Voices for Change in HIV/AIDS Education in Ethiopia

Mariam Mekdelawit Sambe

A Thesis

In the Department

of

Education

Presented in Partial Fulfillment of the Requirements

For the Degree of

Doctor of Philosophy (Education) at

Concordia University

Montreal, Quebec, Canada

February 2018

CONCORDIA UNIVERSITY

SCHOOL OF GRADUATE STUDIES

This is to certify that the thesis prepared

By: Mariam Mekdelawit Sambe

Entitled: Voices for Change in HIV/AIDS Education in Ethiopia

and submitted in partial fulfillment of the requirements for the degree of

Doctor Of Philosophy (Education)

complies with the regulations of the University and meets the accepted standards with respect to originality and quality.

Signed by the final examining committee:

_____ Chair
Dr. Sandra Martin-Chang

_____ External Examiner
Dr. Claudia Mitchell

_____ External to Program
Dr. Varda Mann-Feder

_____ Examiner
Dr. Ailie Cleghorn

_____ Examiner
Dr. Ann-Louise Davidson

_____ Thesis Supervisor
Dr. Adeela Arshad-Ayaz

Approved by _____
Dr. Ayaz Naseem, Graduate Program Director

Tuesday, May 8, 2018

_____
Dr. André Roy, Dean, Faculty of Arts and Science

Abstract

Voices for Change in HIV/AIDS Education in Ethiopia

Mariam Mekdelawit Sambe, Ph.D.

Concordia University, 2018

Drawing on data I compiled from five years of critical ethnography and photovoice through the conceptual framework of 'critical bricolage', I examined AIDS education programs in Addis Ababa, Ethiopia. The main objective of this doctoral thesis was to evaluate formal AIDS education as an agent to promote positive changes in AIDS prevention. The study included a critical ethnographical analysis in which I conducted focus groups with 15 high-school students about their experiences in receiving AIDS education and interviewed 15 parents and 15 teachers about their experiences in providing the education. To develop participatory knowledge about the current levels and depth of information available in regards to AIDS, I further supplemented the focus group and interview data with a photovoice project with 12 teenage co-researchers, where a more comprehensive look at the issues at stake was taken. As such, the photovoice project enabled the adolescents to articulate their concerns and to propose solutions to the HIV/AIDS crisis by producing photographs, texts, and narratives that depicted their concerns as 'at-risk youth' who are advocating for social change. In this thesis, I discuss the implications emerging from this study in depth, with emphasis placed on its key findings: Formal AIDS education is increasingly unpopular and ineffective in Addis Ababa, and AIDS education stakeholders are seeking new ways of teaching about the disease. Subsequently, I propose the

adoption of critical pedagogy along with the implementation of new government regulations as viable solutions to improve current AIDS education in Ethiopia.

Keywords: adolescents, critical pedagogy, HIV/AIDS, participatory action research, photovoice.

Acknowledgments

This research would not be possible without the outstanding dedication and hard work of the 12 photovoice co-researchers: Beede, Eyuel, Fikir, Heleena, Kalabe, Krestiane, Meklit, Melat, Nahom, Nathan, Robel, and Tsion. Thank you for your remarkable ability in enabling us to see through your eyes. We have heard your voice; we are listening to your needs.

Particular thanks to all other contributors to this research as well: the teachers, the parents, and the students who eagerly expressed their thoughts and gave recommendations for better HIV/AIDS education programs in Ethiopia. Your input has been highly valuable for the completion of this thesis, and more importantly, for the advancement of AIDS research in Sub-Saharan Africa.

To my Triple-A team at Concordia University who has enthusiastically followed me throughout the five years of this research, thank you. Dr. Adeela Arshad-Ayaz, Dr. Aillie Cleghorn, and Dr. Ann-Louise Davidson, your mentorship, care, and motivation were exceptional. I hope I can live up to your expectations as I continue in academia.

My family, my friends, my partner, and my colleagues, you have sacrificed a lot for this research, either through my absence or through my disordered presence. Thank you from the bottom of my heart for all your patience, love, and support. This would not be possible without your passionate encouragement.

Last, but definitely not least, እናቴ. The power that runs through my veins comes from your undeniable strength and determination. There is not enough space (or time) in the world to illustrate how grateful I am for your presence. But I will attempt to summarize by saying this: ያለንቺ መንገዴም አያምር ፣ ያለንቺ ኑሮኤም ላይጣፍጥ፣ ያለንቺ ህይወቴም ላይጥም። ካንቺ ጋር ግን ይሸው እዚህ ደርሻለው። ኩሪ እናቴ፣ የልፋትሽ ውጤት ነው ይሄ ።

Table of Contents

Abbreviations and Acronyms

AIDS: Acquired Immunodeficiency Syndrome

ART: Antiretroviral therapy

CCI: Commission on Community Interrelations

DRC: Democratic Republic of Congo

EE: Entertainment Education

FPAR: Feminist Participatory Action Research

HAPCO: National HIV/AIDS Prevention and Control Office, Ethiopia

HIV: Human Immunodeficiency Virus

HIV/AIDS: Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome

ISY: In-school youth

MOH: Federal Ministry of Health, Ethiopia

NGO: Non-Governmental Organization

PAR: Participatory Action Research

PLHA: People Living with HIV and AIDS

PLHIV: People Living with HIV

SSA: Sub-Saharan Africa

STD: Sexually Transmitted Diseases

UN: United Nations

UNAIDS: United Nations: Joint United Nations Programme on HIV/AIDS

UNECA: United Nations Economic Commission for Africa

UNESCO: United Nations Educational, Scientific, and Cultural Organization

UNICEF: United Nations International Children's Emergency Fund

Glossary

The following Amharic words are used within the thesis on several occasions. For the benefit of the reader, their translations are provided below:

- *Begena*: Ethiopian traditional string music instrument
- *Edir*: Social networks that meet for financial support when a neighbor passes away
- *Gabi*: Handmade blanket made with 100% dense cotton
- *Malakat*: Traditional four-meter long metal trumpet
- *Kebele*: Neighborhood administrative office
- *Kebero*: Ethiopian hand drum made of sheepskin or goatskin
- *Khat*: A plant that contains an amphetamine-like stimulant, classified as a drug of abuse
- *Krar*: A traditional six-stringed lyre that is used to play music
- *Lekso*: Funeral gatherings
- *Masenqo*: A traditional lute with one string commonly found in the music of Ethiopia
- *Mehaber*: A gathering of friends/family often in recognition of a particular saint
- *Messob*: Handmade house articles made with grass
- *Netela*: Scarf made of thin and delicate cotton
- *Serg*: Wedding gatherings
- *Shekla sira*: Ethiopian traditional pottery
- *Shurab*: Handmade woolen crafts
- *Sifet*: Ethiopian Sewing
- *Tilf*: Embroidery
- *Tom*: A type of lamellophone music instrument played in the Gambela region of Ethiopia
- *Washint*: A traditional wooden flute common to Ethiopia and Eritrea

A Note on Conventions

In this dissertation, certain words, terms, and expressions will be used in a particular way. For the convenience of the reader, here are the terms with the explanations to why they are used in this manner:

- The word ‘photovoice’ is written without a capital letter because it has now become a common noun. As such, ‘photovoice’ will be used this way in this thesis, unless it is referring to a particular research or program done outside of this study.
- The term ‘co-researcher’ is used in this thesis to refer to the members of the photovoice project only. Following the PAR qualitative tradition, all other research participants are also considered co-researchers. However, as this research was carried out in multiple phases, and to make it easier for the readers to follow, those who were involved in the critical ethnography segment of the research are referred to as ‘students’, ‘parents’, ‘teachers’, ‘contributors’, ‘respondents’, or ‘collaborators’. As such, the term ‘participants’—which is commonly used in many studies— will not be used in this thesis, unless it is referring to another research (i.e., not this thesis study).
- In this thesis both the term ‘youth’ (singular) and ‘youths’ (plural) will be used based on the number of youngsters referenced. ‘Youth’ will also be used as a general term like: “the youth of the world is in constant need of care.” However, when referring to particular youngsters, the term ‘youths’ will be used as in the following sentence: “The 12 youths who participated in this project were all eager to speak.”

List of Tables

List of Figures

Prologue

As we did every Saturday afternoon in Kinshasa, we had playtime under the neighborhood's tall avocado tree. I always looked forward to another beautiful day to be amused and to laugh. Being an only child, the weekends were my absolute joy because I finally spent time with children my age in a place that was not school. What a joy! Let's go! Let's play! This was in the early nineties; our parents had no fear of letting us play outside on our own. Even better: play without the adults, we were in heaven!

From where we stood, we could see the glossy patterns of the Congo River, rapidly flowing down to reach its new home: the ocean. As much as we wanted to play there, we knew very well that the Congolese heat at this time of the year was much more bearable under the shade. We decided to continue playing on the sand below our favorite tree, sometimes taking a break from our play to eat some fresh avocados falling from the branches.

Here we were, a bunch of happy five-, six-, and seven-year-old children enjoying the freedom of running sand through our fingers, building castles and mountains, digging as deep as possible so that we could reach the coolest sand possible. And then it happened: A sharp unknown pain on the tip of my little finger. I automatically pulled my right hand out to see where the pain came from, only to realize that by pulling it out hurriedly, I aggravated the pain as the sharp object had now scratched the whole finger. I screamed, but none of my friends heard me since everyone was shrieking as little children often do when they are playing.

My hand came out with blood flowing down the arm. My little finger was on fire. The pain was unbearable. It is amazing how the smallest cut can sometimes feel absolutely agonizing. I had had worse accidents than this in the past: bike accidents, a dog bite, falling down the stairs—yet this felt more excruciating.

As soon as I saw my hand covered with blood, I wanted to know what had cut me, and with all my heart I was hoping that it was a branch or a toy. I dug down rapidly, but to my sad and awful surprise, I saw that it was a razor. I stopped breathing for a few seconds. My heart was pounding in my chest, so loudly that I feared my friends would hear it. I started sweating from every part of my body. Could this…could this mean…could this mean that I…I just caught HIV?

I was traumatized, and I did not move for what felt like an hour. In the background, I could hear my friends joyfully screaming, running, and laughing. But the sound of my heart thumping inside my chest seemed much louder. When I came out of my numbness, I automatically started drying my hand with sand, removing every bit of blood as quickly as possible. "I hope nobody has seen this," I thought, "They will never play with me if they know I have AIDS." I did not feel pain anymore, just shame, fear, and worry.

The early nineties in Zaïre (today called the Democratic Republic of Congo) was when AIDS was at its peak. There were infomercials, public service announcements, radio talks, and gigantic billboards showing the danger of AIDS. All I could remember were those horrific images of black and red devils representing HIV, the images of emaciated people with ogling eyes waiting for their death, the cemeteries full of young people who died of AIDS. And from what I could gather, they had an agonizing and shameful death.

Although the media was probably not tailoring those ads to us children, we could still see them everywhere, all the time, and they were petrifying. Nobody—not your teacher, not your parent, not your neighbor—would take the time to explain what AIDS really was. All we knew was what we saw and heard on the media. It was evil, and this evil was now inside me and would take me with it. I had seen on TV that one way of being infected was to be cut by a razor. I also knew there was no cure for AIDS. This was my death sentence.

I ran home after my hand dried a bit with the sand, leaving my friends to continue playing with innocence. “Lucky them,” I thought. I locked myself in the bathroom, cleaned my wound with water and alcohol, and stayed there until there was absolutely no blood left. I was only six years old, but I knew (though I did not know why) that my mom could not find out. If she knew I was infected, then she would also be ashamed. For some reason, this disease was very embarrassing. I was not sure why, but I knew that if you had it, you did not tell anybody. So I kept it to myself. That night I cried myself to sleep, thinking that I would probably not reach the age of thirteen. I had heard on the radio that the life expectancy of someone who has AIDS was about seven years from the moment of infection. I knew how to add: 6 + 7 = 13. That is when I will go: at thirteen, leaving my mother all alone, as she had no other children and she was raising me alone. I cried, cried, cried.

On my seventh birthday my mom threw a huge party, all my friends from school and the neighborhood were invited, even schoolteachers. I received tons of presents, and the chocolate cake was remarkably beautiful. But as I blew out the candles, I did my math again: 13 - 7 = 6. I now have six years left on the planet. My schoolwork started to suffer. I am not sure if this was because I started giving up, or simply because primary school was harder than kindergarten, but I remember not doing very well at school at all. My mom was frustrated; she would help me with homework, and I would understand everything, but once at school—nothing.

Then my eighth birthday came, and then the ninth, and so on until I turned thirteen. And to my great surprise, I was still alive. I did not understand how that was possible. I went to the library and secretly started reading books and encyclopedias. I wanted to know more about AIDS. Did they finally find a cure and somehow, I missed it? Did they realize that you do not die seven years later, but rather ten years later? What was happening? How come I was not sick?

Why was I still alive? I could not find the answer. And of course I could not ask adults about it either: Nobody talks about AIDS. So I decided to wait. I knew that in grade nine or ten we would have an HIV/AIDS lesson at school. So I would ask then.

My mom and I moved to Ethiopia when I reached high school. And along came that AIDS education for which I was waiting. At age 15, nine years after my incident, I learned at school that HIV dies in open air very quickly, meaning that that razor I was cut with years ago most probably had no trace of HIV on it at all—and probably never had. I was relieved, but also infuriated that nobody had told me this earlier (and that nobody gave me the opportunity to ask about AIDS). I had spent the last nine years of my life wondering when I would die, agonizing about what this would mean to my family, feeling ashamed for my mother for raising a child who could have that embarrassing disease. Why did it have to be so secret? Why are so many questions unanswered? It was beyond me.

That day in class, I asked so many questions on AIDS that the teacher and students must have wondered if I had a family member with the disease or if I had it myself. At that point I did not care if they thought so; I had lived so many years in ignorance, there was no chance I would let this happen again. I learned so much about the actual ways of HIV transmission, about the treatments, about why it was taboo to talk about AIDS, and about what governments and healthcare professionals were doing to fight AIDS. I had to wait until I reached 15 to learn all this. And I was among the lucky ones: plenty of people in my country never got a comprehensive education on AIDS at all. “This has to change,” I said. “This has to change.”

This is the main reason why I have dedicated my time to AIDS-related humanitarian movements and studies all my life. Millions of individuals are dying of AIDS every year—especially in Sub-Saharan Africa—and many, I believe, due to misinformation. Why parents and

teachers struggle to break through the taboo of talking about AIDS (and sex) is of prime importance when trying to understand the issues surrounding AIDS education. This dissertation is a combination of my narration as an AIDS education researcher and insightful data collected in Addis Ababa, Ethiopia, regarding the HIV/AIDS conundrum.

Chapter 1: Introduction

Preamble

AIDS is one of the leading causes of death in the world. According to the Joint United Nations Programme on HIV and AIDS, an estimated 1.1 million people died of HIV/AIDS in 2015 alone, and the vast majority of these deaths occurred in Sub-Saharan Africa (SSA) (UNAIDS, 2016). Due to this syndrome, the region is losing thousands of its valuable citizens on a daily basis. Evidently, this retards the economic, social, and cultural growth of the continent. How can Africa be considered a continent that is rising when such a high number of people are affected by AIDS, a disease that hits the most important population needed for growth: its youth? Alas, only a quarter of the population living with HIV (PLHIV) receives antiretroviral treatments (amfAR, 2017). This means that the majority of the individuals who have HIV will be deceased in the near future and might infect other individuals before they pass away.

Since the epidemic began, most nations in SSA have put in place health campaigns intended to inform its citizens about HIV/AIDS and motivate its prevention. Although awareness has grown extensively in the past three decades, SSA is still the most heavily affected region with the highest number of people living with HIV. In 2016, for instance, 70% of all new HIV infections occurred in this region (UNAIDS, 2017a). Also, 70% of the people living with HIV and AIDS (PLHA) in the world are located in SSA (UNAIDS, 2017a). At present, lack of awareness about HIV/AIDS is not much of an issue, especially in urban areas. In fact, several studies illustrate that not only is awareness growing, but behavior change is also observed in some parts of the region (UNAIDS, 2008). Despite this, the epidemic continues to outpace the positive changes arising from the efforts to curb the spread of AIDS.

One of the reasons for the epidemic's continued spread is that priority is not always given

to the most significant problem: Prevention programs are not always provided where they are the most needed. As a UNAIDS study (2009) puts it: "Prevention strategies often fail to address the key drivers of national epidemics" (p. 26). We need to look at groups that are at highest risk and build direct responses that target these particular groups.

This research examines the issue of directing prevention strategies through education by focusing on one of the most affected nations in Africa: Ethiopia. Being one of the most populous nations in the world—second most populous in Africa after Nigeria (Alene & Worku, 2009)—Ethiopia is facing high risk of collapse if a large number of its youth continues to be infected by HIV. For the country's economy to be sustainable, the population of youth needs to be healthy and employable. Focusing on youth when planning prevention strategies for HIV/AIDS education is therefore fundamental. This is the main reason why I decided to focus on this cohort for my doctoral research.

Problem Statement

Ethiopia is one of the countries in the world most critically affected by HIV/AIDS. In 2004, it became the country with the fifth-largest number of people living with HIV (Ministry of Health [MOH], 2004). In 2005, it was estimated that 1.3 million people were living with HIV and most of them lived in urban regions. Thankfully this number has declined slightly over the next 10 years (Federal Democratic Republic of Ethiopia, 2012). Education about HIV/AIDS has been in schools, community meetings, and the media. As a result, Ethiopia has been able to slowly reduce the number of new HIV infections and of AIDS-related deaths—the latter thanks to better coverage with antiretroviral treatments (Prevention and Control Office [HAPCO], 2008). However, economic, political, and/or socio-cultural challenges hinder the development of appropriate and open discussion about AIDS or sex. The heavy impact of HIV/AIDS is therefore

still a reality in Ethiopia, especially for the population of youngsters, the most affected cohort with the highest risk of HIV contamination in the country (HAPCO, 2008). Despite being the group with the greatest risk of being infected by HIV, Oljira, Berhane, and Worku (2013) found that only a quarter of adolescents had comprehensive HIV/AIDS knowledge. Comprehensive knowledge means that individuals are not only aware of HIV/AIDS but know exactly how the virus spreads, what to do to avoid infection, and where to get information/resources to promote prevention.

The study mentioned above is one of the few that looked at adolescents in Ethiopia when it comes to HIV/AIDS research. Particularly, data on early adolescents aged between 10 and 14 years old is scarce, not only in Ethiopia but also globally (UNAIDS 2013a). Due to this, there is little research on progress regarding HIV prevention strategies for future youths (UNAIDS, 2013a). Adolescents have the highest risks of infection in Ethiopia, and yet there is little research exploring their knowledge, attitude, and experience with regards to AIDS. In response to this, my doctoral research aims at filling the gap in the literature by using a two-phased study that explores the challenges of AIDS education for Ethiopian adolescents.

Governments and NGOs have spent a tremendous amount of money and resources for preventive programs, condom distribution, counseling, and treatment. However, in many areas of SSA, HIV rates continue to increase, stigmas remain active, and access to treatment is still unreliable (Gregson et al., 2007). It appears that there needs to be continuous research and policies dedicated to bringing an end to this epidemic, or at least to reduce it greatly.

Globally, half of all new HIV infections happen to people aged 15 to 24 years old (Aniekwu & Atsenuwa, 2007). Since it is possible to find large cohorts of youth at schools in SSA, the best place to reach them is there (Jacob, Morisky, Hite, & Nsubuga, 2006; Kelly,

2000). Hence, many African nations have introduced HIV/AIDS education to their curricula (Jacob, Shaw, Morisky, Hite, & Nsubuga, 2007; Musingarabwi & Blignaut, 2015). Sadly, the majority of these schools struggle to develop efficient HIV/AIDS programs (Jacob et al., 2007; Mathews, Boon, Flisher, & Schaalma, 2006). Most of the instruction is done in a biomedical manner to give facts about the disease (Fetene & Dimitriadis, 2010; Ongunya, Indoshi, & Agak, 2009) with little or no regard to the students' economic, political, or cultural context. Thus, despite the fact that awareness about HIV/AIDS has grown, behavior change is slow (Nyinya, 2007; Ongunya et al., 2009; Ochieng, 2005).

Knowing this, one might wonder how necessary AIDS education is in SSA, especially in Ethiopia, where some of the most affected populations seem to be those who know about AIDS. For instance, in Addis Ababa, the capital city of Ethiopia, AIDS education is widely accessible at schools and in community centers, and it is frequently touted on media. Despite all this, the city is among the places where the HIV infection rates are highest (Fetene & Dimitriadis, 2010). It seems that the 'walk the talk' factor is missing. The overarching objective of this research is, therefore, to study whether formal AIDS education (in its current form) is the best agent to promote behavior changes among youths regarding AIDS prevention in Ethiopia. This warrants investigation because without knowing this, it would be difficult to reduce AIDS cases in Ethiopia.

Objectives

As stated above, the overarching objective of this doctoral research was to study whether formal AIDS education is the best agent to promote behavior changes among youths regarding AIDS prevention in Ethiopia. In order to explore this question in depth, I looked at three sub-objectives:

- Objective 1: To examine how Ethiopian high-school students experience the HIV/AIDS education programs offered in their schools.
- Objective 2: To understand parents' and teachers' roles as AIDS educators and analyze the challenges they face when educating about sex or AIDS.
- Objective 3: To examine adolescents' perspectives about AIDS and how they see their position as an at-risk cohort when it comes to HIV infection.

In order to meet these objectives, research for this dissertation was conducted in two phases within the broader context of analyzing and understanding AIDS education programs in Ethiopia. In its first phase, this research aimed to examine the responses of students, parents, and teachers through focus group discussions and in-depth interviews (objectives 1 and 2). The students' perceptions under examination relate to their knowledge about HIV/AIDS, their experiences regarding the education they receive about AIDS, and their opinions about their AIDS educators (objective 1). The parents and teachers' perceptions under examination relate to the role they play as AIDS educators and understanding the challenges they face (objective 2).

Upon completion of the first phase, the second phase was conducted in the form of a photovoice project, in which adolescents who are at risk of HIV infection in Ethiopia expressed themselves through photography, group discussions, and narrations/texts (objective 3). It was the combination of these three objectives that culminated in the in-depth and highly contextual research for this thesis. This research adopted a qualitative bricolage approach (Kincheloe, 2004a; Kincheloe, 2004b; Kincheloe & Berry, 2004) to present detailed interviews in conjunction with photovoice to analyze multiple dimensions of students', parents', teachers', and at-risk-adolescents' perceptions of the challenges in effective HIV education.

Once all data was collected, the collaborators of this research analyzed the findings of this thesis. This was done so that they could validate and confirm my reading of what they had expressed. Specifically, in phase one, students, parents, and teachers corroborated the data collected; and during phase two, adolescent co-researchers involved in the photovoice project played a key role in data interpretation and approval of the final analysis. This analysis generated information that reveals and maps Ethiopian youths' assumptions, self-perceptions, and overall insights about currently available HIV education—particularly, its strengths and weaknesses. Also, it revealed the challenges parents and teachers face when educating about AIDS, and offers proposals on how those challenges can be addressed. More on this will be discussed in detail in Chapters 3 (Methodology), 4 (Critical Ethnography), and 5 (Photovoice) of this thesis.

Scope of Study

The data used for this research included information collected from the following: focus groups with 15 students, one-on-one interviews with 15 parents and 15 teachers, and photography/narratives with 12 teen co-researchers. Thus, in total there were 57 contributors to this research. In addition, there was a considerable amount of time spent observing schools, *kebeles* (neighborhood administrative offices), and libraries in order to gain knowledge of the AIDS education system in Ethiopia and to corroborate information gained from the collaborators of this research. The reasoning behind the multiple ways of collecting data was to ensure rigor, to respect the norm of critical bricolage—which is the conceptual framework that shapes this research—, and to guarantee that each research question/objective was addressed with the proper tool and by the recruitment of a suitable target population. Indeed, each of the objectives presented earlier, have been analyzed with the provision of the following research questions:

- Research question 1: How do Ethiopian students in high school perceive and experience HIV/AIDS education and prevention programs?
- Research question 2: Do parents/teachers educate their children/students about AIDS and sex? If so, how? If not, what are the barriers that hinder such education? And how can we go about overcoming those barriers?
- Research question 3: What insights can we get from teens' narratives (photovoice narratives) about their experiences as a population at risk for AIDS, and their agency for bringing about a change in the situation?

Within the larger framework of critical bricolage, focus groups (with students) and in-depth interviews (with parents and teachers) were used to collect data for the first two research questions. This was done through the use of critical ethnography. As for the third research question, it was addressed through photovoice executed with adolescents. These two methods (i.e., critical ethnography and photovoice) complement each other in the completion of this thesis, and most importantly, in responding to the research questions presented above. This complementarity will be expanded upon in Chapter 3 (Methodology).

The purpose of this research was to study the current education systems and tools available in Ethiopia when it comes to HIV/AIDS. Having a better understanding of what is presently being offered enables the researcher and contributors of this research to understand the needs and the gaps that need to be bridged, to better design future HIV/AIDS education programs in Ethiopia (and perhaps even in other African countries).

Now that I have identified and explained the problem and the overarching objectives of the research (Chapter 1), I continue by reviewing relevant literature (Chapter 2) to highlight the gaps that need to be filled and describe the conceptual framework that I used to conduct this

research. This review includes a look at the history of AIDS in Ethiopia, the challenges of educating about AIDS, and the conceptual framework that surrounds this research project. Subsequent to this, the methodology and design of the research is presented (Chapter 3). In this section, I give details about the sample and the data collection method. My epistemological assumption, the ethical considerations, and the challenges faced during this study are presented as well. Then, the procedure and findings of the critical ethnography component of this research are presented (Chapter 4), followed by the process and findings of the photovoice project (Chapter 5). These two chapters give details about students' concerns and needs about the AIDS education they receive, teachers' and parents' experiences as AIDS educators, and co-researchers' presentation of what it means to be 'at risk to HIV' in Addis Ababa, Ethiopia. I finish with a reflection/conclusion section that touches upon the entire project (Chapter 6), as well as conclude the thesis in its whole.

Chapter 2: Research Context: Review of the Literature

This chapter examines the existing literature regarding the AIDS crisis in Ethiopia and Africa overall. The chapter begins with the historical background of the emergence of AIDS in Ethiopia, and the response of the Ethiopian government and international agencies to this epidemic. Second, research on the difficulties Ethiopia and other countries in Sub-Saharan Africa (SSA) face when educating about AIDS is reviewed. The third section of the chapter deals with the conceptual framework employed to conduct this research project and the justification for the use of the two-phased bricolage methodology based on critical ethnography and Participatory Action Research (PAR). The benefits and limitations of this design will be discussed here. This review will end with a summary that presents the objectives of the research and how its results may bridge the gap in the literature.

HIV/AIDS in Ethiopia

The history. Ethiopia detected its first AIDS cases in the mid-nineteen eighties with two individuals who were the first to show symptoms. As the epidemic began slowly, there was no direct concern present at the outset. Increasingly, however, AIDS cases multiplied at an alarming pace, especially in the nineties. This brought deep worries about the country's wellbeing. Indeed, the HIV prevalence rate grew from 3.2% in 1993 to 7.3% in 2000 (Federal Ministry of Health/National HIV/AIDS Prevention and Control Office [MOH/HAPCO], 2006; Okubagzhi & Singh, 2002). Henceforth, national and international organizations rapidly multiplied their efforts in developing AIDS control programs to reduce the epidemic. Their work included television advertisements, radio messages, pamphlet and poster announcements, in-school HIV/AIDS education, and community involvement (Road Map, 2008; MOH/HAPCO, 2006). HIV/AIDS

was undeniably being addressed on all grounds. Despite this, in 2009 the nation had the third-highest HIV infection in the world (Fetene & Dimitriadis, 2010).

Auspiciously, the last ten years have shown a slight reduction in new infections. There has been an increase in HIV/AIDS awareness and condom use, as well as a decline in multiple sexual partners (MOH/HAPCO, 2006). Unfortunately, this has not been enough to halt the HIV/AIDS epidemic. In order to achieve better results, focusing on the populations that are at highest risk is vital. Ethiopia—like most other African nations—is dealing with the fact that the young population is the one that is most affected. Indeed, AIDS is the leading cause of death for Ethiopian youths (Fetene & Dimitriadis, 2010; UNAIDS, 2006), which impedes the development of the country. It is crucial to focus on how HIV/AIDS impacts the youth of the country. In particular, we must focus on teenagers if we want to focus on prevention.

The gravity of the HIV/AIDS pandemic for young people in Ethiopia has pushed the government, schools, researchers, NGOs, international associations, health centers, and the community at large to find new ways of promoting prevention strategies (HAPCO, 2007). With no vaccine to prevent the epidemic and still no cure, a successful way to counterattack it is to focus on reducing behavioral risks and seropositive contagion (Rhodes, Malow, & Jolly, 2010). One innovative means to promote behavior change involves the increased use of participatory research, which focuses on the collaboration between all contributors of a study and the researcher(s). Several studies have shown that participatory research in the form of community mobilization has been more successful than traditional research because it engages co-researchers in active discussions about the issues in their lives (Campbell & Cornish, 2010). Ethiopia is late in adopting this form of research when it comes to HIV/AIDS studies. This thesis

examines this particular approach by focusing on one specific participatory tool: photovoice. This will be discussed in more detail later in the thesis.

The improvements. In the 2000s, Ethiopian health educators and health providers realized that there needed to be more focus on communication in order to tackle the HIV/AIDS pandemic. One way to do that is to make sure that populations in the most remote areas have access to information on HIV/AIDS. There is substantial evidence to suggest that lack of information and communication have a direct consequence on health (Bekalu & Eggermont, 2014). As such, the Ethiopian government has been highly invested in spreading awareness to individuals around the country. Whether it is through schools, radio programs, television shows, billboards, or door-to-door education through *kebele* staff (*kebeles* are administrative units that are responsible for distinct neighborhoods in Ethiopia), the country has made enormous efforts in attempting to reach the population (Road Map, 2008).

Another effort that is worth mentioning in the fight against HIV/AIDS in Ethiopia is the development of peer AIDS education. Indeed, student-to-student AIDS education has had a positive effect on increasing AIDS awareness and overall better condom use—not only in Ethiopia, but in SSA overall (Atwood, Kennedy, & Fulton, 2012). According to a study conducted in 2015 that looked at the impact of peer education of HIV/AIDS on sexual behaviors, the level of AIDS knowledge in Ethiopia has reached a hopeful position (Menna, Ali, & Worku, 2015). This research, which included 200 participants, illustrated that the intervention group (i.e., the group that received peer education) had a much higher comprehensive knowledge about AIDS than the control group that received formal AIDS education (Menna et al., 2015). Consequently, there are great leaps observed in the HIV/AIDS awareness level in Ethiopia.

Dr. Fetwi Genet said, “I feel hope for the first time in years. At last, we can make a difference,” (Erwin, 2005, p. 2) when being interviewed about the efforts made for AIDS treatments in Ethiopia. Indeed, the antiretroviral drugs that are now available for free for individuals who have AIDS in Ethiopia have made an enormous difference in the fight against the disease. This medication, also called antiretroviral therapy (ART), helps prevent the growth of the virus. Although it does not cure the disease, it does slow it down, giving the patient a longer and healthier life. By the end of 2011, 86% of patients were on ART treatment (FMoH/HAPCO, 2012). This led to a drop in AIDS-related deaths as well as a higher number of individuals seeking treatments (Damtew, Mengistie, & Alemayehu, 2015).

Despite the positive impact of the ART treatment, the better access to AIDS information, and the fact that governments and schools have opted for more direct teaching with peer-to-peer AIDS education, Ethiopia is still far from achieving its goal; a goal administered by UNAIDS: To eradicate new HIV infection for children, to promote gender equality (so that abuses of girls fade, which in turn would immensely decrease infection in young girls), and to eliminate stigma and discrimination (UNAIDS, 2017b). The number of new infections is still considerable, and the number of young people who lose their lives to the disease is still elevated. For instance, in 2007 the life expectancy in Ethiopia was estimated at fifty-two years, and four of those years were lost to AIDS (Menna et al., 2015). The following section gives more detail on the challenges SSA nations like Ethiopia face when it comes to halting the AIDS pandemic.

The challenges. Like many other African countries in the Sub-Saharan area, Ethiopia has economic, political, and socio-cultural challenges that hinder the development of better strategies to fight AIDS. After 300 years of slavery, 100 hundred years of colonization/occupation, and decades of neo-colonization, SSA never had a chance to prosper (Ramirez, 2005). These

conditions have damaged the region in terms of infrastructure, historical wealth, loss of human capital, and resources. To date, SSA is struggling to overcome its economic challenges. Basic needs such as food, shelter, or clothing are still unfulfilled in many places. In Ethiopia for instance, 32% of the population is considered undernourished (FAO, 2016). Undeniably, poverty increases HIV risk as it frames the choices people make about sexual relationships: The less money a woman has, the greater the likelihood she would endanger herself sexually to gain funds (Eaton, Flisher, & Aaro, 2012).

Economic stability is of high importance for a nation to progress. However, for a strong economy to exist there needs to be effective political leadership. In fact, numerous economists and researchers suggest that good governance increases economic growth (Fayissa & Nsiah, 2013; Kaufmann, Kraay, & Zoido-Lobaton. 1999; Sen, 1999). Chauvet and Collier (2004) have illustrated through a cross-sectional analysis that nations with good governance experienced 2.3 points more GDP growth per year than other nations. Sadly, Ethiopia has been going through much political unrest these past years, as it did in past decades with previous leaders. Ethnic and religious conflicts persist in Ethiopia and other African countries. This makes it difficult for governments to work on promoting better policies (Handley, Higgins, Sharma, Bird, & Cammack, 2009). Without a stable government, it is difficult to implement suitable AIDS prevention policies or any other policy for that matter.

Often in SSA, political parties, and local/traditional authorities are in disagreement when it comes to tackling issues regarding health, and this is true for HIV/AIDS as well (Campbell, 2010). It is challenging then to implement new policies since federal policymakers and local authorities do not abide by the same systems. For instance, some political leaders have been in denial about the AIDS pandemic and have refused to promote AIDS education or awareness,

while others have tried to implement prevention programs. The contradiction between federal and local socio-cultural norms causes a delay in the spread of HIV/AIDS awareness in SSA (Evensen & Stokke, 2010).

