

## Using Community Conversation in the Fight against HIV and AIDS

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### Abstract

*While promoting participatory communication approaches in the fight against HIV and AIDS and a myriad other problems continues, empirical research into its effects has been dismal. This study endeavoured to assess the impact community conversation (CC) in curbing the HIV and AIDS pandemic in Babir Dar, Ethiopia. Data were collected from twenty-one participants, six facilitators and a coordinator of the CC project using in-depth interviews and focus group discussions (FGD). The study found that the selection of facilitators from the community; the willingness and their positive approach to the programme by participants, facilitators and Kebele administrators were the positive factors that contributed to the proper implementation of CCs. However, the overwhelming number of participants, some facilitators' limited skills in moderating discussions, the absence of relevant stakeholders, overlapping of CCs with other programmes of the Kebeles, lack of follow up, and interference of Kebele administrators were found to be the major limitations to the success of the CC interventions.*

**Key Words:** *Community Conversation, Participatory Communication, Alternative Media, HIV and AIDS*

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### Introduction

Despite some positive developments, HIV and AIDS in Ethiopia remains one of the main development challenges contributing to poverty at the individual, family, community and the national levels (ESPIMS, 2008). An estimated 1.1 million people are living with HIV and this makes Ethiopia one of the most HIV infected countries in the world (FHAPCO, 2010 and USAID, 2011). HIV in Ethiopia continues to impact every sector with huge regional, urban-rural and sex differentials (EIFDDA, 2009). In 2011, adult HIV and AIDS prevalence was estimated at 1.5 percent (Central Statistical Agency and ICF International, 2012). There were about one million AIDS orphans (HAPCO, 2012). These statistics indicate that HIV is still more than merely a health crisis as it is embedded in the social, cultural and economic structures of Ethiopian society.

In an attempt to stem the spread of the HIV and AIDS pandemic and its associated social threats, various governmental and non-governmental organizations have galvanized efforts aimed at teaching and informing the public about the seriousness of the disease. Different communication

strategies such as Information, Education and Communication (IEC) and Behavioural Change Communication (BCC) have been employed. The focus of such methods is mainly behavioural change at the individual level and hence they largely rely on information dissemination using the mainstream media such as radio, television, and newspapers.

In many developing countries, such as Ethiopia, the use of these methods which largely rely on a top-down approach does not seem to bring the desired change given the limited affordability of mainstream media assets such as TVs, radios, and newspapers, by the grassroots, limited reach of mass media and the high illiteracy rate of poor mostly rural people. In general, such approaches which focus on top-down HIV and AIDS communication strategies have been criticized for their lack of involvement of target audiences in the definition, design and implementation of programmes (Tufte, 2005).

Therefore, in Ethiopia and other global south countries, where the majority of the society is said to be 'collectively oriented', participatory communication strategies seem to have an important role to play in combating the spread of HIV and mitigating both the health and social impact because they focus on the society's system of beliefs and culturally relevant structures. Owing to the emphasis that they give to two-way or horizontal communication, cultural diversity, dialogue, use of indigenous or local knowledge, grassroots community participations and empowerment, participatory communication approaches have especially been touted as the best method in solving the various development problems of Third World nations (Melkote, 1991; Servaes, 1999; Jacobson, 1991; Bessette, 2004; Mefalopulos, 2008; Diouf, 1995).

Given their immense potential in reaching the grassroots or less privileged parts of different societies, Community Conversations (CC) have been used in Ethiopia as a participatory communication strategy to increase grassroots awareness about HIV and AIDS and development problems such as child abuse, female genital mutilation, family planning, gender inequality, and other harmful traditional practices.

CCs have not been thoroughly empirically evaluated although a UNDP (2004) study revealed that CCs were driving resounding results in the Southern region of Ethiopia helping the public to abandon some traditional practices such as female genital mutilation and extramarital sex which increased in the risk of HIV infection. Other relatively current studies showed, on the other hand, that CC projects are not as effective as they are supposed to be. For example, a study on CC impact on HIV and AIDS in the Amhara Regional State revealed that CCs achieved few outcomes such as creating awareness about the epidemic and giving an opportunity for the participants to speak out. But they did not achieve their main goal of creating social cohesion and an environment conducive to halting the spread of the virus because of the complex social, cultural, economic and political factors (Assefa, 2009). Another study conducted in and around Merkato, Addis Ababa, showed that CCs did not encourage some participants to take part in the discussions and hence the majority of the participants did not benefit from them (Tesfaye, 2010). Apart from the above studies, research information pertaining to CC programmes is sparse. This study, therefore, sought to close this gap by evaluating CC initiatives in Bahir Dar, North-West of Ethiopia.

