዲሁም ስለአደገኛ የወሲብ ባህርያት ንግግር፣ ክርክር እንዲሁም ውይይት ለማድረግ ምን ያህል ምቹዎች ናቸው ብላችሁ ታስባላችሁ?
8. ኮንዶም ከሱቅ፣ ከፋርማሲ እንዲሁም ከማንኛውም ኮንዶም ከሚሸጥበት ቦታ ሄዳችሁ ለመግዛት ቁርጠኝነታችሁ ምን ያህል ነው? ለምን?

IV. ፕሮግራሙን በቋሚነት ለማያዳምጡ ወጣት ተማሪዎች የተዘጋጀ

የቡድን ተኮር ውይይት አቅጣጫ

1. ስለ ኤች አይ ቪ ኤድስ ምን የምታውቁት ነገር አለ?
2. ከማንኛውም ሰው ጋር ለ ኤች አይ ቪ ኤድስ ስለሚያጋልጡን አደገኛ የወሲብ ባህርያት ንግግር፣ ውይይት፣ እንዲሁም ክርክር አድርጋችሁ ታውቃላችሁ? ይህንን ለማድረግስ የማን ተፅዕኖ (ግፊት) አለበት?
3. ስለኮንዶም እንዲሁም ስለአደገኛ የወሲብ ባህርያት በነጻነት ለመወያየት ለመነጋገር ወይም ለመከራከር በይበልጥ ጥሩ ስሜት የሚሰጣችሁ ከማንጋር ነው? ለምን?
4. ኮንዶም ከሱቅ፣ ከፋርማሲ እንዲሁም ከማንኛውም ኮንዶም ከሚሸጥበት ቦታ ሄዳችሁ ለመግዛት ቁርጠኝነታችሁ ምን ያህል ነው? ለምን?
5. ሰዓተ-ኤች አይ ቪ የተሰኘውን በአማራ ሬዲዮ የቀጥታ ስልክ ውይይት ፕሮግራም ለምን አታዳምጡም?

V. ፕሮግራሙን በቋሚነት ለሚያዳምጡ ወይም ንቁ ተሳትፎ ለሚያደርጉ፣

ከት/ቤት ውጪ ላሉ ወጣቶች የተዘጋጀ የቡድን ተኮር ውይይት አቅጣጫ

1. ስለ ኤች አይ ቪ ኤድስ ምን የምታውቁት ነገር አለ?
2. ሰዓተ-ኤች አይ ቪ የተሰኘውን በአማራ ሬዲዮ የቀጥታ ስልክ ውይይት ፕሮግራም ምን ያህል ጊዜ ታዳምጣላችሁ? ፕሮግራሙ ለእናንተ ምን ትርጉም አለው?
3. ፕሮግራሙ ከእናንተ እንዲሁም ከጓደኞቻችሁ ነባራዊ ህይወት አንጻር ተገቢ ነው ብላችሁ ታምናላችሁ? ከሆነ እንዴት?
4. ፕሮግራሙ ልታውቋቸው የምትፈልጓቸውን መረጃዎች ሙሉ በሙሉ ይሰጣችኋል ወይ?
5. ከቤተሰቦቻችሁ እንዲሁም ከጓደኞቻችሁ ጋር በግልጽነትና በነጻነት ለኤች አይ ኤድስ ስለሚያጋልጡ አደገኛ የወሲብ ባህርያት ምን ያህል ጊዜ ንግግር፣ ውይይት እና ክርክር ታደርጋላችሁ? ይህንን ለማድረግ እናንተ ምን ያህል ምቹዎች ናችሁ? ለዚህ ባህርያችሁ የፕሮግራሙ አስተዋጽኦ ምን ያህል ነው?
6. በፕሮግራሙ ላይ በሚነሱ የቃላት አጠቃቀሞች ምን ያህል ደስተኞች ናችሁ?
7. ፕሮግራሙን ካዳመጣችሁ ወይም ንቁ ተሳትፎ ካደረጋችሁ በኋላ ከሌሎች ጓደኞቻችሁ ወይም የቤተሰብ አባላት ጋር ስለጉዳዩ ንግግር፣ ውይይት እንዲሁም ክርክር አድርጋችሁ ታውቃላችሁ ወይ?
8. ኮንዶም ከሱቅ፣ ከፋርማሲ እንዲሁም ከማንኛውም ኮንዶም ከሚሸጥበት ቦታ ሄዳችሁ ለመግዛት ቁርጠኝነታችሁ ምን ያህል ነው? ለምን?

