Abyss. J. Bus. Soc. Sci. Vol. 1, No. 1, 2016, 7-16

Abyssinia Journal of Business and Social Sciences

Unmasking the Missing Links in the Discourses of HIV/AIDS Prevention and Control Policy on the Ground in South Wollo, Ethiopia

Abate Getahun*

Department of English, Wollo University, Dessie, Ethiopia

ABSTRACT

Although the whole globe declared war against HIV/AIDS for the last three decades, it has been still infecting and affecting adolescents mainly in sub-Saharan African, including Ethiopia. As a result, it was estimated that over 30 million people were died of HIV/AIDS for the last 30 years up to 2010 in the world. Therefore, this study unmasked the missing links in the Discourses of HIV/AIDS Prevention and Control policy on the ground. To unpack the problem, pragmatic paradigm, mixed research design, and methods were employed. Data were collected in the natural settings of Dessie zuria, Kutaber and Tehuledere districts in south Wollo by using both qualitative and quantitative data gathering techniques. The analysis was done on emerging and existing discourses in connection with Knowledge, Attitude and Practice/Skills (KAP**),** Abstinence, Be faithful and Condom use **(**ABC) and People Living with and HIV/AIDS **(**PLWHA). Moreover, risks posing social practices were given meticulous attention to unpack the subtle power and KAP differences gearing towards the emerging discourses which have been enacted, inculcated, reproduced and consumed in the society. The overall results revealed that there were lacks of potent communication effectiveness in bringing realistic changes in behavior towards sexuality, HIV/AIDS, ABC&PLWHAs. Therefore, pragmatic social vaccines of HIV/AIDS should be designed and implemented through life skills trainings to assure Zero new HIV related infection, Zero HIV/AIDS related discrimination and Zero AIDS related death.

***Keywords*:** ABC, Critical Discourse Analysis, KAP, PLWHA, Pragmatics & Communication

INTRODUCTION

When AIDS first emerged, no one could have predicted how the epidemic would spread across the world and how many millions of lives it would change. There were no real ideas what caused it and consequently no real idea how to protect against it. As a result, with its blurred picture, HIV/AIDS was spreading in all corners of the globe unevenly. Virtually, there are no areas that have not reported cases of HIV/AIDS. Nonetheless, the worst affected region is Sub-Saharan Africa. In other words, Ethiopia is one in the sub-Saharan Africa hardest hit by HIV/AIDS(Singhal and Rogers 2003).

Even, presently, after 30 years, the risk and vulnerability factors of HIV/AIDS are still blurred and affecting quality of education and university-industry linkage alarmingly. HIV/AIDS creates heavy social pressure on families and communities. It has psychological stress on those who are living with the virus since it has no protective vaccine or medicine against it.

*Corresponding Author.
E-mail: abate6565@gmail.com

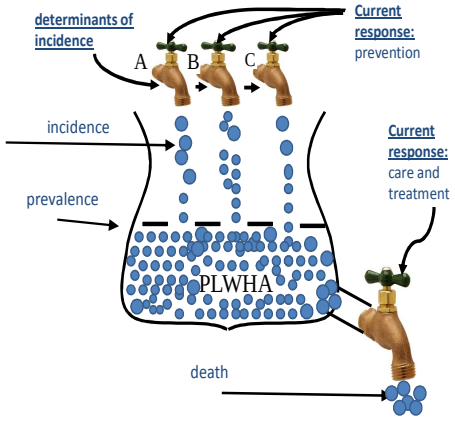

Figure 1: Determinants of Current Incidence, Prevalence, and Prevention

According to Figure 1, although Ethiopian Government, NGOs and partners have identified and produced many strategies on how to prevent and control the HIV/AIDS pandemic, large bodies of the prevention and control discourses appeared to be nominal and superficial. Ironically, dozens of

adolescents who seem to have higher knowledge of HIV/AIDS preventions and control are still found infected and infecting with the HIV pandemic. As shown in the three pipe foists (A, B, C) which symbolize current prevention mechanism are loose and leaking as seen drops in the Figure 1. This is because these intervention discourses did not seem to be designed in line with the specific language and culture of the consumers rather they were copied or adopted to yield results in barren contexts. Pragmatically speaking, it might be due such loopholes the community resisted or contested the experts/technocratic knowledge. Likewise, the authorities and experts ignored the local, subjugated and delegitimized knowledge. As a result, the HIV/AIDS pandemic remain affecting and infecting mainly the productive sections of school adolescents. More specifically, 'reinforced and fueled by the discriminatory discourses:

- **HIV/AIDS** still threatens the productive generation in Sub Saharan Africa unlike anywhere else in the world; erodes productivity and quality of education due to loss of skilled human power; reverses life expectancy; erases development and aggravates poverty.
- **Poverty** again facilitates the transmission of HIV; makes adequate treatment impossible to afford; makes the adolescent vulnerable to HIV infection in the name of survival sex.

