AN ANALYSIS OF HEALTH COMMUNICATION IN PREVENTING COVID 19 PANDAMIC: THE CASE OF THREE SUB-CITIES IN HAWASSA CITY ADMINISTRATION

A THESIS SUBMITTED TO THE DEPARTMENT OF ENGLISH LANGUAGE AND LITRATUER IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER ARTS IN LINGUISTICS AND COMMUNICATION

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Oct, 2023

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A Thesis Submitted To The Department Of English Language And Literature, Hawassa University, In Partial Fulfillment Of The Requirements For The Degree Of Master Of Arts In Linguistics And Communication

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DECLARATIONS

This is to certify that the thesis, entitled with "analysis of health communication practice in preventing covid 19 pandemic: The Case of Hawassa City Administration", Submitted in partial fulfillment of the requirements of the Degree of Master of Arts (MA) in Linguistics and Communication in Hawassa University.

It is a record of original work carried out by me and has never been submitted to this or any other institution to get any other degree or certificates. The assistance and help I received during this investigation have been duly acknowledged.

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Approval of Thesis for defense by the advisor

I hereby certify that I have supervised, read, and evaluated this thesis titled "analysis of health communication practice in preventing covid 19 pandemic: The Case of Hawassa City Administration" by Zufan Hagos prepared under my guidance. I recommend the thesis be submitted for oral defense and submitted both the hard and soft copy to the English language and literature

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Approved by the Board of Examiners

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TABLE OF CONTENTS

Contents

List of Table and Figures

ACRONYMS

BCC	Behavioral change communication
CDC	Centre for Disease Control
ECDC	European Centre for Disease Prevention and Control
EU	European Union
FMoH	Federal Ministry of Health
HDA	Health Developmental Army
HEC	Health Extension Coordinator
HEWs	Health Extension Workers
IEC	Information education communication
MHCP	Model Health Communication Participants
NGOs	Non-Governmental Organizations
OCV	Omicron Corona Virus
OMICRON	The New Variant of COVID-19 Virus
PHC	Primary Health Care
SNRS	Sidama National Regional State
SNRSHB	Sidama National Regional State Health Bureau
NRSHO	Sidama National Regional State Health Organization
UK	United Kingdom

Abstract

The purpose of this research was to analysis of health communication practice in preventing covid 19 pandemic in three sub-cities in Hawassa city. From each subcities two kebeles and one health center, totally six kebeles and three health centers were used as data sources. The researcher employed both conceptual and theoretical frameworks which related with pandemic prevention and control strategy and health communication profession. In-depth interview, focus group discussion, and document analysis were employed to collect relevant qualitative data. The research reveals that health communication strategy is misused and wrongly understood because of political, religious, cultural and any other related factors affecting the practical application of strategy. Furthermore, the study found out that the health communication practitioners are Heath extension coordinator (HECs),Health Extension Workers (HEWs), and Model Health Communication Participants (MHCPs) in the study area. Most of the practitioners are no health communication professionals and they need to develop their knowledge and skills of communication.

Key Words: Health Centre, Public Health, Pandemic, Covid-19, Health Communication, Health Communicator, Community.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

The novel corona virus (COVID-19) was identified in China in December 2019 among a cluster of patients presented with an unidentified form of viral pneumonia. Following the identification of cases in countries outside China, the World Health Organization (WHO) officially declared COVID19 as a pandemic. As of February 15, there were nearly 109,572,064 infected individuals and 2,415,427 deaths worldwide. Similarly, in Ethiopia, a total of 146,492 infected cases and 2,194 deaths were recorded.

The novel corona virus disease (COVID-19) has a devastating effect on global health and economy. The health and economic impact of the COVID-19 pandemic has been felt worldwide. In particular, the virus had a devastating effect on developing nations, including Africa.

The World Health Organization (WHO) has made several recommendations to limit the spread of COVID-19 in the community. These include hand hygiene, maintaining social distance, avoiding crowded places, avoiding touching the eyes, nose, and mouth, maintaining good respiratory hygiene, staying at home, seeking medical attention if you have symptoms, and staying up to date on trusted information. Similarly, the Ethiopian Ministry of Health and Ethiopian Public Health Institute introduced public health measures to prevent and control the COVID-19 outbreak.

Health communication plays an important role in health promotion and disease prevention because it increases knowledge, influence perception, and reinforce behavioral changes. During the COVID-19 pandemic crisis, timely, accurate, and credible health communication is a key factor in saving lives. Reliable and well-developed health communication is beneficial in educating new strategies, easing uncertainty management, and reinforcing the implementation of COVID-19 protective measures .Public health communication will be essential to ensure that people understand the risks of COVID-19 and follow authorities' recommendations to protect themselves and the community.

Various health education and psychological models indicate that perception is a key predictor to behavioral response. People who perceive a higher level of risk are more likely to implement preventive measures. In Ethiopia, there is a high level of behavioral non-adherence, lack of protective equipment, myths, false surety, and low adaptations to standard precautions. These will result in a higher likelihood of ignorance of protective measures and reduce the capacity to control the virus. Despite various efforts made to mitigate the spread of COVID-19 in Ethiopia, new cases continue to rise. Additionally, there is a significant gap in the implementation of COVID-19 prevention measures among the public. Therefore, to better control and overcome the devastating effects of COVID-19, the health communication and community's knowledge, perception, and behavioral responses to COVID-19 outbreak should be assessed.

Novel Corona Virus (COVID 19) a respiratory disease caused by a single-strand, positive-sense ribonucleic acid (RNA) virus and severe acute respiratory syndrome -It caused morbidity in the range of mild respiratory illness to severe complications characterized by acute respiratory distress syndrome, septic shock, and other metabolic and homeostasis disorders and death (Murthy et al, 2020).A systematic review on COVID 19 patients showed that individuals with hypertension, diabetes, cardiovascular and respiratory system diseases were the most vulnerable groups (Yang et al, 2020; Weiss & Murdoch, 2020)

Chronic obstructive pulmonary disease patients have a five-fold increased risk of severe COVID-19 infection. The highly contagious characteristics of COVID-19 makes it harsher and dangerous, and causes a high fatality rate and rapid spread of the viruses from China to more than 210 countries around the world, including Ethiopia (Bekele et al, 2020). Consequently, on March 11, 2020, the World Health Organization (WHO) declared that COVID-19 is a pandemic disease. Furthermore, the disease significantly affected life,

The first confirmed COVID 19 case in Ethiopia was reported on 13th March 2020. As of 5thNovember, a total of 98,391 confirmed COVID 19 cases with over 57,000 recoveries and 1,508 deaths were reported in the country (Jemal, 2020). This is the highest number of COVID 19 confirmed cases in East Africa and 4th across Africa. Most (83%) of the cases during the first couple of months were either imported or close contacts of the imported cases and later dominated by the community transmission (Tesfaye et al, 2021). As of 25th October, contacts of the confirmed cases contributed for about 23% of the total COVID-19 cases reported in Ethiopia (Geda et al, 2020). During the preparation of this proposal (may 12, 2021), the number of nationally confirmed cumulative COVID 19 cases was 263,672 with 3,911 deaths .Children under the age of five years and between the ages of 5-15 years were also tested positive for COVID 19 (Kebede et al, 2020). As to the current scenario, the overall positivity and case fatality rates of Ethiopia are about 6.5% and 1.5%, respectively (FMoH, 2021).

The initial mitigation measures of COVID 19 in Ethiopia focused on isolating and treating confirmed cases at the treatment center, tracing and quarantining contacts, 14 days mandatory quarantine of all passengers coming to the country, risk communication and educating the public about preventive measures to reduce the risk of transmission. Subsequently, Ethiopia has adopted the recommendations of WHO's basic public health measures to reduce and contain the transmission of COVID 19 (EPHI, 2021). In addition, the Government of Ethiopia has implemented a variety of policy actions and precautionary measures in response to the COVID 19 pandemic, such as airport surveillance and suspension of flights, travel restrictions, closure of international borders, flexible working arrangements, closing schools and universities, suspending sporting and religious gatherings (Aynalem et al, 2021). One of measures introduced was health risk communication.

One of the fundamental goals of effective health communication is to promote risk-reduction behaviors through effective public health messaging. Effective communication is proactive, polite, imaginative, innovative, creative, constructive, professional, progressive, energetic, enabling, and transparent and technology friendly.

Pandemic demands strengthening the personal relevance of effective communication. The purpose of this study is to unearth the landscape of social media and analyze the contents. Contents of social media, in Ethiopia, are varying over the course of changes in politics, health, socio-economic conditions of the country.

Some of the contents are reflected in the forms of narratives, comments, briefings, anecdotes, and verses to list a few. Contents changing the way people interact with each other and share information, personal messages, and opinions about situations, objects, and past experiences-rethinking the past, themes are linked to the present and define the present Ethiopia.

In order to analyzing health communication in the prevention of COVID 19, researchers developed critical discourse analysis as a research methodology and adapted Norman Furlough's model of Analysis as a theoretical framework.

In the same way covid 19 is seen as a dangerous killer disease in Hawasa city .There are many people died by the covid 19 virus. The city health extension workers and all health service givers like including the Hotels', schools', Churches' cafe and restaurants, game zones kids play grounds were closed as the pandemic caused in the city and as the government and the (WHO) World health organization shown the direction of preventing the city administration accepted and applied all the protective measures to protect and minimize the spread of pandemic .the strong work of the city administration health office is bringing the change in the city.

1.2. Statement of the problem

Since the time of reporting of the first case, awareness creation and updates of the situation of the pandemic in the city administration have been daily given to the public by the City administration health department as well as using mass media including radio and television by Ministry of Health (MoH) and Ethiopian Public Health Institute (EPHI). In addition, daily updates of the COVID 19 situation and different risk communication and awareness creation messages have been posted on the city administration website and Face book pages.

Practically, sources of information in the city devoted extensive time to the coverage of various aspects of the pandemic of COVID 19 targeting the general public (HCAHD, 2020). Government health education messages via various mass media are the major source of information about COVID-19 and for promoting self-protective practices like frequently washing hands with soap and water, mask wearing, and social distancing measures, including staying at home as much as possible, avoiding close contact with people including shaking hands, and avoiding crowds and mass gatherings. However, the public uptake of such health protective behaviors during epidemics relies on the trust in media and government information (HCAHD, 2020).

Despite efforts to scale-up public health interventions to contain and mitigate the spread of corona virus in Ethiopia in general and in Hawassa city administration in particular, new cases have continued to emerge.

The corona virus has rapidly spread to the city and local community transmission has been established.

Therefore, this study will examine practices of health communication discourse for preventing COVID 19 in Hawassa City Administration, Sidama Regional State. In the same way covid 19 is seen as a dangerous killer disease in Hawasa city .Many people died with the covid 19 virus. The city health extension workers and all health service givers like including the Hotels', schools', Churches' cafe and restaurants, game zones kids play grounds were closed as the pandemic caused in the city and as the government and the (WHO) World health organization shown the direction of preventing the city administration accepted and applied all the protective measures to protect and minimize the spread of pandemic .the strong work of the city administration health office is bringing the change in the city.

1.3. Objective of the study

1.3.1. General Objective

The general objective of this study is analyzing health communication in the prevention of COVID 19 in Hawassa City Administration of the Sidama Regional State.

1.3.2. Specific Objectives

The study has the following specific objectives:

1. To assess health communication strategies those are used to prevent COVID 19 in the study area.
2. To identify the factors that affects the practice of health communication in COVID 19 prevention
3. To identify the community's preference to communication strategies in relation to covid 19 prevention
4. To check if Covid-19 related communications are in harmony with the Ethiopia cultures and traditions

1.4. Research Questions

The study tried to answer the following research questions;-

1. What are the health communication strategies that are used to prevent COVID 19 in the study area?
2. What are the factors that affect the practice of health communication in COVID 19 preventions package?
3. What are the preferences of the community towards the communication strategies in terms of its educational as well as awareness creation values?
4. Is there any harmony and disharmony between the COVID 19 communication activities and the local culture?

1.5. Significance of the study

The study can have a significant role to play in shading light on how to mitigate the down beat impact of COVID 19 in the country in general and in the study area in particular. It also may assist policy makers; college students, as well as other influential bodies like the mass media in indicating how the government designs the communication strategies to produce skilled community and confident individuals who work for sustainable development. It helps practitioner and stakeholders in the public health program. It benefits the large society because findings can be used as triggering factor for betterment in practicing COVID 19 prevention and controlling with different stakeholders. It can potentially serve as a stepping stone for further research in the area.

1.6. Scope of the study

Geographically, the study was delimited to Hawassa City Administration. Conceptually, this study is focused on discourse analysis of health communication practices in preventing COVID 19 pandemic. Methodologically, the study employed a qualitative research approach to analyze the data that obtained from document review, focus group discussion, observation and key informant's interview. The study employed explanatory research design. The study was accomplished within the time frame from February 2022 to April 2023.

1.7. Limitation of the study

The study focused on the practices of health communication for preventing COVID 19 in Hawassa city administration. But given the time, budget and resources constraints, it was not possible to extend the scope. Therefore, the findings of the study might not be generalized to other cities of the region. Therefore, the findings of the study are applicable to the selected area. In addition, in order to achieve the goal of the research, the researcher passed different uncertainties. Among them Corona Virus or Covid19, Financial problem, accessing respondents, and poor access of government documents are some of the challenges. However, proper solution was given in the whole courses; accordingly the study reaches to its completion.

1.8. Organization of the Paper

This thesis is organized in to five chapters: chapter one deals about introduction part which comprises the background of the study, statement of the problem, objectives of the study, research hypothesis, and significance of the study, scope and limitation of the study. Chapter two discuss on both theoretical and empirical review of literatures. Chapter three devotes on the study area, research design, research approaches, types and source of data, sample design and sampling techniques, target population of the study, data collection methods, and methods of data analysis. Chapter four presents the data analysis, presentation, interpretation of the finding, and discussions of the finding. Chapter five present conclusions derived from the empirical findings, sets out recommendation of the study, and directions for future research.

CHAPTER TWO
REVIEW OF RELATED LITERATURE

This section deals with review of related literature on communication, health communication, characteristics of effective health communication, health communication strategy, and Health communication approach, basic form of health communication channel, health communication skill, and theoretical frame work.

2.1. Definition of Communication

Every communication between and among people, which focuses on issues of human health, can be called as health communication (Rogers, 1996). In here, it is understood that the practice of effective health communication saves the live of the people by making them aware about the most sensitive health matters in a way that information is power so as to solve health problem. The goal of health communication research is to identify and provide better and more effective communication strategies that will improve the overall health of society (Atkin & Silk, 2005). According to CDEC (2016) successful communication programs require evidence-based planning, implementation and evaluation.

Health communication is the art and technique of informing, influencing, and motivating individuals, institutions, and large public audiences about important health issues based on sound scientific and ethical considerations (Haimanot, 2013). It contributed significantly to the effective promotion of social mobilization at the grass roots-level social and community mobilization interventions have helped to promote positive behaviors towards COVID 19 and ensure strong ownership of the response to COVID 19 at all levels (CDC, 2021).

An effective health communication strategy is indispensable, because it equips the public with the tools and knowledge to respond appropriately to health crises such as COVID 19. Government agencies and technology corporations should collaborate together to bring healthy society and address as many households as possible. However, literature has shown that there has been a gap in communicating health communication messages to the community (Mieti, 2016).

Communication is a fundamental human process without which most individual, group, organizational, and societal activities could not happen, including how people think about and respond to COVID 19. Through communication, people come to know what is happening around them, both nearby and far away and, by talking to others, make sense of it. Communication is the mechanism by which teachers teach and learners learn, by which marketers promote products and services, and consumers decide what to buy and to consume. It is the means by which communities build consensus and enforce norms, and the means by which conflicts arise, discrimination is expressed, and convergence can eventually emerge (Engdawork, 2013).

It is the process by which policies are negotiated and publicized to set political and institutional agendas. It is a critical aspect of how health professionals provide care and patients seek and use it and the process by which a person is persuaded to do something healthy or unhealthy (Fox, 2012; 38). According to Maibach and Holtgrave (2005) communication science seeks to

understand these diverse processes and effects, including how different channels and types of information can be mobilized instrumentally and strategically in domains such as public health.

Oxford English Dictionary provides these process definitions of communicates: Communicate is (1) to impart (information, knowledge, or the like) to a person; (2) to convey one's thoughts, feelings; (3)to gain understanding or sympathy; (4) to take part in an exchange of information, ideas; (5) to have dealings, relations and (6) to enter into social interaction or contact.

2.2. Overview of Health communication

An understanding of health communication theory and practice requires reflection on the literal meaning of the word communication; Communication is: 1). Exchange of information, between individuals, for example, by means of speaking, writing, or using a common system of signs and behaviors; 2) Message a spoken or written message; 3) Act of communicating; 4) Report—a sense of mutual understanding and sympathy and 5) Accessory means of access or communication, for example, a connecting door (Renata, 2007).

According to Renata (2007), health communication is exchange, interchange information, and two way dialogues. A process for partnership and participation of that is based on two-way dialogue, where there is an interactive interchange of information, ideas, techniques and knowledge between senders and receivers of information on an equal footing, leading to improved understanding, shared knowledge, greater consensus, and identification of possible effective action.

Health communication is the scientific development, strategic dissemination, and critical evaluation of relevant, accurate, accessible, and understandable health information communicated to and from intended audiences to advance the health of the public (Renata, 2007). Therefore, health communication, as an area of practice, uses various channels to reach the intended audience, share health related information and engage stakeholders. Health communication is a process for the development and diffusion of messages to specific audiences for specific objective in order to influence their knowledge, attitudes and beliefs in favor of healthy behavioral choices Exchange (Schiavo, 2007).

Health communication is also the study and use of communication strategies to inform and, influence individuals and community decisions that enhance health programs (U.S. Department of Health and Human Services, 2005). Health communication is also the art and technique of informing, influencing, and motivating individual, institutional, and public audiences about important health issues (Schiavo, 2007).

A health communication is effective when it could inform, and motivate individuals and large public audiences about important health issues. According to Schiavo (2007) health communication is exchange and interchange of information in two-way dialogue approach. It is also an interactive interchange of information, ideas, techniques and knowledge between senders and receivers of information on an equal footing, leading to improved understanding, shared knowledge, greater consensus, and identification of possible effective action.

One of the key objectives of health communication is to influence individuals and communities. The goal is admirable since health communication aims to improve health outcomes by sharing health related information. In fact, the Centers for Disease Control and Prevention define health communication as the study and use of communication strategies to inform and, influence individual and community decisions that enhance health (McGuire, 2014).

Health communication differs by context, like information flow through individual influence, disease prevention through behavior modification, is exchange, interchange information, two way dialogue, scientific development, strategic dissemination, and critical evaluation of relevant, accurate, accessible, and understandable (Natifu, 2016).

To inform and influence (individual and community) decisions. Moreover, health communication is a key strategy to inform the public about health concerns and to maintain important health issues on the public agenda (Natifu, 2016). The study or use of communication strategies is to inform and influence individual and community decisions that enhance health (CDC, 2015). The goal of health communication is to increase knowledge and understanding of health related issues and to improve the health status of the intended audience (Muturi, 2005).

2.3. Characteristics of Effective Health Communication

Health communication has characteristics as literatures stated. Schiavo (2007) identifies key characteristics of health communication. It is "audience centered" as it is about improving health outcomes by encouraging behavior modification and social change. Therefore, it relies on the complete understanding and involvement of the target audience. It is also "a long-term process that begins and ends with the audience's desires and needs" (Schiavo, 2007; 7).

If a health communication program is wanted to be successful, it needs to get based on a true understanding of not only the audience, but also the situational environment. This can only be achieved when the strategies used in the communication are grounded in research. Schiavo (2007) stated the research based characteristic of health communication. Health communication needs to be strategic in displaying sound strategy and a feasible plan.

Therefore, the communication strategies, the overall approach used to perform the objective of health communication program need to be research based and well planned in order to meet the prior requirement to reach the audience's heart (Schiavo, 2007).Strategic communications is the program's steering wheel which leads it to the desired goal. It is also "the glue that holds the program together or the creative vision that integrates a program's multifaceted activities' PCSP study (Schiavo, 2007; 21). He also added health communication is "a long-term process" as it attempts to influence people and their behaviors and it conveying certain health messages to the target audiences is only the first step of a long-term audience-centered process.

Another characteristic of health communication is that it needs to be cost-effective. Strategic health communication is expected to produce healthy outcomes in more efficient and cost effective ways. This means that solutions that allow communicators to advance their goals with minimal use of human and economic resource. However, it does never mean significant cut downs should be affected while there is adequate resource to support all the programs.

Health communication should also be creative in support of strategy. Creativity will definitely allow the communicators to use a variety of communication in which they consider multiple channel and format to reach the target audience. In this regard, effective strategic communication can integrate interpersonal communication, community-based channels, and various media to create a dynamic, two-way exchange of information and ideas. The communicator's creativity should come to play the most suitable and culturally friendly tools to engage intended groups in the process of changing their behaviors, beliefs and attitudes towards the prevention of the health problems as PCSP cited by (Engdawork, 2013). Apart from these, creativity enables to identify the settings (times, places, and states of mind) in which the target audiences are more receptive to and act upon the message (Engdawork, 2013).

The ultimate proof of the effectiveness of a strategic health communication lies in the health outcomes achieved as a result of behavioral change (Engdawork, 2013). Hence, health communication must be result-oriented, or aimed at behavioral and social change. Schiavo (2007;96) noted although the ultimate goal of health communication has always been influencing behaviors and social norms, there is a renewed emphasis on the importance of establishing behavioral and social objectives early in the design of health communication interactions. "What do you want people to do?" is the first question that should be asked in communication planning meeting. Thus, these characteristics are believed to make a health communication effective.

2.4. Health Communication strategy

Strategic communication is the combination of data, ideas, and theories integrated by visionary design to achieve verifiable objectives by affecting the most likely sources and barriers to behavioral change, with the active participation of stakeholders and beneficiaries (O'Sullivan, 2013).A sound and effective health communication strategy should be based on an overarching vision of what needs to be achieved to address a particular health issue. The strategy should be integrated, have a long-term focus and should be responsive to individual behavior change needs (O'Sullivan, 2013).

The National Health Communication Strategy of Ethiopia (FMoH, 2015) also states that the foundations for the health communications of any country are built on the principles of the government. Having these points in mind, it can be understood that the communication theories to be discussed in this study can help to identify the gap of the communication strategies for bringing behavioral change on sanitation issues.

2.5. Health Communication Approaches

Health communication describes a number of strategies to share information that can lead to better health outcomes. Its' activities can vary widely, depending on the objectives, audience, and communication channels.

- **Information education communication (IEC)**: is an approach which was developed in the early 1970s, when the use of mass media proved to be a useful tool in disseminating health information. IEC can range from didactic one-way communication to entertaining methods. It can utilize a wide range of media channels and materials. Although IEC

improved many aspects of communication, evidences showed that it could increase knowledge and improve attitudes; it often did not result in behavior change (Fox, 2012).