Adding to these economic and political challenges in Ethiopia, some socio-cultural factors also hinder the fight against HIV/AIDS. Cultural clashes, stigmatization, and discrimination have had an immense impact on the difficulty in reducing HIV infection. This is not solely an Ethiopian problem but has been observed in numerous other African nations as well. When it comes to cultural conflicts between different communities, one can think of the significant amount of foreign HIV/AIDS aid to SSA. With several lines of funding—and prevention approaches—coming from the West, SSA often struggles to incorporate Western cultural underpinnings into African traditions (Uwah & Ebewo, 2011). It is no surprise that many such strategies fail to work; indeed, when presented outside of the socio-cultural context of the target group at hand, prevention methods are bound to fail (Van Dyk, 2001). Infinite funds or resources cannot suffice to improve AIDS education if cultural clashes are not settled first.

"Stigma and discrimination remain rife in many parts of the world," stated Michel Sidibé, UNAIDS Executive Director (UNAIDS, 2013b, p. 2). Since the epidemic began more than 30 years ago, people living with HIV and AIDS (PLHA) have suffered discrimination and stigmatization (Malcolm et al., 1998; Sontag, 1990). Today, HIV/AIDS stigma remains a huge hindrance to effective HIV/AIDS education. The stigma of AIDS is not only based on moral condemnation for the acts presumed to have led to the infection, such as promiscuity or early sexual debut (Caldwell, 2000; Stein, 2003), but also because PLHA can potentially infect others with the disease, which is considered a moral condemnation (Stein, 2003).

Not only do PLHA have to deal with the discrimination against them, but also they have to suffer being sick—often alone, since many people will avoid them (Dos Santos, Kruger, Mellors, Wolvaardt, & Van der Ryst, 2014). Additionally, family members or healthcare workers who care for PLHA have to deal with discrimination, a situation coined 'stigma by association' (Haber, Roby, & High-George, 2011). Hence, it is no surprise that individuals infected with HIV often will not seek treatment or ask for help (Sprague, Simon, & Sprague, 2011). Similarly, people at risk of infection are demotivated from being tested or even seeking assistance for HIV prevention (Stein, 2003). Indeed, even though in-school education programs promote getting tested for HIV, many individuals fear to do so because of the stigma they will encounter if they find out that they are HIV-positive (Abaynew, Deribew, & Deribe, 2011). The 'shamefulness' of having AIDS or the stigma associated with premarital sex reduces the possibility for people to get tested, to talk about it, and/or to seek help (Molla, Emmelin, Berhane, & Lindtjørn, 2009). These actions delay the progress made in the fight against AIDS. Unfortunately, there are even more reasons why Ethiopia—and many parts of SSA—struggles to halt AIDS, particularly when looking at the education factor. I cover this in the following section of this literature review.

Educating about HIV/AIDS

The AIDS talk—the parents' dimension. Traditionally, Sub-Saharan Africa (SSA) does not have a culture of open communication about sex. Even talking about puberty with a child is associated with discomfort. The majority of current African parents did not receive sex education when they were growing up, which makes it difficult for them to give it to their children today (Bastien, Kajula, & Muhwezi, 2011).

Sex is a taboo topic in most African families (Wamoyi, Fenwick, Urassa, Zaba, & Stones, 2010), especially when an adult is giving the talk to a young person (Campbell & MacPhail, 2002; L'Engle & Jackson, 2008). It is often associated with shame and embarrassment. This might explain the lack of consistency in data illustrating the link between parent-to-child AIDS or sex education and the sexual behavior of the child. As there are few families that teach their children about AIDS or sex, conducting causal research is difficult (Kawai et al., 2008). There have been a few quantitative studies looking at the association between sex or AIDS communication and sexual behaviors, but many have had inconsistent results. For instance, two cross-sectional studies conducted about parent-to-child sex communication in SSA showed diverging results: communication was linked with less sexual initiation among young girls (but not the boys) in Côte d'Ivoire, while in Ghana there was no associations found at all for either gender (Adu-Mireku, 2003; Babalola, Tambashe, & Vondrasek, 2005).

Another consequence of the taboo effect of sex in SSA is the fact that many parents simply choose to avoid talking about it (Wamoyi et al., 2010). Youngsters miss valuable information about preventive strategies like the use of condoms (Mlunde et al., 2012). In their study about sex communication across four African countries, Biddlecom, Awusabo-Asare, and Bankole (2009) found that only about 22% of teenagers stated that they communicated about sex with their parents. The few parents who do give HIV/AIDS or sex education to their children often use threatening language; at best, they use indirect/metaphorical speech (Izugbara, 2008; Löfgren, Byamugisha, Tillgren, & Rubenson, 2009).

For the few parents who might be inclined to give HIV/AIDS or sex education in SSA, there is another challenge that may emerge: their own lack of knowledge or competence on the subject (Kawai et al., 2008; Tesso, Fantahun, & Enquselassie, 2012). Indeed, numerous studies

have shown that many parents do not feel equipped or confident to teach about sex (Bastien et al., 2011; DiIorio et al., 2000; Kirkman, Rosenthal, & Feldman, 2002). The same can be said for their children; many do not believe that their parents have enough knowledge to teach them about sex or AIDS. A study conducted in 2006 revealed that 64% of Nigerian in-school youth (ISY) felt that their mothers lacked the knowledge to teach them about sex. The number was even higher for the other parent: 87% of the youth felt that their father lacked the knowledge (Mathew, Shugaba, & Ogala, 2006).

When parents feel like they lack knowledge or are uncomfortable educating about AIDS or sex, there is a significant chance that they rely on other sources. This is the case in SSA, where most parents rely on school to provide their children essential knowledge about HIV/AIDS (Bastien, et al., 2011; Mbugua, 2007). This means that youth who are out of school, or those who are in school but do not have any HIV/AIDS or sex education class offered, grow up without any knowledge on the matter other than perhaps from their peers and the media.

Another significant issue is that numerous parents in SSA are reluctant to give HIV/AIDS or sex education to their children for fear that it might motivate them to becoming sexually active (Adeyemo & Brieger, 1994; Bastien et al., 2011; Hallman, 2004; Izugbara, 2008; Mathew et al. 2006; Poulsen et al., 2010; Wamoyi et al., 2010). However, there is no evidence that supports this claim (Kirby, Obasi, & Laris, 2006). Children also believe that if they ask any question related to sex or AIDS to their parents, the parents would think that the child is sexually active (Bastien et al., 2011). Scared of this, the youths choose to avoid the topic. For example, Mathew et al.'s (2006) study conducted with 459 Nigerian early-teenagers revealed that 69% believed their fathers would think they were planning to experiment with sex if they asked about it. Thirty

percent of the youth felt that their mothers would think that. For this reason, children are reluctant to approach their parents about AIDS or sex education.

With all the issues mentioned above, parents turn to schools to give proper AIDS education to their children. They have faith that teachers take on the responsibility of ensuring that this is done regularly. Unfortunately, educators have their own challenges when attempting to teach about AIDS. This is the topic of the next section.

Out-of-field teaching—the teachers' dilemma. There is a considerable number of educators who are teaching outside of their field of study worldwide (Ingersoll, 1998), and SSA is no exception. Budget cuts, poor school management, loss of human capital, and the lack of qualified teachers are often to blame. The issue of improper assignment of instructors is not new, but with the surge of AIDS cases in SSA, it ought to be considered one of the major hindrances to AIDS education. Undeniably, a teacher who has not been trained to teach about AIDS will struggle to deliver the lesson (Mathews et al., 2006).

Out-of-field teaching is not only harmful to the field of education—when unqualified educators teach, their students receive weak or even incorrect instructions—but it is also quite dangerous to students' health when it comes to HIV/AIDS. Indeed, HIV/AIDS is a controversial topic that many instructors do not feel comfortable discussing in the classroom (Chikoko, Gilmour, Harber, & Serf, 2011; Kinsman et al., 1999; Mbananga, 2004; Oshi, Nakalema, & Oshi, 2005). Since teaching about AIDS entails talking about sex, teachers are often reluctant to tackle the topic in class (Buthelezi et al., 2007). Hence, having a teacher who is not trained to teach an HIV/AIDS course is detrimental, especially in SSA where HIV is widely spread.

The issue of out-of-field teaching with regard to HIV/AIDS needs serious attention, not just from educators or school administrators, but also from parents and the community as a

whole. Teachers cannot properly teach a topic for which they are unskilled, inexperienced, or even uncomfortable (Archer, 1999). When they do, they are forced to do extra research to be prepared for the lesson, adding stress to their already-busy schedules. This can lead to teacher burnout (Pillay, Goddard, & Wilss, 2005), which can push them to resign, thus contributing to a teacher shortage (Ingersoll, 1999). And the vicious cycle continues with the new teacher who will be required to replace the one who left (Ingersoll, 1999). Out-of-field teaching reduces instructors' self-confidence, sense of identity, and overall wellbeing (Hobbs, 2012; Mathews et al., 2006; Pillay et al., 2005). An unhappy and unskilled teacher cannot facilitate knowledge and fulfill students' needs.

In SSA, the first responsibility for HIV/AIDS education falls on teachers and/or other school staff. Unfortunately, there is a lack of research investigating how teachers deal with this responsibility and how that can affect the implementation of HIV/AIDS programs in their curricula (Mathews et al., 2006). What is known from research conducted in South Africa is that teachers are more likely to implement AIDS education if they see that students want/need it and if schools and government policies request it (Mathews et al., 2006).

According to Hyde, Ekatan, Kiage, and Barasa (2001), it is crucial to improve the skills of teachers to relay HIV/AIDS education in curricula. However, in most African countries, schools depend on guests or outreach programs—rather than schoolteachers—to give HIV/AIDS education (Hyde et al., 2001). Research shows that when teachers receive formal training in HIV/AIDS education, they are often willing to implement it in their curriculum (Mathews et al., 2006). Teacher training is, therefore, vital.

Behavior change—the challenges for the youth. The rate of HIV/AIDS among adolescents in SSA is alarming since this cohort is growing quickly. With too many youngsters

infected with the virus, this region is at risk of arduous trials that will slow down its economy and overall development. All the economic growth generated in the past decade is at risk of falling if AIDS is not addressed among the most vulnerable population: the country's youth. Indeed, those who are 15 to 24 years old are the most infected individuals in the region with about 60% of all new infections in many countries of SSA falling in this age category (Kwaku Oppong, 2013). This is worrisome. Though HIV/AIDS awareness among youth has grown, there are still high numbers of infections today (Ganle, 2016). This is often due to lack of comprehensive knowledge of AIDS and belief in conspiracy theories in many African nations (Elbadawi & Mirghani, 2016; Hogg et al., 2017; Tillotson & Maharaj, 2001), low occurrences of HIV testing and counseling (Kwaku Oppong, 2013; Maughan-Brown, Lloyd, Bor, & Venkataraman, 2016; Tillotson & Maharaj, 2001), and pressure to engage in sex (Mutinta, Govender, George, & Gow, 2014; Sommer, Likindikoki, & Kaaya, 2015). Let us look at these in more detail.

Having adequate HIV information is the first step to promoting sexual behavior change among young individuals. Sadly, it seems that many youths are missing this. As a study in Sudan revealed that though 97% of youth had heard of AIDS, only 14% had comprehensive knowledge of HIV/AIDS (Elbadawi & Mirghani 2014). In Ethiopia, this number is only slightly better: 25% (Oljira, Berhane & Worku, 2013), which is still very low considering the amount of effort the nation puts on awareness campaigns. Similarly, several studies conducted in South Africa have shown that youngsters did not fully understand how AIDS was transmitted, and even how it originated (Hogg, et al., 2017). Many of the youths interviewed in these studies believed in conspiracy theories about the origin of AIDS, which increased the chances of them engaging in unsafe sex (Tillotson & Maharaj, 2001). Indeed, if they have inaccurate knowledge of how HIV

originated, they may also have an inaccurate knowledge of how to prevent infection. Some had what is termed ‘false hope’: the idea that they could never catch HIV; while others had skewed understanding of the human reproductive system, and sexual intercourse in general (Tillotson & Maharaj, 2001). This of course, is making youngsters more susceptible to HIV contagion (Elbadawi & Mirghani, 2016; Hogg, et al., 2017; Tillotson & Maharaj, 2001).

Adding to this misinformation of the risk of HIV/AIDS and the misunderstanding of prevention methods, the lack of HIV testing and counseling is extant. In the late nineties in South Africa, 150 adolescents were infected with the virus every day (Maart, 1998). This is quite the misfortune considering that the disease is taking the population needed for development. South Africa, and other SSA nations could not let this continue to be the case; hence, the high level of mass awareness campaigns provided in the 2000s. Nevertheless, today, we have about 240 individuals who get infected every hour, the majority of whom are youngsters in SSA (amfAR, 2017). This means that the awareness is either not comprehensive, or that many youths are ignoring it. Regardless, several studies show that very few people seek HIV counseling or get tested for HIV (Maughan-Brown et al., 2016; Sommer et al., 2015; Tillotson & Maharaj, 2001). Indeed, in a study conducted among Ghanaian students in Accra, only 45% of students had tested for HIV, even though 95% of them knew about AIDS (Kwaku Oppong, 2013). Similar findings are revealed in South Africa (Maughan-Brown et al., 2016; Tillotson & Maharaj, 2001), in Tanzania (Sommer et al., 2015), in Ethiopia (Facha, Kassahun, & Workicho, 2016), in Uganda (Larsson et al., 2012), and many other nations in SSA. HIV testing and counseling is one of the best tools to promote prevention of the disease. The more people know of their conditions, the earlier they can get treatment (if they do have HIV), reducing the occurrence of new infections. The fact that HIV testing is still low in many nations of SSA is therefore troublesome.

In addition to the issues mentioned above is the growing pressure youth have to engage in sex, sometimes too early (Mutinta et al., 2014; Sommer et al., 2015). And if lack of knowledge is extant as described earlier, then the spread of HIV is no surprise. Since sexual behavior is first driven by biological factors, it is quite unreasonable to expect it not to happen. However, socio-cultural factors are also a major reason for individuals to engage in sex after a certain age (Mutinta et al., 2014). For instance, studies conducted in South Africa about the role of culture in the way sex is expressed show that the cultural 'rules' of women's expression of sexuality have often been required to demonstrate shyness, while men's rules require them to be more demonstrative (Hunter, 2002; Leclerc-Madlala, 2008). Indeed, men are considered to be uncontrollable in their need to have sex. This libido is so 'unmanageable' that they must have sex (Eagly & Wood, 2005). Therefore, sex drive among men is considered normal, and so men and boys feel that they need continuous release (i.e., to engage in sex) (Lippa, 2007; Ostovich & Sabini, 2004). Women on the other hand are seen as objects that are present to allow men to release their sex drives. Women simply provide a space for the men's needs, and society expects them to do so (Mutinta et al., 2014). Thus, men who are not 'hunting' for women are considered weak and women who do not satisfy men are considered unworthy (Kunda, 2008). Evidently, this situation puts pressure on men to engage in sex—even when there is a risk of HIV infection—and puts pressure on women to satisfy the men they are with even if they do not want to do so (Mulwo, 2009).

The idea of sex being something that is uncontrollable by men is not just observed in South Africa. Research in Tanzania (Sommer et al., 2015), Ethiopia (Cherie & Berhane, 2012), and other African nations have illustrated the same. As such, when young boys reach puberty, they feel as though they have to abide by this rule; a rule they learned through media, at school,

from friends, and other social influences (Sommer et al., 2015). This of course leads to peer-pressure as well, forcing teenagers to engage in sex before they are ready for it (i.e., before they understand the emotional consequences attached to sex or before they know about HIV prevention methods). A study conducted in Addis Ababa, with 3,500 teenage students revealed that peer-pressure is the most major cause of risky sexual behavior (i.e., early sexual debut, not being tested for HIV, not using condoms regularly, and having multiple partners). To put it in numbers, 62% of adolescents had sex with more than one sexual partner, 56% did not use condoms consistently, and 21% were involved in sex for money (Cherie & Berhane, 2012). With these numbers being so high, one might wonder what HIV/AIDS prevention programs actually do. In order to know this, there needs to be evaluations on these programs. But is that happening regularly? I discuss this in the section below.

Some shortcomings in the current AIDS education in SSA. A major hindrance to the effectiveness of AIDS education in SSA is the lack of proper evaluation by governments and researchers (Alene, Wheeler, & Grosskurth, 2004; Kaaya, Mukoma, Flisher, & Klepp, 2002). To measure whether programs are working, evaluation should be an integral constituent of any in-school HIV/AIDS education program (Kaaya et al., 2002). The implementation of needs assessment is a must. However, despite the fact that risky sexual behaviors are observed in SSA, there are relatively few evaluation studies that look at whether (and how) HIV/AIDS school-based interventions effect behavior change (Kaaya et al., 2002). To this challenge comes the limited amount of research in HIV/AIDS education strategies in the region. Some countries like South Africa or Uganda have better data than Ethiopia. However, unlike these nations that have also severely suffered from the AIDS pandemic, Ethiopia is lacking when it comes to the amount of data available in HIV/AIDS prevention research, especially regarding the youth of small

towns or rural areas (Alene et al., 2004). This makes it difficult to build proper assessment and to contrast and compare trends from urban areas to rural ones. The HIV/AIDS epidemic in Ethiopia continues to spread among the youth, but few studies have been conducted to deliver the data needed to plan and put effective HIV/AIDS education into operation for Ethiopian adolescents (Alene et al., 2004). This study aims to focus on exactly that: assessing the current AIDS education programs. What are the opinions of youths when it comes to the education they receive and what are the solutions they propose for delivery of effective HIV/AIDS education? What are some of the challenges they face when trying to prevent HIV infection? A way of addressing this is to let adolescents express themselves openly. This will be explained in more detail in the next section.

Conceptual Framework

Critical bricolage. The conceptual framework that provides insights for this project is grounded in a critical epistemology, recognizing that "knowledge production and the evaluation of knowledge is far more complex than is typically assumed in Western societies" (Kincheloe, 2008, p. 54). The critical epistemology that informs my research calls for sensitivity to and understanding of cultural and historical experiences, which are vital factors in shaping how people think and produce knowledge. Kincheloe (2008) argues that on the one hand, a fundamental aspect of critical epistemology involves avoiding the 'epistemological violence' which results from Western knowledge systems' representations of the 'others' on their issues, history, psychology, and culture. On the other hand, it is also important for the researcher to carefully describe and understand the power relations that permeate the cultural and historical domains of any given culture.

Considering that I am both an 'insider' (since I am originally Ethiopian and grew up with similar challenges to those of youths in Ethiopia) and an 'outsider' (since I have been living in Canada for several years now), I have a unique position in the sense that I constantly navigate between two different cultures. Hence, I must be aware of the power relation that may drive this research, and constantly self-reflect on my role. This is why I opted for the notion of Joe Kincheloe's 'critical bricolage' to form the conceptual foundation of this research. Critical bricolage is a multidimensional process that makes use of numerous forms of research, analysis, investigation, and interpretation for the researcher(s) to seek divergent perspectives in order to allow new ways of understanding and building knowledge (Kincheloe, 2004a). It starts in a broad manner with multiple questions and narrows down to a more specific theme as the research progresses (Kincheloe, 2004b). This is what this current thesis research did: It started with broad multiple questions in its critical ethnography segment of the research and then narrowed to specific queries with photovoice.

The term 'bricolage' comes from French and describes the process of building and creating objects by using materials available at hand. In terms of research, bricolage is understood as connecting methodological strategies to raise numerous issues (Kincheloe, 2004b). The *bricoleur* (the person who conducts the research) tries to steer away from passive methods and steps back from using traditional research methods. This way, he/she can be at a distance, which allows him/her to generate critical consciousness (Kincheloe, 2004b). As such, the choice of methods— especially multiple methods—must come from having deeply examined what technique is best suited for the queries the research asks. The researcher must be mindful of the social structures and the complexities that exist in the culture in which the study takes place (Kincheloe, 2001).

The conceptual framework of 'critical bricolage' comes from a critical pedagogy standpoint. Several researchers state that PAR is offered as a basis for the development of critical education (Brydon-Miller, Greenwood, & Maguire, 2003; Giroux, 2001; Kincheole & Berry, 2004; Miskovic & Hoop, 2006; Udas, 1998). Both PAR and critical pedagogy have been influenced by the Frankfurt School of thought (Kincheloe & McLaren, 2000), Paulo Freire's "Pedagogy of the Oppressed" (1970), Feminist theory (Luke & Gore, 1992), and neo-Marxist cultural criticism (McLaren, 1998). In addition, they share similar objectives: They are both critical of the positivistic view that values research that is objective and narrow (Brydon-Miller, et al., 2003; Miskovic & Hoop, 2006). And, they both consider that research needs to support communities in solving a social issue in a democratic manner. Consequently, co-researchers guide the direction of the study, and actively participate in solving the issue at hand. PAR and critical pedagogy scholars strive for research that promotes change while raising critical consciousness in the groups involved (Giroux, 2001).

In response to the conceptual framework that provides the rationale behind this doctoral work, two methodologies have been chosen: critical ethnography (designed with focus groups and one-on-one interviews) and participatory action research (completed with photovoice). In order to better understand the relationship between these two, it is crucial to start by describing them, and then explaining how they mark the rationale behind the methods used in this dissertation. Let us start by looking at critical ethnography.

Critical ethnography. Driven by the philosophy of critical theory, critical ethnography builds on the work of Karl Marx, Max Weber, and Paulo Freire, who present a critical approach to education and research (Lincoln & Guba, 2000). Their focus on social criticism and empowerment of individuals marks the basis of critical ethnography (Lincoln & Guba, 2000;

Madison, 2005). Critical ethnography strives to connect a particular social phenomenon to a wider system, and for that it promotes the use of multiple ways of gathering data (Carspecken, 2005). This is specifically why I opted for having different data gathering procedures in this thesis (more on this is expounded in the methodology section: Chapter 3). The critical researcher is encouraged to be politically active, to engage participants in activism—especially if they are marginalized populations—and to include them in the decision making by promoting dialogue during the research project (Carspecken, 1996; Carspecken, 2005; Madison, 2011; Vandenberg & Hall, 2011). The work in this thesis was designed with this in mind. Encouraging dialogue and promoting activism were part of the rationale behind the use of the methodologies used: critical ethnography (with focus groups and interviews) and participatory action research (with photovoice).

Madison (2012) states: "Critical ethnography begins with an ethical responsibility to address processes of unfairness or injustice within a particular lived domain" (p. 5). As such, she believes that critical researchers should have a sense of compassion towards humans, as well as the duty to promote emancipation. A critical researcher strives to make positive change to oppressed population by disrupting the 'status quo' and attempting to go from the 'what is' to the 'what could be' (Carspecken, 1996; Denzin, 2001; Madison, 2012). For this, the researcher must use as many resources and skills possible to break through the barriers that silence populations that are often being studied through mere observation. It is their stories that need to be spread so as to reach social justice (Carspecken, 2005; Madison, 2012). Critical ethnography therefore supports the conducting of social and educational research in ways that diverge from mainstream research. This is to say, critical researchers should not disengage from the culture, the people, and the area they study (Carspecken, 1996). Hence, the data collected should not be presented as

fixed responses to a question, but rather multiple parts of reality that contribute to public discussions. The findings of the study generate more dialogue by opening a path for researchers and readers to learn from the direct experience and the lived reality of all the collaborators of a research project (Carspecken, 2005; Madison, 2005). In that respect, this doctoral work puts emphasis on involving all the main stakeholders of AIDS education in Ethiopia. Indeed, considering that AIDS education is a multi-level issue (i.e., it affects students, teachers, parents, and the community at large) that is influenced by political, economic, social, and cultural matters, my research had to represent that complexity. Hence, the data gathered had to be multifold and had to be designed to generate public conversation. I discuss this further in Chapter 3 of this thesis.

It is vital to consider the history of critical ethnography in order to understand its main principles. Among the earliest influences of critical ethnography are the work of nineteenth century British anthropologists and the Chicago School of Ethnography of the 1960s. During colonization, European missionaries and explorers gathered data—often through observation—from indigenous populations. That data was sent to the colonizers for purposes that would serve their own needs, and rarely the population from where the study took place (Davis, 1999). Due to the fact that these forms of research created discontent and a demand for more detail, a new wave of researchers emerged in the early-twentieth century. With this came long-term participant observation and even engagement with local populations (Davis, 1999; Madison, 2005). This was still not enough because researchers came with their own social structures and would report based on their worldviews. In the 1920s, the Chicago School of Ethnography was established. This brought new directions to research, as evidenced in the introduction of pragmatism with John Dewey (1859–1932) and symbolic interactionism with Herbert Bloonmer (1900–1987).

Slowly, the Chicago School started to lay the groundwork for a vibrant and interpretive ethnography (Thomas, 1993).

From positivism that sees reality as being an entity that can be objectively interpreted, to post-positivism that sees reality as an entity that can be subjective, and of course, from the historical counts described above (and more), a new paradigm is formed: critical theory. It sees reality as being shaped by social, political, religious, economic, gender, and/or ethnic features (Denzin, 2001; Lincoln & Guba, 2000). Ontologically speaking, critical theory sees reality as being shaped by several factors (as stated above). This means that the epistemology of critical theory not only acknowledges but also motivates subjectivity. As such, it encourages the investigator and the investigated to be interactively linked. Methodologically, the investigation requires the presence of active dialogue between the researchers and the members of the community (Lincoln & Guba, 2000). Considering that critical ethnography pertains to a critical theory-based approach to research, these ontological, epistemological, and methodological models apply as well. The critical researcher knows that he/she cannot claim to have the 'truth', but rather that there are several truths based on historical or cultural factors (Carspecken, 2005). Therefore, he/she must avoid constructing one precise research question. Instead he/she needs to construct a list of flexible questions that can relate to the particular group and location studied (Vandenberg & Hall, 2011). In light of this, I designed this thesis with a critical paradigm in mind. That is, the use of critical ethnography and PAR in my methodology comes from the notion that reality is socially constructed. In that regards, an issue must be studied with the epistemology that knowledge is influenced by society/culture. This is precisely why this doctoral research was designed in a way that would illustrate the social influence(s) of AIDS education by recognizing that subjectivity is necessary to understand the several 'truths' that would come from

parents, teachers, students, and teenagers. I discuss this further in the methodology section of this thesis (Chapter 3).

Critical ethnography is a highly effective tool to glean deep insights into the motivation and behavior of the issues individuals face. With that, adopting a PAR approach presents an additional opportunity to empower participants (commonly called 'co-researchers' in PAR) to actively resolve their own problems. To better illustrate this, a description of PAR, and later on of photovoice, is detailed in the next three sections of this dissertation.

Participatory action research (PAR). Like critical ethnography, PAR is in opposition to the positivist and empiricist ideology because it rejects the notion that experimental designs are sufficient for solving problems. PAR too follows the epistemology that knowledge is bound in context. In practical terms this means that, in order to understand a particular issue, researchers ought to collaborate with local populations that are living through that problem. Accordingly, the use of critical ethnography and PAR in this doctoral research not only adds rigor to the study, but also allows for more opportunity to explore the issue from different angles while reducing power differentials between all research members.

To describe the objective and role of PAR, it is wise to start by looking at how it emerged. After World War II, several educators, humanitarians, and researchers came together to discuss social challenges such as discrimination and poverty, giving rise to the British nonprofit organization known as the Tavistock Institute (Rapaport, 1970). One of the most prominent members of this organization was Kurt Lewin (1890–1947), a social psychologist who is considered to be the founder of action research (Kemmis & McTaggard, 2007). Lewin was committed to applying psychology to day-to-day problems and he wanted to go beyond passive understanding and explanation of society to focus on bringing about change (Marrow, 1967). For

this, Lewin regularly worked on research that dealt with community action programs (Kemmis & McTaggard, 2007). For instance, he was devoted to raising self-confidence within societally repressed minority groups (Lewin, 1946). This triggered a pathway to what is called 'action research'. For Lewin, using action research would enable social problems to be solved—or at least improved—through encouraging ordinary people to take action with respect to the difficulties in their own lives (Adelman, 2006).

Although he played an essential role, Lewin was not the only person setting the foundation of action research. It was through his involvement with the Commission on Community Interrelations (CCI) in the 1940s that the ideals of action research as we know it today were endorsed (Glassman, Erdem, & Bartholomew, 2013). Lewin and the other members of the CCI worked with a powerful slogan: "No research without action, no action without research" (Marrow, 1967, p. 144), a motto that I embrace and that inspired this doctoral work.

Ronald Lippitt and Marian Radke also played crucial roles in the founding of action research. In their articles published in the late 1940s, they urged social scientists to consider change that does not come from a top-down process, but instead that is organic and is inclusive (Lippitt & Radke, 1946). The work of Lippitt and Radke (1946) focused on how the misunderstandings of prejudice and racism had to be tackled by looking at the individuals who are actually suffering from it. This is why they selected action research to address that issue (Glassman et al., 2013). My reason for designing a project that involves PAR stems from the same concern. Having worked as a youth worker for several years, I have learned to acknowledge that solutions to a problem often come from youths themselves, and not the 'professional' (i.e., not from a top-down process). As a researcher and/or youth worker, I should use my experience and knowledge to facilitate and support the needs of the members of my

group, and not to solve their problems based on my beliefs. This is the whole foundation of making sure that the respondents of a research project are empowered.

Inspired by the works of Lewin—who, it is important to note, was the founding director of the Research Center for Group Dynamics at MIT (Marrow, 1967)—members of the CCI, and Lippitt and Radke, several other researchers started implementing action research in their studies. For instance, William Foote Whyte utilized action research in his major work, 'Street Corner Society', in which he studied the social conditions of Italian-American gangs in Boston (Glassman et al., 2013; Whyte, 1969). A few years later, Stephen Corey introduced action research into the field of education in the United States (Corey, 1949). Later, in the United Kingdom, John Elliott and Clem Adelman with the Ford teaching project, used action research to give voice to teachers about how they collaborate with local authorities to design curriculums (Elliott & Adelman, 1973). More recently, H. G. Moreno worked with prostitutes in Vienna to understand their living standards and their roles in the community (Kemmis & McTaggart, 2007).

In the 1980s, a movement for social transformation began with the works of social thinkers such as Paulo Freire, Orlando Fals Borda, and Marja-Liisa Swantz. This is when participatory research emerged from the ideological foundation of action research (Fals Borda, 1979; Freire, 1970; Kemmis & McTaggard, 2007; Swantz, 2008). This new school of thought presented the idea that all research should encourage the full participation of everyone involved in it (Jivraj, Sacrey, Newton, Nicholas, & Zwaigenbaum, 2014). Participatory research has roots in the neo-Marxist ideals of community development, and is particularly associated with social, economic, and political progress in developing countries (Kemmis & McTaggart, 2007).

Eventually, action research and participatory research gave birth to participatory action research, also known as PAR (Khanloua & Peter, 2005). PAR as we know it today stays true to both forms of research and holds the goal of building community change and social action (Glassman et al., 2013). PAR emerged as a critique of the modern inequities that came with capitalist social and economic structures (Kemmis & McTaggart, 2007). PAR typically focuses on individuals who are frequently silenced, such as young people, members of ethnic minorities, elderly people, sick people, poor people, and other marginalized populations (Glassman et al., 2013; Kemmis & McTaggart, 2007). Greenwood, Whyte, and Harkavy (1993) define PAR as being the following:

> A form of action research in which professional social researchers operate as full collaborators with members of organizations in studying and transforming those organizations. It is an ongoing organizational learning process, a research approach that emphasizes co-learning, participation, and organizational transformation. (p. 4)

PAR focuses on a progressive reflection-action technique by the local members of the group and the researcher presenting the study (Cornwall & Jewkes, 2010). The P in PAR is specifically concerned with the participatory and collaborative aspect of group work; the action signified by the A presents change. Indeed, facilitators and co-researchers in PAR are encouraged to engage in dialogue and to work in collaboration with each other. This is the agency that leads to having a democratic process of inquiry, because everyone's opinion is equally important. Individuals involved in a PAR project aim to solve an issue that is diminishing their community. To that end, they put a plan of action in place to transform their

lives. The R in the term PAR informs and grounds the approach by giving space for research, reflection, knowledge, and inquiry. A true PAR project ought to incorporate these three components:

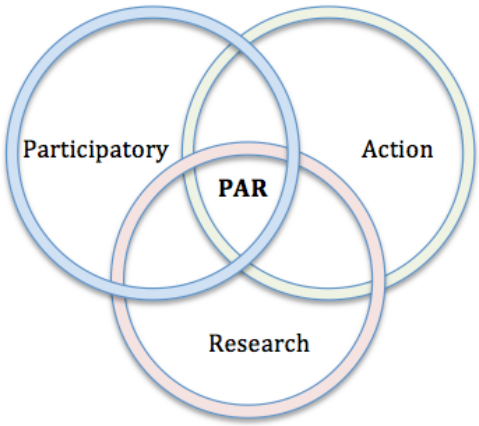


Figure 1. PAR: Adapted from Chevalier, Buckles, and Bourassa (2013).

The key characteristics of PAR are that it focuses on change, it is context-specific, and it has an emphasis on collaboration between the researcher and the co-researchers in all aspects of research—from identifying the problem to the formulation of questions to the conduct of the project. It is also essential to note that PAR does not have a linear process (Dover, 2008), meaning there is no specific sequence by which a PAR project takes place. Co-researchers plan their projects, think about them, evaluate them, go back to reflecting on them or to planning the project, develop an action plan, and may again go back to reflecting on the plan. It is an ongoing process that can shift at any moment depending on the needs of the members of the group (called co-researchers in PAR) and where the research leads them.

There are several ways in which PAR can be undertaken. Some are discussion based, some incorporate writing, poetry, theatre, and the like. One of the most innovative ways of

conducting PAR research is with photography (i.e., photovoice). It is innovative because it brings a device that allows members of the group to detach themselves from directly talking about issues that make them uncomfortable (i.e., sex and HIV/AIDS in this case). Additionally, it puts the power in the hands of the co-researchers, which is quite unique compared to traditional research methods. Therefore, the co-researchers are able to have ownership of the research and can discuss issues that are important to them. It is in that regard that I opted for the use of a tool such as photovoice in my doctoral study. In a culture where teenagers are rarely asked their opinions and where the discussion of AIDS or sex is highly tabooed, utilizing such a tool has enormous advantages both for the co-researchers and for the public at large. I detail this further in upcoming chapters of this thesis.

The photovoice methodology has three main objectives:

1. To record and reflect a community's needs/interests;
2. To use discussions to develop critical knowledge about the issue at stake; and
3. To present solutions that would influence policymakers (Wang, 1999).

Because "a picture is worth a thousand words," photographs have strong efficacy in reaching the members of the project, the community at large, and policymakers. Working with images has the advantage of allowing people to see things from varied perspectives, both literally and metaphorically. As such, discussions can range from one topic to another, which helps develop critical thinking as discussions go deeper. Due to this quality, members of the group can develop an action plan that will allow them to not only spread a message but to also attempt to make things different by proposing an alternative. The next two sections describe photovoice in more detail.