VI. ፕሮግራሙን ለማያዳምጡ ከት/ቤት ውጪ ላሉ ወጣቶች የቀረበ

የቡድን ተኮር ውይይት አቅጣጫ

1. ስለ ኤች አይ ቪ ኤድስ ምን የምታውቁት ነገር አለ?
2. ለኤች አይ ቪ ኤድስ ሲያጋልጡ ስለሚችሉ አደገኛ የወሲብ ባህርያት በተመለከተ ከጓደኞቻችሁ እንዲሁም ከቤተሰቦቻችሁ ጋር በነጻነትና በግልጽነት ተወያይታችሁ፣ ተነጋግራችሁ እንዲሁም ተከራክራችሁ ታውቃላችሁ? ይህን ለማድረግ ምን ያህል ምቹዎች ናችሁ? ለዚህ ባህርያችሁ ተፅዕኖ ያደረሰባችሁ ማን ነው?

3. ሌሎች ጓደኞቻችሁ እንዲሁም ቤተሰቦቻችሁ ስለአደገኛ የወሲብ ባህርያት ለመወያየት፣ ለመነጋገር እንዲሁም ለመከራከር ምን ያህል ግልጽና ነጻ ናችሁ? ለምን?
4. ኮንዶም ከሰቅ፣ ከፋርማሲ እንዲሁም ከማንኛውም ኮንዶም ከሚሸጥበት ቦታ ሄዳችሁ ለመግዛት ቁርጠኝነታችሁ ምን ያህል ነው? ለምን?
5. ሰዓተ-ኤች አይ ቪ የተሰኘውን በአማራ ሬዲዮ የቀጥታ ስልክ ውይይት ፕሮግራም ለምን አታዳምጡም?

VII. ፕሮግራሙን ለሚያዳምጡ ወይም ንቁ ተሳትፎ ለሚያደርጉ፣

የመንግስት ሰራተኞች የተዘጋጀ የቡድን ተኮር ውይይት አቅጣጫ

1. ስለ ኤች አይ ቪ ኤድስ ምን የምታውቁት ነገር አለ?
2. ስለ አደገኛ የወሲብ ባህርያት ለምን ያህል ጊዜ በግልጽነትና በነጻነት ከቤተሰቦቻችሁ ጋር ንግግር ውይይትና ክርክር ታደርጋላችሁ? በምን አይነት ሁኔታ?
3. የናንተ ቤተሰቦች፣ ጓደኞች፣ ዘመዶች እንዲሁም የስራ ባልደረባዎች ስለ ኤች አይ ኤድስ በነጻነት ለመወያየት ለመነጋገር እንዲሁም ለመከራከር ምን ያህል ምቹዎች ናችሁ ብላችሁ ታምናላችሁ?
4. ሰዓተ-ኤች አይ ቪ የተሰኘውን የአማራ ሬዲዮ የቀጥታ ስልክ ውይይት ፕሮግራም ምን ያህል ጊዜ ታዳምጣላችሁ? ወይም ንቁ ተሳትፎ ታደርጋላችሁ? ፕሮግራሙ ለናንተ ምን ትርጉም አለው?
5. ፕሮግራሙ ለናንተ ምን ያህል አስተማሪና አሳዋቂ ነው ብላችሁ ታምናላችሁ?
6. ስለ ፕሮግራሙ የአየር ሰዓት ምቹነት ምን ማለት ትችላላችሁ? የናንተን ፍላጎት ግምት ውስጥ ከማስገባት አኳያ ምን ልትሉ ትችላላችሁ?

VIII. ፕሮግራሙን ለማያዳምጡ የመንግስት ሰራተኞች የተዘጋጀ የቡድን

ተኮር ውይይት አቅጣጫ

1. ስለ ኤች አይ ቪ ኤድስ ምን የምታውቁት ነገር አለ?
2. ስለወሲብ እንዲሁም ስለአደገኛ የወሲብ ባህርያት ከቤተሰቦቻችሁ ጋር ምን ያህል ጊዜ ንግግር፣ ውይይት እንዲሁም ክርክር ታደርጋላችሁ? በምን አይነት ሁኔታ?

