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**The Opportunities and Challenges of
Ethiopian Television Programs for Adult
Health Education**

By: Deribe Tafesse



June/ 2011
Addis Ababa

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College of Education and Behavioral Studies**

**A thesis submitted to the partial fulfillment of the
requirements for the degree of master of education in
Adult education and lifelong learning**

**June/ 2011
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Acknowledgements

First of all, I thank the almighty GOD for being with me in all my life. Following, my special thanks is extended to my advisor. Had not been for her serious follow up, the completion of this study would have been very difficult.

I also owe special thanks to friends, relatives and neighbors who were with me in my worst time.

My deepest appreciation goes to my daughter, Yanet Deribe. The letter you wrote to me 'when you get sad...' forced me to face the other version of life. I also fore ward my heartfelt appreciation to my wife Kidist Tesfaye and to my brothers Wubishet Tafesse, Melaku Tafesse and Fikadu Tafesse.

I also express my thanks to Ethiopian television and ministry of health staffs for their kind support during data collection.

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Abstract

This research is conducted to study the opportunities and challenges of Ethiopian television programs for adult health education. Data sources of the study were individuals from governmental and non-governmental organizations and target audiences (adult learners). Samples were purposefully selected participants that helped the researcher understand the problem and the research question. The instruments of data collection were in depth interviews and focus group discussions. The in depth interview participants were mainly selected based on the previous knowledge of the researcher, where as the focus group discussion participants were selected based on the accessibility and audience feed back toward the television health program and the overall expected health condition and participants age. The first finding of the study shows there is no program which is directly targeted for adult health education. The second finding of the study shows the opportunities of television for adult health education. High interest of adults towards watching television health education, the availability of the health extension workers of ministry of health staffs (for feed back, need assessment and pretest), using different forms of television programs, the experiences of other countries, addressing large number of audiences at a time and having different discipline experts (like media specialists, health professionals, educational planners) are the opportunity of adult health education via television. The third finding of the study is about the challenge. Lack of coordination among the disciplines and limited language transmission in Ethiopia television, number of television sets can be examples. The researcher finally recommends production and prime time dissemination of adult health education programs via television, using different forms like entertainment health education programs, involvement of adults during production, coordination among different disciplines, using as many language as possible and setting evaluation and monitoring technique.

CHAPTER ONE

1. Introduction

As John Lowe (1975) expressed; adult education is a process where by persons who no longer attend school on a regular and full time basis. Under take sequential and organized activities with a conscience intention of bringing about changes in information, knowledge, understanding or skill, appreciation and attitudes; or for the purpose of identifying and solving personal and community problems.

This adult education can be informal. By informal education we mean the truly life long process whereby every individual acquires attitudes, values, skills and knowledge from daily experience and the educative influences and resources in his or her environment- from family and neighbors, from work and play, from the market place, the library and the mass media. (Lowe: 1975).

Since it helps to get clear picture of what an adult health education is, similarly we can define what health is. Health is a highly subjective concept. Good health is different for different people. According to WHO definition; health is a state of physical, mental, and social well being. (Manelkar, 2004) The definition adopted by the national conference on preventive and social medicine in U.S.A in 1977 states that "Health education is a process that informs, motivates and helps people to adopt and maintain healthy practices and life styles. It is a state of health conciseness in a person, a family or in a society which expresses itself an accepted norm for health behavior for the environment" (Page 3).

The possibilities of adult health education through media should be considered as a good possibility. Elizabeth Thomas (2003) noted that today's media environment offers a window of opportunity for the introduction of

media education not only in schools but also through out society. By being specific, we can take television as an opportunity for adult health education. Television adds vision and movement to radio's sound. Some would claim that what ever can be taught in classroom can be taught by television. It is a particularly good medium for demonstrations, since the camera can look down a microscope, peer into corners and give close ups of things which could never be so closely or accurately observed in a normal class room situation.

Besides this reason television has additional benefit for adult health education. The second reason as stated by Knox (1978); the average amount of time spent on television is about the same from the early twenties until the late sixties. Use of electronic media, especially television, is negatively associated with level of formal education. Those who view more television generally have less education.

1.1 Background of the study

Adults demand education with intrinsic merit, education that serves their recognized needs. Adults want educational experiences that will help them master life, not merely subject matter. They are not interested in storing away quantities of information that are not likely to use. They want their learning to help solve their actual problems.

Based on this basic fact, no topic may be so important or as interesting as the facts surrounding birth, life, human development- the actions, reactions and interactions of people and those leading to death. In this case it seems obvious that sound health information has an indispensable role to adult health education. When we refer to adult health education, besides giving health information to the adult learner, we are referring to influencing the adult in his/her decisions on matters of health.

So true adult health education is an active, not a passive, process; it is based upon a maintained intellectual interest; it results in seeking adequate health knowledge; and its outcome is an individual who is capable of exercising intelligent discriminating judgment in matters pertaining to personal and community health.

If we agree on the fact that, facilitating adult health education is beyond disseminating health information, we should be able to select medium.

As to the world health organization book entitled "Education for health" (1988) television creates lively interest than other mediums.

No other medium creates such lively interest as television. It can have a great impact on people. It can extend knowledge, influence public opinion, and introduce new ways of life. In the health field, in urban areas and even in rural communities, it has already served as a powerful advocate of healthy behavior in many instances. (WHO, 1988: 244)

Therefore, adult health education via television for making the people of a community healthier is of vital importance. According to the American journal of public health (1987), experience offers encouraging evidence that television may represent a particularly effective health education vehicle for reaching groups. We know relatively little about how, and how well, television works as a vehicle for health education. It is this fact that inspires the researcher focus on this issue.

1.2 Statement of the problem

The crucial role of electronic state media outlets in promoting health education is seldom questionable. The more so, when this media outlets i.e. (Radio and Television) channels set to air health education programs via various entertaining episodes like music, drama, poetry etc. In this regard national TV outlet is, perhaps, enduring in creating awareness and empowering with enabling skills on everything to maintaining healthy life style. (Entertainment-education, 2008)

Thus, as Warner (1997), each televised infotaining episodes pertaining to health education is powerful in creating indelible imprint of the message to be imparted through image and sound. And, one of the provinces of general health education better served with pro-active and well-thought infotaining TV programs appears to be adult health education. The many good reasons justifying the importance of infotaining TV episodes for the proper conveyance of adult health education to the general public boils down to this:- enlightenment through informal education.

To make it a bit clearer, the infotainment approaches channeled through the said artistic and literary set of programs are better placed to increase the understanding of adult viewers. In fact, such educational approaches will entail a double-edged impact as far as awareness of adult population is concerned (Thoman, 2003).

On the one hand, they emerge out as uncontested alternative to reach up to the multitude of Ethiopian adults (most are illiterate) to have a comprehensive grasp of the nature and purpose of adult health education without the need to embark on digesting and interpreting rather crude scholastic ideals. On the other hand, even in the cases where the views are literate or of intellectual background, the stated educational approaches will

rescue them from thinking into the production of lengthy and boring health education concepts right after a hectic day time work.

At the back drop of these options, the need to conduct this research is principally informed by the reasonably good deal of experience I have had in producing different health education materials like songs, drama, spots and health informative advertisements. In this regard, it shall be reckoned that every stage from the production process to dissemination of this infotainment programs had been undertaken by a team of professional experts assorted from a wide array of discipline. These disciplines range from health to sociology and artists to film directors and beyond. In the mean time, it's fair of me to express my privilege in getting the opportunity to realize the invaluable contribution of educational and professional experts in boosting the progress of the endeavor at hand.

Despite this commendable phenomena's, it's not uncommon to hear complaints over the production process from different directions-be it from producer (Educator) or the target groups to be addressed (audience or learner). Aware of this uncomfortable reality, I set my self to look into the viability of adult health education production in television as far as enlightening the target groups (audience or learner) with informal education is concerned.

To this end, this research is meant to explore and analyze the practice of adult health education production in Ethiopian television. In doing so, the current opportunities and challenges of the Ethiopian television programs for adult health education will be examined.

In doing so, the study is expected to answer the following basic questions;

1. What are the practices of Ethiopian television for adult health education?
2. What are the opportunities of Ethiopian television for adult health education?
3. What are the challenges of Ethiopian television for adult health education?

1.3 Objectives of the study

1.3.1 General objective

The main objective of this study is to explore the of Ethiopian television programs for adult health education.

1.3.2 Specific objectives

Based on the major objective the following specific objectives will be treated.

1. To list the opportunities of Ethiopia television for adult health education
2. To identify the challenges of Ethiopian television for adult health education.
3. To search for alternative ways to production as it relates to adult health.

1.4 Significance of the study

This research is expected to address the gap in adult health education in Ethiopian television programs. Adult health educators concerned

governmental and non governmental organizations would be the major beneficiaries of this study.

It will also benefit researchers who wish to study in this area. Moreover, it will be an add-up to adult health education in television, specifically.

1.5 Delimitation of the study

This study will specially focus on practices and challenges of Ethiopia television programs for adult health education in selected programs and audience (adult learners).

Since the Ethiopian television health programs are vast and produced in different languages, so as to make it manageable, this study was delimited to Amharic language health education programs of the year 2002 Ethiopian calendar and the audience (adult learner) was only Addis Ababa.

1.6 Limitations of the study

The study is mainly qualitative and necessary data was collected from different individuals, journalists, experts, officials and audiences. Lack of literatures in relation to adult education via television in Ethiopian context was the other limitation.

1.7 Operational definition of key terms

Adults: - an individual who is regarded as legally, socially and psychologically matured person who is able to fulfill self and social responsibilities.

Health education; - a combination of learning experiences designed to facilitate voluntary actions conducive to health.

Challenge; - a difficult task that tests somebody's ability

Opportunity; - a favorable time, occasions or set of circumstances for something

Practices: - Frequently repeated or customary action, habitual performance

1.8 Organization of the study

The paper is organized in to five chapters. The first chapter is introductory part that includes background of the study, statement of the problem, objectives of the study, significance of the study, delimitations of the study, limitations of the study, definitions of terms and organization of the study. The second chapter is review of related literature. Chapter three treats the research design and methodology. Chapter four is the presentation, interpretation and analysis of the data. The last chapter, chapter five, consists summary, conclusions and recommendations of the study.

CHAPTER TWO

Review of Related Literature

2.1 Adult education: conceptions and practices

Along with his friend and colleague, Lowe (1975:44) argued that:

Education is life: 'not merely preparation for an unknown kind of future living...The whole of life is learning, therefore education can have no endings. This new venture is called adult education not because it is confined to adults but because adulthood, maturity, defines its limits...'

Adult education should be non-vocational: 'Education conceived as a process coterminous with life revolves about non-vocational ideals... adult education more accurately defined begins where vocational education leaves off. Its purpose is to put meaning into the whole of life'

We should start with situations not subjects: 'The approach... will be via the route of situations, not subjects... In conventional education the student is required to adjust himself to an established curriculum; in adult education the curriculum is built around the student's needs and interests'

We must use the learner's experience: 'the resource of highest value in adult education is the learner's experience... all genuine education will keep doing and thinking together'

For many adults, learning is an ongoing and important part of their lives. With the development of a self-consciously 'adult education' came the view that education should be lifelong. Experience plays a huge role in whether or not the learning will continue to be important in their life. The perception of learning in certain groups and individuals has greatly varied.

