ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES

COMMUNICATION STRATEGIES IN CHILD FEEDING WITH REFERENCE TO ESSENTIAL SERVICE FOR HEALTH IN ETHIOPIA (ESHE) OPERATION AREAS: THE CASE OF HARAMAYA WOREDA

BY

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JULY 2007

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CHAPTER ONE

Table of Contents   Page

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List of Appendixes

List of Acronyms

ESHE	Essential Service for Health in Ethiopia
ESHE-Oromia	Essential Service for Health in Ethiopia, operating in Oromia Region
NGO	Non Governmental Organization
UNICEF	United Nations Children's Fund
CHP	Community Health Promoter
TBA	Traditional Birth Attendant
HEW	Health Extension Worker
HW	Health Worker
IEC	Information, Education and Communication
PA	Peasant Association
FMoHE	Federal Ministry of Health of Ethiopia
ORHB	Oromia Region Health Bureau
BCC	Behavior Change Communication
FAO	Food and Agricultural Organization
DSC	Development Support Communication
EDHS	Ethiopia Demographic and Health Survey
ACE	Agricultural Communication Efficiency

Abstract

Exploring the communication strategies employed by an international non-governmental organization (NGO) ESHE-Oromia (Essential Service for Health in Ethiopia), operating in three Regional States-Oromia, Amhara and South Nation Nationalities and Peoples Region (SNNPR) to promote child feeding as an integral part of its child survival project. The study primarily focused on Information, Education and Communication (IEC) System EHSE-Oromia was employing to create awareness of the community on child feeding. The major issues raised in the study were socio-cultural barriers that hinder particularly exclusive breastfeeding and complementary feeding, communication strategies employed to promote child feeding, appropriateness of contents of the messages intended to reach the target groups and lesson that could be learned from the project. Data were collected through Qualitative type of research methods designed. Using semi-structured guiding questions for Focus Group Discussions (FGDs), individual in depth interview and participants' observation, the data were collected. In rare cases informal discussions were also held to seal the gaps where the needs arisen. The study was based in Haramaya Woreda, East Hararghe Zone in Oromia Regional State. The qualitative data gathered from the two villages - Finkille and Tinike Peasant Associations (PAs) of Haramaya woreda were qualitatively analyzed and discussed based on the fundamental theories employed in the study: participatory, development and the two-step flow of communications and the research questions raised in the study. Accordingly, the study indicates that the major communication strategies exploited by ESHE-Oromo and most favored by the community was interpersonal communication. Radio-Harar, which was mostly accessed by the community, was unnoticed. Further more, the most favored places to exchange in formation were found to be market, wedding ceremonies, mourning ceremonies and other social gatherings like Afosha (mini self help associations). On the other hand, discarding colostrums and giving butter to newborn babies as a medicine were found to be some of the major harmful traditional practices in the study areas. Failure of consistent follow-up of the activities of volunteer community Health Promoters (CHPs) and employment of pictures that does not represent the community at the study sites were also some of the problems the study revealed.

CHAPTER ONE

INTRODUCTION

In this chapter, an attempt is made to highlight all matters related to the study. It points out the background of the study and the rationale behind it. Besides, it also discusses the significance of the study, the scope and limitation of the research. Finally, gives conceptual definition of some terms incorporated in the study.

1.1 Background of the Study

The study area, Haramaya woreda is one of the 18 woredas in East Hararghe zone. This Woreda is one of the 20 woredas in Oromia Regional State where an international NGO named Essential Service for Health in Ethiopia (ESHE) is currently operating. Haramaya woreda is bordered on north by rural Dire Dawa, on south by Fedis, on East by rural Harar and on West by Kersa woredas.

Essential Service for Health in Ethiopia (ESHE) is an integrated program of child survival interventions and health sector reform funded by USAID and implemented by John Snow Inc. (JSI) and its collaborating partners Abt. Associates Inc., Academy of Educational Development and Initiatives Inc.

Based on the figures from Central Statistical Agency (CSA 2005) East Hararghe Zone has an estimated total population of 2,555,635, of whom 1,298,104 were males and 1,257,531 were females; 175,440 or 6.9% of its population are urban dwellers. With an estimated area of 24,900.21 square Kilometers; East Hararghe has an estimated population density of 102.64 people per square kilometer.

The two villages or Peasant Association (PAs) selected for this study are: Finkille and Tinike. There was only one Health Station in Finkille PA that renders service to six PAs in the surrounding.

On the other hand, agro-ecologically the study areas are located at middle altitude with chat, a green leaf, chewed by almost all the community, is the dominant cash crop in the area.

1.2 Statement of the Problem

According to early warning survey (2003) report of Oromia Disaster Prevention and Preparedness Commission (ODPPC) more than 81 percent of the population in the East Hararghe zone has been very highly vulnerable to drought with slightly different degrees of vulnerability.

Though breastfeeding is nearly universal in Ethiopia, and the median duration of any breastfeeding is long (25.8 months). Exclusive breastfeeding, on the other hand, is relatively short, with a median duration of 2.1 months. Contrary to WHO recommendations, only around one in three children age 4-5 months is exclusively breastfed (EDHS, 2005: xxvi).

However, in adverse socio-economic and environmental circumstances breastfeeding has considerable advantages over artificial feeding because of such factors as the possible use of contaminated water for mixing feeds (WHO, 1981).

On the other hand, according to EDHS (2005: 35), "literacy is widely acknowledged as benefiting the individual and the society and associated with a number of positive outcomes for health and nutrition."

Nevertheless, as EDHS (2005) points out, only a few women are literate in Ethiopia and the literacy status varies greatly by place of residence.

Therefore, it seems that the low literacy rate of females has major implications for health and nutritional status of Ethiopian children and mothers. Furthermore, the magnitude of child problem seems high in recurrent drought attacked areas. Consequently, the researcher purposely chosen East Hararghe to explore the communication strategies employed by ESHE-Oromia to promote child feeding-exclusive breastfeeding and complementary feeding in such a challenging circumstances like Haramaya woreda, one of the woredas in East Hararghe zone.

More over, ESHE-Oromia is working collaboratively with several partner organizations to improve the infant and young child feeding practices and women's nutrition in Oromia region, cluster zones, and in particular to ESHE focus woredas where food security and child health as result of malnutrition and diseases is in danger.

Accordingly, the two rural village of Haramaya woreda were chosen hence they are one of the foods in secured areas as well as for their accessibility to transport and due to time constraint the failure to collect data from the very far areas in the zone.

1.3. Purpose and Goals of the study

The main purpose of this study is to explore the communication strategy of ESHE-Oromia from inception or planning to implementation in promoting child-feeding practices as part of child survival intervention program.

The goal of this study as a result is:

1. To explore the communication strategies employed by ESHE-Oromia to improve the exclusive and complementary feeding practices of mothers in selected two rural villages of Haramaya woreda-Finkile and Tinike.

2. To identify how far health communication strategies employed by ESHE-Oromia is culturally appropriate.

1.4 Research Questions

The defined goal could be achieved by searching answers to the following questions:

1) What are the socio-cultural barriers that hinder mothers' from practicing exclusive breastfeed and complementary feeding?

2) What communication strategies ESHE is currently exploiting in its operation areas?

3) How far the communication approaches and content of messages employed are culturally appropriate to the target population?

4) What lessons can be learned from ESHE-Oromia child-feeding project?

1.5 Significance of the study

This study is assumed to be significant largely to community at grassroots hence the main objective of the study is to explore the strengths and drawbacks in communicating them so as to promote child feeding. Moreover, since child feeding practices are one of the interventions ESHE-Oromia carries out as an integrated part of child survival. Furthermore, the beneficiaries of the outcome will also be the ESHE communication project designers as well as Other partners- NGO

and governmental organizations who work in the areas of child nutrition in particular and child survival in general.

Finally, to the best knowledge of the researcher, so far there is no published material, which focuses on child communication strategy in this particular case. Therefore, this study would help as a foundation for the future in indicating the strengths and drawbacks of the communication strategies of ESHE-Oromia.

1.6. Scope and Limitation of the study

The major limiting factors of the study worth mentioning include: time constraint, obstructive bureaucracy at Head quarter of ESHE-Oromia and financial problem particularly absence of per diem was also in one way or another limited the scope of this study. Moreover, it is obvious that one cannot cover every detail in a modest research as this one as the researcher was running off time.

Last but not least, aside from this entire actual field related problems, lack of ample time to thoroughly go through the available references (secondary sources) also to some extent limited the scope of this study.

1.7. Organization of the thesis

This thesis comprises five chapters: The first chapter gives an introduction. The second chapter deals with the review of literature. This is followed by chapters, three and four which deal with the Research methodology and data presentation and analysis respectively. Conclusion and recommendations constitute the last part of the thesis.

1.8. Definition of Terms:

- **Traditional communication**- the passing down of culture from generation to generation, especially by oral communication.

- **Oral communication** - is the process of exchanging information and ideas. An active process, it involves encoding, transmitting, and decoding intended messages.

- **Strategy** - a plan of action designed to achieve a particular goal.

- **Complementary feeding** - the transition from exclusive breastfeeding to family foods.

- **Empowerment** - the process of displacing decision making down wards to the workforce, or lower levels of management, to enable them to use their skills more effectively and flexibly.

- **Exclusive breastfeeding-** feeding a child only breast milk until six months old

CHAPTER TWO
REVIEW OF RELATED LITERATURE

2.1 INTRODUCTION

This chapter makes use of theoretical underpinnings to explore the communication strategies employed by ESHE-Oromia to promote child feeding in Oromia four zones, of which East Haraghe Zone is one. This study is conducted in Haramaya woreda, which is one of the six woredas in East Hararghe zone where ESHE-Oromia is operating.

The theories discussed specifically include the participatory communication approach, the development communication theory and the two-step-flow of communication hypothesis. However, from Ethiopia's context in general and the study site population in particular, participatory approach seems the most relevant and applicable theory for effective promotion of child feeding by ESHE-Oromia.

Fundamentally, the health communication theories discussed in this chapter are an amalgamation of both communication and health, though several of them are treated from communication angle than health viewpoints. In this regard, Finnegan and Viswanath, (1990: 10) have argued that "it is not surprising that the field of health communication has been defined with greater emphasis on communication than health per se, because it was communication scholars who sought to exercise their expertise in health situations and not other way round."

However, communication strategies need to consider the country's situations and directions. "In reality the communication government policies, development programs, reforms and philosophy influence strategies. And hence, the major foundations for health communication strategy emanate from the principles of the Government" (MoHE, 2004: 10).

In qualitative research like this one, as Creswell (2003:30) stated, "inquirers use the literature in a manner consistent with the assumptions of learning from participant and not prescribing the questions need to be answered from the researcher's standpoint".

In the remaining parts of this review of literature, a brief description of challenges of child feeding, the role of communication strategies in promoting child feeding and pertinent communication theories will be discussed.

2.2. Challenges of child feeding

As this research work is entirely devoted to child feeding communication strategies, it seems important to raise the magnitude of the problem as well as communication strategies specifically related to breastfeeding.

According to Hawes and Scotchmer (1993) every week, a quarter of a million children die in the developing world. Many millions more live on ill health and poor growth. According to these scholars, the fundamental cause of this tragedy is poverty. Another fundamental cause is that today's knowledge about protecting the health and growth of children has not yet been put at the disposal of the majority.

Although most women in developing countries initiate breastfeeding, the promotion of breast milk substitutes, changing societal values, urbanization, and the erosion of traditional support systems pose threats to breastfeeding (AED, 2004).