Photovoice, a PAR methodology. PAR is an approach used in social, educational and health studies to promote the principles of collaboration and reflection of a given group. It breaks the mold of the traditional one-way research method that emphasizes the use of data collection to gather necessary information for the researcher. Participatory research focuses on a progressive reflection-action technique by both the local co-researchers and the researcher (Cornwall & Jewkes, 2010). The goal of PAR is to give the opportunity for ordinary community members to be co-researchers, rather than passive 'participants'. Indeed, they are encouraged to generate knowledge about an issue in their community and to create action towards personal and/or social change on that particular matter (Schneider, 2012).

As described briefly earlier, PAR can take different forms. Some are discussion-based, like the three-year study conducted in Spain to improve the care delivered to parents who have been through a perinatal loss. In this study, concerned healthcare professionals (nurses, midwives, obstetricians, and the like) participated in focus groups and joint discussions (Pastor-Montero et al., 2012). Other methods integrate drama, dance, or music. An example of such a project is the one conducted by Conrad (2004) where drama students in Alberta, Canada, used theatrical means to represent their experiences about issues significant to their lives. Additionally, visual arts or media arts are tools that are increasingly used in participatory research, and this is what this study focuses on with the use of photovoice.

Photovoice is a camerawork project where individuals are offered the opportunity to illustrate an issue that affects their lives or their community (Meridian Raw, 2012). It was originally developed and applied by Caroline Wang and Mary Burris in 1992. Wang and Burris decided to launch a project in Yunnan, China, in which rural women had the opportunity to influence the policies that affected their lives. The primary objective was for the women to

showcase their living standards—particularly those related to health needs—and to inform officials about the issues that they had to deal with (Wang, Burris, & Ping, 1996).

In recent years, several researchers have used photovoice to explore varied themes in the HIV/AIDS realm. A successful and well-known example is the research conducted by Mitchell, De Lange, Moletsane, Stuart, and Buthelezi (2005a). This project offered the opportunity for open dialogues between South African community healthcare workers and teachers, who come from disparate fields but are both responsible for educating youth about HIV/AIDS. The methodology used in this project is presented in more detail in the section entitled 'Photovoice in the HIV/AIDS Context in Sub-Saharan Africa' of this literature review.

Individuals who undertake a photovoice project are involved in identifying a matter of concern, documenting it, discussing it, and reflecting on it. In other words, photovoice enables co-researchers to produce and discuss photographs with the goal of enabling personal and community change (Wang & Burris, 1994). Co-researchers are given a camera and invited to represent their community based on a particular subject matter. After that, they discuss the project and write narratives to go with their photographs. In many cases, the project is used to spread awareness about a certain issue and/or to influence policymakers (Lorenz & Kolb, 2009).

There are several advantages in conducting photovoice as a PAR methodology. First, it has the benefit of fully exploring co-researchers' responses and reactions (Hergenrather, Rhodes, & Clark, 2006). Indeed, since the project usually takes place over an extensive period, co-researchers have the occasion to meet frequently. This also means that they have the possibility to learn from each other through discussions and brainstorming activities (Wang & Burris, 1997). Second, it enables previously silent voices to be heard. This is particularly the case for children, youth, individuals who are sick, or marginalized populations. Also, photovoice allows

for an activity that does not require written literacy since the use of language is replaced by the use of images (O'Kane, 2000; Strawn & Monama, 2012). No matter what their background is, co-researchers are empowered to advocate their thoughts and opinions (Seitz et al., 2012). Third, photovoice allows the development of a new means to express oneself: photography. It promotes an innovative method to produce knowledge in a collaborative way, something that most co-researchers would have never had the chance to learn about in traditional 'controlled' research methods (Babbie, 2002). Finally, photovoice also allows the possibility for community change or social action to take place (PhotoVoice, 2014a). These are remarkable advantages that have been observed in several photovoice projects: Spence (1995) and his project on cancer patients' perspectives; Troeller (1995) with her research on the link between AIDS stigma and TB stigma; Hergenrather et al. (2006) and their study on employment-seeking behavior of people living with HIV/AIDS; and Umurungi, Mitchell, Gervais, Ubalijoro, and Kabarenzi (2008) in their work with young Rwandese girls living on the street. These projects have brought general awareness to the community and have involved action from responsible parties.

The theoretical foundation of photovoice. Photovoice draws its bearings from three theoretical frameworks: empowerment education, feminist theory, and documentary photography. It is the combination of these three theories that allows for a deeper understanding of the photovoice methodology. I describe these below.

Empowerment education. The first takes its source from the work of the Brazilian educator Paulo Freire (Kuratani & Lai, 2011). His theory of empowerment education illustrates the importance of encouraging individuals to voice their opinions about things that matter to them (Freire, 1970). Freire was a strong believer in the importance of dialogue as a tool for oppressed populations to express their thoughts freely and to seek freedom. He believed that

'dialogue' should be the core of education and that students need to be encouraged to be active learners (Freire, 1970).

The photovoice method encourages both dialogue and consciousness raising in various forms. For example, when research collaborators take part in a photovoice project and come back from the fieldwork with pictures, they engage in discussions, express their opinions about the photos, reflect on each image, and discuss what it means to them. Such exchanges enable each co-researcher to share their concerns while learning from the concerns of their peers and the wider community. Eventually, members start shaping the general need of the community and try to provide solutions for the problems presented (Kuratani & Lai, 2011). This is what Freire considered problem-posing education: Members of a group start by identifying the problems and then work on solving them. Understandably, I designed my doctoral research taking this into account. The relationship I would build with the co-researcher would allow for open discussions about a topic that is uncomfortable to address. Yet the use of photography is set to reduce that discomfort, allowing the teenagers to share their concerns about AIDS in Ethiopia.

Photovoice promotes collaborative work and learning. The results of photovoice that are built by co-researchers can be given to policymakers for consideration in the development of programs that concretely address the concerns of the community. Indeed, by working in groups and identifying the fundamental issues concerning communities, co-researchers give a more compelling voice than if only one person spoke or if the programs are implemented through a top-down approach. The images generated through photovoice, accompanied by messages, are easier to spread to other members of the community through the project's exhibition, which in turn help promote a collective consciousness raising. The core of Freire's work entails helping

individuals speak for themselves about what affects their lives and photovoice supports this aim at various levels as explained above.

Feminist theory. The other theoretical framework from which photovoice methodology takes its bearings is feminist theory. The whole premise of feminist theory is to empower women (and other individuals) who have previously been silenced (Wang et al., 1996). Although feminist theory traditionally focused on women only, it is now concerned with any population that is marganalized: Elderly people, children, visible minorities, poor people, and so on. Feminist theory views these individuals as having a unique vantage point in what happens to them (Wang & Burris, 1994). Therefore, feminists argue that marginalized groups must be involved in the decision-making that affects their lives. Of course, it is crucial to highlight that there is not *one* feminist theory, but many. Photovoice draws its approach from a feminist theory that is participatory, more commonly known as Feminist Participatory Action Research (FPAR). FPAR was created to illustrate the lived experiences of women in a man-oriented world, and to promote social change aiming at equity (Mcintyre, 2003). Wang's (1999) research in Yunnan, China, is an ideal example of a photovoice project that reflects FPAR due to the fact that the voice of rural Chinese women was heard for the first time. Considering that half of the co-researchers in my photovoice group were female, they would be given the opportunity to educate their male colleagues on the issues they face as well; and together, they would draft solutions to these problems. This would allow the group to push the boundaries of conventional research.

Photovoice gives previously silenced populations a voice by making them agents of change. Research collaborators in a photovoice project not only have full ownership of the issues they discuss but also of the process of finding solutions. Photovoice gives value to the experience of the members of the project but goes even further since it enables members of the group to

make a difference in their community. Indeed, at the end of a photovoice project, it is the whole community—not just the few who participated in the project—that has the potential to benefit from the project due to a new regulation or aptitude that is created to help the public.

By sharing an agenda of empowering marginalized groups, photovoice leads to the use of a method that allows research collaborators to share knowledge and to even develop new skills (e.g., photography, discussion facilitation, leadership, etc.), which help in promoting human rights and seeking social justice (Wang & Burris, 1994). Hence, like with feminist theories, the photovoice method gives the opportunity to create a ripple effect of empowerment; a whole community can be inspired to speak for themselves and to seek change. This relates to a famous quote by Mother Teresa: "I alone cannot change the world, but I can cast a stone across the waters to create many ripples."

Documentary photography. Documentary photography is the third framework from which photovoice heavily draws. Documentary photography gives vulnerable populations a means to express their opinions (Kuratani & Lai, 2011). Putting cameras in the hands of marginalized groups allows the researcher and those in power positions to see through the eyes of the oppressed and to understand their lived realities. As such, documentary photography is similar to feminist theory and empowerment education: its aim is to allow previously silenced populations to speak up. Thanks to the use of photography, co-researchers control what we see, and they guide our understanding (Wang & Burris, 1994). It is my aim that all individuals who come across this this doctoral research would see through the lenses of Ethiopian teenagers and would understand their realities.

Photography is one of the most powerful tools for spreading a message because it can reach varied populations at once. Images are easily accessible for people who cannot read or may

not have been to school (children, illiterate individuals, older adults, etc.). Second, one image can represent more than a whole paragraph of written information. Third, images are often more memorable than texts—which is specifically why advertisements opt for vivid photos over texts.

In considering photography as an exploration tool for co-researchers, the photovoice method is not selective; research collaborators are treated as co-researchers. The co-researchers do not need to know how to read or even answer specific questions for the researchers. Stress levels are minimized by asking co-researchers to take photos instead of reading questions and/or writing answers and engaging in informal discussions instead of more formal answering during interview sessions. Thus, members of the group are inspired to express their thoughts and share their stories as they see them (Seitz et al., 2012).

The concept of 'critical bricolage' allows this project to add rigor by incorporating insights from empowerment education, feminist theory, and documentary photography through its use of critical ethnography and PAR. Using this framework ensures that the research aims for a more holistic understanding of complex and intersectional issues. The critical ethnography segment of this research—through focus groups and in-depth interviews—allows for an examination of the AIDS education from three different target groups (students, parents, and teachers). The PAR segment of this research—through photovoice—brings in added value in the sense that it analyzes problems surrounding the issue of AIDS education and breaks it down into different sections to propose solutions. Hence, the results can reveal hidden dimensions of interrelationships and divergent perspectives (between researchers, co-researchers, students, teachers, administrators, parents, community members, and NGOs) to reach what Kincheloe and Berry (2004) call the 'fourth dimension' of research. Kincheloe and Berry (2004) argue that researchers who engage in bricolage (the 'bricoleurs') move away from the reductionist, one-

dimensional, objective research approach, and rather cultivate an advanced level of research practice: the fourth dimension.

Together, the two phases of this research (critical ethnography and PAR) seek to explore the subjective interpretations of research collaborators to understand their lived realities. By combining action with research, this study desires the pursuit of fairness and social justice for all but especially for the marginalized whose voices are usually silenced; in this case, youths. I present this research in a way that outlines the need for critical research. This is precisely why I use both critical ethnography (with focus groups and interviews) and PAR (with photovoice) as the core methodologies that complement each other.

Limitations of PAR. There are a few limitations in using a PAR method such as photovoice. One particular problem that foreign researchers face is the difficulty in setting up the project. Local (in this case, non-Western) populations are not always eager to see foreigners carry out a project in their town (Dover, 2008). They can be skeptical, thinking that yet another Western researcher wants to impose their culture. In this case, finding co-researchers willing to take part in the PAR project becomes problematic. Even in the event that it is possible to recruit enough co-researchers, it is difficult for researchers to break the power imbalance marginalized individuals have faced in their lives (Morrow & Richards, 1996). It can be challenging to find a way to let co-researchers speak and/or work openly. Another critical challenge is on the ethical issues to be considered. Working with children and marginalized populations on sensitive issues such as AIDS is challenging (Gray, Lyons, & Melton, 1995). When we use PAR with photovoice, then the issue is even more problematic since images may break confidentiality. Photovoice motivates co-researchers to have an open voice and to be agents of change. Doing that might at times be risky since they may violate local norms, and so be at risk of having to

deal with the consequences emerging from that. This is a paramount issue for ethical consideration (Mitchell, Moletsane, Stuart, Buthelezi, & De Lange, 2005b).

An additional issue that may arise has to do with data examination; Mitchell et al. (2005b) point to the fact that many researchers and co-researchers face difficulties when trying to make sense of photovoice findings. They can find that it is tricky to use digital archives and images. This is due to the fact that images are sometimes difficult to understand and interpret, or because digital cameras allow for a multitude of pictures to be taken, necessitating much time for review. These situations can be frustrating for the researchers upon completion of their project. Last, but not least, the evaluation component is one of the major challenges of photovoice. This has meant that, in the past there has been a lack of assessment of a research's outcome. Indeed, photovoice being an innovative participatory tool, has been adapted by NGOs, schools, and donor organizations. But once the project is finished, not much attention is given to evaluating whether the project had actually solved the problem analyzed (Rhodes et al., 2010). The work of Wendy Ewald, a renowned American photographer who conducted large-scale photo projects on social circumstances can be taken as an example of this lack of evaluation. This is because there has been no researcher or other individuals who went back to the field to see if any action happened after the project was completed (Mitchell et al., 2005b).

Without evaluating the outcome after the PAR project is finished, it cannot be argued that the action needed for positive social change took place, which is the basic goal of PAR. Looking at this particular issue is vital. That is why I incorporated a form of assessment strategy before leaving the field. For one, I stayed in contact with the collaborators of this research (students, parents, teachers, and co-researchers) so that I could discuss the improvements at a later time. Also, I left the photovoice tools (photography training course and digital cameras) to the co-

researchers in the event that they would want to replicate the project in the future. If they do, the outcomes of their project could be compared to this research so as to determine whether any similar issues or benefits emerged. Furthermore, I contacted community leaders after the completion of the field study of this research to deliberate on the aftermath of the project and on what changes would be expected. More on this will be discussed in Chapter 5. In the next section, I present some photovoice projects implemented in Africa in the context of HIV/AIDS.

Photovoice in the HIV/AIDS context in Sub-Saharan Africa. *PhotoVoice* is a registered charity in the United Kingdom that has been a worldwide leader in photovoice projects since 1998 (PhotoVoice, 2014a). Their photography methodology with the theme of HIV/AIDS has been carried out successfully in two African countries: The Democratic Republic of Congo (DRC) and South Africa. The 'Positive Negatives' project in DRC was conducted in 2000–2001 (PhotoVoice, 2014b). The 15 co-researchers were all HIV-positive women who had been rejected by society due to their disease. First, they received a photography workshop where they learned how to use a camera and how to represent their point of view with images. Then, they were assigned a first task: simply to make personal picture albums so that their children can have documented memories. This enabled them to get familiar with the camera and to participate in a collaborative social activity. The second task was more relevant to the purpose of the project: to take photos related to their experience with HIV/AIDS. In the course of this project, co-researchers learned a new skill that gave them a means to make a living for themselves after the project was completed. In addition, they became contributors to the reconstruction of DRC by educating the population through their photos (Mulelebwe, 2012).

The other HIV/AIDS project conducted by the *PhotoVoice* organization took place in Orange Farm, South Africa, in 2006–2007 (PhotoVoice, 2014b). This photography project

focused on youth infected with or directly affected by HIV/AIDS. Here the methodology was similar to the project in DRC. Co-researchers (aged 12 to 18 years old) were given photography workshops, and then they took photos reflecting their reality and experience about HIV/AIDS. The co-researchers got the opportunity to express their feelings, to provide a powerful means of spreading awareness, and to build resources that teach people how to oppose stereotypes about HIV/AIDS (PhotoVoice, 2014b).

Besides international associations such as *PhotoVoice*, academic researchers have also been involved in conducting HIV/AIDS photovoice projects in Africa (Mitchell et al., 2005a; Umurungi et al., 2008). These projects were generally conducted as partnerships between a university abroad (Canada or United States) and an institution in an African country. The methodology used for all these projects was quite similar to the *PhotoVoice* projects, but with the added benefit of academic rigor. In other words, there was more emphasis on the 'research' side rather than the 'action' side of Participatory Action Research (PAR). Since these projects were academic and had to follow a certain standard, the explanation of the methodology was more extensive. The purpose of the visual methodologies was to gather data, and also to serve as interventions and actions by the co-researchers. Not only was the design of the project well explained (photography workshop, picture-taking task(s), discussion component, and photo exhibition), the researchers also highlighted ethical issues that were raised and/or limitations to the study. Additionally, they had impactful results for the community as they enabled the implementation of social action.

One of the largest photovoice projects carried out in Africa was the UNESCO initiative of 2010–2011. It gathered students and teachers from different parts of Africa: Angola, Swaziland, Namibia, and Lesotho. Their works were exhibited at the Paris UNESCO

headquarters (UNESCO, 2010). This project presented issues related to stigma suffered by HIV-positive individuals and it promoted access to quality education on HIV/AIDS.

As illustrated above, photovoice in the context of HIV and AIDS has successfully been used in various parts of Africa. Countries such as Rwanda (Umurungi et al., 2008), Angola, Lesotho, Namibia, Swaziland (UNESCO, 2010), South Africa, and the Democratic Republic of Congo have all benefited from this method (PhotoVoice, 2014a; PhotoVoice, 2014b). However, it remains unstudied in Ethiopia for HIV/AIDS research. There was a photovoice project conducted in Ethiopia in 2008 but it did not focus on the disease. The project dealt with health and sanitation in children's daily lives (PhotoVoice, 2014b). More recently, in 2013, a project was designed in to give elderly Ethiopians the opportunity to share their stories through photography (PhotoVoice, 2016). This project was funded by the *PhotoVoice* organization in partner with *Age International* and *HelpAge International.* To date, these are the only projects documented in Ethiopia that have carried out photovoice. Since it has never been examined in relation to HIV/AIDS, photovoice appears to be a promising approach to work with young people in Ethiopia.

Summary and Discussion

Thirty-five years after its initial manifestation, AIDS remains one of the leading causes of death in the world, especially in SSA. Researchers, teachers, and policymakers have come together to spread HIV/AIDS awareness in the hope of promoting behavior change in sexual habits. Yet to this day, risky sexual habits are observed, especially among youths. One of the highest HIV infection rates among youngsters is in Ethiopia. Although there are positive changes being observed in the country, youths are still at elevated risk of contagion. In Ethiopia, it is estimated that 90% of the people who have HIV got infected before their twenty-fifth birthday

(Cherie & Berhane, 2012). But, unfortunately, there is little data exploring youngsters' attitudes, needs, or interests. This doctoral study attempted to look at this cohort by the means of a methodology that was conducted in two stages: critical ethnography to understand the challenges of AIDS education in Addis Ababa, and a PAR project with the use of photovoice that gave the opportunity for teenagers to add their voice and validate issues and concerns related to the spread of HIV. Together, critical ethnography and PAR have formed an ideal instance of how to reach critical bricolage.

Considering that photovoice has successfully been used in the HIV/AIDS context in other African nations, its use in Ethiopia could potentially bring new insights to the literature. Therefore, I decided to use photovoice in Ethiopia to gain new comprehensions about the type of HIV/AIDS education strategies that would work with Ethiopian youths. By using photovoice I wanted the teens to voice their concerns on the issues that concerned them. I wanted them to be active co-researchers, rather than being inactive recipients of HIV/AIDS research done on them by others. I believed letting adolescents take charge of research could lead to their sense of empowerment. Finally, I wanted the youngsters to decide what stories to tell when it comes to problems that involve them. By using photovoice as a PAR methodology, I also respected the tradition of critical ethnography (i.e., empowering marginalized populations, promoting dialogue, and pursuing social change). Table 1 summarizes the questions this doctoral research studied, and the methods that were used to address each question.

Table 1

Research Objectives, Questions, and Methods

Overarching objective	To study whether formal AIDS education is the best agent to promote behavior changes among youths regarding AIDS prevention in Ethiopia		
Objectives	Objective 1: To examine how Ethiopian high-school students experience the HIV/AIDS education programs offered in their schools.	Objective 2: To understand parents' and teachers' roles as AIDS educators and analyze the challenges they face when educating about sex or AIDS.	Objective 3: To examine adolescents' perspectives about AIDS, and how they see their position as an at-risk cohort when it comes to HIV infection.
Research questions	How do Ethiopian students in high school perceive and experience HIV/AIDS education and prevention programs?	Do parents/teachers educate their children/students about AIDS and sex? If so, how? If not, what are the barriers that hinder such education? And how can we go about overcoming those barriers?	What insights can we get from teens' narratives (photovoice narratives) about their experiences as a population at risk for AIDS, and their agency for bringing about a change in the situation?
Methodology	Critical Ethnography: Focus group discussions with high-school students	Critical Ethnography: One-on-one interviews with parents and teachers	PAR: Photovoice project with adolescents (12- to 17-year-olds)
CRITICAL BRICOLAGE			

Note: A short profile of all the contributors of this research can be found in Appendix D.

Chapter 3: Methodology

As stated earlier, this project was grounded in the critical bricolage approach suggested by Joe Kincheloe and Kathleen Berry. It consisted of a two-stage research strategy: a critical ethnography and a PAR tool called photovoice. In the first phase of this research I used critical ethnography based on focus groups and in-depth interviews to gain insights from students, parents, and teachers in order to understand their different perspectives and to compare their visions. The photovoice project was then designed as a response to what was learned in the first phase of this research. It enabled co-researchers to propose solutions to the problems at stake, through photography, all the while defining the problems from their perspective. By doing so, a deeper understanding of the issue at hand was examined. I present this in more detail below.

Research Design

Phase 1: Critical ethnography. Conducting critical ethnography means that investigators must have close contact with the target population, as well as having a living experience with the community at hand. There are three significant reasons behind the choice of conducting critical ethnography before the photovoice project here. The first is to have a clear sense of the current thinking/knowledge pertaining to HIV/AIDS education in Ethiopia. Conducting a type of exploratory research solidifies the understanding of current AIDS education programs in Ethiopia and enables the suitable positioning of the photovoice project. It was crucial for me to be knowledgeable about the trends before engaging co-researchers in a photovoice project. Photovoice is not a place for discovery, but more for discussion on what to do about a current problematic situation (although it is possible to realize something new during those discussions). Hence, it was vital to conduct a critical ethnography first in order to comprehend the issues at stake and to be on the same page as the prospective co-researchers.

Second, as the literature review illustrates, there is a lack of HIV/AIDS studies looking at teenagers. Therefore, conducting critical ethnography with focus groups and in-depth interviews and to look at the issues of this particular cohort was valuable. The data collected during this study will also add to the literature, and hopefully motivate more scholars to study this young cohort in the future.

Not least, critical ethnography is employed to answer the first two Research questions: 1. How do Ethiopian students in high school perceive and experience HIV/AIDS education and prevention programs? 2. Do parents/teachers educate their children/students about AIDS and sex? If so, how? If not, what are the barriers that hinder such education? And how can we go about overcoming those barriers? To explore these research questions, I conducted focus groups with high-school students (Research question 1), and one-on-one interviews with parents and teachers (Research question 2). The discussions that took place with students were designed as a means to understand their experience as HIV/AIDS education recipients. In contrast, the interviews with parents and teachers were conducted in order to study their experience as HIV/AIDS education providers. I describe this in more depth in Chapter 4 (Critical Ethnography).

Phase 2: Photovoice as a PAR tool. Once the critical ethnography component of the research with the focus groups (high school students) and interviews (parents and teachers) was completed and the findings had been analyzed, the photovoice project was conducted. Teenagers (many of whom were in their early-teens) were given cameras so that they could document their reality, prepare an action plan for the change they wanted to see, and communicate the results to the wider community and policy makers. One of the key components of a photovoice project is what happens after the photos have been taken. That is the time where co-researchers get the

opportunity to discuss their thoughts and explain the reasoning about the photos they captured. This exchange was what guided the co-researchers to plan and execute the action they wanted to promote. The details of this are presented in Chapter 5 (Photovoice).

The photovoice project did not stop at the picture-taking process and discussion. Conclusively, there was a photo exhibition that the public was invited to attend. During this photo exhibit, HIV/AIDS educators were encouraged to give their opinions about the photos and narratives they observed. In a way, this can be seen as an evaluation process of what the students had designed. As I stated in the review of the literature of this thesis, most photovoice projects ignore the important element of final evaluation. By engaging teachers, parents, members of the community, and policymakers to view and comment on the results of the photovoice project, my study combined research with action thus fulfilling the basic requirement of PAR. However, final photovoice exhibition was not the only comprehensive assessment tool I used. There were several other measures used as benchmarks for evaluation. I explicate this more in Chapter 5.

Sample Size

According to Sandelowski (1995), the sample size in a qualitative study should not be so large as to make it complicated to carry out a thorough, case-oriented study. However, it should not be so small to the point where it does not support any claim. Taking this into consideration, I used the following criteria to select the size of the sample population:

- The number of different population groups that needed to be included, in this case: high school students, teachers, parents, and the teen co-researchers (for the photovoice project);

- The number of focus groups to conduct and how long each takes, in this case two groups (one with female students and one with male students);
- The number of interviews conducted (in this case 30 interviews);
- The length and procedure of photovoice sessions; and
- The timeframe and budget available for conducting this doctoral research.

With this in mind, I decided to conduct focus groups with 15 students. However, due to the cultural traditions and the sensitivity of possible responses I decided to hold the male and the female focus groups separately (eight males and seven females; each gender in a separate group). I also decided to conduct the first set of in-depth interviews with 15 parents, which was followed by the second set of in-depth interviews with 15 teachers. For the photovoice project, I decided to engage 12 teenagers (with an equal number of girls and boys) for picture-taking, discussion, and exposition component. Thus, in total there were 57 contributors to this research: forty-five for the first phase of the research based on focus groups and in-depth interviews and 12 for the photovoice project. Note that for confidentiality reasons, the 45 collaborators of the first phase of the research (i.e., critical ethnography) used pseudonyms. As such, this thesis will present their aliases and not their actual names. On the other hand, the 12 co-researchers who took part in the photovoice project did use their real identity (the reasoning behind this is explained in Chapter 5). Basic information about all the contributors of this research (students, parents, teachers, and co-researchers) can be found in Appendix D.

Data Collection

All collaborators in this research were recruited through purposeful sampling. Purposeful sampling is a practice generally used in qualitative studies that involves finding and choosing individuals who have knowledge and experience in the phenomenon to be studied (Creswell &

Plano Clark, 2011). Using this type of sampling in this thesis allowed for the selection of candidates who were specifically suitable for each phase of this study. It also allowed for a direct access to the target population precisely needed for the research. It was therefore crucial for this type of sampling to be applied. In order to ensure that all collaborators of this research were in fact sampled in a purposeful manner, I carefully looked at the list of people who volunteered to participate in the research. I made sure to identify and select the individuals who were from the target cohorts sought: parents, teachers, students, or adolescents.

All contributors were recruited on a voluntary basis and had the opportunity to discontinue the project at any time without any consequence. They were informed of the details of the research and what their contribution and role were. A more detailed explanation of the data collection is given for each step below.

Critical ethnography segment. As stated earlier, an ethnographic research entails studying people in their environment. Physically being in the city/town where the research takes place—in this case, Addis Ababa—was therefore essential. It was also vital to study the field before meeting individuals for an interview. As such, before conducting focus groups and in-depth interviews, I decided to observe schools, *kebeles* (neighborhood administrator offices), and libraries to have a better grasp of AIDS education in Ethiopia. These observations were made to equip me with background knowledge subsequent to which, focus group interviews with students, and individual interviews with parents and teachers were conducted. From the literature, we learned that critical ethnography is an approach that enables all collaborators of a study to exchange knowledge through dialogue, to use multiple means to gather data, and to promote social change. This was the basis of this research as well. As a critical researcher, I made sure that all collaborators had a voice and were empowered to discuss issues they faced. I

gathered data through focus group discussions and interviews from the main people involved with AIDS education in Addis Ababa.

As a reminder, the first goal of the critical ethnography component of this research was to examine students' experience with the HIV/AIDS education they receive and the rationale that governed their perceptions. This was done through focus groups. The second goal was to understand the role of HIV/AIDS educators and to analyze the challenges they face when educating about AIDS. For that, the views of parents and teachers were collected through one-on-one interviews. Since they are the primary individuals responsible for educating the youth about HIV/AIDS in Ethiopia, their insights were crucial for this study.

Students. Two local volunteers distributed flyers (see Appendix A) to prospective students to be part of the focus groups. They were given details on the purpose of the research and how the focus groups would be held. Flyers and information letters were distributed near selected high schools (on the street) as students came out of class. The flyers explained the purpose of the study and invited students to participate in focus groups. It was also stated that prospective students would be required to sign a consent form if they were 18 years old or above, and an assent form if they were younger than 17 years old (a parent's consent form was also required for these youths). Students who showed interest in joining the focus group were selected on a first-come basis so long as they fulfilled three main criteria: the age required for this study; being enrolled and attending high school (at the time of the project); and residing in Addis Ababa.

Parents and teachers. Like the students, AIDS educators were recruited through purposeful sampling as well. As with the students, the educators were also selected on a first-come basis. The criteria for their selection were: to be Ethiopian from Addis Ababa and to have

had a teenage child (for parents)/a student (for teachers). Each parent/teacher was interviewed individually and had the option to choose to be interviewed at a location he/she preferred. These interviews were conducted face-to-face with parents/teachers but they were advised to choose pseudonyms so their identity would not be revealed. All parents/teachers signed informed consent forms describing the details of the project and their role as contributors to the study.

Photovoice segment. Co-researchers for the photovoice project were also recruited through purposeful sampling, just like for the critical ethnography segment of this research. The data for this were collected in three phases. First, students aged between 12 and 17 years old worked on the photovoice part: taking photos, discussing, and analyzing data. This is the exact target group for this research. Second, the photographs were presented to the public at a local gallery. Individuals involved in educating about HIV/AIDS (healthcare workers, teachers, parents, and HIV/AIDS speakers) were invited to this exhibition, along with anyone else interested. Lastly, these guests who were present at the exhibition were asked their opinions on what they had seen. This was done through informal conversation and by means of feedback notes that they completed after they viewed the photos the teens had crafted. In the following section I explain each of these three phases in more detail:

Taking pictures. Four weeks were scheduled for this part of the photovoice project (two sessions of four hours each per week). First, the teen co-researchers were given a tutorial about the art of photography. During this time, they were engaged in icebreaker activities that allowed them to know each other and to play with cameras. Then they were lent cameras, and asked to go out in the streets, schools, parks, homes, and any other place they wished to take photographs, illustrating the theme of HIV/AIDS (the exact topic they wanted to illustrate was their choice). This activity was repeated until saturation was reached. The cameras the youths used were

regular PowerShot digital cameras from Canon. The reason these were selected is because they were simple to manipulate and were affordable, while providing high quality photos. The co-researchers were not instructed to take a specific number of photos. It was a free activity, which allowed them to be in control of their work as photojournalists/photo-artists. At the end of each session, the photos taken were shown to all teens and they discussed their reasons and logic behind each photograph they took. They also talked about their experiences about the project, and how to contextualize what they did within the broader theme of HIV/AIDS education. It was also important for them to share what they enjoyed, disliked, and learned. Eventually, selected printed photographs were given back to the teens (the selection process will be explained later in this thesis). This was the time for reflection and proposing the solutions to the problem they wanted to address. For this, they worked in pairs at times, in small groups, and sometimes in one large group. At the end, each co-researcher selected two of his/her favorite photographs and explained to the group why he/she took that particular picture and how it relates to HIV/AIDS. The co-researchers then wrote narratives to go with their photos. These photos and narratives were displayed to the public at the exhibit (they can also be found in Chapter 5 of this dissertation). Additionally, the teen co-researchers collaborated to design invitation cards (Appendix B) that were sent out to the public to attend the exhibition.

Photo exhibition. The two favorite photographs of each co-researcher were printed out in large format (24”×36”) and medium format (16”×20”) and hung with their narratives at a local gallery. The public—including students, teachers, healthcare workers, parents, and HIV/AIDS community leaders—were invited to attend the photo exhibition the teens had crafted. The photographs were displayed for two weeks at Dinq Art Gallery in Addis Ababa, Ethiopia. They were also presented in Montreal, Canada, at Dawson College’s Humanities and Public Life

Conference and at McGill University's Artful Inquiry Symposium. Currently, the images are displayed in the hallway of Dawson College's New School (an alternative education program that provides a critical approach to learning).

Public opinion. Individuals who were present at the Addis Ababa exhibition of the youths' work were encouraged to give their opinions on the photographs they saw and the narratives they read at the exhibit. This was done to understand the concerns raised by co-researchers. The public—particularly those responsible for AIDS education in Ethiopia such as parents or teachers—has the power to shape future AIDS or sex education. It was thus important that they hear the voice of young co-researchers who are rarely consulted while developing effective HIV/AIDS education strategies. The co-researchers who participated in the study also had the opportunity to share their thoughts on the outcome of the project, and on how they felt about the consciousness raising they had generated. I discuss this thoroughly in the findings section of this thesis (Chapters 4 and 5).

Epistemological Assumption

A critical assumption underlying this thesis' method is that what we commonly refer to as "reality" and "truth" are in fact mutable social constructs. Note that what one person believes to be true and absolute in one part of the world can be held to be the opposite for someone who is elsewhere in the world. Subjectivity and bias are ubiquitous, with individuals holding knowledge based on personal experiences and beliefs in greater esteem than knowledge derived from more impersonal sources. In other words, we each construct our views of the world based on our insights, experiences, observations, and/or beliefs. This is specifically why I chose a qualitative methodology. It was the most appropriate manner in which to explore the best possible HIV/AIDS education alternatives in the Ethiopian context. To develop a more authentic

understanding of people's positions, we need to be able to view life from their cultural and personal lenses. Hence my choice of using critical ethnography and a PAR tool such as photovoice.

Because human knowledge and experience are social constructs subject to constant change, it is impossible to observe, evaluate, and solve human-centric problems using a singular method. This is specifically why I employed multiple ways of gathering data from a range of channels and individuals. The focus groups, in-depth interviews, and photovoice all came together to form a compound and valuable way of collecting data.

As a critical researcher, I understood and appreciated that this research project's method and questions would necessarily shift over the course of the work. Therefore, I designed a comprehensive plan of action and timeline for the project with the full expectation that unforeseen challenges and variables arising from the fieldwork would require changes in how I undertook the project. I was prepared to be flexible, and this flexibility was indeed necessary. Ultimately, this embrace of methodological adaptability was a true advantage, as it allowed me to address the needs of all the collaborators of this research and obtain a more authentic understanding of their experiences—while staying true to critical bricolage.