Health, environment, ethnic differences all played a part in the viewpoint of whether continued learning was necessary and still plays a part. Many of

these attitudes were linked to a study by Moody (as cited in Lowy and O'Connor, 1986) suggesting that adults perceive learning from the vantage point of approximately how much time is left to live. Although never exact, this perspective of time dramatically influences educational goals of the adult.

Technology is important in students' review of their learning experiences and what is expected from the instructor. The shifting demographics, new technologies, the entrance of commercial organizations into higher education, the changing relationships between colleges and the federal and state governments, and the move from an industrial to an information society. In addition, the convergence of publishing, broadcasting, telecommunications, and education is blurring the distinction between education and entertainment. A variety of knowledge producers will compete to create courses and other educational services, to develop new ways to distribute knowledge, and to engage larger audiences (Levine, 2003).

Students will come from diverse backgrounds and will have a widening variety of educational needs. New technologies will enable them to receive their education at any time and any place—on campus, in the office, at home, in the car, or on vacation (Levine, 2003).

Adult education is on the rise as is the demand for programs that are beneficial to the adult learner. Adult learners, for the most part, ask themselves self-assessment questions before beginning a task. Adults, typically, set for themselves a strategy of learning. The goal for most adult learners is that they understand and can apply the new information to their present lives. Adult learners will, for the most part, continually ask themselves if they understand the information being given them and whether the information meets their needs and expectations.

There are two perspectives that educators view with working with adults: the individual and the contextual. Until recently, the individual perspective, driven by the psychological paradigm, was predominate way we thought about learning in adulthood. Two basic assumptions form the foundation for this perspective. The first is that learning is something that happens internally, primarily inside of our heads. In essence, the outside environment is given little if any attention in the way we think and learn. Second, this perspective is based on the assumption we can construct a set of principles and competencies that can assist all adults to be more effective learners, no matter what their background or current life situation (Merriam & Caffarella, 1999).

2.2 Health Education

It is difficult to explain the correct meaning of health education, as different people have different views and opinions. To some, it means changing the behavior of an individual or of people in health aspects. While to others it simply imparts the knowledge and how to prevent them, still others feel that indulging in propaganda or publicizing activities of health departments is health education.

We can say that the concept of health is often difficult to define and measure. This is because it depends on the perceptions of individuals, the ability to recognize signs and symptoms and the threshold of pain.

There are various definitions of health. From a lay man point of view, 'Health' is just to say that a person is normally doing his activities and doesn't outwardly show any signs of any disease. According to the definition of Webster's 2nd ed. Dictionary (1979) health means the state of being free from sickness injury or disease, bodily conditions; something indicating good bodily condition. WHO (1948) committee defined health as follows:-

Health is a state of complete physical, mental and social wellbeing and not merely absence of disease or infirmity.

Based on WHO definition of health we can define what health education is.

Health education is a process that informs motivates and helps people to adopt and maintain healthy practices and lifestyles, advocates environmental changes as needed to facilitate this goal and conducts professional training and research to the same end. (Manelkar, 2004).

Others are also defining health education as a state of health consciousness in a person, a family or in a society which expresses it self in accepted norms for health behavior for the environment. Health education can be also defined as a combination of learning experiences designed to facilitate voluntary actions conducive to health. (Carter center, 2004)

It is clear that the objective of health education is to bring changes in the behavior of people and remove the unwanted behaviors, which are responsible for causing or spreading the disease.

The main objectives of health education are informing, motivating and providing people and enable them in to action. (Manelkar, 2004).

1. Informing people: - Health education would provide them with information on health and causes of disease, making people aware of health needs and responsibilities on the part of people. In this way health education provides information to people.

2. Motivating people: - this is more important as merely imparting information on health is not enough. People must be motivated to change their habits and ways of living. This is a difficult task, one time information is not enough. Motivating an individual or the whole people means changing their attitudes. Attitude change is not so easy, as every individual has a concrete attitude towards everything. This had been

formed through one's socialization period, by influence of peer groups or opinion leaders.

Therefore by using proper channels, education must provide information, which would influence habits, attitudes and knowledge relating to the individual's family and community. In short, health education should be like Cafeterias service leaving the choice of decision making about health matters. (i.e. what kind of health practices to be adopted when and how) to the individual him self.

3. Guiding in to action: - people need to be encouraged to use health services which are available to them. Health services to fight health problems such as HIV/AIDS, leprosy, Tuberculosis, Malaria and so on. To day it is well recognized that the importance of health education is not only to improve state of health of the people but also to change their standard of living and economical status.

Health education acts as a link between medical subjects on the one hand and behavioral sciences such as sociology, social psychology and social anthropology on the other hand. Therefore it is an art and science. From social psychology it takes the learning process, while from social Anthropology, it takes, the traditional and cultural aspects of a given population, from sociology it takes the interaction between traditional and modern behavior of a given population.

Health education involves teaching, learning, and inculcation of habits concerned with the objectives of healthful living. To the health education, the community is a classroom where he could utilize all his experiences, knowledge and efforts to bring about the desired changes.

If it is experience based, knowledge inclusive and in need of learners effort, we have the opportunity to talk about adult education; and adult health education.

2.3 Adult health education

Adequate health education will require skillful adaptation of our best educational methods to the attitudes and psychology peculiar to the adult.

Health lectures, published health literature, broadcast health talks, health exhibits, conducted prenatal and postnatal morning classes etc all are important and useful. But to educate an adult, we must do more than indoctrinate him/her by health propaganda.

When we refer to adult health education we are referring to the broader concept. That is instead of exposing him/her to health propaganda and feed him health information; we should provide methods of arousing the interest of the individual in health.

So true adult health education is an active, not a passive, process: it is based up on a maintained intellectual interest: it results in seeking adequate health knowledge; and its outcome is an individual who is capable of exercising intelligent discriminating judgment in matters pertaining to personal and community health. (Brown, 1982)

There are principles and characteristics which health education and adult education commonly share. Before proceeding to adult health education, it is better to identify these common principles and characteristics.

2.4 Common features of Adult education and health education

Table 1

Adult Education	Health Education (Carter Center, 2004)
1. Should be need based	
Adult education should be based on perceived need & actually learning need of learner. (Costal health, 2008) "Adults demand education with intrinsic merit, education that serves their recognized needs." (KUNDU; 1986:52)	Before involving any individual, group or the community in health education with a particular purpose Dr for a program the need should be ascertained. It has to be also specific and relevant to the problems of available solutions
2. Experience based teaching	
The resource of highest value in adult education is the learner's experience... all genuine education will keep doing and thinking together (John Dewey)	Health educators are not merely passing information but also give an opportunity for the clients to analyze fresh ideas with old ideas, compare with past experience
3. Indigenous knowledge (should start from the existing)	
Adult learner's, set for them selves' strategy of learning. The goal for most adult learners is that they understand and can apply the new information to their present lives. (Journal of moral education, 2008)	Efforts should aim at small changes in a graded fashion and not be too ambitious. Health education should provide opportunities for trying out changed practices.
4. Not bulk information at a time	
Optimal pacing challenges the adult learner. The ideal pacing for adult learners challenges people just beyond their present level of ability. If they are pushed too far beyond that level, they give up. (Dorothy Belington, 2007)	The process of education should be done step-by-step and which due attention.
5. As an educator, we should reduce social distance	
Adult education facilitator should be warm, loving, caring, and accepting of the learners. They have to view themselves as participating in a dialog between equals with learners.	The health educator has to adjust his talk and action to suit the group for whom he has to give health education respectfully.

6. Not teachers, Enablers	
Adults work independently, are self motivated and persistent, and do better without people giving them constant guidance. (little field, 2005)	The health educators have to make themselves acceptable. They should realize that they are enablers and not teachers
7. Community Involvement	
Adult education should have community involvement. Adults need to improve their ability to serve mankind, prepare for service to the community and improve ability to participate in community work.	Health education should provide an opportunity for the clients to go through the stages of identification of problems, planning, implementation and evaluation. This is of special importance in the health education of the community. This is the full involvement of the community to make it the community's own program.

What makes different adult education from health education?

Adult education embraces all organized educational activities for adults, its content is limitless. The content of adult education can be functional adult literacy, environmental adult education, and adult health education and so on. Where as adult health education is mainly focuses on the over all health condition of the individual and the community as a whole.

This means by performing an adult health education in a community, It is possible to improve the state of health of the people and standard of living and economic status. Based WHO definition of health as a state of complete physical, mental and social wellbeing, healthy adult shows the following positive characteristics. (WHO, 1988)

- Healthy adult is active and productive, persists with tasks, responds flexibly in the face of stress, receives pleasure from a variety of sources, and accepts one's limitation realistically.
- Healthy adult shows behavior which confirms an awareness of self or personal identity, coupled with a life purpose, a sense of personal

autonomy and willingness to perceive reality and cope with its difficulties.

- The healthy adult has a capacity to live with other people to understand their needs, participation in friendship, family and community life.

In sum, adult health education enables the adult grow and mature in cognitive, emotional and social process.

In his/her cognitive knowledge an adult as (Kundu,1986) indicated, will comprehensive and apply concepts, learning a living, coping with health problems, improving dietary habits, adopting family planning practices etc).

For instance an adult mother might initially sit and listen to what was said about family planning practices. Gradually she might get interested and participate in a lively discussion on the advantages of limiting family size. Then she might comment to her neighbor that it would be advantageous to her and to her family if she took pills. Later, she might follow through this intention by discussing it with her husband and arriving at a decision. Such a decision would be that a small family size would lead to the general well-being of the entire family.

The processes she will pass through shows the stages of effective adult health education.

2.5 Adult health education through mass media

Mass media is one way of giving health education. The communication is aimed to reach the mass media are microphones, radio, television, cinema, news prints, posters and exhibitions.

Mass media are to be best methods for rapid spread of simple information and facts to a large population at low cost. However, the major concerns with this method of communication are

availability, accessibility and popularity in a given community
(Carter center, 2004:84).

As WHO (1988) "Education for health" manual, mass media has another advantage besides educating the mass. Since our goal is health for all; no health worker or health team, no matter how hard they work, can reach all the people with person-to-person communication.

In addition to this, mass Medias are believable. If people hear it in television, they tend to believe that it is not only true but also important. They also can provide continuing reminders and reinforcement, in a long term program to promote any health topic, like breast feeding, immunization, HIV/AIDS prevention etc.

Erdo's and Prosser (1970) stated the reasons for using mass media for education as pedagogical, practical and psychological. Improved and reinforced learning and demonstration needing topics can be an example for the pedagogical reasons.

In its practical reasons extent and variety of education, the problem of distance (this means carrying the best education to remote areas), and time constraints are some of the facts.

The psychological reasons seem obvious but often ignored. For instance, television has a particular attraction; almost every one likes to appear on television or to feel some low involved in "the world of the cameras".

No body has any doubt about the benefits of mass media for education. The question rotates around some basic facts like the extent to which we used them, appropriateness of the media productions we used, the target groups (learners) we have and so on. The case of adult education through media in African continent is briefly explained by Lowe (1975).

Sophisticated and most modern audiovisual media for teaching have been introduced in all African countries. These have been proved to be excellent areas for teaching adults. But we find that they are employed more for entertainment than for information or instruction. The possibilities of utilizing such modern audio-visual devices for generating interest in and for promoting vigorous adult education need to be fully explored. (Lowe, 1975)

Some of the characteristics of mass media for education is elaborated by the character as follows:-

- Has rapid speed to cover large population
- Highly accurate and lack of distortion.
- One way direction
- Only has indirect feedback from surveys.
- Its main effect is to increase knowledge / awareness
- Provides non-specific information for local needs.
- It is very difficult to select specific / particular audience.