Hence, Ethiopia, being one of the Sub-Saharan Africa, has received the brunt of the pandemic. The national HIV prevalence for the year 2010 was 2.4 % (7.7 % for urban and 0.9% for rural area) and a total of 1,216,908 adults and children were living with HIV. In 2010, there were an estimated 137,494 new HIV infections (Ministry of Education, 2012).

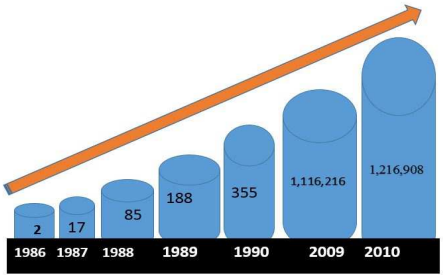

Figure 2: Magnitude of HIV/AIDS in Ethiopian
Source: AAHAPCO (2009) and Ministry of Education (2012)

As depicted in Figure 2, fully aware of this dreaded disease, we should have designed HIV/AIDS prevention policies, programs and packages as per the pragmatic realities on the ground. The major causes of these discrepancies were still blurred to address them routinely. So, it makes sense to conduct research to unmask this research problem scientifically using Critical Discourse Analysis (CDA) and other pragmatic lenses in line with the leading questions presented below:

1. To what extent quality of education is thwarted by the HIV/AIDS?
2. Why do we fail to attain Zero New HIV infections, Zero HIV/AIDS Discrimination and Zero AIDS related death after 30 years of struggle?
3. Why do some people still employ discriminatory or polarizing discourses and practices towards PLWHAs?

THEORETICAL AND CONCEPTUAL FRAMEWORKS

Linguistic analysis refers to the scientific analysis of language. It can also be used to describe the unconscious rules and processes that speakers of a language use to create spoken or written language (Ramsay, 2008).

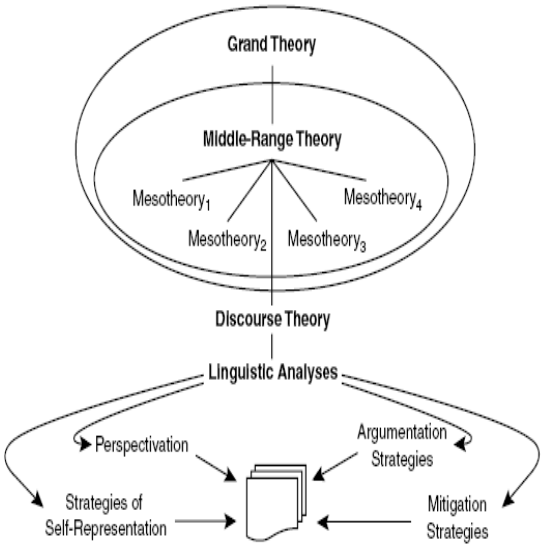

Figure 3: Levels of Theories and Linguistic Analysis
Source: Wodak, (2001) and Weiss & Wodak, (2003)

According to Wodak (2001), levels of theories and linguistic analysis (Figure 3), is based on a concept of 'context' which takes in to account four levels:

a. The immediate, language or text internal context;
b. The intertextual and interdiscursive relationship between utterances, texts, genres and discourses;
c. The extra linguistic social/sociological variables and institutional frames of a specific 'context of situation' (middle range theories);
d. The broader sociopolitical and historical contexts, which the discursive practices

are embedded in and related to ('grand' theories).

This study is not anchored to a single specific theory or model. Moreover, since CDA has no a specific direction of research, it does not have a unitary theoretical framework (Van Dijk, 1998), and due to the indirectness and context-dependency of the HIV/AIDS stigma and discrimination, an integrative theory and methodology will be employed by combining Pragmatic Theory and Discourse Analysis Theory.