It might be possible for a quantitative researcher to go with a specific question and come back from the fieldwork with a specific answer to that question. This is often not the case in qualitative research, where the purpose is to explore a phenomenon. As Nias (1993) demonstrated in her work with primary teachers, we often start with the wrong research question. Our research question might seem adequate as we go to conduct our research, but the more we learn from our co-researchers or from the community in which we work, the more we realize that our research question needs to be changed. In the longitudinal study that Nias (1993) conducted

in the seventies and eighties, she had the flexibility and patience to change her research purpose based on what she learned, she gave a true voice to the members of the research, and she spent numerous hours revising her work until everyone involved with the research was completely satisfied with it. The final findings of her research had the potential to change the lives of teachers and students for the better. That is what I yearned to accomplish with this research as well. As I worked on this project, I could see the project change, be set aside, and resumed. It was my responsibility—with the help of everyone involved in the project—to pick up the pieces, connect the dots, and continue.

In this thesis, critical bricolage was used as an umbrella for critical ethnography and photovoice. It is thanks to the data collected in the critical ethnography segment of this research that I understood the need for an even more inclusive type of method such as photovoice. Together, these two methods complemented each other in allowing all the contributors of this research (the students, parents, teachers, and teen co-researchers) to be heard and to provide insights on issues that matter to them.

Ethical Consideration

Ethical issues often arise when working with vulnerable populations (in this case, underage individuals), especially when their images will be available to the public. It is essential to give this due consideration prior to the project being undertaken, during the project, and even after. Prior to the project, I made sure to give clear explanations of the purpose of the research to each youth (and to their parents, for those who were younger than 18). They were told that they had the choice to be part of the project or not. They could discontinue the project at any time without consequences. They were also encouraged to ask as many questions as they wanted in order to understand the purpose of the project and what their roles were exactly.

During the research project, I paid special attention to cultural sensitivity and to the youths' comfort. This means that for the photovoice project, I provided a photography workshop so that co-researchers did not feel that they lacked the skills to take photos. Also, group discussions were kept confidential and all members of the research were told about that code of confidence, and advised not to share discussions outside the group. Furthermore, co-researchers were encouraged to take photos in which the identity of the people in the image could not be seen (for example taking photos from far, blurring faces, taking photos from the back, and so forth). This was not an obligation, only a suggestion.

After the research project was complete, there were termination activities in which the co-researchers and I came together to conclude the group. This was extremely important to do, since a bond is often created while conducting a photovoice project; brusquely finishing the project can lead to dissatisfaction. I wanted to ensure that there was an effective exit strategy, and so made certain to meet the teens after the end of the exhibit to have final discussions, a writing activity, and a small celebration. This way the teens could say their goodbyes in a fun way while having a sense of community.

In the event that this study were to be published, credit to all co-researchers will be given subject to the confidentiality requirements of the ethics clearance (as it is for this thesis). Being that this is a participatory study of a group in which members collaborated, everyone has a certain ownership of the work. Nevertheless, in giving credit I wanted to be careful not to divulge the full identity of the members of the group. However, the co-researchers asked for their names to be shared (for reasons that will be explained later) and their parents agreed.

Note that before conducting this study, ethical approval was obtained from the Human Research Ethics Committee at Concordia University. All members of the research were informed

of the purpose, benefits, and possible risks associated with the study. They were also told that they could discontinue the interview, focus groups, and/or photovoice project at any time. A verbal and written informed consent was obtained from each study member. For individuals who were younger than 18, additional consent forms from their parents were obtained. In addition, permission from a gatekeeper at each research site was gained two weeks prior to the research project. The gatekeeper was the person responsible for the location at hand, and who was informed of the purpose of the research and had given written permission for the project to be held at the selected research site.

Challenges Faced and Study Limitations

As with all other research tools and methodologies, PAR and photovoice have shortcomings that must be considered and addressed. First and foremost, there is the ethical dilemma that photovoice carries (Allen, 2012; Prins, 2010). Working with marginalized populations on sensitive and often controversial issues such as HIV/AIDS or sex is difficult (Gray, Lyons, & Melton, 1995). This project was met with such difficulty particularly over the challenge of communicating with collaborators (particularly young ones). Indeed, the teenagers with whom I worked ranged in age from 12 to17 years old, and many had not had open communication about AIDS yet. It was an enormous responsibility for me to ensure that I give adequate information on AIDS while being mindful and respectful of traditional Ethiopian norms and taboos when talking about sex and the nature of sexually-transmitted diseases. I also had to make sure that I carefully attended to their questions/worries and to address them as best as I could. Moreover, considering that the group consisted of teens from varied ages and both genders, their experiences about sex were not the same. It was at times challenging to describe matters correspondingly (i.e., talking about sex to a 17-year-old girl is not the same as to a 12-

year-old boy). This was a limitation in the sense that it forced me to halt the project on some occasions and teach about AIDS, which was not the goal of this photovoice project. Perhaps the time lost doing this could have been used for more picture-taking moments, or for deeper analysis of the data. Having said this, there is no doubt about the fact that giving the teens information about AIDS was useful. Despite the limitation this may have caused the research, the benefit to the teens' lives surpassed the risks. Indeed, I believe that disseminating useful (and potentially life-saving) information exceeded any potential risks to construct rigor in my research.

Second, photovoice uses images that might break confidentiality, which presents another challenge to consider (Mitchell et al., 2005b). I faced this issue in our photovoice group because some co-researchers took images of people without asking their consent. Therefore, we had to delete their images and did not use them in the exhibit (nor in this thesis). It was also very important for the co-researchers' confidentiality to be respected as much as possible, so I consistently had to remind them to keep what was discussed in the group secret. Many of the youths found this challenging because their parents would ask them. "What did you do with your photovoice group today?" Accordingly, we had to come up with general messages to share with people outside of the group; the messages had to be simultaneously truthful and vague enough to maintain confidentiality. This however, did not affect the integrity of the group discussion and the outcome of the research objective. The messages the youths wanted to share to their community were revealed through their images and narratives.

Third, as stated earlier in this thesis, it is often difficult to make sense of the findings gathered through a photovoice project (Mitchell et al., 2005b). Using digital archives as findings is tricky; analyzing them and putting them together in a report is even more challenging. For

instance, once co-researchers came back with pictures they took, it was daunting to decide which images to keep and which to discard. Additionally, the safety of the youths themselves as they went into the community had to be considered attentively. At the end of the project, when the co-researchers had to decide which images to exhibit and how to analyze the plethora of data they had collected, there were several instances of heated debates regarding how to proceed. Facing these issues was challenging at times for both the co-researchers and myself. It was therefore important that members of the group were informed of this in advance so they could be better prepared for the eventuality. Also, for every hurdle that we encountered, we took time to discuss it and to analyze how to best proceed.

Fourth, this research was conducted on a tight budget, despite the fact that photovoice is an often expensive project. This had a few limitations on the time I was able to stay in Ethiopia, the type of cameras that were purchased, and the quality of the photographic prints used for the exhibition. As such, the members of the group had to be careful with the materials they were using (i.e., digital cameras, computer, and memory cards) so they did not damage them or lose them. Moreover, they had to be mindful of the fact that the project had a timeframe to respect; veering too much off topic might result in a loss of time. This was a slight limitation in the sense that the members of the group felt pressured by time and financial constraints. Despite this, it was essential for everyone in the group to feel a sense of ownership and responsibility to the materials and the time expended. Thus, we had open communication throughout the project about any concerns we had regarding time or resources.

Fifth, this photovoice project spanned several weeks. For some co-researchers it was demanding to commit that much time for the study. This was because of other responsibilities the teens had (i.e., school, church, and family duties), and also because of the distance between some

of their homes and the location where the photovoice took place. There were therefore instances when a couple of students were absent or late to a session. Thankfully, this only occurred twice and did not negatively affect the group as a whole. At times, the length of the project may have made the teens feel a certain sense of saturation or tedium. When this happened, I made sure to change the activity at hand or change the timeframe of our activities. The project had to be continually engaging and stimulating for the teens to stay focused.

Finally, it is crucial to understand that this research was context-sensitive. More specifically, it would be inappropriate to generalize the findings of this project. This is chiefly due to the fact that the number of contributors implicated does not satisfy the established criteria for generalizability purposes. Also, the research was conducted in one particular city: Addis Ababa. Though the findings give crucial information on the trends in Addis Ababa, and describes the challenges of AIDS education in this city, generalizing the finding to other Ethiopian cities would not be valid.

Chapter 4: Critical Ethnography

In this chapter, I present details about the fieldwork that I completed in Addis Ababa, Ethiopia, where students, parents, and teachers were interviewed about their views on HIV/AIDS education. The process is described in a chronological order starting with when and how the focus groups/interviews took place, what the collaborators stated, how their responses were analyzed, and finally a discussion and analysis of the responses of the students, parents, and teachers. As such, each group is described separately. The students are described first, then the parents, and finally the teachers. Note that each of these three sections starts with a reiteration of the methodology (in more detail than previously presented) so as to allow the reader to witness the process of the study through the eyes of the research team.

The Students

The beginning. As I was walking towards the research site to meet the youths who would form the focus groups, I could not help but think about how I would have loved to have had this opportunity when I was a high-school student myself. Never had adults asked us our opinions about AIDS education, or what we felt about the disease. I remember being terrified about AIDS, and even more terrified to ask questions about it. There were so many unanswered queries I had about the disease, about why it was such a secret, and about why it was only taught through distant means like the media, instead of by our parents or teachers—the people we saw every day. But then again, this was 12 years ago. Although I am in the same city (Addis Ababa), these youths may not have had the same experience as I did. Perhaps for them it is all clear and they do not fear AIDS unreasonably as I did. Regardless, I was eager to find out so I could finally start laying down the groundwork for my research. This first step in ethnographic

research is of prime importance; it helped me gauge if what I read in the literature, what I heard from my teenage cousins in the past months, and what I lived through myself over a decade ago were still true today.

It was a bright Saturday afternoon in December of 2012. Though I had already met with the youths (and their parents/guardians) to explain the goal of the research and to give them copies of consent/assent forms, it felt like I was meeting them for the very first time. They were all there by the time I arrived, all 15 of them plus the social worker. I had decided to recruit a social worker to assist any youth who might need to step out of the focus group because they felt uncomfortable about the discussion. In the event that they did not feel well (emotionally or physically), the volunteer social worker was responsible for escorting them out and making sure that they were fine. The social worker was also in charge of contacting the students' parents if there were an issue that required parents' attention. Although this never happened, it was comforting to know that there was a person who could assist me if emotional issues occurred. It is important to note that for confidential reasons, the social worker did not attend the focus groups: She was waiting outside of the room and would only step in if needed—which never happened.

Since the purpose of research was to conduct a detailed investigation of high-school students' opinions and experiences, I found that the most appropriate data collection technique was a focus group interview. In addition to providing an understanding of breadth, focus groups have the advantage of providing a group's shared understanding of a phenomenon. This was highly beneficial for this project since the purpose was to discover the collective opinions high-school students in Addis Ababa had concerning the HIV/AIDS education programs of their schools.

Based on previous literature that I had read on HIV/AIDS in Ethiopia and on my experience working with youth in the context of the epidemic, HIV/AIDS education in schools in Ethiopia is widely available but behavior change does not necessarily follow. In order to understand the gap that exists between the awareness level and the behavior change, it was important to understand both the depth and breadth of students' experience of the HIV/AIDS instruction they receive. My assumption as a researcher was that students depreciate the HIV/AIDS education they receive and do not find it useful. I wanted to understand the reasons behind the inefficacy of current HIV/AIDS education and how future HIV/AIDS education programs could be improved. To reduce biases during the focus group interview, I was careful not to lead the youths in the direction of my assumptions. I asked open-ended questions that would enable the youths to express their thoughts freely.

As soon as I arrived, I noticed that the youths' faces lit up and I was welcomed with large smiles. All 15 students were present (aged 13 to 18). They all said hello, shaking my hand one by one. I had met them all before, some more than once since they would come with their parents to ask questions about the research. Still, I knew that because I was older, they might feel some distance between us. This would be expected. That distance could be seen with the respect they gave me as I came in. For instance, they used formal Amharic (the official language of Ethiopia) and stood up when I passed by so they can offer me their seats.

Although I appreciated their courtesy, I needed them to see me as an equal for the purpose of this study. Building rapport was extremely important in gaining the confidence of the respondents. That would be the only way they would speak up freely. I therefore decided to delay the focus group a bit, and build a connection first. Thus, I started asking them questions about movies, sports, music, and celebrities. Their interest increased and the conversation started

flowing. We chatted for about two to three hours, and as time went by, they started to loosen up, seeing that we watched the same type of movies, and had the same attitudes about certain celebrities. We laughed, patted one another's back when we agreed, and made little jokes here and there. I was now right there with them: back in a high school's courtyard. In fact, a student eventually proposed that we play cards (a common activity among youngsters in Ethiopia), which we did for another two hours, all the while chatting about our lives. It felt just like old times, and the youths kept saying, "You're so cool." The language had dropped from formal Amharic to *arada kwankwa* (youths' jargon). We could now start with the focus group discussions.

The discussions. I facilitated focus group interviews with the two groups (male group first, female group later). I started by thanking the students for their contribution and then re-stated the purpose of the research and the objective of the focus group. They were reminded that they could discontinue the interview at any time with no consequence. They were also told that the focus group would take about one hour and 30 minutes each (though of course, we were not limited by time and could go longer if need be) and that it would be audio recorded but that this was done for the research's purpose only. Their identity would not be revealed to outsiders (and in this thesis), as they would be referred to by the pseudonym that they had chosen for themselves. I introduced the volunteer social worker, and told the students that she would assist them if they had any concerns or if they felt uncomfortable and/or emotional. I informed them that the social worker would be available outside the room. After this, we had an icebreaker activity so that the youths could get comfortable and know each other a bit more. The icebreaker activity used was called 'Mix and Meet', which, like the name indicates, enabled students to mix

and talk to each other by using different colors to identify different topics of discussion (e.g., blue for family, green for school, yellow for food, and so forth).

Before starting with the discussions, I showed them the snack table and explained that they could get up at any time to grab food/drinks, which they did quite often. This was an indication for me that they were comfortable. It was interesting to see how eager the youths were to start. “When are we starting?” “Can we speak as long as we want or is there a time limit?” “Can we also ask questions?” “If we remember something else after the focus group, can we email you?” I was favorably surprised to see this excitement and answered all their queries enthusiastically.

As stated earlier, the two focus groups were conducted separately, the first one with the seven male students, and the second one with the eight female students. Considering that we were going to talk about a sensitive topic, the separation by gender was vital. For each question asked, students were given time to jot down their answers on a piece of paper that they tossed in the middle of the table. The reason this was done was to make sure that all members participated equally. Since the members of the group did not all know each other, this allowed them to break the shyness that may be present. Once they all wrote their answers on a piece of paper, each student explained what he/she had written and other students were encouraged to comment and/or add more detail. The discussion proceeded well as the students interacted dynamically and influenced each other to generate ideas for further investigation (more on this later in this section).

As the discussion began, I noticed that the youths had extensive knowledge about HIV/AIDS (much more than I had at their age) and were eager and willing to express their thoughts. The discussions in both the female and male groups were vivid and opinions were

shared freely. In the female group, students respected one another's time and mostly spoke when it was their turn. They all had a lot to say and provided detailed answers, often giving examples and anecdotes. The male students were a bit more casual and spoke whenever they had an idea or an opinion (not necessarily by turn). They still respected each other and raised their hand before answering. Just like the girls, the boys also had a lot to talk about and used every opportunity possible to make their points. They gave examples and arguments based on their experiences.

Codes and themes. I used a coding process to link the research questions of this study. For this, I used the HyperRESEARCH program to conduct the analysis processes. HyperRESEARCH is a computer program that allows the coding, the retrieval, and the completion of qualitative data analysis. I created two cases (one for the male students and the other for the female). Each case was coded separately in order to clearly see whether there was a gender discrepancy. The preliminary coding was done through the recurrent topics that were stated in the focus groups. Fifty codes for the male students and 47 codes for the female were first recorded. About half of these codes were in-vivo coding, meaning that they were directly taken from words the students had uttered. Then, overlaps and redundancies were examined, which resulted in 16 codes for the boys' group and 15 for the girls'. Finally, the codes were filtered by names, and then collapsed into five themes per group. Table 2 illustrates this coding process.

Table 2

Coding Process for Students' Focus Groups

Gender	Preliminary codes		Similar codes grouped		Themes
Male	50	→	16	→	5
Female	47	→	15	→	5

The two tables that follow illustrate the procedure that was taken. They present the coding schemes and the themes that came out of the youths' answers. Both the female and male groups shared the first four themes: 'saturation', 'generation gap between teachers and students', 'peer education', and 'role of parents'. However, there was a divergence in the last themes: 'The media technique' for males, 'drugs and alcohol issues' for girls. The following codes (Table 3) and themes (Table 4) illustrate the main findings with respect to this ethnographic research. These findings are presented more fully later in this chapter.

Table 3

Coding Scheme Developed from Raw Data of Students' Focus Groups

Codes equally shared by both male and female groups	Codes shared by both male and female groups but experienced at different intensity
AIDS education effect	Entertainment Education (EE)
Education by students	Gender difference
New generation of youths	Parents' involvement
Saturation/boredom of AIDS lessons	Public vs. private school
Denial about sex	AIDS education through media
Teacher's vs. student's generation	Informal education of AIDS
Outside organizations	Government involvement
Innovative tools	Drugs and alcohol to blame

Table 4

Key Themes Identified from Students' Focus Groups

Theme shared by both males and females	Male-exclusive theme	Female-exclusive theme
1. Saturation	5.1	5.2
2. Generation gap between teachers and students	The media technique	Drug and alcohol issues
3. Peer education		
4. Role of parents		

Students' responses. In the current section of this chapter, I examine the responses the students gave during the focus group interviews. First, the shared experience between the male and female groups is presented (Themes 1 to 4). Then, the last theme is separated by gender: Theme 5.1 for the male students and Theme 5.2 for the female students. Note that all student names referenced in this segment of the thesis (i.e., critical ethnography) are pseudonyms. Their real identities are concealed for confidentiality reasons. For the reader's convenience, these pseudonyms as well as the short profile of the collaborators of this thesis work (students, parents, teachers, and co-researchers) can be found in Appendix D.

Shared experience about in-school HIV/AIDS education.

Theme 1: Saturation—learners' fatigue with HIV/AIDS education. A theme that was highly recurrent in both groups was the fact that HIV/AIDS education was seen as boring and repetitive. Students stated that they often had little interest in attending HIV/AIDS courses

because they were too monotonous, and the students were not learning anything new. There was a clear sentiment of saturation. “In the classroom, we are sick of hearing about AIDS. It is just the same thing over and over again,” stated a young boy, Solomon. Mekonin, another male respondent, went as far as saying that many students boycotted or skipped HIV/AIDS education. He said, “We have other more important courses, you know? Like math or chemistry, where we actually learn something new. So, we’d rather go to those classes when we have the chance.” Considering that some HIV/AIDS education classes were taken at the same time as other academic courses, this was a significant comment. Indeed, if students have to choose between classes for which they will be graded at the end of the semester (i.e., academic courses) and AIDS courses, it is normal to expect them to go to their academic courses. Unfortunately, that means that they may consider their grades more important than the possibility of learning about their health.

One of the reasons students found HIV/AIDS programs boring is because they lacked innovation. It is important to note that this generation has been hearing messages about HIV/AIDS prevention daily since birth. This does not only come from school, but also from the media, which uses every opportunity possible to mention AIDS. Biniam stated, “Me personally, I am sick of hearing about AIDS. If schools want me to focus on their HIV/AIDS education programs, then they need to find new tools and new means that are not boring.”

“Oh my God, we’ve heard about AIDS since we were kids! It does not affect us anymore, we are accustomed to it now,” said Helen, and she added:

> Teachers should completely forget about direct HIV/AIDS education. Since I was a kid, nothing has changed about AIDS. There is still no cure, and the best way to prevent it is

> still abstinence or using condoms. So, what's the point of telling me that over and over again? Clearly, that's not helping much since Ethiopia is still one of the countries with the highest infections in the world. Despite all the education we get, we are still getting infected. In Western countries, kids don't have AIDS education in school, right? But they have low AIDS cases. So that means that something is embedded in their mentality that makes them behave carefully. So maybe we need to focus on the mentality issue. Our society's mentality should change. And for that to happen, I think we need informal education. Stop talking about AIDS all the time but rather of things that would make us avoid getting infected. For example, if I live in an area that has too much drugs or violence, I have a higher chance of being infected by AIDS, so maybe schools can teach me how to overcome this lifestyle, or how to get out of it. This way, I will be safe from HIV.

The other members of the group shared Helen's point of view. They all agreed that informal education—or as the youths liked to refer to it 'indirect education'—was extremely important because it would reduce HIV infection without necessarily talking about AIDS, and thus, students would be willing to listen. Another example that a student gave was to teach girls to have more self-confidence, so that they could be strong enough to say no to sex or to use condoms consistently. Here again, the youths stated that the focus should not be on the topic of AIDS, but on educating about self-assurance in general. HIV prevention will come naturally after girls are strong enough to say 'no' to unsafe sexual intercourse.

"Let me give you another example," stated Helen after the long discussion on informal education, "To a girl who is often at nightclubs, we can teach her to use her time differently, like

how to read for fun. This hobby will reduce the chance of her getting infected. So indirectly, we would have provided AIDS education."

The group members on the male side agreed with this. Informal education is a must, they said. They wanted the education to be more casual and entertaining. They particularly wanted to see it geared towards their interests. Aman stated, "We should be educated using things that we like and enjoy. Me, I love movies, so if they can incorporate AIDS education in my movies, that will be perfect." Other means that the males mentioned included the use of theatre, dance, or sports. Solomon added, "We are more focused on things that we already appreciate, so schools should use this; they must focus on entertainment as a means to teach us about AIDS, but they shouldn't talk about the disease itself, at least not directly."

Theme 2: Generation gap between teachers and students. An issue that all students repeatedly mentioned is that their HIV/AIDS educators were rarely on the same page as them. There seems to be a generation gap between teachers and students. This specifically happens when it is schoolteachers who give the HIV/AIDS education (rather than guests from different associations). "Yes, we do get educated about HIV/AIDS in science class or biology, but to be honest it is not a good quality education," stated Kalkidan. On the male side, Solomon announced this:

> Teachers only teach what they are comfortable with, but not necessarily what we need. For example, they don't tell us to use condoms, they just say abstinence, abstinence, abstinence! They think that if they tell us to use condoms, we will interpret it as "go and have sex as much as you want." But, the thing is, whether they say it or not, we will have

sex eventually, so they might as well motivate us to use condoms, and most importantly, tell us exactly how to use condoms.

To this, Abraham added, “Teachers have a hard time telling us to use condoms because they don’t even want to believe that we have sex, so they’d rather not even mention it, which is a bad idea.”

Lily, a female respondent, also talked about the generation gap that exists:

> Our generation is into having fun, enjoying life and so on. [Long pause] So telling this generation not to drink, not to smoke, or not to have sex is not helping because this type of talk does not attract us at all, and we don’t listen. So it’s important that HIV/AIDS educators give lessons that are tailored to our generation and our needs. They have to be more open-minded. […] In my school, there is no information about condoms at all. In fact, even the logo of our Anti-AIDS club at school is the image of abstinence. They believe that it is not our age to have sex.

Another issue that the youth mentioned is that their teachers do not use the ‘right’ language to teach them about AIDS. Students dread the fact that teachers—especially older teachers—used warnings and fear to tell students how terrible HIV/AIDS is. “Many teachers are too rough and use harsh words to make us afraid of the disease; to the point that some people who learn that they have AIDS will commit suicide,” said Biniam. The youths all agreed that although AIDS is a serious disease, the way to inform students should not be done in a scary manner, but rather in a hopeful way. “Fear will only bring anger. Clear and open explanations

are better ways to go about educating," said Tuti. "They give us warnings instead of advice. That's the wrong method," stated Meti.

Theme 3: Peer education. When asked which type of HIV/AIDS education students preferred, out of the types they received at school, they unanimously answered that it was the lessons that were given by students themselves. For example, in anti-AIDS clubs, students are trained by NGO staff and are asked to disseminate what they have learned to other students. The other methods comprise schoolteachers' HIV/AIDS lectures (mostly in ethics or biology class) and outside organizations' outreach in different schools. Anti-AIDS clubs are more popular than the other two forms of education, but students identified some limitations. A 15-year-old girl who had been selected as one of the students to train other students in her school said:

> Since we have more knowledge and experience in the subject, we can properly circulate the message, and students listen to us better than they will listen to teachers. So I think every school should focus on that: Making sure that students transfer the info to students. No adults [...] But unfortunately, there are more girls involved than boys in anti-AIDS clubs, boys are not very attracted to it, so there needs to be some type of incentive for them to participate too.

"Yes," added Lily, "Students are like us, so we can ask them whatever question we want. But the problem is, they are trained by adults, so they often simply repeat what they were told. So again, the message is similar to our teachers anyway." A male respondent, Mekonin, added this:

> Definitely anti-AIDS clubs are much better than our teachers' lessons. I want to see AIDS clubs more involved, though. Not to only be active once a year on AIDS Day or when there is a particular event. We can get infected any day, so AIDS clubs should be there to support us every day. It should be a place we go anytime we have questions, kind of like if you would go to your teacher for an academic question. Yes, it would be nice to go somewhere to talk about AIDS freely, anytime. If that was the case, I am sure we would see a huge difference in HIV prevention.

Theme 4: Role of parents. Although the interview questions were solely about school-based education, the youths found the need to express their thoughts about what parents' role should be. It is not the cultural norm for Ethiopian parents to talk about AIDS or sex to their children. Yet, all the students expressed a desire to see that change. "Technically it should not even be the school's responsibility to teach us about AIDS, but our parents'. If we grew up in an environment where AIDS was openly communicated [about], I think we'd behave in a much safer manner," stated Nuna. "I completely agree," said Lily, who then added:

> It's really important that parents take on more responsibility. It is their kids' lives after all. They now have to be up-to-date with what is happening and start communicating with us. It is not in our culture yet to have parents talk to their kids about sex. But that is what is killing us. So this has to change. I think the Ethiopian education system should start educating parents on how to talk to their kids about taboo topics […] Yes, school can teach us about HIV/AIDS so that we have awareness, but our behavior will come from

what our parents have taught us when we were young. So it's an imperative that parents start taking on this role in our society.

This idea of educating parents also came up in the boys group. Tesfaye, a 13-year-old student, stated, "Parents need to be educated on AIDS issues as much as us, if not more. Media and schools are mostly focusing on educating youths, but nobody is teaching elderly people. How can they help us, if they don't know?" To which Tuti said, "I agree with you, Tesfaye, if my parents ever saw me with a condom in my hand or in my pocket, they would freak out [everyone laughs], "but still I think we as their kids should take the responsibility to teach them too." Indeed, like Tuti, other students felt that it was in their own interest to talk openly to their parents about AIDS despite how uncomfortable that may be.

Gender difference.

Theme 5.1: The media technique (male group). Both females and males agreed that school-based HIV/AIDS education programs had several limitations (generation gap between teachers and students, saturation issue, lack of informal education, lack of parents' involvement in AIDS education). They proposed several solutions to the issue, as explained in the above sections (Themes 1 to 4). Male students had one more solution to add and that is what they called 'the media technique.' The media in Ethiopia is very active in disseminating messages about HIV prevention and treatment for AIDS. Through the use of Entertainment Education (EE), they have been able to reach a large number of youths in a way that is 'attractive,' as opposed to the boredom of in-school AIDS programs. Abraham, 15 years old, stated, "Media is doing an excellent job. Sometimes the words they use might seem aggressive or too direct, but that's the language we use among us youth, so it's okay. It is our reality." To which Aman added, "Yes,

media tells us things exactly the way they are. No hiding, no secrets. They use the right language and are not shy to talk openly about sex."

Despite all the efforts and resources that are being spent on school-based AIDS education, all male students stated that they preferred the way media educated about AIDS, and that they got the majority of their AIDS knowledge from there. Like Mekonin, who announced:

> To be honest, media is doing most of the work, not school. I can confidently say that most of what I learned about AIDS was through media, and not school. Media has found exactly what we want, and they tell us about AIDS in a subtler way, you know? They first gear to our interest by using drama, soap opera, radio show, or music. Then they incorporate an AIDS issue. If schools could somehow adopt this technique, I'm sure they'd do a much better job, and we'd listen more.

All male students agreed with these statements. Media education of HIV/AIDS was open, clear, and stimulating. School-based education programs were not. They showed great interest in media education and hoped that schools will adopt their techniques. They believe that in-school AIDS education is very important and should continue to exist, but it needed considerable improvement. For males, what schools were lacking was the 'interesting and entertaining' factor. If that were to be incorporated, they were willing to participate in more school-based education about AIDS.

Theme 5.2: Drug and alcohol issues (female group). Just like the male students, females also found limitations in the way HIV/AIDS was educated in schools. However, they seemed to feel that the issue was much larger than what males found. The girls believed that the whole way

of educating needed to be completely modified, while males only focused on one technique to improve the education: by incorporating EE. Female students believed that the issue was not just educational but governmental. They considered the biggest issue to be the easy access of drugs and alcohol for youth. “No matter what education we get at school, if students are high or drunk, they won’t remember it,” stated Mistere, a 14-year-old. Indeed, in Ethiopia, children and youth are able to buy alcohol at any age. The same goes for medicine: As long as they have a prescription (that they can take from their parents or friends) any child/youth can go to a pharmacy and get the drug. One drug that is easily accessible at any store is khat, which is a plant that is a stimulant known to cause excitation. Khat is legal in Ethiopia, even though the World Health Organization (WHO) classifies it as a ‘drug of abuse.’ Nuna stated:

> I think our generation is more into drinking and abusing drugs than our parents were at our age. The law needs to be stricter and not allow underage people to buy alcohol or drugs. Under the influence, teens do stupid things at school itself and get infected by HIV right there. There is not enough HIV/AIDS education that can overcome the issue of drugs and alcohol. The government should pay special attention to this. Also, teachers should educate us about the problems that come from alcohol and drug abuse, instead of telling us the same thing about HIV/AIDS again and again. We’ve known it since we were little. Now, what we need is to know about the incidents that can cause HIV infection such as drugs and alcohol.

All female members of the group shared this concern over the drug and alcohol issue. They especially blamed the day parties that were supposed to be for teenagers, but where older

people sometimes went and sold drugs. Some students also buy alcohol from outside and bring the drinks to the parties. As for nightclubs that are technically for individuals 18 years of age or older, the youths stated that they frequently were able to get in as long as they knew the bouncer or looked old enough. “That’s very dangerous. There should be a system in which younger kids are not allowed to go in no matter what,” stated Lamrot, “Or if they go in, then they should not be allowed to drink.”

Discussion of students’ perceptions on HIV/AIDS education. HIV/AIDS education in schools is given a high priority in Ethiopia. Students participate in the programs and are able to gain HIV/AIDS awareness. Unfortunately, most of the AIDS programs available in schools are becoming less and less popular among students. Not only are they unpopular, but students also found them ineffective for promoting behavior change. All members of this focus group discussion disapproved of the way many of their teachers educated about AIDS because there was a generation gap that meant teachers’ style and content did not match Ethiopian youth’s lived realities. They explained that the lessons were too monotonous, boring, and lacked innovation. In addition, some teachers seemed too uncomfortable to talk about sex freely, so students did not ask any questions. The education is then superficial. This ties back to the literature showing how the stigma associated with the disease made individuals unwilling to talk about AIDS (Molla et al., 2009). On the other hand, the Ethiopian media seems to be highly effective because students are fond of Entertainment Education (EE). The youths stated that they get more of their information about AIDS on television, radio, or the newspaper.

It is important to highlight the fact that students were in favor of informal education. They hoped to see a way in which educators could teach about means that would reduce HIV infection, without necessarily talking about the horrid nature of the disease itself. Teaching about

valuable social skills such as self-confidence and self-awareness, openly talking about issues of drugs and alcohol, or using art and culture to disseminate AIDS messages subtly were a few suggestions. Additionally, students preferred to be educated by their peers rather than outside NGOs who provide outreach, or by their schoolteachers.

It is imperative to note that offering the informal education that students wish for would mean that teachers need to be trained for it, but as the literature has shown earlier in this thesis, many teachers in SSA are not trained for AIDS education (Hyde et al., 2011; Mathews et al., 2006). Yet, the first responsibility of educating about AIDS falls on them.

The implication of these findings is that school-based HIV/AIDS education—as important as it is—needs to improve in light of students' responses as detailed in the preceding discussion. The fact that it is becoming less popular among students should alarm administrators of the Ethiopian healthcare and education systems. There is a great deal of funding and time spent on providing these HIV/AIDS programs; if students do not appreciate them and if their behavior does not change towards safer sex practices, then there needs to be newly designed AIDS education programs. However, before getting there, it is of prime importance to understand the views of two other important parties supposedly involved in AIDS educators in Ethiopia (parents and teachers). Understanding whether their inputs match those of the students is key. This is precisely the focus of the following two sections of this thesis: 'The Parents' and 'The Teachers'.

The Parents

The process. Purposeful sampling was used to recruit 15 parents from Addis Ababa (12 females and three males) who voluntarily participated in the study. I made sure that the sample consisted of parents from different ethnicities, religions, and social classes. This was done to see

if parents from different backgrounds had similar opinions about the phenomenon studied: parent-to-child HIV/AIDS and sex education. Participation of parents from diverse groups minimized responses from a single group of parents and ensured somewhat more rigor. Varying the parents of the study was vital so as to not have the opinion of only a single group of people.

The gender imbalance of the parents was due to the fact that most fathers declined to participate, stating that in their family the mother was the one responsible for educating children about AIDS or other issues. In Ethiopia mothers are often more involved in raising their children, and children often feel closer to their mothers than fathers. I was directed towards the mothers, who responded to my questions eagerly. In some cases, it was the grandparents who were taking care of their grandchildren or aunts taking care of nieces/nephews because the biological parents had passed away. This shows the gravity of the issue and the havoc AIDS has caused in respondents' lives. Also, this explains why the age range of the parenting group was from 29 to 79 years old. They all had at least one teenage child they cared for—either in the past or currently. This age gap was purposely sought, in order to study whether the trends of educating about HIV/AIDS or sex have changed with time. Considering that the parents were all from different generations, and that they also had children from different generations, it would be possible to see if the challenges of AIDS education is the same or if it has changed through time.

The interviews were all conducted in Amharic. The parents were interviewed in the place of their choice, often their homes or their workplace. I contacted the parents prior to the interview sessions to explain the purpose of the research and the need for a quiet room to conduct the interview. I also gave them the opportunity to ask as many questions they may have had. I gave them my email address, home address, and phone number so they could contact me at any time. It was not until they were satisfied with the answers and agreed, that I conducted the

interviews. Note that signed permission from the parents was obtained two weeks prior to the interview session.

