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HEALTH AND NUTRITION COMMUNICATION PRACTICE AND STRATEGIES IN ETHIOPIA (ON THE EXAMPLE OF EAST GOJJAM ZONE, AMHARA REGION)

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This study intended to explore the health and nutrition communication practices and strategies utilized by Ethiopia's national nutrition programs in a real-world context. The examination focuses on the study area of East Gojjam zone, Amhara regional state. The central research question was: What communication strategies are used for communicating health and nutrition? A qualitative research approach was employed, rooted in a constructivist worldview and a case study design. Purposeful sampling was used to select interviewees, focus group participants, and documents, supplemented by field observation.

The research findings reveal the use of both mediated and non-mediated nutrition communication approaches. The collected data indicate that non-mediated interpersonal communication is dominant in East Gojjam zone, though its effectiveness is still developing.

Simultaneously, the national nutrition program employs mediated communication strategies, including print materials like posters, pamphlets, billboards, and brochures. They play paramount roles in addressing the purposes of nutrition communication strategies for the grassroots community thereof, to create awareness. These materials are intended to reinforce interpersonal communication.

Moreover, the study suggests a health and nutrition communication strategy that considers the local context, emphasizing the importance of strength training for health communication actors to adapt to various cultural settings and local resources. The research results reveal that effective health and nutrition communication in the study area requires integrating non-mediated and mediated strategies. Furthermore, based on the findings, the study recommends implementing participatory communication as central and advocates for a national nutrition communication policy.

Keywords: health communication, nutrition communication, communication strategy, Ethiopia.

Introduction. Ethiopia's health policy prioritizes prevention, with a primary healthcare system focused on disease prevention and health promotion (FMOH, 2005). The Health Extension Program (HEP) aims to transfer health-related skills and knowledge to households and communities, enhancing community health quality and prevention competencies. The HEP includes sixteen health packages, among which nutrition is given special attention through programs designed in 2008 and 2016. Nutrition is crucial for national development, as undernourished populations are at risk for communicable diseases, impacting their productivity [1]. Despite Ethiopia's agricultural productivity, regions like Amhara suffer from malnutrition, highlighting the need for effective nutrition communication strategies.

Effective nutrition communication strategies should identify and prioritize key behaviors, segment audiences, design messages based on scientific evidence, and reach audiences through significant channels involving community participation [2; 3]. Ethiopia's national nutrition programs (2008, 2013, 2016) serve as the guiding framework for nutrition activities, coordinated by the Ministry of Health [1].

Problem statement. Malnutrition, particularly in productive regions like the Amhara National Regional State, presents a paradox. This study focuses on East Gojjam zone, Amhara region, to investigate the community's perception and practice of nutrition communication, motivated by the region's high productivity and severe malnutrition issues. UNICEF reports [4] indicate improvements in chronic malnutrition, but under nutrition remains a significant cause of child mortality and economic development challenges in Ethiopia.

The Ethiopian government, in collaboration with NGOs, has formulated a national nutritional strategy to address food insecurity and under nutrition, with a multi-sectoral approach involving various committees and plans. However, there is a lack of comprehensive studies on nutrition communication strategies from a communication discipline perspective.

Relevance of the study. This study examines the practice of nutrition communication strategies and evaluates the effectiveness of communication between government/non-government entities and the community.

Methodology. This study adopted an interpretive paradigm to explore how research participants interpret their social world. According to Merriam [5], a constructivist or interpretive research paradigm is essential for understanding how study subjects perceive and understand the world. Grant and Giddings [6] support this, stating that the interpretative paradigm involves listening to and observing others. Creswell [7] further explains that interpretive research aims to comprehend the world by acknowledging that individuals develop subjective meanings for their experiences, which are directed toward specific actions, objects, or

things. Thus, rather than identifying a single reality, interpretive research recognizes multiple realities constructed by various people. These diverse meanings lead researchers to seek a complexity of views instead of narrowing meanings into a few categories. De Vos et al. [8] add that in interpretive research, participants actively interpret how they understand certain social issues. Consequently, this research employed an interpretive design to rely on participants' views regarding the perception and practice of nutrition communication. The application of this paradigm is based on the belief that participants are actively involved in all phases of the communication process.