- **Behavioral change communication (BCC)**: is an evidence- and research-based process of using communication to promote behaviors' that lead to improvements in health outcomes. BCC intends to foster necessary actions in the home, community, health facility or society that improve health outcomes by promoting healthy lifestyles using an appropriate mix of interpersonal, group and mass-media channels. BCC efforts have focused on individual behavior change because the most widely used theories emphasize the individual level. However, a growing understanding that behaviors' are grounded in a particular socio-ecological context and change usually requires support from multiple levels of influence resulted in an expansion of the approach to become Social and Behavior Change Communication (Harrington, 2015).
- **Social and Behavior Change Communication** (SBCC): for health is a research-based, consultative process that uses communication to promote and facilitate behavior change and support the requisite social change for the purpose of improving health outcomes. Social change approaches tend to focus on the community as the unit of change. Thus, SBCC encompasses social change perspectives that foster processes of community dialogue and action (Sunday, 2016). Hence, to bring behavioral change at community level, communication intervention should consider the active participation of the community.
- **Persuasive communication**: the goal of communication can take many different forms, including the elimination of an existing belief, changing the strength of a particular belief, creation of a new belief, changing an intention to carry out an action and changing actual behavior. Many of those can be classed as aspects of persuasion. In general; persuasion is any change in attitudes that results from exposure to communication. Given that much of health communication involves trying to persuade people to adopt particular health behaviors (Parekh, 2017).
- **Campaign as a health Communication approach**: a communication campaign is a series of coordinated messages or other promotional efforts that are purposively designed to achieve predetermined goals or objectives. Steffy (2018) explains a communication campaign is promotional messages in the public interest disseminated through different channels of communication to target audiences. The methods for communication campaigns also encompass more than the mass media to include special events, interpersonal communication, and personal influence. Health communication campaigns must imply the strategic devices for influencing target audiences with messages designed to promote positive health-related knowledge and decisions (Laverack, 2007).

UNICEF (2012; 31-32) justified the main communication approaches for achieving communication objectives i.e. advocacy, interpersonal communication, community mobilization, supported and reinforced by mass media and so on.

- **Advocacy**: to influence public and policy with information and to raise the issue of sanitation higher in the policy agenda and in the minds of the people. Advocacy activities are One to one meetings, workshop, Field/exposure visits, Seminars/ conferences and Public private partnerships

- **Interpersonal communication**: is the key approach of this strategy to raise awareness on the importance of sanitation among the urban and rural community and support the increased interest and willingness to uptake sanitation practices.
- **Community mobilization**: to initiate dialogue among community members to deal with critical issues of sanitation and hygiene and also provide a platform for the community to participate in decisions that affect their daily lives.
- **Mass media, outdoor media and folk media**: to raise mass awareness, promote the critical behaviors and program information. Simultaneously also provide support to interpersonal and community mobilization efforts by reinforcing and raising the credibility of the message carried by non-professionals.
- **Entertainment education**: to disseminate messages which are educational in substance, entertaining in structure and popular in the community, in order to promote sanitation and hygiene messages by building on and coordinating with the above efforts.
- **Social marketing**: to promote adoption of behaviors' and create a demand for services and supplies that help practice that behavior.

2.6. Basic Forms of Health Communication Channels

Like all human communication, health communication can take different forms and occur in different contexts. Communication channels are delivery systems for messages to reach intended audiences. Scholars (Piotrow& Kincaid, 2001 cited in Mileti, 2016) discussed health communication forms/channels as follows:

A) Intrapersonal communication

Before looking at communication between two or more people (interpersonal communication) it is important to consider communication that occurs solely within us. Intrapersonal communication is not only important for processes such as self-reflection and evaluation, but also a key element that underlies our interactions with others. The fact that different people may interpret words and longer phrases in different ways and it can lead to misunderstanding and to unsuccessful interactions. It may be a solely internal activity, where we reflect on a possible source of action or evaluate the consequences of what we have done, or it may involve some external expression (Berry, 2007).

B) Interpersonal communication channels

It focused on either one-to-one or one-to-group communication. One to- one channels include peer to peer, spouse to spouse, and HEWs (Health extension workers) to client etc. An example of one-to-group communication may be a community-based outreach worker meeting with households. Interpersonal channels use verbal and nonverbal communication (Covello & Sandman, 2011).

C) Communication in groups

Social groups occupy much of our day-to-day lives. Most of us work in-groups, socialize or play in groups, and represent our attitudes and views through groups. Groups are a vital part of

people's life spans (Mileti, 2016). They provide companionship, support, and even a sense of identity, as well as helping us to perform our jobs effectively. Interestingly, it has been noted that in healthcare settings, many functions that were once provided by an individual are now team based, and that groups are being used more and more among health professionals in both acute care and community settings (North house, 1998).

D) Community-oriented communication channels Spreading of information through existing social networks, such as a family or a community group. This channel is effective when dealing with community norms and offers the opportunity for audience members to reinforce one another's behavior (Parekh, 2017).

E) Mass communication

In addition to one-to-one and small-group interactions, communications can also be conveyed to wider segments of the population. In terms of health-related information, much of this communication falls under the umbrella of health promotion or public health campaigns. Mass communication can occur through a number of different media. These include written leaflets and brochures, advertising hoardings and posters, newspapers, magazines, radio, television, computer systems and the Internet. Mass communication is typically a one-way process, with the message going from sender to receiver (Sunday, 2016). Clearly, the success of any mass communication campaign will depend on the message reaching the target audience and being interpreted and applied appropriately to change behavior.

F) Mass-media communication channels

It reaches large audiences and particularly effective at agenda setting and contributing to the establishment of new social norms. Formats range from educational to entertainment and advertising, and include television, radio, and print media, such as magazines, newspapers, outdoor and transit boards, the Internet, and direct mail. The practice of health communication is applicable in all health related interventions. One of the intervention types is community based health insurance (Harrington, 2015).

2.7. Health communication skills

Communicating effectively with others requires the skilled use of various different techniques. In health issue situations, the most commonly employed communication skills are questioning interview, providing information, listening, reinforcement and reflection, as well as being able to open and close interactions satisfactorily. In healthcare, the importance of health professionals having good communication skills is being increasingly recognized.

Berry (2007) carried out a large systematic review across a number of countries and found that good practitioners' interpersonal skills made a significant difference to the audiences' well-being. They concluded that practitioners who attempted to form a warm and friendly relationship with their target audiences and reassured them that they would soon be better, were found to be more effective than practitioners who kept their consultations impersonal, formal or uncertain. In

the UK, the Health Services Commissioner's Annual Report (1993) identified poor or inadequate communication between patients and health professionals as the source of the majority of grievances that it dealt with. The Report went on to state that a major cause of the problems was inadequate training.

Similarly, as sited in Berry (2007) the International Medical Benefit/Risk Foundation (1993) concluded that insufficient attention has been given to the training of communication skills of healthcare professionals, and retuning these skills in continuing education programs.

2.8. Health communication during COVID 19

Effective communication is in its own right a non-pharmaceutical intervention for COVID19 that can increase adherence to protective behaviors necessary to mitigate the spread of the virus. There is no 'best practice' for communication during a complex public health emergency, but past experience has led to several principles that contribute to a successful strategy.

There are a number of published guides from the World Health Organization (WHO), Centers for Disease Prevention and Control (CDC), and others that outline good risk communication based on lessons learned from past health crises, including Ebola and Zika (Pejcic et al., 2019). Early learning's are also being drawn from jurisdictions that have thus far been successful at containing transmission of the virus and preventing deaths. Researchers at University of British Columbia have identified five main principles of democratic health communications that have enabled some countries to successfully control widespread transmission of COVID-19 (Tworek et al., 2020). Choosing appropriate language and metaphors is also an important component of effective communication. The British Columbia Centre for Disease Control (BCCDC) has released a COVID 19 language guide that outlines preferred phases and words to use in order to avoid stigma, implying fault, and putting undue onus on individuals.

Effective communication system during a pandemic includes content, method, people and partners. Content is phased and situation specific ensuring communication precedes and monitors the operational and community response during the various pandemic stages. Process includes various platforms such as blogs, call centers, webinars, conference calls, online health group videos; digital news media are the means to ensure communication. People are community participation approach from message conception to delivery. Fear, distrust, and resistance are common reactions during pandemic, trusted and credible information sources are critical for moving people from awareness to action. Communications before, during and after a pandemic are directed to partners, places and networks viewed by vulnerable populations as accurate, trustworthy and accessible

Some of the elements of COVID 19 related health communication strategies includes;-

A) **Trust and Credibility**;- it includes Acknowledge uncertainty; explain what is known/unknown, Be honest and transparent; explain what actions are being taken and

why, Employ mechanisms of accountability, Rely on messengers who are competent and experts in the field, Be consistent in messaging, Use simple messages and Correct misinformation

B) **Empathy**;- it includes Acknowledge concerns, hardship and express understanding, Express gratitude and Shaming and blaming people and organizations
C) **Autonomy and Empowerment**;- it includes Give people choice within a set of guidelines/ principles, Express confidence in people's ability, Give people things to do, Provide specific descriptions of desired behaviors, Being paternalistic and overly authoritarian and Implying that the facts are too difficult to understand
D) **Values, Emotions, and Stories**;- it includes Focus on messages of solidarity, kindness, and love, Appeal to "collective" good, Link behaviors to people's identities, Focus on people adopting desirable behavior, Outline/stories that contextualize risk, Respect cultural beliefs/values, Drawing attention to undesirable behaviors', appealing to fear and Militaristic analogies/metaphors that may breed fear and xenophobic sentiment
E) **Public Involvement**;- it includes Engage public in raising awareness, Use messengers trusted by target audience and Amplify public voices
F) **Speed**;- it includes Communicate accurate information as early as possible • Acknowledge that early information may change and Allowing misinformation and rumor to fill information void
G) **Audience Segmentation**;- it includes Make messages sensitive to demographics of intended target
H) **Institutionalization**;- it includes Depoliticize health communication, Create a pandemic communication unit and Limit the number of institutions/people delivering messages

2.9. Theoretical Frameworks

Communication Theories Applicable in Bringing Behavioral Change is discussed in this part as the framework of the study.

2.9.1. Participatory Communication Theory

Participation is not a new concept (Ross et al. 2000). It represents a move from the global, a spatial, top-down strategies that dominated early development initiatives to more locally sensitive methodologies (Mileti, 2016). There are differing opinions as to the origins of participation theory of communication. Midgley et al., (1986) suggested that the historical antecedents of community participation include: the legacy of western ideology, the influence of community development and the contribution of social work and community radicalism.

Ross (2000) suggested that literature on participation and participatory processes stems broadly from two major areas: political sciences and development theory. Reed et al. (2017) added to this view, suggesting that participation is heavily influenced by theories of development and is therefore highly varied and complex due to different theoretical positions. The dominance of top down approaches to development was largely the result of modernization theory which was dominant in the 1960s (Lavarack, 2007).

Modernization theory surmises that for developing countries to develop they need economic growth along the path already travelled by western countries (Mileti, 2016). This has been

heavily criticized and other development theories have highlighted disparities. From the modernization point of view participation meant involvement of the community in the implementation of a project with the purpose of increasing the acceptance and efficiency of use (Lane 1995). This represents a low level of participation that is reactionary and ignores the site-specific complexities of management needs (O'Sullivan, 2013).

According to Holcombe (1995), acknowledgement of the importance of participation grew out of the recognition that the worlds‟ poor have actually suffered as a result of development, and that everyone needs to be involved in development decisions, implementation and benefits. As participatory approaches advanced, they highlighted the weaknesses inherent in traditional, top down approaches that focused on single disciplines and reductionist paradigms (Parekh, 2017). Agrawal and Gibson (1999) identified the limitation of the state in top-down resource conservation practices and emphasis popular participation as the remedy of these shortcomings. Laverack (2007) posited that the community development movement of the 1950s and 1960s was another source of inspiration for contemporary community participation theory and that community development and community participation theory are very similar. Hence, the purpose of communication is making something common, sharing meanings, perceptions, world views or knowledge for others.

In this context communication should be associated with a balanced two-way flow of information. Besides, participatory communication is an approach capable of facilitating people's involvement in decision-making about health issues and capable of addressing specific needs and priorities relevant to people and at the same time assisting their empowerment (Mileti, 2016). According to Mefalopulos participatory communication can able to increase the sustainability of ownership. Covello & Sandman (2011) argued the participation theory of communication theory is address and resolve difficulties in communication research. Also, Mefalopulos (2003) stated participatory communication theory is a term that denotes the theory and practice of communication used to involve people in the decision making of the development process. Also, Participation is a typology that defines different types of stakeholder and public engagement. It combines four modes of engagement: top-down one-way communication and/or consultation; top-down deliberation and/or co-production; bottom-up one-way communication and/or consultation; and bottom-up deliberation and/or co-production. Rather than always aiming for bottom-up and co-productive types of engagement, the wheel of participation can be used to match the appropriate type of engagement to the purpose and context in which engagement is needed (Reed et al., 2017).

The outcomes of engagement or public participation in scientific research projects can be divided in three categories: "outcomes for research (e.g., scientific findings); outcomes for individual participants (e.g., acquiring new skills or knowledge); and/or outcomes for social-ecological systems (e.g., influencing policies, building community capacity for decision making, taking conservation action)" (O'Sullivan, 2013).

To achieve the goal of urban health extension program, effective communication helps to generate new ideas, concepts, or practices spread within a community. Therefore, participatory communication theory is taken as the framework for the practice of health communication. So,

critically examining how health communication practices participation theory of communication will be one of the key approaches of this study.

2.9.2. Persuasive Communication Theory

Persuasive theory emerged since the mid-1930s when Dale Carnegie first published his bestselling book how to Win Friends and Influence People, the notion of how to persuade others has been both a popular and profitable subject. Concurrently, with the rise of mass media and the pervasiveness of propaganda persuasive messages became critical to understand political and social change. Thus, the importance of understanding the power of persuasive messages is greater than ever.

Persuasive communication involves use of messages to influence attitudes and behaviors, and its primary goal is to sway the hearts and minds of the audience; through a process of reasoning, the message exerts its influence by force of its arguments. A successful persuasive communication designed to change a certain behavior must therefore contain arguments that will bring about a change in the antecedent intention. To be successful, the message has to provide information that will enable the receiver to gain volitional control and overcome potential obstacles to the performance of the behavior (Parekh, 2017).Persuasion is typically defined as "human communication that is designed to influence others by modifying their beliefs, values, or attitudes" (Covello & Sandman, 2011). O'Keefe (1990) argued that there are requirements for the sender, the means, and the recipient to consider something persuasive. First, persuasion involves a goal and the intent to achieve that goal on the part of the message sender. Second, communication is the means to achieve that goal. Third, the message recipient must have free will. Accordingly, persuasion is not accidental, nor is it coercive. It is inherently communicational.

As Petty and Cacioppo (1986) stated the elaboration likelihood model (ELM) views persuasive messages as mental processes of motivation. ELM posits two possible routes or methods of influence: centrally routed messages and peripherally routed messages. Each route targets a widely different audience. ELM emphasizes the importance of understanding audience members before creating a persuasive message. The Central Route to Persuasion Petty and Cacioppo's (1986) model depicts persuasion as a process in which the success of influence depends largely on the way the receivers make sense of the message. ELM presents two divergent pathways that one can use when trying to influence others. The more complex of the two paths is known as the central route, also referred to as an elaborated route. Centrally routed messages include a wealth of information, rational arguments, and evidence to support a particular conclusion.

McGuire (2014) who was social psychologist also discussed persuasion communication theory that focuses on how people process information. According to this theory to achieve communication goals, message design, messenger credibility, communication channels, and the characteristics of both the intended audiences and the recommended behavior, which should be intended to fit easily in people's lives, all influence behavioral outcomes. While the current focus of health communication is more on engaging intended audiences and stakeholders to secure their initial involvement and input in the health issue. Therefore, utilizing this communication

theory as a guideline for conducting this research will help to realize the way that health extension workers communicate with their clients for preventing of COVID 19.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Description of the Study Area

This study was conducted in Hawassa city administration, Sidama National Regional State (SNRS) of Ethiopia. Hawassa city administration is located in the Sidama National Regional State on the shores of Lake Hawassa in the Great Rift Valley; 273 km south of Addis Ababa. Hawassa is the capital of the newly established Sidama National Regional State (SNRS). Astronomically, the city administration lays between 703' latitude North and 38028' longitudes east. Hawassa city administration is bounded by Lake Hawassa in the West, Oromia Region in the North, Wondo Genet woreda in the East and Shebedino woreda in the south. The city administration encloses an area of 157.2sq.kms (HCAFEDO, 2010).

The city, which is the economic and cultural hub of the region, is divided into 8 sub-cities namely, Tabor, Hayek Dar, Menaharia, Misrak, Hawella Tula, BahaleAdarash, Addis ketema and MehaleKetema. The sub cities have a total of 32 kebeles. According to CSA (2007; 121), Hawassa city administration has a population of 292,533 people, out of which 150,486 are males and 142,047 are females. Out of the total number of the Population of the cities administration 183,027 people live in urban area, while the remaining 109,506 peoples were live in the rural area of the administration. The annual population growth rate is 4.02%and 11.6% of unemployment rate in the city, of which 15.9% are females and 8.6% are males (CSA, 2007; 181).

Hawassa city has an average altitude of 1,708 m above sea level, which gives the city WeyinaDega climate zone and has a plain topography with the mean annual precipitation of 998.9 mm. Temperatures varying between 6°C in winter and 34°C in summer. The city experiences sub humid climate. It has the highest and lowest temperature of 32^0c and 6^oc, respectively. The average annual temperature is 20.3^oC. Hawassa gets rainfall twice in a year during summer and autumn. The average annual rainfall of the city is 933.4 mm. The first rainfalls falls from March to the mid of May and the next comes from June to the mid of September. Due to the city's location in rift valley and nearby lake the weather varies (HCAFEDO, 2011).

3.2. Research Approach

This study conducted through qualitative research approach for the attaintement of its aim. Because of it , provide valuable data for using in the design of product including data about user needs, behavior patterns, and use case and it allows for a richer and more in depth understanding of process studygain new perspectives. In qualitative research, researchers have built up a complex, holistic frame work by analyzing narratives and interviwees (Cresswell, 2008).

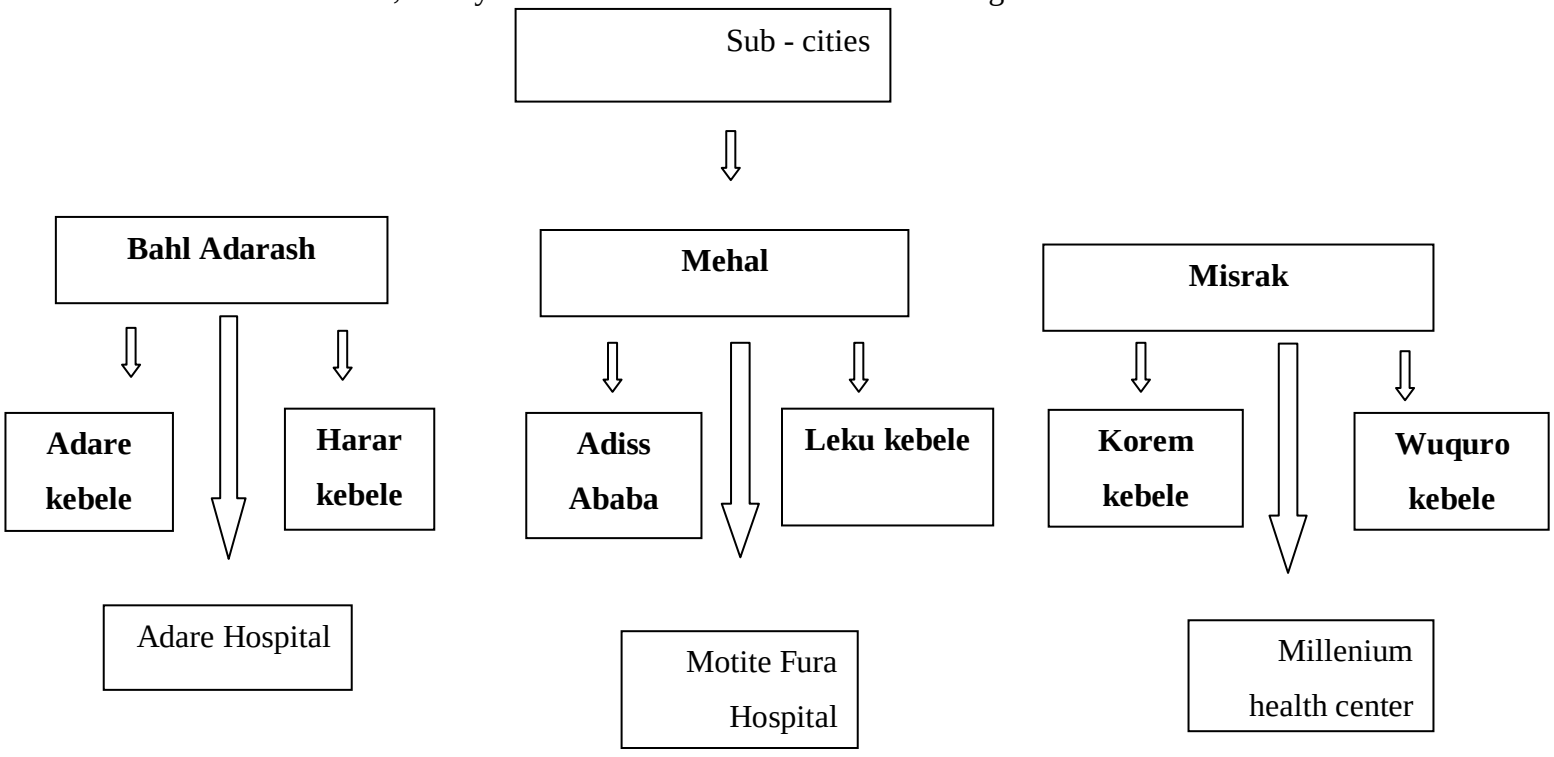
3.3. Research Design

Research design helps to indicate the direction to be followed when generating data and how it iss analyzed. Maree (2007) describes a research design as strategy which moves from underling philosophical assumptions to specify the selection of respondents' data gathering techniques data analysis to be done. In order to achieve the research objectives, qualitative design used.

Qualitative design employes in order to conduct this study because it is thought to help the researcher to have a valid data for the study or to gain a better, more substancial picture of the reality and to gain a more sophisticated understanding of the issue on the research questions and its objectives in a natural way (Denzin and Lincon, 2000).

3.4. Population of the Study

The researcher developed interest in studying the analysis of health communication practices in preventing COVID 19 in Hawassa city, for evidences showed that city is one of the areas with high prevalence of the pandemic mainly due to high mobility in to the city due to tourism, trade and other activities. The sample population, however, sample respondents selected from three sub cities, such as Bahl Adarash, Misrak and Mehal sub-cities and from each sub cities 2 kebeles and 1 health center, totally 6 kebelles and 3 health centers with high COVID 19 cases.



3.5. Sample Size

The matter of sample size is dependent upon the researcher‘s selection of methodologies. In the research process sampling plays a vital role in determining the population under study and to utilize effectively the time and resources allowed for the project. It is good to depend on a sampling procedure which assures generalization of findings in a research (Singh, 2006).Thus, the researcher took in to account the sample size that matched –well with the objectives of the study. Hence, the population of Hawassa city as a whole cannot be studied for reasons elaborated earlier; the sample population was drawn from those households from three sub cities and six kebeles of such sub cities. Moreover, the research approach will be qualitative and issues of the sample sizes and making of generalizations would not be its concerns. Keeping in mind, the data saturation parameters, respondents and interviewees selected from these six kebeles to generate data. Accordingly, 60 members of FGD respondents (6 FGD in which each FGD composed ten participants) and 9 interviewee from selected three health center and 1 city health bureau management as key informants selected for the study. A total of seventy people participated in the study.

3.6. Sampling techniques

Sample is an element of the population considered for actual inclusion in the study or sub sets of measurement drawn from population researchers are interested. Sampling made for the explicit purpose of obtaining the best possible source of information to answer the research questions. There were three most common sampling methods used in qualitative research: purposive sampling, quota sampling, and snowball sampling (Mack 2005). In this study, purposive sampling has been used. Purposive sampling which entails that participants were selected for specific purpose and was mostly used in small samples of total population of respondents who are likely to yield the required information (Neumann, 2003).