I conducted each interview. I re-described the objective of the research project and the interview they were about to take. I reminded them that the interview would be audio-recorded and that the recording would be kept confidential. I asked them to choose a pseudonym for the interview so they would stay unidentified. I informed all parents that if they wanted to, they could choose not to answer certain questions, and also that they could discontinue the interview at any time without any consequence.

Once they approved of all the above, I presented them with the consent form and asked if they had any last questions before the interview began. They then signed the consent form and returned it to me. Note that the Human Research Ethics Committee at Concordia University has approved this project (along with the research with the students, presented earlier).

Upon completion of the interviews, I first transcribed the data into Amharic. After reading the content of the transcribed version, I translated it into English. However, I kept the Amharic transcription close by when analyzing the data because I wanted to ensure that I had not strayed too far in meaning from the original version, particularly when coding the data. Once the translation was complete, I read the English version twice and compared it with the Amharic version to make sure that the information matched.

Coding. As with the focus group discussions with students earlier, HyperRESEARCH (version 3.5.2) was used to conduct the data analysis processes of this ethnographic study. For this research, there was only one case (since just one type of cohort was selected: parents). The data was processed through a preliminary coding system that generated 31 codes. Most of these codes were in-vivo coding, which means they emerged from the statements made by parents.

In the second phase the codes were further analyzed and any overlap or redundancy was compressed to create 12 sub-codes. These sub-codes were then filtered further and finally collapsed into four main themes: ‘cultural influence’, ‘lack of knowledge’, ‘poverty’, and ‘absence of entertainment areas for youths’. These main themes will be discussed thoroughly in the following section of this dissertation. Table 5 illustrates the flow of the coding process undertaken in this part of the current research. Table 6 displays the 12 sub-codes that emerged from the analysis. Finally, Table 7 shows the four themes that were further elucidated from examining the data.

Table 5

Coding Process for Parents’ Interviews

Preliminary codes	Sub-codes	Themes
31 →	12 →	4

Table 6

Coding Scheme Developed from Raw Data (Sub-Codes) of Parents' Interviews

Problems presented by parents	Possible solutions proposed by parents
Parents' role on AIDS and sex education is limited	AIDS education is crucial
Parents' lack knowledge to provide AIDS and sex education	Schools and government should do most of the education
It is culturally shameful to talk about sex	More direct talk about AIDS is needed
Age gap between parents and children	Creating space for extra-curricular activities for youths
Children's boredom leads to HIV infection	
Sex is taboo	
Fear of misinforming child about AIDS	
Poverty is a major cause of the spread of HIV and the lack of parent-to-child AIDS education	

Table 7

Themes Identified Based on the Research Questions of This Study (Parents)

Research questions	Themes	Answers
1. Do parents educate their children about AIDS and sex? If so, how?		- For the most part, no - When they do, they tend to use indirect language or threatening messages
2. What are the barriers that hinder such education?	1 and 2: Cultural influence; Lack of knowledge	- Culturally, sex is taboo. So, there is a lack of open communication - Lack of knowledge
3. How can we go about overcoming those barriers?	3 and 4: Poverty; Absence of entertainment areas for youths	- Fighting poverty - Providing safe places for youths to play, relax, and learn

Parents' responses. As was the case with the students in the focus group earlier, all 15 parents that participated in this research relished the opportunity to talk about HIV/AIDS and sex education. There was a 100% rate of participation. All parents felt that it was an extremely important project and they had a lot to say about it. They all gave detailed examples and arguments of why AIDS education is important and why it should be encouraged. However, most revealed that they had a hard time talking to their children about AIDS or sex. In fact, only one out of the 15 parents, Lidia, has ever had a detailed conversation about sex and AIDS, and that seems to be because she herself had some personal experience:

> Yes, I talk to my daughter about it [sex]. I don't want her to fall in the same mistake as I did. See, I had her very young and had to quit school to take care of her. My pregnancy was very difficult and the birth even worse. I definitely don't want her to go through the same things I did. That is why I tell her that she can come to me if she has questions about dating a boy, intercourse, or AIDS. We talk quite often.

Other than Lidia, none of the other parents had ever openly talked about sex or AIDS to their children. Seven parents stated that they sometimes indirectly speak about it. The remaining seven parents, on the other hand, have never mentioned that topic to their children, and do not believe they ever will. "No, I do not talk to my children about this terrible disease. They are too young anyways, just 13 and 15," stated Membere. Another young parent, Salem said: "No way, I don't even know what to say." The first research question of this section of the ethnographic study was 'Do parents educate their children about sex and HIV/AIDS (and how)?' As stated above, the simple answer is no. For those who attempted to educate, it seems that their conversation was brief and indirect.

Although all parents stated that AIDS and sex education was crucial, none believed that they should be the primary educators about this topic (this is a response to the first question of the second research question of this study: Do parents educate their children/students about AIDS and sex?). It was considered unusual or unacceptable for parents to take on this role because of the many cultural barriers (these barriers will be discussed in the next section) that existed and the feeling of lack of knowledge or competence among parents. This leads us to the second research question of this study: What are the barriers that hinder parent-to-child

AIDS/sex education? The answer to this question is found in the first two themes that came out from the analysis of the parents' statements: 'cultural influence' and 'lack of knowledge.'

Theme 1: Cultural influence. In Ethiopia, speaking about sex is extremely taboo. People who are thought to be sexual (for example sex workers, people who are often seen with different partners, and even people who wear provocative outfits) are considered dishonorable. There is a cultural norm of modesty, and it puts sexuality in a negative light. This acts as a strong cultural barrier to proper AIDS education, since in order to talk about AIDS there needs to be a talk about sex. It is no surprise then that parents find it hard to bring up the sex topic in the house. Very few families share information on the matter. "It is shameful to talk about this in our country. It's very embarrassing as well," stated Sara when asked about why she would not talk about sex to her child. Mamo stated, "I don't even talk about that [sex] with my wife; how do you expect me to talk about it with my kids?" This fear of openly talking about sex was the core reason parent-to-child AIDS or sex education was close to nil in Ethiopia. In fact, during the interview sessions, only two parents mentioned the word 'sex' when answering my questions. The others referred to it as 'that,' 'this,' or 'the contact.' The level of education of the parents, the type of religion they followed, or their social status did not influence the 'shame' factor they felt when talking about sex. It was the same feeling for all, no matter their background.

Some parents felt that this tradition partially comes from religion. Ethiopia is indeed a very religious country with a large majority of Christians and Muslims, and a minority of people who follow the Jewish faith and other local religions. These religions reject both the idea of sex before marriage and that of promiscuity. The Bible, the Quran, and the Torah declare these as sins. In a country where religion has a large impact on people's lives, it is quite normal that many followers are influenced by it: "The Christian Orthodox Church is very linked to our lives,"

stated Mamo, “And if you look at it, our church is based on fear. For example, sinning is feared because it gets you closer to the devil; and since sex is a sin, we all fear it too.” Mamo was not the only person who stated religion was one of the reasons why AIDS education was problematic, and this can be seen with what Tola said, “I am not sure how I can tell my children to use condoms, for example. That will contradict everything about my religion, our religion.”

The fact that it is not culturally accepted to talk about sex openly in Ethiopia makes it challenging for parents to teach their children about AIDS. They often use language with hidden messages or metaphors. Unfortunately, this might even further confuse the child. An example of these types of speeches is what Mebrat does with her 14-year-old son:

> I never really educate him about AIDS, but sometimes I talk to him about someone who has it and how he is sick now. Or if I see something bad on TV like a teenager misbehaving, I tell him ‘See, this is how this kid might get infected by that.’

Many parents use this fear-mongering technique to talk about AIDS. They start with an issue and try to add their thoughts to it in the hopes that their children will hear them. Most of the time, the parent would not mention the word ‘sex’ or ‘AIDS’ in their communication. It is therefore up to the child to decipher the message. This subtle way of spreading a message is presented as advice. However, it might easily be misinterpreted since parents and children may not share the same images/metaphors.

The other form of communication that parents shared was to give threatening messages. As AIDS is associated with shame, and later on with death (if not treated), parents make their children fearful of being infected. “I always tell my children to be careful or they will regret it”

(Tarikwa). “I warn them not to come home with that disease” (Makida). “I tell him: be cautious, don’t be an embarrassment to our family” (Robel). These messages might seem harsh and inappropriate. Nonetheless, many of these parents have never received any AIDS or sex education themselves, so they are not entirely at fault. As Sintayew mentioned, “Nobody has shown us how to talk about AIDS or sex when we were growing up; how are we supposed to do it now?”

It is important to note that not only parents have a hard time talking about AIDS or sex. Children themselves refuse to hear it: Seneit, mother of a 24-year-old young man, said this: “I’ve tried since he was 15. Every time I bring up the subject he leaves the room with an uncomfortable face; I don’t even know if he ever had a girlfriend.” Of all the parents interviewed not a single one stated that their children asked for information about sex or AIDS. This illustrates that just as it is difficult for the parents, so it is also difficult for the children. Note that this comes in contradiction with the focus group interviews presented earlier, in which students had stated that they wanted their parents to talk about AIDS and sex.

Theme 2: Lack of knowledge. Other than the cultural barrier explained in the section above, parents stated that one of the main reasons why they cannot give AIDS or sex education was that they did not feel knowledgeable enough on the topic. Alem, a grandparent who is taking care of her daughter’s children, stated, “I am 79 years old. In my time there was no AIDS or any of the many diseases I hear about these days. So how can I teach anyone anything about AIDS? I need education myself.” Another parent, Tarikwa, said, “Our knowledge of AIDS is not clear. I have an idea but I cannot explain it.” Most parents interviewed shared this thought. They did not know how to go about explaining it in detail. Interestingly, all the 15 parents knew exactly where to get resources about AIDS. Many of them have actually gotten those resources, and those who

did not, were exposed to enormous amount of AIDS information from mass media. Yet, they still felt that they were not equipped to educate their children about AIDS. This might be because they did not get any formal training on how to talk about AIDS with their children. Indeed, few resources or training materials explain how to talk to children about AIDS or sex. Alem stated, "The *kebele* [neighborhood administrator] people come and educate us about the disease all the time, they tell us to talk to our children, but how? They forget that it is difficult, plus I am not even sure I understand everything."

Because parents feel that they lack knowledge or are not competent enough to educate about AIDS, they tend to rely on other sources to educate their children. School, the government, and health clinics are relied upon to inform about AIDS. Many parents prefer to send their children there. "I trust that my child gets educated about it at school," Sara said when asked where she thought her child should get AIDS education. Abeba went as far as saying: "Well, if my kids want to know about AIDS they should go to the people that teach about AIDS. I cannot do it."

The Ethiopian government has spread awareness throughout the country in the last ten-twenty years. They have worked hand in hand with the Ministry of Education and the Ministry of Health to promote prevention strategies. Most parents are aware and appreciative of that: "I think the government has been doing a great job spreading awareness," stated Lidia and Mamo during their respective interviews. But they both added that it was not enough. For instance, parents think that more needs to be done in the way movies and shows portray youth. A lot of time images about youths are related to hanging out in bars or being promiscuous. For parents this was an issue that needed to be addressed because they did not want their children to think that this was normal behavior.

Although all the parents interviewed acknowledged the work the government has done so far, they believed that the AIDS problem was far from being solved. This is because they felt that there were still lots of new HIV cases, which meant to them that many people were still having unprotected sex. Parents blamed this on the lack of direct or open communication. In fact, six mothers who had participated in their *kebele's* HIV/AIDS trainings said that the lessons they got were not very clear, and that they still had unanswered questions. Rahel stated: "The information that they give in schools or in *kebele* are not detailed enough. Just like we are as parents, I think teachers and trainers are embarrassed to openly talk about sex."

The two main challenges that parents described when talking about AIDS and sex education were the cultural barriers that existed and their own lack of knowledge. All the parents interviewed shared these views. This situation is also comparable to what the literature review presented in this study illustrated. Just like all other African countries mentioned there, Ethiopia also suffers a cultural burden that makes it hard for its population to openly provide education on sex and AIDS.

Data resulting from the third question of the second research question (i.e., How can we go about overcoming the barriers that hinder AIDS education?) led to the emergence of the remaining two themes: 'poverty' and 'absence of entertainment areas for youths'. I now turn to these themes to describe the specific challenges discussed.

Theme 3: Poverty. Despite its considerable economic advancements these past few years, Ethiopia remains one of the poorest countries in the world. Many of the parents interviewed cited poverty as being one of the main reasons for the difficulty in preventing HIV/AIDS in Ethiopia. "I think what needs to improve is our economic status. Without the basic needs of food or shelter, nobody can focus on preventing AIDS," stated Robel during his interview. For Robel,

the issue of HIV/AIDS education was much bigger. He attributed the issue to poverty more than anything else. He repeatedly stated in his interview that poor parents had many other important things to deal with than educating their children about HIV/AIDS. Unless those needs were covered, there will never be proper parent-to-child AIDS education. Other parents like Gifti, who is raising six children in a small home, Alem who is raising four, and Abeba who is raising three, had the same concern. All three are raising their grandchildren or nephews/nieces but are the only breadwinners of their family. "I know it's important that I educate the kids about AIDS," stated Alem "But, really, when and how do you want me to do it? It's very difficult with all the things I have to do in the house. I really don't have time to worry about that." Abeba shared the same thought: "AIDS is not really a priority; my priority is to feed them and send them to school. I don't have the time or the will to go get trained or get the resources for AIDS anyways."

The poverty factor is not only an issue for parents who do not have enough time to get the information they need to teach about AIDS. It is also a problem for the youth who are growing up without money. They have an increased chance of falling into harmful habits (e.g., drugs, alcohol, or prostitution) if their parents cannot provide them with what they need. In other words, a youth who cannot afford to get his/her main necessities (school fees, food, and the like) might turn to unsafe means by selling sex or drugs in exchange for money. This in fact was the fear of Gifti:

> One of my daughters is acting up. She is very difficult these days. She complains a lot about us being poor, about how she doesn't want to go to school because she has no shoes or even underwear. She is growing now…You know? And it is making her aware of our condition. I fear that because she is sad she will fall into bad things easily. Often,

she is not home. She spends time with other people that I don't know. So I'm scared that she will meet men that will promise her money and then she gets that disease from one of them. If only I was not poor, I could protect her.

As was discussed in the literature review of this thesis earlier, poverty is often linked with harmful behaviors. Youngsters who live in poor neighborhoods are more likely to try to find quick money, and often that happens in unsafe ways. As Rahel pointed out, "We need to be careful about how drugs, shisha [tobacco], or alcohol use is increasing in bad neighborhoods. That is one major cause for the spread of HIV I think." Many of the parents interviewed feared the new trend of access to drugs that was growing. In fact, they are more willing to educate children about drugs than about AIDS or sex, because they believe that being under the influence of alcohol or drugs is what leads many youths to have sex, often unprotected. This situation is a perfect gateway to the last theme that emerged from the data: Young people no longer have space for amusement.

Theme 4: Absence of entertainment areas for youths. The theme detailed above illustrated the worry that parents had: drugs and alcohol are becoming more and more common in Ethiopia. Although one of the reasons for this is poverty, perhaps a deeper problem is the fact that children in urban cities have less and less space to play and relax. This is what Mebrat saw as a major problem for her 14-year-old son.

My son is often bored. When I was growing up, I went out and played all day with friends; we jumped ropes, played hide and seek, soccer, dodge ball, and so on…We never had time or interest to try drugs or sex. But my son and his friends don't have that option.

> There is no more space in Addis Ababa for kids to go out and play properly. The government is selling all the land to investors so that they can build roads and buildings. Because of this, kids stay home, so they are bored. When kids are bored, they watch TV all day or go online and learn about things that might not be of their age. They stay in their bedrooms and might experiment on drugs or cigarettes when their friends come to visit them…So the next thing after that could be sex.

Indeed, cities like Addis Ababa are starting to get crowded with the growth of train tracks, buildings, and road construction. Those spaces that children used to play in have been transformed into highways and skyscrapers. Children can only go from one house to another. Some parents expressed that they were so concerned that their children will fall into harmful habits by spending time in a friend's bedroom that they often prohibit them to go to their friends' houses. Tola, father of three children, also shared what Mebrat (above) stated. He felt that the lack of activities for youth led them to have sex too early. This is problematic because as early-teens they may not yet know about safe sex practices. He mentioned that there were not many extra-curricular activities, so after school children came home or just spent time sitting somewhere on the streets.

The issue described above is not only problematic for young teens but also for adults. According to Meron, the lack of adequate entertainment is leading everyone—children and adults alike—to fall into harmful habits. "Look around you," she said, "there is not a single park, library, or sports club around. All you see are bars, lounges, cafés, and nightclubs. These places lead to sex." Meron expressed her concern about how drinking was what people did for fun. She called it: "A culture of fun that revolves around drinking." To that she added, "For those who are

not outside at a bar or café, they are watching movies or music videos that promote inappropriate sexual behaviors. How can parents promote HIV prevention, when everything around the child's life promotes sex?"

Most of the parents interviewed saw this lack of proper youth-friendly entertainment centers as a pressing social issue in Ethiopia. Some even saw it as the core reason behind the HIV spread. They complained that it was hard for them as parents to compete against advertisements, movies, and music videos that promoted a lifestyle that they considered inappropriate, including going to nightclubs, kissing in public, wearing provocative outfits, smoking, and drinking. Parents posited that before educating about sex or AIDS, the government and the community should strive to create safe and beneficial places for children and youths to play and grow.

Discussion of parents' perceptions on HIV/AIDS education. This section presented research conducted with in-depth interviews with parents. It identified several factors that make it challenging for parents to talk openly about sex and AIDS in Ethiopia. Many of the arguments are similar to reasons that appear in dominant literature, particularly when it comes to the cultural factors. Like the parents of this study, Wamoyi and colleagues (2010) have identified that sex was a taboo topic, acting as a barrier to parents talking about it.

As Izugbara (2008) and Löfgren et al. (2009) have described, several African parents use indirect or threatening messages when talking to their children about AIDS. The parents of this research have also used the same technique. For them, directly talking about AIDS or sex was impossible to consider, due to the cultural norm that made discussing sex taboo.

Another similarity that was found between the parents of this study and those in the literature review was the feeling that parents lacked competence or knowledge to give

HIV/AIDS or sex education. Indeed, Bastien et al. (2011), DiIorio et al. (2000), Kawai et al. (2008), Kirkman et al. (2002), and Tesso et al. (2012) all described how many parents did not feel equipped or confident to teach about sex, which had a negative impact on HIV/AIDS education. Many parents in this research stated that this was partially due to the fact that they never received sex or AIDS education when they were growing up, so it was hard for them to know how to educate. This corroborates Bastien et al.'s (2011) systematic review in which they argue that parents' lack of knowledge about AIDS was partially due to the fact that they did not have parents who educated them about it, so they are also constrained to do so with their own children. As Tola, a parent interviewed for this thesis said: "It's hard to teach what you have not learned." Bastien (2011) and Mbugua (2007) also made this observation.

Although there are many similarities between the findings of this study and past investigations of parent-to-child HIV/AIDS and sex education, two unique new perspectives that do not appear in past research were uncovered during this thesis research. Indeed, parents interviewed identified poverty as one of the main reasons behind their lack of educating their children about AIDS. One of the reasons they could not provide proper guidance to their children needed for HIV/AIDS prevention is because they were too busy trying to earn a living for their families. They did not have time to attend HIV/AIDS sessions to get trained. When they did, they did not always understand the talks in depth because they had a lot on their minds. For them, parent-to-child AIDS or sex education cannot happen unless they start leading comfortable lives.

What is particularly interesting to point out is that parents did not talk about solutions for the cultural inhibition that made it shameful to talk about sex and AIDS. Instead, they talked about another cultural issue that they believed was one of the main reasons for HIV transmission:

The fact that youths did not have adequate space to express themselves. All they had were bars, nightclubs, or cafés to have fun. Undeniably, the absence of a space that has suitable entertainment or activity can be problematic for a society. When youths' definition of fun centers around drinking or dancing at night, they may lose other values that are beneficial for society.

Let me elaborate on this. Current neoliberal policies that promote the urbanization of cities and international media leave no room for any meaningful extracurricular activities that are outdoor and free. 'Having fun' is now an activity of the wealthy with emphasis on going to restaurants, bars, or movies. Local private businesses are competing with an international market so they want to maximize profits, juxtaposing it with the loss of public space for youth. With the loss of space, engaging in sports, attending cultural events, playing board games on the street, or having fun in playgrounds is becoming scarce. These are extremely important for children's physical and intellectual growth. The concern that parents have is therefore warranted. The lack of entertaining space is not only problematic for the transmission of HIV, but also for the future social condition of the country.

Many of the parents stated that it is governments and schools that should give AIDS education. Since children spend most of their time at school, and since it is challenging to talk about sex or AIDS with their children, parents felt that teachers would probably be the best educators. It is true that educating about HIV/AIDS at school has been a common practice in Ethiopia. The next, and last section of the ethnographic component of this thesis examines HIV/AIDS education seen through the eyes of schoolteachers.

The Teachers

Planning. After completing the study with the students and the parents, I was even more eager to meet with teachers. I could not help but think how this was going to affect the direction of my research. Though I knew that AIDS education in Ethiopia was not perfect, I had not expected students to be so distressed about the failure. I also had not expected parents to want teachers and the government to continue to multiply their efforts in AIDS education (instead of parents themselves talking to their children).

Here I was, coming with a list of complaints that students had presented about their HIV/AIDS education and a list of requests parents had about the role teachers' play in their children's lives. I was worried that my questions would be too abrupt when talking to the teachers. Would I be too upfront? Would I show my disappointment about the failure of the AIDS education students received? I knew that I had to keep those feelings aside. It would not be fair to these teachers, who may not have had anything to do with how the AIDS education programs were designed. Secondly, my feelings would bring no solution to the actual issue at hand. As I had listened to the students and the parents, I wanted to listen to the teachers impartially as well.

It was with this in mind that I decided not to conduct the teachers' interviews right away after the parents' interviews. It was crucial for me to take a break and to reflect on the most successful ways to give a voice to teachers. Henceforth, I flew back to Montreal to continue reading on sex and AIDS education in SSA and to learn about any new literature that may have been published. I went back to Ethiopia the following year to conduct the interviews with the teachers, armed with more knowledge and more determination to find ways in which students, parents, and teachers could work together to solve the AIDS issue in Ethiopia.

Before conducting the interviews however, I found it important to understand first-hand what the education system of Ethiopia was like, more particularly that of Addis Ababa. Though I had read numerous pieces of literature about this and I myself attended school in Ethiopia, I believed that it was still important to observe it so as to have the most current information possible. Consequently, I spent several weeks visiting schools to learn about their curriculum, and visiting public libraries and *kebeles* to do more research on the school programs and AIDS education as a whole. For the data collected through teachers' interviews to make sense for the reader, I believe it is important that I start by sharing what I gathered from these weeks of observation.

First of all, it is important to understand that there are four types of schools in Addis Ababa: public, private, religious, and international. The majority of students attend public schools, which are greatly funded by the government. These schools follow the curriculum designed by the Ministry of Education, and so the AIDS education program also comes from there. Private schools are fewer in number compared to public schools (especially at the secondary level), but they are rising in popularity and parents who can afford it often choose to put their children in such schools. These schools must follow the Ministry of Education's curriculum as well but are able to add other forms of curricula if they want (which they often do). They also tend to follow the AIDS education program presented by the Ministry. Religious schools can be private, public, or semi-public. Most of these schools are headed by the Catholic Church, though there are a few that are led by other religious groups such as Orthodox Christians, Protestants, or Muslims. These schools must also follow the curriculum of the Ministry of Education but they have an added component of teaching the values of the religions they represent. When it comes to AIDS education, they are allowed to teach it at their discretion.

In other words, since they are religious schools, they can for example focus on abstinence teaching only (and not 'condom use' teaching). Last, international schools, like the name indicates, are mostly for foreign students, though some Ethiopian students attend these as well. They are private (often times very expensive), and do not have to follow the curriculum of the Ministry of Education in its entirety. This also means that they do not have to give AIDS education (though many do).

Second, it is essential to note that teachers in Ethiopia must hold a bachelor's degree to teach in secondary school in Addis Ababa. Once they finish university, they can either apply to work in private schools (which is usually what most teachers prefer since salaries are higher), or they are placed by the government to teach in different public schools throughout Ethiopia. This rule does not necessarily apply to international schools because they often hire teachers from abroad. Generally, teachers are encouraged to educate about AIDS, though many do not have the training to do so. For those who do not receive formal AIDS training, they are sometimes able to find resources from the Ministry or from their schools (books, activity materials, and such).

Third, the language of instruction in primary school is the local language of the town/city the school is located in. In Addis Ababa, it is Amharic. In secondary school, the language of instruction is English (except of course for language classes where the language concerned is instructed). This is the same for college and university. Note that this is problematic because upon completing elementary school, students are expected to speak English fluently (since all their courses in secondary school will be in English), which is rarely the case for students in public schools. As such, when the AIDS instruction is in English in high school, one can wonder how much students really understand. Note that international schools do not have to abide by this

language rule as they often teach the language spoken from the country they represent: French, Italian, Greek, and so forth.

Last, it is important to note that the Ethiopian Ministry of Education is responsible for promoting AIDS education in all public schools. The focus is mostly on promoting awareness and on putting prevention strategies in place. AIDS education is expected to be taught in Environmental Science, in Basic Science, or in Social Studies for primary school, and in Biology, Ethics, or Civic Education for secondary school. This is unfortunately not always the case depending on the resources the school has and the training teachers have (or have not) received. There are also anti-AIDS clubs in many public schools that are open for students to ask questions about the disease. These clubs are often run by students themselves. Also, on AIDS Day (December 1), many public and private schools have events organized to spread awareness and to give out condoms for free. The Ministry of Education encourages this. Religious and International schools do not have to follow this however.

From what I could gather from my observations, on paper it seemed as though AIDS education was mandatory and was present in all public schools, as well as most private and religious schools. In reality however, things were a bit more complicated. Many teachers did not seem trained to educate about AIDS and there was a lack of resources for teachers. This will be detailed further in the responses teachers gave during their interviews.

Armed with all the information I had gathered from my observations and the interviews of the previous two cohorts (students and parents), I felt ready to talk to teachers. I revised my interview questions and made sure that I was not to be biased by what I had learned prior to this. I constantly self-reflected and made sure that I would not mix the conversation I had heard in one group with the conversations that I would hear with the teachers. This to me was not only

essential for the strength of this dissertation, but also a sign of respect to the teachers with whom I would be speaking.

I decided that I would not speak directly about the students I had interviewed. I would let the teachers talk freely about their experiences, their needs, and their abilities as AIDS or sex educators. What were their challenges? What were their needs? Where did they get the information needed to teach about AIDS or sex? How do they feel about their roles as the main sex educators of this young population?

The procedure. My goal was to find out about AIDS education in Ethiopia from the people who actually give and sometimes design AIDS education courses. Interviewing them was not only an asset, but also a necessity for the effective completion of this research. As explained in the beginning of this section, I had decided to interview teachers last, after students and parents, because I wanted to gather enough information from the first two cohorts before meeting with the educators. Indeed, considering that teachers would have more experience and knowledge with regards to AIDS education, I felt that it was wise to interview them last.

I met with school principals and retired educators to have access to current schoolteachers. I had to ask for permission from the school's administrators first in order to be allowed to go to the school premises and interview teachers. Due to lack of time, most teachers requested that I leave them with the interview questions so that they could answer them when they would be free, and then discuss them with me later. For me, this was both worrisome and worthwhile at the same time. It was worrisome because I feared that they would forget and never get back to me. It was worthwhile because it made me realize that they wanted to take their time and answer the questions in a non-rushed situation, which was ideal. Despite the fact that I reiterated to teachers that I would still have to meet with them for a face-to-face interview, they

still requested for me to give them a list of questions in advance so that they could provide me with as much information as necessary. Of course, after they looked at the questions on their own, we sat at a later date and went over them together to do the in-depth interviews. Unlike parents who seemed to have flexible schedules for me to conduct the interviews, teachers had limited time to allocate to me. That is why they opted to getting the questions of the interview in advance, and when we met, we went over them together. Since the interviews with the teachers were not audio-recorded (as requested by them), the notes they wrote on the questions were highly beneficial. Additionally, they all gave me their contact information in case I would have questions about their answers in the future. This was useful in a number of cases, where I needed clarification or more detail.

The interview sessions with teachers were as lively as those with the students and parents—if not more so. All 15 teachers had a lot to say and were keen on sharing their experiences. They presented me with some materials they used in the classroom, talked about the places they went to get more information on AIDS education, and how they were trained (for those who were trained) to teach about AIDS. It was an enriching experience in which several key issues were uncovered.

Coding. HyperRESEARCH (version 3.5.2) was again the program used to conduct the data analysis processes for this part of the ethnographic study. There was only one case/category (like the interviews with the parents) since only one type of cohort had been selected: teachers. This case was organized through a preliminary coding system that generated 28 codes (in-vivo coding). The codes were then examined closely to compress any overlap or redundancy. This created 10 sub-codes. These sub-codes were then categorized further and finally collapsed in five

main themes, which are: ‘AIDS education is needed,’ ‘lack of resources,’ ‘time constraints,’ ‘teacher training,’ and ‘breaking the silence.’ Following are tables that illustrate the coding process (Table 8), the ten sub-codes that came out from the analysis (Table 9), and finally the five themes (Table 10).

Table 8

Coding Process for Teachers’ Interviews

Preliminary Codes		Sub-codes		Themes
28	→	10	→	5

Table 9

Coding Scheme Developed from Raw Data (Sub-Codes) of Teachers' Interviews

Problems presented by teachers	*Possible solutions proposed by teachers*
Shortage of materials and resources is a big issue	AIDS education is a must
No time for teachers to set aside for AIDS education	Students appreciate and want AIDS education
The lack of incentive to teach about AIDS is problematic	AIDS education should start earlier (primary school)
	More communication between different communities is needed
	Teachers' training should be reinforced
	Traditional ways of educating about AIDS should be avoided
	Emphasis on marginalization and discrimination is a must

Table 10

Themes Identified Based on the Research Questions of This Study (Teachers)

Research questions	Themes	Answers
1. Do teachers educate their students about AIDS and sex? If so, how?	1: AIDS education is needed	- Yes, AIDS education is needed - Varied methods are used to teach about AIDS
2. What are the barriers that hinder such education?	2 and 3: Lack of resources and Time constraints	- Lack of resources - Time constraints
3. How can we go about overcoming those barriers?	4 and 5: Teacher training and Breaking the silence	- Teacher Training - Breaking the silence

Teachers' responses. If there is one matter that all teachers interviewed had in common, it is that they strongly believed that AIDS education is—and should remain—an integral part of schools' curricula. There was no question on whether education could *really* solve the HIV/AIDS crisis in Ethiopia. It was unanimous: "AIDS education is a must" (Sehen). Teachers gave varied reasons why this was the case. Among many other reasons—which will be discussed later—they felt like school was best positioned to reach youths in different communities. "Where else can you find a group of children and teenagers who are preparing for their future than here?" asked Tadeos, who has taught secondary school for 15 years. Teachers pointed out that it is

partially thanks to the mass movement of AIDS education in the schools in the late -nineties and the early 2000s that awareness about the disease was spread. The continuation of this education in the 2000s makes sense. The types of education and materials used need to be updated, but the AIDS education should continue.

Theme 1: AIDS education is needed. The fact that AIDS is still an epidemic in Ethiopia was good enough reason for all the teachers interviewed to state that AIDS education should be carried out at school. "Although everybody has enough information about AIDS, we still need to educate youths about it, especially when it comes to sexuality. This is very important," stated Selam, who has taught about AIDS for six years at her school. She later added this: "Children and youngsters in general are at-risk populations, so talking to them directly is of prime importance". Samuel, who teaches health sciences in college said this during his interview: "They [students] can transmit the messages back to their communities and families. When you are educated, people in your community tend to listen to you, so our students are the best messengers to transfer what we teach them at school." Wollela, who teaches biology at a different school, said: "Of course we must educate about AIDS. It's probably the most important thing we should do actually." Then she added: "It is kind of mandatory anyways, so we are expected to educate about it."

"It's simple, with AIDS education, we save lives," said Biruk who is a teacher with 20 years of experience. Another teacher, Tamra, stated: "If we want a better tomorrow, we must ensure children receive AIDS education. This disease is attacking our most valuable population, and if we want to beat it, we need to focus on prevention." Selam stated this during her interview: "Youths are at the productive age group, they are tomorrow's parents. We have to care for them if we want a future." Overall there was a sense of responsibility that was felt by

each teacher interviewed. Their role as teachers was not only to instill academic knowledge in their students, but to also ensure that they are alive to apply these acquired skills in their future careers. “The first and most important reason for me to teach about AIDS is to save the lives of future generations,” stated Wollela.

There was a broad agreement among all teachers interviewed: Because their students were engaging in sex, it was crucial to teach them about the risks of STD transmission and the value of prevention methods. “As much as we want to ignore it, our students are sexually active,” said Selam. Another teacher, Jemal stated this during his interview:

> Those who are not sexually active yet will be very soon, due to peer pressure and hormonal changes. Psychologically and physically, they feel like they are ready. So, they will have sex. This is why we have to teach about AIDS at that age. Not teaching it is not an option.

For all the teachers interviewed, ignoring sex or hoping that students were not having sex was dangerous. This motivated them to teach about AIDS when they had the opportunity, and when their schedules allowed it. The consensus was that AIDS instruction was highly valuable ant that when they could, they should provide the education.

Interestingly enough, some teachers stated that their students actually wanted to talk about AIDS and sex. “My students have asked me questions about AIDS,” said Mengesha. For the teachers, this was an indication that they had to take the requests seriously. “Most of their questions were about how HIV came to exist and who the first people diagnosed were,” said Selam. Though some of the teachers mentioned that their students asked about AIDS, none had

students asking about sex directly. The questions were mostly related to the disease, treatments, or diagnosis. “They like to talk about AIDS, they ask many questions, and they reflect on them,” said Biruk. “All their questions are about the epidemic of AIDS,” said Jemal. “Talking about AIDS is, in a way, talking about sex, but I don’t think they’ve ever asked me any question about sex per se. I would bring it up when we talk about AIDS, but it would not come from them,” said Tadeos.

All the reasons mentioned above—AIDS is still an epidemic, students are sexually active, and students want to talk about AIDS—illustrate why teachers find it important to have AIDS education in school. Consequently, they have all tried different techniques to teach about AIDS in their classrooms. Some used formal lectures, some discussions, presentations, drama, text readings, group work, and/or bringing in guest speakers. This is not to say that teachers do not face challenges when educating about AIDS. In fact, despite being open to teach, they face issues that hinder the success of the education. As much as they want to devote time and energy to their AIDS or sex courses, it was often taxing to do so. The following sections and themes describe these challenges in more detail.