### **Objective of the study**

This study aimed at assessing the nature of participatory communication in the CCs which the Regional HIV and AIDS Prevention and Control Office (HAPCO) ran in Bahir Dar in 2010 and 2011. It also examined the factors that affected the CC projects.

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### **Overview of Community Conversation initiative**

In the context of HIV and AIDS, Community Conversation (CC) is referred to as an interactive process which brings people together and engages them in discussions so that they explore the underlying factors fuelling the HIV and AIDS epidemic in their environment (UNDP, 2004). The CC initiative, which is the subject of this study, was run by Amhara National Regional State HIV/AIDS Prevention and Control Coordination Office (ANRS HAPCO). The main objective of this CC project was to generate, within individuals and communities, a deep understanding of the nature of the epidemic, and to create social cohesion for an environment that is conducive to political, legal and ethical change (HAPCO, 2010). The participants were people from different walks of life. For the 2010/2011 CC project, HAPCO trained 36 facilitators; four from each Kebele. A Kebele is the smallest administrative unit of Ethiopia, similar to a ward, a neighbourhood or a localized and delimited group of people. There are nine Kebeles in Bahir Dar. The trained facilitators were assigned to facilitate the CCs in all the nine Kebeles. The project was designed in such a way that each CC group comprised 50 to 70 participants while CC sessions were held every fortnight.

### **Use of alternative media**

CCs fall within the category of alternative media or communication systems or the traditional folk media. These media are indigenous to communities in many African countries, and were sidelined in communication for a long time (Mlama, 1991) mainly because pioneering communication experts considered “interpersonal networks of communication (...) to be supportive of traditional structures and authority and hence (...) anti-development” (Melkote, 1991:188). The participatory development communication paradigm has, however, given due attention to alternative media which are culturally and historically attached to the lifestyle of people living in the global south countries (Melkote and Steeves (2001). Their importance has been largely acknowledged by a growing body of literature. Regarding the advantages of alternative media, Ranganath (1980) explained that since the traditional folk media are part and parcel of the lifestyle of the community they are credible sources of information. They have proved useful in generating grassroots participation and dialogue. Many traditional folk media formats are flexible, which makes them ready for the inclusion of development-oriented messages. Also, they are relatively cheap and available in almost all cultures, command rich and inexhaustible variety both in form and theme (Ranganath, 1980 cited by Melkote, 1991).

Focusing on the situation of African countries, Ugboajah (1985), Moemeka (1997), and Faniran (2008) have argued that good communication in many African countries is viewed not in terms of its effect on an individual or as a means of expressing one’s personal identity; but to a great extent as a builder of bonds of solidarity and the integration of the individual into the group (cited in White, 2009). Boafo (2006) also stated that traditional media cannot only be used as trustworthy channels for information gathering, processing and dissemination, but they are also used to address local interests and concerns using local languages and cultural contexts which the community members can simply understand and identify with. Ugboajah elucidated that communication in the traditional societies of African countries takes place more informally than formally. He further noted that group media in Africa are considered credible and help in stabilizing Africa’s indigenous institutions (Ugboajah, 1972).

Other studies have substantiated the importance of group media for social change. A study conducted in Tanzania revealed that dance as a group communication medium drew a large audience

especially women and serves as a forum for discussion and exchange of information in a relaxing and entertaining atmosphere. This medium of communication has been used to discuss social problems such as dissatisfaction with village leaders, scarcity of water, and school girl pregnancy (Mlama, 1994). Indigenous African communication systems such as ritual, music, dance, and “forum drama” in Ghana were effectively used in health campaigns to gain the commitment of women to vaccination and other health practices (Riley, 2005). As Melkote (1991) has noted, there are many other studies which show that in many Third World settings, traditional or group media are effectively used in development initiatives such as family planning, health, and harmony with neighbours or other groups.

Despite their importance, group media have their own limitations if they are not used properly because “they are particularly deficient in simultaneous dissemination of information about development issues across wide and geographically disperse populations” Boafo (2006:21). Mlama (1991) also emphasised that not all indigenous media will always provide an effective means of communication for development. This implies that due attention needs to be given to the selection and use of group media.