A qualitative research approach was used to understand participants' descriptions and interpretations of their day-to-day experiences, eating behaviors, and perceptions of nutrition communication. Saldaña [9] asserts that qualitative research provides in-depth, detailed information that, while not necessarily generalizable, explores issues and their context, clarifying what, how, when, where, and among whom behaviors and processes operate. This approach describes in explicit detail the contours and dynamics of people, places, actions, and interactions. The justification for using a qualitative approach is to describe and interpret the lived experience from the inside out, focusing on the perspectives of those who participated in the study. The study aimed to examine the practice of nutrition communication rather than quantify the problem's severity or nutritional intake per calorie. The qualitative method is suitable for communication research when the goal is to understand the target audience's lifestyle, culture, motivations, behaviors, and preferences [10]. In health communication research, the qualitative method has become increasingly prevalent [11]. This research, composed of a series of facts on nutrition communication, seeks to reach a well-substantiated conclusion, making qualitative research pertinent for obtaining substantial findings.

To delimit the study area, the researcher focused on the East Gojjam zone of the Amhara region, selecting three woredas and nine kebeles from the 21 woredas in the zone. Interview respondents and focus group discussants were chosen because it is impractical to include all areas in a single study. Purposive sampling was employed, with a clear justification for selecting specific areas and participants. This non-probability sampling approach considers cases based on various criteria and situations to maximize sample variation [12] and relies on the researcher's judgment to select participants who can provide appropriate data [13]. The size of qualitative samples cannot be predetermined, but most studies find saturation with up to 50 participants.

Purposive sampling was used to select both the study areas and participants. The research areas were chosen because of the presence of non-governmental organizations' nutrition intervention projects and the high productivity of certain woredas in the East Gojjam zone. The district also has three agroecological zones (midland, highland, and lowland), with varying altitudes affecting nutrition problems differently.

Data was collected purposively from nine focus group discussions, each consisting of six to eight women from the local community in the three research sites: Deber Elias, Gozzamin, and Baso Liben. Additionally, 16 interviewees were health extension workers, three were nutrition experts from the woreda, two were officers from NGOs working on nutrition in the research area, and one was the nutrition program coordinator from the East Gojjam zone, totaling 22 interviewees.

A combination of data collection techniques was employed, including the researcher's observations, in-depth interviews, focus group discussions, and document reviews. Using a variety of tools enriched the study with adequate and relevant data. The interpretive research design enabled the researcher to view the issue from different perspectives, enhancing the credibility of the research outcome.

Formulation of the purpose and objectives of the article. The purpose of the study is to explore the health and nutrition communication practices and strategies utilized by Ethiopia's national nutrition programs in a real-world context. In order to achieve the purpose, the central research question is: What communication strategies are used for communicating health and nutrition in the East Gojjam zone, Amhara regional state?

Analysis of research and publications. Although, as previously noted, the health and nutrition communication in African countries remains an insufficiently explored area of study, some researches have investigated certain aspects of the topic. In particular, the scholarly works of such authors as C. B. Pratt,

I. Silva-Barbeau, C. A. Pratt, H. Robert, N. Danielle, T. Tanya, F. Shiferaw, M. Letebo, A. Misganaw, et al. have addressed specific dimensions of the issue.

Presentation of the finding. In the communication process, the target audience needs to be considered in terms of levels of literacy, language, cultural appropriateness, and the types of medium used. Under the umbrella of the national nutrition program, the East Gojjam zone has designed different tools to communicate the malnutrition problem to the target community. They mostly use home-based teaching and community-based teaching strategies. As a home-based teaching method, health extension workers move door to door to each farmer's residence and communicate nutritional issues. It targets infants less than two years of age while applying the community-based teaching method the health extension workers used traditional public gatherings, such as Ider, and Iqub. Besides, they have a special teaching program that addresses only pregnant and lactating women.

In addition to the above-mentioned personal communication strategies, health extension workers also employed mediated communication strategies. For instance, although it is feasible to design a teaching method in the form of a pamphlet and a film, the pamphlets are not descriptive; actors in the nutrition program do not understand the meaning of the leaflets. Leaflets are usually produced at the federal level and have the same content for all regions. Posting posters in each home is of little use to the community. Interpersonal communication and print media tools like posters, pamphlets, and brochures are widely used to teach the community about nutrition in the study area.