Purposive sampling is found important to collect data from the known sources in order to assure the quality of the data. The data is collected through the researcher‘s ability of identifying information sources purposively so as to meet the general and specific objectives of the study. Therefore, the researcher employed purposive sampling to get maximum information so as to make the study valid. In line with these interviewees from health officers, Health Extension Workers (HEWs) and discussants from the community are recruited for discussion and interview.

3.7. Participants of the Study

This study called analysis of health communication practices for preventing COVID 19 in Hawassa City administration incorporates; Health extension workers (HEWs), Community members and city health officer were participants of the study. The rationale in the selection of the study the researcher‘s belief in they are potential information sources concerning the topic. On this study all community members in selected sub cities were participated and they would be found as the main source of information like Health Extension Workers (HEWs) and health officers. The issue of COVID 19 is not studied without involving potential sources of informants.

3.8. Data Gathering Instrument

Qualitative researches are demanding the qualitative data gathering tools. The researcher employed qualitative design for the accomplishment of the research. Accordingly, the researcher has employed the dominant qualitative data gathering tools in order to gather the appropriate information from the focus group discussions (FGDs), in-depth interviewees and through observations then the researcher transcribed, translated, and analyzed the data.

3.8.1. Focus Group Discussions (FGDs)

Focus group discussion as a data gathering instrument aims to bring together a group of individuals comprised of 6-12 to discuss in a specific issue with the help of a moderator (Wimmer & Dominick, 2011). The role of the moderators in conducting focus group discussion have responsibilities of recruiting the discussants, arranging necessary equipment‘s, planning, leading the session, preparing the questions, creating enabling environment for discussion, stimulating the discussion by minimizing threats starting from planning to the end is considered to be the duty of a moderator (Denscombe, 2007). So in the course of data collection the researcher served as a moderator, accordingly facilitates and stimuli discussants to have enough data.

The FGDs was conducted in all the six sample kebele (such as; Harar, Adare, Wuquro, Korem, Leku and Addis Ababa kebeles) community meeting places and the period was June 25 to July 30, 2020. It was also the time when covid-19 was spreading at a high rate. Therfore, when the FGD was conducted, it was in accordance with the countries and city’s epidemic prevention and control laws and policies. The method I used to capture data during FGD was a tape recorder and I also took written notes. FGDs were done through two medium of communications. They spoke sidamic language (sidammu affoo) and Amharic. Then I was able to do the research by translating it into English and organizing ideas.

In conducting FGDs the researcher gave their turn and chances to the speakers one by one during the discussion. Because, some of the group members tried to dominate the session and the idea of all would not be entertained equally or fairly. The researcher herself limited discussants‟ idea and proceed to the next in order to give chances equally and fairly. The solution for the challenges would be encouraged passive group members‟. It may also need high level of persuasion and the researcher/ moderator was made persuasive speech for reluctant participants. According to Flick (2003) FGDs might not be helpful to get required data, but the researcher decided to use with the merge of document analysis and in-depth interview. The researcher also designed to make a group of an even number from five to ten (Deacon et al, 1999).

Table 3.1: FGD Participants

No.	Occupation	Bahladarash sub-city		Misrak sub-city		Mehal Sub-city		Total
		Harar kebele	Adare kebele	Wuquro kebele	Korem kebele	Leku kebele	Adiss Abeba kebele	
1.	HEWs	2	2	2	2	2	2	12
2.	Religious leaders	1	1	1	1	1	1	6
3.	Community leaders	3	3	3	3	3	3	18
4.	HAD	1	1	1	1	1	1	6
5.	Youth representative	2	2	2	2	2	2	12
6.	Police leaders	1	1	1	1	1	1	6
7.	Total	10	10	10	10	10	10	60

Note: **HEWs**- Health extension workers, **HDA**- Health developmental army.

Here the researcher is rational to study the inner impressions of the discussants through focus group discussion towards COVID 19 communication practices to prevent COVID 19 pandemic in Hawassa City administration through public and stakeholder‘s participation. In the process of conducting this FGD the researcher planed and implemented the whole activity. The researcher was limited only in stimulating, and raising important points for discussion. The discussants freely make a dialogue on the issue in that focus group discussion from the very beginning is advisable to be practiced for the issues that are debatable. Therefore, in this study the researcher purposively selected six FGDs in 6 sample kebelles comprises of 10 community members each under consideration of COVID protocol. These discussants will be recruited based on their knowledge and understanding ofcovid19 prevention.

3.8.2. In depth Interviews

In-depth interview was a basic qualitative data collection tool and mostly used open ended question when the researcher need detailed information about the problem. The objective of carried out in-depth interviews were gained further deep respondents‟ point of view, experience, attitude, belief and feelings of the subjects (Patton, 2002).

In-depth interview was a basic qualitative data collection tool and mostly used open ended question when the researcher need detailed information about the problem. The objective of carried out in-depth interviews were gained further deep respondents‟ point of view, experience, attitude, belief and feelings of the subjects (Patton, 2002). The researcher was intended to use multiple stage of interview to ask for clarification or explanation of their views, and improve the reliability and validity of the data. The in-depth interviews would involve 10 respondents. From these, three (3) HCHs, three (3) HEWS, three (3) MHCPs and One (1) City health bureau head of the Hawassa city administration.

Table 3.2: In-depth interview participants

No.	Name of Health Centers	HCM/HBM	HEWs	MHCP	Total Interviewers
1.	Adare Hospital	1	1	1	3
2.	Motite Fura Hospital	1	1	1	3
3.	Millennium	1	1	1	3
4.	Hawassa City Health bureau	1	--	--	1
				Total	10

Note: **HCM**-Heath Center manager, **HBM**-Health bureau manager & **MHCP**-Model health communication participants.

Prior to the interviews, the researcher would explain the purpose of the interview and provided an overview of the topics. Detailed notes were taken during the interviews which will be recorded using cell phone, translated and transcribed as it needed. The purpose of the interview in this study understood the structural system of health communication, empirical application, and communication contexts of pandemic related messages.

The researcher used in-depth interview because of it has the following advantages:

- ✓ It helps to cover uncover real life experience, belief, attitude, knowledge and understanding of the respondents.

- ✓ It allows the respondents to answer the questions one by one with detailed explanations.
- ✓ It allows the researcher for extensive observation of respondents through in-depth discussion or dialogue.
- ✓ It can be customized to individual respondents because the researcher uses purposive sampling.
- ✓ It also allowed the researcher to formulate follow up questions based on each of the respondent's answers

3.8.3. Observation

Observation is also important for data gathering from a natural setting and enables a researcher to understand non-verbal behaviors of the subjects. This data gathering tool helps me to look the whole activities of COVID 19 prevention either going positively or negatively in the natural setting. The researcher focused particularly on practices of communication and implementation of COVID 19 protocols in the study area.

During observation the researcher observed different impressive educational banners, notices on the city governmental and nongovernmental offices notice board, in front sub cities, kebeles and health centers promotions by using a recorded voice and opening it on a car by speaker and rounding to teach the public in both language which means in Sidama Affo and in Amharic to protect the public from COVID 19.

3.9. Data Analysis Method

The researcher uses the maximum efforts to analyze the discourse in the health communication practice, and then the data collected using different techniques presented thematically and descriptively. The data categorized in order of importance, but irrelevant data‘s were also rejected. Though, the researcher employed interviews and FGDs tape recording. Next to this transcribing and translating in to English language applied. The data analyzed thematically and collected different themes are emerged and the analysis will be based on the themes. As well, observation and secondary source document results analyzed in its context. This in turn helps the researcher in collecting seeds of the project.

3.10. Ethical Considerations

The researcher therefore fulfills all entrance letters and asks permission in every data gathering spot and received consent of informants by clearly telling the purpose of the study and the prominence of recording for a researcher plus the significance of the data afterwards. In addition the other very important ethical consideration the researcher used to be was being polite and patient with the respondent especially on the interview part.

From the very beginning ethics is all about the identity a researcher have, and one who is ethical can establish rapport with the concerned bodies. In this way a researcher respect all ethical values in which successfully accomplished the aim. Researchers are expected to consume large time, and makes tiered, it is ethics therefore enables participants and a researcher to stay long in

achieving the goals. No ethics means no chain of order and relationship. It is ethics that guides all.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.1 Introduction

This chapter basically deals with the presentation and analysis of data from the perspective of health communication theories. Qualitative methodology issued in the study to analyze documents, participant observation, and focus group discussions and in depth interviews. This chapter creates awareness in the community about COVID19 pandemic including interpersonal communication, group communication, door to door communication and health army communication with the group one-to-five and mediated communication.

The analysis provides detailed qualitative thematic analysis which was made based on the collected data from the health centers found in Hawassa town, Sidama region. There are several themes emerged from the concepts, theories, and findings of the stud. These are Strategy, knowledge, skills, information access, sources, perception, diffusion of innovation, System, roles of health communication, behavioral change communication, participatory communication and types of communication and implementations of health communication strategy. The discussion was made on the COVID-19 preventive strategic document, health extension communication policy and health extension communication strategies.

On the other hand, the in-depth interviews and focus group discussions (FGDs) findings were discussed and interpreted in accordance with the strategic documents, the conceptual and theoretical frameworks. In the current study, there are several themes emerged from theory, concepts and data of the study. The major themes are relevant with public health, strategy, pandemic, knowledge and public perception, diffusion of innovation, health communication system, process, sources of health communication, information access, role of health communication, its effectiveness and challenges of COVID-19 pandemic preventive process in the health centers in Hawassa town Administration.

It also identified the factors that affect the practice of health communication in COVID19 preventions package, investigate the preferences of the community towards the communication strategies in terms of its educational as well as awareness creation values and investigate harmony and contradictions between the COVID-19 communication activities and the local culture.

The outcomes indicate that COVID19 situations gain the highest momentum by increasing alarmingly. Its significant differences after two months since March 2020, it has reported the first case in Ethiopia. The government took several measures ranging from public health emergency response to the state of emergency. The communication strategy and state of emergency are in place to reduce the prospective risks of COVID -19. The strategy segmented the population by tailoring activities of risk communication and community engagement at all levels. The

government has strongly obtained various measures like lockdown and a state of emergency. However, it was not strict and has not been heavy-handed that much.

The study would assist in providing explicit information on the effective implementation of public health communication measures, and could suggest solutions to improve the preventive behaviors to prevent and control COVID-19 pandemic. Moreover, the finding of this study would help for future interventions which focus on infectious disease because the prevention and control of those diseases require the community adherence to the recommendation.

4.2 Demographic Characterstics of Respondents

Understanding the demographic background of the respondents is very important to investigate the data and interpret the context of the perceived reality. Among the socio-demographic information of the study participants the total interviewees and FGD discussants are summarized using tabular presentation. It includes age, sex, level of education, field of study, work experience, Kebeles and health centers that they come represent in this study. The researcher thought that the socio-demographic background of an individual is the determinant factors which influence effective communication and critically interpret the communicated messages.

The effective planning, implementation, and evaluation of the pandemic preventive communication strategy is dependent on the socio-demographic characteristics of communicators and the community members at large. It allows the readers to have knowledge and understanding about the respondents. In order to give clues for the result of the study related to role of health communication.

The study participant's socio-demographic information presented as follows in table 1.

Table- 4.1: Socio- Demographic Information of the Respondents

Demographic variables	Demographic categories	Frequencies	percentage (%)
Age	**From 21-30**	**20**	**28.57**
	From 31-40	**38**	**54.28**
	From 41-50	**9**	**12.85**
	From 51-60	**3**	**4.28**
	Total	**70**	**100**
Sex	**Male**	**29**	**41.42**
	Female	**41**	**58.57**
	Total	**70**	**100**
Level of Education	**Able to read and write**	**3**	**4.28**
	Grade 8 complete	**5**	**7.14**
	Grade 10 complete	**7**	**10**
	Grade 12 complete	**15**	**21.42**
	Diploma	**30**	**42.85**

	1st Degree	**6**	**8.57**
	Msc.	**4**	**5.71**
	Total	**70**	**100**
Health center address(sub-city) and participants	**Adare Hospital (BahaleAdarash sub-city)**	**3**	**33.33**
	Motite Fura Hospital(Mehal sub-city)	**3**	**33.33**
	Millennium health center (Misrak sub-city)	**3**	**33.33**
	Total	**9**	**100**
Occupation or position of participants	**City Health bureau manager**	**1**	**1.42**
	Health center head	**3**	**4.28**
	HEWs	**15**	**21.42**
	MHCPs	**3**	**4.28**
	Religious leaders	**6**	**8.57**
	Community leaders	**18**	**25.71**
	Youth representative	**12**	**17.14**
	HDA	**6**	**8.57**
	Police leaders	**6**	**8.57**
	Total	**70**	**100**

Note: The study was qualitative, but the demographic backgrounds are the baseline of the researcher to level their knowledge and understanding about the COVID-19pandemic.

The above presented demographic background data (Table 4.1) from the total both the interview respondents and focus group discussion (FGD) discussants20 (28.57%) and 38 (54.28) totally about 58 (82.85) were from 21 to 40 years old. It illustrated that majority of the participants (both Interviewers and FGD) are the most youth and energetic adolescents. However, few numbers participants are elderly individuals.

As per the data 41 (58.57%) majority of the respondents were females and 29 (41.42%) were males. The in-depth interview and FGD member's reason out the religious members communicate and educate the pandemic causes, symptoms, means of transmission, preventive and controlling mechanism in Churches and Mosques. Besides, they provided help to the poor sections of the community and educate the believers or their followers.
In terms of academic status, indicated that 6 (8.57%) respondents were have first degree and above educational status. The 30 (42.85%) are diploma holders and 15 (21.42%),were completed grade 12.

The researcher believed that experience can be one means of acquiring knowledge but they need to acquire academic theoretical and conceptual knowledge to have full knowledge and technical applications of communication meanness. The respondents view shows that theories and principles are the baselines for effective practice and achieving goals and objectives of the health centers at controlling COVID-19 pandemics.

When we consider their role and extent of participation in the pandemic controlling communication activities the Health professional played passive roles and they didn't directly involve in the communication process. Their role is only serving as a bridge between the strategic communications designers (health directives) and the HEWs who contact directly with the local community. Such kind of relationship is dependent on the established communication system starting from the Ministry of Health (MoH) up to the one to five and family relations at the grass root level.

4.3 The Spread of COVID -19 Pandemic

COVID-19 pandemic have been spread in Ethiopia and they were not appropriately communicated to the public immediately. Zikargae (2020)

All FGD participants discussed COVID-19 pandemic have been highly spread since its outbreak time, it was sever problem for Hawassa community. But the communities currently do not consider as a primary health problem and do not effectively using the preventive mechanisms.
It ensured that the pandemic didn't communicated effectively by the health communication practitioners at the right time and continuously through identifying its chronic variants. The community name the pandemic only using its general name called COVID-19/ Corona Virus rather than identifying its biological or pharmaceutical names (Alpha, Beta, Gamma, Delta and Omicron). Even the health communicators don't clearly identify the variants and the level of mutation and severity.

Further, the finding of the study indicated as they do not understand the transmissibility and special preventive techniques of each variant of the pandemic. Not, only their characteristics but also the names of each variant in their communication. It shows that there is a gap of knowledge about COVID-19 pandemic and its preventive techniques. It revealed that the existing knowledge gap results misunderstanding between the senders and receivers of the pandemic information. Indeed, lack of knowledge and misunderstanding of the health communicators results ineffectiveness of pandemic information communication and makes the preventive strategy impossible at the local level.

Majority of the study participants explain that COVID-19 pandemic is being highly spreading in Ethiopia particularly in the urban areas like Hawassa town. It is the most infectious disease of the community. However, the people perceived that the pandemic is not being the most paramount problem of the local community than conflict, instability, inflation, and poverty. It indicates that COVID-19 pandemic is not the most sever human life problem than the above mentioned socio-economic problems.

Some of the FGD discussants reflected their views as the spread of the pandemic is being decreasing and it has been the health problem currently in the country. They wrongly perceived that the pandemic is not killing the community other than elderly and people who lives with other respiratory related health problems.

4.3.1. The Public Knowledge of COVID-19 Pandemic

The health communicators knowledge was identified starting from the COVID-19 variants and there characteristics. They explore as there are two basic variants (SARS and MERS) before the outbreak of the pandemic. The HCHs and HEWs have identified the current variant called Omicron. But they didn't explain the former (Alpha, Beta, Gamma, and Delta) variants. They don't clearly differentiate these variants based on symptoms, severity, and transmissibility, and immune evasion, rate of recovery and neutralization of viral constructs.

The study found that the public's knowledge is very low and they are not critically investigating the communicated messages about COVID-19 pandemic. As the Harar Kebele FGD discussants argued the health communicators have week communication and similarly the community hears and leaves to interpret the messages. The community never understands the clinical nomenclatures and the health communicators used professional jargons intentionally to confuse the community. It shows that 'unclear communication with the public leads the mass in to confusion' and miss understanding resulted ineffectiveness health communication.

As the result of the study pointed that the society knowledge of COVID-19 was described by the level of understanding and perceptual of symptoms, means of transmission, and preventive mechanisms. In Hawassa town the communities have little knowledge about the symptom, cause, and preventive techniques of the pandemic. Even though they understand the symptoms they didn't worry about it and never try to save their lives from the pandemic. Further, they didn't clearly identify the preventive mechanisms and don't apply effectively. It shows that either the health communication strategy or its implementation has a gap in controlling COVID-19 pandemic.

At the pre-crisis phase the preventive and controlling techniques were rigorously applied by the government and the community collaboratively. The government was declared state of emergency and forces the community to apply the controlling mechanisms. Now both the government and the society in Hawassa town or in Ethiopia in general divert their attention to resolve ethnic conflict and inflation problems. The result of the study in both in-depth interview and FGD respondents proved that the 'community and the government loose due attention in preventing and control the pandemics'. Only the health organizations specifically the health centers made their effort to control the spread of COVID-19 pandemic. Most of the respondents agreed up on that the three health centers use non-collaborative health communication approach and non-participant communication for controlling the pandemic.

Regarding the knowledge and understanding of COVID-19 the finding of this study is different from the former studies; they conclude that the society has high or medium knowledge of the pandemic. But they don’t apply the preventive techniques because of

negligence and factors affecting them to apply in their daily lives. Specifically, the MHCP Explain that their knowledge is too little and they don't use in a daily basis.

However, the health extension communicators (HECs) and health extension workers (HEWs) are explaining as they have enough knowledge of the pandemic. But, they politicize and seek for their personal benefit rather than egger to serve the community and frequently communicate the cause, symptom, and preventive techniques to the local community.

Their response ensured that "the government use the COVID-19 pandemic as a political intervention tool and to weaken the political participation or grievance". It means, it used as a propaganda tool for misleading the society to sustain the existing power. The community looks the pandemic in the political perspective rather than the health pandemic perspectives. The local community completely interconnect the pandemic with political, religious, and cultural perspectives of the society. They misunderstand the preventive mechanisms including vaccine that they ignored to take at the household level. Majority of the respondents agreed "the community perceived it makes females non-pregnant and kill them". Religiously, they connect with anti-religious groups such as "western religion such as six sixty six (666) defused through their life. Besides to this they wrongly perceived the vaccine enforce them to change their religion either from Orthodox Christianity and Islamic to devilish or paganism."

4.3.2. Publics' Perception of COVID-19 Vaccine

The communities in Ethiopia and particularly in the Sidama region capital Hawassa city have negative perception about COVID-19 vaccine. The connotatively perceived that it has negative impact on their health, religious, and reproductive capacity of human beings. Most of the community perceived the vaccine in relation with colonialism, westernization, religious, and indigenous cultural liquidation.

According to the interview of health extension workers evidenced that the community requested us to take the vaccine in front of him/her before he/she take it and they wrongly perceived the company which produce the vaccine. They tell us even the health organizations are not credible for them including the WHO, FMoH, SNRSHB, HC and NGOs. The reason behind is that the health organizations are highly politicized by the government and it makes the vaccination campaign goals unattainable at local, regional, national and global levels. (In-depth interviews & FGDs from May 6 – 30/6/2022).

The study concludes that COVID-19 vaccination campaigns were not effective at the local level and the sum total of wrong perception results the uncontrolled nature of the pandemic. The study revealed that there is high level of resistance of taking COVID-19 vaccine in the local community.

4.4. Health communication strategies employed to create awareness on prevention of COVID-19

Communication plays a vital role in providing knowledge and changing people's attitude and also it initiates and accelerates changes that are already underway as well as in reinforcing and supporting the change that has occurred. Health communication is an area of study that examines how the use of different communication strategies can keep people informed about their health and influence their behavior so they can live healthier lives.

4.4.1 Interpersonal Communication

How interpersonal communication is is related to the health communication strategy in preventing to covid-19.

This type of communication takes place between individuals internally, send and receive in the communication process. In the three health centers in Hawassa employed inter-personal communication more frequently. Communication is more significant in individuals' daily lives and in the process of social relationship (Vivian & Owusu, 2014). The HEC in each of the health centers interpersonally interact with the pandemic coordinators upward and HEW using down ward hierarchical communications (Interview with Adare hospital HEC, 2022).

The HEWs also create friendship and partnership relations in pandemic information disseminations with the HECs and MHCPs to serve as a middle man in the communication process. In addition, the HEWs horizontally communicate with other HEWs to share their communication experiences of pandemic communication (Interview with HEWs, 2022). The MHCPs receive the pandemic preventive messages from the HEWs and share with their neighbors, families and other members of the community (Interview with MHCPs, 2022).

The three health centers used the MHCPs as the health pandemic preventive army at the local level. They are pre-informed about symptoms, preventive techniques, and the consequences of the pandemic. When they disseminate the shared messages from the HEWs majority of the community reject and wrongly interpret even they accept the messages.

As the HEWs interview response shows that the MHCP or Community Health Prevention Army (CHPA) communication strategy is very weak and both the health centers and the community perceived it's the political tool of government system. As the FGD result revealed it was the way that health centers participate the community and easily accessing the pandemic preventive strategy. But the politicization of health pandemic preventive strategies and programs influence the preventive and controlling process of COVID-19 pandemic.

In health education per discussion and experience sharing on a single issue is the most common way of inter-personal interaction which is the most applied type of communication in preventing COVID-19 pandemic. The pandemic history shows almost all pandemic public health communication were employed traditional inter-personal communication to create awareness to the local community in Ethiopia.

However, COVID-19 by its nature obliged to keep social distancing and the abbesses of personal interaction. Due to these the community participation and using MHCPs were not possibly applied since 2018 in connection with the new political shift and the pandemic preventive process. As it discussed so far in Hawassa the former one to five health communication army's and thirty health development teams are not working in the current pandemic combatant process. As the results there is no active community participation in the COVID-19 pandemic controlling or preventive process in the study area.

4.4.2. Group Communication

The health communication by its nature requires the group formulation and communication to Share new information or ideas among members of the group (Sharma, et al., 2019). In this study there are three main groups formed in order to practically implement health Communication strategy in Ethiopia. These are health extension coordinator (HEC), health extension workers (HEWs), and model health communication participants (MHCPs) at the Grassroots level of the society. The HECs and HEWs are the government employees and they are responsible to carryout health communication activities following the established system of organizational communication.

As per the interview result frequently indicated the trainings were given on health strategic communication, COVID-19 symptoms, causes, means of transmission and preventive and controlling techniques. In addition to these the trainings were given about the COVID-19 vaccine intake capacity, selected groups of the community and adverse effects of the vaccine.

In this regard the health communication practitioners share their knowledge and skills within a group. In each of the health centers each of the units discussed on the innovative ideas and technologies in order to share with other staff members. The HEWs and MHCPs interview result also shows that they were discussed in group in order to clearly understand everything about the pandemic. The communities in the villages frustrate to meet with the neighboring and families in the outbreak phase of the pandemic. However, currently they tried to share and discuss the COVID-19 information frequently; specially about the vaccine and its consequences before and after taking it. They negligently look the spread and infectious natures of the pandemic. Based on the result of the study group information sharing is rarely used to get pandemic related messages.