Theme 2: Lack of resources. Unanimously, the teachers interviewed stated that there was a lack of resources and information for AIDS lessons. “We want to teach it, and we know it’s important, but sometimes we are just not qualified to do so, and there is no place to find those tools,” stated Kaleb. This situation is disconcerting. When teachers do not have the right instruments, their motivation is reduced, which in turn affects the quality of the education they provide. This very situation was described by Samuel: “There is really a shortage of materials, which is demotivating for us, and so we have students who have poor attention in the class.” “We just don’t have the necessary resources. The ones we have are outdated. Also, there is no

resource person at our school," said Biniam. Then he added, "The textbook provides some information, but it is not very satisfactory."

One of the issues that teachers found in the resources that were provided in their school is that the materials did not seem to respond to students' needs. Therefore, teachers were often reluctant to use them. As Samuel said, "The information provided usually focuses in pathophysiology, history, and maybe treatments. But it would be great if psychosocial aspects were emphasized." Many of the resources found—if they existed at all—focused on biological aspects of the disease. In practice, this meant that students would learn about AIDS in health sciences courses. When it came to talking about the social aspect of the disease, there was unfortunately little space to do so with their teachers, as this social science teacher, Zelalem, stated: "Even for me it's hard to teach about the social aspect of AIDS, mainly because I do not have a book that covers this much, so I have to create it… But when can I do this?" It is important to remember, that most schools have 'social spaces' available for students, such as the AIDS clubs. However, some teachers had their doubts about the usefulness of these clubs: "They (students) have access to AIDS clubs, but often that is only student-to-student (peer education). It is good for support, but I don't think they gain much knowledge if they are all the same age," said Tadeos.

"Well, the thing is, even with little resources provided from the schools, we can now go online and ask a few NGOs to help us. But unfortunately, the Internet is not always reliable here, and many NGOs are closing," said Tamra. This is a conversation that came out with another teacher as well, Biruk. He described how he sometimes had to go out of his way to find resources with varied organizations. He said: "if teachers want to venture out, they can find many organizations that can help with materials or guest lecturers who can be invited to schools, but

we have to put the effort into it." For Biruk, lack of resource allocation was indeed an issue. Yet, materials provided or not, he believed that teachers who wanted to could still get them online. Another teacher interviewed later on, Selam, agreed with this idea. She said: "It is easier today to get info about AIDS." However, what seemed to be the issue for many of the teachers was time. Lack of resources, in conjunction with a lack of time, formed a major hindrance to education about AIDS. I discuss this in more detail in the following section.

Theme 3: Time constraints. In order to go out and find resources, teachers have to take time from their already-busy schedule to obtain AIDS education materials. "We need to cover many other topics in class; we are expected to finish the syllabus or students will fail, so we can't give AIDS more time, unfortunately," said Biruk. All the teachers interviewed shared this opinion. AIDS was not a priority. This is because schools (and parents) would want teachers to focus more on Science or English than on AIDS. "AIDS is important, of course, we have to teach about it. But important does not mean priority. For many of us, we don't see it as priority," stated Balcha.

It is important to understand that teachers in Ethiopia have very low salaries and few benefits, so expecting them to provide education on AIDS during their free time is unrealistic. "I want to do more, but I just can't. When would I do it? And even if I did, I would not get paid for it," said Kaleb. "Perhaps, it should also be other people's responsibility to teach about AIDS. Like parents, school administrators, and the community at large. Maybe then we teachers can get a break," said Tadeos, to which he added:

> The issue of HIV/AIDS should be included in the curriculum of primary school and higher education too. This way, as high-school teachers we are not always overwhelmed,

> and for students, they will learn about it at different stages of their lives. This is a win-win for everyone, and it makes sense.

Teachers felt like it was everybody's responsibility to teach children about AIDS, and not only theirs. "Educating about AIDS should not be restricted to us (teachers)," said Samuel. "In fact, the government should play a crucial role in health promotion. They have done so very well in the past, they should continue," stated Jemal. "We should use all the resources available out there: schools, parents, media," stated Biruk during his interview. "More than teachers, families have huge responsibilities," said Selam. "They (parents) can definitely curb the AIDS pandemic, but many refuse to talk about AIDS or sex to their children," said Tsehay, to which she added: "They can't expect us to do all the work. We don't have time and sometimes it does not feel like it is our place." Teachers seemed to be adamant about the changes they wanted to see in AIDS education. The load of being the main AIDS educators was heavy, and with the little training they received, they sometimes felt that they were not qualified to carry it. Mengesha explained it like this:

> What we need is a comprehensive effort from all parties. This is the only way we can tackle these issues. We (teachers) have been educating about AIDS at school for years, and here we are, still talking about it. The disease is not gone. So, we need to do more. Each individual is responsible to educate about AIDS whether it's at school, at home, at work, in places of worship, on the street. We all need to play our part. Of course, this is easier said than done. We are not all qualified to do that. Maybe we do not have the

knowledge, or we simply are not comfortable. But even in these cases, it's better to do something than do nothing.

Theme 4: Teacher training. The quote above is a perfect segue for the theme discussed in this section. Without proper training, it is not a surprise that teachers lack incentive to teach about AIDS despite the fact they want to do so. Among the 15 teachers interviewed, only four had had formal AIDS education training. The other 11 asked help from colleagues, did some research at the library or on the Internet, or just improvised when they got in class. "We absolutely need more training," stated Elsa. "The methods we currently use are so outdated that it is quite embarrassing." Another teacher, Sehen, stated this during her interview: "I am trained to teach academic courses, not this. Honestly, sometimes I am just winging it; I am not sure this is a good thing, but I'm trying." Tsehay, who had stated that she sometimes felt forced to teach about AIDS, said this about teacher training: "If we were trained to teach about sex or AIDS, I am sure we would do a much better job at it, and we will be enthused to do so too."

Due to the lack of formal training, teachers have tried several different techniques of teaching about AIDS, hoping that some will please students, and would allow them to learn something. For instance, many teachers opted for informal discussions. "I've tried group discussions. I think it is best. But it depends on the audience too, of course. If people don't want to talk, I just lecture," said Selam. Jemal said: "The best method to teach AIDS is group discussion I think, because it allows them to express their feelings, knowledge, and skills without fear." Jemal said that when he would see that students were willing to discuss the issues, he would slowly step out and let them talk. He felt that without his presence, they would be even more at ease to speak. The problem with this, of course, is that they could be sharing false

information with each other. This is why many educators feel that teachers should still facilitate student-to-student education. Biniam, who teaches ethics in secondary school explained that he lets his students have their discussions on their own, but that he stays in the group in silence, until he sees them sharing false information. “Discussions and experience learning is the best way to go,” he stated, “so I try not to interrupt them until it is absolutely necessary.”

Other teachers stated that simply discussing AIDS was not helping. There needed to be a variety of styles so that all students could benefit. “I make them do group work as well, where they have to present what they learned. And sometimes we have debates. I make sure to grade all this so that they are even more motivated,” said Biruk. “I like to change it up now and then,” said Mengesha, “Group discussions, then dramas, then lecturing…” The idea is that if students did not learn through one technique, hopefully they would learn from another.

It is important to note, however, that not many teachers used a combination of techniques when educating about AIDS. Though they knew that it was important to change the “old-style of education that only focused on lectures” (Tadeos), they simply were unable to do so due to lack of training, resources, and/or time. “It should definitely not be lecture-based; the teacher must intervene by promoting participation, and challenging ideas. But that is not easy, of course,” said Biruk. “I believe that lecturing is not an adequate way of teaching AIDS, but it is the most common form of educating. It is easy and straightforward,” said Samuel. “The traditional method of teaching is boring, so unsuccessful, I think, but I can understand why many teachers will do this,” stated Jemal. Another teacher, Mengesha said: “The materials we have are old; they have to be revised and be more adapted to today’s youths.” All the teachers interviewed echoed this idea: that a new form of educating about AIDS and sex was necessary. A solution to this problem was to start having open communication, which is the theme discussed in the next section.

Theme 5: Breaking the silence. The fear of talking about a topic that is taboo is probably one of the main reasons why AIDS and sex education in schools has been challenging for some teachers in Ethiopia. Research has shown that talking about sex in most SSA communities was associated with discomfort. And this is also true for teachers in Addis Ababa. As Tamra puts it:

> Sometimes it's just not comfortable to talk about these things in front of 14-year-olds. I mean, I have a hard time talking to my own son about this, what makes you think it would be easy to talk to young strangers? Our culture does not really allow us to be open about sex, so it is hard. We do it because it's important, but it is still very hard.

For many teachers, the question about whether sex or AIDS education was important was not even an issue. They all agreed that it was important. But they wanted to focus more on how they can do it best, especially in a community where it is difficult to break the silence. "Someone who has AIDS will never come forward here. Or even someone who has a family member who has AIDS. So, the communication cannot be open. So, it almost feels like we are teaching in the air," said Kaleb. He added, "We do not really know if what we say makes sense to students, because many of them don't open up and talk. You see, it's hard to get the course going when you are faced with silence."

"We absolutely need to break the silence. Somehow, we must find a way to make students (and the community at large) talk about sex openly," said Selam. She was mostly talking about girls, as they often have to be more silent than males. "It is harder for girls, you know," she added. "They can't just talk about their sex lives as a man would." Showing students

that talking about sex is not embarrassing is, for many teachers, the only way sex education or AIDS education can be given properly.

"My students don't even ask about AIDS; if I don't bring up the topic, we would never talk about it," stated Samuel. He believed that this is because they were too shy to mention the words 'HIV,' 'AIDS,' or 'sex.'

> Honestly, I think that the main problem with AIDS education is the fact that we are quite silent about the whole thing. In fact, people get so marginalized for having AIDS or for being sexually active, that nobody would dare talk about sex. And if you cannot talk about sex, you cannot really teach anyone anything about AIDS, which means you can't prevent it. And if you can't prevent it, someone gets infected, then he is marginalized. And the cycle continues.

This was a quote from Mengesha, who believed that not openly talking about sex made it challenging to teach about AIDS, as the two go hand in hand. For him, the reason people feared talking about sex is because they did not want to be seen as sexually active. Being sexually active could lead to being judged by others. And that would create marginalization. "Marginalization and discrimination have been huge issues in countries confronted with the AIDS pandemic. The longer we stay silent about it, the more we get infected by the virus. We need to talk!" said Tsehay. Of course, the question remains: how? How can we openly talk about it in the classroom? And the answer was divided among the teachers. Two responses characterized their thinking: "We need to be properly trained" and "Our traditions regarding the silence culture of sex need to change."

Discussion of teachers' perceptions on HIV/AIDS education. The last section of the critical ethnography portion of this PAR research sheds light on the challenges of AIDS education in Ethiopia from the teachers' perspective. Teachers presented their worries and their needs. It was clear that they agreed: Providing AIDS education was not simply useful, but absolutely necessary. Though they sometimes lacked incentive to teach about AIDS, they did try their best when time permitted. Every single one of the teachers interviewed stated that they had given AIDS education in their classroom, though only a few were trained to do so.

The challenges teachers faced when trying to educate about AIDS in class were lack of resources, lack of time, and lack of formal AIDS-education training. This ties back to what was illustrated in the literature of this study; namely, that teachers who do not have a background in AIDS education, have a hard time teaching it (Chikoko et al., 2011; Kinsman et al., 2004; Mathews et al., 2006). The teachers interviewed for this thesis felt that their schools and government needed to seriously address these shortcomings so that their students could truly benefit from AIDS education. Traditional methods of teaching (lecture-based teaching) were no longer effective since awareness is no longer an issue. As such, teachers felt that there needed to be more focused on curricula that employed other education techniques such as the use of drama, arts, debates, discussions, presentation, group work, and the like. Though it was possible to find materials to help with this sort of teaching in online sources, teachers claimed that they did not have time to do so (and this limitation is itself further exacerbated by the fact that the Internet is not always reliable in Ethiopia). Therefore, it would be best if there were already some type of booklet within the school system that presented these different activities/lessons.

Having said this, teachers were very adamant in pointing out that simply fixing the issues mentioned above would not solve the problem. It is a step in the right direction, but not the ultimate solution. First and foremost, it was crucial that the muting of sex talk be stopped. Truly open communication happens only when teachers and students are able to use the words "sex," "vagina," "penis," or "intercourse," openly without feeling awkward or embarrassed, which is still not the case. AIDS talk cannot happen without the mention of these words, and the idea that they are shameful to utter is perhaps one of the reasons why youths do not approach their teachers to ask specific questions about their sex lives. At the same time, uttering these words openly goes against Ethiopian culture and traditions. Teachers (as well as students who participated in the focus groups) stated that they wanted traditions to be changed so that open communication about sex be present. However, would that not generate other negative consequences for Ethiopia? The literature has shown that Western models of AIDS education were not easily adopted by non-Western nations; in fact, attempts to do so were often unsuccessful. Thus, it is crucial to carefully examine this issue. This will be discussed again in Chapter 5 (photovoice) and analyzed deeper in the conclusion of this thesis (Chapter 6).

Discussion and Analysis: Students, Parents, and Teachers

Focus group discussions with students and in-depth interviews with parents and teachers were illuminating with respect to the case of HIV/AIDS education in Ethiopia, and the challenges that students, parents, and teachers face. In a country that has been dealing with AIDS cases since the early eighties, it is clear that Ethiopia has put tremendous efforts into promoting awareness and building preventive strategies. Yet, the efforts have not translated into a plethora of success stories, particularly with the population at highest risk, the youth of the country. Some

of the challenges presented in this critical ethnography segment of the research have echoed among all groups involved in AIDS education: the students, the parents, and the teachers. However, in certain cases, the different cohorts do not seem to be on the same page. In the following two sections, I detail the similarities and disparities between the cohorts interviewed. Here, I summarize what has been learned from this component of the research (i.e., critical ethnography). As well, I reiterate and respond to the research questions of this segment of the thesis.

The agreements. There were a few points upon which students, parents, and teachers agreed upon when it came to AIDS education. For one, all parties agreed that AIDS education was essential and should continue to be given at school. All the teachers interviewed attested that they gave AIDS education in their classrooms, and all the students interviewed stated that they had one or more AIDS education sessions in their schools. Particularly, those who attended public schools had extensive AIDS courses at school. Parents were pleased that their schools were fulfilling their responsibilities by educating their children about HIV/AIDS. For them, school was a place to learn, and AIDS was a valuable topic about which to learn. In fact, since most parents felt that they lacked the knowledge or skill to educate about AIDS, having teachers that do it was highly beneficial in their view. As illustrated in the literature (Mathews et al., 2006), teachers are more willing to educate about AIDS if they feel that students, parents, or the government support their efforts. This observation holds true for Ethiopia, where many teachers did seem to find it their duty as educators to make sure that AIDS education was undertaken.

Another topic about which there was a consensus was the necessity of teacher training. Both teachers and students argued that there was a need for better AIDS-education training for teachers. Students felt that their educators were using old techniques that were boring and

tedious. Teachers agreed with this. Though they tried to move away from the traditional way of teaching (lecture-style), they stated that it was difficult to use alternative educational models for which they had not received any training. This is consistent with the work of Khau (2012), whose research on sex education in rural Lesotho illustrated that teachers wished for more teacher-training. Indeed, they found that the more preparation they had, the more confident teachers would be, especially if that training was combined with the work of curriculum developers and community leaders. In addition to the lack of training, teachers also stated that there was a lack of resources available, which limited their choice in creating better AIDS education programs. Parents did not give direct opinions on this topic, since for the most part they did not know what exactly was being taught. They were simply happy that there were AIDS programs at school.

It is important to note as well that both teachers and parents felt that lack of time was a hindrance to HIV/AIDS education. Teachers had a course program to finish within a year; without it students would fail the course. They had to prepare students for national exams and class tests. As such, setting time aside to educate about AIDS was often impossible. If they wanted to educate about AIDS, they had to wait to be in biology courses or ethics courses, and even then, it was not assured that they could cover everything. This is because there were other biology or ethics subjects that needed to be discussed. Additionally, they had to set time aside to prepare AIDS courses, especially if they wanted to bring in new teaching techniques not found in the curriculum. Because this was often not possible, teacher said that they sometimes felt frustrated and demotivated. Lack of time was affecting the quality of their AIDS courses.

Similarly, parents stated that one of the reasons why they did not teach their children about AIDS is that they were busy trying to provide basic needs such as food and shelter.

If/when they had time, they would much rather help their children with homework that would be graded and could determine their academic strengths. Students themselves have shown reluctance in attending AIDS courses unless they were mandatory or there was some type of personal interest (e.g., cash rebate, the desire to seem serious in front of teachers, or credit for extracurricular activity). Some of the students who were in the focus group had stated that because they had important courses to take (such as science courses), they would avoid going to classes on AIDS if they were allowed to do so. This for them, was a way to save time and focus on "what mattered" (Nuna, 18-year-old student).

Though teachers, parents, and students deemed having AIDS courses as important, they did not list it as a top priority since, as explained earlier, many parents were struggling to make ends meet. Putting food on the table and having a roof over their heads was the priority. Similarly, at school, there were other, more vital, lessons to focus on (particularly purely academic ones). Though this is not surprising, it can be considered a bit contradictory. Indeed, lessons in subjects such as science or English would mean little or nothing if a child contracted HIV, since the disease will reduce his/her life expectancy—especially if he/she does not have access to treatment. Similarly, providing food and shelter for a child who has AIDS would be more complicated than for a child who is healthy. Hence, some would argue that AIDS courses should take precedence over other courses or duties.

This is not the case in Ethiopia, particularly because it is financially and socially challenging to meet the necessary requirements to build better HIV programs. Besides, HIV/AIDS programs do not only entail delivering AIDS education but also linking the learning to wider socio-cultural changes, which is quite challenging in a country where over 60 languages are spoken and varied cultures coexist. Another primary reason is the fact that not all the parties

involved in AIDS education agree on what matters the most. Without having a consensus on how to tackle the AIDS situation in Ethiopia better, it is difficult to build proper AIDS prevention programs. The following section describes these disparities.

The disagreements. To begin with, there is disagreement on who should give AIDS education to the country's youth. Students stated that they would much rather receive it from their parents, while parents clearly stated that they felt uncomfortable doing so. In fact, many felt that it was not their place but rather the school's responsibility. For their part, teachers stated that the education should not be left only to them, but that parents, community leaders, faith leaders, and the government should be more involved. This disparity can be a clear detriment to AIDS education. Students seem to be tired of hearing their teachers talk about AIDS. They feel that there has been no improvement in the way teachers have been educating about AIDS. Students are bored and not learning anything new anymore. They state that most of their new learning on AIDS comes from the Internet and the media rather than from their teachers. They complained about the fact that there seemed to be a communication gap between them and their teachers. If this is the case, one wonders if the Ministry of Education is wasting money and resources implementing AIDS courses in schools. And are teachers becoming overly stressed endorsing AIDS education, when students do not seem to enjoy the courses, or to not need them at all? These highly important factors need to be studied in great depth.

All but one of the teachers interviewed stated that their students were interested to hear about AIDS, and were eager to learn from their teachers. And yet, most students interviewed for the focus groups stated that they did not feel that way; their experience is quite the opposite, in fact. There is a serious discrepancy here. Though not all the students of the focus groups took

lessons from the exact same teachers that were interviewed (some did), it is indeed odd to see such a difference in the way teachers and students feel about these AIDS courses. Could it be that students pretended to be interested to make sure that the teachers do not lose face, which is an attitude quite common in collectivist cultures like Ethiopia? In fact, some teachers had mentioned that students often attended AIDS courses when there was an incentive. Could this indeed mean that if they had a choice, students would not come to the AIDS courses? This is another disparity which requires elucidation. If students and teachers disagree on what/how they actually want to learn, then the AIDS courses given are reduced in value.

Perhaps one of the major deterrents to AIDS education for parents is poverty. Although neither students nor teachers broached this topic, parents seemed to present this as a huge issue. Indeed, they illustrated that they barely had the time or money to prepare meals, to get clothes for children, and to pay for school fees. Teaching about AIDS was not really a priority. Additionally, some parents feared that if they were too poor, their children—particularly a daughter—could end up catching HIV since she might meet men for sex so that they could support her financially. This latter possibility is not uncommon in Ethiopia. Though it is rarely mentioned—as it is a taboo topic—many young girls manage to finish school (or get promotions at work) with payments they get by selling sex for money. The students interviewed did not mention this at all (maybe because they were still too young and many were not yet sexually active, or maybe because they were too embarrassed to admit such activity). Teachers did not seem to see poverty as an issue per se, but rather lack of knowledge and lack of training. It is important to look at this disparity in more detail. Is the poverty factor only a concern for parents? Or are teachers and students also concerned but felt too uncomfortable to talk about it?

Last but definitely not least is the topic of the ‘drugs and alcohol issue’ that students had presented but that parents and teachers never acknowledged. For students, the main hindrance to AIDS education was the fact that they easily had access to drugs and alcohol even though they were minors. They felt that AIDS education had no success because when they were under the influence, they could not reflect on their actions and could easily get infected. Students stated that there needed to be more regulations on not allowing youths to have access to these products. Also, they felt that the education should be more tailored to building self-esteem and teaching them to say “no” to the peer pressure that motivated them to try drugs or to start having sex prematurely. The fact that neither parents nor teachers talked about the easy access to drugs and alcohol might mean that they are not aware of it. This problem requires major attention. Substance abuse has far more consequences than the AIDS issue. While not understanding AIDS can lead to HIV infection, being addicted to drugs or alcohol can lead to even more physical and mental illnesses—including HIV infection. It is therefore crucial to study this seriously. Overall, the questions discussed in this section need immediate attention:

1. Who is supposed to educate about AIDS?
2. What are the interest level to talk about sex or AIDS?
3. Is poverty an issue?
4. Are drugs and alcohol a burden?

The failure to come to a consensus and an understanding of these issues would retard the development of proper AIDS programs. The conclusion of this section (see below) discusses the key take away from/of this.

Critical ethnography: Conclusions. This first phase of doctoral research allowed a bridging of a gap in the literature by bringing together the opinion of the three cohorts involved in AIDS education in Ethiopia (and SSA): students, parents, and teachers. Few researchers have done such holistic analysis, particularly in studies related to AIDS education. The mainstream literature points out that there is a lack of research on how teachers deal with the challenges of educating about AIDS in SSA (Mathews et al., 2006). Also, studies on students—particularly teenagers—are scarce (UNAIDS 2013a), and their opinions are rarely sought. As for parents, they avoid talking about sex or AIDS because it is a taboo topic that they are uncomfortable addressing (Wamoyi et al., 2010). This needs to change. There needs to be more open communication and more research that addresses these issues directly.

To present the takeaway message of this segment of the research (i.e., critical pedagogy), I will start by recapping what the two research questions of this segment were:

1. How do Ethiopian students in high school perceive and experience HIV/AIDS education and prevention programs?
2. Do parents/teachers educate their children/students about AIDS and sex? If so, how? If not, what are the barriers that hinder such education? And how can we go about overcoming those barriers?

The answers to these questions have already been presented at the end of each section. But as a reminder, here are the synthesized answers to these research questions: 1. Ethiopian students dislike their AIDS education due to the fact that it is redundant and unattractive. They wish that the education would be more innovative and that more than their teachers, their parents would educate them. 2. As for parents, they do not necessarily share the same points of view. Most do not educate their children about AIDS or sex and do not feel like it is their role to do so.

When they do educate, it is often through threatening messages. Parents trust that teachers and the government take care of this education. The barriers that hinder their teaching (according to parents) are the fact that they are embarrassed (AIDS is taboo), they are poor (so they use the little time they have to provide basic needs for their children), or that they are unknowledgeable about the disease or how to teach it. Teachers on the other hand seem to have much more knowledge and ability to teach it (and they often teach AIDS in school). However, due to lack of resources and a busy schedule, they feel like the education they give is not pertinent. They state that there is also a challenge when it comes to have the ability to 'break the silence' and believe that parents and the government could support them more on this.

Based on what is mentioned above (and throughout this chapter), the takeaway messages and the suggestions I believe each of these groups can take is:

- For students: A way to overcome the 'boredom' of HIV/AIDS education would be to help teachers create attractive materials. Students could design programs while they are in their AIDS clubs and propose these programs to be adopted in schools.
- For parents: To overcome the difficulty and embarrassment of talking to their children about AIDS, parents can request the government to not only educate them more about AIDS, but also educate them on how to teach AIDS and how to talk about sex to children and teenagers. Additionally, Appendix H of this thesis presents a model that can help parents educate their children about AIDS.
- For teachers: A way to overcome the challenges they presented, they could collaborate between themselves and with parents so as to construct better means of education; they could also organize different events within the school (with the help of parents and school administrators) so that they can gather some funding that would allow them to solve the

'lack of resources' issue they presented. Also, teachers can find the model I propose in Appendix I to help them teach about AIDS in a critical manner.

The propositions presented above are suggestions based on what has been described so far in this thesis. Yet, it is clear that more in-depth research needs to be conducted as a continuation of this project to see if these propositions are viable. Since we have learned that teachers in Addis Ababa seem to lack resources and training to properly educate about AIDS, that parents feel uncomfortable to do so due to cultural norms, and that students feel that AIDS education lacks innovation, an alternative way to deliver AIDS education must be present; one that is concrete and comprehensive. Perhaps one of the best ways of doing this is to conduct a photovoice project that respects the norms of PAR so as to build an action plan. The next chapter deals with this in detail.

Chapter 5: Photovoice

Introduction

From the critical ethnographic research component, we have seen that the state of HIV/AIDS in Ethiopia is a pressing matter that continually needs to be studied. More needs to be done concerning effective HIV prevention strategies for the youth, particularly for the next wave of teenagers. Indeed, considering 45% of Ethiopians are younger than 15 years of age (Population Reference Bureau, 2014), investing in the wellbeing of youths is crucial, now more than ever.

A fundamental matter that the interviews and discussions in the ethnographic section of this thesis have illustrated is that there are still unanswered questions lingering. That is, although the research did shed light on the development and condition of HIV/AIDS education in Ethiopia and granted a deeper understanding of where the issues lie, solutions are yet to be proposed and expanded. Fortunately, the next portion of the research attempted to do just that. The photovoice project with adolescents was carried out to dig deeper into the problems and propose solutions. Photovoice allowed adolescents to 'break the silence' without forcing them to speak since they could use the cameras to express their thoughts. Besides being an effective participatory research tool, as explained below, photovoice can also be a new, alternative method to educate.

Photovoice has never been used in response to AIDS in Ethiopia but has been highly successful in other parts of Africa. Thus, there was good reason to apply it here and to observe what it could generate. The cohort most affected by the AIDS pandemic in Ethiopia is the youth, especially youngsters living in urban areas. That is why I conducted this photovoice project with the teenagers in the city of Addis Ababa. These co-researchers were aged 12 to 17. This was a conscious decision based on the fact that the goal of the project was to focus on prevention of HIV/AIDS among young people. Considering that this research attempts to learn about the views

of AIDS among youth prior to the time when they are directly affected by it, it is important to focus on adolescents. Little research has looked at this cohort in Ethiopia (and in most other African nations), and so this study creates a path for future research. It is vital to understand teens' experiences and thoughts about HIV/AIDS prior to designing educative and preventive strategies for them. HIV/AIDS educators will need to assess the experiences of young people and include consideration of them in their future education curricula.

As observed in earlier sections, the format of this dissertation follows a chronological description of each of the phases of research described separately as the research progressed (students' focus groups → parents' interviews→ teachers' interviews → and now, adolescents' photovoice project). It then links all together to present a larger picture and respond to the overarching objective; that of determining whether formal AIDS education best contributes to promoting behavior changes regarding AIDS prevention. The details of this last segment (i.e., photovoice) will be presented as follows:

1. A session-by-session record of the procedures of the photovoice project. My thoughts and reflections will also be presented here.
2. A description of the themes the co-researchers discussed during the project. A showcase of some of the texts and photos the youths crafted will also be portrayed here.
3. A report on the aftermath of the photovoice project, and its effects, as well as the overall conclusions of the project.

My previous experience greatly facilitated the undertaking of this research. Notably, I have over 15 years of experience working with teenagers both as a teacher and a youth worker. I started being involved with the field of education when I was myself a high school student. As the co-founder and president of an association called 'Welfare by Teenagers' (WBT) that assisted

Ethiopian orphans and homeless children with basic needs such as food, shelter, and education, I received my first mentorship while working with children in need. During this period, I was very active with organizations such as the UNICEF, the UNESCO, and other local NGOs that led pro-educational movements. This is where I gained significant experience with educational programs and working with youngsters. Later as a university student, I continued my involvement with the field of education by being elected student representative for my department. Among other things, I was responsible for organizing educational services for students. Upon completion of my studies (Bachelor's in Humanities and Master's in Health Communication), I became a college teacher, and later a youth worker at an award-winning youth violence prevention organization in Canada.

This last position I held is where I was introduced to photography as a tool for social change. We used photovoice to break the silence of the many barriers Canadian teenagers faced, and exhibited their work at local art galleries. My main task as a youth worker was to facilitate media-arts and leadership programs for youngsters by preparing and coordinating varied events in high schools and youth centers. I managed group issues, conducted interpersonal interventions, built photography workshops, and planned photo exhibitions. Seeing how successful the tool of photography was in spreading awareness about an issue, in enabling learning, and in promoting the creation of social action, I felt confident that its use would be warranted in AIDS research in Ethiopia. With this experience in hand, I went to Ethiopia full of assurance and eagerness to use photovoice in Addis Ababa.

My Research Diary

As I had done with the first phase of my research, I kept a research diary in order to keep a detailed record of the photovoice process. From the moment I left Montreal to travel to Addis Ababa for the last segment of my research (i.e., photovoice project), I jotted down my observations, thoughts, reflections, challenges, and possible solutions for those problems in real-time (where possible). This allowed me to track and reflect on the development of the research and to have an overview of the progress over the two months I would be working with my co-researchers. This diary is quite valuable for the readers too, since it showcases the evolution of the photovoice project as it was happening. Therefore, it is detailed below.

The preparation.

May 22nd, 2016. Here I am, in the plane leaving Montreal to Addis Ababa. I am excited and worried at the same time. The thought of finally reaching the last stretch of my project is exciting, especially because it concludes not just five years of research, but also a lifetime of reflection and concern about the AIDS conditions in many African nations. As I sit in the plane, I cannot help but think and reflect on that first time I was introduced to AIDS as a child and thought that I had the disease. That fear of speaking up, the fear of asking questions was overwhelming…And here I am now, going to meet teenagers who, just like me once, are at risk of HIV infection. But this time, the door will be open for them to speak up, with actual words or photography. I cannot wait to land in Addis Ababa and jump right into it.

This excitement does not come without concern, though. I am worried that it may not go as planned. What if I have a hard time connecting with the youths? What if they do not open up because I am a stranger coming into their world? What if I don't have enough time to complete the

project? What if the youths end up dropping out of the project after a few days? What about finances: Is what I have enough? I am carrying 15 digital cameras for the project in my luggage; what if they lose my luggage? Thinking about these tormenting scenarios, I am starting to panic a little bit. There are so many things that can go wrong. But I know deep inside that the answers to these questions will be generated if/when these scenarios actually occur. I have been training myself for this. I have already thought about all possible issues than can occur in photovoice projects and read about how to solve them. No matter what happens, I have learned to be creative, and to look at all possible angles to solve the problem at hand. As such, spending time worrying about them now is not worthwhile. What I need to do instead is to start to lay down the steps I need to take during that first week that I will be in Addis (Addis is short for Addis Ababa).

Step 1: Printing all assent forms, consent forms, and letters to parents and future co-researchers.

Step 2: Start right away with recruiting 10 to 15 teenagers for the project.

Step 3: Get in touch with my key informants who will help with varied tasks as the project unfolds.

Step 4: Find a proper location/area for the photovoice project to take place.

Step 5: Find a gallery or museum that can be used to showcase the work the youths will have crafted.

With this written, I should now put my pen down and close my eyes. The next two months are going to be hectically busy. I know that this is the last full sleep I will get.

May 23rd, 2016. I arrived in Addis Ababa a few hours ago. After the excitement had worn off, I contacted two volunteers who are interested in working with me for the entire time of the project. Mulu, who is a businesswoman, and Medhanit, who is a cook, are going to be in charge

of the food. As I will be meeting the teenagers for full days, I need to provide them with lunch, drinks, and snacks during the days we meet. Mulu and Medhanit have agreed to oversee the making of the food and bringing it to our site. To be clear, Mulu is providing the produce and delivering the food, while Medhanit will be responsible for the culinary aspect. After recruiting all the teen co-researchers, I will meet with Mulu and Medhanit to talk about the menu. It is important to do this after all recruitment has been done so that we know the number of youngsters that will participate and know whether they have any allergies or dietary restrictions.

May 24th, 2016. I printed all the documents needed for the beginning of the project (assent forms, consent forms, letter of information). Also, recruitment is going well. I contacted a few schools to see if they have any students who would be interested in a photovoice project on AIDS. Considering that this was a purposeful sampling method (like the critical ethnography segment earlier), it was essential that I find teenagers who would match the condition of the target group required: adolescents aged between 12 and 17, an equal number of boys and girls, and teens who felt they were at-risk of HIV infection. Similarly, their parents would have to agree with this. In fact, today, I had three parents contact me, and two teenagers who seemed interested as well. I set up meetings with all of them (separately) for tomorrow and the day after tomorrow, to go over the project and explain it in detail.

May 26th, 2016. I met the two adolescents today. We had interesting discussions about HIV/AIDS and sex. They seemed eager to start the project right away. They had so much to share that they wanted to start immediately. Their excitement was pleasant to see. They signed their assent forms and said they will have their parents sign the consent forms. To my great surprise, they stated that they knew other teens who might be interested and asked to take more information letters so that they could give them away. After they left, I met the three parents with

whom I had an appointment. They wanted to know more about the project. Though they absolutely wanted their children to join such a project, they were concerned about how much time the project would take. Since school is not closed for the summer yet, the parents were worried that the project might impede on their children's schoolwork. I reassured them that no matter what happened, school came first. If the students had an exam pending or an important assignment due, they could skip the photovoice meeting for that day with no consequence. Also, I reassured the parents by telling them that the meetings would be on weekends, and not on school days. The parents had other questions about the type of photographs the children would take, and the exhibit in the end. For each of their questions, I made sure to give them fully sincere and thorough answers. The meeting lasted for about an hour (each), after which they signed the consent forms and took the assent forms for their children. They all said that they knew other parents and children who would be interested, so, like the teens earlier, they took more information letters from me.