### **Method**

This study used a qualitative research approach to gain a deep understanding of the nature of participatory communication in CCs and to identify the impact and major factors that affect the implementation of the CC projects.

### **Study area**

The study was conducted in Bahir Dar, the capital city of Amhara region. The city is located in the North-West of Ethiopia. Bahir Dar was selected purposively because it was relatively easier for the researcher to keep in touch with different CC groups. Out of the nine Kebeles in Bahir Dar, three Kebeles namely, Tana, Shumabo and Shinbet were chosen because of the researcher’s familiarity with these Kebeles and their previous records in running CC projects.

### **Subjects, Sampling, and data gathering instruments**

Facilitators (those who moderate CCs), the coordinator (HAPCO’s employee who coordinates the CC project), and the participants (community members who were taking part in the CCs) were the subjects of this study. In order to find out the views of the samples, two kinds of data gathering instruments were employed; namely, in-depth interviews and focus group discussions (FGD). In-depth interviews were made with six facilitators and one coordinator of the programme. FGDs were conducted with twenty-one participants (who had participated in the CCs regularly) selected from the three purposively selected Kebeles (seven from each). The FGD were conducted in three different groups, each comprising seven members. In order to avoid confusion and to secure detailed information both the interviews and FGDs were administered in Amharic, the national language of Ethiopia.

### **Data analysis procedures**

The data were analyzed using thematic categorisation (Kvale, 1996). First, the data gathered were transcribed and then translated into English. After carefully examining recurrent remarks in the FGDs and the in-depth interviews, major points or themes were identified. Then the selected data were elaborated and related to corresponding objectives set at the outset of the research. Where necessary, quotes were used in the analysis. Attempts were made to analyse the data against the backdrop of the

emerging participatory communication theory. In order to meet the ethical requirements of the research names of the samples were not used in the analysis.

## **Presentation and Analysis**

### **Nature of Communication in the CCs**

In order to examine the nature of participation in the CCs, the coordinator, facilitators and participants were asked about the specific activities that the participants and facilitators performed during the CC sessions, that is, the time they allotted to the conversations, the number of participants invited to one session, the venues of discussion, and ways of setting agendas. Their recurrent remarks have been summarized in the proceeding sections.

### **Role of facilitators**

As for the role of facilitators, the data gathered through in-depth interviews and the FGDs show varied answers. Almost all the facilitators interviewed stated that during the CC sessions they facilitated discussions ‘properly’. According to them, the main activities they performed in the CC sessions were to: a) give equal opportunities to all participants to set discussion agendas, b) encourage participants to ask and answer questions, c) give a chance for participants to reflect on their ideas, d) listen attentively and recapitulate important points, e) mediate contradictory ideas and f) draw conclusions. Some participants in the FGDs agreed with what the facilitators mentioned, others did not agree. The latter pointed out that some facilitators set discussion topics by themselves, did not encourage participants to take part in discussions and spent most of the CC time teaching and informing the CC members about HIV and AIDS and other important issues.

Although all the interviewed facilitators stated that they facilitated CCs ‘properly’, it was clear from some participants and facilitators’ responses, during interviews, that some facilitators ‘taught’ instead of facilitating. Similarly, when they were asked about the facilitators’ roles, some of the FG discussants referred to their respective facilitators as ‘teachers’. This shows that some participants thought that facilitators were there merely to ‘teach’ them about HIV and AIDS among other social problems. This gives the impression that either some facilitators might have misunderstood the purpose of the CC project or they preferred teaching to facilitating or they did not understand the difference between teaching and facilitation.

### **Nature of participation**

In relation to the participants’ role, most of the facilitators (four out of the six interviewed) said that during CC sessions, participants freely expressed their ideas about the topics raised, listened to others attentively, asked and answered questions, and took an active part in the discussions. Some of the FG discussants agreed with facilitators, but others were of the contrary view. Out of the 21 FG discussants, 17 participants pointed out that they did not often contribute their ideas as they spent most of the CC sessions listening to a few participants who got the chance to present their ideas. According to these discussants, this happened mainly because of the large number of participants and limited time dedicated to the discussions.

Asked about the number of participants, venue of discussion and time allocated for CC sessions, the coordinator and five of the facilitators stated more or less the same thing. Facilitators said they usually invited 70 participants for one CC session and an average number of 50-60 people

attended the CCs as some participants did not manage to come for every session. The allocated time for one CC session was one hour, but some facilitators said they sometimes extended some discussion sessions and spent one and a half hours when the issues under discussion required more time. In most Kebeles, the venues of discussions were Kebele halls.