Interpersonal Communication Strategies

The collected data showed that interpersonal communication is the dominant communication strategy applied in the national nutrition program at the grassroots level. It was found that health extension workers provide health education to the community through door-to-door interpersonal communication. Interpersonal communication has been applied by the health extension workers or via opinion leaders. In addition to this, they communicate with members of the community through conference programs at the kebele level.

Communication is not held at a fixed schedule, rather wherever and whenever they feel, the members of the community are ready to learn about nutrition the health extension workers made themselves available and provided health education. Therefore, nutrition education is communicated through religious programs and local gatherings like 'Idir' (social help association); 'Ikub' (social financial issue gathering), and 'Mahiber' (Local associations) as well as at a local government meeting. The local gatherings are used as a means of bringing the community members and the opinion leaders together which is an important scene of the nutrition program. Concerning this, a health extension worker from Baso-Liben Woreda stated:

Traditional gatherings (public meetings) are crucial to getting community members together. Although some gatherings like 'Ikub' (a local financial gathering) were not established for health extension tasks, we are using them productively. Thus, at the time of 'Ikub' health extension workers attended the program and transmitted their nutritional and other health extension packages message to the members (HEW5P1; HEW4P2 and HEW5P2, personal Interview, December 2020).

Similar to the local micro-finance gathering setting, the health extension workers are very close to the community members to address the nutrition issues in other social and political meetings. According to a health extension worker from Debre-Elias Woreda, they teach the women during the infants' vaccination day and through development army group meetings at the health center.

We teach them at vaccination centers. Besides, we have the women's group development scheme. When we trained them for 13 days nutrition was one of the topics. Once they have taken that training, they also train around 30 members who are found under them. We the development group leaders gather them, and they gather their members. We create awareness during the meeting (HEW1P1; HEW9P2, personal Interview, December 2020).

Providing health extension services and health education at the grassroots level demands a high level of commitment from the health extension workers. Consequently, the service reaches the members of the community where they are set and brings good acceptance from the people. It requires their engagement and

preparation. Focus group discussants from three woredas appreciated the approach that health extension workers use to address conveying nutrition messages to the community. During a women's group discussion, a mother reflected on the importance of teaching women at vaccination centers if it is practical as follows:

We are willing to learn in vaccination centers, but no one has been teaching us. Often health extension workers start something but do not finish it. They only do one to five and one to thirty health army groups. However, it is not functional. Even the group is not constantly working on health issues, rather appropriate for political issues during the election (FGD3P6, Personal Interview, December 2020).

The paradox is that such understanding is different from what health extension workers refer to as their usual way of teaching the community. There has been a tendency to blame each other; health extension workers blame the women of the village for their lack of interest in accepting their education, while the women complain about the absence of dedicated professionals.

According to the interview conducted with the Gozamen, and Baso-liban Woreda nutrition officers, religious leaders also participate in identifying the participants in each village. They stressed that since most pregnant women prefer to give birth at home due to the misunderstanding of their religious tents, they demand that religious fathers teach the women that the religion does not prohibit giving birth at hospitals. Accordingly, religious fathers working with the health extension workers expressed that "wisdom is given for all by God" and thus modern medical services are from God. On the other hand, health extension workers pointed out that woman in the movement looks for health services during door-to-door orientation; thus, sometimes women participate in village health promotion discussions (HEW2P1, Personal Interview, December 2020).

From what is demonstrated above, which incorporates breastfeeding to children by mothers is advised for its invaluable benefit more than the food made for children. Even though the demonstration above has shown that it is most important to complement the meal, prepared adhered by as per to the communication strategy as mentioned by both community and health extension workers. The problem however is there is a shortage and lack of access to the basic ingredients and resources; to show it practically Sometimes health extension workers face a shortage of inputs. During such time, some of them expressed that they went to their homes and showed mothers how to prepare food with their resources (WO2, Personal interview, December 2020). It was evident the community had ample vegetables around their home. One of the health extension workers highlighted the situation as follows:

There is a meeting every month in the centers of the kebele access to every individual in the kebele. We have no demonstration inputs by which we can demonstrate. Even though we asked Wereda to give us the input, it was not willing to help us, we simply taught them orally (HEW2P1, Personal Interview, December 2020).