According to Akmajian, et al. (2004) and Wodak (2007) pragmatics is the study of language use and its relations to language structure and context of utterance especially when the actual words used may appear to mean something different. The in-depth critical discourse analysis which deconstructs the inferred and indirect linguistics devices and explicit utterances turn to theories in pragmatics to systematically detect and analyze the hidden meanings which appear as conversation clues (Wodak, 2007; Dornyei, 2007).

DISCOURSE ANALYSIS

"Life is a constant flow of discourse-of language functioning in one of the many contexts that together make up a culture" (McCarty et al., 2002). The three-dimensional conception (framework) of discourse is represented diagrammatically below.

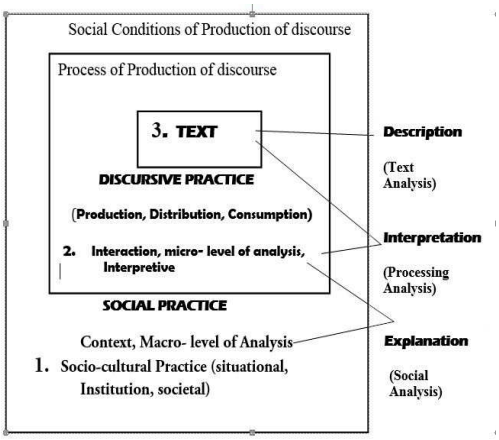

Figure 4: The Three-Dimensional Framework of Discourse Analysis
Source: Fairclough, (1989) and (1992)

As presented in figure 4, d**iscourse-as -text** is made up of forms which past discursive practices, condensed into conventions, has endowed with meaning potential. The meaning potential of a form is generally heterogeneous, a complex of diverse, overlapping and sometimes contradictory meanings so that texts are usually highly ambivalent and open to multiple interpretations. Discourse-as -Text deals choices and patterns in vocabulary, grammar, and cohesion and text structure that has utilitarian purpose to get things done and social purpose.

Discourse –as-Discursive Practice/ Micro-Level Discourse Analysis: usually involves analysis of communications and detailed study of language in use which tends to be concerned with the techniques and competencies involved in effective and ineffective conversation (Van Dijk, 1998 and Wodak, 2002). If the sender ignores the needs, interests, values and communication potential of the receiving group, or if the receivers do not trust, attend to, and understand the sender, it is more likely that the campaign will fail since there is no effective communication (Mandal, 2007). According to Gudykunst and Yunkim (2003), effectiveness is a function of professional expertise, adaptation and intercultural interaction. As them, people who are effective in communication with strangers do not use the perspective of their own cultures when interpreting the behavior of strangers. Rather, effective communicators use a 'third culture perspective'. Hence managing our relationship with ourselves and others is essential as presented in Figure 5.

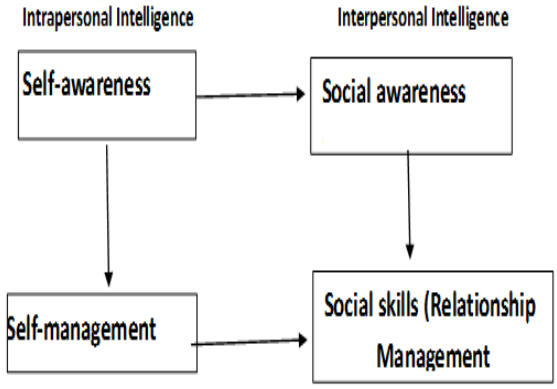

Figure 5: Managing our Relationships with Ourselves and Others
Source: Bowkett & Percival (2011)

As briefly presented in Figure 5, we have been taught to restrain, ignore or hide our desires and fears from birth. We are advised on how to arrest our feelings and emotions mainly when it is related to sexual issue. This appears to be a stumbling block for communication effectiveness. According to Griffin (2006) and Sparrow and Knight (2006), a lot of interferences are unconscious**.** Hence, an early part of the process of dismantling interferences will be bringing them into conscious awareness**.** As shown in the Figure 6, combination HIV Prevention interacts causes of HIV Risk and Vulnerability. It was designed to assure the global vision which says, "Zero new HIV infections, Zero HIV/AIDS related discrimination and Zero AIDS related deaths in the MGD-2015." (UNAIDS, 2010) by using this combination.