Since the concept of participation is somewhat elusive, it is a bit difficult to evaluate the overall nature of participation in the CCs. However, the limited discussions and the failure of most participants to present their ideas indicate that participation in CCs was not often meaningful. The fact that many of the participants were not able to get the chance of taking part in the discussions shows that participation seems to have been equated to mere inclusion or involvement in the sessions. Given that most of the participants listened passively to what the facilitators and the few active participants said, the nature of participation in the CCs can to some degree be characterized as passive participation (Pretty et al, 1995; Tufte and Mefalopulos, 2009). Further, this could be seen as some sort of controlled participation because the participants' freedom to participate was limited by the facilitators who chose to give some participants and deny others a chance to participate.

### **Factors that positively affected CC operationalisation**

The use of CC as participatory communication attracted a considerable number of people to come together and deal with issues of common concern. Almost all the FG discussants pointed out that the CC session were the only chance they had to discuss HIV and AIDS with other community members. The data show that a number of women and youngsters liked to attend the CCs because they learned about HIV and AIDS, drug addiction and other social problems of their community. The willingness of participants to come together, devote their time and discuss issues of common concern could be seen as one positive factor.

The interest of facilitators to devote their time in helping their communities without getting any financial support and willingness of Kebele administrators in allowing Kebele halls as CC discussion venues were also positive things worth mentioning about the implementation of CCs. This shows that the communities were aware of the benefit of gathering together and discussing HIV and AIDS and other crucial social issues. The presence of a large number of participants can to some extent be evidence of the fact that the CC was a popular communication platform. The FGDs reveal that many participants had a positive outlook towards the programme.

For meaningful interactions of any participatory programme, as the one under study, facilitators' skills and credibility play a key role. In this regard, the data from the in-depth interviews and FGDs show that all facilitators were recruited from the target community. They were selected from and assigned to facilitate in the same Kebele communities whose cultural values, norms and the life style, language and communicate style they were already familiar. Hence, selecting facilitators from the target community indicates that the initiative made an effort to meet one of the prerequisites of participatory communication.

### **Factors that affected CC implementation**

#### **Budget constraints**

During interviews, it was learnt that the CC session were underfunded probably due to budget constraints suffered by the sponsoring institution, HAPCO. The coordinator, all facilitators and many of the FG discussants pointed out that one way of making the CC sessions attractive was by having

coffee ceremonies or tea programmes. They reported that previously HAPCO had budgeted for coffee or tea ceremonies and many participants, especially house wives and the elderly, took part in CC discussions with utmost interest, but when HAPCO stopped funding such ceremonies, the number of participants dwindled. According to the facilitators, CC participants wanted coffee or tea to socialize with other members of their community because sharing tea and coffee is part of Ethiopian communal life as this female facilitator pointed out:

Many people prefer things to be associated with their culture. Coffee is our sacred culture. We are all associated with it. Taking this into account, in our Kebele we sometimes contributed 0.25 to 1:00 birr which is approximately 0.013- 0.054 US\$ to prepare coffee ceremonies. Doing so helped us attract a considerable number of people. However, whenever we failed to make coffee or tea the number of participants went down (Facilitator 2).

This shows that cultural practices such as the coffee ceremonies with which the participants were identified made the CC sessions attractive and vice versa.

### **Payment for participation**

The other challenge was that some participants needed to be paid for participation. As the facilitators reported, some NGOs paid money when they created a community forum. Thus, some participants expected to be paid for participating in CCs. Some poor community members came to the CC sessions expecting fellow participants and facilitators to solve their individual monetary and social problems. This shows that the NGO culture of paying people for participation in traditional fora such as the CCs has had a negative effect on people's expectations in Ethiopia.

### **CC group size and composition**

Recruiting large numbers of participants into the CCs is another factor that negatively affected the communication process although some facilitators and participants did not consider that as a challenge. As noted, the average number of participants in one CC session was 60 and one discussion session took a maximum of one to one and a half hours; which means that if all participants were given an equal chance to speak, each participant would be allocated only one minute, which is not adequate for any serious reflection on such a critical issue as HIV and AIDS. The facilitators themselves were actually divided about the effect of such large groups on CC quality. Two facilitators reported that they did not face any problems; two facilitators noted that large numbers became a problem depending upon the topics raised as, at times, participants felt incompetent to speak on certain issues, and that they usually gave a chance to those interested to speak or articulate while the remaining two argued that it was difficult to have lively discussions with the given number of participants in the allotted time. Giving a chance to those interested or articulate is a clear manifestation of lack of facilitation skills since the core role of the facilitator in group discussions is to ensure that all participants speak out.