2.6 Adult health education through television

Television: is an important form of communication and has been for many years. It is bimodal. This means we see it as well as hear. Tele mean far or distant. "Vision" means to view. It has the advantage of displaying pictures. (Webster's 2nd ed. Dictionary, 1979)

This makes television more interesting than other inventions like radio, telegraph etc. It has the magic of sound and sight. Initially it displayed monochrome pictures however it converted to colorful display later on colors have made television more attractive and pleasing. It is a better source of enjoyments as well instruction and imparting education.

Television brings important historical events directly in to our homes. People may not need to read about current events, they experience them in real time. There are many television shows on the air that are informative and educational. Television shows can teach about morals and values as well as right from the wrong. National geography, history, health, Environment etc programs serve as learning tools for adults.

As International development research center report (1986) television and development are highly associated.

Television offers a number of advantages to nations where there is a need for rapid development of education and the communication of information on development. Television has been referred to as "the magic multiplier" and can be an inspiring teacher when used in the non- formal education of adults (page 34).

In order to deliver our education to the right audience (learner) via television, it is very advantageous to know the adult learner (target group). In a broader concept, television viewer's age is expected to be from the age of twenties to the late sixties. Additionally academic performance of television viewers is expected to be less.

As Knox explained (1977), the proportion of adults who view television regularly increases from young adult hood to middle age and then declines in to old age, but the young and old adults who watch devote more time to doing so than the middle aged.

Use of electronic media, especially television, is negatively associated with level of formal education. Those who view mere television generally have less education. However, the age trend is even stronger for young adults. Adults, who are active in cultural, educational, and professional activities, generally spend little time watching television (Knox, 1977: 23).

But we have to understand that informational use of the Medias increases as adults become older. Although college educated adults view less television than those with less formal education a higher proportion of their viewing is for informational purposes. There is a general trend toward greater informational use of television for older adults, but there is actually a decline with age for adults with more education.

Here comes the great point. Television appears to have potential for use by practitioners, who seek to help adults increase their understanding and competence to deal with changes and adjustments during adult hood.

Interpersonal informational seeking from friends and experts declines slightly during adult hood, but this reflects the lower average educational level of elder adults. Information seeking from friends tends to be on topics related to home and entertainment. The adult educational level is positively associated with extent of interpersonal information seeking related to business, health, and welfare. However, information seeking is not associated with extent of information seeking regarding entertainment, and the solution of practical problems.

What ever type of program we facilitate, our focus lies on the education. It is obvious that the broadcasting program should be attractive and able to catch attention. The Unesco "Broadcasting for adult education" (1974) elaborates this point as follows:-

It would be a truism to state that a broadcast should be attractive, that it should catch the attention of the viewer or listener. We are, however, convinced that the key to appeal lies first of all in the credibility and clarity of the message. In our opinion, relatively more of the available resources should be devoted to working out a competent, teachable plan, effective visualization and narration, than the perfecting purely artistic qualities. (Unesco, 1974: 64)

Here, it is the right place to set clearly the definition of 'adult' and 'adult education', since it helps us to give a brief understanding of why our choice is adult health education via television.

An 'Adult' can be defined from social, legal and psychological perspectives. Legally an adult is 18 yrs and above. An individual who thinks him/her self socially responsible and psychologically he/she thinks as an adult can be considered as an adult. By considering his/her livelihood, if we tried to teach him/her to improve his/her living status, we are performing adult education.

We are enabling him/her to have hands working for today; hearts and heads capable to lead his/her present life. Besides these, an adult education is experience based and lies on the interest of the learner (adult).

As Sellers (2008) stated, adult education is on the rise as is the demand for programs that are beneficial to the adult learner. Adults, typically, set for them selves' strategy of learning. The goal for most adult learners is that they understand and can apply the new information to their present lives. Adult learners will, for the most part, continually ask themselves if they understand the information being given them and whether the information meets their needs and expectations.

When an adult is interested in watching television to seek information a wise facilitator of an adult education can think that the adult learner is ready to grasp the knowledge or the information. If this is the case, how and when can we shift this information? What is the basic information (knowledge) an adult seeks? And so on are the basic questions to facilitate and utilize adult education through television.

Out of the limitless contents of adult education, information for making the people of a community healthier are of vital importance; i.e. adult health education.

2.6.1 'Educative' and 'Educational' programs

According to Merriam & Brocket (1997), one way is to view learning, as a thought processes relating to the learner that can occur 'both incidentally & in planned educational activities'. While, 'it is only the planned activities we call education.' The shift may, as courtesy suggests, reflect a growing interest in learning, however unorganized, episodic, or experiential' beyond the class room.

As stated by Bentley (1999), it requires a shift in our thinking about the fundamental organizational unit of education. It is from the school, an institution, where learning is organized, defined and contained to the learner, an intelligent agent with the potential to learn from any and all of his/her encounters with the world around him/her.

Since all experience is educative, it is some what point less to attempt to draw strict boundary lines between educative and non-educative material. Actually it makes little sense to label television programs as educative or non-educative on the basis of the form. An educationally valuable message can be presented attractively in the different forms like drama, comedy quiz, games etc, while non-educative programs need not necessary be entertaining. The distinction should be made only on the bases of purpose and effects.

We can consider any program as educative if its primary purpose is not to provide entertainment, political propaganda or commercial advertising, but rather to broaden horizons, deepen understanding and sensitivity, refine tastes, and soon. For these programs which have definite enlightening values, but are not instructional, and not planned to provide education in a systematic ways are called 'educative' instead of educational. It would be fortunate to appreciate the contribution of 'educative' programs to the quality of contemporary life (Unesco, 1972).

Programs whose primary objectives are to provide education, in the sense of a given, purposefully chosen body of knowledge or skills, transmitted

systematically according to an established, pre-planned outline are called educational.

Educational programs can be two types. In one side there are programs concerned with supervised education, leading through examinations to credits towards the attainment of a particular educational level, and requiring their audience to be registered or enrolled in a course of instruction.

On the other side there are programs no connected with a system of formal or supervised education, but whose educational nature will be judged by their objective to provide a continuity of content aimed at a systematic acquisition or improvement of knowledge or skills with in a given, circumscribed field of interest, would it be bringing insight and awareness or vocational training arousing and developing aesthetic responsiveness, or remedial education connected with urgent problems.

2.6.2 Forms of adult health education through television

Adult health educations through television have different forms. We hear health topics via television in the form of news, programs, dramas, advertisements, interview etc. Broadly we can classify these programs in to two; entertainment and non entertainment programs.

In addition to these, health education may be an item that enriches the variety of content and subject of various television programs. It is also broadcast on television both for the broad circle of television audiences and also for specialized and select audiences. The former are in the majority.

As UNESCO's a guide book "broadcasting for adult education" (1972, explained, it would be quite unrealistic to expect that organized forms of listing and viewing would involve large portions of population. Audience forums, clubs and classes are usually designed for specific active groups of people in the community. Educational programs designed for the general public, through individual reception have, there fore, a considerable role to

play. The greatest advantage of television is its capacity to reach this audience.

According to John Hopkins Bloomberg info (2008), there are different types of television education programs.

Television dramas: - Dramas can be presented as series or serials. In the broad cast media dramas are an effective and cost-effective way to reach large audiences.

A serial drama or soap opera: - is a continuing story, usually presented on radio or television once a week for 6 to 12 months or more. A shorter version, the miniseries, generally comprises four to six episodes.

The serial drama has several advantages. The continuing story allows for the creation of a life like social context and characters that change slowly and face successes and set backs as in real life. Audiences (learners) have time to get to know the characters and identify with them. With a main plot and several sub plots, the serial drama can explore issues in-depth and from the perspective of several characters. Each subplot can present a story for a specific audience (learner).

In contrast to the serial, the drama series presents a new and complete story in each episode. Many of the same main characters appear in every episode. However, having a new story for each episode suits audience (learner) members who could not watch to every episode in a drama serial. In the drama series what attracts and holds the audience are the characters, their different personalities, and how they interact in various situations. As audience members get to know and empathize with the characters, they enjoy anticipating how each character will respond to a new situation or a new lesson.

Advertising spots or public service announcements (PSAs)

These are a common and versatile form of entertainment education, generally a few minutes or less in length. They can inform audiences (learners) and show a benefit of behavior change. They also correct misinformation or expose a social ill.

Feature films: - Different themes like family planning, sanitation; HIV/AIDS, etc are produced in the form of feature film. The films can be shown in cinema and television.

There are television programs that incorporate entertainment education as well. Janet Kushner (2002) in her article “Television as a tool of adult learning” includes those nominees and winners of films of the year 2006.

Music: - The audio music’s in the video form by the vocalists themselves or by performers can attract attention to messages and make the message appealing. Actual music seem to have high attachment on attracting young people’s attention to messages of sexual responsibility.

Reality programming - this is also called “actuality” programming, presents every day people, rather than actors, telling their own true stories. They speak in testimonials, interviews, diaries, or talk shows.

Magazine or variety programs: - comprises a number of segments or formats, which the hosts weave together in to a single presentation for broadcast or on stage. The format is designed to appeal a wide range of viewers. The “magazine” form allows the educational content to be repeated in several segments of a single program. For example presenting breast feeding theme in the form of songs, dramas, discussion and interview in a single program is magazine program.

2.6.3 Andragogic and production approaches

The degree of instructional effectiveness of a broadcast is a result of many different factors. The success of a particular format or approach achieved in one or another specific case should not give rise to generalizations about what can contribute the most and the best to the facilitating learning process of a communication scheme.

Convincing evidence, factual material, can never be replaced by playing around with tricky visual, sound or other allegedly artistic effects (Unesco, 1974: 66).

This shows us that we can not and should not exclude altogether the discussion of problems concerned with formats of presentation with andragogy and production approaches. (Unesco, 1974)

- Creating a sense of intimacy to win the confidence of the audience (learner) in television, the sense of direct contact can be considerably reinforced. The speaker looking in to the lenses of the camera can create an illusion that he is looking straight in to the eyes of the person sitting any where in-front of the set. This sense of closeness can be easily spoiled by in appropriately designed and used scenery, properties and set dressing.
- The use of language should be conversational rather than 'bookish' language. It is difficult to assimilate by listening the structure and vocabulary of a text designed principally for reading.
- Display, exaggeration and ornamentation should be avoided. But persons invited to present a program in-front of the camera should possess the art of good diction, of bringing out the best meaning of the message by appropriate stress, intonation, and variation of pace.
- Off camera narration the reading of a text by two alternating voices may produce an effect of some variety.

- Often too much attention is paid to problems of the appearance of people invited to participate in a television program. Obviously persons with unpleasant appearance or manners should be avoided. The main requirements should be natural behavior ease and well-measured restraint.
- Practical experiences have shown that discrepancies between educational intentions and the actual production output occur quite frequently.

In television, particularly when it concerns programs applying more sophisticated approaches, the educational intentions may be diluted or distorted by a number of factors inherent in a very nature of the production process, for example technical professionals of different specializations, artistic intuition and so on.