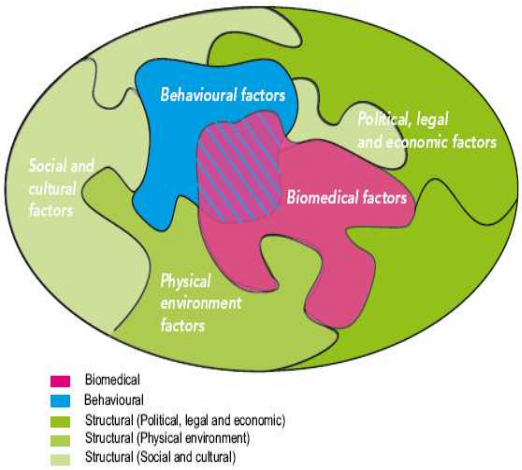

Figure 6: Combination HIV Prevention: Interacting Causes of HIV Risk and Vulnerability
Source: UNAIDS (2010)

As portrayed in figure 6, this strategy combines behavioral, biomedical and structural discourses to mitigate the HIV/AIDS pandemic from three broad fronts. This strategy was assumed to addressee previous gaps by combining behavioral, biomedical and structural strategies which were used in the disintegrated manners.

The first gap dealt with the behavior change intervention strategy which still focuses on analyzing and explaining how change occurs at different levels on the following four flawed assumptions:

a. All individuals are capable of controlling their context.
b. All persons are on an 'even playing field'.
c. All individuals make decisions on their own free will.
d. All individuals make preventive health decisions rationally. Why would one logically put one's life in danger by engaging in unsafe behaviors?

These four flawed assumptions seem to be internalized in the minds of many health professionals, researchers and technocrats in Ethiopia because of the indoctrination of IEC/BCC materials or other seductive and coercive western discourses/ practices (Prybylski 1999; Goldberg, 2007**)**. Thus, pragmatic combination of HIV/AIDS prevention is essential. In doing so, the first one is traditional singers, mourners, influential cultural leaders, and other gatekeepers who should be given front seats together with their riddles, proverbs, songs, metaphors, love and sex songs and other natural discourses. The intervention discourses should be cross fertilized and renovated in line with context based peer education, life skill training, and community conversation, youth dialogue and edutainment.

The second one is **biomedical intervention strategy**. It is a medical approach to prevent and control HIV infection. "The medical model has been around for many centuries and is based on the assumption that poor health is a physical phenomenon that can be explained, identified, and treated with physical means" (Schiavo, 2007). Therefore, the biomedical model does not take into account the person's psychological conditions, individual and social beliefs, attitudes and norms, or other factors that can affect health and illness (Bardran, 1995; Glanz, et al., 1997). As a result, communication efforts that are based on this model tend be informative, strictly scientific, doctrinarian, authoritarian and top-down approach. It lacked empathy with the patient or target audience's feelings and social experiences. Furthermore, the biomedical intervention strategies failed to combine the biomedical with bio-cultural lenses to bridge the above gaps (Thomas, 2006; Singh & Nayak, 2009).

The third one dealt with **structural intervention strategy**. It was designed to implement or change laws, policies, physical structures, social or organizational structures or standard operating procedures to affect environmental or societal change. This approach focuses on the reduction of the risk and vulnerability factors that impair the ability of individuals and communities to avoid HIV infection; which will have great contribution to curb or halt the spread of HIV (Glassman & Hadad, 2009). However, it tends to consider socio-cultural norms and deep-rooted beliefs and practices as fueling factors that increase vulnerability to HIV/AIDS. This strategy ignores the roles of language to curb the HIV/AIDS Pandemic. Moreover, it says nothing about the renovation and harnessing of risk posing sexual and social practices with the full participation of the consumers at the grass root level. It also for grounded individualities relegating social practice like, trans-generational or transactional sex which are largely practiced due to fuelling and erotic discourses that are stemmed from peers, pimps, and brokers. Thus, such gaps should be pragmatically addressed for effective HIV/AIDS prevention and control.

Discourse –as-Social Practice/Macro level:

a. Deals with discourses that are being represented, re-spoken, re-written and shed light on the emergence of new orders of discourse against normative ones.
b. Unmasks the ideological effects and the hegemonic processes in society.

c. Deconstructs or unravel taken-for-granted assumptions, understand what these assumptions might mean for individuals and wide society by raising "ontological" and "epistemological" questions to reveal the hidden motivation behind the discourses such as "*Yebsebese Zinab Ayferam" or* "The one who is socked does not mind getting wet".