According to the coordinator and the facilitators, facilitators called 70 people because they had been told by HAPCO, the sponsor of the programme. This seems to show that HAPCO failed to understand that such large numbers could not allow participants to undertake thorough discussions and that HAPCO was more interested in the quantity of attendees than the quality of the discussions.

Most of the FG participants (16 out of the 21) did not seem comfortable with the size of the group. One FG participant, for example, stated that it was hard for him to get a chance whenever he wanted to ask questions or comment on the issues raised. He added that in most cases the CCs came to an end before he and other participants could get a chance to ask any questions. The size of the CC

also affected the discussions because some members did not feel comfortable to speak in the presence of large audiences as this young woman who participated in the FGD stated:

I do not usually forward my ideas. I do not even want to ask questions when some things are not clear to me because I am afraid of speaking in front of a large number of people (FGD 1, Participant 4).

Consequently, since the sizes of the CC groups did not allow facilitators to control all participants some members did not pay attention to the issues raised in the CCs. In participatory communication programmes the informal nature of communication seems to be taken for granted. But experience shows that large groups do not allow participants to properly and fully exchange ideas. Worse, facilitators fail to make the discussions flow informally and naturally, unless they break the group into smaller units and set some tasks for the small groups. It was learnt during interviews that only two facilitators, out of the six interviewed, stated that they had ever made an attempt to use strategies such as small group breakaways. These facilitators, however, pointed out that they were unable to do so due to time limitations.

According to the project coordinator, facilitators invited people from different walks of life such as youngsters, house wives, governmental and nongovernmental organization employees, health workers, religious leaders, people living with HIV, commercial sex workers, Kebele administrators, and others. The group composition was not informed by research but by the mere belief that differences in the lifestyle and profession among the participants would help lead to an exhaustive discussion from different viewpoints. This, however, did not seem to work. As three of the interviewed facilitators and 17 participants of the FGDs pointed out, in most Kebeles the regular participants of the CCs were housewives and youngsters; which posed problems as a gathering of people from different professions and ages might not always guarantee meaningful communication. While the coordinator and four of the facilitators believed that the combination helped the community to learn from one another, some FGD participants stated that they sometimes failed to understand each other.

Further, given the diverse ways of life and the varied professions of the participants, agreeing on the most appropriate day to meet was difficult because although weekends were relatively convenient for most people, as the FGDs revealed, some participants such as religious leaders, elders and commercial sex workers did not often take part in the CCs as they were busy on these days.

### **Interference by Kibele administrators**

The overlapping of CC sessions with other programmes involving the participants, the facilitators and Kebele administrators was the other challenge in conducting CC sessions. As the coordinator and most of the facilitators stated, Kebele administrators and others sometimes called the public to take part in other activities while participants had scheduled CC sessions. Instead of gathering the public by making their own announcements, Kebele administrators sometimes used CC sessions to set and discuss their own agenda. Likewise, in some places Kebele halls were sometimes busy because of the meetings that the administrators held. Such occasions discouraged participants. One of the interviewed facilitators pointed out, thus:

On some occasions, the participants who came to the CC halls from relatively far away places spent their time and money (for transportation) without attending CC sessions, which affected our programme negatively. The worst thing is that once the CC session was not conducted for one day for some reason, it was difficult for us to get all the participants back for the next



session. Sometimes we were forced to go door to door to get the participants back to the CCs (Facilitator 3).

The interference of administrators to some extent shows that the CC projects had been given less attention by authorities. Although many of the Kebele administrations supported the community by allowing Kebele halls for discussions and by selecting facilitators, they also seem to be the causes for the sporadic interruption of CC sessions such that it was almost impossible to have the same people throughout the year as it was difficult for most participants to take part in every session for the whole year as prescribed by the project funders, HAPCO. Almost all facilitators agreed with the coordinator that some participants came to the CC sessions intermittently while others gave up at any given time and rejoined as they wished. Others joined in the middle of the year or after a month or so. Most facilitators (5 out of the 6 interviewed) said they allowed anyone who wanted to join the CCs at any time. One of the facilitators, however, stated that in his Kebele he facilitated discussions with the same people all over the year. He said he took the attendance register and he did not allow those participants who absented themselves for more than two days to join the CC again.