Here these who are engaged in production activities – the producer and director, as well as andragogy and the adult education facilitator are burdened. They have to evaluate objectively the program in terms of goals towards which it has been aimed.

During the pretest, the audience (learner) members are asked if they:-

- consider the program relevant to their live
- Understand the language and appreciate the story
- Find the story appealing.
- Recognize the educational content in the programs
- Consider the educational content important and relevant.
- Consider the role models to be trust worthy.

They may also be asked what changes they might make in their lives because of the television programs.

This pretest activity is also facilitated to feed back assessment during the transmission. Such monitoring helps ensure that the audience continues to find the material attractive and to understand the educational content. Audience (learners) responses can be solicited or unsolicited. One simple way to get direct feed back to television. Program is to ask for comments. At the end of each episode, a host can review the educational content of the show and ask for comments or the answers to quiz questions.

The answers / comments can come in via mail or e-mail, text messages on mobile and telephone. In some remote areas viewers can drop off comments and answers at the local nearest health centers. Comments are extremely helpful. They reflect what and how the audience (learner) members have changed behavior, and with what consequences. The up coming programs can be modified based on the comments.

2.6.4 Entertainment Health Education

Entertainment education engages the emotions as well as the intellect. This helps its power to change behavior. It is clear that entertainment is more than amazement. It can evoke a range of emotions; an emotional reaction often leads people to think about themselves and their own attitudes and behavior. At the same time, Entertainment education programs present role models who can show the audience how to adopt healthy behaviors.

Entertainment education often uses story telling. Story telling may be the oldest form of education. It remains powerful way to communicate knowledge and experience. Stories can transmit knowledge that would be difficult to translate in to explicit statements. By pertaining situations that audience members might experience, stories can show ways of handling the situations. Stories can suggest words and tone of voices, for example, for couples to talk about family planning, and for young people to refuse requests for sex.

Audiences respond emotionally to the entertainment education programs that are realistic, culturally appropriate, and creatively produced.

For example in a serial drama, if the characters and settings are familiar to audiences, they can identify with the situations, conflicts, and feelings of the characters.

As John Hopkins Bloomberg of info report (2008), entertainment education has nine basic advantages (Nine Ps) and its own formula for its effectiveness.

The nine basic entertainment education advantages (The Nine P's)

Pervasive- Entertainment is every where.

Popular- people like entertainment.

Personal – Audience identify with the characters.

Participatory- audiences have a role in the development of entertainment education and response to entertainment education programs.

Passionate- Entertainment education appeals to emotions.

Persuasive- Audience members initiate the role models in Entertainment education programs.

Practical- Media already exist, and performers want to participate in interesting programs.

Profitable- entertainment education attracts sponsors and can advance the career of producers, writers, and performers

Proven effective- Entertainment education can increase knowledge, change, attitudes, and move people to action.

The formula for effective entertainment is as follows:-

$$\boxed{\boxed{(5E \times Q) + (7C \times A)}}$$

This formula summarizes the important elements of entertainment education. The 5Es describe entertainment. Entertainment education must be:

- **EMOTIONS** (appeal to the emotions)
- **EMPATHY** (Inspire empathy)
- **EXAMPLE** (provide an example of the recommended behavior persuade the audience that they can carry out there recommended behavior
- **EFFICIENCY** (Self efficiency)
- **ENHANCE** their lives. (This is to leave them with a sense that the new behavior enhances their lives.
- **QUALITY** (Consistently high quality this multiplies the impact of the 5Es).

The expression 7C x A represents the characteristics of the educational content: **CORRECT, COMPLETE, CONSISTENT, COMPELLING, CLEAR, CONCISE,** and **CULTURALLY** appropriate and the "A" stands for accountability. The production staff must realize that they are accountable for what happens to people if they follow the advice of entertainment education program.

Modern entertainment education applies a tradition shared by cultures world wide. People delight in a good story or song that teaches them something. Such entertainment education has passed important lessons from generation to generation for years. The media have grown in sophistication and reach, but these lessons are still communicated today through entertainment to improve family planning and reproductive health.

2.6.5 Opportunities and challenges of adult health education through television

The good opportunity of the programs is that the programs are oriented towards problem-solving, inductive learning; they should be action-oriented. In stead of 'telling' and 'drilling' they should encourage the learner to assume a larger responsibility for his learning, to shape and formulate his own response (Levine, 2003).

Sharing a problem with the learner will have no doubt a better educational effect than preaching to him. Dramatic intensity and a sense of personal conversation could be evoked by identifying the recipient in one way or another. The more direct is the message, the greater is its efficacy. Clarity of ideas and simplicity of words are also essential pre-requisites of effective teaching in any situation.

Experience has shown that dramatization is an extremely attractive form of presentation education matter. It helps in fostering the identification of the learner with the problem (John Hopkins Bloomberg University, 2008).

The relation between the word and the image in a television program has a great deal of relevance to problems of perception. Not every idea, concept, fact has necessarily to be visualized, and not every image needs commentary. In a well conceived television program, the word and the image will not repeat each other, but rather complement each other, creating an integrate audio-visual composition.

There is almost no limit to the scope and diversity of visual material which can be used for educational purposes in a television program. Certain subjects, for example teaching of mathematics, use blackboard demonstrations of dedications containing an amount of material too large to be effectively shown at once on the screen (Sellers, 2010).

As we have tried to see in the previous topics, adult education is performed with the full involvement of the adult. One can may ask that, since television is a single way of communication, how could an adult can involve through the television education process?

Adult health education through television requires that the learner be involved. Members of the intended audience (learner) play a key role in preliminary formative research, pre-testing, monitoring, and evaluation.

In the educational design, workshop, audience (learner) members help to choose formats and determine educational content. (Mirza, 2008)

Health education via television requires thorough understanding of the audience from the start. Especially important understands the audience's (learner's) current knowledge and behavior concerning the health topic. Their interests, education, and patterns of media use also are important. Therefore such programs begin with formative research. (De fossard & Riber, 2005)

No matter how carefully prepared the educational materials always must be pre-tested with representative members of the audience. This helps to ensure that the audience identifies and understands the themes. To save time and money with television shows, pretests can be done with only audio recordings or by reading the scripts by the actors (if it is entertainment education).

2.7 The Experiences of other countries

According to the status of entertainment education world wide (2004); television played significant role in education. The following can be cited as an example.

Since 1997 the NGO Minga geru has produced Bierenida Salud (Welcome health) a variety show that includes a drama series. The 30 minutes show broad casts three times a week. The main characters of the drama are a young women and her mother – in – law, who often get in to arguments. Episodes deal with family planning, sexually transmitted infections, maternal health, early marriage, education for girls, and domestic violence. At least 25,000 people listen to the show each week.

Because each episode can deal with a different topic, the drama services ample, various episodes of a distance education of health care providers. For example various episodes of distance education drama series started in 2001 for community health workers in Zambia have covered HIV prevention and transmission, immunization, clean water, and community mobilization. A continuing mystery in the personal life of the main character provided suspense to keep the audience coming-back for the next episode.

In Bangladesh, India, Mexico, Turkey, and other countries have explored themes of family planning. Films can be shown on TV and cinemas and recorded on videotape. For example in Turkey the 90-minute film Berdel, produced by the family health and planning foundation, was shown on television three times in 1992. It portrayed the consequences of son preference and unequal treatment of daughters as part of a multimedia campaign to promote family planning 60% of the people surveyed in 14 provinces said that they had been seen Berdel. The film won several international awards.

In India the community media initiative showed episodes of Jasoos Vijay, a television detective drama with a theme of HIV prevention to 1200 towns. Discussion and interactive games accompanied the shows.

In South Africa there was a weekly television drama called Tsha Tsha addressed HIV prevention, testing and stigma. The first 26 Episodes in 2003-2004 had an audience of about 1.8 million. An evaluation compared viewers of the drama and a matched group with no exposure. The viewers group reported significantly more HIV prevention practices such as abstinence, monogamy, less frequent sex, and condom use. (Johannesburg center of research, 2005)

In 2000, 4 television spots broadcast nationally in the Philippines portrayed a couple with two children discussing the benefits of family planning. From national surveys indicated contraceptive use and recall of the spots, researchers estimated that nearly 350,000 women started using a contraceptive as a result of the spots. (Journal of health communication, 2006)

Since 1999 the program Arab women speak out (AWSO) has used video recordings and case histories of successful women at the centerpiece of empowerment in Egypt, Jordan, Lebanon, Palestine, Tunisia and Yemen. In Egypt, Jordan, and Yemen, Participants to know where to find health information and to have helped improve community health care 83% of them make family decisions, compared with 60% of non participants.

2.8 The Ethiopian television broadcasts and adult health education

According to Teshome (1998), Ethiopian national television transmission is started, with limited coverage, around capital city of Addis Ababa, in 1963. Previously the transmission time is limited from 8:00pm to 10:30pm. By using microwave links and booster stations, the transmission capacity is

improved after Ethiopian revolution. The content of television programs are also changed from predominantly foreign to local productions. <http://www.pressreference.com/Co-Fa/Ethiopia.html> also clarifies this fact.

Dictators have been common throughout Ethiopian history. Whatever press existed during the reign of Emperor Haile Selassie I (1930-74) and the following dictatorship behaved, with a few exceptions, like willing mouthpieces for the rulers. Only during the 1990s have signs of a free and independent press emerged. During that decade a plethora of new magazines and papers appeared on Ethiopian stands.

The mission stated by Ethiopia radio and television agency (ERTA) on its web <http://www.ertagov.com/en/about-us.html> has an attention for education. The mission is as follows:-

Build up image and national consensus through an interactive broadcast media that provides timely, informative, educative and entertaining programs utilizing state of the art media technology.

Even though Teshome (1998) also cleared that the estimated number of television sets were 3 (three) per 1000 (thousand) population, the current situation is different. www.pressreference.com sets this number to 4.9. This number is the number of television sets per 1000 people. According to the web the total number of television sets exceeds to 320,000 and the number of satellite is 2000. For Ethiopia with a total area of 1,127,127 square kilometer and literacy rate of 35.5% this number is very less.

Health education programs are produced in Ethiopian television in different forms. News, talk shows, drama, weekly health programs and spots (public announcements) are the formats.

As for the demand side, illiteracy, weak economy and the near non-existence of infrastructure, it is self-evident that radio and television are important Medias. This is important because it is available for group listening. Both

broadcast Medias are useful because they don't require literacy. TV sets are scarce in the rural cities and almost absent in the villages and in the remote parts of the country.

The leadership in the country's only official school of journalism considers radio and TV to be important assets. Broadcasting reaches a much larger part of the population.

We have another fact that those few Ethiopians who can watch TV, most of whom live in Addis Ababa, have only one channel's worth of state-controlled programming to watch during their evenings and weekends and during the day time.

In a country with more than 80 languages, it is difficult to establish national newspapers and nationwide radio/TV programming. Traditionally a rather high percent of the urban population understand Amharic, and most television programs are available in that language. Only a few programs in radio and television are produced in other major languages, such as Tigringa, Oromiffa, Somali and Afar.

CHAPTER THREE

Research Design and Methodology

3.1 Research design

The enquiry that was employed in this research is dominantly qualitative. As Qualitative is in-depth and intensive in its nature the study used it to find out the hidden truth about the main problem of the statement. Qualitative research seeks to describe various aspects about behavior and other factor studied in the social sciences and humanities. Often the goal of Qualitative research is to look for meaning. Even though Qualitative research is much more time consuming it provides more richness to the data. (Abiy etal: 2009)

In addition to this, it seems very appropriate using qualitative design for this research.

