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THE USE OF INDIGENOUS COMMUNICATION APPROACHES FOR HIV/AIDS PREVENTION IN EROB WOREDA, NORTH EASTERN TIGRAY

BY

HAGOS NIGUSSIE

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CHAPTER THREE

List of Acronyms and Abbreviations

ADCS   Adigrat Diocesan Catholic Secretariat

AIDS   Acquired Immune Deficiency Syndrome

BCC   Behavior Change Communication

CC   Community Conversation

CFSC   Communication for Social Change

COT   Community Organization Theory

DOT   Diffusion of Innovation Theory

EFY   Ethiopian Fiscal Year

EPHA   Ethiopian Public Health Association

FGD   Focus Group Discussion

FHI   Family Health International

FHAPCO   Federal HIV/AIDS Prevention and Control Office

HEP   Health Extension Packages

HEW   Health Extension Workers

HIV   Human Immune Virus

MOH   Ministry of Health

NGO   Non Governmental Organization

PLWHA   People Living With HIV/AIDS

PMTCT   Prevention of Mother to Child Transmission

UNAIDS   Joint United Nations Program on HIV/AIDS

UNESCO   United Nations Educational, Scientific and Cultural
           Organization

UNFPA   United Nations Population Fund

VCT   Voluntary Counseling and Testing

WHO   World Health Organization

Abstract

This paper examines the use of indigenous communication channels for HIV/AIDS prevention strategies in Erob woreda, Eastern Zone of Tigray. To this part, Qualitative Research and mainly Case Study was employed to explore the communication strategies, the folk media forms, the appropriateness of the currently employed channels of communication and the nature of the language of intervention communication for the epidemic prevention. The study used individual in-depth interviews, focus group discussions and participant observation for generating data from two sub-districts of the woreda namely Daya-Alitena and Ingal areas. With this, the paper attempted to examine different scholarly observations, theories and models to the significance of folk media in development communication. Hence, the findings from the study indicate that the communities use different forms of folk media in their day to day needs and believe them as potential conduits for any societal concerns. However, when it comes to the communication strategies and their appropriateness for the intervention programs, it lacks to employ folk media channels though most practitioners know them. In terms of community participation in the programs, it is revealed that the people's literacy levels and the types of intervention channels remained incompatible. There is also language barrier as most intervention programs are carried out using Tigrigna language to which a number of the Erob communities don't comprehend. Consequently, the overall result of the study signifies that; little use of folk media channels, low level of community participation due to limited knowledge about the epidemic, and the language of the intervention programs itself appear to make the intervention programs less effective in the woreda.

CHAPTER ONE

1. Introduction

1.1 Background of the Study

Communication scholars witness that oral literature and other forms of interaction date back to the onset of human civilization. To this end, rural people have been effectively employing local knowledge and local resources to secure their different needs harmoniously (Mushengyezi, 2004:12). This remarks the availability of arrays of traditional media depending on various societal cultures. Then, cultures being a mediating factor, communication functions might range from day to day interaction to various societal development activities. Currently, though we have experienced an era of advanced communication technologies, local media occupies the central function for rural communities like the Erob people.

Local media are to pre-date the currently working mass media. But it can be argued that they are given little attention when coming to their significance in development contexts. Local knowledge and local resources remained unwritten and orally transmitted to the next generation which made them little recognized to the world community. This therefore, confined them to the specific context where they may have existed for decades. Hence, it is up to the knowledge and rehearsal of the community elders who are actually responsible to convey them to their followers (Ibid, 15).

Hence, the above ideas imply that these media forms emphasize on local experiences and different socio-cultural concepts of any given society. They are highly embedded in the lives of the people. This therefore makes it difficult to isolate the societal culture and the course of implementing any form of development communication. Besides, unlike the mass media placed in specific location and addressing various messages, folk media consider social environments as their essential component because it is there that these media are originated (Ugboajah, 1985:30).

This then entails that the village values and rituals are the major concerns on how to carryout folk media in different contexts. Hence, it appears that the people's voices could be heard when appropriately employing these values regarding particular community residing in a given area.

The aforementioned ideas also remark that these channels may instigate at the family level and extend to village context with the geographical proximity among communities. Most of these channels are characterized being informal and unorganized and generally oral rather than written. They are controlled locally and use more of local resources which make them more community-centered and participatory as well. They incorporate local proverbs, stories, theater, songs, dance, etc which enhance community dialogue and reflect village attitudes and priorities leading to their common agenda (ibid, 23).

Hence, I thought to examine the extent to which ora media channels determine the HIV/AIDS prevention programs in Erob woreda. Like other areas, there are various intervention activities in the woreda despite the challenges to execute them effectively. As different studies point out, nation wide intervention programs focus on individuals than collective behaviors. This was with the belief that effectively teaching individuals results in changing risky behaviors of the majority.

But in Ethiopia, family attitudes hold the major part than individual roles (EPHA, 2005:13). Then, communication strategies are required to be designed in such a manner that would include holistic values and norms than individual behaviors. About the epidemic, a great deal of attention has been devoted to attempting to conduct studies on urban areas particularly on literate communities despite the epidemic is spreading to rural areas.

Due to the aforementioned facts, emphasizing on strategies solely pertinent to literate society may make rural communities alienated of the intervention programs. In Ethiopian rural areas, with most people living in highly scattered villages, the importance of interpersonal communication is of major significance to enhance development programs. Then, the epidemic intervention programs

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may function if culture is taken as a mediator of communication in people's natural setting (Ibid. 17). Hence, programs out of these would remain less contextualized to the rural people. And these methods may have prohibited the societies' participation to the epidemic intervention programs. And thus, the MOH (2002) comments on this as: "Little has been done on the nature of the HIV/AIDS in rural areas, despite the fact that 85% of the population lives in rural areas. "

This also entails that the current HIV/AIDS communication strategies provided little attention to the importance of holistic approaches. Especially, the use of local knowledge and resources seems underutilized. This on the other hand may have prohibited the implementation of development projects in rural contexts. Servaes et al (1996:89) also argued that "the value of indigenous communication has been underestimated and undervalued in most development programs." thus, this gives the essence of thinking about indigenous knowledge in development activities particularly to rural communities.

Folk media can enhance local dialogues in the family context where the root of community life begins. Then, the dialogue gets into the village members who may also play their part in the fulfillment of the development activities. This will be through majority involvement in diagnosing the existing development priorities (Panford et al, 2001:14).

In Erob woreda, like other parts of the country, there are different intervention programs for HIV/AIDS prevention. For this, the woreda HAPCO along with the Adigrat Diocesan Catholic Secretariat Office (ADCS) took their part in the epidemic prevention, care and support activities. Specifically, the ADCS has accomplished various duties ranging from facilitating public health care units for VCT to caring and supporting the PLWHA and orphaned children. But this service for both of them centers mainly on the areas located in nearest to the woreda administration. This is particularly in Alitena area (which is taken as center of Erob) and the near by areas like Dawhan (the residence of wereda administration). But those sub-districts situated in remote geographical locations should travel longer distances to have the access.

In the woreda, the currently used communication tools such as posters, leaflets, newspapers and magazines, etc are less contextualized to the various socio-economic aspects of the society. Because these methods fail to address enabling environments and contextual domains to make the communities participate in their own problems. This therefore implies the need to reconsider an alternative approach to the HIV/AIDS communication in the woreda that ranges beyond simple addressing of HIV/AIDS messages. For this, Muturi (2007:311) also notes that "HIV/AIDS is one of those issues that require moving beyond dissemination of information to include interpersonal dialogues on risk factors and prevention strategies with the participation of communities."

The inhabitants of the Erob woreda are predominantly illiterate or low literate whose main occupation is farming and animal raring. This makes the use of most health communication strategies almost alien to them. Hence, it remarks that employing folk media will be inclusive to Erob people because it embodies many of the activities, beliefs and customs of the communities' own way of life. The culture of this society is largely based on oral histories and traditions, much of which remains unwritten (Berhe, 2008:12).

Therefore, working with oral based cultures, as Walter Ong cited in Panford et al (2001) requires conscious efforts to address the cognitive mindset of audiences who are primarily listeners and speakers rather than readers and writers. Consequently, some of the information presented here drives from my personal experiences being iam raised there among the people.

1. 2 Statement of the Problem

Albeit different studies on issues related to the epidemic, little has been addressed as far as my search is concerned to the socio-cultural factors regarding the epidemic prevention. Hence, it necessitates considering the norms, values and rituals of the target population especially in Ethiopia where majority of the people reside in rural areas. Therefore, looking for factors deeply rooted in the societal culture is of immediate concern to curb the rapidly escalating

epidemic. The populations of this study are still heavily dependent on oral communication forms. And this centuries old trend continues connecting this homogenous community.

I grew up there in the area of the study and have been observing people to use the existing folk media in most cases of their lives. Hence, ora media persists in this area which had appropriately addressed communal values beginning from time immemorial. And this makes it to remain the best choice of the people who had little experienced other media outlets. It becomes convenient for them as they reside in the highly scattered geographic locations of the woreda. Besides to this; the channels enhance the diffusion of messages with in the communities who reside at the dispersed locations of the woreda.

Therefore; development activities to areas like the Erob woreda, requires becoming cognizant of various socio-cultural factors of the development beneficiaries. But unable to employ those factors makes the beneficiaries alienated to the development programs for they hardly participate in it. Somma and Bodiang (2003:23) note that "Although people may hear the messages and understand them, they fail to truly comprehend these messages and incorporate them meaningfully into their lives and behaviors."

In the context of this study, there are various factors that may have affected the fruition of the HIV/AIDS intervention programs. Out of them, the literacy level of the people, the topography of the communities and many others could be mentioned. Development agents in the area appear little aware of these components of the communities when employing posters and leaflets. The other point is that most of development agents are from outside of the Erob community. They continued simply addressing the messages with out critically examining these variables. Even if they endeavor for inclusion, they remained inconsistent.

In all Erob communities, people discuss different issues and solve them through immediate informal gatherings may be even under the tree. These might be

security issues, family problems or what so ever. They resolve most of them through extended dialogues and common understanding among themselves. To this point, most segments of community members can participate as far as they can have their inputs. It is an approach in the community that is still working.

The trend persisted and people took it as their best means to address common interests. Panford et al (2001) citing Obeichina (1975:56) remark the significance of folk media to rural people as:

> *The oral tradition persists in Africa because Africans are still largely illiterate because most live in traditional, and culturally and linguistically homogenous village settings which foster oral culture, and because those who do live outside village settings still maintain close contacts with their orally based roots.*

Pottier (2003) also observes the role of indigenous knowledge as: "A key element of indigenous knowledge is that it tends to be deeply embedded with in the society which it has been developed, and it must therefore be seen in its economic, political, and cultural contexts." Therefore, development programs and goals need to be defined by the beneficiaries themselves in view of their environment as the main component of the communication process. This also enhances the community's effort to have their inputs in the development programs.

The Health Extension Workers (HEW) in the woreda employs different techniques like leaflets and brochures instead of the traditional media of the society. Besides, the geographic location and literacy of the society are also other factors that need to be considered. Then, it would be reasonable to argue whether the current HIV/AIDS communication intervention strategies are properly reaching the whole communities and considering their levels of comprehension.

Thus, considering all the aforementioned facts, it demands to examine the essence of existing community's body of knowledge especially the use of indigenous media structures to the epidemic prevention intervention

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communication programs. Societies have experienced these media forms and used them in their day to day activities.

Therefore, this study is generally about exploring the fact that there is an array of indigenous communication forms and settings that have been little explored and are little understood. Hence, it is my intention to explore the nature of the traditional media of the Erob people and their use to the epidemic prevention in the woreda.

1.3 Objectives

1.3.1 General objective

The main objective of this paper is to explore the worth of indigenous communication to HIV/AIDS prevention in Erob woreda.

1.3.2 Specific objectives

The specific objectives of this study are:

- ➢ To identify the models and strategies (if any) of communication being employed in HIV/AIDS prevention in the woreda.

- ➢ To look into different indigenous communication forms in the woreda and examine their uses to the epidemic intervention communication programs.

- ➢ To scrutinize the currently employed HIV/AIDS communication methods and their appropriateness to the Erob community.

- ➢ To examine the language or languages employed in the intervention communication programs and their appropriateness to the linguistic competency of the community.

1.4 Research Questions

- What are the commonly used traditional media of communication for HIV/AIDS epidemic in Erob woreda?

- What are the models and strategies (if any) of communication employed in the woreda by the Health Extension Workers?

- How do the currently functioning communication forms promote the participatory communication with the traditional communication of the community?

- What are the commonly employed language/s in the intervention programs and their appropriateness to linguistically homogeneous communities?

1.5 Significance of the Study

Folk media as a channel of HIV/AIDS communication strategy in rural areas has been little explored as far as this study population is concerned. This on its part excludes the significance of local knowledge of the society in which the development projects will be carried out. Therefore; investigating this area of alternative strategy for the epidemic communication would be of major significance to different groups working on development activities. Therefore, the application of the results of this study will be:

- ➢ To provide theoretical basis about the significance of using indigenous communication as an alternative tool of communication especially to the rural communities.

- ➢ To enable the Health Extension Workers in the woreda become aware of the fact that traditional media can function in the HIV/AIDS intervention communication strategies.

- ➢ The research may also serve as a baseline for further researchers who may be interested in the same area of study.

1.6 Scope and Limitation of the study

This study is about exploring the use of folk media for HIV/AIDS prevention in Erob woreda. The study focused on the available traditional media and their usefulness for the epidemic intervention communication.

This study is confined only in two sub-districts of the woreda named Ingal and Daya-Alitena areas. Which I believe these areas will fairly represent those mostly addressed intervention beneficiaries in the woreda. Both areas do have limited access to the national media because of their geographical locations. Then, this remarks them employ folk media in their different socio-cultural contexts.

While my stay in the field, the major challenge was the availability of transportation to study area. Topographically, the woreda is located at very mountainous setting. Hence, it was not easier to meet the informants at the required time and place. The other difficulty was that the data from the informants was collected using both the Saho language of the Erob people and the Tigrigna language from the development agents and all those informants working in the HIV/AIDS offices. Consequently, translation was not easier especially for some words; idioms and expressions when looking for meaning equivalence between the source languages and the target language.

Besides to this, the topic of study which is related to personal matters of sexuality and HIV/AIDS was difficult because people don't openly speak such issues. Therefore, all these made the completion of the paper difficult with the obvious limitations of time and money.

1.7 Definition of conceptual terms

A'adar: Oral poetry to appraise, emphasize or criticize someone or something.

Bune Dad'o: A praying the Erob people perform pre the coffee ceremony especially about peace, social cohesion, social reconciliation, sympathy etc.

Derro: A funeral message sent by high-pitching to the other villagers in distant vicinities.

Goila: A traditional dancing of the Erob community which is mostly performed in cultural weddings and other festivities of the people, and even at any occasions the people want to do so.

Melat-Agle: An indigenous conflict resolution method of the Erob people mostly in use when major kinship problems like death are to happen.

Saho: Saho is the mother tongue language of the Erob people, where as Tigrigna is the regional and office working language.