### **Absence of content experts**

This study also found that absence of subject content experts was another challenge for the proper implementation of the CC initiative. Facilitators and some FGD participants reported that on some occasions participants raised issues which were beyond the facilitators' and other participants' knowledge. For issues that could not be thoroughly discussed and dealt with by facilitators and participants, the participation of other relevant stakeholders such as experts from the medical and other professions could have contributed a lot. As Mefalopulos (2008) has noted, projects adopting and promoting participatory communication need to make sure that all relevant stakeholders are not only taken on board, but also involved in the conception and design of all objectives and activities. In this initiative, it seems that not all the concerned bodies were included despite the fact that the programme was designed to create a forum for community participation. Thus, one can conclude that in some cases participants' ideas and questions were merely heard and noted but not acted upon.

### **Lack of process evaluation**

One other serious problem of the CCs was the sponsor's failure to follow up on the progress of the programme. This study found that the CCs were not conducted regularly for different reasons such as overlapping of the CC sessions with other government programmes, absenteeism of facilitators, and public or religious holidays. In some Kebeles, the CC sessions had not been held from March 2011 to June 2011, the period of the data collection for this study. Ideally, the CC sessions were supposed to have been held every fortnight, for a year but five of the FG discussants revealed that the CC sessions had not been held for some time.

The interruption of the programme shows that the original design did not include a process monitoring and evaluation component and that the community members had not been empowered enough to conduct CC sessions by themselves.

### **Positive impact of CCs**

Despite the many challenges identified so far, it would seem the initiative brought some change to some participants' way of thinking and acting. Qualitative interview and FGD data show that the programme played an essential role in changing the attitude of some participants to freely talk about

issues that they could not raise before because of fear and cultural taboos. While discussing HIV and AIDS in CC sessions, it was not uncommon for participants to raise sex-related issues which the communities were not hitherto comfortable with. About 13 FG discussants mentioned that because of the awareness they got through the CCs they had become courageous to speak out on sex related issues and thus contributed to the efforts to reduce the transmission of HIV. More than half of the FG discussants also reported that they felt courageous enough to raise sex related issues and discuss sex with their children because of the lessons they got from the CCs. One of the FG discussants, for example, stated:

I used to discourage my daughters not to raise sex related topics at home. As a mother, I did not want my kids to mention sex organs which are considered taboos. But after taking part in the CCs, I have come to know that it is almost impossible to learn all about HIV and AIDS and other STDs without using such words. I admitted that it was wrong of me to discourage my daughters from raising sex related issues. Now I myself have started to raise and discuss such issues with my kids (FGD 2, Participant 6).

Another female FG discussant told a story a man that she knew who once slaughtered a sheep to celebrate Easter. When he learned that the man who helped him in slaughtering the sheep was HIV positive, he got shocked, and he threw the whole meat away. She stated that this man had been changed because of the important lessons that he learnt from the CCs. Likewise, a man who had participated in one FGD stated that he has learnt a lot about HIV and AIDS related issues. He admitted that previously he was not comfortable to live with people living with HIV. But after he had learnt in the CCs about how the virus is transmitted he no longer marginalized those living with the virus. He said since then he has been eating, drinking, hugging and associating with those living with HIV.

These testimonies show that CCs somehow played a role in providing valuable information and changing some participants' views about HIV and AIDS. The CCs also gave participants the chance to identify major problems of their areas and addressed the problems through discussions and dialogues despite the fact that the extent seemed to vary from one Kebele to another. In this respect, although discussion topics often centred on HIV and AIDS as set by the sponsoring organization- HAPCO through the facilitators, the data demonstrate that participants identified other problems of their area to discuss and mitigate. For example, one of the FG discussants pointed out thus:

In our Kebele, we participants in the CCs identified some elderly people who had a housing problem. We contributed some money and built four small huts. We also provided food and shelter for some street children (FGD 3, Participant 3).

Likewise, most FG discussants mentioned that CCs made them help street children, PLWHA, elders, young drug addicts and other needy people in their areas. The discussants said they got satisfaction from what they did to some members of their community. Apart from this, one facilitator also pointed out that the CC project helped them to resolve interpersonal and group conflicts which occurred between and among members of their communities.