4.4.3. Heath extension Communication

Health communication is a collective process of interacting, generating and interpreting messages among individuals or units (Stoll, 1995). The health communication examined how communication patterns within society are influenced by the hierarchical relationships of the positions.

The COVID-19 pandemic preventive strategy flows from the top ultimate decision makers from ministry of health to the regional health Bureaus. Later it distributed to the Zone directives and town administrative for implementation purpose. It further disseminated to the woreda

health offices and autonomous health centers called Hospitals. Finally, the health communication strategy distributed to the local health centers for interpretation and implementation purpose. The planning process is also follow this procedures starting from strategic formulation of basic issues which would be used as a framework of implementing the health communication strategy. The health communicators adheres the strategy and contextualize the communication plan for its implementation at the local level.

As the study participants found that the HEC, HEWs, and MHCPs are the front line of COVID-19 message production and dissemination in the health centre with some extent of message frequency via media (All FGDs, 2022). They play the direct interactive role of pandemic prevention, but the community received the message and ignore to interpret the preventive techniques at the individual and household level in the study area. The interview result from the HECs revealed that they provide the pandemic communication direction and consult the HEWs in the day to day health educational communication.

They receive the public opinion or feedback from the HEWs and the MHCPs in particular send to the Woreda health offices. It means they have no direct communication with the MHCPs and the general public's/the community. They serve as a bridge between the HEWs and the health organizations including health centre, Woreda office, Zone directives, and regional health Bureau. It shows that the reporting system is structured vertically upward. The result of the study indicated that the COVID-19 pandemic communication is following linear model or non-participatory of communication. It mostly has a negative impact on the preventive and controlling process. (Interview City health bureau manager, 2022)

4.4.4. Mass/ Public Communication

The Majority of study participants reflected their observation that media organizations play a very important role in accessing information at the outbreak time. The coverage was high and abundant information disseminated to the local community using regional and community media in Ethiopia. It was helpful to prevent the society from COVID-19 pandemic and mobilized the public to apply the preventive and controlling mechanism in Hawassa town. The health communicators were used the media as one of the basic tool for public communication and easily access the media to use almost in a daily basis.

As their view the health communicator's first contact must be with elderly individuals, religious leaders, community association leaders and prominent individuals. Then we have to use them to persuade their families and neighborhoods. Later, the members of the community affected by other members and the behavioral change health communication became successful **(Leku Kebele FGDs, 2022)**. The finding shows that health communication plays the role of changing wrong perceptions in to the positive and be egger to use the prevention strategies and take vaccine of the pandemic. Mostly, the health communication promotes positive behavioral change in order to enables the COVID-19 pandemic prevention possible in the community.

The gap of health communication in the study area is the health communicators themselves have negative perception towards the Corona Virus vaccine and the severity of the pandemic. The

reality tells us the HECs, HEWs, and MHCPs are come from the community. Hence, they have the same negative or wrong perception about the pandemic and they don't clearly communicate with the community. They similarly act as the community when they are with the local community and they became different when they are in the health centers.

To these end the health communication reform shall start from the health communicators themselves and the employees must be specialists in health communication field. The study participants reflected their observation that media organizations play a very important role in accessing information at the outbreak time. The coverage was high and abundant information disseminated to the local community using regional and community media in Ethiopia. It was helpful to prevent the society from COVID-19 pandemic and mobilized the public to apply the preventive and controlling mechanism in Hawassa town.

The health communicators were used the media as one of the basic tool for public communication and easily access the media to use almost in a daily basis. Because of the absence of two –way communication, however, the local and regional media in Ethiopia dominantly used political elites and health experts in order to address the preventive strategy.

Majority of the interview and FGD results revealed that even the health communicators at the bottom line of health centre were not used as the source of information. Further, they have argued that as they have no right to use the media and educate the public in mass. It affects their day-to-day activity and communication with the public at large. Likewise, the political elites and health centre managers directly manipulate the media organizations and the local administrative bodies were used as the source. The problems were visible from the sides of the media and the political system. The media were not select the right source when they gather pandemic information and not participatory. On its side, the political system influences the media and the health centers to publicize relevant educative information.

The FGD participants due to these and other reasons the media message is not being consumed appropriately by the community. Even though such a problem is practical the mess media message is useful for controlling COVID-19 pandemic. However, now a day the media coverage of the pandemic is almost null as per participates of the study. Even if the media cover the cases and the pandemic issues they try to attain the political will of the local government bodies through disinformation and false lies.

*"Banners and posters carrying the UHEP messages are posted for the public's consumption in the city while brochures and summarized handouts on the packages of the program are printed and used in the training and refreshment programs given to the educators' and model families. The HEWs have also showed very high commitment to circulate the printed materials to their audiences, as they said during the interviews and seen in the participant observation. (**Interview millenium health center HO,2020) ''***

Nonetheless, Adare Kebele, FGD participants claim that they have budget constraints to make the brochures and handouts self-explanatory and attractive. The city administration health department has budget limitation. The cost of publication, on the contrary, is continuously getting high. That is why our brochures and handouts remained dull, filled with text and short of

explanatory pictures. This indicates that cost was denied due attention even if it is one among the criteria to choose a channel. **(Adare Kebele FGD, HEWs)**

In line with this, models that accepted and fully completed the HEPs and graduated a model performer they help the HEW storing other community. This model being complains that the brochures and handouts are difficult to comprehend as they are too brief and un attractive. Also they use social media like telegram, Face book and transmitting formation related to COVID19 to create awareness special to address youths and other communities. (**Harar kebele FGD, Youth representative)**

Millennium health center, HO also suggests that

> "Much has to be done in exploiting the capabilities of the broadcast media, radio and television, by the city administration health department. Their limited resources need to be complimented with video clips that aim to create awareness on causes and prevention mechanisms of COVID19 such materials are easily consumable by both the literates and illiterates''

The brochures distribute for different sectors and offices, differently out has associations and gender clubs, youth center libraries and different constructions its and factory areas. The main goal is to raise awareness and showing the advantages is creating awareness by presenting what these communities should do to protect themselves from the pandemic. The target group for the brochures is mostly creating awareness; however since some of are illiterate communities can no tread in turn only focus on the given pictures. Therefore, issues like illiteracy and limited accessibility adversely affect its distribution. (**City health bureau Manager**)

The health extension workers use the brochures to inform the one–to five leaders and to motivate them to further communicate and channel the information in the brusher to other. This means that the information in this case reaches the public indirectly via the leaders that led the group members that make brief brochures both illiterate and literate community. This shows how communication messages can traveling two ways and it is an indication of how the health extension workers are giving attention to the leaders who in turn plays inevitable olefin spreading information to the rest of the community. (Leku Kebele, HP)

As of the city administration health department (2020) in addition to this, health extension program distribute different types of publications similar to brochures that are provided by different NGOs. They involved in preventing of COVID19 in the city. The brochures have picture expressions which are represented to be easily understood by the illiterate community.

But according to the Wuquro Kebele HEWs supervisors, the communication strategies are no really understood by them as public because there are little attention or negligence and cannot consume print media output in the study area .Additionally, She added that radio is more important than other media outlets and it always listens to the FM 100.9 and Fana FM 103.4 radio health program and shares the ideas related to COVID19 to the community.

The problems were visible from the sides of the media and the political system. The media were not select the right source when they gather pandemic information and not participatory. On its side, the political system influences the media and the health centers to publicize relevant educative information.

In general the top political elites direct the health communication system and the activities of health organizations or centers in the study area. That is why the COVID-19 pandemic is politicized in Ethiopia and the public looks in the eyes of political bargain. The FGD participants due to these and other reasons the media message is not being consumed appropriately by the community. Even though such a problem is practical the mess media message is useful for controlling COVID-19 pandemic. However, now a day the media coverage of the pandemic is almost null as per participates of the study. Even if the media cover the cases and the pandemic issues they try to attain the political will of the local government bodies through disinformation and false lies.

4.5. Health Communicators Knowledge and Skills of Communication

The health policy in Ethiopia gave an emphasis on health information, education and communication (IEC) and health education with high level of community mobilization (FMoH, National Health Promotion & Communication Strategy, 2016-2020). Health education, communication, and community mobilization activities are carried out by the health communicators. The responsibility is already delegated to the health centers particularly for the HECs and HEWs. Because, of their direct interaction with the local community. The health extension workers (HEWs) are the bottom line of health communication organizational structure. They inform, educate, persuade, mobilize and enforce the local community to apply the pandemic preventive techniques.

Specifically, the HECs and HEWs are health educators at the health centre and advocate the implementation of COVID-19 pandemic preventive strategy. As the health communicator believed that they are the communication specialists at the health centers and learn how to approach the patients or the general public. As HEWs interview result revealed that they created friend line relationship with community and they effectively teach the community how to protect themselves from the pandemic. We went to the community and explain that the disease is contagious; we teach them how to prevent themselves from the COVID-19 pandemic. We prepared the hand wash water candles and advise them frequent washing saves their life." (Millenium health centers, HEWs interview, 2022).

Though, the health extension coordinator (HECs) and health extension workers (HEWs) are effectively perform health communication principles in complement with the relatively good applications of COVID-19 pandemic preventive techniques. I.e. Using mask, sanitizer, keeping social diastase, washing hands and other mechanisms while they meet with the community. However, the FGD discussion were argumentative and the results from the MHCPs took their side of there is a gap of communication between the HEWs and the community. They raised the reason that they simply focuses on their agenda rather than understanding the social, political, and economic problems of the community. It shows that there is the gap of knowledge of understanding the socio-psychological problems of the society. Because it

required the ability of think critically about the shrouding and system they are living in the society.

4.6. The Implementation of COVID-19 Preventive Strategy

The initial stage of the preventive strategy is the planning and preparation about the pandemic. The preparation includes the analysis of health communication gaps (National Health Promotion and Communication Strategy, 2016-2020). After identifying the gaps of implementation the COVID-19 taskforce give directions and the health centers re-plan the activities. As the finding of the study indicated that the early implementation of the strategy in the local community creates possibility of control of the pandemic.

However, the three sample health centers were not communicating and implement the COVID-19 preventive strategy. They were waiting till the top level health organizations direct and give instruction on the way that they implement the strategy. On the other hand they receive financial and material support from the top hierarchy of the health institutions such as Federal Ministry of Health (FMoH), Sidama National Regional State Health Bureau (SNRSHB), Hawassa Town Administration Health Directives (HTAHD) and Woreda Health Offices (WHOs). Besides, they receive directions, toolkits, trainings and any necessary supports from NGOs and the government.

It shows that pandemic prevention and control needs collaborative works with stakeholders. The implementing the strategy would be straightens in the joint venture applications of the health centers, NGOs, and the government.

Literatures proved that the health communication and pandemic preventive strategic implementation is dependent on the established system. However, the system based collaborative taskforce teams must have shared responsibility and create consensus among members in implementing common pandemic prevention strategy (Ellington, 2002).

But in Hawasa health centers the health communicators are not working in team spirit and the differentiated their hierarchy of authority and responsibility. For example, the HECs have responsibility of receiving pandemic related massages from the health directives and train or dispatch to the HEWs. The HEWs are highly responsible to implement and contact MHCPs and directly with the community.

The COVID-19 pandemic prevention plan started from WHO declared as international problem and implemented worldwide countries. On the first cycle WHO planned the prevention and control strategy. Then train and dispersed to the countries of the world and they prepared the national prevention plan based on the geo-political context. Then the FMoH gave training to the regional task forces and the regional bureau representatives. Next the adoption of the national strategy to the regional context was made by the regional health bureaus (SNRHB). Later, the plan sent to the Zone, Administrative towns Health Directives (ATHD), and Woreda Health Offices (WHOs) in the country.

Finally, the Woreda and administrative towns directly send to the health centers and implemented at the lower level. Hence, the health centers are the institutions which the COVId-19 pandemic strategy directly implemented in the local community.

4.6.1. Effectiveness of Implementation of Health Communication

According to WHO and CDC guide in 2005 there are five guiding principles which can be used as criteria to measure the effectiveness of health communication in practice. It mostly originated from the principles of risk or crisis communication.

- **Building Trust:** As the respondents view the first thing, that the health communicators do is building trust maintains and restore it for the long period of time. The finding shows that majority of the public were trust full at the time of its outbreak. However, it's not being sustainable after the emergency declaration in 2012. The society misperceived and became dishonest on the communicated messages of the pandemic. The communicators also lose honesty because they are not confident and sure about the causes, symptoms, preventive techniques and the vaccine effects. There were nebulous arguments among the HCMs, HEWs, and MHCPs in the FGD. It indicated that the health communicators by themselves are uncertain and then the societies become uncertain with long lived anxiety.

- **Early Announcement:** The COVID-19 pandemic variants were not early announced to the community at the local level. The national and regional health organizations didn't detect the variants before its spread and the health communication in Ethiopia is not proactive. It means the health centers at the local level are waiting the announcement of the ministry and regional bureau for the communication and dissemination of cases happened in the community. As the finding of this study shows the flow of the pandemic message is hierarchy based and centralized at the top of the authority. Once, the highest authority announced a piece of information about the pandemic then the message flews down ward to the health centers. It is dependent on the closed system and organizational structure. But as the in international pandemic experience shows SARS was immediately announced to the world wide publics. Others such as Beta, Gamma, and Delta and Omicron variants were not announced as soon as its outbreak. The participants of the study argued that laboratory experiments were made before the release of the first announcement.

- **Transparency**: It focuses on the relationship between the health communicators and the community. The result of the study evidenced that there is lose relationship between the health communicators and the community. Further, the FGD results found that the relationship and communication among the representatives of the community /MHCPs, health extension coordinator (HECs) and the health extension workers (HEWs) in practice. The health extension coordinator themselves and the community are not transparent because they hide their political, religious, and cultural views. They reflect artificial settings in the health communication situations or events. The reality shows that the result of non-transparent communication is uncertainty

among communicators. Finally, the communication and the implementation of COVID-19 pandemic prevention and control strategy were not effective.

- **Respecting Public Concern:** As per the finding of the study the local community have non high level of COVID-19 pandemic concern both at individual and group interaction. The health communicators considered as the basic influence of daily pandemic communication in the community. The literature revealed "the pandemic communication must be the dialogue between the health communicators and the community" (WHO & CDC, 2005). The practical application of health communication in and around Hawassa health centers between the HEWs and the community are not based on the public sphere or dialogue. It means that the health communication must be held between health experts and the community. Here, the HEWs serve as a bridge between the two (technical experts and the general public's). The pandemic health communication system in Ethiopia is misused due to the systematic political affiliation of the organizational structure. The current COVID-19 pandemic prevention and control strategy organized and lead by ad hock committee called taskforce.

- **Revision of the Outbreak Plan**: In Ethiopia the pandemic health communication plan was prepared by the taskforce on March 23/2021. However, the health institutions don't revised and reviewed the strategic plan. At the beginning the plan was prepared by the politically assigned and collection of non-health communication professionals. Furthermore, the health centers have no right to plan and amend the strategy. As the HECs respond for the researcher the health institutions including the regional health bureaus has no right to enact the health communication and the pandemic prevention and control strategy. Simply the regional experts received the strategy from the FMoH and implement in the region community. Similarly, the health centers access the strategy and directly implement in the community and advocate as it is in the document without contextualizing to the local environment. Generally, the implementation of COVID-19 pandemic health communication is not effective. It is because of loss of trust, dalliance of announcement, lack of transparent communication, loss of public concern and re-planning of the communication strategy.

4.6.2. Role Models in Health Communication

The research defined them as Model Health Communication Participants (MHCPs) are disintegrated and not functional in and around Hawassa in the three health centers. According to Keat and Yi Xian (2022) the sports man and women were the role models of applying and supporting the COVID-19 prevention and control strategy.

The prominent, elderly and religious persons used as role model in health communication and pandemic controlling process (Interview with Motite Fura hospital HEWs, 2022). The health communication role models in the community selected based on their good behavior,

public figure, leadership role of part of the community, perseverance and disciplines that they have in the community. The HEWs organized them for the sake of effective application of the health communication strategy including pandemic prevention and control strategy. The media also used such people as the source of information and their Prominence makes news. In the pandemic preventive campaign, advocacy, and mobilization they are at the forefront of the community.

However, the MHCPs one to five groups were destabilized and not functional due to political affiliated nature of its establishment. But, the elderly individuals, religious persons, artists, athletes, football players and other public association leaders still used as actors of the pandemic communication process in Hawassa town. It is yet continued after the outbreak time of the pandemic which is the reason for the persisting nature of the pandemic in the Hawassa urban community. The researcher recommended that the health communication strategic reform is needed in Ethiopia in general and in Sidama region in particular for creating enabling environment of Controlling COVID-19 pandemic.

4.7. Health Communication Campaign during COVID-19 Pandemic

According to Atkin and Rice (2009) one of the basic health communication perspective which focuses on the influence of attitude, belief, and behavior of the affected community is health communication campaign and advocacy. A campaign in health communication is a

phase by phase concerted message transmission for the purpose of solving social health problems such as pandemics. It may be used in the designing stage, practical implementation, monitoring and evaluation management processes. Here, advocacy is also the way that techniques of health communication which influence the public opinion or correct wrong perception of the community about the pandemic.

At the stage of its outbreak the media and health centers communication contents were advocacies and campaign based pandemic preventive messages. For example, the causes, symptoms, means of transmissions and preventive techniques were advocated to the community. Further, the government declared emergency and restrict the social, political, economic, and cultural events. During the emergency, the health communication and mass media messages were campaigns that intended to achieve the goals and objectives of the emergency declaration (HCM, HEWs, and MHCPs interviews and FGDs discussions results, 2022).

As per the finding of the study the campaign, advocacy, social mobilization, and collaborative health communication strategies were effective. However, these all elements of health communication were only effective at the time of COVID-19 outbreak and now days it's not applied in the local community. The current spread of COVID-19 pandemic needs health communication campaign which introduces the new Omicron Variant and its preventive strategies. It makes the communication more persuasive and changes the view points of the community.

The campaign, social mobilization, and collaborative communication initiated the local community worry and prevent themselves from the pandemic. Advocacy health communication also influences the perceived negative attitude, belief, and behaviors' of the local community. In Ethiopia in general and in Hawassa town administration in particular the re-enforcement of the COVID-19 pandemic preventive and controlling strategy is very important to save the life of the society. Hence forth, the campaign, advocacy of the pandemic prevention and control, social mobilization, collaborative and participatory health communication shall be implemented in Ethiopia for effective control of the pandemic.

In general both the health institutions and the community must be free from any political interference and neutrally re-enforce the preventive strategy. It has to be by understanding the existing socio-economic conditions of the society. It makes the pandemic possibly controlled in the study area or in Ethiopia.

4.8. Behavioral Change Communication for COVID-19 Pandemic Control

According to the FMoH Strategic plan in during the outbreak time of COVID-19 pandemic in 2020, behavior change communication requires most valuable effort in health communication. The pandemic communication focuses on attitude, belief and behavioral change of the local community. In this case most inter-personal communication influences the behavior of individuals. As it noted above the health extension communicators behave friendly and create family relationship with the community. Through their communication the HEWs influence wrong perceptions of the community members. As the process the HEWs communication most of the communicated contents are educational and persuasive than providing information for interpretation.

The study found that the government exert forced compliances of changing the community perceptual thinking and behavioral change communication made to the society. The process of behavioral change is more of covert and resistant the case of COVID-19 pandemic.

The intervention of health communication must be analyzed based on the public opinion and feedback from the community. The HEWs are educating the community as the Corona Virus is infectious and killer pandemic. They only receive and impart information to the community, but the community themselves interpret and consume the pandemic messages (Interviews of the Harar Kebele HEWs, 2022).

In addition to these, the Addis Ababa Kebele FGDs discussants argued and revealed that the public communication employed persuasive and behavioral change. The discussion or arguments indicated that "there is no effective behavioral change communication in health sectors in the study area. The community interconnect their perception of the pandemic with political, religious, and cultural perspectives. They are more ignorant than accepting the severity, impacts, and vaccine in take capacity and participating in the campaign. The local communities have the restricted backward attitude, belief, and behavior towards the pandemic itself and the vaccine. It requires highly affective and persuasive communication in order to change the negative behaviors of the individuals in the community.

As their view the health communicator's first contact must be with elderly individuals, religious leaders, community association leaders and prominent individuals. Then we have to use them to persuade their families and neighborhoods". Latter, the members of the community affected by other members and the behavioral change health communication became successful (Leku Kebele FGDs, 2022).

The finding shows that health communication plays the role of changing wrong perceptions in to the positive and be egger to use the prevention strategies and take vaccine of the pandemic. Mostly, the health communication promotes positive behavioral change in order to enables the COVID-19 pandemic prevention possible in the community.

The gap of health communication in the study area is the health communicators themselves have negative perception towards the Corona Virus vaccine and the severity of the pandemic. The reality tells us the HECs, HEWs, and MHCPs are come from the community. Hence, they have the same negative or wrong perception about the pandemic and they don"t clearly communicate with the community. They similarly act as the community when they are with the local community and they became different when they are in the health centres.

To these end the health communication reform shall start from the health communicators themselves and the employees must be specialists in health communication field.

4.9. The Relationship among Health Communicators, Organizations, & the Community

The Hawassa administrative town health centers organized as the coordinating centre of health communication. It is not only the centre for health communication, but also the centers of health service delivery of the local community. When consider the communication relationship of the health communicators, the health organizations and the general public it follows the restricted systematic relation. The strategic communication message flows are mostly from the top to down which is called vertical relationship.

Mostly, the relation is instruction based from the health bureau to the Hawassa town administration health directive. The second phase of instruction based communication relation is from the health directive to the health centers. The third phase of relational communication started from the health centre management bodies to the (HECs). It is called managers relation with the subordinates or employees. On the next phase the instructional message transferred from HECs to the HEWs which are employee's relation which is relatively parallel type of communication. The final relation communication relation made between the HEWs and the MHCPs or directly with the community.

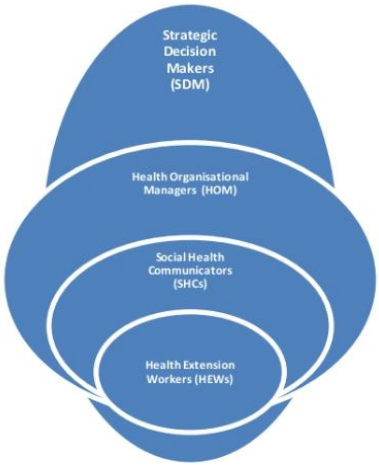


Figure 4.1: The Cyclical Relationship of HCA

Note: The figure above indicated that the cyclical process of health communication authorities relationship of the pandemic prevention strategic communication. The figure shows that the health extension workers (HEWs) are the central part of pandemic preventive communication strategy and management decision making process. The first line of report relationship started from the HEWs and they are the centre of implementation of strategic pandemic health communication.

The second line of communication rested on the HECs and assess the overall process relationship in the pandemic communication. They are called the middle man of the relation due to the spanning role of the process from both the two bottom and from bottom to the top. Third relationship communication also vested on the health organization managers of the Health Centre, Directives, Bureau and Ministry level.

They are responsible for the management aspects of the health organizations and they may not be the health communication or medical experts. As the finding of the study it recommends that the health organization managers must be either medical doctor or health communication experts. It enables them to understand technical pathogenic or facilitate the health communication aspects of the health programs. The fourth level shows the ultimate decision makers that formulate the pandemic preventive, control, and communication strategy includes WHO/ FMoH and the health policy makers at the national level (All FGD Discussions on May, 2022).