CHAPTER TWO

Review of Related Literature

Following to the establishment of the rationale and objectives of the study, it requires mentioning the scholarly ideas and communication paradigms about development communication. Thus, this section presents the review of relevant literature regarding the use of indigenous communication in the HIV/AIDS prevention. It also attempts to question the paradigms in which health communication fits and the existing literature about the epidemic intervention communication.

2.1 A glimpse of Health Communication

Health communication as being observed by health communication experts is a part and parcel of development communication that emphasizes on disease prevention strategies to a particular society. In this regard, it is about to improve the personal and public health in consistent basis. Based on this, Obregon and Mosquera (2005:238) have argued that, "health communication is generally conceived as a strategic process aimed at achieving a rational use of health services and improving the efficiency and effectiveness of programs directed at disease prevention and health promotion." Obviously, health communication is therefore aimed at dissemination of health related messages so that to ensure effective behavior changes of the target communities. Development communication also "refers to a spectrum of communication processes, strategies and principles within the field of international development, aimed at improving the conditions and quality of life of people struggling with under development and marginalization."[1] This definition draws attention to the fact that the objective of development communication is about to bring better living standards of people to the extent possible. It also emphasizes mainly the people alienated of development process.

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[1]*See http://www.glocaltimes.k3.mah.se/viewarticle.aspx?articleID=104&issueID=0*

In this regard, Waisbord (2006:1) also remarks that "development communication has its origins in post-war international aid programs to countries like in Latin America, Asia, and Africa that were struggling with poverty, illiteracy, poor health, and lack of economic, political, and social infrastructures." This indicates that development communication is the major agenda of the developing world for their economic, social and political well being.

Hence, as it is given above, development communication is all about enhancing sustainable development to the target communities. This is based on Dissanayake's (1977:22) definition of development as a process of social change which has its own goal as the improvement of the quality of life of all or majority of the people without doing violence to the natural resources or cultural environment in which they exist.

Mefalopulos (2005:252) notes that communication can be used among several other functions, "to inform and /or consult relevant stakeholders about key issues. It usually provides a full picture of a given situation, addressing the identified information gaps and the required change." From this fact it can be noted that, development communication remains vital in equipping target populations with the knowledge to solve their immediate problems in their own settings.

To rural communities, there is often a limited access to communication media especially for those segments living in remote villages (Mushengyezi, 2004:15). Then, this necessitates a look for an alternative option of considering local people as agents of development to their problems. That is to enable populations become initiators of development programs by themselves to themselves. And to this part, Morrison (n.d) citing Weete (1988:39) remarks on the role of people as a development strategy that focuses on people, as the initiator and beneficiary of the process, indubitably depends on people. Current strategies of top down, one-way communication are not contextualized and often fail for these reasons. This therefore, highlights the contribution of people in development context than when it comes from outsiders. Based on this, sustainable development for people will be ensured if they are willing to involve in identifying their problems.

Even though other development programs in most areas became successful, outcomes from HIV/AIDS intervention continued to be tough (McKee et al, 2004:45). As a result, the epidemic continued affecting the developing world at large. Muturi (2007:34) citing Bertrand (2004) indicated that the HIV/AIDS has emerged as one of the greatest public health challenges that has proved difficult to stop in spite of the public health community having dramatic success in other areas of disease prevention.

2.2 Review of Related Studies

While looking for some papers related to my topic, there are only limited numbers. But to mention some of them, Gulilat Menbere (2006), Felseta Kassaye (2006), Getachew Dinku (2005) and Mengistu Gebremedhin (2009) are those who have raised similar issues as far as culture and communication is concerned.

Felseta (2006) about health communication in Ethiopia particularly for prevention of trachoma, found that interpersonal and group communication methods to be more appropriate for health communication than the mass communication methods. He also indicated that the appropriate places to convey the information are like churches, markets, wedding ceremonies, idir (communal association), mahber (religious association), and other social gatherings. Besides, he also found that opinion leaders (elderly, religious leaders, etc.) can play the major part in the trachoma prevention strategies.

Getachew (2005) in a survey of the appropriateness of HIV/AIDS communication, found that the campaigns failed to give due consideration to cultural differences among the Gumuz communities. He also noted that the coffee place chats followed by market places discussions and development workers as the main sources of information in the area.

Gulilat (2006) in the study on trends and communicative potentials of "Dagu" for HIV/AIDS Communication in Afar region, concluded that Dagu can be nicely adapted to any HIV/AIDS communication approach, model or theory so as to

plan an intervention which could involve the people as agents of their own change. He also indicated that the elder Afar men are valued as canny information exploiters in Dagu and hence are often prioritized in such circumstances. With this, he also noted that females and children under 15 do not use Dagu as much as others.

Mengistu (2009) in his Assessment of the appropriateness and application of development communication strategies in Productive safety Net Programs (PSNP) in Tigray region, founded that the program lacks clearly defined communication strategies and limited levels of the community participation in general and identified that the people remained unable to withdraw from the existing dependency of the foreign income.

All these studies attempted to compare the interpersonal communication or other forms of societal communication in judgment to the roles of mass media or access to the national media. No one out of them carried out the study on areas like that of mine where the community's folk media is the sole means of information exchange among the people. Hence, in this study, my intention is to investigate the significance of these media forms and their capability to the epidemic communication.

2.3 Indigenous communication Defined

Ugboajah (1985:167) has coined the term "ora media" to designate traditional media represented by "a diffusion network of lower chiefs, age groups, the market place, market women's organizations, traditional priests, and the indomitable village criers. And in this regard, songs, drums, dances, proverbs, and parables form the part of the network."

Depending on the above idea, the terms indigenous media, traditional media or folk media will be interchangeably used in this paper. This is for they represent similar meanings. Folk media hold long lasted societal traditions to which most members of the community are familiar with. This makes folk media channels become easily accessible to the majority and are cost effective since they

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originate in the same area they will be applied. Hence, this enables development practitioners use them with little cost but effective if employed properly. It is because they enhance community involvement and thereby secure the sense of belongingness to the beneficiaries of the development programs (Mushengyezi, 2004, 23).

Riley (1994:26) citing Jussawalla and Hughes (1984:225) defines the traditional communication channels as:

> …*the social and cultural channels of communication which form an integral part of the heritage of people and which usually pre-date modern mass media methods. These systems are embedded within the traditional modes of the people and contribute significantly to their history and culture. Included within this category are folk media (storytelling, puppetry, folk drama, folk songs, folk art, shadow plays praise poetry, etc) and traditional communication networks (traditional midwives, shamans and healers, market and gathering places, ceremonies and celebrations, traditional leaders, etc).*

From this definition, we can understand that folk media channels are highly tied with the development of the given society. Besides, they are interconnected with the societal expressions and emotions may be from the time immemorial. It also entails that as they are originated and grown within the community, they create conducive grounds for communal communication. This makes people may have accustomed to them as their best and credible source of information. Panford et al (2001:2) also pointed out that "folk media, as traditional forms of communication, have evolved as grassroots expressions of the values and lifestyles of the people and, because they use local languages with which the people are familiar, have become embedded in their cultural, social, and psychological thinking." Hence, this makes employing folk media more convenient for rural people because they address local interests in the language and idioms of the people. Therefore, the various channels of folk media can be used as primers that provide the basis for rural residents to discuss and diagnose their socio-cultural and health priorities.

Mody (1991:96) also adds that the hope for development communication lies in grassroots groups and communities organizing their own communication system to meet their information needs. She also suggests that local communities use low cost communication hardware and follow particular message design strategies to share meaning among their own membership, where the sender and receiver are the same (Ibid).

As channels of communication, folk media can have several strengths when employed to development programs. To this fact, Dissanayake (1997) remarks the media's strength recognizing its credibility, particularly with rural populations, which modern mass media often lack. Then this entails that these media are readily intelligible because they employ local idioms, and they are readily accessible to even the poorest members of the community, where as radio and television may be beyond their comprehension.

The aforementioned factors of these media forms promote flexibility which also enables communities to take steps to find out solutions to their development problems. Panford et al (2001:4) also noted that "because folk media are an immediately recognizable vehicle for education, they are easily accepted by most Africans. The importance of the "fit" of the communication approach to the behavior change objectives cannot be overemphasized."

As far as HIV/AIDS is concerned, it has been taken as a priority development agenda in most developing regions (McKee et al 2004:34). With this, great deals of resources have been brought into play for several years. Most governments have declared their respective multinational response to curb the epidemic. Besides, health communication experts and several others have suggested various thoughts based on their findings on how to mitigate the epidemic. Despite their successes in other areas, the research results and approaches were found to be unproductive especially in the African soil. Because the continent embodies different cultures compared to the western context where most of the epidemic strategies are designed.

In the Ethiopian context, soon after reports of HIV/AIDS cases, the seriousness of the epidemic was widely acknowledged both by the government and other responsible organizations (MOH, 2002:24). And to mitigate the epidemic, immediate HIV/AIDS prevention policies were designed at the national levels. To this, McKee et al (2004:56) also remarked that "the government of Ethiopia began to develop a national AIDS policy in 1998, but the country remained rather inactive in fighting the epidemic for many years." This entails that the country remained unable to design its region-based HIV/AIDS prevention strategies that may go with the communal knowledge and beliefs of its target populations.

As a result, the epidemic continued to transmit mainly from urban to rural context. Hence, development programs need to put emphasis on culture as a context of communication which has been given little attention. Morrison (n.d) citing Servaes (1986: 203) comments that the cultural and communication dimensions of development have long been given short spot. He links them together and states that "only in the last ten years has it been realized that culture and communication could well have a fundamental impact on the entire question of development." This therefore remarks high regard to culture-based intervention strategies critically identifying what the currently employed methods are deficient in. But even to date, the HIV/AIDS communication strategies in most regions are that of western context which emphasize on individual behaviors. They were believed to reduce individual risk behaviors that lead to hold up further HIV transmission to others.

In the Ethiopian context, where communities are abided by collective norms, these strategies may not be sufficient enough to create the required behavior changes. But in most contexts, communication experts emphasized the use of top-down communication which hinges on one-way communication approach. However; this remains irrelevant especially to rural illiterate communities." If rural people are to be reached and persuaded to change behavior, expanded use of traditional media are needed." (ibid).

Different studies also point out that the use of cultural as a context of communication has been given little attention. Cohen and Trussell (1996:53) observe this as:

> *True understanding of the HIV/AIDS epidemic in Africa cannot be achieved without an appreciation of the multiple social, behavioral, economic and cultural obstacles to HIV/AIDS prevention in the region. The societal context with in which people are born and raised, are initiated to sexuality and lead their lives strongly influences their perceptions of risk and sexual behavior. Social, cultural, and economic factors can act either to speed or to retard the speed of infection. Effective interventions must target not only individual perceptions and behavior but also their larger context.*

This shows that the HIV/AIDS prevention interventions and the tools employed to most environments are less contextualized. And they may have prohibited engaging societies in witnessing their participation to the epidemic interventions. The MOH (2002) comments on this as: "Little has been done on the nature of the HIV/AIDS in rural areas, despite the fact that 85% of the population lives in rural areas. "Therefore, all the aforementioned factors could make employing folk media as preferable communication strategy for the epidemic intervention to rural communities.

2.3.1 Indigenous Communication for HIV/AIDS Prevention

It can be argued that folk media have been the channels of communication to rural people just from the time immemorial. And in societies where the level of literacy is low, like in most rural parts of Ethiopia, they can serve as appropriate channels of communication. To this context, Panford et al (2001:2) remark the long lasted existence of folk media in rural areas as: "rural Africa is endowed with rich, popular means of communication, including songs, proverbs, story telling, drumming and dancing, drama, poetry recital, and arts and crafts." Hence, this makes rural communities use them in various development contexts. Besides, messages addressed through these channels can easily diffuse to the community because most messages are to originate there among themselves.

The above features also enable folk media serve for a variety of purposes ranging from educating, entertaining to promoting behavior changes. In this regard, it is reasonable to argue that these channels involve source to receiver interactions. The power of folk media in changing behaviors in rural Africa results largely from the media's originality and the audience's belief and thrust in the sources of the messages, which come from people real to the audiences (ibid:4).

About the significant functions of the media, Gulilat (2006:30) citing Awa (1995:238) points out that "traditional media incorporate indigenous elements that have traditional legitimacy for participants in development programs and hence serve multiple functions like involving, entertaining, instructing and informing the society." This entails the media's pivotal role in the fight against HIV and AIDS by engaging majority of the population to address the multifaceted causes leading to such a risk. This hence makes populations participate in the activity of identifying their problems and suggesting solutions accordingly. Unlike to the top down approach, folk media promotes holistic approach to enhance opportunities for collective actions of common agenda. Hence, participation of the target communities in the intervention approaches will make them understand and examine their problems properly.

Indigenous media are results of joint creativities of generations. They are transferred to the next through verbal messages that would be recited and applied in different contexts (Berhe, 2008:34). This implies that the knowledge and skills have been stored in human memory and have been transmitted from generation to generation through traditional media particularly in the context of developing African societies. Knowledgeable elder people play major role in sustaining transmission of these social wealth. Due to this fact, the death of a knowledgeable old person has commonly been equated with "disappearance of a well-organized library" (Gulilat, 2006: 30).

Thus, the way traditional wisdom is transmitted through folk media accompanied by various ceremonies and rituals pertinent to a given culture. Besides to this; the communicators in charge of that duty have been given a respected social

position in traditional societies. Following to the belief communities have in elderly people, they are believed to own these qualities and are responsible to convey to the next through oral messages. In this regard, we can consider that the cultural approach as a major component in the epidemic communication. Somma and Bodiang (2003:5) citing UNESCO/UNAIDS (2000), defined the cultural approach to HIV/AIDS prevention and care as:

> *Any population's cultural references and resources (ways of life, value systems, traditions and beliefs, and the fundamental rights of persons) will be considered as key references in building a framework for strategies and policies and project planning, but also as resources and basis for building relevant and sustainable actions.*

In this context, employing culture of any communities serves as a main input in the epidemic prevention strategies. It implies that culture remains as a holistic dimension that includes most of the societal outlooks. Then, the benefits of employing cultural approach to HIV/AIDS interventions are of threefold.

First, the cultural approach utilizes and often, revitalizes local cultural forms of expression and channels of communication (such as theatre, dance, and music, story telling, traditional healing, etc.) and therewith, can build enthusiasm, solidarity, and empowerment within the community both for local culture and against the health problem. Secondly, the cultural approach encourages self reflection among the various actors and within communities, allowing community members to re-evaluate local practices and behaviors generate questions and formulate answers; and thirdly, the cultural approach makes public health knowledge and messages more readily accessible and sustainable at the local level (ibid:7).

Thus, using cultural approach to HIV/AIDS prevention efforts allows for greater community involvement. Moreover; it helps to make use of local knowledge for sustainable and appropriate health programs and prevention efforts. This ensures communities' responsibilities as leading actors in the development projects. Then, to all development forms, culture of target populations remains as

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important tool in facilitating development. According to Gould and Marsh (2004), culture consists of four levels at which it intersects with development:

- **Culture as context**: factors specific to local life: beliefs, value systems, history, geography, social hierarchies, gender, faiths, and concepts of time. And in this part, considering the topography, the social system, and value and beliefs of the people facilitate the intervention communication programs. Unlike to other areas of the country, geographically the woreda is located in highly mountainous areas with little access to major infrastructures.