Knowledge of the health benefits of breastfeeding is usually inadequate to motivate women to adopt optimal practices. To make better feeding

choices, mothers need specific culturally appropriate information that responds to these constraints (Ibid). In the same view, educational materials also ensure the availability of culturally appropriate and easily understood educational materials for adolescent girls and women of child feeding age and their families (Ibid). It further states that messages should address concerns about water requirements of infants, mothers' doubts about the adequacy of their breast milk.

Therefore, feeding with breast milk substitutes and the concomitant decline in breastfeeding is an example of this. Thus despite the advantages of breastfeeding, its popularity has been declined in many places only to be replaced by infant feeding practices that are not as effective as breastfeeding and which when incorrectly used are harmful.

Having understood the resultant effects of breast-milk substitutes, Mozambique was one of the first countries to ban the import of breast-milk substitutes and bottles produced by the multinational companies and to distribute a domestic brand of milk with labels emphasizing the superiority of breast-milk (Lechting and Sirvastava, 1988).

It is important that this trend be halted and present level of breastfeeding be increased. Similarly, proper and timely weaning must be promoted. This cannot be done unless the public at large is made more aware of the crucial importance of breastfeeding and sound weaning practices. The educational messages designed to this end must be consistent and disseminated by all sectors (WHO, 1981).

In nutshell, because of the promotion and lack of awareness of breastfeed mothers particularly had, the child feeding is becoming a challenging situation.

2.3 The Role of Communication in Promoting Child Feeding

Communication is a key component of many overseas aid programs. Efforts to improve living conditions in the world's poorer areas through social service and infrastructure development are often accompanied by communication campaigns aimed at the general populace (Morris, 2005).

Rogers (1996) as cited in Natifu (2006), basically defines health communication as any type of human communication whose content is concerned with health. Ratzan et al (1994) in Natifu (2006: 15) also defines health communication as "the art and techniques of informing, influencing and motivating individual, institutional, and public audiences, about important health issues."

On the other hand, programs to communicate information can be effective only if they are planned to take into consideration the characteristics of those to whom the information is addressed (WHO, 1981). Moreover, modern channels of communication can be associated with traditional cultural activities such as drama, puppet shows, street theatre and festivals to increase coverage of the population. However, messages or channels of communication that conflict with traditional beliefs and community practices must be avoided (ibid).

To promote child feeding, all channels of communication, including religious leaders, school teachers and other community opinion leaders and voluntary associations, particularly women's organizations should be actively involved with health services and other sectors in encouraging and supporting breastfeeding and sensitizing the community to the value of breastfeeding. Moreover, health-related staff like traditional birth attendants who provide mothers not only with educational information but also with practical help should be provided with appropriate information (ibid).

For instance, as Hendrata (1988: 128) explains, "it is important that the community be involved in any evaluation of the problem of child care and feeding. The most valuable lessons are those provided by successful mothers in community: their experience can offer us solutions that work in specific environments. "Furthermore, nutrition education should be part of the health care of the family. Extension workers from all sectors, also have an important role in the promotion of breastfeeding" (WHO, 1981: 19).

Moreover, child-feeding messages should be developed with the full participation of the target segments. This will guarantee the relevance of the message to the local situation (Hendrata, 1988).

But, the type of support need for the successful promotion of breastfeeding must vary from one society to another according to socio-cultural, political and economic conditions. On the whole, however, informal community support systems and social legislations and policies can be effectively used to promote and support breastfeeding (WHO, 1981).

In the same vein, according to a joint statement of WHO/UNICEF (1989:3), for breast-feeding to successfully initiated and established, mothers need the active support, during pregnancy and following birth, not only of their families and communities but also of the entire health system. Ideally, all health workers with whom expectant and new mothers come into contact will be committed to promoting breastfeeding, and will be able to provide appropriate information as well as demonstrate a thorough practical knowledge of breastfeeding management.

"Too often, however, the reality is quite different: health personnel may have insufficient knowledge about breastfeeding and little experience in providing appropriate support for mothers, and may be unaware of the main factors that determine whether or not mothers breastfeed and for how long" (Ibid: 3-4).

Nevertheless, breastfeeding has historically ensured the survival of the human species and has traditionally been facilitated by local informal social networks that provided example and support (WHO, 1981: 33).

> Nowadays, mass communications and rapid transport have facilitated the easy exchange of ideas, beliefs and experiences between societies. As a result ways of feeding infants have tended to change and practices that had been adopted by industrialized societies have been widely diffused and taken up in developing societies where they are neither suitable nor safe (ibid: 34).

In short, to alleviate the child feeding problems which is partly emanated from lack of awareness, involving the community in the designing of messages and combining the traditional and modern channels of communication to reach the messages to the target population is considered as one step to tackle the problem.

2.3.1. Mass communication

Recent communication theories suggest that the mass media as being good for creating "awareness" of things, setting the agenda for discussion (Severin and Thankard, 1979).

The importance of radio as a means of learning and attention has been shown tremendous and over whelming. It was also found that the "information-poor" segments of the population were radio-have-nots. Radio in Ethiopia could not only be taken as the source of learning but is also creating its own classes of "information-rich" and "information - poor"(UNICEF, 1990: 64).

On the other hand, of all mass media, the world Association of community Radio Broadcasters (AMARC) has been in the forefront to make radio a community-oriented medium that responds to community's needs and contributes toward development of the community (Melkote and Steeves, 2001). Moreover, these scholars further state that the community media should consider the audiences and it needs to give particular attention to the oppressed large group of people-women, the poor, ethnic, racial and linguistic minorities, refuges, and other marginalized people.

A study conducted in rural Bahir Dar by Amare (1989) cited in UNICEF (1990:3) indicates "there were low-correlation between farmers' exposure to the media and knowledge of farmers in agriculture and health innovations." However, communication researchers have considered radio as a great agent of development. Momeka (1994) posits that radio's effectiveness depends on how it is used and for what purposes, not so much on its intrinsic qualities. The fact that radio messages reach more people at the same time than TV messages makes radio a powerful and influential agent of communication and change in society. Radio is even more effective than TV in changing and/or affecting the lifestyles of people in remote parts of the world. The dissemination of development programs through radio has been invariably successful, as some field of researchers report.

Recent studies show the effectiveness of radio in management of health programs. "In 1988, the Federal Radio Corporation of Nigeria (FRCN) used radio and mobile vans to inform mothers about child immunization program, the location of the clinic and the vaccination schedule" (Ogundimu, 1994, 222-223).

The implication is that radio can easily disseminate information to the large group of people makes it more important than TV. Moreover, Radio does not discriminate the literate and illiterate people and as a result, anyone who has radio can exploit information disseminated in radio.

2.3.2. Interpersonal communication

FAO (2002) states that communication is not simply a question of using the organized (mass media), however, powerful they may be. Communication employs other formal and informal channels of communication including interpersonal channels. Backe, et al (1992) contends that the mass media can provide all the public service announcements, but behavioral changes are mainly achieved through interpersonal intervention. In a similar argument (FAO, 2002), states some scholars who argue in support of behavioral newer perspective on development communications state that interpersonal communication has more effect over the media-radio and television. Hence in interpersonal communication the individuals directly involve themselves in the communication process.

Moreover, Defluer and Dennis (1994) on their part state that mass communication and face-to-face that mass communication differ in important ways. Because of feedback and role taking, interpersonal communication can be flexible and influential. Mass communication is largely a one-way and relatively rigid process.

"Mass communication is important in spreading awareness of new possibilities and practices, but at the stage at which decisions are being made about whether to adopt or not to adopt innovations, personal communication is far more likely to be influential" (Servaes, 1999:24).

Though, mass media causes behavioral and attitudinal changes, the notion is that interpersonal communication has actual effect to get the desired responses of audiences as interpersonal communication helps to react while communication is going or at the end.

2.3.3. Educational Media

Instructional radio is limited in its usefulness in that the information is directed only to a target, learning group, with a supervisor directing the group and eliciting feedback. Another complication of using this strategy is that, by selecting and treating a group, the programmers give preferential treatment to certain members of a community, instead of equal treatment to all (Ngwainmbi,1995). In addition, the instructional messages are often laden with ideals that contradict indigenous values. The instructors may also distort the message before it reaches rural residents (ibid).

On the other hand, Momeka (1994) states: "Broadcast messages are directed to unorganized audience and relevant messages are capable of being accepted by the individual on his/her own." According to Ngwainmbi (1995), there are, however, several ways of determining the usefulness of radio for rural development, one of which is to assess its influence on the rural communities in other developing countries.

Communication researchers have also considered radio as a great agent of development. However, according to Ngwainmbi (1995) the strategies of employing instructional media for development program failed in Lagos, Nigeria.

2.3.4. Traditional Forms of Communication

While radio and television may be foreign agents of communication for people in developing countries and may pose many problems of assimilation, such as indigenous media of communication as theater, song, public gatherings, and folktales have been used by the indigenous to communicate messages fairly extensively and to change their opinion and world views (Ngwainmbi, 1995). Besides, he explains that traditional forms of communication are much older than electronic forms. Studies show that in ancient Africa, drums were used to send messages to distant lands. The sound of the drumbeat determines the kind of messages intended.

Other messages were communicated through gunshots. For instance, in some tribes of Cameroon gunshots frequently announce the death of a community member. The sound of the gun immediately summons people to converge and mourn the deceased (ibid). He further states that in Cameroon, one of the better means of disseminating messages is through public gatherings of the village inhabitants. Gossip, conversation, announcements and similar word of mouth or dialogue spread rapidly when village indigenous meet at funeral ceremonies or market places.

On the other hand, FAO Report (1987) on development support communication release, asserted that the sharing of knowledge among rural populations should not involve replacing traditional communication techniques with modern ones, but merging traditional and modern systems to "produce more appropriate hybrid, on that benefits the economic and technical capacities of rural populations as well as cultural values" (FAO,1987:2). The immediate purpose of sharing knowledge is to empower rural people to take more control over their environment and

over agriculture, health, habitat, and other factors, which so critically impinge on the quality of life (ibid).

However, Nigwainmbi (1995) explains that certain problems prevail in traditional communication that might deter the messages-sharing process, on the one hand, and obstruct its ability to reach all, on the other. He further states messages in most traditional societies are dependent on social status. Certain people are deprived of the right to receive and use information. For instance, women in some tribes of Cameroon are not supposed to hear or to share some messages disseminated by "Kwifon," the sacred messenger or medium of communication.

So far in the preceding parts of this chapter an attempt is made to briefly discuss challenges in child feeding, communication strategies both modern and traditional. In the proceeding part of same chapter, relevant theories will be discussed.

2.4. Communication Theories Applicable in promoting child feeding

2.4.1. Participatory Communication Theory

Community-based programs, particularly those using participatory approaches, can improve the health of the poor by involving beneficiaries in program design, implementation, and evaluation. Participatory programs can help empower communities, create a sense of ownership, and foster accountability to poor clients. Community outreach and community-based services are also useful strategies for reaching isolated groups or those who would not otherwise seek health care (World Bank, 2004). In the same vein, (FMoHE, 2004) states that community-based participatory approach of communication and dialogue together with

quality and reliable service delivery is the best. This has been proved by some localized attempt made in Ethiopia. Such an approach is recommended to be used as the basic method of communication involving traditional communication methods and approaches applicable to the setting.

Researchers also have found that community participation can lead to increased equity and sustainability if the process empowers diverse members of communities especially the most disadvantaged, to mobilize and gain access to resources and to advocate for change to improve their positions (Kristin, et al, 2006:2).

As Rice and Atkin (2001) point out, health campaigns that are directly targeted to the focal segment of the population tend to have a relatively modest degree of impact, but the effects vary substantially according to the palatability of the advocated behavior, receptivity of target audience, and the quality and quantity of messages.