As the HEWs respondents of the interview located themselves at the bottom line relationship is overloaded than the middle and the top line (HEWs interview, millennium health center). Every aspect of health communication is designated to the HEWs and highly responsible to communicate with the community in each of the villages. They are responsible in reporting the daily communication activities to the health centers and HECs. The bottom line communication is overburdened through delegation of responsibility than the middle and the top levels.

In the reverse the report of health communication activities flows from the bottom to up and the aggregate evaluation of the pandemic prevention and control strategy made at the top level of decision makers. It means that the ultimate decision on the effectiveness of pandemic prevention and amendment of the strategy is being made by the ministry of health (MoH) and the WHO external evaluation.

4.9.1. One Way/ Linear Type of Communication

The health communication in the health centers might be one –way or linear and two-way or interactive approaches of communication. The finding revealed that the health communication process in and around Hawassa is linear or one-way. However, they rarely receive feedback from the community and use interactive approach. The health communication is limited because of the process of communication is linear or one-way (Schiavo, 2007). The finding of the study indicates that the health communication is one-way.

It means that the messages produced by the political elites who produce and decide on the health programs used as the major source of pandemic information. The health communicators are the middle man of the linear health communication process. It used the straight line communication.

Figure 4.2 One Way/ Linear Type of Communication

The diagram shows that the health organizations are the sources or senders of pandemic related messages. The second phase of the process and the middle role players of the linear process of health communication. It includes that the health extension coordinator‟ (HECs), health extension workers (HEWs), and the model health communication participants (MHCPs) considered as the health communication practitioners. They directly involved and played a central role in the health communication process.

The message receivers in this process are the community at the grassroots level and really practiced in the health communication process. The destination of the messages produced by the health organizations starting from the Federal Ministry of Health (FMoH), Sidama National Regional State Health Bureau (SNRSHB), the Hawassa town administration health directive (HTAHD), referral hospitals and health centers found in Hawassa town administration.

The pandemic information or strategy flows from the top to bottom using one directional or linear system of communication. Reversely, the report of the implementation of the strategic plan or health program flow upward starting from the health centers to the health directive, health bureau and finally to the Federal Ministry of health organizations.

4.9.2. Two Way/ Interactive Communication

The interactive or two-way health communication is the best way to be applied in preventing and controlling COVID-19 pandemic. As it explored by the participants of the study the health centers employed the interactive health communication in few circumstances. It incorporated the feedback as an integral parts and which makes the health communication process cyclical.

Figure 4.3: The Interactive Two- Way Health Communication Process

The above diagram shows the process of health communication between the health centers or health organizations in general and the community in preventing and controlling COVID-19 pandemic in the Hawassa and surrounding community health program. The result of the study revealed that the HECs and HEWs are the main health communication actors in both the implementation of the pandemic preventive strategy and the reporting process. They are basic participants in planning, communication, implementation, monitoring and evaluations process of health communication and pandemic prevention and control strategy. Others are supportive participants of the pandemic communication process.

4.9.3. Roles of Effective Health Communication

The study found that health communication plays vital role in the implementation of COVID-19 pandemic prevention and controlling process. The health communication practitioners believed that honest communication can solve any sociological, political, and economic problems. Communication provides solution and foster best decision making in individuals and community lives **(All FGDs, 2022).**

Information Providing Role: Communication in any group of society exchanges information and create awareness about the world. It helps to understand the environment that they live, identify human problems, and search for solution in order to live in a better way of life. Specifically, health communication has the role of analyzing the health environment, identify health problems and provide solutions for the existing health problems such as pandemic (Shiavo, 2013).

Basically, health communication is very important in combating or controlling communicable disease such as COVID-19 pandemic (Andria et al., 2013). The first role of health communication is providing new information and creating awareness about the outbreak of the pandemic. It includes the features, causes, symptoms, means of transmission, means of prevention and control of the pandemic. Any means of communication was employed since its outbreak. Then the new variants also occurred with new features and health communication played to inform the public about severity, infectivity, impact, spreading nature, immune response, diagnostic treatments and vaccine types. The new variant features and its spreading nature have to be well informed to the community. However, the in Hawassa town the community was not well informed and the health communicators are not being providing recent information for the local community (korem kebele FGDs, 2022).

Educational Role: The COVID-19 pandemic health communication programs played educational role in developing knowledge and understandings of the society about the pandemic. In health communication the most frequent used types of communication are inter-personal and mass communication. According to the HEWs interview result of the study the most daily employed type of health communication is inter-personal communication. It was being applied when they conduct household's supervisions from house to house.

The second major employed type of communication by the health centre managers and HECs is reporting the strategic plan, inform, educate and promote the pandemic prevention and control in the community. The reason is that mass media organizations provide education to the mass and heterogynous audience targeting on the pandemic prevention and controlling perspectives. Mostly, promotional pandemic related messages advocated through mass media and initiate the community to implement preventive techniques. The mass media also set the COVID-19 pandemic as public agenda and influence the public's attitude towards effective implementation of the preventive strategies.

The local communities learn from individual's experiences through sharing the application of COVID-19 pandemic preventive techniques. I.e. Individuals may learn from friends, families, neighboring and the community members. In the study area public health education takes place in the Church, Mosque, Schools, and public meetings. In this case the health communicators specifically HEWs educate the public about the pandemic and influence the public's attitude, belief and behavior.

Persuasive Role: According to Oxman et al., (2022) persuading people and informing them are reasonable goals for health communication. Persuasion is one of the roles of health communication which influences the community to use or apply the COVID-19 pandemic prevention and control techniques. It is mostly the pooling and pushing factors influencing the community. Its influences might be the pooling factor which enforces them to perform the preventive techniques. On the other hand the pushing factors are influencing the society not to perform or not to use the prevention. I.e. The community influenced to use face-mask, wash hands, use sanitizers and cover mouth and nose while sneezing. To the contrary, the community may be influenced not do or perform mass gathering, exchange greetings, eating raw meat, no cleaned fruits, and touch metals using bear hands etc.

In this case both advocacy and persuasive communication were employed by the health communicators. Furthermore, the persuasive communication role obliviously changes the attitude, belief, and behaviors of the community. Mostly, it extended to the behavioral change health communication if it becomes applicable and interpretive in the daily lives of the community.

In practice health communicators usually employed to persuade the community to take the COVID-19 vaccine when they provide it on the public place or in the villages (Interviews of DM, HE& HA health centers, 2022). According to this study majority of the Hawassa town urban communities are not vaccinated in the three rounds. Not only the community but also the HECs, HEWs, and MHCPs participants of the research are not vaccinated. It shows that the health communicators themselves do not believe as COVID-19 is the most killer pandemic than other disease and the vaccine is the preventive technique of the pandemic.

Role of Changing Attitude and Belief: The local community in Ethiopia and particularly in Hawassa town administration has negative perception, attitude, and belief about the COVID-19 preventive and controlling strategy (HECs & HEWs Interviews, 2022). It is due to the politicization of pandemic preventive strategy and loss of credibility of the health organizations. The incredible institutions produced unbelievable communication messages and even the actors

of pandemic health communication became incredible. Totally the health communication would be ineffective and the pandemic prevention and control remains impossible.

On the other hand, the urban community expected to be the civilized and global citizens. Because of there are high level of access to technology and global information about the world. However, they are strict religious believers and follow religious dogmas with the interpretation of pandemic preventive strategy or techniques in connection with their religion.

They mostly miss interpret the communicated messages about the pandemic. For example, when the death reported through mass media the communities think that God decided on the whites to be died. The deeds are devilish and the God punishes them due to their work. The God will save his/ her life in Ethiopia.

The health communication plays an indispensible role of changing the wrong perceptions, negative attitudes and beliefs of the local community. If the health communicators are knowledgeable, skilful and technical these kinds of negative perceptions will be changed in to positive and reflected in to action. Finally, the pandemic will be controlled through the active participations of the local community.

The Role of Changing Behavior: Behavioral Change Communication may take different forms to appeal to individuals or groups to change behavior towards a specific health problem (Nigigi & Bosolo, 2018). The Corona Virus pandemic is the worst health problem than the pandemics ever in the world (WHO, 2021). Health communication is very important tool for solving such a health problems in the world.

The intervention roles of health communication motivate new behaviors, and change the existing human behaviors in its positive. However, the problem of health communication specifically pandemic communication is that all the local people are not exposed to transmitted messages (FGDs- Motite Fura hospital, 2022).

The communities in Hawassa urban areas access enough information, education, and knowledge through campaign earlier than the rural people. Further, they relatively have improved access of technologies, but they negligently look for the implementation because of the misperceived attitude of the pandemic. The situation requires behavioral change communication with full implementation to change the negligence and negative perception of the society.

Behavioral change communication used each types of communication with deep interaction between the health communicators and the community. In the study area, the communities once have negative perception about the pandemic through relating politics, religion, culture and their beliefs. The health communication must be implemented to change the community previous wrong perceptions than focusing on information providing strategy. After they develop positive attitude, belief, and behavior heath communication shall focus on informing about new and innovative approaches of the prevention and control of the pandemic.

The Role of Problem Solving: As a principle health communication involves in health problem solving process. The world is full of health problems such as pandemics and transmissible

diseases. In order, to protect the society's health and solve the health related problems. The establishments of health organizations; providing full-fledged health care facilities and interactive health communication are very important to solve the problems.

According to the health communicators, in Hawassa town administration COVID-19 pandemic is the first health problem. But, the local communities are not similarly understood the pandemic as the social health problem. It creates fallacious view between the health communicators and the community which is a greater problem than the pandemic itself. It makes the pandemic communication and its prevention and control strategy ineffective in the study area. The participants of the study believed that this problem is the result of poor health communication. Hence, strengthening the health communication and using participatory approach will solve the communication problem.

To solve the health problems the health centers have used cooperative health communication approach and employee health communication specialists in the field. As the researcher believed that, HO, BSC Nurses, Clinical Nurses and Masters of Public Health (MPH) graduates never effectively communicate with the public. I recommend that knowledge of HO, Nursing, Clinical, Medical and any other health related knowledge's are very important. But, specialization in health communication helps the communicators how to produce the communication contents, approach of communication, use of mediums, identify barriers of effective communication and other communication knowledge and skills.

Hence forth, the health organizations shall employee health communication specialists than the medical and nursing graduates. Specifically, the health centers employee both health communicators and sociologists for the effective implementation of the pandemic control strategy.

4.10. Factors that affects the practice of health communication in COVID 19 preventions package

4.10.1Absence of Health Communication Professionals

Health communication is the art and technique of informing, influencing, and motivating individual, institutional, and public audiences about the importance of health issues (Schiavo, 2007).Health communication activities are made by non professionals i.e. with clinical nurses in rare cases and mostly by promoters who did not graduate in health. (Addis Ababa Kebele FGD, youth representative)

HEWs are clinical nurses because they did not take the course of health communication as well as health communication trainings. So, who conduct health communication need to have clear knowledge about knowledge on communicable diseases health communication and its strategies.(Adare hospital, HP)

Assigning health communicators to COVID19 prevention programs they should be well trained about health communication and cause, symptoms and prevention mechanisms of the pandemic

at community level because communication plays a vital role in providing knowledge, changing people' attitude and behavior and also it initiates and accelerates changes .Capacity building of health communicators about health communication through training should be given attention. The primary responsible lay down on the shoulders of Hawassa city administration, Sidama region health bureau and Sidama region public health institution has to look this drawback. (Motite Fura hospital, HO)

- **Shortage of Front Line Workers**

According to the key informants from the frontline community health workers, the implementation of the public health measures to control and prevent COVID-19 in the community was challenged by the limited number of community health workers.

> "One health extension is scheduled to reach twenty houses per day. When we do home-to-home visits we educate them to practice frequent hand washing and avoid going to a place where people gather in mass and keep distance in public gatherings and main ways of transmission. Doing all those activities was difficult for one health extension". (Wukuro Kebele, HEWs)

The shortage of health care workers further compromises the routine delivery of health care provision. Since the majority of the health professionals were focusing on prevention and control of COVID-19 at the community level.

> "There is a shortage of health workers and in fact, only one health officer & nurse were performing all tasks in the health center. All other health workers were assigned to the field for community work. This does not mean that community activities are valueless, but the problem in the health center is not less than that of the communities". (Millenium health center, manager)

- **Poor Availability of Essential Supplies and Equipments**

The availability of adequate and proper supplies and equipment like personal protective equipment (PPE) is vital to effectively implement the lifesaving public health measures to control and prevent the COVID-19 pandemic. According to most key informants from COVID-19 task forces and frontline workers (health care professionals and Police), even these essential equipment were not adequately available for people at the frontline of the war against the pandemic.

The shortage of supplies and equipment put the life of front line workers at risk and further compromise the effectiveness of implementation essential public health measures.

> "The task force members do not have facemask. For instance, if one case is identified, we do not have PPE to wear. I have this one facemask and reserved it to use in case a

suspected case comes. Otherwise, it would be challenging to initiate management right away in case one comes". (Millenium health center, manager)

"As you can see the mask that I wear now must be used only for 4–6 hours. Surgical mask can only be used for a maximum of 4 to 6 hours. There are big problems with supplies where we are only provided once in two months. Even I have been using this mask for over two weeks". (Harar Kebele, HEWs)

"First the Officials need to protect themselves but the lack of gloves, sanitizer and alcohol were very challenging … ". (Addis Ababa Kebele, police leader)

4.10.2 Financial Barriers

The opportunistic cost was mainly impacting the implementation of the public health measures in the study area. Almost all informants responded that majority of the community members could not be at home due to the large segment of the population support the family based on the income from daily activities.

"Those people with low economic status will not be able to stay home because they must go to work every day to meet the needs of their daily livelihood". (Religious leader)

"With regard to the economy, people are poor they don't have anything to eat so that they are forced to move to different places because food is the basic need. Poor people don't have reserves or anything saved". (Korem kebele, HEWs)

"Let corona kill me rather than hunger kills me. Many of the town people's livelihood is based on jobs of daily laborers, wood collection, & making cloths. He couldn't stay home without providing his family necessities for daily livelihood. These things identified our basic necessities of life. If they stayed home they couldn't be able to get it". (Korem kebele, community leader)

The effect of the pandemic on the economy also affects the income of only the poor nation but also the developed nations. This scenario further exacerbates the ability of the poor nation to access essential public health measures. The majority of the informants from the key population confirmed that the community member was challenged to access the measures due to their low economic status.

"They (the community members) do not have the capability to buy a mask. Corona is posing a difficulty. As a result of the corona, many job options have been closed &people are losing everything they would get for their daily livelihood. There are so many people working as a car driver in banana carrying cars & daily laborers. What would they if you tell them to stay at home? What he will provide his children to eat because they have lost all of their income. Peoples are saying that they rather die of corona than hunger". (Adare hospital, HDA)

- **Informational Related Barriers**

  The poor access to public health intervention is further exacerbated by the lack of community awareness about public health measures. Most of the respondents said that there are peoples who have no access to information about the intervention to effective prevent and control the pandemic.

  "I think especially the daily laborer section of the population lack awareness. There are people who do not own radio & television. They have many challenges with practicing many issues. Those who are economically capable and literate wear masks because they are well aware and are better at staying at home. If you see children's of a daily laborer they most of the time they spent outdoor and weak in practicing measures". (Millenium health center, manager)

4.10.3:.Cultural Norms

What became clear during all of the interviews conducted in this qualitative study is that Ethiopian culture, which is deeply patriarchal, presents the greatest barrier to accept public health interventions during the era of COVID 19. The fear of isolation from the community was mostly identified as the barriers to accepting the measures that promote social distancing.

> "It is not unto your will to attend mourning services because family the deceased will stigmatize you if you didn't accompany them & you might lose your beloved one someday. If I didn't attend to his mourning & might lose someone. As a result of this no one of his family members would come to me and it so difficult. In order to stop this, I think it would be better to hang a robe so that family members will situate on the other side while people attending them will socially distance themselves & return back". (Religious leader)

The long-standing culture of practicing social gathering during the occurrence of vital events, compromise the acceptance of the public health measures by the community which further challenge the effective implementation of the measures against the COVID-19 pandemic.

> "I think the culture they have grown up with is challenging. They celebrate together all their rituals including mourning, marriage & birthdays. The social gathering was strong … ". (Leku kebele, community leader)

> "In our area mourning & marriage is similar. It is difficult if you didn't involve in the marriage ceremony & mourning service. It is challenging to make tell them to stop doing this". (Religious leader)

The acceptance of the intervention is further compromised by falsely perceived long-standing cultures that relate social distance with being handicapped in the community.

> "According to our culture staying home is equivalent to being handicapped. When a person stays at home they thought of him as a disabled one" Staying home is the main

way to prevent covid 19 diseases. Staying home means stopping a relationship with others … ". (Adare hospital, manager)

Some study participants said that handshake is a way to show special respect.

> "Even though I decided not to shake hands others will force me to shake hands. Our elders give their hands to shake my hands. If I refuse to shake their hand, they will not accept me. Unless the community act in a similar way it would be meaningless because all my family members were practicing handshaking". (Motite Fura hospital, HDA)

4.10.4 Religious Norms

Religious related norms in the community were identified as the major barriers to effectively implement public health measures against the COVID-19 pandemic. The information from most of the respondents indicating that the pandemic is happened due to the evil act of the human race and the solution is only from God than the public health measures.

> "There is a misunderstanding that GOD will protect us, but this is men's doing. Some advocate prayer to GOD &there is a think that mask is not the solution to this disease. But the need to take precaution is indicated in GOD'S words. Besides this, we do have a gap. There is a problem of inaction with the executive branch". (Religious Leader)

> "They (the community members) believe that this is God works so that it would be lifted when its time come though they wonder outdoor and indoor as usual" (Religious leader)

Personal religious beliefs about the public health measures were further exacerbated by the teaching of the religious leaders about the pandemic.

> "As a member of this community, what I repeatedly witnessed is influence from religion where religious fathers say that the disease will not occur in this area as far as they are praying. It is a perception that the disease will not reach them & GOD will protect them … ". (Motite Fura hospital, manager)

4.10.5 Poor Health Knowledge

The findings from this study showed that most of the community members have poor literacy levels about the general health-related issues and the pandemic.

> "The reason that made the community rejects the information provided by the government and/or health workers are that they think the disease is similar to other communicable diseases that they know of before. But if they understand it all such matters wouldn't be an issue. Even now we need to strengthen our effort and educate the community until they become fully aware". (Religious leader)

"Most people perceive the disease as simple as cold which will immediately pass if they get infected & think that they will not die if they have no history of HIV, DM, HIV, and Cardiac co

morbid disease". (Motite Fura hospital, manager)

Some of the study key informants mentioned that rumors and misconceptions about the diseases and public health measures can lead to the ineffective implementation of public health measures.

> "Some people think that this is just a rumor and the disease will not kill us & some of them consider it us a common cold & it will disappear by itself. Why they exaggerate it". (Harar kebele, HEWs)

> "So much false information happens to circulate within the community at the beginning. I think it would take too long for this community to be liberated from the false information once they hear. It has been said that the disease will not occur in Africa & Ethiopia, but it did & counted in thousands. But there is a misconception within the community". (Millenium health center, manager)

4.10.6 Negative Perception

The insufficient understanding of the diseases and the value of seeking the public measures results from the community to have an improper perception about the disease and the public health measures for controlling and preventing the COVID-19 pandemic.

> "Some people have a thinking that because this area is hot & the virus couldn't tolerate heat & this all made the community to be reluctant". (Wuquro Kebele, police leader)

> "Considering themselves as wise, we are a believer of GOD & it will not infect us, our prophet has told us so that the disease didn't really exist". (Motite Fura hospital, HEW)

The negative perceptions were further exacerbated by the teaching of the religious leaders about the disease is happened from the GOD and no need of implementing the public health measures despite the teaching of religious scriptures.

> "Some advocates prayer to GOD & there is a think that mask is not the solution to this disease. But the need to take precaution is indicated in GOD'S words. Beside this we do have a gap". (Adare Kebele, community leader)

> "Even religious leaders say that 'it is GOD who brought it & let him resolve it, our caution will not save us'. So that, don't get us in conflict with GOD, & you are making the disease to spread more clash & they protest against". (Adare Kebele, police leader)

4.10.7 Age

The majority of study participants said the most challenging section of the population not implementing public health measures were adolescents. However, elders were very cautious to practice public health measures because most of the elders perceive themselves as more vulnerable to the infection and a small chance of recovery.

> "Most of the time adolescents are the challenging population segments. They are the one who organizes & participate in spiritual programs. They go out together to enjoy themselves. Together they chew chat & enjoy". (Korem Kebele, HEW)

> "Those aged 50 years old and above were very cautious where they perceive themselves as more vulnerable to the infection & small chance of recovery" In fact, the adolescent group is the one with higher problems. They are adolescents who are seen in a team of two or more people in chat chewing areas, bars, & hotels. We frighten that adolescent might endanger us". (Religious leader)

4.10.8 Resistance to Change

According to the responses from most of the study participants, the continuous implementation of the measures was mainly affected by the difficulty of the community to get out of the long-standing habits and adopt the public health measures.

> "Muslim experts said that 'abandoning a habit is more difficult than crushed velvet' which means it is better to be crushed velvet. Rather than ordering them to abandon their habit, it would be better for him to be beaten by a stick. And this wearing mask or distancing is the newly coming practice & also people are innocent that he give due consideration for what other thought of him but it is not issued acceptance. A religious leader condemns nonbelievers and those who do know but reject to stay at home". (Religious leader)

The lack of adopting the new habits of using public health measures were influenced by the lack of experience and difficulties of adopting the measures.

> "Some people claim that wearing a face mask is uncomfortable & cause breathing difficulties. They are unaware & say raise different concerns. If someone is seen wearing a mask it they will be discerned for their use. There are misconceptions that entail individuals who wear a mask are not infected but the others did. Even the claim that sanitizer smells bad and you will be blamed and conspire against you". (Addis Ababa Kebele, community leader)

4.10.9 Negligence

The majority of participants stated that during the early stage of the COVID-19 pandemic most of the community members were implementing public health interventions. However, at the late stage of the COVID-19 pandemic, most of them become careless, negligent and reluctant to implement public health interventions to prevent from COVID-19 pandemic.

> "Hand washing is cleanliness by itself & don't have harm. So those who are doing implementing this are related to refusal & reluctance related but no other issues. There is no one lacking water but when they told them to wash their hands, they reply with the question of what would happen if they couldn't wash their hands. The disease seriousness is been told but people tend to disregard it". (Harar Kebele, community leader)

> "Ethiopian is reluctant. I don't think it is a lack of awareness, but to this day they lack realization & understanding of the thing that will harm or benefit them. Including religious leaders are reluctant. And there is a thinking that GOD himself protects. But GOD himself told us to be cautious. ALLHA says that he did create us with complete body parts. He gave us whole parts so that we better realize things & protect ourselves. And ALLHA also orders us to protect ourselves". (Religious leader)

4.10.10 Poor Law Enforcement

Lack of uniformity in law enforcement during the implementation of the public health measures was identified as the major barriers that enact the effective continuous utilization of public health measures by the community.

> "If law enforcement officers didn't abide by the law others wouldn't listen to them. I am a health worker and I couldn't ask others to wear a mask if I serve them without wear a mask. And there are issues like this. I think there will be a change if law enforcement officers enforce the law in collaboration with others". (Adare hospital, health manager)

4.10.11 Lack of Community Engagement

The key strategy for successful implementation of any intervention is the active involvement and contribution of the community. However, most of the informants of the study depicted that there were poor utilization and engagement of the community to effectively implement the public health measures against the COVID-19 pandemic. The participants uniformly agreed that there are plenty of locally available effective resources in the community which would have increased the effective implementation of the public health measures by the community members but not actually used by the government.