- **Culture as content**: languages, practices, objects, traditions, clothing, and heritage. Here, the most important thing about the people will be to examine the traditions of the community which is accompanied by different factors like language and the different formal and informal networks of the people. Because people share information of any sorts using these forms.

- **Culture as method**: the medium or cultural forms that projects will use to engage/communicate with communities, e.g. drama, dance proverbs, song, music, video, radio or television. When this dimension of culture is taken into account, in Erob woreda there are different forms of proverbs and songs which effectively convey the community messages. And this makes them convenient to the people because these people know them through out their life times.

- **Culture as expression**: of the intangible, creative elements of culture that connect with our beliefs, values, attitudes, feelings and ways of viewing the world. This is considered as vital because people by nature are experience and belief bounded. They also consider them as binding forces. Hence, considering them as a means in the development programs creates conducive grounds so that the beneficiaries of the program.

Generally, culture remains as the central domain of development agenda preferably for developing nations. Hence, it would be critical and important to emphasize it as a main component in development activities particularly in HIV/AIDS interventions at large. But to underestimate the significance of culture in development might be to neglect the overall outlooks of the society which they consider it as their major concern.

2.4 HIV/AIDS in Ethiopia: An overview

Since we are talking about folk media and its use in the epidemic prevention, primarily it is important to point out the magnitude of HIV/AIDS Ethiopia. Hence, there are several indications that the nation has faced a serious threat. With an estimated 1.1 million people living with HIV, Ethiopia has one of the largest populations of the HIV-infected people in the world (FHAPCO, 2010). However, HIV prevalence among the adult population is lower than many sub-Saharan African countries (HAPCO, 2007).

Historically, HIV/AIDS was first come in to exist on earth in 1981 in the United States. According to UNAIDS & WHO (2003), a new syndrome, the acquired immune deficiency syndrome (AIDS), was first recognized among homosexual men in the United States. By 1983, the etiological agent, the human immunodeficiency virus (HIV), had been identified. By the mid-1980's, it became clear that the virus had spread, largely unnoticed, throughout most of the world.

HIV was first detected in Ethiopia in 1984 and the first two AIDS cases were reported in 1986 (Tsega et al 1988 as cited in FMOH et al 2006). After a couple of years, high HIV prevalence rate was detected among long distance truck drivers (13%) and commercial sex workers (17%) frequenting and working in town along the main trading routes. Since then the epidemic is wreaking massive damage up on the productive population (EPHA, 2005).

Based on the recent reports of World Health Organization (WHO) and United Nations Program on HIV/AIDS (UNAIDS), the sub-Saharan Africa remains highly

affected by the epidemic. WHO/UNAIDS (2009) pointed out the seriousness of the epidemic as:

> *Sub-Saharan Africa remains the region most heavily affected by HIV. In 2008, sub-Saharan Africa accounted for 67% of HIV infections worldwide, 68% of new infections among adults and 91% of new infections among children. The region also accounted for 72% of the world's AIDS-related deaths in 2008.*

The aforementioned figures indicate that the sub-Saharan Africa is seriously hit by the epidemic. It signifies the intervention strategies were insufficient to bring the intended outcomes. Furthermore; it makes development experts think about pertinent approaches that help to curb the problem. To this point, the sub-Saharan Africa comprises more of its populations residing in rural areas or semi-urban settings. Then, this may necessitate looking for who these beneficiaries are, how they communicate, and their holistic basis so that to design the HIV messages accordingly.

Regardless of the enormous efforts to curb the epidemic, there are indications that it is alarmingly spreading into the rural population (EPHA, 2005:1). Consequently, it is seriously affecting the developing world where the epidemic is associated with various socio-economic and environmental factors. UNAIDS/WHO (2009:12) AIDS Epidemic update indicates the escalating number of people living with the virus as the number of people living with HIV worldwide continued to grow in 2008, reaching an estimated 33.4 million [31.1 million-35.8 million]. The total number of people living with the virus in 2008 was more than 20% higher than the number in 2000, and the prevalence was roughly threefold higher than in 1990.

Thus due to the multifaceted problems it creates, the issue of HIV/AIDS is a global development agenda because of its catastrophic nature. It has been a serious cause for the death of most productive segments of the world population. As a result; this remarks a particular attention to the rural communities so that to halt the spread of the epidemic. Unless, it is to bring enormous damages may be greater than it caused in urban areas. EPHA (2005:1) also argues that" if the

HIV/AIDS is allowed to spread into rural areas at the rate of the spread of the epidemic in urban areas, the problem will reach unmanageable levels." Hence, this necessitates thinking about more culture-centered messages particularly to the rural communities.

2.4.1 The status of HIV/ AIDS in Tigray Region

FHAPCO (2010:18) noted that "Ethiopia's HIV/AIDS epidemic pattern continues to be generalized and heterogeneous with marked regional variations. However, the epidemic appears to be declining in urban areas." This implies that the epidemic is shifting its way to the rural residents who are not effectively addressed as that of their urban parts according to different studies.

When it comes to regional facts, Gebre Ab (2008:16), "in the year 2008, Ethiopia had 1,037,267 HIV positive populations and out of which Tigray accounts 75,120 people living with the virus. Annual deaths in the same year were 58, 290 in country level and 3,686 in tigray region. New infections were 125, 147 in national levels and 9,737 people in tigray region." When coming to the linkage status for districts, all out of the 1159 people tested in Erob district, 22 people were found to be HIV positive (Ibid:18).

In the region, though there is good progress in convincing communities for VCT services, it can also be argued that there are still some limitations of health centers. This on the other hand may have affected the society's interest to get tested. "Most Health Centers in Tigray are not discharging their responsibilities while a few of them perform remarkably. This is also true in their performance of HIV/AIDS testing" (Ibid: 27).

The aforementioned predicaments in persuading publics may have hindered every segment of the publics to get the VCT services. But out of which, women are found to be less benefited. With their various socio-cultural barriers, the extent of mobilizing them might have put its own problems in this regard. To this fact, Gebre Ab (2008:20) notes that "similar to 2007, the number of females tested is lower than that of males but the number of positives is far greater in

females than in males. However, if we include PMTCT, 292,503 females were tested in contrast to 271,396 males. The yield was 10, 849 female positives against 7,371 male positives."

When to the epidemic mitigation, most scholars argue that more has to be done with females because they are believed to be highly vulnerable to the epidemic. On the other hand, even though awareness creation has been practiced more in most parts of the developing world, less has been achieved. Among those main problems predicted to pass the expected behavior changes are those of different societal factors which lasted for years. This fact would also become more realistic to the Ethiopian context where most people reside in rural areas of the country (MOH, 2002:14).

To this level, Cohen and Trussell (1996:148) argued that the levels of AIDS awareness are extremely high in sub- Saharan Africa, but getting people to change their behavior is difficult. According to them, denial, fear, external pressures, social and sexual norms, other priorities, or simple economics can keep people from adopting healthier life-styles.

This is true that in most rural societies people are observed to remain silent over issues of sexuality (EPHA, 2005:48). Most of them take it as taboo. Hence, this remains as a major obstacle to the epidemic prevention. This therefore, demands a shift to consider the roles of the broader contexts of the societal life as a part and parcel of the epidemic prevention strategies. On the other hand, to ignore the role of the social factors which people experienced the through out their lives would critically prohibit societal communication.

Singhal and Rogers (2003:12) have argued that: "The world is making poor use of behavior change and communication strategies for HIV/AIDS prevention… many communication strategies are culturally inappropriate, so they may offend public sensitivities, which is easy to do with a sensitive topic that involves sex, stigma and death." It is clear that people always prioritize their health and different factors directly related to them. And, they might be so concerned to

avoid those behaviors affecting their health status. But to miss the cultural context may indirectly claim their opportunities to express themselves about the problem they are confronting with. For this, Gould & Marsh (2004:72) also remarked that "though people believe in the intervention messages and remain interested to apply them, they are not in total control of their behaviors. It is because of their cultural context in which they live and the inequitable power relations that prohibit their volition."

With the aforementioned facts, it would be reasonable to argue that target populations in the development agenda can play substantial roles for its completion. And it would be achieved if and only if they willingly accept it. Willingness here signifies the people's belief and acceptance to the problem and their realistic participation both to diagnose the problem and set possible solutions for it.

Gould & Marsh (2004:16) citing UNAIDS/ Penn State University project argued that "positive health behaviors are more likely to be attained and sustained when the people within a cultural setting are involved in a contextual transformation process. [And that] effective approaches can only be developed and refined when the framework for each region, nation and locality is locally derived."

The above idea entails that, development programs can only be achieved if the beneficiaries are involved in decision making. Moreover; it remarks the need to design the development activities based on the conditions of the target community.

2.5 The Need for the HIV/AIDS Communication

The issue of the epidemic has become the concern of the majority since the start of the first HIV cases. With this, a vast majority of resources have been employed so that to curb the epidemic (McKee et al, 2004:76). But various researchers have remarked that the epidemic has continued to spread to most regions in an escalating rate. To this fact, UNAIDS (2005:180), commented that AIDS is an exceptional disease with a unique capacity to reverse decades of development

progress in high HIV prevalence countries. Its potential area of influence on the most economically productive portion of the society exerts a great deal of stress for crippling economies.

Different studies about the epidemic indicated that young people cause the greatest challenge in the epidemic prevention for they may need special attention and care. This is because they might have some special needs when we really to consider their ages. And for countries like ours, they represent the vast majority of the population. Thus, it demands to critically consider their cases. McKee et al (2004:110) also note that:

> *If all people were to reach their 25th birthday free of HIV and AIDS,   the number of PLWHA would be halved. Unfortunately, because of their social, emotional, and physical immaturity, and because societies often make it difficult for them to learn about sexuality and HIV/AIDS, young people are especially vulnerable.*

This idea implies that the epidemic intervention communication particularly for the young needs more attention due to the fact they are more vulnerable. For nations like ours, data indicate that they comprise the greatest number and are believed to the future hope of the nation. However, to the epidemic communication, there are different factors little emphasized. As Panos (2003:4) argued, "gender inequality, discrimination, poverty and marginalization," are the constituent factors missed while communicating about the HIV/AIDS prevention strategies to the target population. Therefore, it is essential to note that the epidemic communication should not only address HIV messages but also all the socio-cultural issues and the broader context where the communication takes place.

Unlike to other development communication strategies, communication experts argue that the epidemic communication is highly accompanied by an immense silence from the beneficiaries. This could be because of different societal norms that may prohibit unfastening communication among the population. Therefore, the HIV/AIDS communication approaches would remain unique and specific

based on the nature of the target population. This also remarks that, targeting the rural population might be an area which would be more culture sensitive and that demands further efforts to bring the intended outcomes. Hence, the gap in communication lies while simply disseminating messages without identifying the different socio-cultural dimensions.

As to the above ideas, The Panos Institute (2004) argued that the health communication field has been "missing the message" because it has concentrated on "putting out messages [rather than] fostering an environment where the voices of those most affected…can be heard." Therefore, achieving the cultural dimension as a component of communication strategy is the notion little emphasized and still demanding response in most developing world.

The epidemic communication succeeded in raising awareness of different communities. But most studies have indicated that awareness alone has brought little to the epidemic prevention especially in the sub-Saharan Africa. Therefore, this necessitates the thoughtfulness of culture as an important ingredient of communication. For the part of culture as a main facet of communication, the Commission for Africa (2005) report notes that: "Tackling HIV and AIDS requires a holistic response for treatment, prevention and care that recognizes the wider cultural and social context and which is supported by well functioning health systems. Indeed, where cultural norms have not been taken into account in HIV and AIDS prevention strategies, prevalence rates continue to rise". This implies that the prevention strategies need to consider culture as their important component when addressing HIV/AIDS messages to the target community.

2.6   HIV/AIDS communication approaches

Eldis (n.d.) cited in Gulilat (2006:1) defines HIV/AIDS communication approaches as: HIV/AIDS communication does not refer to the communication aspect of all programs, but rather to a number of specific approaches, methods and a rapidly evolving body of knowledge applied to major steps and processes taken in containing the epidemic. Hence, the communication approaches are not about

providing services or materials to the intended population, but just to provide them with the appropriate communication. This is aimed at enhancing the awareness and then the behavior change of the population.

Based on different researches, HIV/AIDS is the result of complex socio-cultural aspects which on the other hand have made the prevention programs tough. (UNESCO, 2000) observes this as "It stands to reason that a worldwide health crisis such as HIV and AIDS, which is deeply rooted in personal and social issues, is closely linked to culture." Therefore, mitigating the epidemic would demand persistent communication approaches that will go appropriate with the interest and norms of the target population.

Being a major threat of most developing world, HIV/AIDS continues to be a major global health priority (EPHA, 2005:1). And in this regard, with no vaccine or cure for the epidemic, behavior change of the intended population is the major concern based on the views of intervention programers. Hence, the changes in behavior needed to halt the HIV/AIDS epidemic constitute what Rogers (2003) has labeled a "preventive innovation," defined as "an idea that an individual adopts at one point in time in order to lower the probability that some future unwanted event may occur." this therefore implies the importance of using continued preventive innovation to secure the intended outcome.

With this, different scholars have argued that the use of those preventive methods alone can never bring the desired results unless holistically taken with the broader context of the target community. In the same token, Cohen and Trussell (1996:128) put the importance of the societal context as:

> *A decade of HIV/AIDS- prevention work in sub-Saharan Africa and elsewhere has demonstrated that while information and education about how to prevent transmission of HIV are necessary for inducing behavior change, such an approach by itself has been unable to induce sufficiently widespread behavioral change to alter significantly the course of the epidemic. Planners and policy makers must be cognizant of the societal context, and attempt to modify it in ways that are conducive to and supportive of change.*

Thus, effective interventions must target not only individual perceptions and behavior, but also the larger context within which those perceptions and behaviors are shaped. Because communal feelings and attitudes are initiated there in the environment where individuals are born and grow up.

2.6.1 Behavior Change Communication (BCC)

According to the definition given by Family Health International (FHI:2005), BCC is an interactive process with communities (as integrated with an overall program) to develop tailored messages and approaches using a variety of communication channels to develop positive behaviors; promote and sustain individual, community and societal behavior change; and maintain appropriate behaviors.

McKee et al (2004:72) also define BCC as a research-based, consultative process of addressing knowledge, attitudes, and practices through identifying, analyzing, and segmenting audiences and participants in programs and by providing them with relevant information and motivation through well-defined strategies, using an appropriate mix of interpersonal, group and mass-media channels, including participatory methods.

BCC as an approach assumes that people should be given basic facts about HIV and AIDS, should be taught a set of protective skills and given access to appropriate services and products so as to help them perceive their environment to be supportive of changing or maintaining safe behaviors. It believes that people should understand the urgency of the epidemic before they can reduce their risk or vulnerability to HIV (ibid.)

This implies that the BCC strategies are effective in HIV/AIDS communication aiming to create a demand for information and services relevant to preventing HIV transmission, and to facilitate and promote access to care and support services.