Similarly, according to (World Bank, 2004) development report, empowering diverse community members may be a key to avoid pitfalls. For example, local health committees or boards that are designed to increase local ownership and accountability of services can be vulnerable to control by local elites, unless mechanisms are designed to ensure representation of the most disadvantaged clients.

"Community health care plans, where participants pool their resources to cover themselves when they are ill, may be an option for poor, rural people. These plans appear to have worked well among rural residents in countries such as China, India, Indonesia and Rwanda" (Ashford, et al, 2006: 7).

The fact people are involved right from the planning stage, it is expected that the development project will address people's top priority needs with significant impact towards their ultimate goal. In this regard, it is stated that:

> Popular participation has become a buzz-word in development community in recent years as more and more actors have realized that improvement in living conditions are not brought about from above by some benign agency but by the beneficiaries themselves taking an active part in the process of bringing about the change. But the practice of popular participation rarely matches its rhetoric. Doing it is difficult and it involves a lot of learning not only by the people but also by the professionals who work with them (Bergdall, 1993 in Mulwa, 2003: 130).

However, it would be fair to acknowledge at this juncture the fact that community participation has meant different things to different people. Hence, there can be no single definition or universally accepted understanding of the concept of participation. The practice of participation is equally relative, as its interpretation and therefore its application will largely be dictated by the circumstances on the ground. For some, participation is an effort to involve the community in the implementation of already drawn-up blueprint plans (Mulwa, 2003)

The participatory model of communication sees people as the nucleus of development. Development means lifting up the spirits of a local community to take pride in its own culture, intellect, and environment. Development aims to educate and stimulate people to be active in self and communal improvements, while maintaining a balanced ecology (Servaes, 1993).

On the other hand, as a result of the weakness of the top-down approaches to development, the discourses of participatory

communication and social marketing were born. Participation through co-sharing of knowledge between the beneficiaries and benefactors was hoped to bridge communication gaps arising from the top-down paradigm. It is also aimed at involving the people who were subjects of development to sustain the development process (Yoon, 1996 in Natifu, 2006). At the risk of simplifying, Servaes, (1999) asserts that there are two major, but interrelated, approaches to participatory communication. The first approach focuses on the dialogical pedagogy of the noted Brazilian educator, Paulo Freire (1970). The second approach, often broadly labeled as the participatory communication media approach, or the alternative communication approach, centers on the ideas of access, participation, self-determination, and self-management.

The Frerian "Pedagogy of oppressed" emphasized the role of "teacher as learner" and "the leaner as a teacher," with each learning from the other in a mutually transformative process. Frerian's pedagogy emphasized the indispensable need for communication planners to understand the "World" in which members of the audience are living in order to communicate effectively. Momeka (1994) cited in Natifu, puts it succinctly as follows:

> Unless a communication strategy includes a two-way flow of messages, makes sure the rural people have access to adequate channels and can express themselves in freedom, and unless the authorities are willing to listen to messages from the countryside, and to learn from them, the best of such strategies will come to naught (Natifu, 2006: 27).

On the other hand, as to the participation and empowerment, FMoHE (2004), states that empowerment is enabling individuals or groups to make informed decisions and informed choice of behaviors. Individuals or community participation is not only necessary for program accomplishments, but are also means of creating partnership and

collective responsibility. Empowering people, both women and men would facilitate partnerships in health communication interventions. Empowering people starts from providing correct and up-to-date information and the appropriate skills needed for behaviors change and maintenance.

Furthermore, FMoHE (2004) states that health communication programs require continuous support, monitoring evaluation, redesign and implementation. Sustainability could be ensured through empowering individuals, communities, and through advocacy, and securing resources to continue the program. Sustainability issues should be considered at the design stage of the communication intervention strategy. Sustainability is promoted by the involvement of the communities and use of local resources in health care and communication programs.

It is important, therefore, to ensure that the communication activities become part of the routine program activity of the community-based organizations. Survival of the new feeding practices also depends on early involvement of all relevant sectors of local government (Hendrata, 1988).

In short, the impression here is the involvement of the community in community-based projects ensures the sustainability of that project. Accordingly, the involvement of the community in child feeding promotion, which is the integral part of the child survival program, guarantees the sustainability of the program.

2.4.2 Development Communication Theory

Yoon (1996) defines development communication as a branch of the communication theory or practice that is concerned with applying insights from communication theory to address problems of development

and modernization. In essence, development communication theory carries the notion of that mass media are capable of creating a public atmosphere favorable to change, which is assumed indispensable or crucial for modernizing traditional societies.

According to Pratt (1996) cited in Natifu (2006), good nutrition is the foundation upon which socio-economic development is achieved;

> Nutrition is crucial to national development; an under nourished or a malnourished population is at a risk of infectious diseases that may reduce its working and productive capacities (Natifu, 2006: 24).

When the working and productive capacities are demolished the consequential effect is a turndown of a nation and its citizens. In this regard Melkote and Steeves (2001:103-104) explain that at both the macro and micro level, communication is viewed as a product and booster of economic growth and development.

"Development communication scholars and practitioners still tend to be split between those who view communication as an organizational delivery system versus those who view communication more broadly as inseparable from culture and from all facets of social image" (Melkote and Steeves, 2001: 37-38).

According to Melkote and Steeves (2001), the Development Support Communication (DSC) specialist has the job of bridging the communication gap between the technical specialists with expertise in specific areas of knowledge, (such as health, agriculture, and literacy) and potential users, who may need such knowledge and its specific applications to improve their performance, increase their productivity or

improve their health. The DSC expert is expected to translate language and ideas into messages that would be understandable to users.

> Few writings on development communication are mainstream traditions consider the impact of religion and spirituality, except in a negative sense, as an obstacle to development. Yet observations and experience in developing countries show that religious organizations and motivations are often crucial for project success, especially projects that aim to empower people (Melkote and Steeves, 2001:293).

Daniel Lerner, in his book *The Passing of the Traditional Society*, contributed a fresh viewpoint to thinking about the communication process - the idea of 'empathy'. Empathy refers to a person's ability to put himself in the place of another, to see the world as other person does. According to Lerner, this ability is essential for development since it is only by assuming the view point of more 'modern' person that a peasant can desire to change his present life (Lerner in Bordenave, 1977).

On the other hand, to achieve a sound development, as some researches indicate, especially adults just cannot hear what you have to say, understand and remember very well. One test showed that when the same material was taught with and without visuals, adults remembered more from the visual presentations, especially over a period of time.

Researchers estimate that of all the information we know,
- Six percent comes through touch, taste, and smell
- Eleven percent comes through hearing
- Eighty three percent comes through sight.

Visual elements should not replace verbal, but the two complement each other and achieve results that neither could achieve alone (ACE, 2000).

Good visuals can accomplish several things simultaneously. They can: avoid misconceptions by illustrating, clarifying, and supporting your verbal material; focus attention on what you are saying and away from distractions; save time because concepts are presented faster and understood more quickly; show concepts, places and new experiences not easily explained; help the talk progress in a logical order and let the audience see where it is leading and make learning easier and more enjoyable (ibid).

Regarding the relationship communication has with other aspects of life, Melkote and Steeves indicate that:

> Communication has often been used to refer to a linear process of information exchange, resulting is knowledge acquisition or persuasion. However, we prefer a definition that emphasizes a process of shared meaning that takes place in a cultural and political-economic context and is inseparable from that context. Hence, the processes and institutions of communication, culture, politics, economics and development and all interwoven, the role of communication in society cannot be understood apart from other processes and structures of society, and their unique histories and circumstances (Melkote and Steeves, 2001: 43-44).

Though development is usually understood to mean the process by which societal conditions are improved, there is much disagreement on what comprises improvement (Melkote and Steeves, 2001: 44).

According to Melkote and Steeves (2001:44), "Our understanding of development communication emerges from our understanding of development as empowerment and communication as shared meaning. It involves issues at all levels of consideration: The grassroots, large community, regional, national, and global levels."

The overall notion is that development and communication have something to do with the context in which a particular society is living. Whenever any development communication is planned to achieve development or progress by empowering the local community, context seems a cornerstone and should thoroughly be studied.

2.4.3. The Two Step Flow of Communication Hypothesis

The two-step flow of communication saw the communication process simply as a message going from sender to a receiver. The hierarchic view of communication can be summarized in Laswell's classic formula: "Who says what through which channel to whom with what effect?" (Laswell cited in Servaes, 1999:23).

The first formulation of the two-step flow hypothesis was the following: "Ideas often flow from radio and print to opinion leaders and from these to less active sections of the population" (Lazarsfeld, et al in Servaes, 1999:23). Thus, two elements are involved: (a) the notion of population divided into "active" and "passive" participants, or "opinion leaders" and "followers"; and (b) the notion of a two-step flow of communication influence rather than a direct contact between "stimulus" and "respondents" (or the so-called bullet or hypodermic needle theory).

The general conclusion of this line of thought is that mass communication is less likely than personal influence to have a direct effect on social behavior.

Moreover, as Lin (1973) quoted by Servaes (1999), the two-step flow hypothesis neglects the fact that a greater amount of information flows directly from the media to users without passing through opinion leaders. Further more, the concept of opinion leader has proven to be far

too simple. It can be said, for instance, that change can and should occur from below by those who need it on their own behalf. Therefore, some suggests a so-called N-step-flow model.

In the same vein, the two-step flow theory is criticized for being linear and simplistic (from the mass media to opinion leader, and from opinion larders to individuals) in its interpretation of the complex reality of information flow. Multi-step theorists such as McQuail and Windhal (1983), Schenk (1985), argued that opinion leaders might obtain their information other than through the mass media-through interaction with other opinion leaders, who disseminate the information to their flowers (individuals in the social system) (Natifu, 2006:18).

Therefore, the multi-step flow theory of communication seems more applicable to this study than the two-step flow theory because it provides a more concrete information flow from mass media to opinion leader; from opinion leader to another opinion leader.

2.5 Summary

Although theoreticians tend to state views in absolute terms, there are no absolutely 'right' or 'wrong' theoretical models for promoting child feeding in this particular study except that some theories are more applicable to the context of the study area. A model that seems to work in one kind of development situation may not be suitable for another. As Bordenave (1977:11) pointed out, "today theoreticians know much more about communication in rural settings than they did ten or two twenty years ago; tomorrow they will need to know even more."

In the same way, though three communication theories are briefly discussed in this study, it would be wrong to say this theory is absolutely

applicable theory and more important than others. However, from the developing countries context and rural setting, the participatory approach looks more relevant as a communication strategy to promote child feeding. More over, in line with the principles of the current government, development communication theory is also equally important. The two-step follow hypothesis is also applicable in this case as the community in the study areas is traditional and receives messages from community opinion leaders

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction

In this study an attempt is made to explore the communication strategy employed mainly the Information, Education and communication (IEC) system of Oromia- ESHE to promote child feeding. The research site was two rural villages named Finkile and Tinike in Haramaya district, East Hararghe Zone, Oromia Regional state.

Moreover, the inquiry employed in this study was entirely exploited a qualitative research methodology. To this end, the data collection techniques used in this research are: in-depth interviews focus group discussions (FGDs) and participants' observation. Moreover, informal discussion was also employed to crosscheck the findings. Lastly, this part paid attention to the challenges that were faced during the data collection.

3.2. Research Design

The study was mainly depended on the triangulation technique in order to narrow the gap created by a single method. The triangulation method was employed in this study to help in crosschecking the findings. The basic assumption of triangulation is "that the weaknesses in each single method will be compensated by counter-balancing strengths of another" (Jankowski and Jensen, 1991 in Natifu, 2006:35). Yin in associated argument states that, "Using multiple sources of evidence to make any finding or conclusion is likely to be more convincing than using of a single source" (Yin, 1994: 92).