Very briefly, deconstructing such kinds of concepts, belief-systems or generally held social values and assumption to explore shortcomings, unacknowledged agendas, and motivations reveal what is going behind the discourses (Singhal & Rogers, 2003).

RESEARCH METHODOLOGY

Prominent scholars recommended, "adopt a pragmatic approach and feel free to choose the research method you think will work best in your inquiry" (Dornyei, 2007). This is because a pragmatic approach is a mixed research approach from which the quantitative research will offer a structured and highly regulated ways of achieving "a macro-perspective of the overarching trends in the world", whereas qualitative research will be perceived to represent a "flexible and highly context- sensitive micro-perspective of every day realities of the world" (Cresswell, 2009). Likewise, "there are two broad approaches to pragmatics: a cognitive-pragmaticists and a social-pragmaticst". 'Cognitive-pragmaticists' are primarily interested in exploiting the relations between the decontextualized linguistic meanings of utterance, what speakers mean by their utterance on given occasions, and how listeners interpret those utterance on those given occasions (Spencer-Oatey & Žegarac, 2002). 'Social-pragmaticists', on the other hand, tend to focus on the ways in which particular communicative exchanges between individuals are embedded in and constrained by social, cultural and other contextual factors. The two approaches tend to use different research paradigms and methods. The social pragmatics tends to take an empirical approach, and emphasizes the collection of pragmatic data, partly for descriptive purpose. The 'cognitive-psychological tradition', on the other hand, is less concerned with large scale data collection, and instead tends to theorize from specific examples of communicative utterance (Spencer-Oatey & Žegarac, 2002).

Sampling, Data Collection and Analysis Technique: The first quantitative data gathering instrument was documentary analysis. According to Ulin, et al. (2002), documentary sources include health education materials, packages, programs, newspapers stories, radio and television shows, magazine advertising, billboards, school materials (for example, Health education curricula), religious writings, sermons, personal journal, dairies, and population songs and the like. So, the existing documents that show lists of members, diaries of PLWHA and other documents that show popular norms, cultural values and beliefs, and people's hopes, fears and triumphs all can be found in materials they have created to express different aspects of their lives.

In order to triangulate the results obtained using quantitative methods**,** this research paper employed qualitative methods such as key informant interviews, and focus group interaction/discussion. It is believed that different methods can provide useful complementary information and perspectives which help to ensure 'triangulation' (the use of two or more different methods focusing on the same research questions so that complementary and converging data may be obtained and that the conclusions can be more robust (Gay, et al., 2009). Before conducting a CDA, the researcher will make different analyses to get baseline descriptions on the data. The first one is content analysis in the documents, the second interview interactional analysis, the third conversational analysis, the fourth narrative analysis and finally Critical Discourse Analysis was employed on different coded extracts as recommended by Fairclough, (1989) and Blommaert, (2005).

Research Setting: Amhara Region, South Wollo: The setting of this study, South Wollo, is one of the ten zones of the Amhara region. It is located 401 kms North of Addis Ababa on the way to the Tigray Regional State. From South Wollo, three districts were purposefully selected. These were Dessie zuria, Kutaber and Tehuledere districts. The first is Dessie zuria which is urban-rural district and shared Dessie town as its main city. Kutaber is the second research area which again located 20 kms away from Dessie, and Tehuledere district is again found 30 kms away from Dessie.

These three districts were selected by using purposive sampling technique on the basis of the following four criteria: (a) the availability of sufficient information (b) the possibility of getting a good mixture of suburban, urban and rural population (c) accessibility to collect the necessary data. This is to mean that all these three districts are physically and bureaucratically accessible to the researcher to collect data and (d) familiarity of the researcher with the areas since the researcher is from that region and currently working in that area. From the above sources of data, more specifically the following data sources or samples were again selected:

- ✓ **PLWHAs** in Kutaber (Addis Alem PLWHA), Tehuledere (Haik PLWHAs) and Dessie zuria (Mekidim Ethiopia, Dessie Branch)
- ✓ **HAPCO workers** (Kutaber)
- ✓ **HEWs**-Health extension workers from each of the three districts

RESULTS AND DISCUSSION

Quality of education has been thwarted by the HIV/AIDS pandemic: The first leading question says, "To what extent quality of educations are thwarted by HIV/AIDS?" The following two Tables (1 and 2), show the live data in Kutaber district, Addis Alem PLWHA Association.