At the community level, BCC seeks to change knowledge (so that people do not act out of ignorance), attitudes (so that individuals and communities approve and work for an enabling environment for healthy behavior), behavior and practices (so as to reduce known risks to individuals and to the community) and to foster interpersonal communication and advocacy (so that people can privately and publicly encourage others to act in a positive manner). BCC sees social change and individual change as two sides of the same coin UNESCO (2000).

Hence, this approach assumes designing messages that aim at individual behavioral change could bring about cumulative change at a macro level. What it does not consider is that the required change in individual behavior is likely to be affected by social, environmental and structural factors.

2.6.2 Communication for Social Change (CFSC)

The focus of Communication for Social Change (CFSC) is not on products, messages, content, information dissemination or even the desired behavior change, but on the process of dialogue through which people can remove obstacles and build structures and methods to help them achieve the goals they set for themselves. CFSC seeks to understand the whole person, the lives they lead and circumstances in which they live, not just in order to "overcome" their life experiences but to build upon them (UNFPA,2002:44).

Unlike a sender-receiver, information-based premise, communication for social change stresses the importance of horizontal communication, the role of people as agents of change, and the need for negotiating skills and partnership. In a process of public and private dialogue, politically and economically marginalized people define who they are, what they want and need, and how to attain what they need to better their lives. Change is defined as the people themselves define it (Ibid).

Behavior change communication (BCC) focuses on a better understanding of individual sexual risk taking behavior and fails to locate individuals within communities and environments that may constrain individual action and change

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(UNAIDS, 1999 as cited in ibid.) supporting this idea, UNAIDS (1999:21) also argues that:

> *Seeking to influence behavior alone is inefficient if the underlying social factors that shape the behavior remain unchallenged. Many health communication programs proceed on the assumption that behavior, alone, needs to be changed, when in reality, such a change is unlikely to be sustainable without incurring some minimum of social change. This necessitates attention to social and environmental contexts.*

As it has been reflected in the above expression, BCC is often a western-based approach that exclusively aims at individuals. Such approaches might have worked in the case of individual-oriented western societies, which bear a different social philosophy.

But the reality for most communities living in poor countries like Ethiopia remains one of the great senses of collective nature than individualism. This entails to re shift that the BCC approach in a way that its methods be more structure sensitive in order to give better recognition to community ownership of the intervention. This on the other hand enables to address structural impediments like illiteracy and gender inequality. Otherwise, it would be reasonable to consider Communication for social change that aims at fostering holistic expression of communities.

2.6.3 Participatory Communication for HIV/AIDS Prevention

In the context of development programs to rural and marginalized communities, traditional media and culturally appropriate communication approaches have a particular importance in participatory development communication. Development for communities can be justified if they are interested in it and willing to diagnose and find possible solutions for it. Then, this secures the ownership of communities to the development programs become originated by the people themselves.

The focus on participatory development concepts has provided strong impetus to the evolution of participatory approaches to development communication. In this

sense, development communication is the process by which people become the leading actors in their own development which allows them to go from being recipients of external development interventions to generators of their own development (Bessette, 1996:1).

Pieterse (2002:75) calls it as "participatory and people-centered." participatory communication is characterized by "the viewpoint of the local groups of the public is considered before the resources for development projects are allocated and distributed and that suggestions for changes in the policy are taken in consideration." Sarvaes and Malikhao (2005:95).

Communication initiated by the target communities especially in the HIV/AIDS prevention enhances better outcomes than those formulated by other external communicators. Rogers (2003) distinguishes two kinds of change agents, a professional change agents and a Para-professional aide, based on the degree to which the change agent is similar or dissimilar to the community. So with in the context of participatory communication, the Para-professional aides are more effective because they are homophilious, or perceived as similar to the target community. The notion of similarity and dissimilarity is also based on the socio-cultural and economic status of the change agent and the community members (ibid: 45).

Emphasizing the significance of participatory communication, Sarvaes and Malikhao (2005:91) notes that there is possibly a valid reason why we have two ears, but only one mouth, communication between people thrives not on the ability to talk fast but the ability to listen well…participation, which necessities listening and moreover trust will help reduce the social distance between communicators and receivers between teachers and learners, between leaders and followers as well as facilitate a more equitable exchange of ideas, knowledge and experience.

A participatory strategy in which the target audience becomes involved in the construction of messages, and any other different events ensures that the

intervention is pitched appropriately for people's needs, involving them in owning processes. This can make them develop their capacity to sustain health initiatives and appropriate solutions for it. UNFPA (2002: 25) also remarks that "Messages adapted to the people's own language, intellectual systems and ways of life, as well as their teaching and learning and communication methods, can communicate information and influence behavior change."

The above ideas imply that, communities will be more willing to discuss HIV/AIDS and related issues in a variety of settings, including regular health education, formal or informal discussions within the family, the community, the work place and other public debate. The result will be broader acceptance of medical and preventive actions like testing, counseling, peer education, a decrease in unsafe practices, growing mobilization among the general population, and increased support to the sick and medium-term decreases in new infection figures (ibid:26).

2.7 Theories and Models Employed in HIV/AIDS Prevention

Communication scholars have observed that, with the advent of HIV/AIDS, several strategies have been carried out as to curb the epidemic. But it continued to spread especially in many parts of the developing world. In this regard, to the absence of cure or vaccine, behavior change was the primary concern. With this, several theories and models ranging from individual behavior change to structural and environmental theories and models have been employed thinking they would bring the intended outcomes. As a result, early in the epidemic, many practitioners assumed that simply giving correct information about transmission and prevention would lead to behavior change. This model according to them proved naïve. In recent years, social scientists have come to recognize that socio-cultural factors strongly influence complex health behavior (McKee et al 2004:41).

Tufte (2005) notes that "the history of HIV/AIDS communication and prevention is, however, disastrous due to lack of results especially with regard to combating

the epidemic in developing countries. " This implies that the so far used theories and models were to lack a quality of participatory nature except simply addressing the HIV messages.

Most scholars have argued that several of the theories and models could not bring about the expected outcomes for areas like Africa, where individuals are the sub-sets of the community. Therefore, the gap will be to consider the wider context than simply emphasizing the individual roles for the intended behavior changes. For this, Airhihenbuwa and Webster (2004:1) pointed out that:

> *Culture plays a vital role in determining the level of individual, the family and the community. This is particularly relevant in the context of Africa where the values of extended family and community significantly Influence the behavior of the individual. The behavior of the individual in relation to family and community is one major cultural factor that has implications for sexual behavior and HIV/AIDS prevention and control efforts. As the impact of HIV/AIDS in Africa remains unabated, a culture-centered approach to prevention, care and support is increasingly recognized as a critical strategy.*

Given, the emphasis on HIV/AIDS prevention, care and support relies on bringing behavior change. Then, employing appropriate communication strategies becomes pivotal in controlling the epidemic. Airhihenbuwa and Obregon (2000:1) also argued as an effective communication strategy is a critical component of the global efforts in HIV/AIDS prevention and education. Such a strategy should be grounded in a sound theory such that the resulting framework is flexible enough for application in different regional and cultural contexts. Hence, it demands a shift to those models and theories targeting the wider context and the cultural dimension of the target population. Thus, here under comes the list of important models and theories believing that they will be appropriate to this study as they promote holistic approaches if properly used.

Basically, this section will neither argue that the anticipated theories and models are superior to the others nor the only ones out of others. But it is with the belief that they can enhance the community participation to the intervention programs. Through this, the concept of empowering communities with the required

knowledge to this issue encourages them become part of the solution through their problem identification.

2.7.1 Diffusion of Innovation Theory (DOT)

Diffusion of innovations according to Rogers (1983:17) is "a particular type of communication in which the information that is exchanged is concerned with new ideas. The essence of the diffusion process in the information exchange by which one individual communicates a new idea to one or several others." Therefore, DOT is about how the new ideas and opinions are disseminated in a manner they can reach the communities. The messages through different channels are meant to change behaviors of people in a given target community.

There are different reasons for the appropriateness to this study. First, it is to highlight the role of interpersonal communication for the epidemic intervention communication. Second, as the study is carried out in the rural part of the country, it is meant to examine the way how the rural people communicate. Third, it will also help to look into the essence of the social networks in the information dissemination. As the Erob communities are located in highly scattered villages, the use of informal communication and that of folk media would be of major significance. Then, employing the diffusion of innovations theory enables communities easily exchange new ideas among themselves.

Besides, it is believed to promote their norms and values as they themselves are the initiators of communication. Thus, due to the aforementioned strengths, diffusion of innovations theory is believed as the one appropriate to this study.

2.7.1.1 Description of key terms in Diffusion of Innovations

Prior to employing DOT as a means to the epidemic communication, it would be essential to define the key terms in the theory. The commonly used terms in the theory and their meanings based on Rogers (2003:56) are:

- **Innovation**: An idea, practice or object that is perceived as new by an individual or a community.

- **Diffusion**: The process by which an innovation is communicated though certain channels over a period of time within a social system.

Then, the process of diffusion of innovations typically involves five stages: The Important stages in the innovation are:

- **Innovation Development:** The development of goals, objectives, outputs, and their impacts on HIV/AIDS prevention and intervention.

- **Dissemination:** The imparting of knowledge and action oriented messages to the rural community. This includes the identification of communication channels, development of tailor-made messages for specific target audiences, and creation of a system that is best for the diffusion of prevention methods to the rural community.

- **Adoption:** The acceptance of a recommended method of prevention and control by the rural community. This may include: abstinence, faithfulness, and appropriate and consistent condom use to control HIV/AIDS. This requires going through the stages of awareness, knowledge, persuasion, attitude development, decision, implementation and maintenance of HIV/AIDS prevention and control methods.

- **Implementation:** The stage where the target audiences show the interest in practicing the recommended responses. At this stage, the major focus should be on improving self-efficacy and the skills of the adopters and encouraging others to practice the prevention and control methods of HIV/AIDS.

- **Maintenance:** The stage where the audience is encouraged to continue with the new practice to sustain the recommended responses for the specified prevention and control.

2.7.1.2 Elements in the Diffusion of Innovations

According to Rogers (2003:11), there are four main elements in the diffusion of innovations. The four elements are the innovation, communication channels, time, and social system. These elements have an important role in the diffusion of a certain idea to the target community.

- **Innovation**: It is the idea meant to diffuse to the society. In the case of HIV/AIDS, there are many important ideas that have to be diffused to the rural community. These ideas may include modes of transmission, modes of prevention, voluntary testing, and care and support for PLWHA.

- **Communication Channels**: The second important element in the diffusions of innovations is the use of communication channels. There are different channels ranging from mass media to interpersonal channels. In any case, mass media create awareness where as interpersonal communication creates more opportunity to attitude changes. This is because interpersonal communication usually dictates the face-t-face communication which on the other hand brings the intended behavior change if properly applied. "Interpersonal channels are more effective in persuading an individual to accept a new idea, especially if the interpersonal channel links two or more individuals who are similar in socioeconomic status, education, or other important ways."(Ibid: 18).

- **Time**: There are three processes that take place in diffusion of new ideas. These are decision, adoption and diffusion processes. The decision process is mental exercise where by an individual decides upon an attitudinal change after acquiring knowledge of new ideas (ibid). It is followed by adoption process to practice the new ideas in the day-to-day activities.

Individuals in any society may vary in adopting new ideas Rogers (2003:25). Accordingly, people in a given society can be categorized as innovators (who are keen to adopt an innovation), early adopters (who are change agents usually accepted by the society and act as role models), early majority (are those who share information with early adopters and absorb the information quicker than the rest of the society), late majority (a group that adopts information when repeated and increased network pressure from peers) and laggards (those who resist new ideas).

In this context, early adopters will be much influential to their peers in remote areas. Hence, to this community, it would be essential to recognize the early adopters and promote their roles to the intervention communication programs. And this enables to create BCC with in the target community.

- **The Social System**: The social system is defined as a set of interrelated units that are engaged in joint problem solving to accomplish a common goal. The members or units of a social system may be individuals, informal groups, organizations, and/ or subsystems. The social system usually constitutes a boundary within which an innovation diffuses.

As such, diffusion of innovation takes into account the socio-cultural influences that might inhibit or encourage particular behaviors. In this regard, the social institutions serve as meeting places for information exchange in the community. Certain individuals in a primary group exert disproportionately greater influence on the attitudes, beliefs, values, and behaviors of others in the group. Katz and Lazarsfeld (1955) refer to these individuals as "opinion leaders." They are one of the key figures in the diffusion process are the use of opinion leaders (usually whose influence can accelerate the rate at which innovations are adopted through the social system (ibid).

Thus, taking the advantage of this influential power, opinion leaders have a massive power to persuade their followers and in most cases they are believed

to be more credible to their followers as well. Katz and Lazarsfeld (1955:32) also argue that:

> *The interpersonal networks of opinion leaders allow them to disseminate information and to serve as social models whose behavior may be imitated by other members of the system. They are "an integral part of the give-and-take of everyday personal relationships" and can be thought of as individuals whose opinions and views are highly regarded by members of the primary group. Because opinion leaders are highly respected in the group, individuals often look to confirm and validate their own views and opinions by comparing them to those held by the opinion leader(s). Opinion leaders thus play a key role in shaping the attitudes, values, beliefs, and behavioral patterns of the entire primary group.*

Therefore, the influence of opinion leaders plays a substantial part in persuading their followers to bring about the intended behavior changes. Furthermore, they are said to be more accepted and respected by their followers. This on the other hand makes opinion leaders perceived as credible sources of information. Employing opinion leaders in the development programs may have some strength that may be accepted by the beneficiaries.

According Katz and Lazarsfeld (1955: 43), there are two aspects to believe to the views of these people. The first is its credibility; in general, we are more likely to believe evidence from a trustworthy source than anyone we are skeptical about. A second is its plausibility; that is, evidence is more believable if it resonates and is consistent with our own experiences and those of our friends and acquaintances. Thus, employing opinion leaders to this study makes it more appropriate. Because in Erob society, people are observed to perceive and follow their elders or community leaders better than other segments of the community. Then, it would be reasonable to consider opinion leaders as change agents in this specific area for the development programs.

2.7.2 Community Organization Theory (COT)

According Wondwossen (2004:27), community organization is the process by which community groups are helped to identify common problems or goals,

mobilize resources, and develop and implement strategies for reaching their goals. It has roots in several theoretical perspectives: the ecological perspective, social systems perspective, social networks, and social support. It also emphasizes active participation and developing communities that can better evaluate and solve health and social problems (ibid).

Thus, this theory is taken as appropriate to this study believing that it equips communities with right understanding that can help them to identify their problems in advance and look for immediate solutions. It then promotes the communities' own participation trough identifying common problems. This therefore promotes collective communal actions in problem solving tasks. But In contrary to this fact, communities may not have the required skill to prioritize their needs, and as a result, employing any development programs cannot easily be interpreted into fruition.

Hence, all those social conditions and norms embedded in the society need to be identified where societies taking initiating roles in this regard. Auerbach et al (1994) also point out that in the collective effort to prevent HIV infection, strategies employed without an understanding of the social conditions that facilitate HIV infection such as poverty, discrimination, and inequality between women and men-may ultimately are ineffective. Increasingly, it will be important to investigate the interactions of such social conditions and norms. Hence, community organization theory is composed of several alternative change models:

- **Locality development** (also called community development) uses a broad cross-section of people in the community to identify and solve its own problems. It stresses consensus development, capacity building, and a strong task orientation; outside practitioners help to coordinate and enable the community to successfully address its concerns.