Qualitative research focuses on the process that is occurring as well as the product or out come... The focus of the qualitative research is on participants' perceptions and experiences, and the way they make sense of their lives. (Cresswell, 2009: 195)

3.2 Sources of data

Primary data was collected from individuals in different governmental and non governmental organizations, and associations. These include individuals from the Ethiopian television, ministry of health, national HIV/AIDS prevention and control office, health association, target audiences (adult learners).

In addition to the primary sources different documents produced and disseminated in television productions were used as secondary sources.

3.3 Population, the Sample and Sampling technique

As Creswell (2009) indicated; the idea behind qualitative research is to purposefully select participants or sites that will best help the researcher understand the problem and the research question. This doesn't necessarily suggest random sampling or selection of a large number of participants and site, as typically found in quantitative research.

The audiences (adult learners) were selected using purposive sampling. Accessibility and audience feed back towards the television health education programs were dominantly the selection criteria of the focus group participants. The researcher's previous knowledge was additional selection criterion. The over all expected health condition and participants age were also used as criteria.

As Greenfield (2002) explained accessibility and purposive sampling are often combined. Hence, four focus group discussions were conducted for the study.

In addition to this other eight in depth interview were conducted. The interviewees are key informants, two from woreda health bureau and six from journalists, producers, health professionals and experts.

Based on the idea of Greenfield (2002), with purposive sampling, the researcher recognizes that there may be inherent variation in the population of interest. I attempted to control this by using subjective judgment to select a sample that I believed to be 'representative' of the population. As a researcher, I believe that, purposive sampling lead to very good samples.

3.4 Instruments of data collection

Data was collected mainly through in-depth interview and focus group discussion. To come up with reliable and thorough data, two data collectors, who are experienced in data collection, were employed in the data collection process. The researcher monitored, evaluated, supervised and engaged in the process. The in depth interview and the focus group discussions were conducted as of January 20, 21 and February 2, 3 and 17 consecutively.

Due to the fact that the researcher including the data collectors is able to understand and communicate properly, the data collection is conducted in Amharic. In line with this, scholars' emphasized researchers not rely on interpreters and not to become vulnerable to an added layer of meanings, biases and interpretation that could bring a disasters misunderstanding.

Thus to deal with the analysis, the data's recorded from both the focus group discussions and individuals in depth interviews were being transcribed and then translated in to English together with the notes taken since the discussions were held in Amharic.

3.4.1 In-depth interview

In-depth interview as a tool can help to collect data on the production and dissemination of the television education materials. It is also vital tool to get professionals practices and challenges. This data collection tool was employed to gather comprehensive information and data on practice and challenges of adult health education in Ethiopian television.

Among the four types of interview techniques: structured, semi-structured, unstructured, and focus group interview, I chose unstructured in-depth individual interview (Greenfield, 2002)

Kumar (1996) asserted that unstructured interview, also known as in- depth interview, the interviewer develops a framework, called interview guide, with in which to conduct the interview. Kumar clearly emphasized that;-

In- depth interview to data collection is extremely useful in situations where either in- depth information is needed or little known about the area. The flexibility allowed to the interviewer in what s/he asks of a respondent is an asset as it can elicit extremely rich information. (Kumar, 1996: 109)

The participants in the in depth interview were concerned health education journalists, ministry of health staffs, key informants from sub cities and woreda offices, producers on the health education program, other governmental and non governmental organizations professionals in the health education area and target audiences (adult learners).

Here, six participants from the mentioned groups (television, ministry of health and non governmental organization were interviewed in in-depth: another two interviewees in the woreda of key informants were also interviewed. The selection of the interviewees was held purposefully.

Thus, in-depth interview conducted with various research participants using tape recording (based on the interest of the respondents). To let the interviewee forget the presence of the recorder, it was on for some minutes before the real discussion began.

3.4.2 Focus group discussion

Focus groups not only measure the extent of an opinion; they can investigate the reasons why it was formed. They produce a good deal of qualitative data expressed in the words of the participants. (McNeill & Chapman, 2005: 65)

As Focal groups are tremendously useful in providing qualitative data this gives insight in to attitudes and perceptions difficult to obtain using other procedures discussion, FGD was conducted with some of the target groups (adult learners).

Accordingly, a total of four focus group discussion consisting of a group of 8-10 adult learners' (audiences) from six purposely selected woreda from the two sub-cities were participated. As stated in the sampling technique, accessibility and audience feed back towards the television health education programs were dominantly the selection criteria of the focus group participants. The researcher's previous knowledge was additional selection criterion. The overall expected health condition and participants age were also used as criteria.

Discussion was held in interview form, the moderator or the interviewer managed the discussion by raising the structured interview questions. Flick (2002) suggests that the role of the moderator should only be to support the dynamics and the functioning of the groups and the discussion to a large extent. This is to limit the role of the moderator, and to limit their interference and directing of the discussion.

Having this in mind, the role of the moderator was limited in the discussions only to the "support" of the discussion by only introducing the subject of the discussion, providing "fair" chances to all participants and asking questions when necessary to let the discussion continue. Refreshment was provided

before the participants began the discussion to make them feel free in the situation and friendly to the moderator.

The discussion guide provided the subject of the discussion and questions related to the discussion points. All focus groups were provided with the same discussion guide and in a similar sequence. However, the questions asked at the middle of discussion vary according to the situations in each group.

The discussion was recorded in a tape recorder, which was placed at the center of the participants table. To let the participants forget the presence of the recorder, it was on for some minutes before the real discussion was began. Unless and otherwise moderator thought that a speaker's words are important at that point, there was no interruption to change the tapes (cassettes).

As McNeill & Chapman (2005) clearly explained the fact; this type of interview involve a group discussion led by facilitator whose job is to manage the group dynamics by establishing trust and rapport in what people hopefully interpret as a secure, comfortable and confidential environment

3.5 Data analysis techniques

As John W.Creswell explained (2009); the process of data analysis involves making sense out of text and image data. It involves preparing the data for analysis, conducting different analysis, moving deeper in to understanding the data.

The data collected from different sources were analyzed based on adult health -education as explained in the review of related literature. By listing and categorizing the opportunities-practices and challenges data were analyzed qualitatively. Ata analyses were conducted with the understanding that:-

Qualitative material is well suited to detailed interpretive analysis (transcripts of people discussing their views and actions in their own words and, to some

degree, on their own term). Furthermore, their group basis is claimed to provide insights into the interactional dynamism of small group. (Deacon, 1999)

Broadly, qualitative research is concerned with developing explanations of social phenomena of the world. We live in; why things are the way they are. In other words, it is concerned with finding the answers to questions which began with; why how and in what way (Hancock, 2002) states that qualitative research is about opinions, experiences and feelings of individual and producing subjective data.

CHAPTER FOUR

Presentation, interpretation and analysis of data

4.1 Respondents background

Data were gathered from 48 (forty eight) individuals in the form of in depth interview and focus group discussion. The in depth interview participants were 8 (eight) and the rest 40 (forty) were focus group discussion participants. Out of the eight participants 2 (two) of them were females. Their educational status is a minimum of university degree.

Table 2: Educational status and sex distribution of focus group discussion participants

No.	Educational status	Sex		Total
		Male	Female	
1	Illiterate- grade 6	7	18	25
2	Grade 7 -12	2	6	8
3	Above grade 12	3	4	7

4.2 Opportunities

4.2.1 Availability of the programs

Health professionals, journalists and experts of governmental and non-governmental organizations believe in common that television can be an effective medium for communicating information about health. The health program journalist of Ethiopian Television emphasized this point as follows:-

Television can't do the adult health education program alone. The chances of reaching people and inspiring them to take action are greatly increased if the health broadcasts are combined with appropriate teaching mechanisms (20 Jan 2011)

In countries like Ethiopia, as producers comment, the mass of the population gain basic knowledge on what makes them sick. This means that the adult health education programs enable them to recognize symptoms, what to expect from an illness, how to prevent it, and where and when to seek professional care. The cumulative effect of the whole program is useful for the overall development of the society.

Most of the in-depth interview participants' believe that there is no specific adult health education program in Ethiopian television. This is not meant that there is no adult health education program.

As of one of the expert's suggestion on the availability of adult health education program in Ethiopian television:-

Even if there is no health program that ultimately planned for adults, programs like (Tenawo bebetwo) your health in your home and the weekly health programs produced by ministry of health, the dramas produced by different concerned organizations, the spots and public announcements have their own role in educating adults. But these programs are not necessarily obliged to consider only adults as their primary goal (20 January 2011)

In contrary to the in depth interview, the audiences' (adult learners') involved in the focus group discussion strongly believe that almost all the health education programs are quite supportive to them.

One of the 52 years old women participants in the focus group discussion explained it as follows.

Television contributed a lot to making aware of the society in health matter. We are the one who is not responsible to practice what we heard; rather, television tries to give us enough information on topics like HIV/AIDS, malaria, family planning, vaccination and so on. (02 February 2011)

Of course, the same irony exists with the in-depth interview of health extension workers of the woreda bureau as with the Ethiopian Television journalist. According to the health extension worker, an expert in the woreda health bureau, the health programs in television are not well designed for adult education purposes. There are programs in the same transmission time well suited for the health professionals like me. This might be expected as a media for television to catch variety of audiences. But as a viewer it has its own discontinuity.

As Levine (2003) indicated, a variety of knowledge producers will compete to create courses and other educational services, to develop new ways to distribute knowledge, and to engage larger audiences.

Availability of the programs enables us to consider students of different backgrounds. Techniques, like television, help us to educate adults of a widening variety of educational needs.

As Manelkar (2004) indicated the main objective of health education is informing people, motivating people and guiding them in to action. In addition to these, adult health education is an active process. So availability of adult health education programs in television make the adult capable of pertaining personal and community health.

Carter Center (2004) also highly emphasized that mass Medias like television are the best methods of adult health education for rapid spread of information and factors to a large population.

International development research also boldly expressed television as a magic multiplier and inspiring television for adults.

4.2.2 Forms of the programs

In the focus group discussion, the audiences' (adult learners') agreed that entertainment programs like drama, music, dramatized spots, public announcements and so on including non-entertainment one's are not consistently attract the largest audiences equally.

According to the health experts in depth interview; interview type, news and detecting (lecturing, type of health programs have little effects on the audiences (learners).

The health programs which are observed now are not often attracting audiences' (learners') as of the group focus discussion suggestion.

In many cases consisting of two or three people talking in a studio, hurriedly put together and not very useful as an educational tool, the program producer said. (03 February 2011)

One of the woreda health extension agent workers explained this as follows:-

There are many events possibilities through out the year on health issues. So Medias, especially television has fully authorized to teach the public about these events. But it is very common to watch a health professional (doctor) to be interviewed by a journalist. Actually it might seem appropriate to hear from the doctor the professional. But, if the interview time is not limited and another form is used, it will be boring for the audience (learner).(21 January 2011)

Besides justifying the reason, as both the in depth interview and focus group discussion participant's suggestion, especially for the last couple years the Ethiopian television seems stopped producing entertainment health programs like drama.

The focus group discussion participants have great admiration for the previous drama serials which are focusing on HIV/AIDS and family planning. They recognize the characters, the positive and negative consequences, the content and the attractiveness.