> "In my opinion, the government, religious leaders, tribe leaders" if they educate & condiment at different places, people will listen to them. People will begin to implement if the community condemns & outcast people who didn't do what they told. For this reason, the government go to cultural places &intensify the integration & it will be good if cultural leaders involve in such tasks in addition to religious leader" . (Harar kebele, police leader)

> "One of the barriers at a local level is not utilizing the available local resource. I think the government isn't using the already available structures in the community". (Motite Fura hospital, HDA)

4.10.12 Lack of Continuous Community Awareness Creation

In addition, some study participants witnessing that the community members did not adhere to public health measures for the COVID-19 pandemic prevention due to a lack of continued community awareness creation and lack of role models.

> At the beginning the task of executing guidelines including awareness creation activities was good but there is a gap in ensuring sustainability". (Adare Kebele, youth representative)

> "In our instance, different stakeholders including governmental & non-governmental institutions as well as popular & wealthier persons were involved in community awareness creation tasks. But now when you see the disease is increasing the communities awareness is decreasing". (Leku Kebele police, leader)

4.10.13 Inadequate Training for Front Line Workers

The majority of study participants from the health facility and health office said that there was a limitation to provide adequate training for the frontline workers.

> "It is difficult to claim that the training is adequate. Health professionals could improve one's knowledge through the use of mass media & the internet in a similar way that the community does, but health workers were not provided with adequate knowledge in order to protect oneself &train and protect others". (Millenium health center, HEW)

> "In relation to training, there is nothing we have trained on yet … If you are asking me whether we are prepared to prevent if this disease occurred in this Keble, there is no much appraised meant for this disease at the Keble level". (Harar Kebele, community leader)

It was felt that there was a need for training in how to implement public health interventions; as this is a new pandemic, health professionals are likely to be infected by this pandemic due to their on a regular basis.

> "Other than what I have heard from mass media, training was not given to us. As far as this disease is dangerous issues, we have to know something and it is good if some orientation is provided to us because it is better to serve with knowledge than without knowledge. Not only me there are also community volunteers. For example, village & Kebele leaders must be provided with the training. If they were not well aware they will bring disease to their family. I think this should not be happening. Even I decided not to go to work. So it is very difficult. It is challenging that if you contract the disease. There is nothing different with regard to supportive supervision". (Motite Fura hospital, HEW)

There was training on basic concepts of the virus for a limited number of front line workers. The participants claim that the content and number of trainee is inadequate to respond to the pandemic at the expected level.

> "Two health officers were trained with the support of Hawassa University. Other than this there is no training provided for other health workers. Besides what most of us read materials from social media, we are not trained. I believe that every health worker should be trained". (Motite Fura hospital, manager)

4.10.14 Poor Supportive Supervision

The majority of study participants who participate in the COVID 19 prevention and control task force reported that lack of supportive supervision was one of the barriers to the implementation of public health measures.

> "There is no supportive supervision even for health care providers in Hawassa town. Even if the zonal office has its own task force delegated to monitor this issue but they have not seen it around. Similarly, no one from woreda office visits these tasks". (Millenium health center, manager)

4.11. Preferences of the community towards the communication strategies in terms of its educational as well as awareness creation values

Messages should be in such away to meet the needs and interest of the audience, which involves pretest. Nevertheless, the actual practice in the study area is found to be merely damping messages that were prepared elsewhere for a different community. Normally, predetermined facts mainly how community prevent the pandemic were disseminated without taking the society's perspective in to consideration.

Findings also indicated that the essence of the community was disregarded while developing messages. Cultural beliefs in relation living and undertaking all activities in a group and close physical distancing, wearing face mask and frequent had washing found to be obstacles to effective communication. Another major hindrance was the deep-rooted quasi-religious belief, which affects gathering people in religious center at Sabbath. Unfortunately, people still refrained from proper hygienic practices for religious reasons and none of the COVID 19 messages tried to deal wisely with such obstacles. It seems that the campaign didn't involve religious leaders who were the most respected and influential members of the community. The program didn't get the consent of village elders before implementation. Disregarding these steps is likely to pose a serious problem.

The message formats that involved picture were found to be successful in using familiar images. Language wise, the only medium employed was Amharic, which is also the native language of the community. A slight problem in this regard could be failure to use other local languages like Sidama Affo, wolayetegan, Guragegna etc which might ensure instant understanding for that locality.

During preparation of health communication messages, socio cultural factors like age and educational level of the audience should be considered. In the study COVID 19 communication messages did not identify the kind of appeal might convince the audience, most of the pictures and diagrams used as teaching aids did not relate to the culture of the audience and they did not use words that are used in everyday conversation. In addition, socio cultural factors are important as consider the beliefs of the audience about the topic of communication.

Thus, messages did not strengthen audience's present beliefs, they did not hold audience attention and did not find out whose opinions and views your audience trusts. They failed to answer the following questions like; which patterns of communication already exist in the

community and what are their rules during conversation in the community? How do they show respect when talking to another person? When is the best time to conduct your health education sessions, or the best place to put posters? Consider also the community dynamics including leadership patterns at the community level and what communication materials and skills are needed for interpersonal communication and counseling.

Generally, most of communication strategies did not understand the target population so that the content created is relevant to the target population. It is important to tell messages to the communication channel being not used. Further, using multiple communication and media strategies did not ensure a broader reach and similarly most of target population has limitations in using access to the communication channels being used.

4.12. Harmony and contradictions between the COVID 19 communication activities and the local culture

In the study area current communication messages in theCOVID-19 pandemic tend to focus more on individual risks than community risks resulting from existing inequities. Culture is central to an effective community-engaged public health communication to reduce collective risks. Communication about individual risk is important, but prevention and control messaging is more likely to be achieved when we engage the voices of those who live in the communities, particularly communities that bear the heaviest burden of the pandemic.

Vulnerability to theCOVID-19pandemic cannot be fully explained by individual risks alone but rather by broader social and structural determinants of health that result in inequities in communities where vulnerable populations live, work, play, pray, and learn. Moreover, a disproportionate burden ofCOVID-19mortality is among racial and ethnic populations in communities that have had historical inequities in health. With increasing global mortality, a deep concern remains about the alarming levels of general spread, disease severity, and inaction for these communities. Focus on risk environment and risk situation rather than the conventional epidemiologic focus on risk factor, which tends to place the burden of behavior change on individuals rather than the context and structure that define and confine their vulnerability. Thus, community-engaged communication is crucial for acknowledging the voices of those in the community with culturally relevant solutions that are more likely to be sustained beyond the pandemic.

Communities that are the most affected experience historical, structural inequities that create not only their preexisting chronic health conditions but also their preexisting vulnerable living and working conditions. To understand these communities, the role of culture matters if any communication strategy is to be adopted or sustained Culture is central to effectiveCOVID-19 messaging for community engagement. We define culture as a collective sense of consciousness that influences and conditions perception, behaviors, and power and how these are shared and communicated.

Culture may appear neutral, but its power to define identity and communities as a collective is based on values expressed through institutions such as health care, education, and families. Culture shapes language, which in turn shapes communication both in message delivery and reception. In response to COVID-19 inEurope, for example, cultural sensitivity to racial and ethnic minority group experiences is believed to be critical if messages for mitigation are to have broader impact.

For COVID 19, some black and brown communities have initiated collective communication for mitigation so that messages have cultural meanings for those with whom they share common cultural values. Some of the heavily individuals sought their own solutions to this pandemic by using traditional knowledge and language to promote voluntary isolation at the individual level and sealing off their territories at the community level while still being able to continue aspects of their spiritual well-being. Thus, to rapidly improve our communication messages in response to COVID 19, we need an effective global response that invites community-engaged solutions with culture as a connecting space.

COVID 19mitigation efforts that focus on individual behavior such as hand washing and physical distancing must be balanced with structural mitigation efforts such as clean water, access to housing, unemployment, and for those with jobs, ability(type of job) and tools (access to computer and internet) to work from home. These are the daily realities of racial/ethnic and economically disadvantaged populations that bear the heaviest burden of the pandemic. Yet as has been learned from HIV and Ebola, culture offers communication messaging that ranges from positive aspects of lived experience that should be promoted to negative practices that should be overcome within the context of communities.

Generally, though the effort to use local and appropriate people (like women communicators to address women audiences) was to be appreciated, it seems that the campaign didn't involve religious leaders who were the most respected and influential members of the community. The program didn't get the consent of village elders before implementation. These steps are likely to pose a serious problem.

Chapter FIVE

CONCLUSSION AND RECOMMENDATIONS

5.1. CONCLUSION

COVID-19 pandemic is the worldwide pandemic which spreads almost in all countries of the globe and causes the death of millions. The pandemic vastly spread by changing its variants from time to time. The current variant is Omicron, which is highly spreading in Ethiopia. However, the local communities have no enough knowledge about the variants and understand using the general name called Corona Virus. But each of the variants Alpha, Beta, Gamma, Delta and Omicron have different level of severity, infectious nature, transmissibility, impacts in human immunity, and vaccine resistance.

Te finding of this study showed that the critical analysis of health communication practice in preventing covid 19 pandemic were effectiveness related barriers like community engagement, insufficient training for front-line workers, poor supportive supervision, poor law enforcement, and lack of continuous community awareness creation). Besides this, acceptability related barriers like cultural and religious norms and availability related barriers like shortage of personal protective equipment and shortage of skilled health professional have also lion share barriers for implementation of the public health measures.

Moreover, financial barriers and informational related barriers were accessibility-related barriers for implementation of the public health measures. Therefore, proper and targeted continuous community awareness creation with further mandatory law enforcement activities should be implemented by the concerned bodies to mitigate individual and societal level barriers. In addition, the government with relevant stakeholders should give due attention to equip and protect the frontline professionals by availing the necessary logistic and provision of continuous capacity-building activities.

However, currently the local community in the study area perceived that there is no COVID-19 pandemic and they negligently see its spread. In relation to the intake capacity of the vaccine in Hawassa is only 10% and the reject based on political, religious, and cultural norm affiliations". Majority of the society considered as laggards and hesitate to accept the vaccine and other pandemic related new ideas.

The health communication strategy was not designed based on culture and custom of the community; the effort to take professional input in designing the communication strategy is encouraging but very much limited. Using local people to communicate grass roots level is found to be useful. However, the campaign seems to suffer from in efficient communicators at grassroots level as well as shortage of man power. The mass media and interpersonal communication are characterized by in appropriate time of transmission.

The study found that the health communicators (HECs, HEWs, and MHCPs) and the general public's have no knowledge and awareness about these variants and their characteristics. Even though, the health communicators provide knowledge and awareness for the community about the pandemic. They have little knowledge and understanding only about SARS and MERS former variants which identified at the outbreak stage. In this situation health communication can be used as education and communication tool to fill these gaps of knowledge and awareness.

Health communication plays important role in the prevention and controlling process of the pandemic in Ethiopia. It plays intervention role in the implementation of COVID-19 pandemic

prevention and controlling strategy. In the intervention process it plays information providing, education, persuasion, changing attitude, belief, and behavior and solving the health problems in the community.

In order to play these roles health organization used the mix of both closed and open health communication system called half-hazard system. These empirical qualitative study, found that the application of health communication in the study areas are employed both linear and interactive approaches. The sample health organizations or centers mostly used the closed system which follows the rigid organization structure. It means that the pandemic preventive and control strategy flows from Federal Ministry of Health (FMoH) to the health centers (HC) and the reporting systems are vies-versa.

On the other hand, in rare cases the health communication about prevention and control strategy became open for the public at any level of the health organizations and receive feedback from the public. Similarly, at the bottom line of communication the health extension workers (HEWs) and model health communication participants (MHCPs) in the community collect public opinions and report to the next hierarchy. Then the middle hierarchy of the health organizations report for the highest ultimate decision makers to be incorporated as a part of the pandemic prevention plan or strategy.

The pandemic health communication strategy implemented to control COVID-19 pandemic in Ethiopia. It was prepared by the FMoH similarly as to the pandemic prevention and control plan and used as the guiding principle for the pandemic communication at the Federal, Region, Zone, Woreda and Kebele level of government structure. The strategy designed to implement organizational communication in the health sectors. In any level of health organizations organized pandemic communication teams, assigned spokesperson, identified the targeted audience, set communication goals and objectives, receive the key message from the decision makers, train the HEWs, used mostly interpersonal house to house communication and events, disseminate, monitor and evaluate the pandemic messages.

This process was clearly applied during the outbreak time. But now these procedures are forgotten by both the health centers and communicators. The reason is that health or pandemic communication is directly affected by the political system and political agenda. As the interview data indicated that the governments already shift its attention towards political ethnic conflict and economic inflations agendas. The public also divert its attention in the same way and flows as the political wave leads them. Besides, the health organization and health communicators being silent to advocate, mobilize, and persuade the public in order to apply the prevention and controlling strategies.

In this study, the researcher identified that inter-personal, group, organizational and mass or public communications were frequently employed in the first one year. However, currently the health communicators negligently used only inter-personal and organizational communications to address new phonon of the pandemic. But the group and mass/ public communications yet frequently employed in the health centers. The communication practitioners also have limited participation in pandemic communication. The health extension workers (HEWs) only are trying to communicate with the local community in Hawassa.

When the use of sources were analyzed, mostly the messages comes from political elites, policy documents, health institutions, non-governmental organizations (NGOs) and health experts who are from both the governmental health institutions and non-governmental organizations. But as the qualitative analysis shows most of the sources of health communication messages were from political elites (task force members), governmental health institutions and rarely used policy documents.

The implementation of health communication strategy during the pandemic was relatively effective. Although now a days it becomes completely in effective because it loses public trust, early announcement, transparent, public concern and local contexts. The strategic plan is still yet revised and considers the spread of the new variants of the pandemic.

Further, the pandemic communication strategy is not participatory of the general public at the grass roots level and does not focuses on changing wrong perceptions, negative attitude, belief, and behaviors of the community. To be effective it shall focus on these elements of persuasive communication.

The developmental communication in Ethiopia and similarly health communication were not effective because of political, religious, cultural norm and psychological factors influencing its applications. The policy documents are not focusing on human development and behavioral change communication. They manipulated by the political will of the government and focus on the material development which is short lived and artificial to ensure sustainability. The health communication practitioners are non-professionals and they have no good knowledge and skills in the field of health communication. The study considered that professionalism in the field would help the strategy being appropriate to the context and effective.

Therefore, the COVID -19 pandemic health communication strategy has shall be revised and emphasis on the human development and behavioral change communication. In doing so the professionals must be committed and health communication programs should be free from political control. The society must be emanated from the backward culture and belief or revolutionary or dynamic shift of the community attitudinal perception is needed to control the pandemic in Ethiopia.

5.2. RECOMMENDATIONS

The qualitative analysis of the study having in mid, the researcher forwarded the following recommendations for making the pandemic communication effective in prevention and controlling the spread of Corona Virus.

1. Corona virus is not the first pandemic for the Hawassa urban community. It is due to the wrong perceptions of the community towards the pandemic and it requires persuasive

behavioral change health communication. Indeed, the health communication shall focus on re-correcting negative perception, attitude, belief and behaviors of the pandemic and allow them to visit quarantines in the hospitals. The public should consider the pandemic is severe and save his/ her life

2. The health communicator's knowledge, skills, and ability of critical analysis are very low. The health communication education shall be given to the health communicators including HECs and HEWs in order to improve their knowledge and skills of communication. Further, they shall be specializing in health communication specialization.

3. The health extension communication workers (HEWs) communication system shall be technology assisted and the face to face communication system must be reform from analogue to the digital communication system. The world forced us to be a global citizen and technology literate and use mobile ups in the community daily communication. It also avoids the infectivity of the health communicators (HEWs) through accepting one of the COVID-19 pandemic prevention strategies called social distancing.
4. The government and the health organizations have to apply the pandemic prevention and control strategy with full efforts in order to control the pandemic. The health communication strategy also fully applied to facilitate the COVID-19 pandemic in Ethiopia. Strengthening the COVID-19 response and communication is the solution.

5. The information related to COVID-19 shall be covered frequently and educate the mass similarly its outbreak time. The mass media should serve as a bridge between the health communicators, health centers, policy makers and the community. The health communication whatever its platform should be two- way/ interactive.

6. The health organizations (centers) shall build trust of the public through honest communication and action in case of controlling the pandemic. The communication process also has to be participatory starting from planning to evaluation deep in to the grass root level. The participation of the community at the locality will be participated through organizing model health communication participants. The researcher recommends the continuity of the development army 1 to 5 or 1 to 30 groups, but the establishments ought to be free from political influence or established only for health communication purpose. Hence, de-politicization of the existing health development and communication army is very important.

7. The health organizations in general and health centers in particular ought to be independent from the political system and lead by health professionals.

8. The health communication system should be open and adaptive of the external environments. It should be dialogical in the organization based on the system. It shall have the system which the public opinions, suggestions and feedbacks incorporate initial in the planning stage. The health organization obliged to do opinion research and SWOT

analysis on the health services and pandemic prevention performance continuously,

9. The stakeholders participation should be strengthen in controlling COVID-19 with specific focus. They have to work hard collaboratively with the health organizations and the local community.

10. The government, health organizations or health centers and stakeholders (NGOs) in Dar should focus on health education or providing training for the health communicators and the society in general.

Appendix I

HAWASSA UNIVERSITY

FACULTY OF SOCIAL SCIENCE AND HUMANITY

DEPARTMENT OF ENGLISH LANGUAGE AND LITERATURE

English Version In-depth Interview & FGD Guide for Health center heads, Health Extension workers, Model health communication participants and selected six kebeles community participants

- **Good Morning/Afternoon Sir/Madam.**
- **My Name is Zufan Hagos.** I am an MA student in Hawassa University and I am gathering data to prepare thesis for graduation.

I am delighted with you.

Would you introduce yourself to me?
Sex: _____.
Age: _____.
Level of Education: _____.
Field of Study: _____.

Resident (Kebele): _____.
Health Centre: _____.

The purpose of this interview is to gather relevant data for the fulfillment of 2nd degree entitled with **'An analysis of health communication in preventing covid-19 pandemic, in case of Hawassa city administration'**. I am interested to share your genuine information and experience for the success of this project. Please be confident that the responses you provide to me will be used only for the purpose of this particular project.

I am glad for you cooperation in advance!

❖ In-depth Interview Questions for Heath Center heads

1. Do you have enough knowledge about COVID-19 pandemic?
2. How do you explain the spread of COVID-19 pandemic?
3. What is your role in the Combating Process of COVID-19?
4. Does your organization have health communication strategy to control the pandemic?
5. How the health communication strategy was formulated by the health communicators?
6. At what level do the health communication strategy prepared?
7. Are there any communication experts in the health organizations? Are they specialized in health communication field of study?
8. Do your organizations (Health Centre) considering the needs of the society?
9. What are the ways of health communication strategies do your organizations apply to prevent COVID-19?
10. How do you evaluate health communication system? What types of system (open or closed) does your organization use to combat the pandemic?
11. What types of organizational communication do your organization applying?
12. How does the station communicate with the public?
13. Are there role model groups who apply the COVID-19 preventive techniques?
14. Do you think that your health communication is effective and able to control the pandemic? Why or why not?
15. What are the factors affecting the public health communication strategy is ineffective and weak to achieve its goals and objectives?
16. What are the disabling environments to control COVID-19 pandemic in your locality
17. How do we change the behavior, attitude, and beliefs of the community?

❖ In-depth Interview Guide for Health Extension Workers (HEWs)

- **Good Morning/Afternoon Sir/Madam.**
- My Name is **Zufan Hagos**. I am an MA student in Hawassa University and I am gathering data to prepare thesis for graduation.

I am delighted with you.

- **Would you introduce yourself to me?**

Sex: _____.
Age: _____.
Level of Education: _____.
Field of Study: _____.
Resident (Kebele): _____.

The purpose of this interview is to gather relevant data for the fulfillment of 2nd degree entitled with **'An analysis of health communication in preventing covid-19 pandemic, in**

case of Hawassa city administration'. I am interested to share your genuine information and experience for the success of this project. Please be confident that the responses you provide to me will be used only for the purpose of this project.

I am glad for you cooperation in advance!

1. How do you describe the spread of COVID-19 pandemic in you locality?
2. Do you understand the health communication strategy of your respective health institutions and explain the strategy in brief?
3. Are you specialized in the field of health communication?
4. Would you have the knowledge of COVID-19 variants?
5. How do you approach the society to communicate with the public?
6. Are there organized social groups in the community to combat COVID-19 pandemic?
7. How do you select and organize role model social groups?
8. What kinds of preventive mechanisms do you advocate to prevent the pandemics?
9. How do you interact with health institutions?
10. Is it linear or interactive communications do you follow?
11. Are you applying open or closed system of communications with the public and the organizations?
12. How the public accept the innovative ideas and technologies to prevent COVID-19 pandemic?
13. Are there problems or factors influencing the implementation strategy of innovations?
14. How do you evaluate the effectiveness of health communication in preventing the current pandemic?

❖ In-depth Interview Guide for Model Health Communication Participants (MHCP);

1. Are you aware of the COVID-19 pandemic variants, causes, symptoms, and preventive mechanisms?
2. Which preventive techniques do you apply in your life?
3. Do the health communicators or health extension workers teach you about the novel corona virus pandemic?
4. What are your sources of information (media, meetings, campaigns, and communications with health communicators)?
5. Do you share your knowledge with your families, friends, and neighbor hoods using interpersonal communication?
6. How do you apply the received information and knowledge to prevent yourself from the pandemic?
7. Is the communicated content change your perception, behavior, attitude, and beliefs?
8. What are the factors affecting your perception, behavior, attitude, and beliefs for effective prevention or control?
9. What do you suggest about health communication in Ethiopia and the implementations of COVID-19 pandemic preventive strategy?

❖ FGD Points for Discussion

1. Do you think that COVID-19 pandemic is rapidly spreading out in Ethiopia and in the region/ Hawassa town?
2. Do you believe that COVID-19 is a social health problem in your locality?
3. Which disease/ pandemic is causes high social health crisis in your Kebele?
4. Is there effective pandemic controlling communication strategy or communication plan?

5. Do you think that the COVID-19 health communication strategy effectively addressed to the society?
6. Do the health communication practitioners addressing and helping the society to prevent themselves from the pandemic?
7. Is COVID-19 influencing your day-to-day life?
8. How do we control COVID-19? By what mechanisms can we control?
9. What is your perception about COVID-19 Vaccine? Do the communities take all stages of vaccine?
10. What roles do the government, NGOs, health stations, communication experts and the community play in the controlling process?
11. What are the factors which influence the preventive strategy of COVID-19 pandemic?
12. What do you recommend the health communication strategy in Ethiopia to combat the pandemic? Or what lessons would be taken?

Appendix II

ሀዋሳ ዩኒቨርሲቲ

“በሀዋሳ ከተማ አስተዳደር የኮቪድ-19 ወረርሽኝን ለመከላከል የጤና ተግባቦት ትንታኔ”

በሚል ርዕስ የ2ኛ ዲግሪ መመረቂያ ጽሑፍ ለማዘጋጀት በሚካሄደው ጥልቅ

መጠይቅ መሪ ነጥቦች እንደሚከተለው ቀርበዋል፡፡

<u>መግቢያ</u>

በቅድሚያ እንተዋወቅዎ፡

በቅድሚ እንደምን አደሩ/ ዋሉ አቶ/ ወ/ሮ፡ ----------

ለቃለ-መጠይቁ ፈቃደኛ ስለሆኑ እጅግ በጣም አመሰግናለሁ!