After the training, some women prepared porridge for their children. For instance, participants of the study's focus group discussion explained that they prepare nutritious food for a child by using a cereal mix. They said they usually use wheat, beans, maize, and soybeans. One of the participants from the group discussion stated such issues as follows:

After the training, we have got from health extension workers, in addition to porridge and soup; we also prepare food with a mix of eggs and milk. We start feeding our child after six months of age and we mothers eat dried meat, eggs, and vegetables. We have ample eggs at home, but we lose commitment to prepare it for the children (FGD1P2, group discussion December 2020).

Among the nutrition communication strategies, women favor demonstration as effective in understanding how to prepare balanced food for their children as it exposes them to direct observation of the process, allows them to be engaged with the preparations, and is more practical than theoretical. As mentioned, during the women's group discussion, a mother reflected on the importance of demonstration and its practice in their area as follows:

I purposely prepare food for a child once or twice a week if I get the time based on the training that I got from the health extension workers. The training is crucial for us (FGD1P3, group discussion December 2020).

The health extension workers also prefer demonstration nutrition communication strategy to other methods, such as going door-to-door, using traditional public settings, and nutrition counseling. For example, one interviewee among the health extension workers said:

We have tried to present demonstrations by taking some inputs from health centers [flour, oil, vegetables]. We have shown that for pregnant and breastfeeding mothers as well as development group leaders. However, this trend has not continued because of a lack of input. Even previously when they go back home after being taught nutrition, through our door-to-door check, we understood that seldom apply it (HEW2 P2, Personal Interview, December 2020).

Like that of the women, and health extension workers, the woreda nutrition officers also favoured employing demonstration nutrition communication strategy over others. Among the participants of the study interview from the Woreda nutrition officers, one stressed that it is not only the community but also zonal and Woreda health professionals who have a problem with nutrition understanding. In his words, he expressed:

We work on nutrition through demonstration. Demonstration of food preparation means showing mothers how they make food for their children. That can be done when they show up at health centers for vaccination or any other place of their convenience. Concerning additional food, we show them how different they can make food for their child. Based on what they were taught, how much carbohydrate protein, and other nutrients can be combined to make up a special food (WO1, personal Interview, December 2020).

During data gathering, the researcher observed that there is no feedback reserved from the community after they teach about nutrition. The most important parts of personal communication are characterized by strong feedback from the receiver of the information, and it is always a two-way process. Interpersonal communication involves not only the words used but also various elements of non-verbal communication.

Regarding nutrition communication strategies, generally, the national nutrition programs are still grounded in the extension mode of activities and do not seem to address issues beyond mere awareness creation. Consequently, understanding the context of the audience and advocating for behaviour change is still low (NGON1, Personal interview, December 2020). It indicates that the top administration seems reluctant to reach the community to bring behavioural changes required for malnutrition prevention (NGON3, Personal interview, December 2020).

As indicated in the implementation section of the research, the lack of coordination and cohesion among the top and lower actors of the national nutrition program leads to a misunderstanding of the reality on the ground. For instance, health extension workers while interviewed related to nutrition, mentioned that when they compiled and sent a report that showed the increase of malnutrition in their woreda. The health extension worker's boss has been blocking the report as they claim the woreda is highly productive and has strong agricultural production recognition rather than a report of malnutrition (HEW6P1 and HEW3P1personal interview December 2020).

On the other hand, the Woreda nutrition officers stressed that malnutrition was less likely to occur at the highly productive kebele level if kebele-level workers fulfilled their duties charged with appropriately organizing and reporting, the farmers' information related to production levels, nutrition habits, and living standards, upwards to the provincial and federal levels; if the reporting's gaps used to be resolved and well compiled, it could help identify the right interventions points (WO2, HEW3P1personal interview December 2020).

Furthermore, the informal collaboration between non-governmental and health extension workers at the zone and Woreda levels makes monitoring difficult, and partial and has led to a focus on monitoring inputs rather than outcomes since implementers of nutrition programs are in a position to do the former but not the latter (WO1, Personal interview, December 2020). Such information collaboration has also the potential to direct the establishment of equivalent checking structures to serve donors' reporting needs, which do not feed systematically into the regional and thus federal data systems (ZNO, Personal interview, December 2020).