According to Bryman (2004: 27), "A research design provides a framework for the collection of data. A choice of research design reflects decision about the priority being given to a range of dimensions of a research process". Accordingly, in this qualitative research, an attempt was made to collect data through three techniques; namely, FGDs, in-depth interview and participants' observation. Informal discussion was also used to cross check the findings.

Further more, in designing this research priority was given to qualitative method because the study is an explanatory. In support of this Holland and Campbell (2005:5) state, "While quantitative research prioritizes descriptive, analytical breadth of coverage, qualitative research is noted, above all for its explanatory power and for the richness and depth of information it generates. Rather than standardizing to describe the norm, qualitative research seeks to explain differences."

 More over, since this study entirely employed qualitative research method, as a research strategy, it is inductivist, constructivist and interpretivist.

3.3 Justification for Employing Qualitative Method

Research can be categorized into two namely qualitative and quantitative research methods. Each of them employs various techniques of data collection and analysis.

"Qualitative research is a research that usually emphasizes words rather than quantification in the collection and analysis of data. As a research strategy it is inductivist, constructionist, and interpretivist, but qualitative research do not always subscribe to all three of these features" (Bryman, 2004: 266).

The main justification for the use of qualitative research approach than quantitative is naturally due to the nature of this study. In support of this argument (Tilford and Robinson, 1990 in Natifu, 2006) states that research is a means of investigation in which appropriate methodology should be utilized to answer specific questions, drawing on the strengths and limitations of a range of approaches.

Accordingly, since this study was entirely an exploratory research, it seemed sound that qualitative method of inquiry is more relevant and advantageous in both data collection and analysis than its counter part quantitative methods.

As Denzin et al (1998) quoted in Natifu (2006: 37), mentions three qualities in which qualitative inquiries are much better than quantitative at:

(a) Capturing the individuals' point of view through detailed interviewing and observation.
(b) Examining the constraints of everyday life by seeing the world in action.
(c) Securing rich description of the social world.

These merits of qualitative approaches are much relevant to this study since observation of the participants' points of view across any form of qualitative research-be it FGDs or individual interviews helped the research at least to sense the progresses seen in promoting child feeding and the constraints faced. Moreover, in this research method the data were collected from primary sources in a natural context. Therefore, this by itself would have helped to gather reliable information and which as a result ultimately leads to increase in reliability of the results.

3.4 Data Collection Techniques

Various forms of data collection techniques were employed in this study. These are: FGDs, individual in-depth interviews and participants' observation. Furthermore, secondary sources were also utilized to seal the possible gap that could be created due to insufficient theoretical backgrounds.

On the other hand, effective research methods and procedures are essential preconditions for generating quality information which is the basis for designing any development policies and strategies which determine the successful implementation of programs/projects at different levels (Dagnew, 2001). As a result, to obtain reliable answers to research questions raised under chapter one, multi qualitative data collection techniques or triangulations were employed. In support of this Patton (1990:467) argues that the triangulation significantly improves assessment results because of its ability to validate the information obtained. Stake (1995) as cited in Natifu (2006:36) contends, "We assume meaning of an observation is one thing, but additional observations give us grounds for revising our interpretation."

The over all notion of employing multi-methods was to increase the reliability of the findings. The reason is as one applies appropriate multi-methods, it is possible to create credible findings.

3.4.1. Focus Group Discussions (FGDs)

Like the proceeding other methods, this method of data collection was undertaken at the study site, in Haramaya district in two purposively selected Peasant Associations (PAs) namely, Finkile and Tinike. The FGDs were conducted in both PAs among mothers, fathers and

community Health Promoters (CHPs). In each PAs three homogenous FGDs comprising six persons were held. The three homogeneous FGDs were mothers, fathers, and grandmothers who were assumed to influence the communication strategies employed by ESHE. Moreover, these groups were considered to be the primary beneficiaries of the imagined out come of the ESHE project.

On the other hand, regarding the use of FGDs, Gray (2004:111) states, "The use of focus groups allows for a sample of respondents to be interviewed and then re-interviewed so that attitudes and behaviors can be studied over a period of time." The researcher also intentional employed this technique to see the notion of respondents towards ESHE child nutrition project communication approach during the FGDs' reactions.

In each FGD, an attempt was made as much as possible to include all age groups except in the case of CHPs. Since the selection criterion of CHPs at each *Kebele,* the smallest administrative unit below district was based on volunteerism and on those who have better understandings of child feeding promotion activities, the researcher intentionally held heterogeneous FGDs. This largely helped the research to understand the bondage created between mothers and fathers. Moreover, it was a big opportunity to observe on the same scene how fathers and mothers react regarding the feeding of their children.

Moreover, the selections of each member of the FGDs were purposively conducted to include those persons with adequate socio-economic knowledge backed by long duration in the study area.

Focus groups were used at several levels in data gathering in this research. According to Burton (2000), the major advantage of focus

groups in data collection is that it allows the researcher to obtain data from a large number of participants in a short time span. Moreover, it enables the researcher to observe interaction between group members. A relevant argument 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 (Morgan, 1988 in Flick, 2005: 120).

The real value in using focus groups in this study was that they provided a useful function in data triangulation. The process also let the research to test the focus of the research, the data collected and the analysis for its representatives and generalizablity.

3.4.2. In-Depth Individual Interview

Another Research technique employed in this research was in-depth individual interview. The researcher conducted an in-depth interviews with community elders, religious leaders, Traditional Birth Attendants (TBAs), Health Extension Workers (HEWs), Women's Affairs, Woreda Health Bureau focal person, East Hararghe zone ESHE field officer, radio Harar Afan Oromo program head, radio Hara manager, ESHE Head Quarter Nutrition Coordinator, Oromia Health Bureau IEC expert and with each persons selected from FGDs for having better articulation during discussions and with the assumption of having depth knowledge of the issues under discussion. The major reason behind employing these multi-levels was due to the fact that ESHE works closely with government bodies as stakeholders and with the influential individuals in the community.

A semi-structured question guide was used as a means of ensuring some consistency in the data gathered. In this regard Bryman states that:

> Semi-structured interview covers a wide range of types. It typically refers to a context in which the interviewer has a series of questions that are in the general form of interview guide but is able to vary the sequence of questions. The questions are frequently somewhat more general in their frame of reference from that typically found in a structured interview schedule (Bryman, 2004:543).

Furthermore, most of the questions asked were open ended, which allowed for more dialogue between the interviewer and the interviewees. Most of the interviews were tape-recorded, which facilitated less interruption in the interview for extensive note taking.

3.4.3 Participant Observation

In each FGDs a systematic observation was intentionally conducted to get the inner feelings of the subjects or units of the study.

"Observation is not simply a question of looking at something and then noting down 'the facts'. Observation is a complex combination of sensation (Sight, sound, touch, smell and even taste) and perception" (Gray, 2004: 238).

Gray (2004) also further states that observation involves the systematic viewing of people's actions and the recording, analyzing and interpreting of their behavior.

There are two opposing views regarding observation. Some scholars support overt type of observation and others are against it.

However, Gray (2004) says there can be no hard and fast rules about how rapport is established since this is very much depend on the interactions between the researcher and those in the field setting. But being honest, friendly and open is probably the best place to start.

In this research also an attempt was made to establish a rapport for participant observation by openly telling them the objectives of the research and the beneficiaries of the final research outcomes.

3.5. Data Processing and Presentation

All the data that were collected from the study units in any form of qualitative data collection techniques employed in this study were first transcribed since the majority of data were tape-recorded. Then after, the relevant data were categorized so as to make convenient for analysis. The categorization was normally made based on their relevance to the central ideas of the research questions raised in this study.

However, some of the data, which had no any contribution to this study, were simply discarded. Lastly, the transcribed materials were translated into the language of this study. In doing so, the data were thoroughly presented in the way that they could be used for careful data analysis.

3.6 Challenges Faced During Data Collection

The intention of the researcher was to conduct in-depth interview with Haramaya Woreda Health Bureau ESHE focal person, but that was unattainable. As the earlier focal person, which was assigned right from the conception of ESHE project, was resigned and joined another organization, it was very tiresome to get full-fledged information from the newly assigned personnel as he has no adequate information about ESHE project and strange to the sites where this study based on. In regard to this, Patton (1990: 278) argues, "Qualitative interviewing begins with the assumption that the perspectives of others are meaningful, knowledgeable and able to be made explicit." However, to fill the information gap, the researcher made an attempt to get adequate information about the roles the focal person plays from Oromia-ESHE

field officer of East Hararghe zone who has close attachment with the woreda Health Bureau focal person and mainly carries out the capacity building program in the zone.

3.7 Summary

In this chapter, the appropriate data collection techniques were incorporated in the research design and consequently it was made possible to collect quality data that could have significance contribution to the central questions raised in this study.

The main reason qualitative research was employed in this study emanated from the nature of the subject researched. Regarding the differences between quantitative research and qualitative research as stated in the book entitled methods in development research, "While quantitative methods produce data that can be aggregated and analyzed to describe and predict relationships, qualitative research can help to produce and explain those relationships, and to explain contextual differences in their quality" (Holland and Campbell, 2005:5).

The chapter also indicated that use of multi methods or triangulation is an imperative in qualitative research like this one. This is because it helps to eliminate biases that could arise from a single methodology and to ensure reliable research findings.

Finally, this chapter pointed out the challenges or problems faced during data collection and the respective attempts made to seal the gap created. The proceeding chapter makes use of qualitative data presentation and analysis to come up with specific findings.

CHAPTER FOUR
DATA PRESENTATION AND ANALYSIS

4.1. Introduction

In this chapter an effort is made to present and analyze the collected data relating to the theories discussed in the review literature and associating to the research questions.

The discussion entirely focused on communication strategies employed by ESHE-Oromia to promote child feeding particularly exclusive breastfeeding and complementary feeding.

As stated under chapter one, the main objective of this study is to assess the communication strategies ESHE-Oromia is currently exploiting to reach its messages to the rural mothers and some influential groups like fathers, TBAs, grandmothers and the community in general.

Findings in the study are presented from three methodological angles: interview of key informants, FGDs and participants' observation. The researcher intentionally blended the methods and triangulated them so as to increase the reliability of findings by sealing the possible gaps created by employment of a single method. Moreover, the findings are discussed based on the objectives and research questions set out.

Accordingly, the first section of this chapter deals with introduction and then followed by socio-cultural barriers that hinder exclusive breastfeeding and complementary feeding. Section three of the chapter discusses the communication strategy used by ESHE-Oromia to promote child survival in general and child feeding as one intervention program in this particular study. The fourth section explores the appropriateness of

the messages ESHE-Oromia diffuses, based on the theories, respondents' response and from the general observation the researcher made to some messages produced by ESHE-Oromia for awareness development (IEC materials). The last part makes use of lessons that could be learned from ESHE-Oromia project.

4.2. Socio-Cultural Barriers that Hinder Child Feedings

Though there are various factors that hamper child feedings, the main focus here is the major socio-cultural barriers that hinder exclusive breastfeeding, early initiation of breast-feeding and timely provision of complementary feedings.

4.2.1. Harmful Traditional Practices

There were many traditional practices in the study areas, which have been practiced for ages. One respondent expressed the situation; "we are traditional society and have been practicing many traditional ways of life for a long period of time because we took over them from our ancestors" (TBA respondent at Finkile PA). Seventeen years old lady further confidently said that she herself as a traditional birth attendant had been advised almost all mothers in her locality to practice harmful traditional practices. She also further explained that since ESHE-Oromia began its project in her locality, she completely quit up the harmful traditional practices related to child feeding and childbirth. This is because she was among one of the influential groups who were invited to attend the meeting ESHE-Oromia called to identify the major health problems in their locality and thereby to seek solutions with the community by creating rapport through the influential community members like TBAs.