3. ቤተሰቦቻችሁ፣ ጓደኞቻችሁ፣ ዘመዶቻችሁ እንዲሁም የስራ ባልደረቦቻችሁ ስለ ኤች አይቪ ኤድስ ነጻ ውይይት፣ ክርክር እንዲሁም ንግግር ለማድረግ ምን ያህል ምቹ ናቸው?
4. ሰዓተ-ኤች አይ ቪ የተሰኘውን የአማራ ሬዲዮ የቀጥታ ስልክ ውይይት ፕሮግራም ለምን አታዳምጡም?
5. ኮንዶም ከሱቅ፣ ከፋርማሲ እንዲሁም ከማንኛውም ኮንዶም ከሚሸጥበት ቦታ ሄዳችሁ ለመግዛት ቁርጠኝነታችሁ ምን ያህል ነው? ለምን?

IX. ከኤች አይ ቪ ኤድስ ጋር ለሚኖሩ ሰዎች የቀረበ የቡድን ተኮር ውይይት አቅጣጫ

1. ስለ ኤች አይ ቪ ኤድስ ዋና የመረጃ ምንጮቻችሁ እነማን ናቸው?
2. ቫይረሱ በደማችሁ ውስጥ መኖሩን ለህብረተሰቡ ይፋ አድርጋችሁ ታውቃላችሁ ወይ? ለምን?
3. ሰዓተ ኤች አይ ቪ የተሰኘውን የአማራ ሬዲዮ የቀጥታ የስልክ ውይይት ፕሮግራም ምን ያህል ጊዜ ታዳምጣላችሁ? ምን ያህል ጊዜ ጊዜ ጊዜ የስልክ ተሳትፎስ ታደርጋላችሁ? ፕሮግራሙስ ለእናንተ ምን ትርጉም አለው?
4. በፕሮግራሙ ላይ ሊተላለፉ የተፈለጉ መልዕክቶችን እንዴት ትረዷቸዋላችሁ?
5. ፕሮግራሙ ለማህበረሰቡ ምን ያህል አሳዋቂና አስተማሪ ነው ብላችሁ ታምናላችሁ?
6. ፕሮግራሙስ በእናንተ የወሲብ ባህሪያት ላይ ምን ያህል ተጽዕኖ አምጥቷል? በምን መልኩ?
7. ፕሮግራሙ የናንተን ማህበራዊ ህይወት መገለልና መድሎን ከማስቆም አኳያ ምን ያህል አሻሽሎታል? በምን መልኩ?
8. በፕሮግራሙ ላይ እናንተ የማታምኑበት ሀሳቦች ተነስተው ያውቃሉ? ከሆነ ምንድን ነበሩ?
9. ፕሮግራሙን ለማሻሻል መደረግ አለበት የምትሉት ሀሳብ ካለ?

X. ለጉልበት ሰራተኞች የቀረበ የቡድን ተኮር የውይይት አቅጣጫ

1. ስለ ኤች አይ ቪ ኤድስ ምን የምታውቁት ነገር አለ?
2. ስለ ኤች አይ ቪ ኤድስ የመረጃ ምንጮቻችሁ እነማን ናቸው?
3. የኤች አይ ቪ መተላለፊያ መንገዶች ልትነግሩኝ ትችላላችሁ?
4. የኤች አይ ቪ መከላከያ መንገዶች እነማን ናቸው?
5. ሰዓተ ኤች አይ ቪ የተሰኘውን የአማራ ፊዲዮ የቀጥታ የስልክ ውይይት ፕሮግራም አዳምጣችሁ ወይም የስልክ ተሳትፎ አድርጋችሁ ታውቃላችሁ? ከሆነ ፕሮግራሙ ለናንተ ምን ማለት ነው? በቀላሉስ ትረዱታላችሁ ወይ?
6. ስለኮንዶም እንዲሁም ስለኮንዶም አጠቃቀም ምን የምታውቁት ነገር አለ? ኮንዶምን ለመግዛት ምን ያህል ነጻና ምቹዎች ናችሁ? ይህንን እንድታደርጉ ተፅዕኖ ያሳደረባችሁ ማን ነው?
7. ኮንዶም በህይወታችሁ ተጠቅማችሁ ታውቃላችሁ? ለምን?
8. ስለወሲብ እንዲሁም ስለአደገኛ ወሲብ ባህርያት ንግግር፣ ውይይት እና ክርክር አድርጋችሁ ታውቃላችሁ ወይ? ከሆነ ከማን ጋር? መቼ? በምን አይነት ሁኔታ?