- **Social planning** uses tasks and goals, and addresses substantive problem solving, with expert practitioners providing technical assistance to benefit community consumers.

- **Social action** aims to increase the problem-solving ability of the community and to achieve concrete changes to redress social injustice that is identified by a disadvantaged or oppressed group.

Although community organization does not use a single unified model, several key concepts are central to the various approaches. The process of empowerment is intended to stimulate problem solving and activate community members. Community competence is an approximate community-level equivalent of self-efficacy plus behavioral capability, which are the confidence and skills to solve problems effectively (ibid).

To these levels, participation and relevance go together: they involve citizen activation and a collective sense of readiness for change. Social action approaches to community organizing go beyond the traditional notion of geographic and political boundaries. Communities of people who share common health problems have coalesced to attract attention to and to obtain power to address their needs—including health services.

2.7.3 Social Ecological Model for Health promotion

This theory mainly targets intervention strategies ranging from individual behavior to the community with an essential significance of their environment (Wondwossen, 2004:34). Based on developmental psychologists, human behaviors are results of both nature and nurture. Therefore, the behavior change of communities will be the result of the interplay of individual and environmental factors.

With this, I believe this model is more appropriate to this study because the people in the area are situated in geographically scattered villages. Then, what could be done by the communities residing in the specific location would be the

result of the behavior of the particular individual in the area and results of his or her environment. In this sense, what would be right could actually be viewed as different in another area. But the essence of the environment would remain as a major part in shaping individual behaviors residing there.

Then, the role of the development agents in using this model is to equip communities with the appropriate knowledge and skills about the epidemic. Through this, people would create a certain scenario of their immediate agenda and provide their collective sight to solve the problem. In this regard, based on the principle of innovations, new ideas will diffuse to the next through the help of opinion leaders (Rogers, 2003:45). This is applicable as the opinion leaders are more credible and nearest in proximity factor to the community they are serving.

Wondwossen (2004:21) citing McLeroy (1988) explains that patterned behavior is the outcome of interest and behavior is viewed as being determined by the following main factors:

1) Intrapersonal factors- characteristics of the individuals such as knowledge, attitudes, behavior, self concept, skills.

2) Interpersonal processes and primary groups, formal and informal social network and social support systems, including the family, work group and friendships.

3) Institutional factors- social institutions with organizational characteristics and formal and informal rules and regulations for operations.

4) Community factors- relationships among organizations, institutions and informal networks within defined boundaries.

Hence, this model recognizes that the community behaviors are the cumulative total outcomes of all the factors mentioned above. Thus, it is reasonable to observe that collective actions are to play substantial roles in the behavioral changes of communities than targeting individuals in isolation. Thus, this model

seems more applicable for communities like Erob who reside in highly dispersed villages.

2.8 Social Networks and Institutions

A social network is the web of social relationships that surround an individual and the structural characteristics of that web (National Academy of Sciences, 2001:234). Thus, these networks are important conduits of information exchange among the community members (Ackerson and Viswanath, 2009:10).

The social networks often are important conduits for shared resources and can be described in such terms as their density of ties, range, boundedness, and homogeneity. While social networks describe the structure of social interaction, social support describes the resources that are shared through these networks. Social support exists in a number of forms including emotional support, such as love, caring, and sympathy; instrumental support, like assistance with tangible needs; and informational support, which includes the provision of advice or information (Arora, 2008:354).

When it comes to the study area context, there are different indigenous societal relationships and networks. The Erob people, are by large homogenous in type as they are from the same ethnic group (Berhe, 2008:14). This also enhances easy information exchange among themselves. Hence, it is reasonable to note that the role of formal and informal social networks can contribute essential part in information dissemination in this community.

2.8.1 The Role of the Church for the HIV/AIDS Prevention

Indubitably, religion remains as an integral part of believers' lives of which they have experienced may be for centuries (Jonsen and Stryker 1993:45). Consequently, they are abided by the canons and creeds connected to their specific religious doctrines. Coming to the Ethiopian context, it would be more appropriate to relate religion and its effects to societal lives. And this particularly works for rural Ethiopia where most the populations reside in. McKee et al (2004:119) explained that, in many countries churches or other faith-based

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institutions serve as meeting places for young people. Thus, faith-based leaders and organizations need to be involved as much as possible.

With the above reality, the target populations of this study are the Roman Catholic Religion followers. In the district, religious leaders in every parish evangelize messages of Abstention and Faithfulness as a primary means of the epidemic prevention. Unlike the other prevention strategies addressing the ABCs (Abstain, Be faithful and use Condom), the Catholic doctrine emphasizes only the ABs (Abstain and Be faithful) as the sole means of the epidemic prevention. Thus, the general Catholic teaching about sexuality recommends abstention from sexual relations as a primary preventive measure. The position was justified by a reference to a traditional doctrine of moral theology- "the toleration of the lesser evil in order to prevent the greater evil."(ibid, 232).

Hence, it is believed that religious institutions can serve as important conduits for addressing the HIV/AIDS messages. With this, Muturi (2007:308) citing Melkote and Steeves (2001) emphasizes the combination of dialogic communication, spiritual practice and other forms of religious communication as central in behavior change strategies.

The Roman Catholic Church, through the Roman Catholic Bishops has ratified a document in 1928 that recognized the devastating nature of the epidemic. The church also explained its impact on those who contracted the disease. Moreover; it endorsed in clear, theologically supported terms the obligation of Catholics to care for those who suffered from AIDS and to avoid discrimination against the infected and addressing the problem of prevention quite specifically Jonsen and stryker (1993: 205). For that reason, the Catholic Church evangelizes messages to its followers so that they need to respect those theological responsibilities in every occasion while meeting them.

In this part, the church in the epidemic prevention plays a vital role if employed properly. This is because for most believers, religion is the binding force just as an environment is a factor to human development behaviors. Hence, the

response of religion to the epidemic has been multifaceted. Centers for Disease Control (1990:10 as cited in Ibid: 254), noted that the religious organizations are considered as particularly appropriate for the epidemic prevention in that:

> [They] have broad access to significant population; have influence and control of significant resources; are widely accepted and have greater credibility with very large segments of the population; and have communications and other networks in place to focus on HIV issues and needs.

From the above idea, we can understand the nature and dynamics of religion and its greater roles in the fight against the epidemic. This therefore implies that it demands to examine the collaboration of religion as a mediating factor to curb the epidemic especially in rural areas. In the prevention, care and support of HIV/AIDS, the Catholic Church also ratifies a certain compassionate view of the obligation of the church. Quinn, Roman Catholic Archbishop (1986: 505-506) states this as:

> The Christian – the church- must not contribute to breaking the spirit of the sick and weakening their faith by harshness…. The presence of the church must be a presence of hope and grace, of healing and reconciliation, of love and perseverance to the end… [AIDS] is a human disease. It affects everyone and it tests the quality of our faith and of our family and community relationship. Persons with AIDS are our brothers and sisters, members of our parishes…As disciples of Jesus who healed the sick and is Himself the compassion of God among us, we, too, must show our compassion to our brothers and sisters who are suffering.

Hence, the above explanation becomes the binding principle that helps to avoid stigma and discrimination which are of course the major barriers in the epidemic prevention as has been stated in different studies. To this part, the catholic church orders individuals to respect this principle and evangelizes the messages to care and support PLWHA, the orphans, etc. But the doctrine understands that those out of this compassionate principle are just to reject the church principle about the HIV/AIDS prevention and control guidelines.

In general, religion is a perceived as a strong element of the national heritage in Ethiopia. The religious leaders also hold high status in the community. Then, it would recommendable to have cooperation with them and use of their voice to reach the population. Therefore, incorporating religion as an integral part of prevention strengthens the HIV/AIDS prevention and control program particularly in rural areas where access to accurate information is limited.

2.9 The Social Context of the Erob Land

Erob land is situated in the North Eastern part of Tigray at a distance of 47kms from Adigrat town and 167 kms from Mekelle, capital city of Tigray Regional Administration (Berhe, 2008:3). The woreda is divided into seven sub-districts which are placed in far and geographically dispersed locations from Dawhan, center of the woreda administration.

Out of the total Erob land, 85% covers mountainous areas, where as the rest14% and 1% cover semi-mountains and a plain land respectively. This therefore makes the woreda become extremely inconvenient both in terms of transportation and availability of arable land (ibid). But the Erob people are seemingly semi-pastoralists. They are neither typically movable people nor are they entirely engaged in agricultural activities (Abraha, 2010:44). Generally, though there are some attempts for irrigation in some areas of the woreda, the Erob land remains inconvenient for such purposes at large.

There are fewer resources written about the origin and history of the Erob people. But some like Berhe (2008:9) point out that the root origin of these people is about claiming as far as 24 generations back as to reach their founding father, Werede-Mehret who was first lived at Tsira'e in around Kilte-Awla'elo. Then, he moved to Adigrat, a particular place named Gol'aa. But finally along with all his sons, he settled in Hareze, an Erob land near the Mountain Asssimba. From among the Werede-Mehret's sons Sume was the one, whom the Erob people claim as their genealogical descendant (Father Tesfay, 2004).

The Erob land got its nomenclature after this ethnic group settled in the area. The word Erob came from the root word "Oroba" meaning "get in to the house" (Berhe, 2008: 12). It is commonly practiced there when any guest comes to their surroundings. Hence, it can be remarked that the original inhabitants of this specific area may have used the term in order to welcome the afterward coming Erob people. Thus, the saying continues as far as these people are concerned.

Basically, this ethnic group is predominantly divided into three major clans, referred to be 'ad'oha Erob' literally means 'the three Erobs' residing in the dispersed locations of the woreda. Out of them, Buknayto, Adgada, and Hasaballa comprise the three major clans of this ethnic group.

Geographically, Buknayto occupies the central areas of the woreda mainly around Alitena, Wer'atle, and Dawhan areas. But the Adgadas reside in the northern most part of the woreda called 'Adgadi'are' which literally means the home land of Adgada clans. With this, the Hasaballa clans resided in areas like Hareze, Enda-Mossa and Ara'e areas located to the Eastern far directions of the Woreda. They are by far located in the most distant areas from the center of the woreda in Dawhan (ibid: 15).

CHAPTER THREE

Research Methodology

Following to the reviews of scholarly ideas and communication paradigms in development communication, this chapter presents the procedures employed to meet the study objectives through examining the use of indigenous communication in the HIV/AIDS prevention. Thus, it includes the description of the research method, the research procedure and instruments employed, study population, ethical considerations and the data processing techniques.

3.1 Research Design

When talking about culture and communication, it is argued that the environment where the study takes place provides its own inputs. Then, studying this subject can be appropriate when employing qualitative research design. It is so because qualitative studies focus on the social practices and meanings of people in a specific historical or cultural context (Taylor and Lindolf, 2002:222).

Accordingly, this can be put into action when studying people differently from that of objects of the natural sciences (Bryman, 2004:279). As a result, many of the qualitative researchers express a commitment to viewing events and the social world through the eyes of the people they study (ibid). Thus, it is this notion that made me carry out the study using the qualitative method in the natural settings of the target population.

There might be a variety of reasons for individuals when employing different research designs. Some of them argue that quantitative research design is appropriate while others may prefer the qualitative one or both. Thus, it can be remarked that there is no one best design but depends on the degree of appropriateness to the specific issue under study. It also implies that there is no superiority of one design over the other for both of them may have their own strengths and weaknesses. Hence, the design employed in this paper can have its own strengths and limitations. Therefore, it is my knowledge that Iam going to

interpret the data considering those facts at hand. To this, I believe it would be sound enough to include different techniques that can help each other in lessening the meaning inconsistency of the results of the given data.

Besides to the above idea, my preference of qualitative design to quantitative one is that of the nature of issue under study which takes an account of culture and communication of the people. In doing this, I believe that quantifying participant's responses may not exactly explain the real life world of the study population. To this fact, Flick (2002:13) also adds that "qualitative research is oriented towards analyzing concrete cases in their temporal and local particularly, and starting from people's expressions and activities in their local context." For this reason, I thought qualitative research design will be appropriate to my study when compared to the quantitative one.

Different researchers also argued that qualitative research design has more advantages over the quantitative approach. For example, Mack (2005:4) observes this as: "one advantage of qualitative methods in exploratory research is that it uses open-ended questions and probing gives participants the opportunity to respond in their own words rather than facing them to choose from fixed responses, as quantitative methods do."

With this, social science researchers argue that to hear from the horse's mouth enables to closely examine what really exists there in the study populations. Besides, it allows participants to express their feelings free from any guidance and to the level of their comprehension. For this, Bryman (2004: 279) states that the social world must be interpreted from the perspective of the people being studied, rather than as though those subjects were incapable of their own reflections on social world. In qualitative research, the subjects of the study are described in detail because they typically signify the importance of the contextual understanding of social behavior (Ibid: 281).

Then, out of the different qualitative research approaches, I believe case study fits to this study. It is appropriate because it addresses a specific case of the

target population in detail (Yin, 2004: 34). Case study is a qualitative approach in which the investigator explores bounded system (a case) overtime, through detailed, in-depth data collection involving multiple sources of information (Creswell, 2007:73). Besides to this, "the analytic approach involves a detailed description of the case, the setting of the case within contextual conditions, and presentation that may or may not be chronological." (Ibid: 236).

Generally, to avoid the discrepancy of research results, I employed a blend of techniques which is called triangulation, known as between-method triangulation (Denzin, 1989:237-41 cited in Flick 2002:227). It refers to the combination of different methods, such as observation with a semi-structured interview and focus groups to enrich the individual method (ibid.).

3.2   Research procedure and Instruments Employed

In this study, I employed participant observation, focus group discussions and in-depth individual interviews as tools for data collection. They are used in triangulation to dispel doubts about the reality of a finding (Lindolf and Taylor 2002:241).

Most qualitative studies are guided by purposeful sampling. This rationale for the non probability approach has been described as follows "sites or cases are chosen because there may be good reason to believe that 'what goes on there' is critical to understanding some process or concept, or to testing or elaborating some established theory." (ibid: 128).

3.2.1 Participant observation

In the context of field research, participant observation is mainly used (Flick, 2002:90). Participant observation is a form of 'field research' in which observations are carried out in natural settings and where people are observed doing whatever they would be doing (Deacon et al, 1999:253). It is the technique that provides the opportunity to study people in real life situations (Berger,

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2000:161). Bryman (2004: 339) also views the importance of observing people in their real settings as:

> *The participant observer's extensive contact with a social setting allows the context of people's behavior to be mapped out fully. The participant observer interacts with people in a variety of different situations and possibly roles, so that the links between behaviors and context can be forged.*

My interest to employ this tool is to examine how the communal behaviors in the Erob community address the norms and values of the people. This is because not only visual perceptions but also those based on hearing, feeling and smelling are integrated (Alder and Alder 1998, cited in Flick, 2002:135). Lindolf and Taylor (2002:158-159) state that field work produces detailed knowledge about scenes of social life. This knowledge is based on observing social action and reflecting about what it was like to be a participant.