Empirical Evidences on the ground from 2011-2012: Addis Alem PLWHA Association is one of the PLWHA associations in South Wollo, Amhara Administrative Region. As it is shown in the Table 1, it has more than 305 active members though many people who are living with the HIV/AIDS are concealing themselves fearing the harsh stigma and discrimination of the society.

Table: 1 Kutaber Addis Alem PLWHA Association Members

	Ages	Male	Female	Total
Adolescents	<10	4	7	11
	10-14	7	12	19
	15-18	18	41	59
	19-29	17	51	68
	Total	**46 (30%)**	**111 (70%)**	**157 (100%)**
Adults	30-45	56	82	138
	>46	3	7	10
		107	**198**	**305**

Source: Kutaber Addis Alem "PLWHA" Association office, May, (2011)

Table 1 reveals that 157 persons have HIV/AIDS within10-29 age brackets. Of whom 70% was female "PLWHAs" whereas male "PLWHAs" were 30%. This finding indicated that female adolescents have taken more than twice of the HIV/AIDS infection in Kutaber district. This Table (1) further indicates that the highest infection is found between 15-29 years of old. It is 127 out of 157 PLWHAs. This implies that HIV/AIDS has seriously infecting and affecting the productive section of the society. As to Table 2 of 440 PLWHAs, 261(60%) were female which implied that females have been infected and affected by the HIV/AIDS pandemic more than males.

Table: 2 Kutaber Addis Alem "PLWHA" Association Members

	Ages	Male	Female	Total
Adolescents	<10	33	41	74
	10-14	35	37	72
	15-18	25	9	34
	19-29	19	71	90
	Total	**112 (41.5%)**	**158 (58.5%)**	**270 (100%)**
Adults	30-45	57	92	149
	>46	10	11	21
		67	**103**	**170**
Rate of Increment		**179 (40.68%)**	**261 (59.32)**	**440**

Source: Kutaber Addis Alem "PLWHA" Association office, May, (2012)

As to Table 2, many female adolescents (158 or 58.5%) have been living with HIV/AIDS whereas112 (40.5%) males have been living with HIV/AIDS. When it is compared with the previous year (May, 2011), male "PLWHAs" were 46(30%) and female "PLWHAs" were 111(70%) making a total of 157 "PLWHAs". As to May, 2012 data, male "PLWHAs" were 112(41.5%) and female "PLWHAs" were 158(58.5%) which makes a total of 270.There was an increment of 113 "PLWHAs". The data indicated that the number of "PLWHAs" in the pre- and age brackets increased from 157 in 2011 to 270 in 2012.

The second leading question says, "Why do we fail to attain Zero New HIV infections, Zero HIV/AIDS Discrimination and Zero AIDS related death after 30 years of struggle?" According to FGD, Key informant interviewees and poetic discourses, there are risks posing social practices, erotic and sexual loaded discourses that liable adolescent (teachers, students) to HIV/AIDS. The first reason indicates that most people are so embedded in their societal belief systems that they neither question their society's dominant values or social practices nor do they realize how much they themselves are naturalized into them. A case in point is that some adolescents in Tehuledere district practice **šiləšalo (dry sex)**. The name is taken from farming practice. When a farmer tills a certain plot of land for the first time is called "Šiləšalo". Likewise, when an individual makes brushing a girl without penetration or deflowering, it is called **Šiləšalo** (brushing).The other risk behaviors and social practices are reciprocal sex**,** wife sharing**,** widow inheritance**,** fasting and non-fasting sex. Fasting sex is a sexual copulation

using condom whereas non-fasting sex is a sexual practice without condom. Some PLWHA deliberately have sex without condom to transmit the **virus** and this is called "vaccination"

The second reason is that there are still humiliating and scary metaphors of PLWHAs that exclude them at schools, work places etc. According to FGD and key informant participants, persons who are living with HIV/AIDS are metaphorically insulted and humiliated using the following discourses:

- **wäfəram ar nafaḳiwəč** *(The ones who are longing for solid feces).*
- **guzoğäməräwal/ləč** *(He/she is on the verge of dying).*
- **amus amus əyalä/č näw** *(He/she has left a week to die).*
- **tänəḳäsaḳaš resa** *(He/she is a walking corpse).*
- **ağərew yəzotal/yəzwatal***(The big one has caught him/her)*
- **täšäləmäwal** *(He is vaccinated or I infected him).*
- **Wäräfa yəzäwal/ləč** ***(***He/she is on the queue to death)
- **ədəme aḉiru** ***(****A short lived-one****)***
- **yači nat/ənäsu načäw** ***(****They are that/ those****)***

These metaphorical expressions have been used to tease, trivialize, denigrate and insult the PLWHAs. In addition to what has been stated above, when a person is suspected of being HIV positive, people say, ***"He/she has drawn a joker."*** People who live in semi-urban areas and play cards use this description. During playing a card if one draws a joker, he/she is expected to win the game. Similarly, the one who is infected by HIV will undoubtedly die sooner or later.

The other expression is ***"I vaccinated him/her"*** which is mostly used by a person who knew him/herself as HIV positive, but does not have apparent symptoms. Such individuals were mostly commercial sex workers when they were given a lot of money after bargaining to non-fasting sex (**yäfəsək *sex*** or sex without condom).

To sum up, because of AIDS, quality of education and its outputs (learners) are affected since marriage is destroyed, family is disintegrated, children are left without parents and failed to attend their lesson. Children who lost their parents are going and living on the street in steady of Universities and colleges, the boys are exposed to crimes and the girls to prostitution. As soon as they graduate and join to industries for work, most of them have died in their productive age (15-49 age brackets) as a result industries have faced labor vacuum. Similarly, farmers, intelligential workers long distance truck drivers, members of the military etc have been receiving the brunt of the pandemic. An AIDS person, apart from being separated from the teaching-learning and production institutions; it has other economic challenges. He/she needs money for treatment and his/her burial ceremony. Since his/her compatriots refrain from work to care him/her and attend his/her burial ceremony, the impact is not only on the individual himself/herself but all the country. Because of this, AIDS at the present moment is becoming a problem beyond health: a stumbling block in university-industry linkage and a hindrance to national growth, development and quality of education.

Discriminatory Discourses and Practices towards PLWHAs

The third leading question deals**, "**Why do some people still employ discriminatory or polarizing discourses and practices towards PLWHAs?"

The first cause for discriminatory discourses were lack of inclusive, gender sensitive, anxiety free and non–judgmental discourses and practices during the HIV/AIDS prevention and control interventions. For example, a good number of PLWHAs have received blatant discriminations reinforced by different discourses. Some of them were excluded from different social practices (wedding/religious ceremonies), lost respect within the family and/or community, and gossiped about.

The second cause for discriminatory discourses and practices stemmed from the wrong beliefs that people who are HIV positive are dangerous. This belief has been both informed by and resulted in institutions keeping people who have HIV away from the general populace. These mindsets are insidious (or in other words dangerous) because they are largely unconscious. That is why the awareness creation failed to bring pragmatic change in behavior

The third cause for discriminatory discourses and practices came from the PLWHAs themselves since some of them wrongly perceive or believe that they became HIV positive because of their own "bad luck" which they think is out of their control. So, they discriminate, isolate and curse themselves for being a 'reservoir' of HIV/AIDS. They got such flawed knowledge and ideology from the community (FGDs and KIIs). They were also considered as "promiscuous "or "dangerous to others" who are committing sins, and lascivious on their flesh because of the faulty discourses coming from the community.

CONCLUSIONS

To give a brief summary and concluding remarks, the first method employed in this article was relational content analysis which focused on the objectives of the discourses of HIV/AIDS prevention and control package (Ministry of Health, 2004). The second sources of data were FGDs and key informant interviews. To unmask the problem pragmatically, descriptive and analytical research methods in conjunction with pragma-linguistic and socio-pragmatic analyses were employed (Spencer-Oatey & Žegarac, 2002); Wodak & Chilton, 2005). The descriptive research deals with textual levels of analysis whereas the analytical research uses this texts, facts or information to make critical evaluation at the three levels of analysis. These are textual level, micro-level, and macro-level analyses. At all these three levels, the quantitative results were mixed with the three levels of CDA to complement and triangulate the findings.

The overall findings revealed that though commendable achievements have been achieved in halting the rampant stretch of the HIV/AIDS pandemic in the previous three decades, there are still discrepancies on the ground in connection with discourses of sexuality, KAP, HIV/AIDS, PLWHA, and ABC. Such discrepancies were mainly stemmed from lack of cross-fertilizations between the indigenous and exogenous KAP and communication strategies and channels while the intervention documents are produced and consumed.