May 27th, 2016. Today I started planning and making an outline for the photovoice project. I am aware that the outline I am drawing will have to be agreed upon by all the co-researchers. Considering that this is a PAR study, I will have to make sure that they genuinely want to take photos. If they opt for another form of art like video, drama, drawing—or anything else they present—it is my duty to listen and accept that which feels right for them.

I have had a few more teenagers contact me, so I am confident that the project will start soon. I am meeting six youngsters tomorrow (and their parents) to go over the project and explain their roles. It is quite exciting to have several people contact me only a few days after I arrived. The fact that they want to meet and discuss the details of the project shows me that they are

dedicated and that this matters to them. Needless to say, I am glad that the recruitment is going so well.

May 28th, 2016. I have had so many youths and parents calling me this past week that I sadly had to reject some potential co-researchers. It looks like my recruitment is already done. I have my 12 co-researchers. Though I could go up to 15, I have a feeling that the group I have now is perfectly well-suited for my research. They are from different ages (ranging from 12 to 17), there are as many girls as boys, and they all have different interests/goals in life. The more varied the group, usually, the better the discussions. The one thing they all have in common is that they are all teenagers growing up in a city where the topic of HIV/AIDS is very familiar.

I have met with every single teenager separately, then with their parents to ensure that they understood the project and the role they will play. I explained that this was a volunteer project with no compensation (food and drinks we will provide though). I also described the risks and advantages of a project that presents photographs, so that they could think about the different issues that may occur regarding privacy. They have all considered the different possibilities and still agreed. For them, the benefits outweighed the possible risks. Parents were happy to see their children involved in such an important project. And the youths stated that they were thrilled to be given the opportunity to express themselves through this creative means, where they are not compelled to come up with specific answers. Both the children and parents agreed to all the terms of the research and signed the assent and consent forms (respectively). Our first meeting will be on June 4th (that is, in a week).

May 29th, 2016. Now that I know exactly how many we will be, I have contacted the school that will host us to tell them of our schedule. We will be there every Saturday and Sunday for four to six weeks. They have given our names to the security guards so that safety is assured.

Since we are meeting on the weekend, the school will be empty, which is excellent for the co-researchers to take photos freely in the beginning of the sessions. Also, it will allow us to meet at any area of the school we want: in a classroom, on the soccer field, the auditorium, or other.

May 30th, 2016. As requested from the co-researchers, I have created a Facebook page which is secret (meaning that nobody other than the co-researchers and I have access to it) for them to start to know one another, and so that they can start communicating. The group created was secret because the teenagers asked for it to be that way, and also to make sure that their identity was safe and protected from people who were not involved in this project.

It is important to know that all the youths and parents have requested that their names be kept as it is (not anonymous). Because their identity was not a secret, they were comfortable in exchanging their Facebook information with their co-researchers and me. This would mean that they would know each other's name. They approved this stating that considering they would be teammates for the next month or two, knowing each other's identity was important. Note that this is in agreement with the ethics clearance that was completed for this project.

See figure 2 for an image of that Facebook page created for the group.

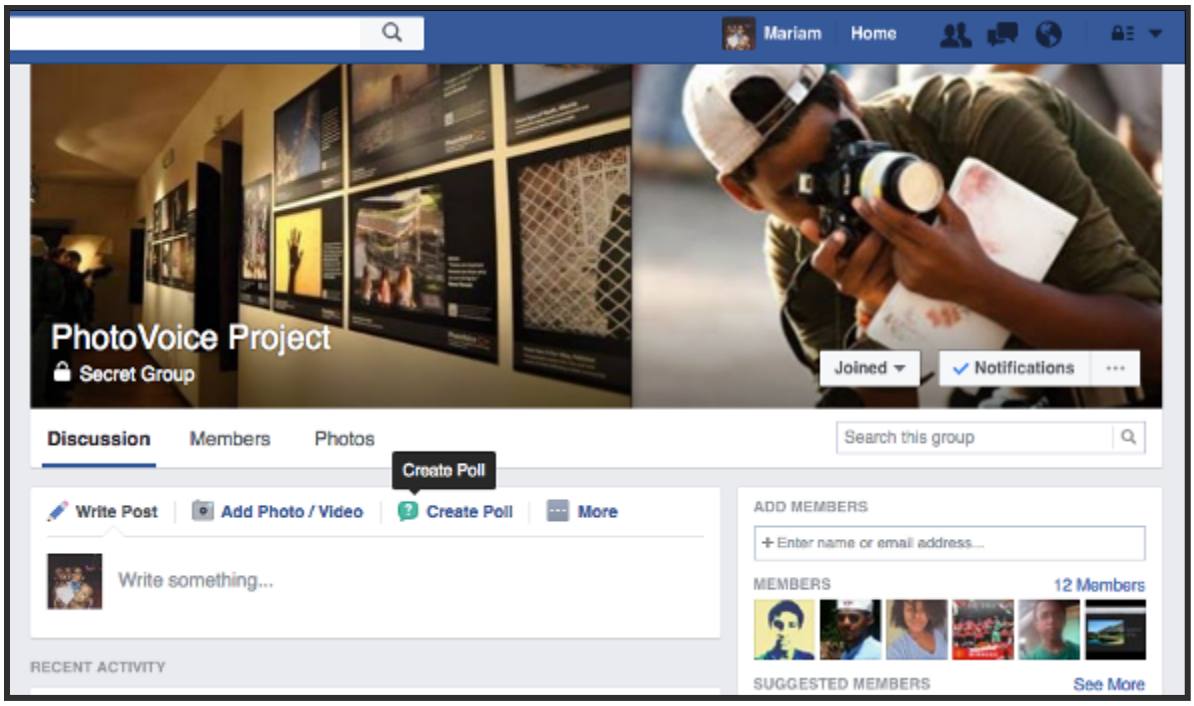


Figure 2. The Facebook page created for the group.

June 1st, 2016. I met with Mulu and Medhanit to discuss the menu for the next four to six weeks. We have agreed that there should be two snacks provided (one in the morning and one in the afternoon), and lunch should be served at 12:30 pm. I will be the one bringing the morning snacks with me (cookies, healthy crackers, and the like), while they will bring the lunch meal at 12:30 (so that it will be warm when we eat it), as well as the afternoon snacks and drinks. I am grateful for this service. Both Mulu and Medhanit are volunteers and are getting no compensation for this service. This allows me to focus all my attention on the photovoice activities.

June 3rd, 2016. It is time for the project. We start tomorrow. I am excited and apprehensive at the same time. I think we have an interesting group and it should be a great session. Food has been prepared, the cameras are ready, and everyone has confirmed attendance

for tomorrow. The school is ready for us. The outline for the session is prepared. I have also designed a book, *Introduction to Photography*, in order for the co-researchers to be familiar with taking photos before they embark on the project. See you tomorrow!

The sessions.

June 4th, 2016 (Session 1). First official day of the photovoice project: Here was the moment of truth. This was actually quite stressful, but it went relatively well today. The group was very quiet at first; everyone was shy and nobody wanted to talk. At this point, I was a bit worried. But then I realized that this was quite normal behavior for teenagers who do not all know each other. So to ease them into things slowly, I started by re-introducing myself and telling them about me. I talked a lot about when I was their age and the challenges that I faced when I was a teenager growing up in Addis. I also talked about the fun I had at school, at parties, or in my extra-curricular activities back then. I made sure to talk about my flaws and mistakes as well. In focusing on a time where I was their age (and not too much about the fact that I am doing a Ph.D. now and that I am a college instructor), I wanted them to be able to connect with me a bit. I did not want them to see me as an authority figure like their teachers or parents. The more I am like them, the more they will be open. This worked to a certain extent because I could see that they were starting to gaze at me with interest. They were smiling, nodding, and at the end, some had questions.

After my introduction, I asked them to do the same briefly. They shyly took turns and talked about what grade they are in, what their hobbies are, and why they joined this project. Since I could sense that they were still a bit timid, I made them play a little introductory icebreaker right after the introduction session. This was a type of bingo game in which they had to find someone represented by a particular trait. This means that they actually had to speak to the ‘strangers’ in the

classroom and ask them questions. The person who finished first won. This took about 15 minutes, and I could see that they were now starting to loosen up a bit more. They were shouting, moving around in the room, smiling, and joking. This was good.

Once they finished with the activity, I felt comfortable talking about the project itself. I started by thanking them for participating and explaining how important their role was for this project. I told them that their opinions mattered, that they mattered, and that this was a space for them to speak openly about anything related to youths' challenges today in Addis Ababa. I told them that the main topic that I was planning to work on was AIDS, but that if they felt that AIDS was no longer an issue, we could move to another topic that they thought would fit best. I gave them a few minutes to think about it before moving on, until one member said, "Well, the thing about AIDS is that everything we go through as teens deals with it somehow, so I think it's a good topic."

"Do you all agree with this?" I asked, and everyone nodded, then another youth added, "Yeah, besides it's the only topic we cannot talk about openly with our parents or teachers, so if you say that we can do this here, I think we should do it." To continue this trend of the conversation I asked, "What do you mean, you cannot talk about it with parents and teachers?" They all looked at me with ogling eyes like I had asked the most obvious question (like: 'Is water transparent?'). So, a few answers came flying:

"This is Ethiopia; you don't talk about sex. You can have it, but not talk about it."

"Unless there is already a topic about this subject on TV, we never talk about it."

"Yeah, because of the way it's transmitted, we can never talk about it."

"I think that's why AIDS is still a big problem. If you hide it, you can't know."

"It is so secret that if my parents found a condom in my bag, they would kill me."

It did not surprise me much that they did not speak about AIDS or sex with their parents. I know from many years of research that I conducted and from my own life growing up in Kinshasa and Addis Ababa that you indeed did not talk about AIDS with your parents. But what surprised me is that they seemed to imply that even with teachers it was not that open. So I had to ask. "You are talking about home, but what about at school with your teachers?" Below are some of their responses:

"Are you kidding? What if they tell our parents?"

"No, we can't talk to them, it's weird. Plus, what if they think we're having sex already?"

"No way! I have the Internet, why would I ask my teachers?"

Actually, once our teacher brought it up. It was in biology class. But he just said that we must use condoms if we want to avoid infection. He did not show us what a condom looks like; he did not even tell us what it was or where to get it. And, obviously none of us would dare ask him. He assumed we knew, I guess. Except at that time, we didn't know. So, his talk was useless.

This was quite surprising. In Ethiopia, parents expect their children to learn about AIDS at school, but here this was not happening, and the youths did not seem okay with that. So, I asked them if they wanted to learn about it at school. They all said yes, but they also said they would rather have their parents tell them about the disease. Though it would be awkward, they all said it was necessary. I did not want to go too much into detail with my questions because this was not the purpose of our meetings. We were here for them to represent their issues through photography, and I was not to prime them to follow my ideas. I did feel that they would probably want to talk—

at some point—about the lack of open communication when it comes to HIV/AIDS. But I did not want to spend too much time on this now so that I would not prompt them into feeling like they had to take photos representing this. It is their project, and they should express what they wanted. As I was thinking about how to conclude this conversation, one of the youth helped me out when he said: "So, when are we taking photos?" This was perfect timing.

I started by giving them an introductory tutorial about photography. I reviewed and taught the basics of lighting, exposure, composition, angles, and colors. This basic understanding of photography is absolutely crucial for various reasons. First, it was important for the youths to feel at ease when they worked on the project. Second, it would allow them to decide exactly what impact they wanted to make as they took their photos by adjusting composition or lighting. Third, it put all of them on the same level. If there were youths that had already been introduced to the art of photography, while others had never held a camera before, it would be unfair to expect them to produce pictures of similar quality. Making sure that they all get a standardized tutorial would allow all members to feel equally qualified.

After the tutorial, I gave them the cameras so they could learn about how to change batteries, charge them, find the SD card, and understand all the different functions of the camera. The cameras they used were different models of the PowerShot digital cameras (see pictures below for representative models of cameras issued to the teens).

Figure 3. Types of digital cameras used in the photovoice project.

At the end of the camera tutorial, I immediately assigned them a photo activity so that they could practice what they had learned. They were to take pictures of anything they wanted at the school and to play with the different functions of their camera. This is when I saw them most excited. Suddenly, the little shyness that had been present during the first hour of the workshop was gone. They created their own buddy system and went around the school to take photographs. Upon their return, after about 40 minutes, they presented their photos with pride to each other, commenting on some, and even giving advice to each other. This was nice to see: Cohesiveness was starting to take root. Everyone was speaking, smiling, and sitting comfortably (chairs turned, some on the floor, some on the table). I wanted them to feel like they were in a safe and non-judgmental place where their actions were respected, and their comments were welcomed. It appeared that they were coming to regard the photovoice group setting as this safe environment. They seemed to enjoy the activity and unanimously said they wanted to continue with photography as their means to express their thoughts.

After lunch (made and delivered as planned by Medhanit and Mulu), we sat down to establish the code of conduct that we would respect for the remaining weeks in which we would meet. For any group to work in a safe manner and make sure that everyone feels respected, it is crucial to create some form of regulation. The teens were open to it and wanted to make sure that this was done as effectively as possible. They did not want to be judged for creating rules that others did not agree with. To avoid this, I stated that we should all write down our rules on a piece of paper (individually), fold the papers, and mix them in a pile. Then one by one, we will read them and add them to our code of conduct. This would ensure that nobody would know who wrote each rule. They were pleased with this and we went ahead with this plan (see the code of conduct generated by the group below).

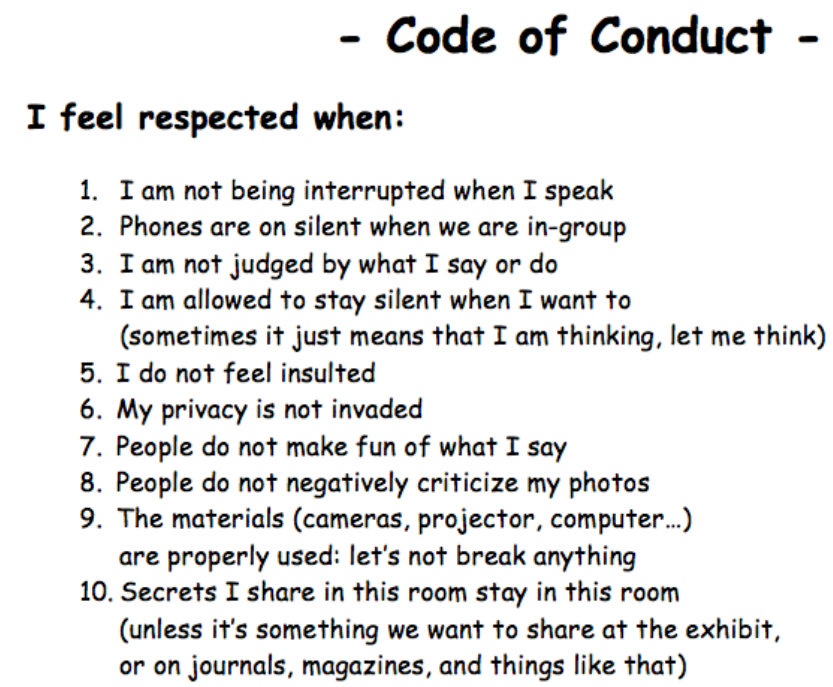


Figure 4. Code of conduct created by members of the photovoice group.

June 5th, 2016 (session 2). I always let the youths chitchat for a bit before the sessions start. I like to observe how they are getting along. And to my great surprise, they seemed to be friends, though this was only our second session. They were chatting about their day, about the last session, about their weekend plans. The oldest students went to talk to the youngest ones (still a bit shy compared to the oldest youths), in an attempt to make them more comfortable. It was very nice to see such camaraderie. "This is going to be another great session," I thought.

As I was preparing the cameras for the daily workshop of the picture-taking process, one of the youths approached me and asked if we could first have an open talk about AIDS before moving on with the project. I asked the other youths if they wanted that to happen, and they all agreed. "We have so many questions that we cannot ask other adults, but you are cool, and we can ask you, right?" inquired one of the youths. At first, I was not sure how to respond, this was not an AIDS education class, although I know everything there is to know about the disease. Frankly, I

was not trained to teach about it in the Ethiopian context. But I also know that saying no to youths who are asking about AIDS is immoral and could ultimately be dangerous. So I first asked them what they meant: "What do you mean exactly by you want to have an open talk about AIDS?" Then they said nothing. A minute later one youth broke the silence and said: "You know, you tell us things…and maybe we will have questions as you speak." That was a possibility but considering that I did not know their level of knowledge on the matter, I did not know where to start, so instead I proposed that they ask me questions first, and then I could answer. After about three minutes, there were still no questions. So, I told them to write the questions they might have onto paper, fold the paper, and toss them in the middle. I would read each question one by one and answer. This would make it anonymous. This worked sublimely. Each of the papers had at least five questions on it; this showed that they did indeed have many questions but had been too uncomfortable to overtly ask. I spent the next hour teaching about AIDS, and they spent it asking questions and learning about AIDS. Though at first, they did not want to speak (they asked questions through their papers), they started raising their hands and asking more and more questions as the time advanced. This was an excellent Q&A session.

In the beginning, the questions were related to AIDS directly. They wanted to know about the origin of AIDS, why it is affecting more people in Africa than the rest of the world, and what the virus actually did to our immune system. But eventually, most of the questions the youths had were related to sex directly (not the AIDS disease). When do condoms break? How do you know you have put it on the right way? If you do not actually penetrate your partner, do you still need a condom? And so on. They also had questions about homosexuality, bisexuality, and transgenderism (which is even more taboo than AIDS and sex in Ethiopia, and I was quite sure that these questions would definitely never be broached in home or school conversations).

I was as honest and as thorough as possible when answering the questions, and used the actual word to refer to body parts and actions (i.e., 'vagina', 'penis', 'intercourse', and so on) to avoid any confusion that may come from using metaphors and images. It is important to note that during the meeting with parents prior to the project, I had told them that the youths might ask about sex and AIDS, and I needed to know whether they were comfortable for me to talk about these if that happened. All the parents had agreed (some first wanted to know about my credentials in teaching about AIDS or working with youths, which I gladly showed them). As such, I knew that I was not deceiving parents in any way by answering their children's questions. In fact, I was very happy that I had asked them about this earlier, seeing that the youths had numerous queries. It felt like a very useful talk to have. Not only did the teens seem more engaged than at the last session, but they also said that now, they were even more eager to work with the theme of HIV/AIDS for this project. We continued talking until lunchtime. Before eating, I asked if they were now more comfortable and felt more knowledgeable about AIDS and sex. Once I made sure that all seemed satisfied, I continued planning the photo activity for the day, while they ate their lunch.

In the afternoon, I presented them with the photo activity of the day. We had a quick workshop about portraits, and I asked them to go out and take portraits of each other showing different emotions. I told them that this was still a practice run (not necessarily related to HIV/AIDS), designed to see if they are fully comfortable with their cameras. They were going to take the cameras home with them for the week (until we met again the following weekend), so I wanted to make sure that they had adequately mastered the art of photography before sending them off. They raved about the project (and came back with amazing images in the next session).

Today was a magnificent day. First, because the youths seemed to be more connected. Second, because they were opening up and starting to speak up. Third, because we had what seemed to be the first truly open AIDS and sex talk of their lives. And fourth, because they were ecstatic about continuing with an AIDS-themed photography project.

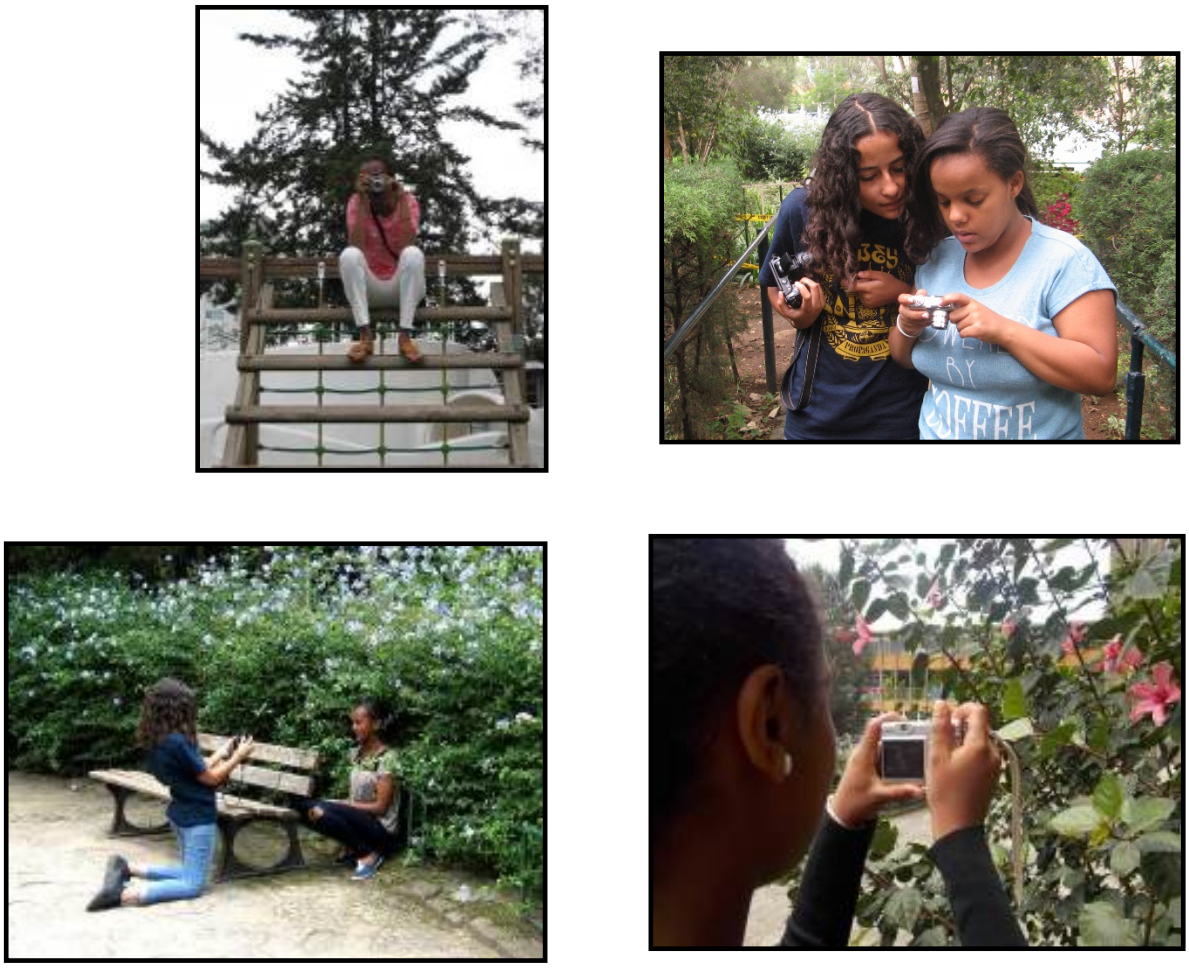


Figure 5. Co-researchers engaged in picture taking.

June 11th, 2016 (session 3). I had lent cameras to the youths. They were to take photos of their realities at home and in their neighborhood. All the youths came back with their cameras. To my surprise, most of them took very few pictures. I wanted to know why and they said that

sometimes they would forget their cameras at home. For this reason, they proposed that I remind them on the Facebook page generated for this group, which I did from then on.

Though not everyone came with lots of photos, the ones who did had captured remarkable images representing their reality as youths in Addis Ababa. We looked at the photos together and asked the photographers to explain the rationale behind each image. Many of the pictures showed places or objects that were indirectly conducive to HIV infection. They had pictures showing bars and nightclubs, alcohol, drugs, or cigarettes. The rationale behind these photos will be explained later. Some photos were very metaphorical, meaning that the images represented another underlying issue that was not clear until the youths described it. This will also be described in detail later.

In today's session, we spent a large amount of time talking about the images they took, and what they represented. Many of the youths felt that photography was not always enough to express all their thoughts and they wanted to write about how they felt. We therefore decided that this project would also include texts, and not just photos.

Figure 6. Co-researchers engaged in writing.

June 12th, 2016 (session 4). I am happily surprised. The energy and eagerness the youths have are remarkable. The evening before, many had spent the night chatting on our Facebook page about the project and the different themes they wanted to discuss. Today, we talked about the AIDS issue in Ethiopia and the solutions the teens proposed. The students wanted to

represent these issues through drama. They formed groups and each decided to show a scenario explaining why AIDS is very difficult to stop in Ethiopia. Each youth took a part or a role as an actor and built a scenario. Here are the scenarios they presented:

- The first group dramatized a situation in which parents found their child holding a condom in his hand. They showed how angry the parents would be and how fearful the child would be. The lesson of the story was: “Parents do not expect us to carry condoms, so we do not. This can be very dangerous if we find ourselves in a situation where we (or a friend) will be having sex. We will have nothing protecting us. Somehow, the fear of being caught with a condom surpasses the fear of actually being infected by HIV.”
- Another group presented a scenario in which three youths were going to a party and one of them wanted to have sex with a particular boy. But since she did not have a condom with her, she decided to buy one from the store. Once at the store, she recognized the seller, and feared he would tell everyone that she was having sex, including her parents. She ended up just buying cookies (that she did not need) and still had sex with the boy. The lesson of the story: “It is so taboo and embarrassing to have sex, that we don’t buy condoms in public. This is a huge problem.”
- Another group acted out a scene in a bar with two friends who became so drunk that they ended up having unprotected sex. The lesson of the story: “Being under the influence is one of the leading causes of HIV transmission.”
- The last group decided to enact the scenario of a student dropping a condom from her pocket by mistake at school. When she did this, everyone at school made fun of her and kept gossiping about how she was a ‘bad’ girl. The lesson of the story: “Though condoms

protect us from having HIV, they do not protect us from shame when we are seen carrying them."

With these improvised dramas, the youths expressed what they believed were some of the issues that hindered the prevention of HIV in Ethiopia. They wanted to see change, but they understood that without openly talking about these topics, it was not possible to change. They were quite disappointed that they could not openly speak about sex, and that if they did people would assume that they were *too sexual*, which would be a blow to their reputation. They wanted this to change, they said. So they stated that they wanted to represent these thoughts through photography and writings. This way they can show their parents and teachers what they think when those parents and teachers attend the exhibit. The images would represent their thoughts without them having to face the adults directly.

While the students were acting, there was always another student taking photos and videos of the scenes. They were not sure if they wanted to show this at the exhibit yet. But they wanted to have a record of it just in case. For privacy reasons, every photo and video that was taken/filmed during the sessions was copied onto my computer and then deleted from the cameras. Therefore, the youths did not have access to these photos and could not share them elsewhere. This was done because some of the images captured on the photos were sometimes too distressing, and could seem real to outside observers (when in reality all visually-disturbing images were simulated for the scenario that the co-researchers presented).

I was euphoric with the manner in which Session 4 unfolded. The co-researchers are truly taking the lead here. They speak up, write, and use drama to express their thoughts. This is not to say that they do not look to me for guidelines or instructions. I often must tell them: "It is your project, say what you want to say." Of course, as a facilitator, when I see that the conversation is

drifting off or is redundant, I do voice my observation and remind them of their goal, and what they want to achieve by the end of the sessions.

Before leaving for the day, I lent the cameras with a theme more directed to AIDS. Now that the teens had some experience taking photos and were comfortable with the topic, it was a good time to send them out with the directive to take pictures whose subjects represent HIV/AIDS to them. I told them to think about this theme before they left so that they could ask me questions if they had any. After about 10 or 15 minutes of reflection, one youth said, "It would be good if we could go outside of Addis. Some of the things I want to represent I don't think I can find in the city."

I asked what that could be and he said, "Silence and peace. I think people who have AIDS need to be in a calm place where they can heal, and were they are not judged. And to be honest, in the city, I don't see any place like that. There are cars, buildings, and people everywhere."

Others started nodding and seemed to agree. "That is so true, man," said another youth. I told them I would look for possibilities to go outside of the city. I had to think of several things. First, could I afford to take 12 youths outside of Addis Ababa for the weekend? Second, would parents agree to this? And third, would this be genuinely beneficial to the project?

June 14th, 2016. Bishoftu is a town located about 60 km from Addis Ababa. After the requests made by the youths, I wondered whether we should go there. It would be a great location because it is a city surrounded by the Ethiopian countryside. This would allow for the youths to take even more photographs if they want to represent the contrast of cityscapes against more natural environments. If some students want to focus on the city life while others want to focus on rural life, then everyone would be served. In Addis, it is quite impossible now to find any non-urban space. I would have to contact a few car rental companies or tours that might be

able to take us at a low price. I would also have to communicate with parents to see whether they would allow their children to go.

June 16th, 2016. Everything was arranged. We were going to Bishoftu. For one, parents were more than happy to send their children to another city if it meant that the children could represent their thoughts better. Second, I found a company called Ento Tours that has offered to take our group with no fee. After hearing about the project, the CEO was very supportive. He stated that for such a good cause he was willing to take us free of charge. Ento Tours is very popular in Ethiopia and is among the leading travel and tour services in the country. The fact that they offered their services free of charge is absolutely generous. When I announced the good news to the youths, they literally jumped for joy.

June 19th and 20th, 2016 (sessions 5 & 6). This was an absolute success. We went to Bishoftu and the youths were simply remarkable. They took photos all day long, discussed them, analyzed them, and wrote about them. I had invited a professional photojournalist to come and give a workshop, and the teens adored that as well. Samuel (the photojournalist) was very patient with the teens and explained everything in detail. These were by far our most successful sessions. I believe this is because students were more comfortable with each other. At this point they were close friends, their photography skills had improved, and they were starting to meet their objectives in their respective photo projects.

Figure 7. Photography workshop and photovoice activity at Bishoftu.

June 25th, 2016 (session 7). We were near the end of our regular sessions for this project. Soon, it would be time to organize the exhibition. Today in particular, the youths asked to start looking at all the photos they have taken to date so they could start analyzing them separately and decide which photos to keep. The analysis process of the photos took four hours in total. There were discussions, debates, and explanations going from one side of the room to the other.

They first worked individually, focusing on their own photos. They looked at them, organized them into thematic sections, and then wrote narratives or texts to describe the rationale behind the pictures. Then, in pairs, the co-researchers described the photos they took and explained why they took each image to their partner. After having selected photos from the pile, they then

organized themselves in small groups and spent time deciding how to best portray their ideas. Each gave their opinion on each photo that was presented. Eventually, as a group, they chose the photos they wanted to exhibit, with each person represented by two photos. This was a thorough process, which required considerable amounts of reflection, debate, and organization.

I was amazed to see their level of maturity when it came to uniting as a team to present the strongest messages they could. They decided the size of the images, the manner in which to edit the images, the type of color to use, and what image angle/shape they wanted to opt for. They also decided whether they wanted their names to appear with the photos or for their authorship to be anonymous. All co-researchers wanted their names to be present. “We cannot tell people to speak up about AIDS, and then hide our identity when we do it. This would make no sense. Our names have to be there,” said one of the youths enthusiastically. Though I agreed with him, I still wanted to protect their identity and asked every co-researcher separately (and alone) if they were sure they wanted their real identity to be present. They all said yes. I also contacted each of their parents, who also agreed.

Once they decided what photos to keep, they also wanted to write narratives that would go with the images. Considering that many of the pictures represented an image of something else (a metaphor), they wanted to make sure that the viewers would understand. As such, they felt that it was important to write it down clearly. “This is not an art project, right? We don’t want people to imagine what the photo represents. This is photovoice, we want to tell them exactly what we mean,” stated one of the youngest teens of the group. And so it was decided. They started writing narratives to accompany their images. The drafting of this text was entirely personal. They did not discuss their respective narratives during writing to determine the suitability of their respective narratives. They each felt that this was an individual decision because only the person who took

the photo could know what he/she wanted to illustrate. As such, it was his/her responsibility to write his/her narrative.

With the photos selected, it was time to send them to the printer. A couple of youths volunteered to come with me the following day and submit them to a printing press. Three other youths decided that they would come with me the following day to the exhibit site to see how best to place the images. As a group, we also designed the invitation cards (Appendix B) and a brochure that would give a brief description of the project (Appendix C). This brochure would be distributed on the day of the *vernissage*: July 1, 2016. The remainder of the youths decided that they would take charge of inviting guests to the exhibit. They planned to invite their teachers, parents and other family members, school principals, community leaders, and government officials.

June 26th, 2016 (session 8). This was our last official photovoice meeting. We would still meet for the exhibit and to have our concluding session, but this was the last day for taking pictures, discussing, and analyzing data. The co-researchers and I had mixed feelings. Though happy that we had very successful sessions and that everything went as planned, it was quite sad to see that we had reached the end. We had created a bond and felt more like a family than a group of people who just happened to work together. "It's a good thing we have our Facebook page," said a youth, "at least we can continue to talk there…" They all made plans to meet again after the sessions were over.

Though the photography sessions were ending, the work itself was not done yet. For one thing, the co-researchers spent about an hour selecting the texts they wanted to showcase (this is in addition to the narratives they selected at the last session). They re-wrote them, refined them, and edited them until they felt that they were perfect. I helped them with grammar, syntax, and

spelling. The texts were written in French and English, but none in Amharic. When I asked why they did not write in Amharic (despite our group conversations being conducted mainly in Amharic), some said that it was because they had spent most of their education speaking Amharic, but not writing it (school was in French or English). Others said that it was because words in Amharic were a bit heavy and difficult to use. The words 'sex,' 'vagina,' or 'penis' in Amharic were impossible to voice. In fact, the students said that such words were just too raw and absolutely uncomfortable to utter. English or French were more accepted when discussing sensitive topics like AIDS or sex in general. Others said that it was important for them that the research goes beyond Ethiopia. They wanted their photos, texts, and narratives to reach as many people as possible in Ethiopia (since not everyone speaks Amharic, even in Ethiopia), in Africa, and even beyond. "When you go back to Canada, you must show this (work)," they said.

After they finished writing their narratives, we had a picnic as a celebration of the end of our four weeks together. In these four weeks (eight long sessions), a lot happened. Thousands of photos were taken, heated conversations took place, and numerous texts were written. During the picnic, we talked about how we felt about the project. We spoke about what we liked and disliked, what we learned, what we hoped to accomplish with the exhibit, and where to proceed thereafter. We did this sitting on the floor in the middle of the green yard of the school. It was a relaxed moment when we reminisced about the days that had passed and looked forward to the days to come.

Towards the end of the picnic, I gave them a surprise gift. I first thanked them for being amazing youths, dedicated co-researchers, and remarkable future leaders. I wanted them to understand that the role they played here was not small. They had grown within these four weeks as youths who were better prepared to talk about AIDS openly, and leaders who were helping

solve a crucial problem in their community. For their leadership, I told them, “I think you deserve to keep the cameras you worked with.” They all gazed at me with perplexed looks.

“Are you serious? Is this a joke?” asked the oldest of the group.