Another TBA from Tinike PA argued in support of her colleague that there were many traditional practices related to child feeding. Among these she said:

> In our locality we have never been recommended colostrums to be given to a newborn baby. Because we were considering it as something that causes disease to a newborn baby. We (TBAs) were rather recommended mothers to discard the first milk since it was assumed to cause a disease. Consequently, mothers were practicing our recommendations. Of course, still there are some mothers who discard colostrums (TBA in Tinike PA).

However, both TBAs did not deny that there were some mothers in their community who were suckling their newborns colostrums. The reason behind it was simply it was considered as a medicine in getting rid off any diseases from the stomach of infants. Nevertheless, grandmother informants in both PAs were very reluctant to say this traditional practice, harmful. They explained their opinion as follows:

> We have lived for ages practicing what you (the educated people) say 'harmful'. It is part of our cultural values we inherited from our ancestors. However, if you (educated people) say harmful tradition, we have to stop; said reluctantly.

However, all expert groups believed that big improvements made in stopping harmful practices but there are still some mothers, grandmothers and TBAs who are very reluctant to admit the adverse effects of harmful traditional practices.

Yet, women's experience and education, from earliest childhood, will influence their attitudes and performance in relation to breastfeeding later in life (WHO, 1989). Furthermore, as discussed in the literature part and according to (WHO, 1981), child-feeding practices are essentially learned and influenced by changes in lifestyle and social pressures. How

and to what extent practices are adopted depends on the information available about, the sources of the information, and the degree to which mothers regard the proposed practices as appropriate to their everyday life.

All discussants in the both PAs supposedly explained that among other traditional practices, providing butter to newborn babies was still put into practice in rare cases. The justification behind was it can soften the stomach of the child and encourages the ease removal of the first hard and dark stool that begins to be expelled. Furthermore, they entirely believed butter washes all disease causing germs in the stomach of the newborn babies.

On the other hand, it appeared that all expert groups admitted the existence of such harmful traditional practices but they informed that the number of people who practice it was very insignificant. Experts added that the harmful traditional practices can never be avoided at ones hence there are always late adopters of the new practices. Furthermore, "ESHE-Oromia is building the capacity of CHPs, HWs, and HEWs, Journalists and all government bodies and individuals who have connection with community are believed to influence the project. The capacity building was subsequently to help them gradually mobilize and convince the entire society in child feeding in particular and health matters in general" (All expert groups).

From both FGDs and key informants at all levels reaction, the researcher observed that in principle the community understood the impacts harmful traditional practices like discarding colostrums which is the very important part of the breast milk and service newborn babies as a natural immunization.

Nonetheless, some respondents were confident that a few mothers today also begin complementary feeding for their children before the actual time at about two or three months. All expert groups also disclosed that some mothers even today start complementary feeding ahead of actual time. The logic behind is the fact that some mothers had the notion that their breast milk does not suffice their children. Particularly this is common among mothers from lower economy.

Not only these, some mothers also did not regularly offer complementary feedings to their children because of the work load they had at homes and out in the farmlands (ESHE field officer). She further noticed that to help mothers to suckle their children below six months 10-12 times, per a day, ESHE trained both CHPs and HEWs to advise mothers to rely on their pray schedule for ease recall of the provision of breast milk as they all are Islam in religion. This technique can easily help mothers since it would remind them whenever they begin praying. Moreover, "relating messages with the routines of the community would help them to adopt the new practices they are told" (Ibid).

In short, from the general picture of the respondents' reaction, it seemed safe to say ESHE-Oromia employed effective communication techniques to reach messages to its target population. Though there were many harmful practices carried out by a few community members, the magnitude of the problem appeared to be alleviated. However, from the impression of the majority of respondents the fundamental problem was the difficulty some community members faced to admit the new practices because of the impacts their tradition brought to them. They lived in it for ages and consequently they appeared to be resistant of the new practices.

4.2.2. Lack of Awareness

In an in-depth interview conducted with all expert groups, there was a reportedly good progress in the level of awareness of the community. This was because ESHE-Oromia employed different information dissemination mechanisms that helped community representatives to fully involve in the ESHE-Oromia project. As a result of this, the community began asking health experts pertaining to different health matters (one of the expert groups).

Moreover, whenever they are called for meetings to discuss health issues they were observed to fully attend and ask questions for clarity or better understanding. Even they already began to discuss issues related to the health of the community in general and child feeding in particular in any gatherings and opportunities they had. Even some of the community members offered us valuable feedbacks and the achievements they obtained since ESHE-Oromia launched the project (Haramaya World ESHE Focal Person). Surprisingly, "they were pointing out the drawbacks ESHE-Oromia had and its rectifications" (Ibid).

Head of CHPs' in Finkile PA assertively explained that ESHE-Oromia launched a blessed project and there were many progresses observed since then. According to this discussant, the major problem of ESHE-Oromia and its government partners was their failure to consistently monitor the progresses observed in the community. He boldly said, "I remember ones upon a time ESHE-Oromia Ordered us (CHPs) to call upon the community in our villages to attend a meeting arranged by ESHE-Oromia. However, nobody from ESHE personnel, shown up in the meeting and as a result the situation brought a grievance towards us."

The majority of mothers and fathers respondents from both PAs on their parts also shared the view of CHPs' head. They confidently reported that they obtained adequate information and knowledge on child feeding. In support of this idea, a TBA from Tinike village stated that:

> Since ESHE-Oromia commenced its project in our locality, many things were improved. Infant mortality significantly decreased. Even we (TBAs) began advising mothers to immediately be taken to health stations when they face an extended parturition during childbirth and stumble upon bleeding before and after birth.

Women's Affairs head at Finkile PA strengthen the above idea as follows: "Various things were done to increase the awareness of our society. Of these, the lessons we obtained from CHPs elected among our community and the communication strategies ESHE-Oromia employed to reach us messages in the form of drama and poems. The systems of information dissemination mechanisms were entertaining and a good lesson for our community."

Regarding information dissemination employed at a low-cost to protect children's lives and health, Hawes and Scotchmer (1993) state that:
- It is information which can help to save the lives of many millions children in the developing world.
- It is information, which significantly reduces malnutrition and help to protect the health growth of the next generation.
- It is information, which almost all parents can put into practice, in some degree at low-cost.

Hawes and Scotchmer (1993) further argue that every week, a quarter of a million children die in the developing world. Many millions more live with ill health and poor growth. A fundamental cause of this tragedy is poverty. Another major cause is that today's knowledge about protecting the health and growth of children has not yet been put at the disposal of the majority.

But experiences has shown that only frequent repetition of new information, from many trusted sources and over many years, can truly succeed in putting new health information at the disposal of all families and communities (Ibid).

However, there was a reportedly good progress in public awareness regarding child nutrition as the majority of respondents from all categories explained. Moreover, what the respondents expressed a major success of ESHE-Oromia in this regard was the employment of very short and precise messages that could engage the attention of the target audiences. Furthermore, they clearly indicated that the messages were reached the target groups in particular and the community in general through CHPs elected by the community and trained by ESHE-Oromia personnel.

The CHPs were found to easily disseminate messages to target groups by entertaining and educating them in the form of dramas and by playing a role. In the role-playing, differences between the harmful traditional practices and the new practices ESHE-Oromia began to implement were observed (from participants' observation of the researchers).

Moreover, a religious leader from Tinike village was confident enough that the majority of the community developed awareness. He said the fundamental reason for ease creation of awareness was the system of information dissemination that incorporated the merits of practicing the new practices and simultaneously which also indicated the demerits of practicing harmful traditional ones. He further pointed out that the involvement of the community in the in the entire program of ESHE-Oromia made things easier.

The overall inclination observed from all levels of respondents and participants' reaction observation of the researcher, the majority of the community developed awareness on child-feeding practices. But, the only problem in this regard appeared to be lack of consistent follow-up of the community, which was emanated from inadequate number of ESHE-Oromia personnel and encouragement as the majority of respondents from both villages explained.

4.3. Communication Strategies Employed to Promote Child Feeding

4.3.1. Mass media

According to ESHE-Oromia community nutrition coordinator, ESHE-Oromia made an effort to build the capacity of journalists on the preparation of child nutrition messages in particular and community health in general through capacity building program. The training was given to journalists working in Radio Fana, ETV journalists, newspaper journalists working both on government and private papers as well as for those working on regional and federal government papers. In the same way, Oromia Region Health Bureau (ORHB) IEC expert found to argue in favor of the capacity building training given by ESHE-Oromia.

From this it was evidenced that ESHE-Oromia employed a multi-media communication approach in reaching messages to rural women regarding exclusive breastfeeding and complementary feeding practices. Nevertheless, in line with the theories discussed and from the nature of the primary target audience (rural women) who had no access to television and where the majority of them are illiterate and consequently cannot read newspapers, expending resources on training journalists who work on TV and newspapers was like utilizing inappropriate channels, which do not meet the need of the target audiences in the rural areas.

However, radio is the most efficient means of communication to reach the audiences instantly and indiscriminately. For instance, according to FAO round table report of 2004, radio remains the most widely available and affordable mass medium for disadvantaged groups. In rural areas, it is often the only mass medium available. It can reach large numbers of isolated populations over widespread and geographic areas.

From this it seemed important that ESHE-Oromia should exhaustively work in capacity building of radio journalists as other journalist working on TV and newspapers could not reach health messages to audiences who have no access to these two media. Moreover, radio does not require somebody to be literate. Anyone who is capable of hearing can listen and gets messages aired.

Another important point needs to be noticed before airing messages across radio is to strictly follow the selection criteria of media. The selection of the best channel for communication is based on several criteria: target audience's access of the channel and preference, credibility of sources, coverage, and frequency of emission, cost and availability of technical production (AED, 1995). In the same way but in a bit different way of expression McBean (2005) states selection criteria for media should include:
- Longevity of the message in a particular media,
- Accessibility of the media to the audience,
- Credibility of the media as a source,
- Social and cultural accessibility of the media.

However, in an interview conducted with ORHB, IEC expert, it was observed that the selection was made based on the audience research conducted prior to the implementation of the radio program that transmits child nutrition. Nonetheless, according to the responses

obtained from the majority of respondents in both villages, none of the informants clearly knew the transmission time and even they did not identify in which channel the transmission occurs.

On the other hand, one of the FGD respondents from Tinike village confidently said,

> We had the habit of listening to the radio and almost all of us had radio. We usually listen to radio Harar than radio Ethiopia. This is because all the programs educate us through entertainment and moreover, the dialect is ours.

In the same way the majority of discussants in both villages argued in favor of this idea. One of the expert informants responded radio Fana was found one of the best channels according to audience research conducted. However, this did not agree with the responses of the target population.

Yet, the majority of the respondents from FGDs and key informants from both rural villages said, "we usually listen to radio but we only attentively follow the programs during the weekends particularly on Sunday." To the contrary, Radio Fana transmits health related issues in Afan Oromo every Thursday evening at 9.00p.m (ESHE-Oromia community nutrition expert).

This clearly indicated that the "audience research" conducted was not either incorporated adequate data that would increased reliability of the information or accessibility of the media to the audience, ease of access and convenience were either overlooked. Another important point that needs attention was to clearly identify to what extent a given program educates the audience through entertainment may also unnoticed.