I. ከፕሮግራሙ ማናጀር ጋር የተደረገ የቃለ ምልልስ አቅጣጫ

1. የፕሮግራሙ ዋና አድማጭ እነማን ናቸው?
2. የፕሮግራሙ ዋና ዓላማ ምንድን ነው? በፕሮግራሙ ላይ ልታስተላልፏቸው የምትፈልጓቸው ነገሮች ምን ምን ናቸው?
3. የትኛው የህብረተሰብ ክፍል በፕሮግራሙ ላይ ንቁ ተሳታፊ ነው?
4. የፕሮግራሙን አጀንዳ የህብረተሰቡ አጀንዳ ለማድረግ እንዴት ትሞክራላችሁ?
5. የፕሮግራሙ ሁነኛ መሰናክሎች እነማን ናቸው ብለው ያስባሉ? እነሱንስ ለመቅረፍ ምን ያህል እርምጃ ወስዳችኋል?
6. የውጤት ዳሰሳ በማድረግ የፕሮግራሙን ትኩረተ አድማጭ (ታዳሚ) ፍላጎት ለማወቅ ምን ያህል ሄዳችኋል? ከሆነ እንዴት? ውጤቱስ ምንድን ነበር?
7. ፕሮግራሙ ጥናትና ምርምር ተኮር ነው ወይ?
8. ፕሮግራሙ የአድማጭን ማህበራዊና ባህላዊ ሆኔታዎችን ግምት ውስጥ ያስገባ ነው ወይ? እንዴት?
9. ፕሮግራሙ በቂ ትኩረትና የአየር ሰዓት ተስጥቶታል ብለው ያስባሉ? እንዴት?

10. ፕሮግራሙን ከማዘጋጀታችሁ በፊት እንደዋና የመረጃ ምንጭ የምትገለገሉበት አካል ማን ነው? ፕሮግራሙን ግብዓቶችን ትጠቀማላችሁ? ለምን?
11. የትምህርት ደረጃዎን ቢነግሩኝ?
12. ኤች አይ ቪ ኤድስን በተመለከተ ስልጠና፣ ሴሚናር እንዲሁም ወርክሾፕ ወስደው ያውቃሉ ወይ?
13. ፕሮግራሙ የአድማጭን አመለካከትና ባህሪ ኤች አይ ቪ ኤድስን በተመለከተ ለውጦታል ወይንም ተጽዕኖ አድርጓል ብለው ያስባሉ?
14. ስለ ኤች አይቪ ኤድስ ከደዋዮቻችሁ ጋር እንዲሁም ከተጋባዥ እንግዶቻችሁ ጋር ስትነጋገሩ የቃላት አጠቃቀማችሁ ምን ይመስላል? የምትጠቀሙባቸው ቃላትን በሁሉ ዘንድ ተቀባይ አላቸው ወይ?
15. ሌላ ሊጨምሩት የሚፈልጉት ሀሳብ ወይም አስተያየት ካለ

II. ከፕሮግራሙ አዘጋጅ ጋር የተደረገ የቃለ ምልልስ አቅጣጫ

1. የፕሮግራሙ ሁነኛ መሰናክሎች እነማን ናቸው ብለው ያስባሉ?
2. የትኛው የህብረተሰብ ክፍል በፕሮግራሙ ላይ ንቁ ተሳታፊ ነው ብለው ያምናሉ?
3. የትምህርት ደረጃዎን ቢነግሩኝ
4. ኤች አይ ቪ ኤድስን በተመለከተ ስልጠና፣ ሴሚናር እንዲሁም ወርክሾፕ ወስደው ያውቃሉ ወይ?
5. ፕሮግራሙን ከማዘጋጀት በፊት እንደዋነኛ የመረጃ ምንጭ የምትጠቀሙት ማንን ነው? ለምን?
6. ፕሮግራሙ ቀደም ሲል ያጋጠሙት ሁነኛ ችግሮች ካሉ ቢነግሩኝ? ችግሩን ለመቅረፍ ምን እርምጃ ወስደዋል?
7. የፕሮግራሙን አጀንዳ የህብረተሰቡ ቋሚ የመወያያ አጀንዳ ለማድረግ ምን አይነት እርምጃ ወስዳችኋል?
8. ስለ ኤች አይቪ ኤድስ ከደዋዮቻችሁ ጋር እንዲሁም ከተጋባዥ እንግዶቻችሁ ጋር በምትወያዩበት ጊዜ የቃላት አጠቃቀማችሁ ምን ይመስላል? እነዚህ ቃላቶችን በሌሎች ዘንድ ምን ያህል ተቀባይነት አላቸው?
9. አድማጮች በሚነሱ ጉዳዮች ላይ ምን ያህል በነጻነትና በግልጽነት ይወያያሉ?
10. ሌሊጭምሩት የሚፈልጉት ሀሳብ ወይም አስተያየት