Therefore; as a participant observer, I stayed in the study area for some time and also participated in some occasions like the church ceremonies which I earlier mentioned as one area where folk media is practiced. At the moment, my role was to act as an overt observer (where the observed know that they are being observed). Observation in its different versions tries to understand practices, interactions, and events which occur in a specific context, from the inside as a participant or from the outside as a mere observer (Flick, 2002:159).

In this regard, I initially made myself clear that Iam conducting a study. Therefore; they do what they are intended to knowing that they are being observed. Besides to this, I participated in the Community Conversation about faithfulness among married partners, facilitated by the parish priests.

3.2.2 Focus Group Discussions

Morgan (1988:12) cited in Flick (2002:120) states that" the hallmark of focus groups is the explicit use of the group interaction to produce data and insights that would be less accessible without the interaction found in a group". The focus group offers the researcher the opportunity to study the ways in which individuals

collectively make sense of a phenomenon and construct meanings around it (Bryman, 2004:348). Consequently, they are meant to obtain specific information from a clearly identified group of individuals (Hansen et al, 1998:262).

Though, discussions among communities are believed to be day to day activities, little has been thought about their importance as communication tools (Bessette, 2004). Hence, such advantages made the method's popularity within communication and cultural studies to increase (Deacon et al. 1999: 55).

The reason for choosing this method is that it has several qualities in the data collection. They are like; participants in the discussion tend to provide checks and balances on each other that weed out false or extreme views (Flick 2002: 113). The other quality of this approach is that this technique is low cost, rich data and insights (produced by group interaction), which would be less accessible without the interactions (ibid). Focus groups are well suited to exploring sensitive topics, and the group context may actually facilitate personal disclosures (Silverman, 2004:180).

My experience as member of the subjects of the study is that, people are not observed to talk about issues related to sexuality. It is a trend that continued among these people. Besides, some people also consider it as taboo. Hence, letting them exchange these ideas on how they perceive HIV and the risks associated to it may lead to collective views. And it creates the chance for discussants to express their ideas in their own language and terms (Hansen et al, 1998:273). Therefore, my argument to consider this method is because it creates groups interact among themselves on a certain area of concern. To implement it, I have purposefully chosen people who have some experience about my topic based on the key informants.[1] Then, I asked their consent whether they are interested to participate in the discussions. The next step was

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[1] key informants are those people who inform the researcher about key features and Processes of the scene like which people exercise real power, and so forth (Lindolf and Taylor, 2002:176).

to determine the number of individuals in the given FGDs. This is because both larger and smaller groups can have their limitations to the moderator in the dynamics of the group discussions (Hansen et al, 1998:270). Hence, the ideal FGD size is between six and ten (ibid).

From the above facts, I preferred to employ six to eight participants believing that this number could be manageable when running the group discussion. Besides to this, I thought out it helps to create balance between those who dominate or those who remain passive in the discussion. Then, I organized six FGD groups considering age, education etc. and selected the venues of the discussion in terms of quietness and convenience for the participants.

After organizing the groups and selecting the venue, I let them know the aim of the study. And ensured their consent whether to be tape-recorded for what they said. Then, I also introduced them with the nature of the questions they are supposed to participate to. With this, I had encouraged my participants to express their feelings freely so that there won't be imbalance of participation among them. The medium of communication among the participants was the Saho[22] language. Then, I recorded their responses in whatever terms they wanted to express their feelings. This gave them the freedom to say every detail in the way they liked.

In this context, my role was to facilitate the discussion and control the focus of the topic for those who may divert the interest of the issue. It is to keep the centrality of the discussion to avoid extremeness among participants (ibid: 272).

Generally, in all the discussions, I observed that the participants were good at reflecting their views on the issues of discussion. My discussants have raised several ideas with regard to the use of indigenous communication for HIV/AIDS prevention. Focus group discussions sustained until repeated responses came

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[2] Saho is the language spoken by Erob people as a mother tongue. Where as Tigrigna is the office working language in the woreda.

from the discussants. The numbers of FGDs continue until responses repeat and little new ideas generate (Livingstone and Lunt, 1993:181). Therefore; the next technique was to support what is raised in the focus group discussions using other methods. And for this, I employed individual in-depth interviews.

3.2.3 Individual in-depth interviews

Employing individual in-depth interview as technique in conducting research is important because it fills the constraints of other methods such as observation and focus-group interviews. And to this fact, Bryman (2004: 339) argues that" there are a wide range of issues that are simply not amenable to observation, so that asking about them represents the only viable means of finding out about them in a qualitative research strategy. "Semi-structured interviews by very nature tend to promote an active, open-ended dialogue. But in this part the interviewer controls the discussion by referring to an interview guide (Deacon et al, 1999:65).

But in this part the interviewer controls the discussion by referring to an interview guide (ibid.). In-depth interviews are common forms of qualitative research. It is because they are very effective in providing human face to the research problems.

They offer individuals with opportunities to express their ideas based on what their ordinary life affords for them. Besides, qualitative interviewing is the opportunity it provides to collect and rigorously examine narrative accounts of social world (Mack, 2005:29 and Silverman, 2004:137).

My interest to employ this technique is that to unearth response from more people about the topic of study. With this, interviewing also allows access to a wider variety of people and situations (Bryman, 2004:341). In qualitative research, specifically, semi-structured interviews have attracted interest and are widely used (Flick 2002: 74). This interest in qualitative research is linked to the expectation that the interviewed subjects' view-points are more likely to be

expressed in a relatively openly designed interview situation than in a standardized interview or questionnaire (ibid).

The advantages of in-depth interviews are that they allow the interviewees to express themselves freely when asked by the interviewer. Besides, the interviewer can pose questions based on the interviewer's reactions about a given idea. Wimmer and Dominick (2003) observe that, the researcher also is given a chance to probe deeper into the issue, based on the respondent's response. In-depth interviews further help the researcher to be able to make important observations as he/she carries out the interview.

3.3 Study Subjects

This study employed people in the age category of 15-49 years. As most studies indicate, these age groups are at the high risk of contracting the virus. Consequently, these age group informants were purposefully selected from both sub-districts of Daya-Alitena and Engal areas. The informants include both the In School Youth and Out of School youth groups beyond other community members comprising the aforementioned age category.

Besides, it includes the thoughts of experts and development agents working in the woreda. This enables to support their professional terms to what has been mentioned by other respondents. Hence, all of them were included in either the FGDs, in-depth individual interviews or both.

The semi-structured interviews and FGDs with community members and the Parish priests were using the Saho language. But those with development agents and experts were mostly using the Tigrigna language.

3.4 Data analysis Procedures

As it has been mentioned in the methodology section, the entire individual interviews and FGDs were tape-recorded along with taking notes from observation. Then, all the audio out puts were transcribed from Saho and

Tigrigna languages into English using the sense-to-sense translation methods. This was in order to avoid meaning discrepancy between the source language and the target language. This is true for expressions and other forms of sayings in the community.

In this regard, thematic coding method is employed as the data analysis technique. This approach was preferred because it discloses various views of the interviewees which would fill the interest of the research questions. With this, the data presentation will be disclosed considering all the views mentioned and

reporting them in a narrative forms. As expressed above, it would be through amalgamation of the results obtained from the various techniques believing that it would avoid result discrepancy.

3.5 Ethical considerations

Based on different studies about human behaviors, the issues of HIV/AIDS and sexuality are deeply rooted to individual lives. Then, to undermine these facts seems to disregard individual privacy and other questions related to it. The conduct of research itself requires careful consideration if it is to meet not merely technical standards of accuracy, reliability and validity but also ethical standards (Deacon et al, 1999: 372). Then, the research must consider; with the subjects of the research; with the data; with the audience; and with the research community (ibid). Hence, the major ethical considerations in conducting social research are:

➢ **Informed consent**: According to Deacon et al (1999:374), Informed consent deals with the conception that whether the research respondents are well informed about the objective of the study. With this, it is about the informants' willingness of being photographed or their ideas recorded (ibid.). In this regard, prior to the inception of the study, I informed my respondents that the objective of the study is just for academic purposes. Besides to this, I asked their consent when recoding during both the in-depth interviews and focus group discussions.

- ➢ **Confidentiality:** Refers to using confidential data for the particular purpose the research initially stands for and not transferring it in anyway for a third party be it a researcher or whatever (ibid:380). To ensure this ethical dimension, I have agreed with my informants that the data obtained from them won't be given to any third party beyond its intended purposes.

- ➢ **Anonymity:** Anonymity refers to prevent against displaying the sources of confidential information from being identified in any public stages such as lecture, writings or public media (Deacon et al, 1999:379). It will be done through disguising the identity of the participants (Ibid). In this context, participants both in the interview and FGDs will be represented anonymously using pseudonyms in order not to be known by others.

CHAPTER FOUR

Data Presentation and Interpretation

Subsequent to data gathering using different tools, this section presents the procedures used for data interpretation. To put this into action, the ideas from informants are placed in themes and sub-themes then to each part, interpretation is provided. Finally, findings are displayed following what the majority of the informants said about the specific themes.

4.1 Folk Media and the Erob Community

Folk media as an oral medium remains multi functional especially for illiterate communities (Berhe, 2009:27). Supporting this idea, an elder in the Erob community had the following to say:

> I don't exactly remember when it had started but we are still using folk media forms like Melat-Agle, A'adar, warsim, Bune Dad'o, Derro and others as a means of communication in every aspect of our lives. Using folk media, we have been resolving various conflicts with in the community; we have been expressing our emotions and feelings using them. For instance; we communicate the death and funeral of people through this media, which is, using Derro. Especially, we elders are not literate like the present generation. As a result, we had used them for several issues and we thrust them as a medium of communication. Hence, I believe still folk media be the best means of communication for Erob people (FN 1).

> FN** means (field note) through out the text.

The above idea indicates that there are different forms of folk media in the Erob community and they have been in use for different societal needs. This entails that these media forms are highly related to the historical development of the community connecting them in the absence of advanced media of

communication. This also signifies that media forms continued as the preferable media of communication in all sorts of societal needs even at present. Based on this, the community members believe that this media can also be functional for the HIV/AIDS communication as far as they are effectively been used in other societal issues.

To this fact, focus group discussants in the first FGD in Alitena area observed the worth of this media as follows:

> In Erob woreda, we had our own forms of communication. We know that they are still functional for example, take Derro (a funeral message sent by high-pitching to the other villagers in distant areas). There is no other best means to address messages like this. This is because it reaches the communities with in shorter period of time and at a faster speed. From experience and repeated use, we believe what comes through Derro. Consequently, it has been the only means to address funeral messages to the dead relatives residing in other areas and other community members who want to participate in.

From this distinctive function of Derro, as one form of these media channels, we can note that they are credible sources of information in the Erob community. This is because the folk media channels are convenient to the non literate communities and their comprehension levels (Mushengyezi, 2004:4). This is true for the Erob community as most of these people are illiterate or partially literate. To this fact, though Derro cannot be the medium for the epidemic communication, it can be emphasized that similar channels of communication are the most accepted means of information dissemination in the woreda. Therefore, it can be thought that folk media remains as acceptable and mostly employed media of communication. Consequently, it is reasonable to argue that, if properly employed; folk media channels can promote holistic communication in the community. And communities believe them that they can serve for effective communal information dissemination roles.

With this observation, an interviewee asked about the media's capability to these people also adds that:

> To the Erob people, folk media channels are preferable to others because of the following reasons. First, the messages through these channels can easily diffuse into the communities who are in distant areas. Second, information addressed using these channels are easily remembered by the communities. Thirdly, they promote family and household dialogues through which family members can share what they saw and observed in their day-to-day happenings.

Based on this extract, folk media channels hold more qualities which other forms of communication may not as far as rural people are concerned. As a result, people consider them as the most reliable sources of communication. This is due to the fact that they receive any information from the person whom they know. Furthermore; they promote interpersonal communication through peer discussion and family dialogues to issues of priority concern. Therefore, depending on all these ideas of informants, it is sensible to witness the media's appropriateness to the socio-economic concerns of these people.

About the convenience of these channels, an interviewee from around Alitena areas also had the following to say:

> To Erob people, traditional media are preferable to others because of many reasons. First, there is no availability of radio in every household. Second, the case of low literacy of the people, as there is no prospect to read news papers and magazines. Thirdly, there is no access to TV except that there are limited numbers in Dawhan area (the residence of the woreda administration).

The above idea implies that most people in the woreda are illiterate and the woreda inhabitants don't get access to the other media outlets. This therefore remarks the convenience of traditional media to different societal concerns. Accordingly, the appropriateness of folk media as to most informants is not only because absence of the other media outlets but also the community's linguistic competence, degree of continued use and their physical locations that promotes traditional information exchange. Hence, it seems that these media become preferable conduits in the communal information flows.

4.2 Communication strategy for HIV/AIDS Prevention

In regional basis of HIV/AIDS interventions, traditional communication methods and approaches should be employed to the specific setting (MOH, 2004:19). This remarks the relevance of traditional media for the epidemic communication specifically for the rural communities. Hence, the Ministry of Health believes that communication strategies different from this will remain inappropriate particularly to the rural communities.

4.2.1   Community's sources of Information

The Erob community, who are homogenous being from the same ethnic group, is located mostly in mountainous areas (Berhe, 2008:3). For communities like these, communication is effective because they are homophilous in nature (Rogers, 2003: 306).

About how to get information chiefly for HIV/AIDS, an interviewee in Ingal had the following to say:

> Personally, I don't have radio or TV and neither do my parents. In most villages in Erob woreda, there is no access to mass media. About any issue, we hear from people like relatives, friends, school, meetings, etc. when it comes to HIV/AIDS, we mostly hear the information in our school and some times in meetings.

This extract entails that these people don't have access to the national media outlets. Due to this, they take traditional forms of communication as their main sources of information exchange. The interviewee has revealed that his main source of information chiefly for HIV/AIDS is either the school or different meetings in the area. This also indicates that any social gatherings in the villages could be sources of information. But what is important here will be to examine how often they talk about the epidemic. How far do these people know the essentials of the epidemic communication, will it be their main concern that needs critical consideration.

About the same issue, one of the In School Youths in the FGD in Alitena said the following:

> As students, we obtain most of the HIV/AIDS information in our school, that is, from school HIV/AIDS clubs, and some times from our friends. The church is also another source of information. We don't have the chance to watch TV and only few people have radios. Therefore, our most common source of information about HIV/AIDS is what we get from the people around us.

Based on these facts, it is possible to note that the community's main source of information is the environment where they live in. Hence, in the absence of other information sources, the local channels of communication remain the core basis of information exchange among them. The vast majority of the informants repeatedly indicated that they don't have any other sources of information except these societal networks. While my stay in the field of study, I met an elderly person in Alitena area and asked him how he obtains any information and he had the following to say in response:

> Since earlier times I was too young, I use to ask people to share me any information through 'warsim' literally means (information request from any person to whom you may or may not know and who will be responsible to share any information he has). When

he or she tells me what is there in the market, in the wedding, about security issues, or any other thing around, I also tell to any next person I met depending on the urgency of the issue. Besides to this, our 'Mahbers' literally means (religious institutions) are the occasions where we share any information. Therefore; as community, we exchange information using such ways (FN 2).