One of the factors for the establishment of the informal collaboration could be that the Woreda and local-level officials have not been incentivized to coordinate across sectors, and in fact, may not be empowered to do so; it was relevant if the local levels organized just as at the ministerial level

(WO3, Personal interview, December 2020). The local levels of government may need a directive to stimulate formal collaboration.

As part of the personal nutrition communication strategies, enhanced community conversation is applied at the community level where productivity is not a problem while still there is malnutrition. Likewise, the East Gojjam zone is a very productive area compared to other zones in the region, and at the same time, malnutrition is exhibited (Zewudie, 2017). The specific problem here is that society buys non-nutritious food by selling their nutritional diets. For example, the farmers buy sugar cane for their children by selling eggs they produce on their yardstick (HEW5P2 and HEW1P1 personal interview December 2020). Thus, to address such misconceptions the application of enhanced nutrition communication strategies is vital aiming to raise the awareness problem the society lives with.

To effectively enhance community conversation, an integrated group has been formed from various actors. The group has been formed of one health extension worker, one agricultural expert, and one literate person from the community. This group started its role by offering training to the community they live in, and then they went out to organize other sub-sessions. Step by step the communication trickled down to a mother who might be somehow educated (WO2, Personal interview, December 2020). One of the health extension works mentioned:

We first train 18 people from each kebele after which they go down to train 1 to 5 development groups to reach every household. Once we do this, we may focus only on nutrition for pregnant and breastfeeding mothers because we can prevent the problem of children's failure to thrive by ensuring proper nutrition in the first 1000 days. When we do this, we believe we can somehow solve the problem. Pregnant women used to take counseling in health centers (HEW9P2, Personal interview, December 2020).

Furthermore, there are also nutrition counselling kind of nutrition communication strategies that aim to help the community understand important information about their health related to nutrition and that emphasize real-world activities and help to address nutrition needs. Moreover, the counseling underscores the benefits of behavioral change at the health post center (HEW7P2 and HEW8P2 personal interview December 2020). However, compared to other kinds of counseling, nutritional counseling is low in the research area. Despite such efforts, one of the health extension workers questions the effectiveness of the counseling. She said:

A mother should be advised to take at least one more type of food than what she regularly eats. We explain this when pregnant women come for a checkup. They also come to our center for vaccination of their child from 45 days up to the 15th month. We also expected to measure weight and tell the extension workers what it means so that they can be aware of the mothers, but in practice, mothers are not interested in coming to the health post (HEW1P2, Personal interview, December 2020).

As it is noted above, some health extension workers in Baso-Liben woreda, expressed that they cannot change the community's feeding habits using the traditional way of communication that they have employed for years.

During observation of the health extension workers' training process, the researcher witnessed that the communication skills of health extension workers, in terms of the contents of nutrition counselling were poor. The major shortcomings faced by the extension workers' skills have been demonstrated in their ability to communicate truthfully, frankly, and sincerely, whereas the communication (verbal and non-verbal modes), includes health extension workers' personal information, thoughts, and feelings. Thus, the lack of effectiveness emerges not only from the communication strategies the actors employed but also from the personal communication skills of the health extension workers. Besides, the communication approach is one-way and from top to down approaches. Accordingly, the message developed in the center at the ministerial level is transferred to the community through the health extension workers. Generally, the information flow and the decision were from the top toward the low-level receivers.

Print Media: Posters, Pamphlet, Billboard, and Brochures

In the preceding section, it has been presented the findings that focus on personal nutrition communication strategies. Henceforth, the data findings that dealt with other nutrition communication strategies in a mediated method would be stated here. With this fact in mind in addition to interpersonal

communication, the national nutrition program uses educative communication materials, such as posters, pamphlets, billboards, and brochures.

Among the interviewees, the East Gojjam zone nutrition coordinator gave the responses that posters and billboards have been used and played paramount roles in addressing the purposes of nutrition communication strategies for the grassroots community thereof, to create awareness. These materials are preferable as they are produced with a picture that supports the practical preparation of nutritional foods to be served to both children and pregnant women.