III. ከአማራ ኤች አይቪ ኤድስ መከላከያና መቆጣጠሪያ ጽ/ቤት ባለሙያዎች ጋር የተደረገ የቃለ ምልልስ አቅጣጫ

1. የስራ ድርሻዎን ቢነግሩኝ
2. ሰዓት ኤች አይ ቪ የተሰኘው የአማራ ሬዲዮ የቀጥና የስልክ ወይይት ፕሮግራም ለህብረተሰቡ ያለውን አስተማሪና አሳዋቂ ግልጋሎት እንዴት ይገልጹታል?
3. ፕሮግራሙ የማህበረሰቡን ባህላዊና ማህበራዊ ሁኔታዎች ግምት ውስጥ ያስገባ ነው ብለው ያምናሉ ወይ?
4. ለየትኛው የህብረተሰብ ክፍል ይህ ፕሮግራም በይበልጥ ተመጣጣኝና ተገቢ ነው ብለው ያስባሉ? ለምን?
5. ፕሮግራሙ ሁነኛ ድክመቶች አሉበት ብለው ያምናሉ? ከሆነ ምን ምን ናቸው?
6. ፕሮግራሙ ህብረተሰቡን ወደ አደጋ ሊጥሉ ስለሚችሉ አደገኛ የወሲብ ባህሪያት እንዲሁም በግልጽነት እንዲወያዩ፣ እንዲነጋሩ እንዲሁም እንዲከራከሩ ከማስቻል አኳያ ለውጥ አምጥቷ ብለው ያምናሉ? ከሆነ እንዴት?
7. ስለህብረተሰቡ የኤች አይ ቪ ኤድስ እውቀትና ግንዛቤ ምን ማለት ይችላሉ?
8. የሚጨምሩት ሃሳብ ካለ

Appendix II

Profile of participants

1. Focus Group Discussants

Group 1.A. **Commercial sex workers**

- held in kebele 5 (Koshekosh area)
- six female participants
- three of them are HIV positive

Group 1. B. **Commercial Sex Workers**

- held in Abaymado
- five female participants
- two of them are HIV positive

Group 2. A. **In-school youths**

- held in Bahirdar University (main campus)
- eight participants (three of them were females)

Group 2. B. **In-school youths**

- held in Ghion Secondary school
- nine participants (five of them were females)

Group 2. C. **In-school youths**

- held in Bahirdar Technical and Vocational college.
- Seven participants (two of them were females)

Group 3. A. **Out-of-school youths**

- held in kebele 11, Family café
- eight participants (four of them were females)

Groups 3. B. **Out-of-school youths**

- held in kebele 11 youth center
- nine participants (three of them were females)

Group 3.C. **Out-of- school youths**

- held in kebele 11, youth center
- eight participants (three of them were females)

Group 4. A. **PLWHA**

- held in Mango recreational Center
- five participants (two of them were females).

Group 4. **PLWHA**

- held in Nigat Association
- nine participants (two of them were females)

Group 5. A. **Civil Servants**

- held in Ghion hotel
- five participants (one female)

Group 5. B. **Civil Servants**

- held in Shum Abo public recreational center
- six participants (two of them were females)

Group 5. C. **Civil Servants**

- held in Ghion hotel
- five participants (two of them were females).

Group 6. A. **Daily laborers**

- held in Abaymado- c-zone area
- seven participants (all of them were males)

Group 6. B **Daily laborers**

- held in Begterra area
- seven participants (all of them were males).

Group 6.C. **Daily laborers**

- held in kobel ston construction center
- six participants (one of them was female)

2. Individual in-depth interviews

Interview A. An interview with the program producer held in Amahara Mass Media Agency.