At this time, we can say that the magazine format (a mix of programs) and an interview format (the interviewer is directly the audience) are the two basic programs running in Ethiopian television as of the program coordinator explanation.

The John Hopkins Bloomberg Info (2008), elaborates different types of television education programs like dramas, serial drama (Soap opera), advertising spots (public announcements, feature films, music, Reality programming and magazine / variety programs).

What ever form of the adult health education program in television should be need based, experience considered, started from the existing knowledge (indigenous knowledge), and so on as the Carter center 2004 explanation.

In contrary to the educational programs (leading through examinations to credits to a particular level), educative programs are expected from the Ethiopia television adult health education programs it would be fortunate to appreciate the contribution of the programs to the quality of life (Unesco 1972).

4.2.3 Message Development Process

How successful the broadcasters are in meeting their goals of improving the level of education of the general public through programs on health remains a mystery.

As of the health programs expert suggestion in ministry of health, there is a risk that contradictory and confusing information will be diffused because the content is not coordinated with health professional's comment. On the other hand the journalist of Ethiopian television argue that our all health program messages are developed with direct or partially involvement of the health professionals from the ministry of health. It is obvious that health officials are not experts in communications or education and program quality suffers the more control health officials exert.

Ethiopian television health program journalist suggests that,

The message development process varies according to the program produced. There is a weekly program produced by the ministry of health where, as the live transmission which is accessed by the direct phone participation of the audience is produced by the Ethiopian television journalist, the dramas, panel discussions and spots are developed with concerned governmental and non-governmental organizations. In any of the options the health professional consulting participation seems a must.(20 January 2011)

What ever the case is, it is important for producers (journalists) to have a good working relation ship with the ministry of health campaigns.

Ideally a situation where television adult education planners, health professionals, media experts, all coordinated their efforts and the public (audience) is allowed to have a voice, even if it is some what critical, seems to make the most sense.

As of the media professional believe clearly setting the message and the development process means a better idea of the population's needs and reducing potential for putting out confusing and contradictory messages as well as duplicating the work of one group by another.

The journalist of the weekly health education program explanation shows another fact on the message development.

As a journalist you are the one responsible to select your programs content. For instance I may think to produce a program on personal hygiene. It is my responsibility to gather any necessary information on the topic.(21 January 2011)

As scholars believe, the best source for finding out what should be broadcast on television is the people who are watching it. All you have to do is talk to them. The more they are consulted, the greater the chances are that programming.

Concerning the message, health professional agree that preventive medicine should be the most commonly treated topic.

The health programs produced by ministry of health and the live discussion conducted by Ethiopian television devotes a lot of time to encourage people to take preventive actions. Water borne disease, nutrition, personal and environmental hygiene, family planning, awareness creation and behavioral change in different health related issues are some examples of the topics as indicated in the in depth interview by the participants.

This helps to understand the audience (adult learner) from the start. As De Fossard E Riber (2005) indicated, health education via television requires understanding of the audience from the start.

4.2.4 Production Process

As the journalist believes that before particular program production is made, a matter blue print should be developed which takes into consideration an assessment of goals, the possibilities for making changes and the resources available.

We are trying to understand the life, beliefs and attitudes of those whom the messages are designed. (20 January 2011)

Health programs in television are now becoming popular. As a journalist of the weekly Tenawo Bebetwo (your health in your home) explained, He was first excited that to make the program so popular. But he now sees it as being part of an overall trend in every direction of the country to be increasingly interested in obtaining information about health in order to solve their problem. The mystery lies, according to his belief, the production process is from the public to the public. Can't we say it need based production, he questioned.

The focus group discussion participants explained briefly that the production process is totally the responsibility of the media. They don't have any: idea of what to produce, and how to produce.

The 38 years old participant on the focus group discussion sated:-

Production of programs in media, especially in television, is fashion based. It is a must to hear about HIV/AIDS in late Hidar. I think there are also times for Leprosy, Malaria and so on. So, why they need public interest? It is all depend on calendar. (03 February 2011)

Besides the team (content) selecting the experts role is also raised in the in depth interview.

Coordination of different disciplines like journalists, health and educational experts, media professionals etc is necessary.

This is, as of the health expert's elaboration, to get a better idea of the populations needs and reduce the potential for putting out confusing and contradictory messages as well as duplicating the work of one group up another.

Through time this will force educational planners, media specialists and concerned institutions and individuals to think of andragogic perspectives, strong evaluation techniques, direct audience (adult learners) participation and so on; as the producer's explanation.

The coherence among the disciplines will help to produce very effective adult health education program in television. One of the health education journalists emphasizes this as follows:-

The problem we have now is that too many of our health experts speak over the head of our viewers. The doctors don't have the same goal as us and tend to stay at the scientific level, you might tell them to speak simply before being interviewed but they will find it difficult. So this and other similar problems can be avoided by others expert role. (21 January 2011)

The woreda health expert interview supports this idea.

Today most of our health television programs are contextualized to our society. Previously there were programs which create confusion instead of equipping him with the necessary knowledge. For example sophisticated laboratory films and imported surgical activities might be shown and discussed by specialist. At this time the medical

professionals might tend to speak automatically to the elite, often using scientific terms and are reluctant to deal with the ordinary health problems. (20 January 2011)

In addition to the above suggestion, content selection, language usage and way of presentation should not be only the work of the journalist, as the expert's believe.

As literatures like Sellers (2008) show, the whole production process for an adult health education should consider setting, strategy of learning for adult's and use the new information acquired to apply to their present needs and expectations. Since Learning is an ongoing and important part of their lives for adults, John Dewey also argued that the production process is via the route of situations instead of subjects.

4.2.5 Transmission time, Feedback and Evaluation of the Program

The evaluation of the programs can be broken in to different parts goal definition, determination of target audience and pretesting of the production; feed back or monitoring during the product run; and evaluation and analysis of the product's success in meeting the defined goals.

Feed back is essential in a social communications network, without the (quick) feedback, there is no guarantee the message will get out, reach the right people, be understood and found credible and/or interesting, be remembered and inspired changes along the desired lines.

- According to the Ethiopian television journalist interview, the problem on either letters or phone calls for feedback is that not all viewers have easy access to post offices or telephones and can read and write.

Besides these the emails and direct contacts give ideas of how the programs were being perceived.

There is a great need for audience surveys but those who control the purse strings don't want to spend money on it. If there is no information on who is watching what program and which formats are successful in communicating messages to what society group, end up guessing as to what might work and have no idea whether it does or not.

We are not relying on research to produce our programs. Because, in a sense, we are talking to our selves the audience was, and still is for the most part, an educated urban elite, like us (the producers and journalists).(21 January 2011)

An argument might be made pretesting programs is a luxury and time killing. One of the health expert interview highly emphasize on pretesting:-

Health education programs should be pretested before dissemination. If not reversing it will cost us more (20 January 2011)

According to a producer interview not only is the shortage of man power a handicap, but the fact that a programming organizational structure for feed back and pretest has been slow in developing has also hampered production. It is obvious that using feed backs and pretesting production will give us quality improvement through time.

Part of the problem is that, instead of learning from the errors made before dissemination, which for the most part, the productions appear to be repeating many of the mistakes again and again.

Most of the in depth interview participants think that television's capacity to educate is greatly depend on by giving great attention to the audience (learner).

Considering the audience (learner) can be using the appropriate local language, producing need based programs and participate the audience and so on.

The nature of our country dictates that educational programs in television like health in all the ethnicity should be different. In these conditions, for instance, producing programs for the Afar (where there is a shortage of water) and for the Gambella (which is largely attacked by malaria) is dramatically differen (21 January 2011)

The ministry of health program producer, spent many years in Ethiopian television, comments the time of transmission. Enough time is not given to health education program. The programs are also exhibit few andragogical and communication skills. There is lack of creativity. The appropriate consideration is not given for the health programs.

Besides the time of transmission and length (total duration) problem, the other critical problem is jumping the broadcasting time in favor of any other seasonal program: In contrary as concerned professional of the health program we expect that to let people know what programs are going to be aired. (21 January 2011)

Recent 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 attitudes and behavior, with in a reasonable period of time.

As of the woreda health extension agent explanation, the chances in producing the so called “Tenawo bebetwo” (your health in your home) that accurately dealt with a health problem and full participation of the audience (learner) is greatly increasing its attractiveness.

As of any media programs, television programs having so little information on audience reaction shows the weakness of the program current trends and technological development are going to have an effect on planning and evaluation. This rapidly developing technology from promises to radically increase the receiver's participation in program development, evaluation and actual production

As the health professional expert from ministry of health stated, "television productions, like adult health education are planned and managed by their participants. For this active participation feed back on programs play great role."

The study participants in the interview agree in common that how successful their programs meet the goals of health education of the general public remains a mystery.

The producers of the programs have no way of measuring how well their programs communicated their health care messages. Besides the audience feed back you get as of any programs audience size and letters from viewers and emails, there is no any idea of how their programs were being perceived.

If the programs flow without interruption and once you get the audience feed back, you and your programs are going well. As of the health program journalist suggest. (21 January 2011)

The evaluation of the programs, as sellers (2008) stated, should lie on the adult learner's themselves. The goal for most adult learner's is understanding and applying the new information to their present lives. They ask themselves whether the information meet their needs and expectations.

Pre-testing educational materials produced should be a must. During pre-testing the relevancy of the program, language, story and importance will be checked. De Fosard E and Riber (2005).

Different scholars also emphasized on feed backs. Asking for comments in the program at the end of each episode, presenting quiz questions to be answered can be some examples of getting feed backs. As De Fossard E. and Riber (2005) suggests, comments are extremely helpful. They reflect what and how the audience (learners) changed behavior and with what consequences. Adults receive their education at any time and any place on campus, in the office, at home, in the care, on a vacation (Levine, 2003).

4.3 Challenges

The health program journalist said he has little idea of whether or not the producers are reaching or even pleasing their audiences.

Since we have no scientific research on the programs, our programming is based on estimates and assumptions. (20 January 2011)

Concerned professionals in the health program production agree with this fact. In the most basic terms, decisions concerning how to reach the audience, what needs to serve and how best to achieve message understanding and acceptance can be made on the bases of the data derived from the in tended audience.

In our case materials can be tailored for the users instead of being modeled after programs produced else where for people of different back grounds, needs and preferences.

Journalist of the weekly health program elaborates this fact as follows:-

For instance translating Amharic health program in female genital modulation for the Afar and Somalia is inappropriate time and money wasting. (21 January 2011)

Few of the broadcasting professionals interviewed have any special training in health education program. But none of them had andragogical skills.

If health broadcasts are done in various local languages (as started now in the country), the journalist fear that there might be difficulty of finding health professional who have the right information on health care in the desired language.

Today there is good production talent and facilitated technology, as of the study participant from the television suggested, with further training and organizational support we can improve health program quality.

Appropriate attention is not given for the health programs. Producers and officials consider it as extra program. There is no adequate training. Well experienced journalists are not assigned, rather, a journalist with no experience, will take the responsibly by producing any health programs based on his own initiative, (20 January 2011)

According to the explanation of the 10 years experienced health program journalist of Ethiopian television.

Television in its nature (especially in our country) is heavily centralized and dependent on high cost production techniques and facilities. This creates a basic challenge for education like health.

Television producer participated in this study clarified this fact as follows.