<u>ዙፋን ሀጎስ እባላለሁ፡፡</u>

ፆታ፡ ወንድ ☐ ሴት ☐

ዕድሜዎት ስንት ነው?----------

የት/ት ደረጃዎትን ቢገልጹልኝ ?----------

የተመረቁበት የጥናት መስክ?----------

የሚኖሩበት ቀበሌ?----------

የጥናቱ ዋና ዓላማ “በሀዋሳ ከተማ አስተዳደር የኮቪድ-19 ወረርሽኝን ለመከላከል የጤና ተግባቦት ትንታኔ” በሚል ርዕስ የ2ኛ ዲግሪ (ማስተርስ) ማሟያ ጽሑፍ ለመስራት የተዘጋጀመጠይቅ ነው፡፡ በቅድሚያ ስለሚሰጡኝ መረጃ እያመሰገንኩ እርስዎ የሚሰጡኝ ታማኝ መረጃለጥናቱ ውጤታማነት ከፍተኛ አስተዋጽኦ ያለው መሆኑን እየገለጽኩ መረጃውን ለጥናቱ ግብዓትነትብቻ የምጠቀም መሆኑን አረጋግጣለሁ፡፡

በቅድሚያ ስለሚሰጡኝ መረጃ አመሰግናለሁ!!

- **<u>በጤና ጣቢያዎች ለሚሰሩ የማህበረሰብ ጤና የተግባቦት እና የጤና ኤክስቴንሽን ባለሙያዎች የሚቀርቡ ጥያቄዎች፡፡</u>**

1. በእርስዎ እይታ የኮሮና ቫይረስን ስርጭት እንዴት ይገልጹታል?
2. በተለይ በሀዋሳ ከተማ አስተዳደር ውስጥ ያለውን የስርጭት ሁኔታ ቢገልጹልኝ?
3. ተቋማችሁ የኮሮና ቫይረስ መከላከል ስትራቴጂ አለው? ቢያብራሩልኝ?
4. እርስዎ ያጠኑት የጤና ተግባቦት ዘርፍ ነውን? ካልሆነስ በምን የሙያ ዘርፍ ነው ቢያብራሩልኝ?
5. ስለ ኮሮና ቫይረስ አይነቶች እውቀት አለዎት? እስኪ አብራሩልኝ?
6. ከህብረተሰቡ ጋር ያላችሁን የተግባቦት ሂደት እንዴት ይገልጹታል?
7. የተለያዩ የህብረተሰብ ክፍሎችን የምትቀርቡት እንዴት ነው?
8. የተደራጁ የማህበረሰብ ጤና መከላከል ግብረ-ሀይላት አለ ወይ? ካለስ የኮሮና ቫይረስ በሽታን ለመከላከል እንዴት ትጠቀሙባቸዋላችሁ?
9. እነዚህን የማህበረሰብ የጤና መከላከል ግብረ-ኃይላተ እንዴት ነው የምትመረጧቸው?
10. ወረርሽኙን ለመከላከል የምትከተለት ስልት ምን ይመስላል?
11. ከምትሰሩበት የጤና ጣቢያ እና ከማህበረሰቡ ጋር ያላችሁ ግንኙነት ምን ይመስላል? ችግሮች ወይም መልካም ኢጋጣሚዎች ካለ ብታብራሩልኝ?
12. ግንኙነታችሁ አንድ አቅጣጫን/ መልዕክት ከተቋማችሁ ወደ ህዝብ ብቻ ነው ወይስ መልዕክቶች ከሁለቱም አቅጣጫ ይመጣል? ሂደቱን ቢያብራሩልኝ?
13. ተቋማችሁ ከማህበረሰቡ እና ከኢጋር አካላት የሚመጡ ሀሳቦችን እንደ ግብዓት ይጠቀማል ወይስ በራሱ አሰራር ተመስርቶ ነው የመከላከል ስራውን የሚሰራው?
14. በእርስዎ እይታ የእርስዎ ተቋም የሚከተለው የተግባቦት ሂደት ክፍት የሃሳብ ፍሰትን ይከተላል ወይስ ዝግ ሒደትን ነው የሚከተለው?
15. በሽታው ከተከሰተ ጊዜ ጀምሮ ህዝቡ የኮሮና ቫይረስን የተመለከቱ አዳዲስ ሀሳቦችንና ቴክኖሎጅዎችን እንዴት ነው እየተቀበለ ያለው? የእርስዎን እይታ ቢያጋሩኝ?
16. እነዚህን አዳዲስ ሃሳቦችን ፣ ቴክኖሎጂዎችን እና የቫይረሱን መከላከል ስትራቴጂ ለማስረጽ ስትሰሩ ተጽዕኖዎች ምን ምን ናቸው? እነዚህ ተጽዕኖዎቹስ ከየት ይመነጫሉ?
17. ባጠቃላይ የእናንተና የተቋማችሁ የመከላከል እና ጤና ዘርፍ ተግባቦት ሂደቱን ሲገመግሙት ውጤታማነቱ ምን ይመስላል ?

ስለ ትብብርዎ አመሰግናለሁ!!

❖ <u>ለሞዴል የጤና ተግባቦት ተሳታፊዎች የሚቀርቡ የጥልቀት ምርመራ መጠይቅ፣</u>

1. እርስዎ ስለ ኮሮና ቫይረስ አይነቶች፣ ምክንያቶች፣ ምልክቶች እና የመከላከል ስልቶችን ያውቃሉ?
2. የትኛውን የመከላከል ስልት ነው የ ሚተገብሩት?
3. የጤና ኮሙኒኬሽን ባለሙያዎች ወይም የጤና ኤክስቴንሽን ባለሙያዎች ስለ ወረርሽኙ አስተምረው ያውቃሉ?
4. የመረጃ ምንጮዎችን ከየት ነው የምታገኙት? ከሚዲያዎች፣ ከስብሰባዎች፣ ከመከላከል ዘመቻዎች እና ከጤናና ተግባቦት የከተማ ባለሙያዎች ?
5. እርስዎ ስለ ኮሮና ቫይረስ ያሆዎትን እውቀት ከቤተሰቦችዎ፣ ከጓደኞችዎ እና ከጎረቤትዎ ጋር ይጋራሉ? ሲጋሩ የሚከተሉት መንገድ የሚጠቀሙት ግላዊ ነው ወይስ በጋራ/ የብዙሃን መገናኛዎችን ነው?
6. እርስዎ ያገኙትን የመከላከል መረጃ እና እውቀት እንዴት ነው ቫይረሱን ለመከላከል የሚተገብሩት?

7. **የሚያገኙት መረጃ እና እውቀት የእርስዎን የተሳሳቱ ግንዛቤዎች፣ ባህርያት፣ አመለካከትና እምነት ቀይሯል ወይ?**
8. **አስተሳሰብዎ ካልተቀየረ የተሳሳተው ግንዛቤ እንዳይቀየር ተጽዕኖዎች ምን ምን ናቸው?**
9. **የጤና ኮሙኒኬሽን እና የኮሮና ቫይረስ መከላከል መከላከል ስትራቴጂ አተገባበር ላይ ምን አስተያየት አለዎት?**

ስለትብብርዎ አመሰግናለሁ!!

- **<u>የኮሮና ቫይረስ መከላከል ስተራቴጂ እና የጤና ኮሙኒኬሽን ቫይረሱን ለመከላከል ያለውን ሚና ለመረዳት የውይይት መነሻ ነጥቦች፣</u>**

1. **የኮሮ ቫይረስ በኢትዮጵያ በፍጥነት እየተስፋፋ ነው ብለው ያምናሉ?**
2. **የኮሮና ቫይረስ እርስዎ በሚኖሩበት አካባቢ የማህበረሰብ ጤና ችግር ነው ብለው ያምናሉ?**
3. **የትኛው ወረርሽኝ ሀዋሳ ከተማ አስተዳደር ውስጥ የጤና ችግሮችን አስከትሏል ብለው ያምናሉ?**
4. **በአካባቢያችሁ/ በሀዋሳ ከተማ ውጤታማ የሆነ የኮሮና ቫይረስ መከላከል የተግባቦት ስትራቴጂ ወይም የመከላከል ዕቅድ ተተግብሯል ብለው ያምናሉ?**
5. **በእናንተ አካባቢ ወይም ተቋማችሁ የጤና ኮሙኒኬሽን ስትራቴጂ በትክክል ተሰራጭቷል/ ተተግብሯል ብለው ያምናሉ?**
6. **በአካባቢያችሁ የሚገኙ የጤና ኮሚኒኬሽን ባለሙያዎች ማህበረሰቡ እራሱ ከኮሮና ቫይረስ እንዲጠብቅ አግዘዋል ብላችሁ ታምናላችሁ?**
7. **የኮሮና ቫይረስ በሽታ የግል ህይዎትዎ ላይ ተጽዕኖ አሳድሯል?**
8. **የቫይረሱን ስርጭት እንዴት መቆጣጠር ይቻላል? ምን ስልት መጠቀም ተገቢ ነው?**
9. **ስለ ኮሮና ቫይረስ ክትባት ያለዎት አመለካከት ምን ይመስላል? ማህበረሰቡ ሁለንም ክትባቶች ተከትቧል ብለው ያስባሉ?**
10. **የመንግስት፣ መንግስታዊ ያልሆኑ ድርጅቶች፣ የጤና ጣቢያዎች፣ የኮሚኒኬሽን ባለሙያዎች እና የማህበረሰብ ግንኙነት ቫይረሱን መቆጣጠር አስችሏል ብላችሁ ታስባላችሁ?**
11. **የመከላከል ስትራቴጂው ላይ ተጽዕኖ የሚያሳድሩ ጉዳዮች ምን ምን ናቸው? የእነዚህ ተጽዕኖዎች ደረጃ ምን ያክል ነው::**
12. **ስለ ኮሮና ቫይረስ መከላከል የኮሙኒኬሽን ስተራትጂ ምን ምክረ-ሓሳቦች አሏችሁ? መደረግ ወይም መካተት ያለባቸውን ወይም መወገድ ያለባቸው ይዘቶች ምንምን ናቸው?**

Appendix III

- **The Sample Transcription of In-depth interview with HEWs**

- ከ HEWs ጋር የተደረገ የጥልቅ ቃለ መጠይቅ ናሙና ግልባጭ

Interviewer (Researcher): My name is Zufan Hagos. Thank you for joining me for the interview.

ጠያቂ (ተመራማሪ)፡ ዙፋን ሃጎስ እባላለሁ። ለቃለ ምልልሱ ስለተቀላቀሉኝ አመሰግናለሁ።

Researcher: What is your name?

ተመራማሪ ፡ ስምህ ማን ነው?

Respondent: Birtukan.

ምላሽ ሰጭ ብርቱካን

Sex: Female

ፆታ: ሴት

Age: 28

ዕድሜ: 28

Field of Study: Clinical Nurse

የጥናት መስክ፡ ክሊኒካል ነርስ

Resident Kebele: Leku Kebele

ቀበሌ፡ ለኩ ቀበሌ

Name of Health Centre: Mootite Fura Primary Hospital

የጤና ማእከል ስም: ሞቲቴ ፉራ መጀመሪያ ደረጃ ሆስፒታል

(Respondent): Thank you, as well. I am working as health extension expert's coordinator at Mootite Fura Primary Hospital.

ምላሽ ሰጭ - እኔ ም አመሰግናለሁ። የ ጤና ኤክስቴንሽን ባለ ሙያ ዎች አስተባባሪ ሆኜ እየ ሰራሁ ነ ው። የ ሞቲቴ ፉራ መጀመሪያ ደረጃ ሆስፒታል

Researcher: How Do you describe the spread of COVID-19 pandemic in Hawassa town?
ተመራማሪ ፡ - ሀዋሳ ከተማ የ ኮ ቪድ-19 ወረ ር ሽኝ ስ ር ጭትን እ ንዴት ይገ ልፁታል?

Respondent: It is highly spread and killing the people specially who are living with other sever health problems. In the current scenario, it is dropping much more than previously, since there is a vaccine for the virus, and even if we cannot eliminate it, it has lowered the chance of transmission in a certain way, and the same disease is weakening because people are keeping their distance and wearing masks.

ምላሽ ሰጭ በተለይ ከሌሎች ጋር የ ሚኖሩትን ሰዎች በከፍተኛ ሁኔ ታ እየ ተስፋፋና እየ ገደለ ነ ው። የ ተለያዩ የ ጤና ችግሮች. አሁን ባለው ሁኔ ታ፣ ከትባቱ ስላለ፣ ከበፊቱ የ በለጠ እየ ቀነ ሰ ነ ው። ቫይረሱን ማስወገ ድ ባንችልምእንኳ የ ተወሰነ መንገ ድ,እና ሰዎች ር ቀታቸው ን ስለ ሚጠ ብቁ እና ተመሳሳይ በሽ ታ እየ ዳከ መ ውጭምብል ማድረ ግ ተገቢ ነዉ

Researcher: How widespread is the infection, particularly in the Hawassa city administration?
ተመራማሪ ፡ - ኢንፌክሽኑ በተለይ በ ሀዋሳ ከተማ አስተዳደር ምን ያህል ተስፋፍቷል?

Respondent: As I previously stated, the virus has spread across Hawassa city administration; many people have been admitted, many people have died, but not as many as predicted or feared, and many others have recovered and returned home. What is not reported is the same as what is disclosed. It is because we only record those who are hospitalized and die, yet the corona virus killed countless individuals all across the world. According to the Hawassa city administration, I believe the sickness has dropped and the fatality rate has also fallen.

ምላሽ ሰጭ ቀደም ብዬ እንደገ ለጽኩት ቫይረሱ በ ሀዋሳ ከተማ ተሰራጭቷል። አስተዳደር ; ብዙ ሰዎች ተቀብለዋል፣ ብዙ ሰዎች ሞተዋል፣ ግን ያን ያህል አይደሉም ተንብየ ዋል ወይም ሌሎች

ብዙዎች አገግመው ወደ ቤት ተመልሰዋል። ያልተዘገበው ከተገለፀው ጋር ተመሳሳይ ነው. ሆስፒታል የገቡትን ብቻ ስለምንመዘግብ ነው። ይሞታሉ ነገር ግን ኮሮናቫይረስ በመላው አለምስፍር ቁጥር የሌላቸውን ሰዎች ገድሏል። እንደ እ.ኤ.አ ሀዋሳ ከተማ አስተዳደር ህመሙ የቀነሰ እና የሚቆች ቁጥርምእንደቀጠለ አምናለሁ። ወድቋል ።

Researcher: Is it because the disease itself has diminished, or do you believe it is because the disease's killing rate has dropped.

ተመራማሪ ፡ - ሕመሙ ራሱ ስለቀነሰ ነው ወይንስ ይህ ነው ብለው ያምናሉ የበሽታ መጥፋት መጠን ቀንሷል

Respondent: When we train someone as a professional, we offer him/her HEWs programs to the model health extension participates (MHCPs). As Health Extension Worker, we provide pandemic prevention and control programs to every community, such as what a person should do if he becomes unwilling, what sort of food he should eat to build his immunity, and how to isolate him or herself to minimize disease/ pandemic spread in the community.

ምላሽ ሰጭ፡ አንድን ሰው እንደ ባለሙያ ስናሠለጥነው፣ ለእሱ/ሷ የ HEWs ፕሮግራሞችን እናቀርባለን። ሞዴል የጤና ኤክስቴንሽን ይሳተፋል (MHCPs)። እንደ ጤና ኤክስቴንሽን ሠራተኛ አቅርበናል። ወረርሽኙን መከላከል እና መቆጣጠር ፕሮግራሞች ለእያንዳንዱ ማህበረሰብ፣ እንደ አንድ ሰውፈቃደኛ ካልሆነ ማድረግ አለበት, በሽታ የመከላከል አቅምን ለመገንባት ምን ዓይነት ምግብ መመገብ እንዳለበት, እና በህብረተሰቡ ውስጥ የሚከሰተውን በሽታ/ወረርሽኝ ለመቀነስ እሱን ወይምእራሷን እንዴት ማግለል እንደሚቻል እናስለጥናለን።

Researcher: Do you knowledge about COVID-19 pandemic?

ተመራማሪ ፡ ስለ COVID-19 ወረርሽኝ ታውቃለህ ?

Respondent: As an expert, I know what exactly is the Corona Virus? Corona virus is a disease caused by the SARS and MERS viruses that targets the respiratory system and kills many individuals within the first outbreak time. Some who got the treatment have been cured. It has also resulted in deaths. Again, the same economic crisis has been a dreadful sickness that has affected both people and the country. I am also understanding the causes, symptoms and

preventive techniques of the pandemic because I read printed materials, listen radio and TV, in addition I had took training about the pandemic specifically the causes, symptoms and preventive techniques.

ምላሽ ሰጭ፡ እንደ ባለሙያ፣ የኮሮና ቫይረስ በትክክል ምን እንደሆነ አውቃለሁ? ኮሮና ቫይረስ በ SARS እና MERS ቫይረሶች የሚመጣ በሽታ ሲሆን ይህም የመተንፈሻ አካላትን ያነጣጠረ ነው። ሥርዓተ-ፆታ እና የመጀመሪያ ወረርሽኙ ጊዜ ውስጥ ብዙ ግለሰቦችን ይገድላል.ህክምና ውጓ ያገኙት ጥቂቶች ተፈውሰዋል። ለሞትም ምክንያት ሆኗል። እንደገናም ይኸውየኢኮኖሚቀውስ ሀ ሀገርንም ሆነ ህዝብን የጎዳ ከባድ ህመም እኔም እየተረዳሁት ነው። ስለ ወረርሽኙ መንስኤዎች፣ ምልክቶች እና የመከላከያ ዘዴዎች የታተመ ስላነበብኩ ነው። ቁሳቁሶች፣ ሬዲዮ እና ቲቪ ያዳምጡ፣ በተጨማሪም ስለ ወረርሽኙ በተለይ ስልጠና ወስጃለሁ። መንስኤዎቹ, ምልክቶች እና የመከላከያ ዘዴዎች.

Researcher: If you do have such knowledge about the types of corona virus, please share it with me?

ተመራማሪ፡ - ስለ ኮሮናቫይረስ አይነቶች እንደዚህ አይነት እውቀት ካሎት፣ እባክዎ ያካፍሉ። ከእኔ ጋር?

Respondent: I know about the corona virus called COVID-19, the type that happened the first time is the type called COVID-19 and cause of the virus were SARS and MERS during its outbreak. We as health extension worker we know about the pandemic and teach the local community and the frontiers of COVID-19 vaccine. We promote and persuade the society in order to take vaccine timely and correctly in dose related cases. I have tried my best ways of persuasion either to take the vaccine or protect them from the pandemic. But the community looks the spread of the pandemic and taking vaccine negligently. They think that the community believed that there is no COVID-19 pandemic happened in Ethiopia. Besides, I have no deep knowledge about the variants of the pandemic such as Alpha, Beta, Delta, Gamma and Omicron.

ምላሽ ሰጭ፡ ኮቪድ-19 ስለተባለው ኮሮናቫይረስ አውቃለው፣ እሱም በመጀመሪያ የተከሰተው አይነት ጊዜ ኮቪድ-19 ተብሎ የሚጠራውዓይነት ሲሆን የቫይረሱ መንስኤ SARS እና MERS በሱ

ወቅት ነበሩ። መስፋፋት. እኛ የጤና ኤክስቴንሽን ሰራተኛ ስለ ወረርሽኙ እናወቀዋለን የአካባቢውን እናስተምራለን ማህበረሰብ እና የኮቪድ-19 ክትባት ድንበር። እኛ እናስተዋውቃለን እና ህብረተሰቡን እናሳምነዋለን ከመድኃኒት ጋር በተያያዙ ጉዳዮች ላይ ክትባቱን በወቅቱ እና በትክክል ለመውሰድ። ምርጥ መንገዶችን ሞክሬአለሁ። ክትባቱን እንዲወስዱ ወይም ከወረርሽኙ እንዲጠበቁ ማሳመን። ግን ማህበረሰቡ የወረርሽኙን ስርጭት ይመለከታል እና በቸልተኝነት ክትባት መውሰድ። ብለውያስባሉ

Researcher: Does your organization have a Corona virus Pandemic communication plan? How do you put it into action?

ተመራማሪ፡ - በኢትዮጵያ የኮቪድ-19 ወረርሽኝ እንዳልተከሰተ ህብረተሰቡ ያምናል። በተጨማሪም እንደ አልፋ፣ ቤታ፣ ዴልታ፣ ወዘተ ስለ ወረርሽኙ ልዩነቶች ጥልቅ ዕውቀት የላቸውም። ጋማ እና ኦሚክሮን. ተመራማሪ፡ ድርጅትህ የኮሮና ቫይረስ ወረርሽኝ ግንኙነት እቅድ አለው?እንዴት ነውወደ ተግባር የምትገባው?

Respondent: There is usually a plan that originated from the SNRS health Bureau. There is a focus on the persons and the regional community here at the health centre who is just assigned to COVID-19. In this case receives who are the residents of the Kebele called Leku Kebele.

ምላሽ ሰጭ፡ ብዙውን ጊዜ ከ ጤና ቢሮ የመጣ እቅድ አለ። አለ እዚህ በጤና ጣቢያ ፍትሃዊ በሆኑ ሰዎች እና በክልሉ ማህበረሰብ ላይ ያተኩሩ ለኮቪድ-19 ተመድቧል። በዚህ ጉዳይ ላይ የቀበሌው ነዋሪ የሆኑትን ማን ይቀበላል. ጤና ጣቢያው ከተመሳሳይ የመጡ የኮሮና ቫይረስ ታማሚዎችን ይመረምራል።

Researcher: What is your communication process looks like with society? The Community Health Extensions workers (HEWs), because we have worked for many years when you say that the community has the same corona virus level of the pandemic.

ተመራማሪ፡ - ከህብረተሰቡጋር ያለህ የግንኙነት ሂደት ምን ይመስላል?

Respondent: The community does not open the door to us when you go to the house because of the corona and the attention of the media. Because we teach everyone how to sit like, that, now the same person has received HEWs. At first, it was difficult. Now, because the same person is being talked about in the media, it is something that we are doing to help them. Now, they accept us better than before.

ምላሽ ሰጭ፡ የማህበረሰብ ጤና ኤክስቴንሽን ሰራተኞች (HEWs)፣ ምክንያቱም ለብዙዎች ሰርተናል ህብረተሰቡ ተመሳሳይ የወረርሽኙ የኮሮና ቫይረስ ደረጃ እንዳለውሲናገሩ አመታትን ያስቆጠረ። በኮሮና ምክንያት ወደ ቤት ስትሄድ ማህበረሰቡ በሩን አይከፍትልንም። እና የመገናኛ ብዙሃን ትኩረት. ምክንያቱም ሁሉም ሰው እንደዚያ እንዴት እንደሚቀመጥ እናስተምራለን, አሁን ተመሳሳይ ነው አንድ ሰው HEWs ተቀብሏል. መጀመሪያ ላይ አስቸጋሪ ነበር. አሁን ያውሰውስለሆነ በመገናኛ ብዙኃን ሲነገር እኛ እነርሱን ለመርዳት እያደረግን ያለነውነገር ነው። አሁን ተቀበሉን። ከበፊቱ የተሻለ.

Researcher: How do you approach different sections of society?

ተመራማሪ፡ -የተለያዩ የህብረተሰብ ክፍሎችን እንዴት ነውየምታቀርበው?

Respondent: The Social Health Communication Participates (MHCPs) takes training and then they trained the Health Extension Professionals (HEWs) have trained the MHCPs on how to approach individuals. Then we must inquire about the patients' problems. Then, we ask them if there are kids. There is vaccination. We always give them vaccines because they know us before. You know you have to chat when you go home, simply pretend to be them, and when we talk to them, we talk as if they are in the place of us they will have respect the vaccine.

ምላሽ ሰጭ፡ የማህበራዊ ጤና ኮሚኬሽን ተሣታፊዎች (MHCPs) ስልጠና ይወስዳል እና ከዚያም የጤና ኤክስቴንሽን ባለሙያዎችን (HEWs) MHCPsን አሰልጥነዋል ግለሰቦችን እንዴት መቅረብ እንደሚቻል. ከዚያም የታካሚዎችን ችግር መጠየቅ አለብን. ከዚያም እኛ ልጆች ካሉ ጠይቃቸው። ክትባት አለ. ሁልጊዜም ክትባቶችን የምንሰጣቸውስለሆነ ነው። አስቀድመን እወቅን። ወደ ቤት ስትሄድ ማውራት እንዳለብህ ታውቃለህ፣ በቀላሉ እነሱን አስመስለህ፣ እና ከእነሱ ጋር ስንነጋገር፣ በእኛ ቦታ ያሉ መስሎእንናገራለን፣ እነሱ ያከብራሉ ክትባት.