The majority of respondents of FGDs in both villages including key informants of all levels believed that radio Harar educates them than others. "We guess that nearly 80% of Harar community had at least one radio. They frequently listen to the Radio Harar" (Radio Harar Afan Oromo Program Head). He further explained his field experience as follows:

> In a certain meeting in a village, the peasants were easily identified me from my speech. I was amazed and asked them how they identified me. One of the peasants said, you are our development agent (DA) who is always educating and entertaining us staring at his radio on the ground.

This clearly indicated that the society of Harar had a keen interest to listen to radio in general and radio Harar in particular. The DA according to the respondent journalist was the journalist himself whom the peasants frequently listen to him on radio Harar. The associations the peasants made were with the Development Agents (DAs), the ministry of Agriculture and Rural Development assigned in rural parts to assist the peasants in their technical expertise. The ultimate goal of DAs' are to boos production by teaching the peasants on modern farming systems and utilizations of agricultural inputs like fertilizers and weeds killers. As DA's live in rural areas with peasants, likewise, radio Harar journalists are always recalled by peasants since they educate them on different issues by entertaining (Radio Hara Afan Oromo program Head).

In a nutshell, it seemed noticeable that the selection criteria employed by Oromia Region Health Bureau (ORHB) did not take into account the interest of target audiences. This appeared to indicate that ESHE-Oromia did no meet its objectives in this particular case. Moreover, it is evident that regardless of its importance, radio Harar's utility was unnoticed.

The overall notion is whenever audience research or community need assessment is conducted, it is apparent that the research should represent all. Results from insufficient data may lead to the question of credibility.

Though it is blatant that radio is an important tool for the rapid diffusion of important messages on health and nutrition as well as other social and cultural issues, it should be noted that the audience interest matters in dissemination of messages in a given channel.

On the other hand, television can be an important means to reach messages to audiences with increasing urbanization. Nevertheless, in a rural community where there is no access, TV is not an important device to diffuse messages. Regarding newspapers again, hence the majority of the community were illiterate an attempt to disseminate messages through papers was wastage of time, human and material resources. The theories discussed also argued in favor of this idea.

4.3.2. Educational Media

Educational media are established to enhance the on going teaching learning processes in the classrooms. The educational media transmit different areas of studies or disciplines in a much summarized using plain language of a particular medium of instruction.

Concerning educational media, both ESHE-Oromia community nutrition coordinator and ORHB, IEC experts both explained that ESHE-Oromia is currently exploiting the educational media for transmission of health matters. ESHE-Oromia utilizes the five educational media in Oromia region, namely: *Haramaya, Goba, Laga Dadhi, Gimbi* and *Gore* stations (ESHE-Oromia Community nutrition and ORHB, IEC experts). However, the majority of FGD respondents from both rural areas and key

informants from the community boldly explained that they had no idea when nutrition programs aired and what programs would be transmitted. They know that the educational media broadcasts only academic issues for students. Further more, they told that even if they had know-how about the transmission of health issues in educational media, it would be hardly possible to attend the program because of the transmission time.

Though the ESHE-Oromia experts said we also gave training to educational media experts on how to produce health messages in media, the majority of respondents from the community appeared they did not informed that health matters broadcasted in educational media.

From this, it seemed safe to deduce that there was information gap and close follow up of the performances of the volunteers working with the community. The other fundamental problem one could observe is the time of transmission. As the peasants spend much of their time in farmlands cultivating crops, diffusion of information through educational media was inconvenient. Nonetheless, it is also hardly possible to adjust the transmission time since it has already been adjusted to promote the regular teaching-learning process in the classrooms.

The other major problem unnoticed was the question of how far educational media experts include the health issues in the already congested airtime by regular classes. Besides, in the informal discussion the researcher conducted with some schoolteachers at the vicinity, they pointed out that in a much-tightened airtime by regular programs, inclusion of additional programs will affect the coverage of the regular subjects.

Therefore, it looked that the efforts ESHE-Oromia made in this regard was not effective as the transmission time was not convenient to the community and since the community had no any idea about health transmission in educational media. Of course, health issues can be inculcated in related subjects like biology. Otherwise, it needs to include the health issue as a subject in the curriculum. Regardless of these problems, still it seems that educational media can be used as an alternative medium since children at schools who attended health issues are thought to pass information to their parents. Moreover, it should be noted that today's children are tomorrow's fathers and mothers. Still it appeared that the problem emanated from media selection criteria discussed some where in the preceding part of this study.

4.3.3. Interpersonal Communication

Interpersonal communication is important. For instance, whenever we engage in communication with other persons, we seek to gain information about them. We also give off information through a wide variety of verbal and non-verbal cues.

Regarding interpersonal communication, key informants from CHPs and FGDs respondents in both PAs, informed that they heavily depended on interpersonal communication to exchange information. Interpersonal communication usually carried out by CHPs on house-to-house basis and on coffee ceremonies frequently. In such type of communication, CHPs' frequently impart their knowledge to mothers on the advantages of exclusive breastfeeding and complementary feeding. Mothers also share their views and the difficulties they encountered to CHPs (CHPs and FGDs respondents in both PAs).

"One of the major communication strategies ESHE-Oromia has been exhaustively exploiting and found to be effective among the target

audiences was interpersonal communication. Its effectiveness was monitored by the feedbacks we obtained and the level of awareness created" (ESHE- Oromia field officer). She further noticed that whenever CHPs conduct house-to-house experience sharing on child feeding, with mothers and fathers and they also encourage them to make mother-to-mother experience share on child feeding. This was found to be very essential as many mothers in the locality began to show progress in exclusive breastfeeding and complementary feedings. In the same way, "Interpersonal communication is very important because it helps us to closely share our knowledge that we developed through training given us by ESHE-Oromia" (CHPs' head in Finkille PA). He further told that interpersonal communication gives more freedom to mothers, fathers, and grandmothers to exchange their views and feelings with CHPs. Moreover, it helps the CHPs to clearly identify the underlying problems that hamper exclusive breastfeeding and complementary feeding. On the other hand, "Interpersonal communication would also helps to observe the understandings and differences that existed between mothers and fathers from their reaction" (CHPs head in Tinike PA). As also discussed in the theoretical part, interpersonal communication is found to be more important than mass media and other channels during adoption of messages.

Therefore, it seemed crystal clear that all the interviewed key informants of both community and expert category were much satisfied by the interpersonal type of channel of communication. In the same way, nearly the majority of FGD respondents in both study areas were much absorbed in interpersonal communication ESHE-Oromia has been employing to promote child feeding.

Regarding usefulness of interpersonal communication, FAO (2005:45) states, "Mass Media are important in spreading awareness of new

61

possibilities and practices, but at the stage where decisions are being made about whether to adopt or no to adopt, personal communication is far more likely to be influential."

From this as well as the notion of communicators and beneficiaries (respondents), interpersonal communication as a strategy looked very much effective over the others in imparting the intended messages to the target groups and in gauging the inner most feeling of them.

In short, as it also discussed in literature part, interpersonal communication gives a chance to the community at grassroots to openly discuss matters that belong to them. The discussants apparently indicated that interpersonal communication as a strategy is very useful and be encouraged and widely used.

4.3.4. Traditional Media

The community in Finkille and Tinike villages has been relying on traditional media to exchange information. The following strengthen this idea.

> For generations, we rural populations living in isolated villages without access to modern means of communication have relied on oral traditional forms of communication as a means of sharing knowledge, information and for entertainment (religious leader in Tinike PA).

The religious leader also explained that ESHE-Oromia gathered all community elders, religious leaders, and other influential groups like Women's affairs, PAs chairpersons, TBAs, DAs, HEWs, and school heads of the localities to identify the major health problems in the locality and to seek solutions with the influential groups. Moreover, gathering of these influential groups helped ESHE-Oromia to create rapport with the community.

"We were convinced that the best solutions are at our hands and consequently, promised ESHE-Oromia personnel to fully participate in the project" (TBA in Finkille PA). The majority of key informants from both villages agreed with the TBA's idea and they noticed that a big achievement was obtained since ESHE-Oromia launched its official operation in the year 2003 in their vicinity. Almost all FGDs boldly explained that a big change was seen since ESHE-Oromia began its operation.

According to ESHE-Oromia field officer, traditional media was the first channel ESHE-Oromia employed to disseminate messages to rural communities. The main reason was as rural communities were using traditional media for exchanging information and knowledge from time immemorial.

Traditional sources of communication, oral or physical can be used to disseminate rural development messages thorough careful consultation with traditional administrates and without destroying ancestral values. Traditional forms of communication can help one understand the historical lifestyle of rural residents, their caste and their world-views (Ngwainmbi, 1995). He further states that, "Rituals can be considered artistic forms of communication, in that people use physical forms when carrying out artistic activities (Ibid: 37).

However, traditional physical forms of communication are mainly art, fabrics and other things that people see and use. They can be less helpful in disseminating development messages in the global village than oral forms, because they communicate through signs and, as such, different signs and signals would communicate different messages to different ethnic groups. Thus, physical forms can only be used among the villagers familiar with the signs (Ibid).

From this it is evidenced that EHSE-Oromia used appropriate channel to disseminate messages to the community in both villages. As also discussed in the literature part, for illiterate rural community in particular, occasions for information exchange have consisted solely in local festivities, family gatherings, traditional and religious associations.

More specifically, verbal communications usually carried out on coffee gatherings, occasional social gatherings like Afosha (a mini self help association), Aruza (wedding ceremony), and Tazia (mourning ceremony) (All FGDs and key informants). They further explained that the rural communities have lived creative lives, transmitting culture, knowledge, customs and history through traditional forms of communication such as proverbs, poetry, songs, stories, dances and plays.

From the overall participants' observation, the researcher realized that old people were commonly used proverbs to pass information to the new generations. Culturally they believed that people who can express their ideas through proverbs could easily convince the community.

ESHE-Oromia field officer and ORHB, IEC expert confidently expressed that traditional media was one of the best channels and favored by the community next to interpersonal communication in diffusing messages to the target audiences.

Nevertheless, as social gatherings in most cases comprise of heterogeneous groups who have no common purpose on certain issues transmitted to them, disruption usually occurs. On the other hand, traditional communication systems can be important channels for facilitating learning, people's participation and dialogue for development purpose (FAO, 2004).

In a nutshell, from the impressions of discussants and the theories discussed, it is apparent that ESHE-Oromia exploited the traditional media very well for reaching message to its audiences. Moreover, as ESHE-Oromia field officer and ORHB, IEC expert explained that by asking community elders, religious leaders and other influential groups of the community about major health problems in the community and discussing with the community on the possible solutions to tackle the problems helped ESHE-Oromia to exploit the decentralization opportunity that the current Ethiopian government implemented. As discussed in the theoretical framework also, involving the community in any development project will help for ensuring sustainability of the project as the community develops the sense of ownership. Therefore, it is safe to say ESHE-Oromia exploited principally participatory and developmental communication theories respectively.

4.4 Appropriateness of Communication Strategies Employed to Promote Child Feeding

4.4.1 Appropriateness of Contents of Message

Pertaining contents of messages conveyed the majority of FGD respondents in both study areas said that the words used in the messages and the contents were comprehendible. The words incorporated in the written texts were familiar in their locality. Moreover, they noticed that there was no communication breakdowns created as a result of inappropriate diction when written materials readout for them. Some discussants pointed out that the majority of the community does not write and read in the local language-Afan Oromo. Consequently, the majority of them were dependent on portrayed pictures to grasp the message. Nonetheless, according to these respondents, the pictures did not represent the local community in any aspect. Hence, some people

were not successful in grabbing the central ideas of messages portrayed (CHPs, TBAs and religious leaders in both villages).