Interview B. An interview with the program manager held in Amahara Mass Media Agency.

Interview C. an interview with an expert in Amhara HAPCO held in ADA Building .

Organizational Structure of the Amhara Mass Media Agency

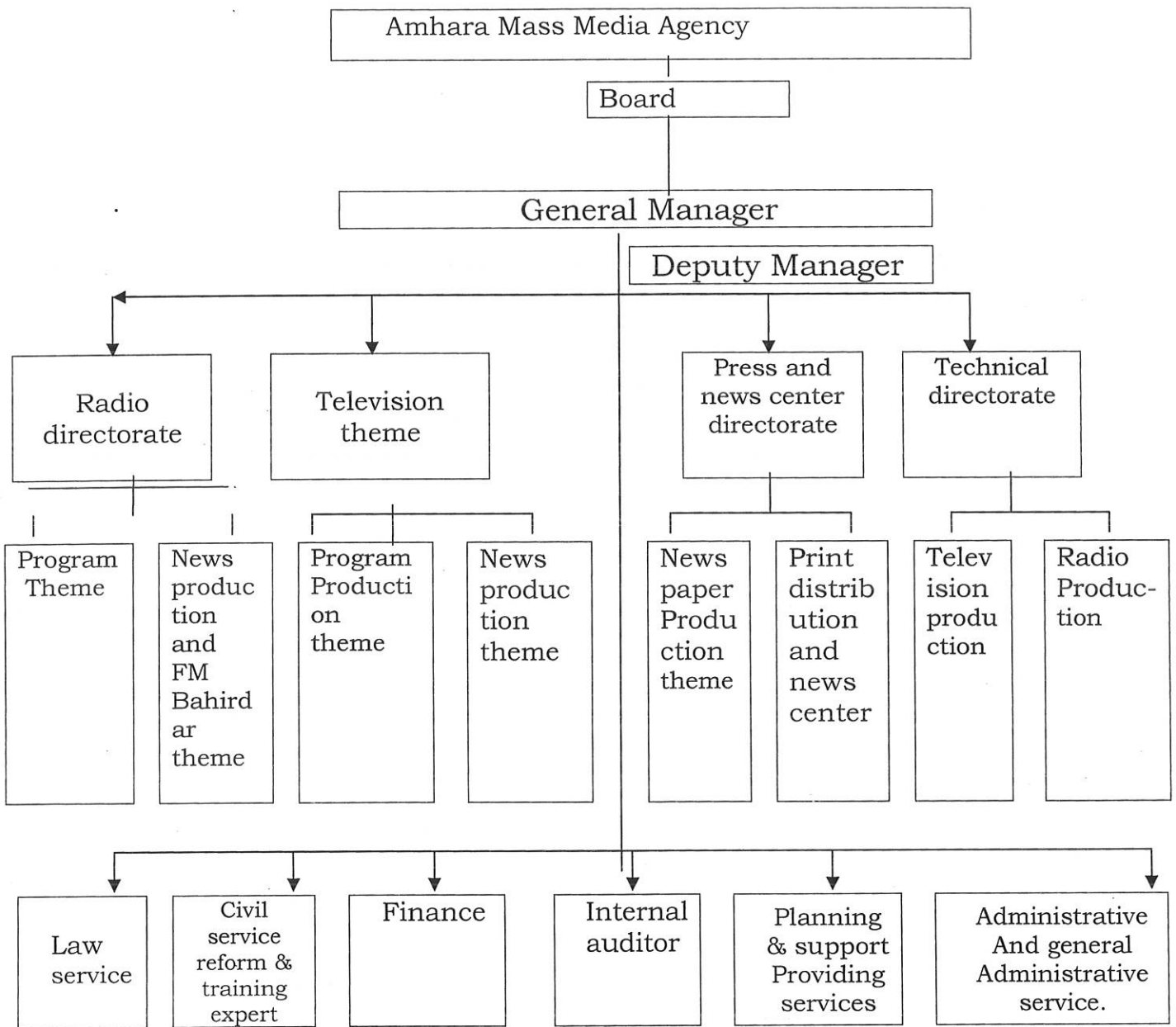


Figure 1. Organizational Structure of the Amhara Mass Media Agency.

Declaration

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

Name: Zelalem Tesfaye

Signature 

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