During the whole interview session, the health extension workers noted that print media has been used as a means of conveying nutrition-related messages. The print materials have been prepared by the top-level government bodies, the project facilitators, and non-governmental organizations. The health extension workers stated that they distribute the printed materials to pregnant women, mothers who have children under the age of two years, and opinion leaders (HEW5P2, HEW8P2 Personal interview, December 2020).

In brief, during the whole interview session, some of the health extension workers said that the contents of the print media are not transparent unless the society can read and write (HEW5P2, HEW7P1, Personal interview, December 2020). However, some other health extension workers highlighted that the pictured print media are helpful for education and easy to understand as most of them consist of vivid graphics and sketches of the activity and the procedures of preparing better food to feed children, lactating, and pregnant women (HEW9P2, HEW4P1, Personal interview, December 2020).

One of the participants in the interview highlighted the gaps pervasive in some of the common, who can understand visual aids, such as posters and pamphlets comparing them with interpersonal communication. The interviewee expressed the issue as:

Posters are good communication materials, but they can only be read by literate people. In our kebele, only very few people can read and write. Even if a poster is read by someone, he/she mostly does not bother to tell others about it or forgets to tell them. Therefore, door-to-door communication by the health extension agent is good, because everybody can easily understand what is said and can ask them if something is wrong with the poster/brochure (HEW8P3, Interview).

Furthermore, to this argument, from those who magnify the negative side of print media, one of the health extension workers also mentioned that print media such as posters is not imperative to address rural people who lack the opportunity for education. She stated this as follows:

Posters are not useful much to those who are not educated. Posters are considerate of only literate people. They only serve for show. The posters deserve for the people, but people cannot read them. Even though they do not read the content of the posters we just require them to apply what they have at home and that has eased the problem ((HEW1P2, Personal interview, December 2020).

In addition to the above concerns, Woreda's nutrition expert stated the following:

The posters are very important to illustrate the process and the ingredients in performing cooking demonstrations. The limit of the words, the sketches of the message, and others are easily comprehended. Nevertheless, the contents and the language of the posters are not relevant to the local people. They do not consider the available inputs at the grassroots level (WO2, Personal interview, December 2020).

The researcher also observed that the print media with pictures, which show nutritional food ingredients and how to prepare food for their children, are available in most households. While preparing the nutrition concerning the published materials by the Ministry of Health and its stakeholders, they fail to consider the local beliefs, ingredients access, and contexts. First of all, the print materials are not clear to the target community as their content is not easily accessible to the community and using it at home. The food ingredients produced in that specific area sometimes cannot be aligned with the ingredients specified by the ministry. Hence, they stated that it is just used as an initial description, not as the main instrument to communicate nutrition. Similarly, the Woreda health office mentioned that the print media are not satisfying their interest, too.

Those who prepared the posters did not consult with us, and we never gave feedback. They are needed for project action, not for project design. Therefore, the evaluation by itself is on the outcome not on the means of communication. If there is a poster, the evaluation on how many posters I have distributed. When others are evaluated on demonstration of food preparation, it is based on how many shows you have made and how many participants have seen the demonstration. We do not evaluate how effective the poster is. Even if we give them comments, they just tell us to distribute it as it has already been published (WO1, Personal interview, December 2020).

From the non-governmental organization's health officers' perspectives, the importance of the print media should consider the community at the grassroots level. Regarding this, one of the NGO health officers working in the research area focused on the theoretical concepts of the print media importance, not the real role can play in the rural community in experiencing nutritional food. He stated as:

Posters are most of the time published at the federal level. Some of them make life simple if we use them properly and wisely. When we advise at the Wereda level there are things we miss but when we use posters, we don't miss our point. The nutrition we advise for different children of different ages is not the same. The posters make it easy to explain all kinds of pictures to different children. We distribute the posters to all kebeles unless there can be a failure to learn from them (NGON1, Personal interview, December 2020).

Generally, concerning the question of what strategies of communication are preferred and shall be considered as important, most of the respondents of this study Favor interpersonal communication as the community is rural-based and less educated. For example, health extension workers' face-to-face addresses are seen as an easy means of exchanging ideas related to nutrition with the community, while print media are considered as difficult for the community to understand the issues of nutrition easily. Furthermore, some focus group discussion participants from the target community of this research prefer to own radio rather than printed material; however, they could not afford it. Even on the limited radio channels, there are no programs that broadcast on the concerns of food, malnutrition, nutritional food preparation, and, the general home economy. In the interview, some of the health officer participants indicated that the community's skepticism has been one of the factors that prohibited bringing behavioral change towards malnutrition and its impact on children. They considered that the level of information or knowledge provided by the health extension agent to the community was not sufficient to change their behaviors.