RECOMMENDATIONS

HIV/AIDS is a very complex pandemic which has affected and infected the human species from different fronts for more than 30 years. So, it is difficult to propose easy way out to stop the spread of the pandemic. Nonetheless, in the light of the findings of the study, it is possible to suggest the following possible recommendations:

The first recommendation is that the technocratic, expert, elite, exogenous and formal knowledge sources should be cross-fertilized with the local, indigenous, subjugated and informal knowledge sources since they have their own regimes of truth and institutional practices (discourses) that reinforce and sustain those truths.

Harnessing Risky Social Practices is the second recommendation. In doing so, the discourses of risk-posing sexual practices should be deconstructed, recontextualized and harnessed or renovated with the full participation of the community or the consumers of the discourses of prevention. Furthermore, all misconceptions in connection with the knowledge, attitude and social practices of adolescents towards ABC and HIV/AIDS should be identified and treated separately and continuously using pragmatic knowledge and audience specific communication channels in order to bring real change in behavior. All religious individuals and other gatekeepers should also be given continuous trainings about risk posing social and sexual practices. The trainings should focus on widow inheritance, dry sex, extramarital sex, rape, polygamy, reciprocal sex, secret marriage, substitution sex and the like.

The third recommendation is giving contextual life skills trainings to renovate KAP gaps. This is because although it is important to provide information in the early phases of a behavior change intervention to reinforce knowledge periodically, information is rarely sufficient to motivate people to change to the desired behaviors. Hence, knowledge, attitudes, and skills should have pragmatic integration to bring changes in behaviors that reduce risks for HIV and lead one to a healthier life. In doing so, producing contextual, tailored, inclusive life skills training manuals and trainings is essential to attain communication effectiveness on the ground and to bring pragmatic changes in behavior towards HIV/AIDS risk and vulnerability factors. More specifically, it is recommended that assertiveness and gender pride trainings should be given to female PLWHAs to withstand teases, insults or swearing and other trivializing, denigrating or patronizing discourses that hassle as if they were at lower or inferior statuses for the reason that they have HIV in their blood. All HIV/AIDS prevention and control intervention should be completely interactive, entertaining and influential in bringing realistic changes in behaviors by using different role plays, games, puzzles, group discussions, and a variety of other innovative teaching techniques to keep the participant wholly involved in the sessions and empower them with pragmatic KAP.

Employing Anxiety free & Non–Polarizing Discourses is the fifth recommendation. In other words, fear-inducing and scary discourses should be weeded out for the reason that when the level of anxiety is above the optimum level, there would not be potent communication effectiveness at the grass root level. Hence, all patterns of communication strategies and channels should be inclusive, anxiety free and non–polarizing. Furthermore, all local myths, beliefs and practices should not be considered as d*ərəksarsar*" (dry grasses) which are aggravating and worsening the HIV/AIDS or fuelling elements that spread irrational ideas against HIV/AIDS prevention. So, all risk posing indigenous social practices or behaviors should be harnessed, forged and re-

contextualized as preventive mechanism to properly and wisely use them to bring pragmatic change in behavior through continuous problem solving strategies/ discourses. Moreover, all discriminators of PLWHAs in general and prejudiced discriminator should be given "social vaccines" to change the way they see themselves and others.

The six recommendations targets at viable and gender specific interventions that should be intended to female adolescents and other marginalized groups. To dissolve the power differences between males and females, all females including engaged and married should not be confined at home doing the usual domestic routines. Instead, they would attend HIV/AIDS clubs and community conversation programs so that marriage could not be considered as a safety net for females. They should access to accurate and relevant information on HIV/AIDS and other sexualities. Additionally, their time should not be totally taken up with tending the home. They should so long as they will have strong links with the outside world and various sources of information and knowledge. To verse it differently, the biological maleness and femaleness should not go beyond its literal meaning in favor of males. Powerful images and discourses should not be given to masculine gender which represents power, authority, dominance and certain amount of violence and calculated aggression against feminine gender. More specifically, messages /discourses should be non-judgmental and tailored by giving meticulous attention to female adolescents who have taken more than twice (70%) of the HIV/AIDS pandemic when compared with their male counterparts in these research areas.

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