Having single television station, owned by government, seems hard to educate people. This is because people have different problem, experience, searching solution to overcome the problem and so on. Appropriate use of television for education needs considering these facts. That is not meant that utilization of the current television in Ethiopia is impossible. That is simply wishing to have community television like community radios. Besides, we have the possibility of using different local languages in the national media. (21 January 2011)

The use of television to support health education in our county is often crucial in the focus group discussion because the medium is primarily available in urban areas (where there is electricity and) and is accessible only to elites who can afford to buy television sets.

In association with this the number of television sets in a society and areas covered by the transmission are the other point argued in the discussion. Almost all the participants have a fear that rural areas are far from television. But journalist and health experts fear is not the television sets and coverage area.

In contrary one of the producer suggests, "Leave alone the local televisions, I don't think that this is a problem, in addition to the television sets today every farmer in every corner has an access of watching Arab channels"

But he has also another fear of using television for health education. Fear of language of transmission (in Ethiopian television) "A good start is observed from the government. In the Derg regime, language of transmission is not more than two or three local languages. Today we have about six local languages in transmission. When we compare this number with the total ethnicity of Ethiopia, it is very less. More is expected. The already started transmission by ethnicities language transmission time must be lengthened. These enable us to educate what ever we need, health, development, agriculture and so on."

4.4 Alternative ways

From the focus group discussion, viewers have shown their interest in learning in order to help themselves. This idea in the group is highlighted by the 38 years old house wife.

We have a possibility to rebuild our basic knowledge by associating it with the information we acquire around us and to explore more on the basic knowledge we get from television. The medical treatments, the drugs quality and vaccines information are examples from the television programs. (17 February 2011)

The other great possibility for the participation of the audience in the television program is stated by the woreda health extension experts.

The country's wide network established by the ministry of health (health extension workers) enable audience (learners) participation in the program development, feed back and so on. (21 January 2011)

Rural viewers will often miss the point in a documentary if there is no life in it (says the journalist) but complicated social messages can be reduced to an understandable and palatable form in drama.

As one of the producer's suggestion, "Dramas are effective because they are people talking to people. Having different formats for our approach can be considered as a good opportunity."

The study participant of the woreda health extension expert shared the idea. Dramas have the capacity to deal with sensitive topics that are difficult or impossible to deal with in other formats. Family sexual problems like incest, for example are not easily treated openly on television.

At this time, as of the health experts believe, "humorous treatment of embarrassing topics are especially effective in easing tension and presenting material that is normally considered untouchable. It is undeniable that

entertainment programs, especially dramas, enjoyed the largest viewer ship of all programming.

Governmental and non-governmental organizations experts acknowledge the role of television. It has the potential of reaching large numbers of people and educating them. Because of its combination of audio and visual components it can be used to communicate relatively complicated messages to audiences.

Besides these advantages, according to the Ethiopian television health education journalist suggestion, it also uses as “an inspiring catalyst for change if used interactively to enhance communication between all those involved in health education including governments, donors, field workers, rural population and the urban poor.”

During the focus group discussion associating television with modern attitudes and practices were also common. One of the participant in the focus group discussion expressed opportunities of television for adult health education as follows.

Television has an identifiable share in the modernization of individual attitudes and practices in health. (17 February 2011)

If the transmission time is appropriately designed for viewers, there will be a benefit derived from the common experience by forming group viewing. As of radio group listening experience, the health expert suggests, in order to obtain the maximum benefit group viewing centers can be established.

Especially today in Ethiopia, there are health extension workers in every corner of the country. By forming a good link among the media, the audience and the health extension worker it is possible to bring quite striking change. Even we can make use of television to justify its role in the low income societies. (21 January 2011)

The ideas forwarded from the journalists strengthen the opportunities and alternative ways of television for adult health education.

By forming group viewers in every corner, we can form audience (learners) which are active to participate. The participation can be used for need assessment, feed back and pretest. (21 January 2011)

According to scholars, modernizing campaigns aimed at achieving change in the efficient diffusion of information with opportunities for reinforcement, discussion and feedback. These opportunities require the use of trusted agents of influence like television. The performance of the media (television) in the fields of development, as in education, depends on two factors. The amount of attention given to the problems by the media (television) and the extent to which these development efforts are linked with the agents of change in the field

Television has the chances of reaching the largest number of people possible and affecting change is greater.

All the participants agree boldly that television has a power to influence people. What makes a program attractive or unattractive is decided by the producers. Television also gives for producers a chance of thinking different forms to approach the audience.

One of the group participant comments advantages of selecting program types in programming as follows.

A program which "talks at" people doesn't have the same possibility for getting through to the viewer as one that entertains and involves him. Once a program is given a human dimension which creates the possibility for emotional identification, the potential audience is enlarged and the messages have a better chance of being transferred and sinking in. (03 February 2011)

The producer also shares this idea “For example drama is a soft approach of educating adults. It enables us to entertain and inform all at the same time.”

The idea of integrating and coordinating efforts of a variety organizations and experts working on health becomes true with television. As media experts believe, various components of the health education awareness creation, public announcements, experience sharing, information giving, Knowledge shifting and attitude progresses can be promoted and strengthened with the help of television.

The group discussion conducted in this regard shows the opportunities of television in this regard.

Television should present programs to mirror realities in the society. The first step to making changes is the better chance we (the viewing population) has of seeing and understanding itself. For example if the society is always forced to see experts dialogue and elite groups' justification the program might not be able to bring the desired change. It is the media's role to show our problem with recommended solution. (17 February 2011)

CHAPTER FIVE

Summary, Conclusion and Recommendations

5.1 Summary and findings

The main objective of this research was to explore Ethiopian television programs for adult health education. In order to attain the objective, the researcher posed the following research questions: what are the practices of Ethiopian television for adult health education? What are the opportunities of Ethiopian television for adult health education? And what are the challenges of Ethiopian television for adult health education?

In order to answer the above research questions, in depth interview were conducted with Ethiopian television staffs, health education program journalists, producers, health experts, key informants from ministry of health and NGO's like HIV/AIDS prevention and control offices and public health association. In addition to these focus group discussions were conducted with the audiences.

The selection criteria for the respondents were purposively with some basic reasons. Accessibility and audience feed back towards the television health education programs and the over all expected health condition and participants age were also considered.

Concerning the selection of the in depth interview participants, key informants were selected based on the researchers previous knowledge. Totally four focus group discussions and eight in depth interview were conducted.

The following are, therefore, the findings of the study.

1. As the majority of the research participants believe, the current Ethiopian television health programs are not directly targeted for adult education. But it is fair to say that adults can benefit from the program. The commonest approach of the health programs in Ethiopian television is in the form of Interview. There is a weekly magazine format program

produced by ministry of health and transmitted by Ethiopian television. Even this program is mostly covered by interview. We can say that the current situation is very far from entertainment programs. The direct live telephone questioning of the health professional by the audience (learner) is some what different program. It gives a chance of full participation of the audience. Professionals from different disciplines, institutions, governmental and non-governmental organizations have full access of participation for the program. Even if we are talking about education, the educational experts role is very less or none. The local language and length of transmission is highly limited. Pretesting and evaluation of the program is not conducted. The only audience (learners) participation in Ethiopian television health program is by feedback. The feedbacks can be by direct contact, telephone, post and email.

Concerning the time of transmission it seems inappropriate. The weekly health education is transmitted late night. The other live transmission of the health program is every Saturday in the afternoon.

2. The opportunities of the health education programs are briefly raised among the participants of the study. Especially, during the focus group discussion, there is a high interest of audience (learner) to ward television education. Besides this health extension agents in the ministry of health can be considered as a good opportunity. Also audiences (learners) are attracted by programs like drama and this enables producers to deal with sensitive topics.

It is a very good possibility to take experiences of other countries. Instead of using the usual magazine format and interview type presentation of the programs, focusing on entertainment way of programming is an alternative way.

Having different discipline experts like media specialists, health professionals, and educational planners is an opportunity for the program.

3. Of course there are challenges faced by the Ethiopian television to produce health education programs. As discussed by the in depth interview participants, most of the task of health program production is on the journalists shoulders. So instead of making programs more educative and attractive, the main role of the journalist was simply full filling the air time. Most of the programs are forced to base on estimates and assumptions. Limited language of transmission in Ethiopian television and number of television sets are also the challenges. Lack of on job training, shortage of experienced media specialists, lack of coordination among other disciplines are basic challenges in Ethiopian television health programs.

5.2 Conclusion

1. I conclude that the primary goal of the health programs in Ethiopian television is not educating adults. But there is a favorable condition to produce adult health education programs. Seasonal programming and individual interest of the journalist are the content selection ways.
2. By conducting need assessment, coordinating educational planners; media specialists, concerned institutions and individuals and with long term planning and evaluation techniques, it is a good opportunity of using Ethiopia television for adult health education programs. Addressing the mass at a time, audiences interest towards television, using entertainment programs like drama are good possibility to address the desired message. Health extension workers in the country are also considered as an opportunity.
3. Television in its very nature (especially in Ethiopia) is centralized. The number of ethnic language usage and transmission time is limited. Appropriate attention is not given for the programs in comparison with other programs. Tailoring programs for the audience in the interest of the journalist and only for transmission purpose to fill the air time have their own contra effect towards the program.

5.2 Recommendations

- ⇒ It is very appropriate and advantageous to produce and disseminate adult health education programs via television
- ⇒ It is better to broadcast the health education programs at times that will maximize exposure to the audience (learners). Since our primary orientation is to educate, the programs should be broadcast in prime time.
- ⇒ Ethiopian television adult health education programs should use different types like entertainment programs. It makes the whole program attractive. It should capture the full attention of the audience. The programming shouldn't be estimated as two people sitting and talking each other. Television is pictures telling stories.
- ⇒ Involve ordinary people in production. Interview them. Show them doing things. Find out why they expect and want.
- ⇒ Use television to educate inform and co-ordinate the work of the health extension workers in the field. It will help us in creating a good method of getting need assessment, feedback and pretest. To deal with large number of audiences (adult learners), by getting feedbacks, establishing a net work with those health extension workers is appropriate. It helps to use experience of the audience for the program development.
- ⇒ Creating a good degree of cooperation among media specialists, educational planners, and concerned institutions, governmental and non-governmental organizations. In developing a program via television for an adult it is not simply producing and disseminating the desired program. If the educational planners are involved the adult's interest can be considered. Content selection, time of transmission, the adult learner's involvement and so on can be fully recognized.

- ⇒ Broadcast health education programs in as many different languages as possible to make the audience (learner) participant enough. This means that need assessment, pretesting, feed back, involvement of the audience in program development and content selection could be with the full involvement of the audience.
- ⇒ Enabling participants to develop interest on the program, if possible, hold contests and offering prizes to winners with a small gift in health related matter also highly stimulates active participation.
- ⇒ Set evaluation technique and promote the evaluation process over the air to increase awareness. The importance of each response is to reduce fear of participation. And also broadcast the sense of participation.

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**(A) Interview Guide for Informants in the
Ethiopian Television department heads and officials**

Code: -----

Date: ---/---/-----

1. Does ETV provide educational programs for adults? what? how?
2. Does ETV have programs on adult health education?
3. If yes, what kind of health education programs does ETV have?
4. How could ETV involve and get audiences (adult learners) feedback on health education programs?
5. How is the effectiveness of the health education program measured?
6. How is adult health education programs produced?
7. If there is no adult health education programs, why ETV doesn't have such programs?
8. Is there any problem in the production and dissemination of health education programs?
9. What is your comment on health program broadcasts?
10. How do you evaluate the health programs in terms of production, transmission time and so on?
11. What do you suggest on the overall adults health program?
12. What are the opportunities of adult health education in television?