Hinzen (1994: 25) argues that:

> The development and production of nutrition pamphlets could help to combat malnutrition and hunger. This will be very handy with a population that is illiterate. Children on the other hand, love stories. Nutrition education message should foster understanding of nutrition and promote good eating habits.

ESHE-Oromia experts and ESHE-Oromia focal person of Haramaya Woreda Health Bureau disclosed that the pictures used to portray messages on child feedings never represent the local community in the study areas. They confidently expressed that the pictures were unnoticed and admitted that they could hamper understanding of the illiterate target groups who could not read the captions.

Moreover, it should be noted, "culture cannot be known without a study of communication, and communication can only be understood with an understanding of the culture it supports" (Jandt, 2004: 29).

In the final analysis, it is evidenced that the contents of messages should match with the cultural context in which communication takes place. However, from the responses of respondents it is apparent that less attention was given to pictures despite the exclusive role pictures have among illiterate society to grasp the messages addressed across them. Nevertheless, the contents of written message were found match with the local dialects. They were brief and target oriented.

4.4.2. Appropriateness of Communication Approaches

According to significant numbers of FGD respondents in both PAs and the majority of key informants in the locality, the communication approaches ESHE-Oromia employed were appropriate. It some how considered the cultural values and encouraged the involvement of the community as ESHE-Oromia believed community core problems could be alleviated when both beneficiaries and benefactors work hand-in-hand (ESHE-Oromia community nutrition coordinator).

Likewise, to be successful, communication must take into account the cultural values of marginal groups as an avenue for their participation, rather than borrowing communication strategies from outside that promote change without due consideration for culture (FAO, 2004). Of course, it is undeniable in this information age, preserving cultural diversity, local languages and a traditional system of communication in the era of globalization is one of the major challenges for communication practitioners.

The appropriateness of communication approaches of ESHE-Oromia as some CHPs and religious leaders in both villages indicated, ESHE-Oromia made an effort to identify the traditions, which have a big value, and people who have a prestige among the society and who are knowledgeable and can easily persuade the society. By doing so it trained the community influential groups how to materialize the child nutrition problems in their respective villages. After convincing the influential groups, it stepped to the community and obtained a good acceptance. Then after, it easily convinced the community that Health problems in general and child nutrition in particular require the integrated action of the community (beneficiaries) and the benefactors (ESHE-Oromia).

On the other hand, the majority of the expert groups clearly pointed out as strength that the pre-tests ESHE-Oromia undertook in its operation areas. The pre-tests helped to get feedbacks from the community. Based on pre-tests results, many adjustments were made.

From the overall notion of informants in both villages and the researcher's personal observations, ESHE-Oromia used alternative information dissemination mechanisms like leaflets, brouchers, posters, manuals and success stories to reach its messages to the target audiences. "ESHE-Oromia also exploited the success stories to encourage mothers and to help them to practice accordingly" (ESHE- Oromia field officer).

Researcher's personal observation and review of IEC/BCC materials used for promotion of exclusive breastfeeding and complementary feedings revealed that a number of educational materials were produced in local language-Afan Oromo. Besides, the messages were brief and comprehensive except the pictures did not represent the community.

In a nutshell, from the overall respondents' reaction during in-depth interview and FGDs, the keen interest respondents had to share their knowledge of child feeding in particular and health issues in general were partly indicative of the appropriateness of ESHE-Oromia's communication approaches.

4.5. Lessons Learned From ESHE-Oromia Project

Researcher's observation of the overall activities of ESHE-Oromia, FGD respondents' enthusiastic interest, key informants' general view of the child feeding practices and from the informal discussions researcher had with some members of the community, one of the best achievements of ESHE-Oromia was the application of participatory communication theory.

By applying this theory, it enabled the community to involve in the identification of major health problems in the study areas. Moreover, ESHE-Oromia empowered the community to seek the best solutions for the problems by building their capacity. In another word, ESHE-Oromia showed the community that development does not come only in one direction (by top-down communication). Therefore, ESHE-Oromia's development communication approach as discussed in the review part of the study was evidenced for the materialization of development by involving the community at grassroots.

Nevertheless, the selection of media for information dissemination was unnoticed or overlooked. As many respondents raised complaint, the media selection system ESHE-Oromia used was not based on media selection criteria discussed somewhere in the earlier parts of the study. Furthermore, the pictures appeared on leaflets, brouchers, manuals and posters did not correspond to the local community in the study area.

In short, whenever community-based projects are designed, it seemed important to take into account the cultural values of a given particular community before launching the project.

CHAPTER FIVE
CONCLUSION AND RECOMMENDATIONS

5.1. Conclusion

In this study an attempt was made to explore the overall communication strategies employed by an international NGO, ESHE-Oromia to promote child feeding. The study particularly paid attention to the communication approaches that ESHE-Oromia used to promote child feedings.

The chapter wraps up by giving the gist of the communication strategies used by ESHE-Oromia to promote child feeding, the major findings of the study and based on the findings and an attempt is also made to give recommendations for future rectifications.

Though three theories were raised in the theoretical part, the study primarily exploited participatory communication approach, development communication theories and the two-step flow hypothesis in their order of relevance to the context of the study areas to form the theoretical framework.

To explore the communication strategies, the study entirely employed a qualitative research method. Accordingly, the major instruments used for data collection were semi-structured focus group discussions, in-depth interviewees with key informants and participants' observation. Informal discussions were also at some points exploited to seal the possible gaps.

Based on the findings, the researcher has arrived at the following conclusions:
- Some harmful traditional practices like discarding colostrums and giving butter to newborn babies were the most dominant socio-

cultural barriers that were hindering exclusive breastfeeding in the study areas. Untimely introduction of family foods for children below six moths old was also observed.

- Interpersonal communication was found the highly exploited type of channel by ESHE-Oromia and the most favored by the community as well.

- The most common places for information exchange in the study areas were market places, coffee ceremonies, social gatherings, Afosha (mini self help associations), Aruza (weddings), and Tazia (Mourning).

- Mother-to-mother experience share was also seen effective type of communication in reaching information and creation of awareness.

- Though the community in the study areas had the habit of listening to radio-Hara, yet, this channel was not exploited by ESHE for promotion of child feeding. As the community did not access and even the community had no idea when and what programs aired in the selected channel. Furthermore, educational media and print media were less exploited because of lack of awareness of the air transmission of child feeding and illiteracy of the majority of the community respectively.

- Though the community has a keen interest to participate in the promotion of child feeding, it was found that there was no consistency in monitoring and encouraging the community in general and the volunteers in particular. This problem originally emanated from the inadequate number of ESHE-Oromia personnel working in the study areas in particular and in the zone in general.

- Since the majority of the community members in the locality were illiterate they entirely depended on pictures. Nevertheless, the pictures were not context based or reflect the dressing style of the community in the study areas.

5.2. Recommendations

Based on the findings of the current study, the following recommendations could be made so as to promote child feedings in the study areas.

- There was a need to focus on appropriate and effective media channel utilization based on media selection criteria and audience research than using media that are not accessed and favored by the community.
- To harmonize child feeding awareness creation, it seems that integrated efforts need to be carried out with both governmental and non-governmental organizations, which closely work with the community at grassroots.
- Since the majority of the community in the study areas was illiterate, they cannot make use of written documents. Therefore, it seemed apparent to expand adult education programs so as to help the community to exploit written materials.
- Fundamental changes in child feedings can be brought up when child nutrition clubs at schools are formed. Because as today's children are tomorrow's mothers and fathers it helps them to develop awareness right from the beginning. More over, children can easily pass the messages on child nutrition to their parents.
- To strengthen the current progresses seen in the study areas, ESHE-Oromia needs to assign adequate number of personnel to regularly monitor and encourage the works of CHPs and HEWs and also to regularly communicate with government focal persons working with ESHE-Oromia.
- Training local musicians, Azmari, on child feeding and making use of them, could help reach the intended message on child feeding. Because this helps as an alternative channel to the local community. Hence, local musicians ones trained can easily create songs and improvise messages relating to the child nutrition messages and the context of the community.

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Appendix I

Focus Group Discussions Guiding Questions

1. What do you immediately give to your newborn babies?
2. What is the advantage of exclusive breastfeeding?
3. What do you feed your child until six months old?
4. When do you be supposed to introduce complementary foods to your newborn babies?
5. How did you get to know about the practice of exclusive and complementary feeding?
6. Of all information dissemination mechanisms about child feeding which one do you favor most? Why?
7. Does your tradition allow feeding colostrums to newborn babies?
8. What recommendations can you present to improve the ESHE-Oromia project?

Appendix II

Questions for Key Informants (Community Representative)

Identification

1. Name

2. Your responsibility in your community

3. How do you explain the traditions of your community?

4. Who are the most respected people in your community?

5. What are the cultural practices that hamper exclusive breastfeeding and complementary feeding in your locality?

6. How does your community usually exchange information?

7. Culturally what are the most favored places to exchange information in your locality?

8. Whcih media (Radio) is more accessible to your community?

9. How does your community view ESHE-Oromia's Project?

10. Do you think people in your locality have been provided with adequate information on child nutrition?

11. How far ESHE's Communication strategies go with your understanding and culture?

12. Did your community involve in the identification of major health problems and seeking their solutions with ESHE-Oromia personnel?

13. What messages did you recall about child feeding?

14. What recommendations can you give to improve ESHE-Oromia project?

Appendix III

In-Depth Interview Questions for Expert Category
Identification

1. Name
2. Your current responsibility
3. How long have you worked on community-based programs?
4. How do you describe the community in Finkille and Tinike villages in particular and East Hararghe in general?
5. How did you get closer to the community before officially launching the project?
6. What are the most difficult cultural practices that hinder breastfeeding in the locality?
7. What channels do you use to disseminate information to your target audiences?
8. If you use any medium for information diffusion, what was your selection criterion?
9. How far your communication approaches were culturally appropriate?
10. Do you think the child nutrition is entirely the problem of knowledge?
11. Who are your target audiences on child-feeding messages?
12. What were the key messages you used to promote child feeding?
13. Who was responsible for designing the messages that were disseminated?
14. What were the major challenging problems in communicating the community?
15. How do you get feedbacks from the community on your performance?
16. What do you recommend to health communication planners and donors to promote child feeding?