Event through poster is a written communication tool that is generally visible to the community, the message to be received by the community is not usually illustrated. The most important feature of print media is to attract the attention of everyone interested. For this reason, print media, such as posters contain visuals like such as photographs and pictures rather than written text. However, the picture of the food pictured in the print media is not available in the selected research area. National nutrition program stakeholders particularly the health extension workers in the research focus areas informed that the variety of communication strategies used to reach communities had been not successful in reaching a much wider audience with the nutrition messages.

Discussion

Non-Mediated Communication Strategies

Non-mediated communication typically occurs through face-to-face interactions, without the use of any medium for message transmission. This study's findings align with Piotrow et al. [14] who emphasize the importance of interpersonal communication in health issues and further confirm that interpersonal nutrition communication is particularly effective in addressing the nutritional problems of illiterate communities. In the East Gojjam zone, non-mediated communication is prevalent for discussing nutrition, though its effectiveness is still developing.

Health extension workers in East Gojjam zone engage in community-based teaching, utilizing local contexts such as traditional public gatherings, including 'Idir,' 'Iqub,' and 'Mahiber.' This approach resonates with Dorsey [15], Parker and Thorson [16], who highlight the importance of community ownership

and participation in health communication. Schiavo [17] also underscores that community-based communication forums, such as schools, workplaces, and local associations, are effective in nutrition communication. Despite these efforts, the genuine community-based participation advocated by Servaes [18] is not fully realized.

In rural areas with limited access to mass media, interpersonal communication is a suitable strategy for health issues. Donné et al. [19] found that interpersonal communication among friends, families, or peers can increase knowledge and promote healthier lifestyles, aligning with the Health Belief Model [20]. Various local community groups, such as community conversation groups and women's development groups, also play a role in health communication through non-mediated approaches [21].

Interviews, focus group discussions, and document analysis indicate that non-mediated interpersonal communication is the dominant strategy in the East Gojjam zone's national nutrition program. Health extension workers primarily use door-to-door communication, which is affordable and compatible with rural settings. Interpersonal communication is favored because it utilizes all senses and enables effective communication [14].

Due to low literacy levels among rural mothers, complex messages from mass media are challenging to understand, necessitating proactive interpersonal communication [22]. Health communication practitioners must consider the literacy levels and media habits of their target audiences [23]. Interpersonal communication remains crucial in illiterate communities [14].

Health extension workers also use opinion leaders, such as members of the district health army, education army, agriculture army, and religious leaders, to disseminate nutrition messages. However, these opinion leaders have not been as effective as expected, falling short of the participatory communication principles [24]. Health extension workers also hold conferences at the kebele level, similar to findings from Asegdew (2012), Asemahgn (2012), and Haimanot (2012), which highlight the reliance on interpersonal communication in health programs.

Cooking demonstrations are another non-mediated communication strategy used by health extension workers in collaboration with agricultural agents. These demonstrations, focusing on preparing food for children, align with the principles of the nutrition communication model [25] and involve direct community participation [18]. Cooking demonstrations have proven effective in teaching nutritional concepts and cooking skills [26].

Despite the use of various non-mediated communication strategies, the national nutrition program's focus remains on awareness creation rather than addressing deeper issues, contrary to the Health Belief Model's emphasis on perceived threat and action [27]. Effective community participation requires integrated multi-sectoral coordination, which is lacking. The current top-down communication approach contradicts participatory communication principles [28].

Folk media, though effective in expressing community convictions regarding nutrition, is underutilized by health extension workers in the East Gojjam zone. These media should be incorporated into health communication strategies. But the importance of folk media in health communication is not emphasized in the study area.

In summary, while non-mediated communication strategies are valuable in exchanging ideas and addressing nutritional issues, their implementation in the East Gojjam zone is limited. Interpersonal communication remains dominant, but participatory communication is not sufficiently practiced, and folk media is underutilized.