The CCs thus provided participants not only with the chance to get information and knowledge which could help to protect them from HIV and AIDS, but they also helped participants contribute to solutions to the problems the more disadvantaged members of their community faced. The activities that participants performed are a result of the critical consciousness and a manifestation of social empowerment leading to collective action for self development. It is, therefore, possible to conclude

that participants were critically empowered somehow as they also discussed collective problems and trying to solve them.

### **Summary, conclusions and recommendations**

In Ethiopia, communal gatherings seem to hold an important place in many cultures as they allow for community participation and discussion in informal ways. Thus, HAPCO's choice of CC as a community participation platform to fight HIV and AIDS was ideal and met one of the criteria underpinning the participatory communication approach as it built on the existing trend of communication in Ethiopian society. In particular, preparing coffee ceremonies during CC sessions made was in tandem with the social and cultural identity of the community. Childers (1990) explains that popular cultural rituals is vital because these facilitate the construction of meaning in everyday life and the domestication of new ideas and realities.

As the findings show, for some members of the community, CCs served as the main source of information and knowledge about HIV and AIDS and other problems of their areas. Because of their participation in CCs, some participants stopped marginalizing people living with HIV and AIDS, others started to talk about sex related topics without fear, and still others resolved some practical problems of their area and helped some poor community members. The fact that participants started discussing collective problems, sharing information and experiences, and solving some problems on their own, leads to the conclusion that the CCs empowered some people.

However, the initiative was not without problems. The data show that there was no genuine participation in most CC sessions. This can be largely attributed to the general criteria HAPCO set and other practical problems on the side of facilitators and participants. Considering the large number of participants in CCs (50-70 in one session), the time allotted for one session (average one or one and a half hours), the varied mix of participants (people from different professions though this is not true in some places), some facilitators way of setting discussion topics (choosing topics by themselves) and venues for discussion (Kebele halls which are sometimes occupied by other bodies), this study concludes that it was difficult to pursue lively discussions in the CCs despite the fact that many of the facilitators and some participants of the FGD believed that there existed lively discussions.

As for the factors that affect the CC initiative, it was found that the selection of facilitators from the community, participants and facilitators' willingness and their positive outlook towards the programme, willingness of Kebele administrators in allowing Kebele halls were found to be the underlying positive factors for the proper implementation of participatory communication in the CCs whereas the presence of large number of participants, some facilitators limited skills, absence of some stakeholders, overlapping of programmes, absenteeism of facilitators and participants, lack of proper follow up, Kebele administrators interference, irregularity of the CC sessions were found to be the major bottlenecks.

The fact that the CCs had not been conducted in almost all Kebeles from March 2011 to June 2011 could be an indication that the CCs did not strengthen long term relationships among the participants which could have led to the sharing of development activities for their communities. Had the communities been empowered enough, they could have arranged CC sessions by themselves and continued their discussions without the help of other organizations. Instead, the participants depended on external agencies as they still waited for HAPCO to run the programme for them. This is an indictment against NGO that pay people to participate in activities that concern the same people.

Based on the findings and the conclusions drawn the following recommendations are made as follows:

- Designers of the programme should either change their criterion (which dictates facilitators to call 70 participants for one session) and conduct CCs with manageable groups or they should train other facilitators so that the groups could be split into smaller more interactive groups. Also, facilitators, participants, and other stakeholders need to set clear guidelines which could help them foster lively discussions and interactions.
- Programme sponsors need to check whether or not all the relevant stakeholders have been taking part in the CC discussions. Hence, when some issues get beyond the participants and facilitators capacity to explain, the presence of other stakeholders may help to get immediate answers. Further, sponsors of the programmes should focus on giving power to participants to help participants to own the programme so that they keep organizing the CCs and discussing their common problems by themselves. Sponsors and facilitators need to follow up on the progress of the CCs till the evaluation studies inform them that the participants have become empowered to run the programme by themselves.
- Sponsors and facilitators need to inculcate the objective of the initiative into the community so that participants do not claim to have other incentives for their participation than discussing and mitigating HIV and AIDS and other problems of their area. To achieve this, sponsors need to conduct baseline and formative studies into the participants living conditions and arrange CC sessions accordingly.
- Continuous monitoring and evaluation or process evaluation of the programme will help to identify the major weaknesses and strengths of the programme. Hence, making use of the strengths and working on the challenges will ultimately help improve participatory communication in the CCs.

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