Researcher: Are there organized health prevention task forces?

ተመራማሪ ፡ - የ ተ ደ ራ ጁ የ ጤና መ ከ ላ ከ ል ግ ብ ረ ሃ ይ ሎ ች አ ሉ?

Respondent: Yes! There is a family health team. When we go out together, there is a health extension specialist. There is HO. We organize together at the health centre and we go out in groups of 3 or 4. We have organized an army. The same 6 means 1 to 5 leader, 1 to 30 development armies, and 1 to 5 fives in one development team and their work is called 5 first hand communication made with the leaders of such an army. The leaders persuade them to take a vaccine or to wear a mask or protect themselves and their families from the pandemic. It shows that there is the communication chain among the SHCs, HEWs, and MHCPs with the general community at the grass root level.

ምላሽ ሰጭ - አ ዎ ! የ ቤ ተ ሰ ብ ጤና ቡ ድ ን አ ለ . አ ብ ረ ን ስ ን ወ ጣ ጤና አ ለ ። የ ኤ ክ ስ ቴ ን ሽ ን ባ ለ መ ያ . ኤ ች አ አ ለ . በ ጤና ጣ ቢ ያ ተ ደ ራ ጅ ተ ን ወ ደ ው ስ ጥ እ ን ገ ባ ለ ን ። ቡ ድ ኖ ች 3 ወ ይ ም 4. ሰ ራ ዊ ት አ ደ ራ ጅ ተ ና ል ። ያ ው 6 ማ ለ ት 1 ለ 5 መ ሪ ከ 1 እ ስ ከ 30 ማ ለ ት ነ ው ። የ ል ማ ት ሰ ራ ዊ ት ፣ እ ና ከ 1 እ ስ ከ 5 አ ም ስ ት የ ሚ ሆ ኑ በ አ ን ድ የ ል ማ ት ቡ ድ ን እ ና ስ ራ ቸ ው 5 ይ ባ ላ ል እ ና ከ እ ን ደ ዚ ህ አ ይ ነ ት ሰ ራ ዊ ት መ ሪ ዎ ች ጋ ር የ ተ ደ ረ ገ የ መ ጀ መ ሪ ያ እ ጅ ግ ን ኙ ነ ት ። መ ሪ ዎ ቹ ከ ት ባ ት እ ን ዲ ወ ስ ዱ ወ ይ ም ጭ ም ብ ል እ ን ዲ ለ ብ ሱ ወ ይ ም እ ራ ሳ ቸ ው ን እ ና ቤ ተ ሰ ቦ ቻ ቸ ው ን እ ን ዲ ከ ላ ከ ሉ ማ ሳ መ ን ከ ወ ረ ር ሽ ኙ . በ SHCs፣ HEWs መ ካ ከ ል የ ግ ን ኙ ነ ት ሰ ን ሰ ለ ት እ ን ዳ ለ ያ ሳ ያ ል ። እ ና MHCPs ከ አ ጠ ቃ ላ ይ ማ ህ በ ረ ሰ ብ ጋ ር በ ሳ ር ሥ ር ደ ረ ጃ ።

Researcher: How do you choose them?

ተመራማሪ ፡ - እ ን ዴ ት ነ ው የ ም ት መ ር ጣ ቸ ው?

Respondent: What do we choose? There are Kebele leaders, those Kebele leaders. There is a women's league and a youth league that has a lot of participation in cooperation with (Q- Do you use political organization to vote?) Answer: No, they help us with health. Together with the leadership, we selected the active ones who can educate the people, pointing out the people who are considered to be good participants and providing better information from their point of view.

ምላሽ ሰጭ ፡ ምን እ ን መ ር ጣ ለ ን ? የ ቀ በ ሌ አ መ ራ ሮ ች ፣ እ ነ ዛ የ ቀ በ ሌ አ መ ራ ሮ ች አ ሉ ። አ ለ ከ (Q-Do.) ጋ ር በ መ ተ ባ በ ር ብ ዙ ተ ሳ ት ፎ ያ ለ ው የ ሴ ቶ ች ሊ ግ እ ና የ ወ ጣ ቶ ች ሊ ግ ለ መ ም ረ ጥ የ ፖ ለ ቲ ካ

ድርጅት ትጠቀማለህ?) መልስ፡ አይ፣ በጤና ይረዱናል። ጋር አብሮ አመራሩ ህዝቡን ሊያስተምሩ የሚችሉ ንቁዎችን መርጠናል፣ ጥሩ ተካፋይ እንደሆኑ የሚታሰቡ እና የተሻለ መረጃ የሚሰጡ ሰዎች የእነሱ አመለካከት.

Researcher: What is your approach for preventing the outbreak (Covid)?

ተመራማሪ፡ - ወረርሽኙን (ኮቪድ)ን ለመከላከል ያንተ አካሄድ ምንድነው?

Respondent: As I previously stated, in order to avoid the disease, it was also announced over the phone that individuals should remain at least two meters, that they should wear a mask, wash their hands frequently and use sanitizers when they shack their hands with others or in touch of any objects.

ምላሽ ሰጭ - ቀደም ብዬ እንደገለጽኩት በሽታውን ለማስወገድ ሲባል ማለቁም ተነግሯል። ግለሰቦች ቢያንስ ሁለት ሜትሮች እንዲቆዩ፣ ጭምብል እንዲለብሱ፣ እጆቻቸውን ከሌሎች ጋር ሲጨብጡ ወይም ሲገቡ እጆቻቸውን በተደጋጋሚ በመታጠብ እና ማጽጃዎችን ይጠቀሙየ ማንኛውን ም እቃዎች መንካት.

Researcher: What looks like your relationship with the community and the health centre where you work?

ተመራማሪ፡ - ከማህበረሰቡ እና ከጤና ጣቢያው ጋር ያለዎት ግንኙነት ምን ይመስላል የት ነው የምትሰራው?

Respondent: We have a good relationship with our institution and the community. When we go door-to-door, we make our inter-personal communication smooth and consult the role models in our own is sitting in the box inside, and the referrals we sent are feedback. It means we take it at the health centre, we have this sort of interaction, and as I previously stated, we have wonderful ties with the community, and we are the ones who give them the vaccination. Furthermore, there are distribution conditions as an army. There are also some that we donate and some that we give to them in sharing for message clarity. When we get a sponsor, we buy free health insurance for a large number of impoverished people, gather problems from the community, do study on them, and then return them to the health facility.

ምላሽ ሰጭ - ከተቋማችን እና ከማህበረሰቡ ጋር ጥሩ ግንኙነት አለን። እኛ መቼ ከቤት ወደ ቤት መሄድ፣ የግላዊ ግንኙነ ታችንን ለስላሳ እናደርገዋለን እና ሚናውን እናማከራለን። በራሳችን ወሰጥ ያሉ ሞዴሎች በወሰጠኛውሳጥን ውሰጥ ተቀምጠዋል,እና የላከናቸውሪፈራሎች ግብረመልስ ናቸው.ወደ ጤና ጣቢያ እንወስዳለን ማለት ነው፣ እንደዚህ አይነት መስተጋብር አለን እና እኔ ቀደም ብዬ ከማህበረሰቡ ጋር ጥሩ ግንኙነት እንዳለን ተናግሯል፣ እና እኛ ነን የምንሰጣቸው ክትባት.በተጨማሪም እንደ ጦር ሠራዊት የማከፋፈያ ሁኔታዎች አሉ.አንዳንዶቹም አሉ። እኛ የምንለግሰውእና የተወሰኑትን ለመልእክት ግልፅነት ሼር በማድረግ የምንሰጣቸው። ስናገኝ ስፖንሰር፣ ነፃ የጤና መድህን የምንገዛው ለብዙ ድሆች፣ ይሰብሰቡ ከህብረተሰቡ የሚመጡ ችግሮችን አጥንተውወደ ጤና ተቋም ይመለሳሉ።

Researcher: Does your institution leverage community and partner ideas as resources, or does it run solely on its own?

ተመራማሪ : - የእርስዎ ተቋም የማህበረሰብ እና የአጋር ሃሳቦችን እንደ ግብአት ይጠቀማል ወይስ በራሱ ብቻ ይሰራል?

Respondent: It is conditionally we take the opinion of the public or reject depending on the conditions. The health centre may take public opinions as it implement the strategy through enforcing the community to prevent themselves. Now, for example, I think there is an organization that gives us leaflets and also sends out stickers to be posted in every neighborhood to teach the community about the corona virus. We use them as the source of knowledge and the community initiated to use the prevention techniques alone in his/ her in the family members.

ምላሽ ሰጭ : በሁኔታዊ ሁኔታ የህዝቡን አስተያየት እንወስዳለን ወይም በ ሁኔታዎች.ጤና ጣቢያውየህዝብአስተያየቶችን እንደ ተጠያቂነት ሊወስድ ወይምሊተገበር ይችላል ህብረተሰቡ እራሱን እንዲከላከል በማስገደድ ስትራቴጂ። አሁን ለምሳሌ ይመስለኛል በራሪ ወረቀቶችን የሚሰጠን እና በእያንዳንዱ ላይ የሚለጠፉ ተለጣፊዎችን የሚልክ ድርጅት አለ። ህብረተሰቡ ስለ ኮሮና ቫይረስ ማስተማር እንደ ምንጭእንጠቀማቸዋለን እውቀት እና ህብረተሰቡ በሱ/ሷ ወሰጥ የመከላከል ቴክኒኮችን በብቸኝነት ለመጠቀምጀምሯል። የቤተሰቡአባላት.

Researcher: Do you think your institution uses an open or closed concept?

ተመራማሪ : - የእርስዎ ተቋም ክፍት ወይምየተዘጋ ጽንሰ-ሀሳብ ይጠቀማል ብለውያስባሉ?

Respondent: We meet and there will be an open idea in the discussion. It is not completely closed or open in any means of communication. That means feedback is not always available or absent.

ምላሽ ሰጭ - ተገናኝን እና በውይይቱ ላይ ግልጽ ሀሳብ ይኖራል። መሉ በመሉ አይደለም በማንኛውም የመገናኛ ዘዴ ተዘግቷል ወይም ክፍት ነው. ያ ማለት ሁልጊዜ ግብረመልስ አይገኝም ወይም የለም.

Researcher: Since the outbreak of the disease, what is the process of the public accepting new ideas and technologies related to the corona virus? What do you think is the influence that made him not accept this technology? - Which technology? For example, including the vaccine, using a mask, washing hands....)

ተመራማሪ ፡ - በሽታው ከተቀሰቀሰበት ጊዜ ጀምሮ ህዝቡ የመቀበል ሂደት ምን ይመስላል ከኮሮና ቫይረስ ጋር የተያያዙ አዳዲስ ሀሳቦች እና ቴክኖሎጂዎች? ተጽዕኖው ምን ይመስላችኋል ይህን ቴክኖሎጂ እንዳይቀበል ያደረገው? - የትኛው ቴክኖሎጂ? ለምሳሌ የ ክትባት፣ ጭምብል በመጠቀም፣ እጅን መታጠብ....)

Respondent: Yes, the society often sees things from the perspective of politics, religion and cultural norms perspectives. For example, the government intentionally advocates cooling down the political grievance and looking as a means of sustaining the regime rather than perceiving the pandemic severity. In addition, there are those who say that the vaccine is a rash, I am telling you what I hear from the society, so there are those who say that we should not vaccinate because of this. They said that washing the hands outside is something that everyone practices; often the problem is the vaccination. Some of them said our God protect us from the virus and it is the disease of whites due to their devilish belief. The vaccine is the way that they transmitted their religious beliefs and a means of controlling the world. On the other hand the community never abstains from keeping and hand shaking or never accepts living alone with their neighborhoods because of the society norm of living together in the villages. They share everything and eating and drinking in group is communal life. Even they work together and live together in the village which is the most changing task of the HEWs in keeping social distancing during the emergency. Here, communication was a little bit helpful to change their culture and it was more

persuasive than ever. In general, the community misconceived the pandemic and miss interpret the messages that we communicate.

ምላሽ ሰጭ - አዎ፣ ህብረተሰቡ ብዙ ጊዜ ነገሮችን የሚያየው ከፖለቲካ፣ ከሃይማኖት እና አንፃር ነው። ባህላዊ ደንቦች አመለካከቶች.ለምሳሌ መንግሥት ሆን ብሎ ይሟገታል። የፖለቲካ ቅሬታውን አቀዝቅዘው አገዛዙን ከማስቀጠል ይልቅ እንደ መጠቀሚያ ይጠቀሙየወረርሽኙን አስከፊነት በመገንዘብ። በተጨማሪም ከትባቱ ሀ ነው የሚሉም አሉ። ራሽ፣ ከህብረተሰቡ የምሰማውን ነውየምነግራችሁ፣ ስለዚህ አለብን የሚሉም አሉ። በዚህ ምክንያት አይከተቡ.ውጭ እጅን መታጠብ አንድነገር ነውአሉ። ሁሉም ሰውይለማመዳል; ብዙውን ጊዜ ችግሩ ከትባቱ ነው. አንዳንዶቹ አምላካችን ይጠብቀን አሉ። እኛ ከቫይረሱ የተገኘ ነውእና በሰይጣናዊ እምነት ምክንያት የነጮች በሽታ ነው. ከትባቱ የ ሃይማኖታዊ እምነቶቻቸውን የሚያስተላልፉበት መንገድ እና ዓለምን የመቆጣጠር ዘዴ። በርቷል በሌላ በኩል ማህበረሰቡ ከመያዝ እና ከመጨበጥ ፈጽሞ አይቆጠብም ወይም ፈጽሞ አይቀበልም ከአካባቢያቸውጋር ብቻቸውን የሚኖሩ በጎብረተሰቡ ውስጥ አብሮ የመኖር ደንብ ምክንያት መንደሮች. ሁሉንም ነገር ይጋራሉ እና በቡድን መብላት እና መጠጣት የጋራ ህይወት ነው. እነሱ እንኳን አብረው በመስራት እና በመንደሩ ውስጥ አብረው መኖር በጣም ተለዋዋጭየሆነውየ HEWs ተግባር ነው። በአደጋ ጊዜ ማህበራዊ ርቀትን መጠበቅ ። እዚህ፣ መግባባት ትንሽ ጠቃሚነበር። ባህላቸውን ለመለወጥ እና ከመቼውም ጊዜ በበለጠ አሳማኝ ነበር. በአጠቃላይ ማህበረሰቡ ወረርሽኙን በተሳሳተ መንገድ ተረድተናል እና የምናስተላልፋቸውን መልዕክቶች መተርጎም ጠፉ።

Researcher: As a system what looks like your communication?

ተመራማሪ ፡ - እንደ ሥርዓት የአንተ ግንኙነት ምን ይመስላል?

Respondent: our communication system is completely structure the political administrative system. It started from the ministry of health which is the ultimate decision makers of the pandemic issues at the national level. Hence, the national pandemic strategic plan prepared and designed by the federal health institutions. Later, it was disseminated to the regional bureaus and flow to the next health organizations including health directives and hospitals. Next to that

the health centers receive the strategy and directly implement in the community. The training also designed following this political or governmental structure and the stakeholders participation also follow the system.

ምላሽ ሰጭ ፡ -የ እኛ የ ኮ መዩ ኒ ኬሽን ስ ር ዓ ታ ችን መሉ በ መሉ የ ፖ ለ ቲ ካ አ ስ ተ ዳ ደ ራ ዊ መ ዋ ቅ ር ነ ው። ስ ር ዓ ት . የ ጀ መ ረ ው ከ ጤ ና ጥ በ ቃ ሚ ኒ ስ ቴ ር የ መ ጨ ረ ሻ ው ው ሳ ኔ ሰ ጪ ነ ው በ አ ገ ር አ ቀ ፍ ደ ረ ጃ የ ወ ረ ር ሽ ኝ ጉ ዳ ዮ ች . ስ ለ ሆ ነ ም የ ብ ሔ ራ ዊ ወ ረ ር ሽ ኝ ስ ት ራ ቴ ጂ ክ ዕ ቅ ድ ተ ዘ ጋ ጅ ቷ ል እ ና በ ፌ ዴ ራ ል የ ጤ ና ተ ቋ ማ ት የ ተ ነ ደ ፈ . በ ኋ ላ ም ለ ክ ል ሉ ተ ሰ ራ ጭ ቷ ል። ቢ ሮ ዎ ች እ ና ወ ደ ቀ ጣ ዩ የ ጤ ና ድ ር ጅ ቶ ች የ ጤ ና መ መ ሪ ያ ዎ ች ን እ ና ሆ ስ ፒ ታ ሎ ች ን ጨ ም ሮ . ቀ ጥ ሎ ም ጤ ና ጣ ቢ ያ ዎ ቹ ስ ት ራ ቴ ጂ ው ን ተ ቀ ብ ለ ው በ ህ ብ ረ ተ ሰ ቡ ው ስ ጥ በ ቀ ጥ ታ ተ ግ ባ ራ ዊ ያ ደ ር ጋ ሉ። ስ ል ጤ ና ው የ ተ ነ ደ ፈ ው ም ይ ህ ን ን የ ፖ ለ ቲ ካ ወ ይ ም የ መ ን ግ ስ ት መ ዋ ቅ ር እ ና የ የ ባ ለ ድ ር ሻ አ ካ ላ ት ተ ሳ ት ፎ ም ስ ር ዓ ቱ ን ይ ከ ተ ላ ል።

Researcher: What is your overall assessment of the success of you and your institution's preventive and health sector communication process?

ተመራማሪ ፡ -ያ ን ተ እ ና የ ተ ቋ ም ህ ስ ኬ ት አ ጠ ቃ ላ ይ ግ ም ገ ማ ም ን ይ መ ስ ላ ል የ መ ከ ላ ከ ያ እ ና የ ጤ ና ሴ ክ ተ ር የ ግ ን ኙ ነ ት ሂ ደ ት ?

Respondent: It appears like we are communicating well. I believe we communicate honestly as friendly. I feel we have good contact with the management and those that come from the office and the community. We serve as a bridge between the health institutions and the community. We follow multi-directional system of communication with the health organizations, stakeholders and the community.

ምላሽ ሰጭ - ጥ ሩ እ የ ተ ነ ጋ ገ ር ን ያ ለ ይ መ ስ ላ ል። በ ቅ ን ነ ት እ ን ገ ና ኛ ለ ን ብ ዬ አ ም ና ለ ሁ። እ ን ደ ወ ዳ ጃ ዊ . ከ አ ስ ተ ዳ ደ ሩ እ ና ከ ሚ መ ጡ ት ጋ ር ጥ ሩ ግ ን ኙ ነ ት እ ን ዳ ለ ን ይ ሰ ማ ኛ ል ቢ ሮ እ ና ማ ህ በ ረ ሰ ቡ . በ ጤ ና ተ ቋ ማ ት እ ና በ . መ ካ ከ ል እ ን ደ ድ ል ድ ይ እ ና ገ ለ ግ ላ ለ ን ማ ህ በ ረ ሰ ብ ። ከ ጤ ና ጋ ር ባ ለ ብ ዙ አ ቅ ጣ ጫ ቂ የ መ ገ ና ኛ ዘ ዴ ን እ ን ከ ተ ላ ለ ን ድ ር ጅ ቶ ች ፣ ባ ለ ድ ር ሻ አ ካ ላ ት እ ና ማ ህ በ ረ ሰ ቡ።

Researcher: How do you communicate prevention strategy during a pandemic like COVID-19?

ተመራማሪ ፡ - እንደ ኮቪድ-ባሉ ወረርሽኞች ጊዜ የመከላከል ስትራቴጂን እንዴት ይነጋገራሉ 19?

Respondent: We communicate every day, as parents contact with us, we contribute to the community. We mostly employed an educative health communication in order to change the community attitude, belief, and behaviors throughout the communication process. We as HEWs play advisory role and tried to persuade them to apply the prevention strategies in a daily basis.

ምላሽ ሰጭ በየእለቱ እንገናኛለን፣ ወላጆች ከእኛ ጋር ሲገናኙ፣ ለ ማህበረሰብ ። አብዛኛውን ጊዜ ትምህርታዊ የጤና ኮሚዩኒኬሽን እንቀጥራለን ለመቀየር በግንኙነቱ ሂደት ውስጥ የማህበረሰብ አመለካከት፣ እምነት እና ባህሪ። እኛ እንደ HEWs የማማከር ሚና ይጫወታሉ እና የመከላከያ ስልቶችን ተግባራዊ እንዲያደርጉ ለማሳመን ሞክረዋል ሀ በየቀኑ .

Researcher: Do you think that you are effective?

ተመራማሪ ፡ - ውጤታማ እንደሆን ክ ታስባለህ ?

Respondent: From the beginning, the result was effective. But it will not be achieved in one day. It is not even possible to say that this disease has disappeared in our country or abroad. We are not the only ones we provide health extension program. However, there are some many countries in the world which applies the heath extension and communication. They are not still able to control the pandemic. Even though, it helped us and they teach us what precautions should be taken when the pandemic is persistent. So there is no one who does not have the same information and control the COVID-19 Pandemic. The reason behind is that in the hands of the government, the health institutions, and the general community. Collaborative work will enable the community to be safe and protect themselves from the pandemic. Here, applying participatory communication will be the solution and create an opportunity of controlling the pandemic. Still, the communication system was no participatory. The message flows from the top to down in the health organizations and rarely between the health centers and the stakeholders.

ምላሽ ሰጭ - ከመጀመሪያ ውጀምሮ ውጤቱ ውጤታማነበር። ግን በአንድ ቀን ውስጥ አይሳካም. ይህ በሽታ በአገራችንም ሆነ በውጭ አገር ጠፉ ማለት አይቻልም። የጤና ኤክስቴንሽን ፕሮግራም የምንሰጠው እኛ ብቻ አይደለንም። ሆኖም, አንዳንዶቹ አሉ ሄዝ ማራዘሚያ እና ግንኙነት ትን

የሚተገበሩ ብዙ የአለም ሀገራት። ናቸው አሁንም ወረርሽኙን መቆጣጠር አልቻለም። ምንም እንኳን ረድቶናል እና ምን ያስተምሩናል ወረርሽኙ የማያቋርጥ ሲሆን ጥንቃቄዎች መደረግ አለባቸው. ስለዚህ የማያደርግ ማንም የለም። ተመሳሳይ መረጃ ያላቸው እና የኮቪድ-19 ወረርሽኝን ይቆጣጠሩ። ከኋላው ያለው ምክንያት በ የመንግስት፣ የጤና ተቋማት እና የአጠቃላይ ህብረተሰብ እጅ። የትብብር ስራ ህብረተሰቡን ከአደጋ እንዲጠብቅ እና እራሱን እንዲጠብቅ ያስችለዋል። ወረርሽኝ. እዚህ ላይ፣ አሳታፊ ግንኙነትን መተግበር መፍትሄ ይሆናል እና ሀ ወረርሽኙን ለመቆጣጠር እድሉ ። አሁንም ቢሆን የግንኙነት ስርዓቱ አሳታፊ አልነበረም። በጤና ድርጅቶች ውስጥ መልእክቱ ከላይ ወደ ታች የሚፈስ እና አልፎ አልፎ ነው በጤና ጣቢያዎች እና በባለድርሻ አካላት መካከል

Thank you very much for the explanation you gave me!!!

ስለሰጠኸኝ ማብራሪያ በጣም አመሰግናለሁ!!!