Mediated Communication Strategies

Mediated communication involves the use of information technology, requiring technical expertise to operate the mediating technologies. The study indicates that no single communication approach effectively addresses the complexities of nutrition communication. Gavaravarapu and Pavarala [29] suggest that diverse perspectives and dialogical engagement are necessary for effective communication.

The national nutrition program employs various mediated communication strategies, including print materials like posters, pamphlets, billboards, and brochures. These materials are intended to reinforce interpersonal communication. However, in developing countries, print media may be limited in transmitting public health information. In Ethiopia, print media is not highly effective in rural areas due to low health literacy [30; 31]. The study observed that print media with pictures and graphics are available in households, but their content often fails to consider local contexts. As a result, these materials are not widely used for nutrition communication. Posters and pamphlets can be effective if they use simple images [32] and are contextually appropriate.

Interpersonal communication is preferred in rural communities due to low literacy levels [26]. Health extension workers find face-to-face communication easier and more effective than print media. However, radio, a preferred medium, is not widely accessible. Limited radio channels do not adequately address nutrition issues [33].

Selecting appropriate communication channels is crucial. Participatory communication promotes dialogue and interaction [34]. However, in the East Gojjam zone, participatory communication is not practiced effectively. Both the community and health extension workers lack participation in designing nutrition messages.

Conclusion. In the East Gojjam zone, non-mediated communication strategies such as interpersonal communication, public gatherings, door-to-door promotions, and cooking demonstrations are employed to address nutritional issues. Despite gaps in implementation, these strategies are more effective than mediated communication.

Interpersonal communication is favored due to low literacy levels, making complex mass media messages difficult to understand. Mediated communication strategies, including print materials, are used but often fail to consider local contexts. Folk media, despite its potential, is not emphasized. Participatory communication is lacking, with a top-down approach prevailing.

Overall, effective communication in East Gojjam zone requires integrating non-mediated and mediated strategies, emphasizing participatory approaches, and considering local contexts and literacy levels.

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ПРАКТИКА ТА СТРАТЕГІЇ КОМУНІКАЦІЇ З ПИТАНЬ ЗДОРОВ'Я ТА ХАРЧУВАННЯ В ЕФІОПІЇ (НА ПРИКЛАДІ ЗОНИ СХІДНОГО ГОДЖАМУ, РЕГІОН АМХАРА)

Це дослідження мало на меті вивчити практику та стратегії комунікації з питань здоров'я та харчування, що використовуються в національних програмах харчування Ефіопії в реальному контексті. Робота зосереджена на досліджуваній території зони Східний Годжам, що в регіональному штаті Амхара. Центральним питанням дослідження було таке: Які комунікаційні стратегії використовуються для інформування про здоров'я та харчування? Було застосовано якісний дослідницький підхід, що ґрунтується на конструктивістському світогляді та case study дизайні. Для відбору респондентів та учасників фокус-груп, а також документів використовувалася цільова вибірка, доповнена польовими спостереженнями.

Результати дослідження виявили використання як опосередкованих, так і неопосередкованих підходів до комунікації щодо харчування. Зібрані відомості свідчать, що в зоні Східного Годжаму домінує немедіаційна міжособистісна комунікація, хоча її ефективність все ще розвивається. Національна програма харчування використовує стратегії медіаційної комунікації, зокрема друковані матеріали, такі як плакати, буклети, білборди та брошури. Вони відіграють першочергову роль у досягненні цілей комунікаційних стратегій з питань харчування, спрямованих на підвищення рівня обізнаності населення. Ці матеріали призначені для посилення міжособистісної комунікації.

Крім того, дослідження пропонує стратегію комунікації з питань здоров'я і харчування, яка враховує місцевий контекст, підкреслюючи важливість тренінгів для суб'єктів комунікації з питань здоров'я, щоб адаптуватися до різних культурних умов і місцевих ресурсів. Результати дослідження показують, що ефективна комунікація з питань здоров'я та харчування на досліджуваній території потребує інтеграції медіаційних та немедіаційних стратегій. Крім того, на основі отриманих результатів дослідження рекомендує впроваджувати партисипативну комунікацію як центральну та виступає за національну політику комунікації з питань харчування.

Ключові слова: комунікація з питань здоров'я, комунікація з питань харчування, комунікаційна стратегія, Ефіопія.