**(B) Interview Guide for Informants of health program
journalists, producers and experts**

Code: -----

Date: ---/---/-----

1. Is there any health education program which focuses on adults?
2. What type of programs is used to produce the health programs?
3. What are the problems, if any; that you face in the production and airing of the adult's program?
4. Do you think adults are benefiting from your program?
5. How could you involve audience (adult learner) participation in the program?
6. Do you use entertainment health education programs?
7. How could you measure the effectiveness of the health education programs?
8. How is the production of health education programs?
9. What is the concerned organization involvement in the programs?
10. What are the opportunities and challenges of ETV for adult health education?
11. Do you suggest any alternative way to produce adult health education in ETV?

**(c) Interview Guide for Informants from GO and NGO,
woreda and concerned organizations**

Code: -----

Date: ---/---/---

1. Do you know any health program being broadcasted by ETV for adults?
2. How could you measure the effectiveness of the program?
3. Which forms of health programs you prefer most? Why?
4. What is your opinion in the program? (i.e. time of transmission, audience involvement, production etc)
5. What is the weakness and strength of the program?
6. Do you suggest any other alternative way of adult health education programs for adults in ETV?
7. Do you think that adult's well benefited from the program?
8. What efforts should be taken by ETV, GO and NGO on the program?
9. How could you evaluate the number of TV sets for adults to watch and benefit from such program?
10. To improve the program & to benefit from it, how you and your organization involve in adult health education programs in ETV?
11. If you have any comments? Suggestions? Concerning adult health education through TV?

**(D) Focus group discussion for Informants from the
audience (adult learner)**

Code: -----

Date: ---/---/---

1. What is your opinion about health education programs in ETV?
2. Which programs you prefer most? Why?
3. Is the time of transmission appropriate for you?
4. How can you evaluate the programs in message content, language, production etc?
5. Do you have any problem in watching such a program?
6. Have you ever been participated in health education programs in any possible way? (I.e. directly, telephone, post, email etc)
7. Do you remember any ETV health education program you highly benefited from it?
8. What majors should be taken to improve the program?
9. If you have any comments? Suggestions? Concerning adult health education through TV?

(ሀ) ለኘርግራም ኃላፊዎች/አስተባባሪዎች

1. ኢትዮጵያ ቴሌቪዥን ለአዋቂዎች ትምህርታዊ ሥርጭት አለው? ስርጭቱ ካለ ኘርግራሞቹ ምን ምን ናቸው? እንዴት ይዘጋጃሉ? ለምንስ ይዘጋጃሉ?
2. ኢትዮጵያ ቴሌቪዥን ትምህርታዊ የጤና ኘርግራም ለአዋቂዎች አለው ወይ?
3. (የተራ ቁጥር 2 ምላሽ አዎ ከሆነ፡፡) ምን ዓይነት የጤና ኘርግራሞች ናቸው ያሉት?
4. በሚተላለፉት የጤና ኘርግራሞች ላይስ ኤጀንሲው በምን ዓይነት ሁኔታ ነው የተመልካቾቹን አስተያየት የሚያገኘው?
5. የሚዘጋጁትና የሚሠራጩት የጤና ኘርግራሞች ብቃት በምን ይገመገማል (ይለካል)?
6. የጤና ኘርግራሞቹ ዝግጅት እንዴት ይካሄዳል?
7. (በጠቅላላው የጤና ትምህርታዊ ኘርግራም ለአዋቂዎች ከሌለ) ኘርግራሙ ለምን የለም?
8. የጤና ኘርግራሞቹን በማዘጋጀትና በማሠራጨት ሂደት ውስጥ የሚያጋጥሙ ችግሮች አሉ ወይ? (ካሉ ችግሮቹ ምን ምን ናቸው?)
9. በአጠቃላይ በጤና ኘርግራሞቹ ላይ ያለውን አስተያየት ምንድነው?
10. አጠቃላይ ኘርግራሙን (ከዝግጅት፣ ከአየር ሰዓት ርዝመት፣ ከስርጭት ጊዜና ወዘተ አንፃር) እንዴት ይገመገሙታል?
11. ወደፊት በአጠቃላይ በጤና ኘርግራሙም ይሁን በመሰል የአዋቂዎች ትምህርታዊ የጤና ኘርግራም ላይ ምን በደረግ ጥሩ ነው ይላሉ?

(ለ) ለጋዜጠኞች፣ ለኘሮዲዩሰሮችና ለኤክስፐርቶች

1. ትኩረቱን በአዋቂዎች ላይ ያደረገ የጤና ኘሮግራም በኢትዮጵያ ቴሌቪዥን አለ ወይ?
2. የጤና ኘሮግራሞቹ በምን ዓይነት ቅርፅ ይዘጋጃሉ? (በድራማ፣ በዶክመንታሪ፣ በማስታወቂያ፣ በመዝናኛ ወይስ በሌላ?)
3. የጤና ኘሮግራሞቹን በማዘጋጀትና በማሰራጨት ሂደት ውስጥ የሚያጋጥሙ ችግሮች አሉ ወይ? ካሉ ችግሮቹ ምን ምን ዓይነት ናቸው?
4. ለኘሮግራሙ ታሳቢ የሆኑት አዋቂዎች (የኘሮግራሙ ታዳሚዎች) ከኘሮግራሙ ተጠቅመዋል የሚል እምነት አለዎት ወይ? (በዝርዝር ያብራሩ።)
5. የታዳሚዎችን ተሳትፎ በኘሮግራሙ ዝግጅት ውስጥ እንዴት ትከታተላላችሁ?
6. የሚያዝናኑ ትምህርታዊ ዝግጅቶችንስ ትጠቀማላችሁ ወይ?
7. የጤና ኘሮግራሞቹ ውጤታማነትስ እንዴት ይለካል?
8. የጤና ኘሮግራሞቹ ዝግጅትስ በምን ሁኔታና እንዴት ይከናወናል?
9. በጤና ኘሮግራሙ ዝግጅት የሚመለከተው አካልስ ያለው አስተዋፅኦ ምንድን ነው?
10. የኢትዮጵያ ቴሌቪዥን ኤጀንሲ ለአዋቂዎች የጤና ኘሮግራም ያሉት መልካም አጋጣሚዎችና እንቅፋቶች ምንድን ናቸው?
11. በቴሌቪዥን ትምህርታዊ የሆኑ የጤና ኘሮግራሞችን ለአዋቂዎች ለማሰራጨት አለ የሚሉት ሌላ አማራጭ አለ ወይ? በዝርዝር በገልፁልን።

(ሐ) ለክፍለ ከተማ፣ ለወረዳ፣ መንግስታዊና መንግስታዊ ባልሆኑ ድርጅት የጤናና ትምህርታዊ የጤና ኘርግራም ላይ ለሚሠሩ ባለሙያዎች

1. ጤና ላይ ትኩረት ያደረገ የአዋቂዎች ትምህርታዊ ኘርግራም በኢትዮጵያ ቴሌቪዥንን የሚከታተሉት አለ ወይ?
2. የጤና ኘርግራሙን ውጤታማነት እንዴት ይገመግሙታል?
3. የትኛውንስ የጤና ኘርግራም አቀራረብ ይመርጡታል? ለምን?
4. በኘርግራሙ ላይ በስርጭቱ ጊዜ፣ በተመልካቾች አሳታፊነት፣ በዝግጅቱና ወዘተ ያለዎት አስተያየት ምንድን ነው?
5. የኘርግራሙ ድክመትና ጥንካሬስ ምንድን ነው ይላሉ?
6. በኢትዮጵያ ቴሌቪዥን ሊቀርብ የሚችል የተሻለ አማራጭ ለአዋቂዎች የጤና ኘርግራም አለ ይላሉ? በዝርዝር ይግለጹ።
7. ለኘርግራሙ ግብ የተደረጉት ታዳሚዎች (አዋቂዎች) ከኘርግራሙ በርግጥም ተጠቅመዋል ይላሉ?
8. በአጠቃላይ ለኘርግራሙ መጠናከር በመንግስታዊም ይሁን መንግስታዊ ባልሆኑ በሚመለከታቸው ድርጅቶች እና በኢትዮጵያ ቴሌቪዥን ምን ዓይነት ተግባራት መከናወን አለባቸው ይላሉ?
9. ከጤና ኘርግራሞቹም ይሁን ከመሰል ትምህርታዊ ኘርግራሞች (ተመልካቾች) አዋቂዎች ተጠቃሚ እንዲሆኑ የቴሌቪዥን ቁጥርን እንዴት ይገመግሙታል? (በቂ ቴሌቪዥን በየቤቱ አለ ወይ?)
10. የጤና ኘርግራሙን አቀራረብ የተሻለ ለማድረግ ተመልካቾቹን ይበልጥ ተጠቃሚ ለማድረግ በሙያዎችም ይሁን በድርጅትም በኩል ለቴሌቪዥን ኘርግራሙ ምን አስተዋፅኦ በምን ሁኔታ ያደርጋሉ?
11. የአዋቂዎች ትምህርታዊ የጤና ኘርግራም በቴሌቪዥንን በተመለከተ ያለዎት አስተያየት ካለ? (በሰተካክል፣ በደረግ የሚሉት?)

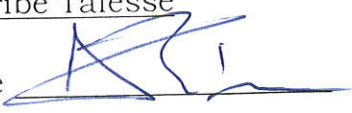
(መ) ለተመልካቾች የቡድን ውይይት

1. በኢትዮጵያ ቴሌቪዥን የሚተላለፈውን የጤና ኘርግራም በሚመለከት ምን አስተያየት አላችሁ?
2. የትኛውንከ ኘርግራም ትመርጣላችሁ? ለምን?
3. የሥርጭት ጊዜውስ ለእናንተ ምቹ ሰዓት ላይ ነው?
4. አጠቃላይ ኘርግራሙን በይዘት፣ በቋንቋ እና በዝግጅት እንዴት ይገመግሙታል?
5. የትምህርታዊ የጤና ኘርግራሙንም ሆነ ሌላ መሰል ኘርግራሞችን ለመመልከት ያለባችሁ ችግር አለ ወይ?
6. በትምህርታዊ የጤና ኘርግራሞቹ በቀጥታ፣ በስልክ፣ በፖስታ ወይም በሌላ በማንኛውም መንገድ ተሳታፊ ሆናችሁ ታውቃላችሁ ወይ?
7. በጣም ተጠቃሚ ሆነንበታል የምትሉትና የምታስታውሱት ትምህርታዊ የጤና ኘርግራም የትኛው ነው?
8. በአጠቃላይ ትምህርታዊ የቴሌቪዥን የአዋቂዎች የጤና ኘርግራምን ለማሻሻል ምን እርምጃዎች ቢወሰዱ መልካም ነው?
9. በአጠቃላይ በትምህርታዊ የጤና ኘርግራሞቹ ላይ ያላችሁ አስተያየት፣ በደረጃ የምትሉት ነገር ምንድን ነው?

DECLARATION

I, the undersigned, declare that this thesis work is mine and Every material used has been duly Acknowledged.

Name Deribe Tafesse

Signature 

Date 21 JUNE 2011