The above idea generally entails that traditional form of communication is the primary means of information exchange in the woreda. It also reveals that this form of communication existed since long time and still continuous as it is. Further more, it reflects any information using these channels reaches the vast majority at a shorter period of time.

4.2.2 Interpersonal communications for HIV/AIDS intervention

The role of interpersonal communication in information dissemination and influencing attitudes, beliefs and behaviors is widely studied and strongly recommended in health and behavior change interventions (Muturi, 2007:309).

About the worth of interpersonal communication, in HIV/AIDS intervention communication, an interviewee from woreda HAPCO said the following points:

> Our Health Extension Package programs consider HIV/AIDS interventions as their main component; and to implement this, we employ Community Conversation as the main strategy to reach the people sited at the far away locations from the woreda. For this, we have trained some people from the community so that they will facilitate the CC programs in those different areas of the woreda.

According to this interviewee, the CC approach is taken as interpersonal communication at community levels. This is arranged through community gatherings at the tabia (sub-district) levels together and let them talk about the epidemic as what the informant mentioned. To this fact, it is meant to encourage

household communication about HIV/AIDS issues. But except looking at the importance of the strategy, there are no clearly designed ways of how to conduct the CC approach. Gathering communities and letting them discuss about the intervention programs cannot be as such easier unless communities become aware of the significance of the programs. But as one informant pointed out, household discussions are at their lowest levels. Because people in the woreda don't still have clear picture of the epidemic except what they hear in the meetings and some times in the work places as most informants mentioned.

Based on this, FGD discussants in Ingal have witnessed that there is limited use of interpersonal communication for HIV/AIDS that:

> We always hear about HIV/AIDS issues in different occasions. Besides to this, we have got trainings in our woreda. But except that we are to talk about it with only our intimate friends, we don't discuss either with our parents or other relatives. Such cases are very rare in our woreda but if you do so, people consider you as violating the social norms. Because issues related to sexuality are always kept as confidential only on individual levels.

This extract indicates that people in the woreda are very rare to talk about issues related to sexuality. Especially, the elderly people do not want to hear it either from their children or any one else as what is expressed by most of the informants. The parents are not interested to talk about it as they don't want to hear it from others. This implies that family dialogue, as one part of the interpersonal communication does not exist in most households. Hence, it would be reasonable to say that people are rarely open to issues like sexuality and HIV/AIDS in the woreda.

Generally, based on what the majority of the informants said, it can be argued that there is limited use of interpersonal communication as a channel in the intervention communication programs. Especially, it is limited at the family levels. Besides to this, the social institutions that may be favorable areas to this means

are little explored. The social institutions like 'mahbers' are occasions where majority of the people can see each other. And in places like Erob woreda, the people share their views and other societal issues even like engagement issues of their children in such social occasions. Therefore, neither the social institutions nor other meeting areas of the people appear little understood as conduits for message dissemination especially by the development agents.

4.3 Participatory Communication

When talking about the nature of the intervention programs in the woreda, it is important to mention the existing community communication forms in the woreda. With this, the notion of how the intervention programs could be participatory is the main concern as far as it demands totality than individualism.

4.3.1 Community Awareness and Behavioral changes

Communication experts working in the epidemic intervention argue that community awareness of HIV/AIDS and behavioral changes are important factors to curb the epidemic. When coming to the Erob community, it is essential to examine to what part the communities are aware of the epidemic.

With reference to the above idea, I had an interview with a father in one of the parishes of the study areas and he articulated that:

> When it comes to our communities, most believers still think that the epidemic is a punishment from God. Hence, the church's role will be to teach them the real nature of the disease and the possible means of prevention. This will be done through the church evangelization and other social institutions like 'mahbers' and any possible occasions where the believers are gathered.

From this idea, we can understand that communities still do not know the real causes of the epidemic. In this regard, both the church and other institutions working with the intervention programs may have played little part to address issues related to the epidemic. The lack of awareness about the epidemic mainly

observed in the case of the elderly people. This also made the behavioral changes tough chiefly for older couples in the woreda. About the difficulties of achieving the expected behavioral changes, an interviewee from Alitena Daughters of Charity Clinic said the following:

> With regards to the young and the students, we have seen good improvements in behavioral changes but there are still an increasing numbers of HIV infections for older and married segments of the community. There are more males who are not faithful to their partners. Hence, this made the intended behavioral changes challenging.

The above extract entails that the awareness levels are minimal especially for married couples. The intervention communication remained unable to influence and persuade them. This on the other hand may have prohibited the family dialogue about HIV/AIDS and sexuality. To this end, behavior change remained as a complex process that includes motivation and will to the intended behavior, practicing newer skills needed and confidence in ones ability to maintain the new behavior (UNEPA, 2002:25). And such behavior in this community is at its lower levels. Supporting the lower awareness levels of their parents, the FGD participants of In School Youths in Alitena area said that:

> We believe that the issue of HIV/AIDS needs holistic communication starting at the family level. We as students have some access about the epidemic especially through the school trainings. But our parents do not. Some times if we raise such issues, they prefer to remain quiet. Even they tell us that it is the disease resulted due to repeated human sins, then; they articulate that praying is the only means to prevent it. So, regardless of our interest to do so, there is no family cooperation. Then, it is difficult to say that there is HIV/AIDS communication at the family levels.

As to the aforementioned facts, it is difficult to witness if the HEP programs of the woreda and the ADCS HIV/AIDS office have fully addressed the epidemic issues to this community. Here, according to the in school youth discussants, their parents still believe that the epidemic is a punishment from God. This indicates low community awareness to the epidemic especially to the elderly social groups. But if there is, open dialogue with in the community members enhances community awareness about sexuality and related issues (McKee et al, 2004: 131). However, it seems unlikely as what has been stated by the majority of the informants.

Hence, it is reasonable to say that interpersonal communication though important for the epidemic prevention; is not being fully functional in the woreda epidemic prevention activities. Interpersonal communication takes place among people who are mutually interdependent (Baglan et al, 2008: 59). This co-dependence among the communities therefore creates more chances of community interaction had the intervention communicators identified them as potential methods.

4.3.2 The status of community participation

The participation of the community in the rural areas would be decisive in the control of HIV/AIDS (EPHA, 2005:51). This implies the fact that the community's belief and consensus towards the issue determines the extent of mitigation of the epidemic. In this regard, an interviewee from ADCS HIV/AIDS Office had the following to reveal about their participatory intervention:

> To enable communities participate in our programs and consider their environment, we let them talk about community story (that is, they discuss anything they know about HIV/AIDS) then, they present it in dramas. For illiterate communities, I believe this is appropriate because it demands no writing or other activities and I think this leads to effective community participation. Moreover; it helps them identify their common problems and through which they can devise possible solutions.

In this part, it is depicted that the ADCS HIV/AIDS intervention office believes that the intervention programs are designed in a manner that would participate the communities. But the question of how to check out what people know about the HIV/AIDS is not clearly stated here. What if these people do "believe that HIV/AIDS is the result of punishment from God" and do not trust other causes as what one of my informant fathers belonging to this community told me? Therefore, it appears crucial that these issues need to be addressed if to decide participatory intervention communication.

During my field visit to one of the intervention sessions in the target areas, I observed communities remain silent over HIV/AIDS and sexuality issues especially those of elderly groups. This therefore gave me the impression that there could be two reasons for them to remain quiet over these issues. Hence, either they don't know what to say about the programs or still there is a feeling of being tabooed by their social groups as a result of talking about such issues. As different studies indicated, such perceptions become barriers to meet the required communal involvement in the intervention programs. Then, this remarks that it is difficult to achieve holistic level of participation from communities who are mostly little literate. This is because the community involvement is often only an empty slogan in programs without any real involvement of the community in decision making (Cohen and Trussell, 1996:165).

With regard to this idea, FGD participant of Out of School Youths in Alitena area observed the program as:

> About the HIV/AIDS intervention programs in our woreda, we participated in many programs and trainings. Most of them are carried out based on what it functions in other areas of literate societies. But when it comes to our context, people are mostly illiterate and are in low HIV/AIDS awareness levels. Hence; I doubt whether people are fully participating in the programs.

The above idea implies that the intervention programs are taken from what it works in other areas. In the meantime, it does not focus on locally-focused

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resources and local community comprehension levels. It also represents that whatever efforts remained effective in those other areas cannot necessarily stand for being functional in this context due to the differing socio-cultural factors. But, unable to visualize this makes the intervention ineffective because it is failing to recognize an important dimension of human life (Gould and Marsh, 2004).

To this fact, it is reasonable to argue that the interventions in the woreda lack considering the culture of this community like their living conditions, their religion and other important components in the individual and communal lives. About the intervention communication in the woreda, it can be noted that the programs lack to acknowledge the consideration of local knowledge and local expressions which can be substantial components to the community lives.

4.4 Folk media and HIV/AIDS Communication

As to the forms of folk media, it is noted above that there are different forms in the woreda. And the woreda inhabitants are aware of their functions and how to use them. With this, it is important to examine the extent of their appropriateness to the epidemic intervention and whether the intervention communicators employ them while disseminating the epidemic messages.

4.4.1 Commonly used indigenous media forms

Community based participatory approach of communication and dialogue is required for health communication (MOH, 2004:19). Hence, intervention communication demands more of horizontal communication that includes community discussion. With regard to employing the folk media in the intervention communication, an interviewee from the ADCS HIV/AIDS Office said that:

> At the start of the intervention communication, we have been using mass education. But at present, we teach the target communities through pictorial representation of HIV/AIDS issues. In this context, the facilitator of the program introduces the pictures and communities are expected to contextualize it

with their environment. In this part, we let the communities talk about their community story (like what they know about the HIV/AIDS issues). With this, the facilitator asks them what they know and lets them discuss with their group members. Then, they are supposed to present their views and also suggest solutions based on what they have agreed up on it.

The above extract implies that pictorial representation of the HIV/AIDS facts may lead to participation of the communities in the intervention. But the how of the community participation is not clearly stated here. People's participation in any experience cannot be secured unless people become aware of the problem and take it as their primary agenda. Hence, what people know about the HIV/AIDS in this part is not clearly stated. About the intervention programs, people may participate if they are able to examine the total nature of the issue. But as most informants revealed, the people in the woreda are not fully aware of the nature of HIV/AIDS.

With this, the pictures are designed equally both for the educated and trained youths and elderly community members who have little or no exposure to them. Then, it takes more time to recognize them particularly for older couples who are little literate. Therefore, except to employ it always, it remains difficult to this segment of the community to grasp the meaning of the intervention. But when it comes to employ the existing community media, it seems little has been assessed by the experts in the intervention program.

Besides, they question the appropriateness of the channels of communication. In response to this, the FGD group members have the following to say:

Basically, we assume that HIV/AIDS prevention programs could be effective if the program is able to include our ways of communication like 'Massene' or A'adar literally to mean (oral poetry to appraise, emphasize or criticize some one or something). It is mostly practiced in areas where people are

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gathered like weddings and other societal festivities. About 'Massene' Erob people have experienced them since long time. As a result, we accept it as the most preferable means to convey human feelings and emotions. When it comes to HIV/AIDS, if messages could have been used through these channels, more people would have interested in them. But unfortunately, there are no chances to use them so far.

The above idea implies that these people know which forms of these media can be used in the intervention programs and just how to use them. But the gap here remains that the woreda Health Extension Workers and the ADCS HIV/AIDS office do rarely use them. Then addressing the intended messages can be difficult as far as people of the target areas are not interested in other channels of communication like leaflets. Besides, to employ the related medium of communication, even they don't have sufficient manpower that can cover all the community members in the woreda. According to an informant from the ADCS HIV/AIDS office, this is the major challenge and weakness they have encountered.

4.4.2 Potentials of folk media for the epidemic intervention Communication

As previously been mentioned, there are different forms of folk media which the community know and using them in their entire live time. About the significance of folk media, Out of School Youths in the FGD discussion in Ingal area pointed out that:

In our woreda, there are various forms of these media for instance, take 'Goila' literally means (cultural dancing) as one form of them. There are some youths and elderly ones who are good at creating songs. Then, if we make people sing about this disease, messages can easily diffuse into different corners of the woreda. This is because songs are most common not only at festivities but also at different occasions in the societal day to day lives. Particularly, from

July to September, it is a time for most cultural festivities in the woreda. People sing different songs and remain rehearsed for a long time specifically by many youths. Besides, people sing them in cultural weddings as well. These are occasions where most people meet. Therefore, we can say that songs can play significant roles in the HIV/AIDS intervention communication.

From this, it can be noted that there are different forms of folk media identified as potential conduits for HIV/AIDS communication. People know that these channels can address the intended messages at a limited time to those scattered residents in the woreda. This is because what is there in one of the sub-districts can easily reach the others through oral means at a faster speed more than one can imagine. Due to this, the woreda inhabitants believe that these channels have the capacity to convey whatever needed to be addressed. But little have been done when it comes to intervention communicators like ADCS HIV/AIDS Office. To this fact, an informant from this office said that though they have started to train people who are talented in those folk media forms in order to make them teach the society, they are not currently doing it. This implies that the office believes that the folk media channels are effective enough to address the epidemic messages. But they are one way or the other are not using them to the extent they should have to.

Further about the convenience of these media forms, an interviewee in Alitena area has the following to say:

> In the HIV/ AIDS intervention programs, the educators have been using posters, some times also meetings and work area interventions as well. But to these forms of interventions, most of the communities out side the centers of the woreda (where most intervention activities take place), remain isolated. Or these forms will remain only there in the intervention areas. Where as in order to reach the whole community, I think we need to employ different folk media forms like A'adar and songs.

These are convenient because people can easily remember the messages conveyed using these channels.

Based on what has been mentioned from most informants, the currently employed intervention channels are different from what the community preferably uses. These people have no familiarity to other sources of communication. Hence, it can be noted that these channels are different to the community's comprehension levels as there is little use of folk media channels in the HIV/AIDS communication strategies. As a result, the most informants mentioned that those folk media channels are by far effective enough to disseminate any information necessary to the publics. On the other hand, the development agents and other experts working in the woreda seem not aware of the potentials of these media forms. Or they are not able to identify the gaps in communication either through needs assessment or any research as one of the out of school youths informant mentioned it. This therefore implies that the existing folk media which the communities have used them for years are not currently functioning for HIV/AIDS intervention communication.

4.5 Appropriateness of the currently employed strategies

Being a member of the community, I believe that these people are more of illiterate or partly literate. Hence, employing different strategies applicable in other areas cannot necessarily be appropriate enough to them.

4.5.1 The Language of intervention

About the HIV/AIDS intervention programs, language of communication is believed to enhance the communication and behavioral changes. To this fact, UNFPA (2002:25) note that, ''messages adapted to people's own language, intellectual systems and ways of life, as well as their teaching and learning and communication methods, can communicate information and influence behavioral changes.'' To this end, one of the out of School Youths in the FGD discussants commented that:

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In the woreda's HIV/AIDS communication interventions, most programs are conveyed using Tigrigna language to which most of our people cannot communicate. Beyond this, reaching the remote sub-districts like Ara'e and others is still difficult. This implies that the intervention programs remain confined to specific areas of the woreda. Therefore; I think employing people from the community itself can result in better outcomes over employing outsiders especially in terms of language. This can also have its own importance as, the communicators can get better acceptance by the communities. Besides; there appears effective communication as they can speak the same language as the target communities. Therefore, this can make them become more credible and can put more influence in the desired behavioral changes.