Appendix IV

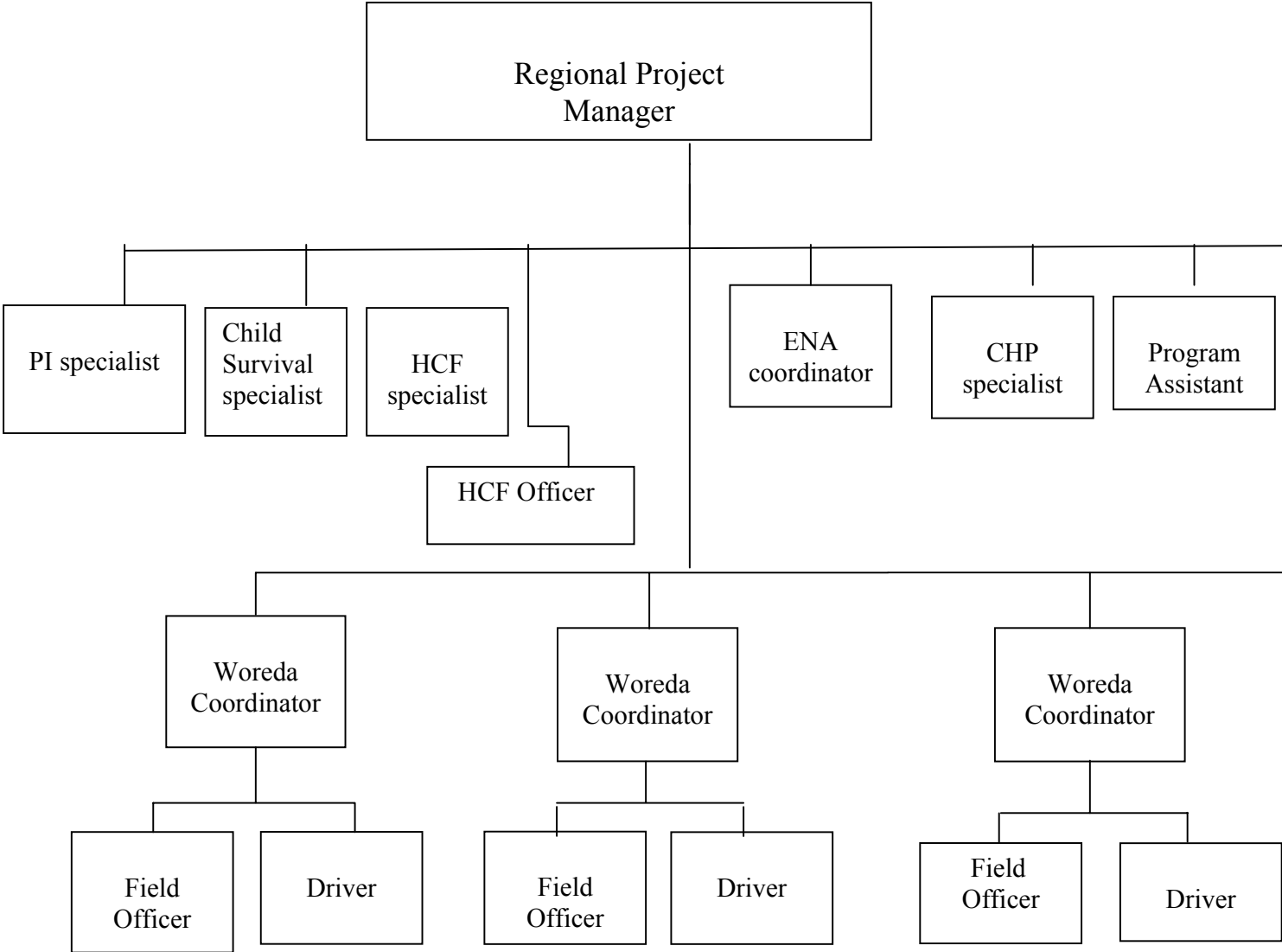## List of Key Informants (Community Representatives)

No	Name	Sex	Remark
1	Ahmed Mumed	Male	CHPs' Head
2	Kedija Yasuf	Female	TBA
3	Abdulhaziz yasuf	Male	CHP and community representative
4	Qamaro Mumed	Female	Community representative
5	Halo Adam	Female	Grandmother
6	Nafisa Imere	Female	Mother
7	Jamal Ali	Male	Father
8	Tofik Mohammed	Male	Community representative
9	Kedir Jibro	Male	Religious leader
10	Abdo Sheka	Male	Religious leader
11	Abas Dawit	Male	Religious leader
12	Se'ada Ahmed	Female	TBA

List of Experts

No	Name	Sex	Remark
1	Abdulselam Jirga	Male	Community Nutrition coordinator
2	Se'ada Ahmed	Female	ORHB - IEC expert
3	Gelane Hassen	Female	ESHE-Oromia Field officer
4	Mekkonen Legesse	Male	ESHE-Focal person
5	Gulilat Aseffa	Male	Finkile health Station head
6	Biranu Ayalew	Male	Radio-Harar Afan Oromo Program head (Journalist)
7	Wondimu Mako	Male	Radio-Harar Manager

Appendix V

ESHE-Orimia Organogram

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                        ┌─────────────────────┐
                        │  Regional Project   │
                        │      Manager        │
                        └─────────────────────┘
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┌────────────┐  ┌────────────┐  ┌────────────┐      ┌────────────┐  ┌────────────┐  ┌────────────┐
│ PI         │  │ Child      │  │ HCF        │      │ ENA        │  │ CHP        │  │ Program    │
│ specialist │  │ Survival   │  │ specialist │      │ coordinator│  │ specialist │  │ Assistant  │
│            │  │ specialist │  │            │      │            │  │            │  │            │
└────────────┘  └────────────┘  └────────────┘      └────────────┘  └────────────┘  └────────────┘
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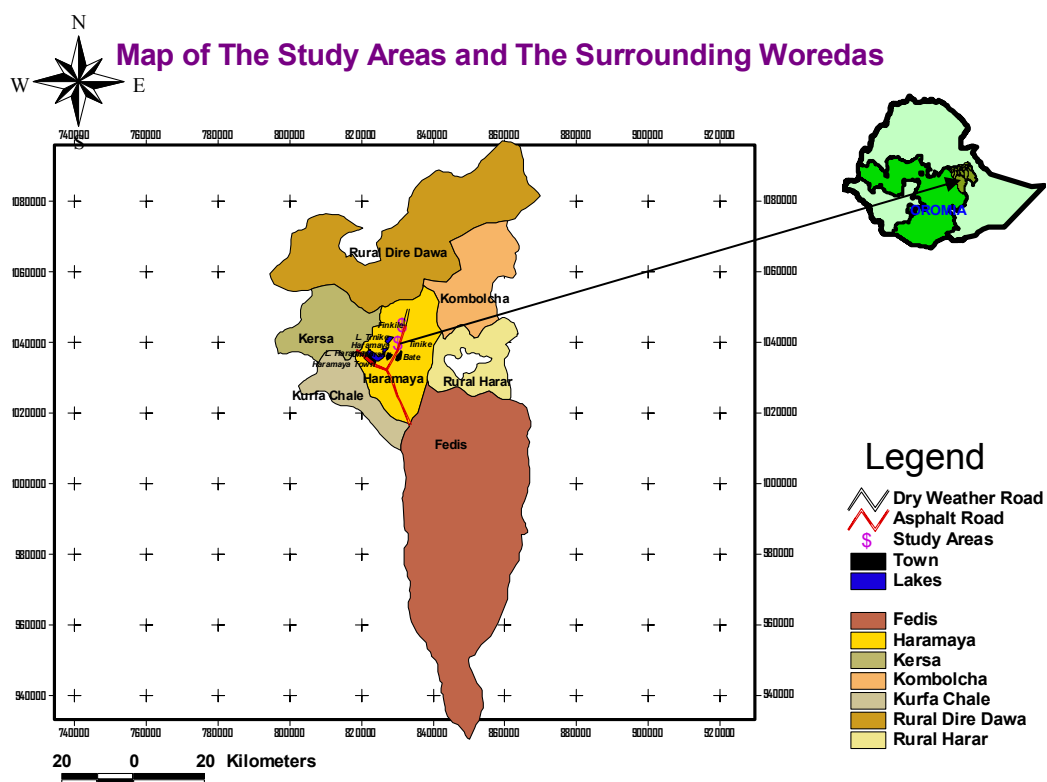
```
                ┌────────────┐
                │ HCF Officer│
                └────────────┘
```

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┌────────────┐        ┌────────────┐        ┌────────────┐
│ Woreda     │        │ Woreda     │        │ Woreda     │
│ Coordinator│        │ Coordinator│        │ Coordinator│
└────────────┘        └────────────┘        └────────────┘
```

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┌────────┐ ┌────────┐   ┌────────┐ ┌────────┐   ┌────────┐ ┌────────┐
│ Field  │ │ Driver │   │ Field  │ │ Driver │   │ Field  │ │ Driver │
│ Officer│ │        │   │ Officer│ │        │   │ Officer│ │        │
└────────┘ └────────┘   └────────┘ └────────┘   └────────┘ └────────┘
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Appendix VI

Map of The Study Areas and The Surrounding Woredas

Appendix VII

Map of The Study Areas and The Surrounding Woredas
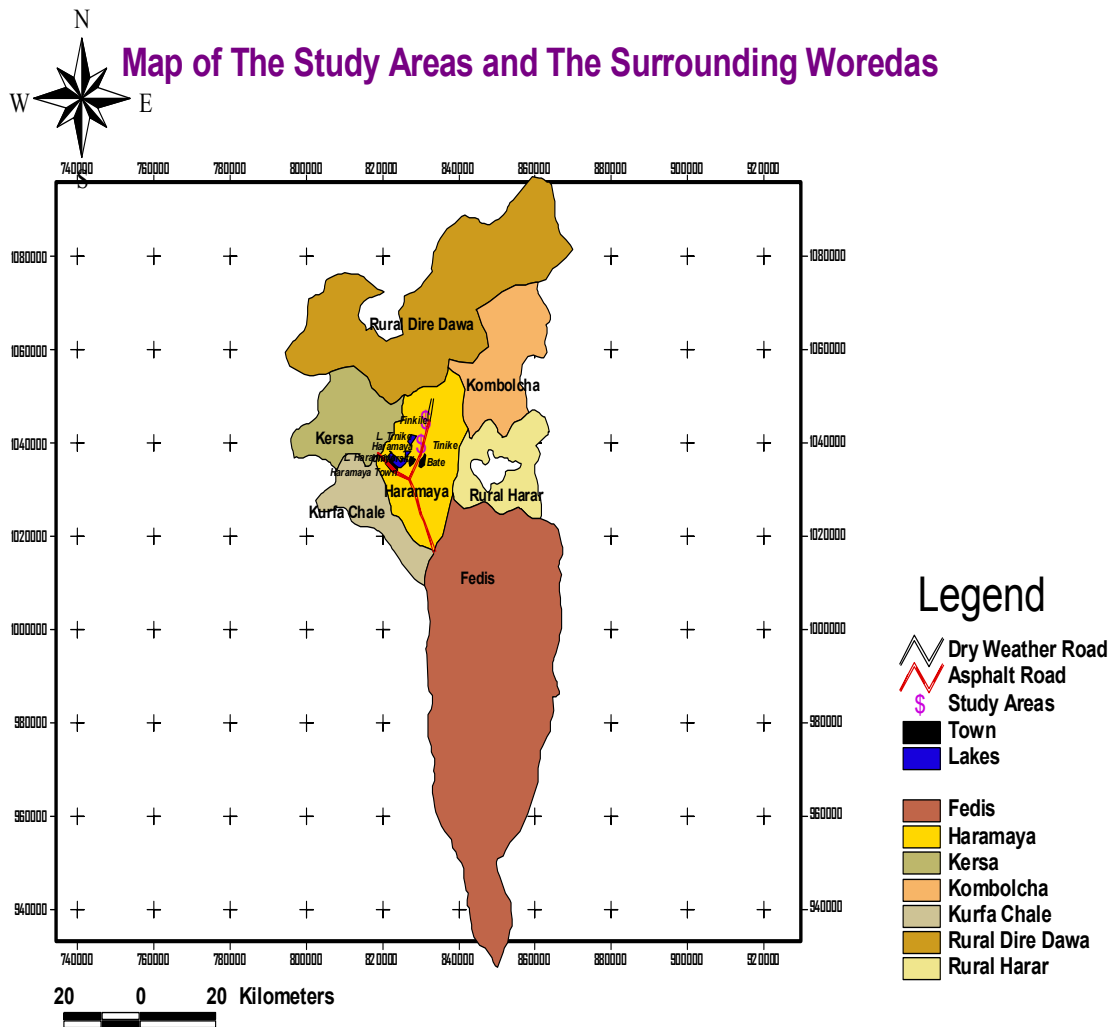
Declaration

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.

Advisor

Name _____   Name _____

Signature _____   Signature_____

Date of Submission _____   Date _____

Place of Submission _____