Therefore, it is quiet logical to say that language use beyond the intervention communication channels is becoming a barrier by itself. Generally, residents of the woreda have noted that they rarely participate in the intervention communication programs. This according to them is both due to the media of communication employed and the language the development agents use. They seem to prefer the Saho language and the different folk media types. Hence, it appears to conclude that the intervention communication programs are not appropriate to these community members.

About the inconvenience of the language to the intervention programs, an interviewee in around Alitena area had the following to say:

Certainly, there is an enormous resource allocation for HIV/AIDS in our woreda. But when it comes to educating people to have better understanding of the disease, the practitioners communicate the people in work places. Most of the programs are using the Tigrigna language. People at the time of the intervention listen to what the educators say. But later, you don't

notice them doing what they learned. Here, I can say that they are unable to rehearse what they heard. It is because they don't clearly understand what the communicators, that is, due to the language problem. In this regard, it affects the elderly ones than the youths.

This informant attempted to indicate the language use is unable to get along with the linguistic competency of the people. Especially, those segments of the population who are illiterate are unable to communicate using the language than that of schooled youths. Hence, this implies that the commonly used language of intervention is a barrier of communication for the beneficiaries. This exactly goes with what one of my informants from the ADCS HIV/AIDS office who explained that even the selected trainees let alone the other population, are incompetent to the Tigrigna language.

Generally, residents of the woreda have noted that they rarely participate in the intervention communication programs. This according to them is due to the language the development agents use. They seem to prefer the Saho language and the different folk media types. Hence, it appears reasonable to say that the intervention communication programs are not appropriate to the linguistic competency of this community.

4.5.2. The Communication channels

About the intervention programs and relevance of communication channels, an interviewee from Alitena area had the following to say:

> In Erob woreda, the HIV virus is spreading into most of the sub-districts. And it is getting hidden there as well. I can say that these people don't have access to the national media and other information sources. Most of them don't posses radio and TV, though they can, language is a barrier to most of the community members. For example, most people do not speak Tigrigna language though it is the regional language. With this idea, most

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of the HIV/AIDS intervention communications are through leaflets, brochures, pictures and others. Sometimes they use meetings and also the church evangelization. But they are not consistent and are limited only in some areas like Alitena and near by villages. So, I don't think the communication strategies are appropriate to the knowledge and linguistic competence of the people.

This implies that except the church evangelization and meetings, most intervention programs are only relevant to literate communities which most of these people are unlike to be. Hence, for people unable to read and write, communication channels like leaflets are to convey only limited messages as far as their competency is concerned. Besides, it is difficult to call them participatory as they are beyond the comprehension levels of the majority.

This approach entails that the communication strategy in the woreda is employing pictures as portrayals of HIV/AIDS issues. Regardless of the uses of the approach, it is reasonable to question how the communication agents progressed from mass education to the pictorial representation. In this context, it is difficult to judge whether all the communities in the intervention area have reached the expected levels of awareness in order to let them to the next phase of the intervention communication. Besides to this, what should be included in the pictorial representation cannot necessarily go with the interest of the general publics. This is to mean that it is difficult to identify priorities to the community interest with lower community awareness to the epidemic according to most informants. Hence, the programs are unable to promote community participation as my informants revealed.

To this end, the FGD held in Ingal, out of school youth accentuated about the intervention programs that:

About the HIV/AIDS, we have got different trainings and also some other resource materials like leaflets and brochures. Most of them are prepared in Tigrigna language. Based on this, we are also supposed to teach our social groups using them. And with regard to using pictures, some of the communities tell us that these kinds of issues don't exist in our wereda. And I believe this makes them become uncomfortable to participate in the intervention programs. Especially, the older couples don't accept us. About this, I observed that they some times laugh at it and don't believe it is the preferable way that effectively addresses the HIV/AIDS issues. This therefore hinders their open discussions about HIV/AIDS and sexuality.

Based on the above extract, it is understood that the channel of intervention is pictorial representation of HIV/AIDS facts either in leaflets or brochures. Besides, the teaching materials are prepared using Tigrigna languages through with most Erob communities are unable to communicate in.

Generally, it is not so easier to consider the interest of the majority as in the cases where cultural context remains decisive factor. To have communities involved in development issues, Rogers (2003:385) notes that "the Para-professional aides are most effective because they are homophilous, or perceived as being similar by the community." Therefore; whether the intervention program experts in the woreda are cognizant of the general societal concerns remains doubtful as far as they are outsiders. Besides, as one of my informants in Ingal told me, the intervention communicators visit the intervention sites only in times of intervention gatherings. This on the other hand therefore hinders their chances of observing what is going on there in the community's day to day basis. Finally, as to the specific communication strategies in the woreda, it seems limited or difficult to get compatible approach that is consistently employed in the area of the intervention.

CHAPTER FIVE

Conclusion and Recommendation

5.1 Conclusion

This study examines the use of indigenous communication in the HIV/AIDS prevention strategies in Erob woreda. To this end, demographic factors of informants were considered either in the in-depth interviews, focus group discussions or both which was led by purposive sampling technique. In this context, the community's socio-cultural factors were considered thinking that the specific age groups in the study would have their inputs as far as the epidemic intervention communication mainly targets these groups in the woreda.

In the study, participant observations, semi-structured interviews and focus group discussions were used to triangulate the study findings and avoid meaning discrepancy. In this regard, participant observation was meant to grasp relevant information from development agents, communication experts and also the societal reaction about the intervention programs. The semi-structured interviews were employed in order to obtain diversified views of individuals and it also helps to further strengthen the points of discussion depending what informants disclose. The focus group discussions were also chosen as tools of the data collection for the sake of encouraging group interaction about the specific concern of the study. And to this part, it creates the holistic view about the point of investigation. This works for studies like mine because issues like sexuality and HIV/AIDS, to which individuals may remain quiet, collective discussions ignite further debate that leads to further elaboration of the point. Thus, when coming to the major findings of the study, the major points are presented as follows:

About investigating the type of intervention communication strategies, there are varied forms ranging from leaflets, to pictorial representation of HIV/AIDS facts as well as the CC approaches. But as most informants indicated, the

communication strategies for the intervention programs are mostly inappropriate as far as the community literacy and comprehension levels are concerned. Informants revealed that they have been using different folk media channels and think that these forms could also be applied for the epidemic intervention communication programs. But the communication experts and the HEW are unable to use them in their programs. This according to the majority of the informants is not considering their socio-cultural factors. Hence, it is revealed that the communicators believe that their strategies are appropriate enough to the society but the publics don't. Hence, it appears to be the fact that the communication strategies are incompatible with the societal understandings and comprehension levels. Besides, it seems reasonable to conclude that the communicators do not have clearly declared forms of communication strategies that are consistently employed in the intervention programs.

When talking about different folk media types in the woreda, communities know them and have been using them in their various day to day activities. Besides, most informants believe that folk media channels are capable enough to disseminate any information in the society including HIV/AIDS messages. They revealed the fact that messages conveyed using these channels can easily diffuse into every segments of the community at a faster speed. Besides to this, they think that messages through folk media make the community easily comprehend the messages, internalize and rehearse them as far as they have been using them through out their lives. However, when it comes to the development agents, they either don't know most of the folk media channels in the woreda or else they are unable to use them though they weigh up the potentials of the media. Due to this, they rarely use these channels in the intervention programs. Hence, it seems difficult to witness whether there is use of folk media channels in the HIV/AIDS intervention communication programs.

With regard to the community's participations to the intervention programs, most informants expressed that the communities don't have the required knowledge about HIV/AIDS issues. This is because most intervention communication

programs are confined only to limited areas located around the woreda where as those far away sub-districts are not benefiting. Even though frequently visited are not at the required levels of awareness as the informants indicated. Hence, this prohibited them against participating in the intervention programs. Therefore, except limited segments like students and civil servants others especially the elderly couples are less likely to participate in the intervention programs. Thus, it is challenging to mention holistic concern of the programs in the woreda.

As most inhabitants of the woreda speak the Saho language, a number of them are observed to face difficulties to communicate using other languages including Tigrigna. However; most intervention programs are carried out using Tigrigna language. Even the leaflets and brochures are prepared with the same language. Besides to this, the intervention communicators live outside the community and visit them only at the time of the intervention. They don't have the required linguistic competence to deeply communicate with every segment of the community. In this regard, most informants revealed that the language of communication itself is affecting their understanding the activity. They also indicated that they some times merely sit until the end of the intervention without either participating in the activity or properly comprehending the messages of the intervention or the training because some representatives get training of trainers especially through the ADCS HIV/AIDS office. Thus, it appears that the language of intervention is a barrier of the intervention programs.

5.2 Recommendation

It appears true that the Erob community know the potentials of folk media from continued use. They consider them as their credible means of information dissemination. This is due to the fact that these media channels are originated there in the area and every segment of the community are familiar with. Besides to this, there is no access for the people to use the national media because of their geographic locations and also the society's linguistic competence to the languages the national media employs as what most of the informants indicated.

Accordingly, it would be logical to say that the folk media channels can be used for the intervention communication programs in the woreda. This implies that the development agents and other personalities working in the woreda are less likely to employ these media forms. Hence, as far as the communities know the potentials of folk media, and they have been using them in their entire life time.

When it comes to the intervention communication strategies, the development agents at large seem to lack clearly stated strategies. Besides to this, they frequently employ different techniques for the intervention programs of which they mostly employ work place intervention. But these cannot always be effective as the people primarily come to do the work than for the intervention programs. Hence, they need to think about revising and including communities in the activities of selecting appropriate communication strategies.

In the woreda, there are lots of folk media forms and which they are appropriate to the community's comprehension levels. But the development agents are unable to include them in their programs. This according to majority of the informants prohibited their participation in the intervention programs though most of the communities are little aware of the epidemic issues. Hence, it is reasonable to recommend that their programs need to include the existing folk media of the community to ensure communal involvement in the intervention communication programs.

Generally, this paper has attempted to highlight the use of folk media to the epidemic prevention programs. Other trends of the media are rarely included beyond how the media works and what is missing by the development agents in the woreda. Therefore, assessing every aspect of indigenous communication will be the area that needs further study.

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Appendix I: Thematic Questions

I. The available traditional media of communication in the Woreda

1. Can you tell me some of the folk media you mostly employ for the HIV/AIDS intervention communication in the woreda?

2. What makes the use of traditional media appropriate to the rural communities?

3. How do employ your communication strategies when reaching target communities?

4. What are the advantages of these media compared to others?

5. How do you evaluate your performances with regard to employing folk media communication channels?

II. The models and strategies of communication employed by the Health Extension Workers

1. Does your organization have any communication strategies for the HIV/AIDS prevention programs?

2. Which communication strategy do you commonly employ? Why?

3. What makes your communication strategies appropriate compared to others for the HIV/AIDS prevention?

4. How do you employ these channels to the dispersed inhabitants of the woreda?

5. What segments of the communities do you mostly consider? How do you reach them?

6. Do you think the communities are comfortable with the communication strategies you are currently employing? Why?

III. If the currently used communication strategies participate the Local Communities

1. Do you think your intervention programs are participatory? If so, how?
2. To what levels do you think the communities are interested in your intervention programs?
3. How do you involve the beneficiaries so that they become part of the solution?
4. Which segment of the community actively participates in your programs? Why/ why not others?
5. How do you evaluate the strengths and weaknesses of your programs?

IV. The worth of interpersonal communication for the HIV/AIDS prevention

1. Which channel of communication do you think that would be appropriate in your area of intervention? Why?
2. In your communication strategies, how do you consider the scattered villages in the woreda?
3. What makes employing interpersonal communication preferable to the others?
4. Do you think your communication strategies are effective enough? How?
5. What other communication channels do you know?

V. Folk media and their appropriateness for the HIV/AIDS intervention Communication

1. How do you relate traditional media and HIV/AIDS intervention communication?
2. Do you know any traditional media currently functional in the Woreda?
3. Why do you think the traditional media are appropriate compared to other communication channels?

4. How do you list down the degree of appropriateness of folk media for the HIV/AIDS communication?

5. How do you explain the applicability of folk media channels in various socio-economic and cultural aspects of the community?

VI. The appropriateness of the currently employed strategies

1. What are the currently employed communication strategies for the HIV/AIDS prevention in the woreda?

2. Do you believe that the current strategies have resulted in the desired behavioral changes?

3. Do you think the communities like the intervention programs? Why? Why not?

4. Do you think there are any communication gaps about the intervention programs? Why/why not?

5. Does the intervention communication reach the woreda inhabitants as a whole?

6. What do you suggest about the communication strategies and their appropriateness in addressing the HIV/AIDS messages?

Appendix II: Interview Guides

Interview guide for individual in-depth Interviews

1. What do you think the significance of interpersonal communication in the epidemic intervention programs?
2. What do you know about HIV/AIDS?
3. Do you discuss issues regarding HIV/AIDS and sexuality with your family members and others? Why? Why not?
4. How do you get most information regarding HIV/AIDS in your areas?
5. Where do you think the right place to talk about the epidemic?
6. With whom do you commonly communicate about the epidemic?
7. How do you feel about the ways people communicate about the epidemic in the Erob wereda?
8. What do you think the importance of peer discussion in the epidemic prevention?
9. Which behavior of the Erob people do you think that exacerbates the transmission of HIV?
10. Which segment of the community do you think that are more affected by the epidemic? Why?

Interview Guide for Health Extension Workers in the Woreda

1. Does your organization have any communication strategies when reaching rural communities?
2. What specific communication channels do you mostly employ?
3. How do you explain the extent of community participation? Why/ why not?
4. Are there any communal behaviors that may hinder effective intervention programs in the woreda? If so how?
5. Do you know any types of folk media in the woreda? Can you mention some of them?

7. Why do you prefer one communication method to the other?

Interview Guide for Individuals working in the HIV/AIDS office

1. Which communication strategy do you think that would be appropriate to the Erob community?
2. Why do you think one communication approach is more preferable to the other?
3. How do you reach these geographically scattered communities?
4. How frequently do you communicate the HIV/AIDS messages?
5. Can you list down the available folk media based on their effectiveness?
6. Any challenges that prohibit the intervention programs in the woreda?
8. What is your long term plan to ensure the intervention programs?

Interview Guide for Priests in the Parish

1. What is the role of the church in addressing HIV/AIDS issues to its followers?
2. How do you communicate your parish members about HIV/AIDS and related issues?
3. Do think your parish members are interested in your intervention programs? If so how?
4. Which occasions are convenient for you to address the HIV/ AIDS messages to the parish members?
5. What channels of communication do you mostly employ?
6. Which segment of the community do you commonly target? Why?
7. How do you explain the extent of the community participation?
8. What do you suggest for further strengthening of the programs?

Declaration

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

Name: Hagos Nigussie

Signature _____

Date of submission: June 24, 2010.

Place of submission: Addis Ababa University, Graduate School of Journalism and Communication.