And I said, “Oh, this is no joke, the cameras are yours. You each get one.” They jumped up and down and screamed for joy. I wished I could do more for them. I wished I could stay so that we could tackle other issues they faced in their tender teen years. But that would not be possible. So at least I hoped that by leaving them with digital cameras, they could continue to take photos if they so wished. We ended the session with a little soccer game.

Figure 8. The last few sessions of the photovoice project.

June 29th, 2016 (expo prep). All the images, texts, narratives, and brochures were printed. The invitation cards were sent out. On the day of the opening, we were expecting between 150 and 180 attendees. The exhibit would be displayed from July 1 to July 15 at the Dinq Art Gallery. This gallery is strategically located in the center of Addis Ababa, and near the UNECA (United Nations Economic Commission for Africa) that holds both UNESCO and UNICEF offices. This was very important since many projects of these two organizations help build AIDS programs and spread HIV awareness in Ethiopia.

On this day, we spent the afternoon designing the expo. Deciding which photos to put first and which ones to put last, or which theme to represent first and which to represent last, was more complicated than it seemed. It took about five hours to place twenty-four photos, twenty-four narratives, and 12 texts. The lighting had to be right, the choice of images on each wall had to make sense, the space needed to be conducive to walking around freely, and the brochures needed to be placed strategically (see images below for a representative view of the exhibit).

Figure 9. Preparation of the exhibition.

July 1st, 2016 (exhibition). The exhibition went outstandingly well. There was heavy rain so we were worried that very few people would attend. But to our great surprise there were 150 people that came for the *vernissage* (between 6 pm and 9 pm). We had refreshments, brochures, and information sessions for anyone who did not know about the project or needed more information. In attendance were parents, teachers, school principals, students from different schools in Addis Ababa, and staff members from the ministry of education, UNESCO, and UNICEF.

The co-researchers dressed for the occasion. The boys wore suits and the girls wore elegant dresses or pants. They said they wanted to be not only presentable, but also to be taken seriously; hence the attire. As guests walked around to see the images and read the texts, the youths were keen to describe their works. There was a fascinating exchange between the youngsters and the adults who came to listen to their words. This was refreshing to see. Youths were at the foreground of the research here. They were the holders of knowledge. They were important.

We placed a notebook and pen at the exit of the exhibition so that guests could write their comments and feedback on what they had just observed, which they did gladly. This was essential since we wanted to make sure that their opinions were recorded. Most of the guests were in one way or the other responsible for giving lessons on AIDS and/or sex. Their opinions were therefore needed. The feedback they gave will be discussed later.



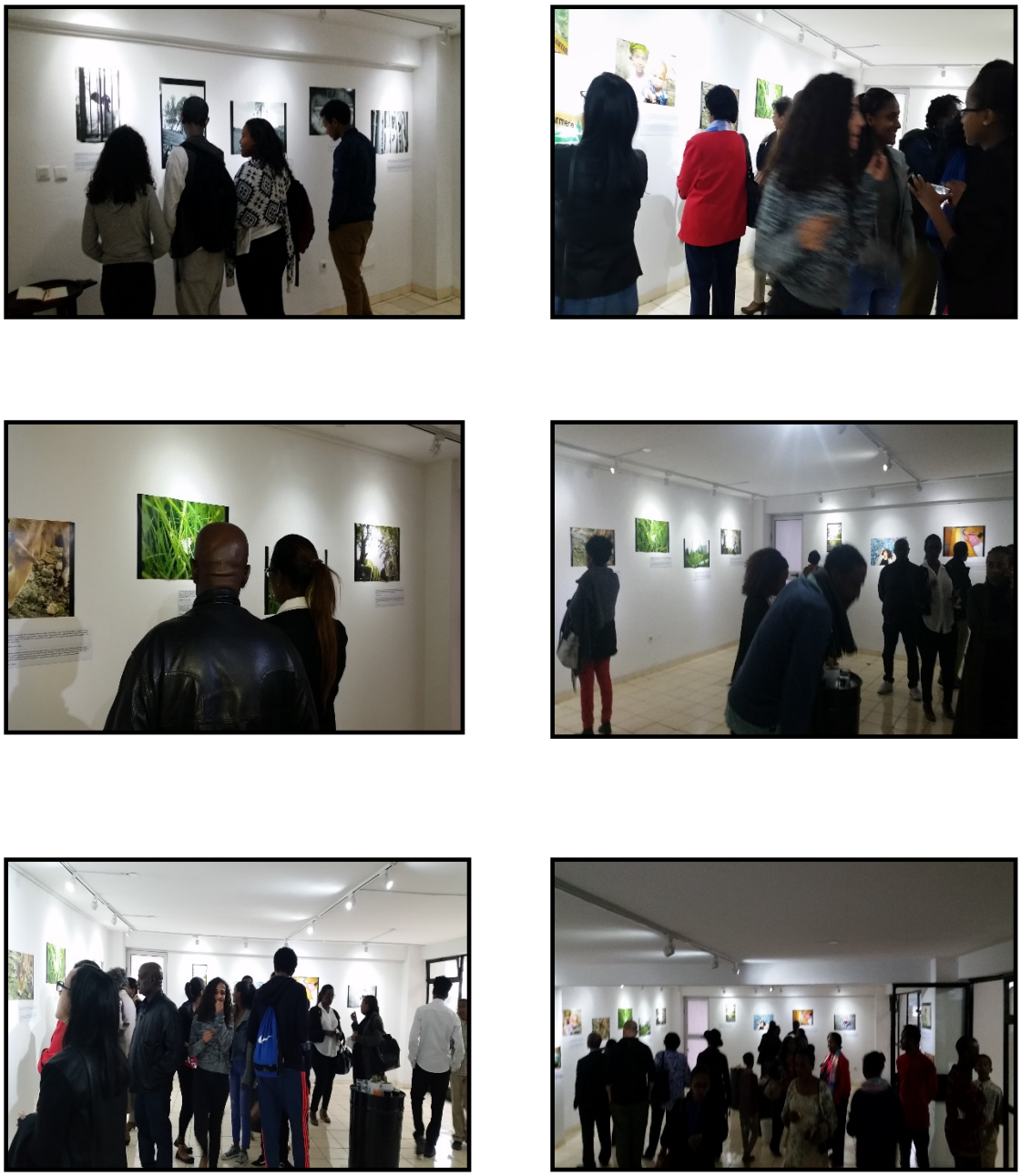


Figure 10. Vernissage of the photo exhibition.

July 10th, 2016. As the exhibit was still ongoing, I continued receiving calls and emails from varied individuals who attended it. Many of the messages came from the parents of the co-researchers; they contacted me to thank me for the project, and to tell me that they were pleased their children were part of it. They stated that their children constantly spoke about the project and how it was a great learning experience for them.

I had teachers contact me to ask if they could send their students to the exhibit, to which I, of course said yes. The more individuals who saw the exhibit, the more open the conversation on AIDS and sex will be. Additionally, it would mean that we would continue to gather feedback in our notebook from the guests who watched the exhibit. More data is always worthy.

School administrators have contacted me to ask if we could present this exhibit in their schools as well, or if we could have some of the co-researchers speak to the school. Due to lack of funding, lack of time, and to respect the limits established by my ethics approval (co-researchers becoming spokespeople for the project and their experience was not part of the ethical endorsement), I unfortunately had to decline. In fact, even if I had more time, more funding, and the ethics approval, it would not be fair for the co-researchers to take on this responsibility. They have given substantial energy to this project already; having sacrificed their whole weekends to make sure that this project became a reality. They have done a tremendous work at that, and I felt that it was time for them to go back to their regular lives. Perhaps in a year or two, with more funding and more time, I could come back to Ethiopia and design a similar project with the schools that contacted me. Better yet, I could help train local teachers to do this type of work.

Staff members from UNESCO and UNICEF communicated with me to propose that we publish a magazine/book with more of the work that the youths crafted. This of course would be an excellent idea and a very useful one since it would allow the message to be spread on a larger

scale, even in remote areas. However, publishing a book or a magazine requires more funding that we currently did not have and a lot more time. Again, this procedure could be done in the future. I marked it down for later consideration.

July 15th, 2016. The exhibit ended today. The project was officially over. Before removing all the photos and texts, however, I found it necessary that the co-researchers and I sat for a thorough discussion about their experiences. So here we were, in the middle of the gallery, sitting in circles and talking. The purpose was to gather information on what the co-researchers felt about the exhibit overall and what suggestions they may have.

The atmosphere was a bit gloomy as the youths realized that this was the last day we would meet. They felt sad knowing that they were going to be separated. "I will miss this," said one youth. "I will miss us," he continued. To ramp up their mood, I told them how proud I was of them, and how everyone who attended the exhibit was delighted as well. I took the notebook with comments and read it aloud. The messages were full of encouragement for the youths, delight with what they have experienced, and gratitude for their work. One note read, "I've never been so touched by an exhibit before. This is outstanding. And to think that teenagers did this! Wow! I learned so much from you. Keep up the good work; you give us hope for the future." Needless to say, messages like these were enough to bring a smile back on the youths' faces.

I asked the adolescents about their experience in all this, particularly what they learned from their work, and what they hoped to emerge from this project. They each shared their thoughts with enthusiasm and asked that their Facebook page remain open for a few more months so that they can add more detail to what they discover. They wanted to continue sharing their thoughts and continue being connected. This seemed fair to me. The connection they shared in the past few weeks was quite strong, and the last thing I wanted was to stop it abruptly. Though this last session

was very important for closure, it still did not feel right to stop it here. I did not want their last memory of the project to be of the moment when we removed their images and texts to close the exhibit. That image might be looked back upon as despairing. Rather, I want them to feel like there is hope. Their work was valuable and it does not stop at this specific place or time. So I asked them, "If we had one last meeting of 'fun' where we could see each other before I go back to Montreal, what would you want to do?"

A few ideas were proposed: playing sports, having another picnic, extending the exhibition for more time, or going outside of the city for a relaxed weekend. These options were not quite viable, unfortunately. Due to lack of funding and time, I told them that neither the weekend getaway nor extending the exhibit for a longer time would be possible. As for sports, there were a few co-researchers who did not like physical activity much, so that would be boring for them. The picnic option was great, but since we had already done that, some co-researchers said they did not see the point. So I asked them to think of more unique ways to do this, while keeping it affordable, or even free if possible. After a few minutes of thought, one of the co-researchers said: "What about the trees you were talking about?" That was quite an interesting proposal. On our first session, I had mentioned to the youth that we would meet for the next couple of months and that they were the ones who would mostly lead the project. I had told them they could decide to forget about photography, and do videos, writings, drama, or something completely different, like planting trees, if they wanted. I had just said that as a random example. I never actually meant to do it for this project. But now that he brought it up, I asked: "What about the trees? How would this give you guys closure"?

"Well," he said, "Planting trees is the symbol of hope, right? It shows that we want a better world or a better Ethiopia. And that represents everything we've been doing so far." The other co-

researchers nodded at the same time. “Yes, totally. It would be fun on top of that,” said a young girl. “It’s perfect, and it’s cheap. Plus, it will be a reminder that we should continue to fight AIDS.” It was true that this would probably not cost us much since several organizations needed volunteers to plant trees in and around Addis Ababa. And, considering that there was a movement against deforestation in Ethiopia these days, I thought this was an excellent idea. It was settled: We would plant trees as our last activity together.

After talking about this great plan, we went ahead and brought all the images and texts down from the wall. We picked up the notes that guests had written and we carefully placed them in a folder. We took one last photo of the whole group together in the famous gallery where their work was displayed for two weeks. We cleaned the room, bid the gallery manager farewell, and went home, until we were to meet for our tree-planting date.

The conclusion.

July 20th, 2016 (last day). Today was my last day with the youths; it was also my last day in Ethiopia. I am going back to Montreal tonight. This last day was important because it was requested by the youth themselves. It was the day we planted trees to commemorate our project and to support a good cause in Ethiopia. Though it might seem unrelated to plant trees when having talked about HIV for the past weeks, these two are not necessarily opposed. In fact, research shows that the busier a child or a student is, the less chance he/she has to fall into bad habits like drugs, alcohol, or premature sex. Additionally, green space means more places for the youth to play in, and of course, it is a great environmental benefit. The youths called the tree planting process ‘the seed of life.’ They expressed their wish for AIDS to disappear one day, and planting trees was their way of showing that. They also wanted to be reminded of this photovoice

project every time they passed by this area. This was an excellent way to say goodbye and conclude our project.

This is my last record in my diary. I am happy to finish on this beautiful day. It has been a very busy trimester. A lot has happened—more than I expected, in fact. Everything went exceedingly well. Not as planned, but even better. At times, it was overwhelming, and even quite stressful. But I could not have hoped for a better outcome than this. Now I find myself with a considerable amount of data: texts, photos, images, discussions, and narratives. I am going back with a bag full of materials, which will be shared in the next section of this dissertation.

Figure 11. Tree planting with co-researchers of the photovoice project.

Themes Discussed

Overview. Throughout the weeks that we met, the co-researchers discussed several issues they face as teenagers. HIV/AIDS being in the center of their conversation, the youths talked about the reasons AIDS was still an issue and what they hoped to see accomplished in the future with regards to AIDS education. As co-researchers of this project, their role did not stop at the picture-taking process or the discussion component of photovoice. They were also actively involved in the analysis process. For that, they selected the photos/texts they wanted to discuss further, contextualized them (i.e., framed narratives about their pictures), and then codified the images (i.e., categorized them into specific themes). This three-step process was done in a non-linear manner since there were several instances in which they went back in the process and changed direction. This is quite common in photovoice projects where new categories may arise based on the discussions that occur.

To properly analyze the voluminous data available (especially the photographs), it was important to follow some sort of guideline. They followed the SHOWeD method (Wang & Burris, 1997), which is commonly used for photovoice research (Catalani & Minkler, 2010). SHOWeD is a list of questions that co-researchers can ask each other when analyzing the photos they have taken. Essentially, there are five main questions: 1. What do you see in this photo? 2. What is really happening? 3. How does this relate to your lives? 4. Why does this situation exist? 5. What can we do about it? (Wang, Cash, & Powers, 2000). These questions gradually allow co-researchers to think more deeply about the photos they took, and to generate specific themes to discuss. Generating these was neither easy nor swift. It required much discussion, argument, exchange, reshoots, writing of narratives and/or long texts to complement the images, and photo editing in order to highlight particular matters.

After spending hours analyzing their data, the youths identified five specific themes: ‘worry and fear’, ‘loneliness and stigma’, ‘education’, ‘environment’, and ‘hope’. The first two themes, ‘worry and fear’ and ‘loneliness and stigma’, represent the issues that the co-researchers faced, as youths in Addis Ababa who are at risk of HIV infection. The next two themes, ‘education’ and ‘environment’ represent the solution they propose. Finally, the last theme, ‘hope’, represents the positive result they intend to accomplish at the end of their project. All this is discussed in more detail in the upcoming sections. Note that the format in which the images and narratives are presented is based on the co-researchers’ requests. They are illustrated as they were during the exhibition in Addis Ababa.

Figure 12. The process: picture taking, discussion, image editing, and data analysis.

Worry and fear. One of the first issues the co-researchers discussed was the fear they had of catching AIDS. Since it is a disease considered embarrassing, they thought that catching it would probably bring much shame to their families, and to themselves. They stated that there was almost no day they did not think about AIDS, especially when they were dating or when they saw blood anywhere.

The fear they presented, however, was not always directed towards AIDS itself, but sometimes to the actions that can lead to it. For instance, alcohol or drug addiction was a frequent common topic discussed. “The problem is that if you drink, you don’t know what you will do. And if you don’t know what you are doing, you might have sex. That’s so scary,” stated one youth. “Yes,” added her co-researcher, “Imagine waking up and realizing that you did not use a condom. It’s horrible.” “It only takes one mistake. That’s the scariest thing, I think. You could be careful your whole life, and one day make a mistake, and that’s it,” said another youth.

That fear and that worry can also be felt in the photos the youngsters took. Several pictures represented fear of growing up, the worry of announcing to a family member that you had AIDS, the worry of dating, and the fear of using drugs and alcohol. They talked about the obstacles they faced being teenagers. “We have to worry about school first. I mean, we want to have a good future, so we want to be good at school. But on top of that we have to deal with risks of growing up,” said one of the youngest of the group.

“Sometimes, I wish we could stay kids forever,” stated a young girl, “Then there would be no risks. You are protected by your parents. But as you grow up, you realize that your actions can have huge consequences.” Her co-researcher added: “When you grow up your body changes, and you now have feelings that you did not have before, so you want to do all these new things that can be dangerous.”

Their fear was legitimate. These youths are growing up in a setting where drugs and alcohol are easily accessible in the absence of education on the risks of their consumption. Though the law forbids youngsters to buy alcohol in Ethiopia, it is not well enforced. Virtually anyone at any age can buy alcohol. As for drugs, most of them are illegal (speed, cannabis, cocaine, and ecstasy for instance), but the youths stated that if they so desired, they could get them easily. "Our parents don't even know most of these drugs, so they cannot talk to us about it. And I think schools are in denial because they give us no education on drugs." One particular drug, 'khat', is not illegal in Ethiopia, which means access to it is even simpler to abuse it. As a reminder, students who participated in focus group also voiced these issues.

The fear of catching AIDS, because of its vicious consequences, meant that just the thought of it was making the youths grim. "I swear, I think that if I have it, my parents will literally disown me. I'm not even joking or being dramatic," stated one of the youngsters. Other members of the group agreed with this. "Oh wow! They would be so disappointed; I don't think I could face them," stated a youth. "Forget having AIDS, if they find me with a condom, it's the end of me," she added.

Such somber feelings about growing up and about catching HIV are in themselves problems that require their own attention and perhaps more research. It is fair to say that fear is often the driver of the main threat to the development of AIDS education. This fear is creating a culture of silence around the topic of AIDS. It is also creating uncertainty in the minds of the younger generations since they miss out on open communication about the disease. Fear also promotes stigmatization (which will be discussed in more detail in the next section of this chapter). The images, narratives, and texts below were created by the youths themselves to showcase their thoughts on this theme of 'Fear and worry'.

This boy is looking up…Towards his future…But there are obstacles like the heavy rock that he holds in his hands. He must be patient and work hard before reaching the top.

— Eyuel, 13 years old

This photo represents pain and sadness. The boy seems to be crying. The background is bright but he is in a dark area. This is surely how someone who just found out they have HIV would feel… The pain, the shame, and the sadness is the darkness enveloping the boy. Even though there are now treatments for AIDS, society still sees it as a horrifying disease.

— Krestiane, 15 years old

Curiosity is our Threat

Teenagers are very curious. They constantly want to know things or try things. And with peer-pressure they sometimes go too far. For example, they start smoking to look "cool"... And if that does not make them cool enough, then they go one step further and they try drugs or drink alcohol. The problem of trying is that you will end up being addicted, and then there is no way back.

Of course, being "cool" is not the only reason why a teenager would start smoking or doing drugs... Often times, it is because something at home is problematic. Maybe they have parents who fight all the time; maybe they have a sibling who is sick; maybe they do not get along with their fathers; or maybe, for some reason, they feel bad about who they are... So to forget all this, they start drinking, smoking or using drugs. This allows them to be relieved for a little while. By doing that, they feel like they are out of their prison... Only to find out that in reality they have just joined another prison: addiction.

Melat, 16 years old

Le Plus Grand Problème des Ados

Quand on est adolescent, on a l'impression qu'on est adulte. On pense que nos parents ne comprennent rien et que nous on sait ce qui est bien pour nous. On veut être libre, indépendant et tout faire à notre manière. Ceci est probablement le plus grand problème de l'adolescence; cette idée qu'on est maintenant grand et mature, alors qu'on ne l'est pas vraiment.

Bien au contraire on a tendance à faire pleins d'erreurs. On s'associe avec des amis qui ne sont pas très bien... On veut commencer à sécher les cours, on commence à ne pas écouter en classe, on veut commencer à boire de la bière, ou pire. Au fond de nous, on sait que c'est ridicule, mais on veut quand même essayer pour prouver qu'on est grand.

Beede, 14 ans

When you are young, there are barriers preventing you from being with the person you love. Barriers and bars like in prison. In fact, your love is a prison itself; the risk of being infected with HIV makes you feel like you are in prison.

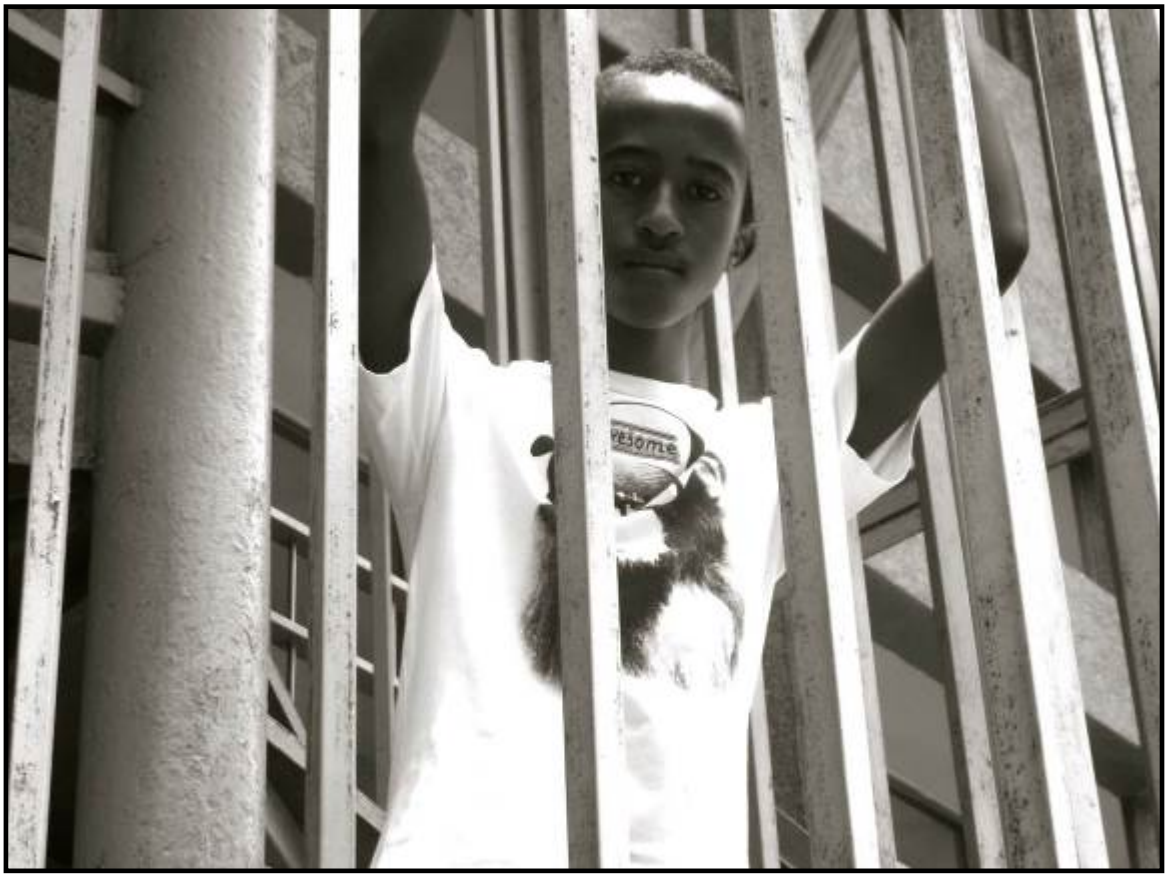
— Heleena, 16 years old

Listening to music rocks my life. It relaxes me and brings me joy. Most teens like to listen to music. I think it's because it helps us forget the things that are going wrong around us. We forget what we are mad or sad about.

— Meklit, 15 years old

This photo represents the difficulty of being a teenager. The right side is the safe, protected part where family is. The left side is the rebellious side we have; we try to venture out and sometimes discover dangers like cigarettes, drugs, or alcohol. As teens, we are constantly going back and forth between these two worlds: the safe and the dangerous.

— Melat, 16 years old



This photo shows a youngster in prison who wants to escape. But this is not a real prison. This is the home where he lives with his parents. He wants to leave because he is a teenager and he wants to be independent. But it's too early...He does not understand that outside things are not as safe and comfortable as at home.

—Nahom, 12 years old

I took this photo to show what life is like for someone who is poor. He's looking for something to eat in a pile of dirt. The boy is sad, lonely, and desperate. In situations like these, the odds of catching AIDS are high.

—Nathan, 15 years old

Loneliness and stigma. Not far from the theme of 'fear and worry' is that of 'loneliness and stigma'. Though the co-researchers categorized them in different sections, they did mention that one was the result of the other. That is, they felt that people were afraid of AIDS mainly because it was a stigmatized disease, and this could cause someone to feel lonely. They found that this was the main reason why Ethiopia had serious challenges in fighting AIDS. "They make us so scared about it that we don't want to get tested, which is stupid because there are treatments now," stated one of the youths. Then another one added, "Yes, this is the problem: we know that if you have it, then you are left alone. People avoid you."

The co-researchers expressed their anger towards stigmatization. The images and narratives shown below represent that frustration. During the sessions when we met, there was not a day in which the theme of stigmatization did not resurface. At times, you could sense a feeling of anger, other times it was sadness, and often it was a sense of dismay.

If I have AIDS

If I found out that I had HIV, I think I would not be able to face my family and friends. I do not even think I will tell them. I would lock myself up in a room for a few days so that I can figure out what to do. I know that HIV is only transmitted through blood and sex, but still, I would not want to be close to anyone so that I can protect them. Even though there are now treatments for AIDS, there is still no cure, which means I could still die of AIDS. That is what scares me the most about this disease. The other thing that is scary about AIDS is the fact that society will neglect me if they found out. I would be considered a shameful person.

For all these reasons, it is very scary to have AIDS, which is probably why people are afraid to get tested. Unfortunately, not getting tested decreases the chance of eliminating AIDS. You cannot fight the enemy you do not know you have. Therefore, despite how scary it is, we must get tested.

Fikir, 17 years old

The gray sky and pigeon are indications of the difficulties created by AIDS. In addition, the pigeon is alone in society. His friends and family members abandoned him because of his illness. When he needs them the most, they are not here.

—Beede, 14 years old

Animals have nothing to worry about (no questions like: "What if I have HIV, what if I'm pregnant, what if I fail my exam…"). All they need is grass to eat and a place to sleep. This is very different from humans' lives; we constantly worry about things. Yet, this bull seems to be alone. It reminds me of the way we stigmatize people with HIV. They are left to eat alone.

— Meklit, 15 years old

She hides because they are demonizing her illness; and I stand and watch offering no help: stigmatization & discrimination.

— Heleena, 16 years old

The person in the foreground of this picture is struggling to integrate into society. He wants to be part of the group that is in the background but unfortunately that's not possible...This may lead him to venture into drugs or alcohol, which may increase his chances of getting HIV.

- Kalabe, 16 years old

This discarded t-shirt resembles a person who has AIDS. He is all alone; people abandon him, mistreat him, and insult him. It's sad.

—Nahom, 12 years old

Looking at this dried up well, I think back of the time when it was functioning and all villagers were surrounding it. Now that they don't need it anymore, it is alone. It is sad. Could this be how someone who has AIDS feels?

—Eyuel, 13 years old

Education. The overarching objective of this research was to study whether formal AIDS education best contributes to promoting behavior changes regarding AIDS prevention. As such, most of the conversation during our photovoice sessions focused on education. Considering that the primary function of these adolescents was to be students (they are in school from 8 am to 5 pm every day of the week), they were best positioned to talk about this. And talk they did. For all of them—reinforcing what was learned from the critical ethnography segment of this study—AIDS education is a must. They do feel that at the very least, it spreads awareness. However, they complained that they got very little meaningful AIDS education. Though they hear about the disease regularly, nobody sat with them to talk about it. "Other than saying, 'Be careful' when I go out, my parents don't really discuss AIDS. I assume by 'be careful' they mean: don't do drugs, don't smoke, don't have sex," said one of the co-researchers.

Another member of the group added:

> For me, they would use media to talk about it a little. For example, if we hear on the radio or see on TV that someone died of AIDS, they would say "That's why young people should be careful," but they say that without even looking at me. I just have to presume that the message is directed at me.

This lack of open communication was bothersome for the teens. They said that though it would be an awkward conversation, they wished their parents would talk to them about AIDS. And if not the parents, "Maybe a cool cousin or something, just someone in the family," said one youth. They also suggest that their teachers introduce AIDS education in biology class or an ethics course. Considering that AIDS was still an epidemic in Ethiopia, they were surprised that teachers

did not talk about it more often. “Other than during AIDS Day, we barely talk about the disease. And even on that day, there is no talk really because it’s a day like the others, we still have math or history classes,” stated a young boy. Note that this is in contradiction to what the students interviewed in the focus group of this research stated. Those youths had AIDS education at school, while the co-researchers here did not. A reason for this might be that the youth in the focus group were older than the co-researchers. This might explain why these teens have not received AIDS education yet.

Though they felt that formal education about AIDS was necessary, they also discussed how other forms of education were perhaps even more useful. They talked about the importance of having extra-curricular activities, such as sports, ethics courses, and even lessons that would teach lifestyle. This is in line with what the students interviewed for the focus group three years ago stated. One of the co-researchers remarked:

> You know, sports are a form of education as well. Some schools reduce the amount of sports we have because they want us to focus more on academia, which I find so stupid. They don’t understand that sport allows us to focus on exactly that: sport. Without it, we risk being bored, and if we are bored we will try drugs and all, or drop out. If you don’t want students to drop out, maybe you should have more entertainment in school.

Some students talked about the role of school itself. They stated that even if they were not very good students, or were not learning much, school had the ability to keep youth away from risks. “See, school is where we learn to work in teams; it’s where we develop our first friendships. And it’s also where we learn to communicate. So it is important that we keep having that,” said a

teenager. Then she added, “If I did not have school, what do you think I would be doing with my day? I’d probably be a bandit or something. And if that happens, it would not take much time until I catch AIDS.” Now, let us turn to the images and texts that represent the theme of ‘education’.

I took this picture in a market near my house. It really represents the situation of girls in Ethiopia. This little girl is taking care of who I assume is her little brother. She is not supposed to take care of him; she is supposed to go to school so that she can have an opportunity to succeed later in life. Many girls in Ethiopia are taking care of their sick grandparents or their little sibling instead of going to school. Since AIDS education is given at school, they don't learn about it. So, when they will be at the age of having sex, they will be clueless about the risks.

— Tsion, 16 years old

Choosing the Right Educator

I think that we can and should educate about AIDS… But it should be done by a person I am comfortable with. If/when my parents talk to me about AIDS, I find it weird and so will never ask questions. I will just listen and hope that they finish quickly. Therefore, it should be some random person that I know just a little bit and who is about my age. In this case, I can be open and ask many questions without feeling like I am being judged. That random person can be a friend (but not a friend that is too close), a cousin (but again, not a cousin that is too close to my family), or a friendly nurse. Doctors or teachers are usually too serious and a bit older so it would not work either. I would like someone who knows me a little bit, who is about my age, and who will not be too strict or serious. This way I can be honest and learn in the best way possible.

Robel, 14 years old

How Sports can Help

There are many ways in which we can make sure that we are not infected by HIV, or other sexually transmitted diseases. Sport is one of them. In my opinion, being active with sports has the potential to keep us healthy for a long time. I am going to talk about tennis because it is a sport that I practice myself. It is probably my favorite thing to do.

Tennis is one of the few sports where our whole body is working. It is intensive, requires endurance, and builds muscles. So when it comes to keeping you fit, it is definitely the right sport. But there is also another advantage: Playing tennis helps you develop social skills such as respecting your opponent even if you play against him. You also build friendships with your club mates. You meet different people so you become very sociable and outgoing. Since it is a very tiring sport, tennis also allows you to develop stamina and strength (not only physically, but also mentally).

One important advantage about practicing sports like tennis is that you are detached from 'bad influences'. You are too busy playing sports and have no interest in smoking, going to parties, or wanting to prematurely experiment with sex. Therefore, you are definitely safe from catching HIV. As I keep myself busy with tennis, I have no interest in trying the 'bad things' that young people my age try. I want to stay fit and healthy, and tennis is what I chose to stay that way.

Meklit, 15 years old

Parents don't often like it when we do too much sports, they are afraid that it can affect our schooling. But they don't understand that actually it's the opposite. Sport allows us to learn to stay away from bad habits. Also, it motivates us to come to school. Most importantly, it makes us happy. That must count for something.

— Krestiane, 15 years old

School is more than just formal education. It's where we create our first relationships. This photo of our hands (my friends and I) shows that relationship. It's important to me; it's comforting to know that no matter what, my friends will be there for me.

— Beede, 14 years old

For a Better World

Three things are necessary to make this world better: EDUCATION, PEACE, and LOVE. By education I do not mean academic schooling; I mean teaching each other to live in harmony in this society. This means that it is not teachers that are responsible to teach us things, but neighbors, friends, and family. We should learn about peace and love; about living in agreement and respecting each other. Mostly in Ethiopia, we tend to judge people and gossip behind their backs. Instead of doing that, we should come together as a society and help them out. Judging people and gossiping has never improved anyone's life. It's just a waste of energy.

For instance, people who have AIDS are mostly considered as unworthy people in Ethiopia. People insult them or disregard them. Instead of judging them and making them feel bad (or worse), we should try to help them find treatments. We should show them love and consideration. They are people just like us. They have hopes and aspirations just like us. So discriminating them is not only unfair but also illogical.

We need to learn more about love from a very young age. Love is accepting people no matter what they did or who they are. This is the only way we can live in peace. This might seem like a naïve ideal, but the truth is: the more love there is, the fewer problems there are.

Krestiane, 15 years old

Not going to school is not an option. A girl especially must go to school. That's her ticket to success because then she does not have to depend on men for money. This means she can avoid being forced into a job that will require her to sell her body.

— Tsion, 16 years old

Fardeau Économique et Sociale

Le VIH n'est pas seulement une maladie terrible qui engendre le SIDA. C'est aussi un fardeau économique et social pour l'Éthiopie. Depuis 30 ans nous avons dépensé des milliards de birr pour essayer d'éliminer le SIDA mais en vain. Cette somme d'argent aurait pu aller à d'autres besoins comme la famine, la pauvreté, l'amélioration de l'éducation etc. Mais c'est le SIDA qui a tout pris. En plus comme c'est les jeunes qui sont le plus infectés par le VIH, nous perdons les populations importantes au développement du pays.

Il faut donc dire STOP au SIDA, mais sérieusement cette fois ci. Il faut surtout se concentrer sur la prévention. Il faut s'assurer qu'on arrive à arrêter la propagation de la maladie. Et pour cela il faut éduquer le plus de population possible ; surtout à l'école. Même si il est difficile d'en parler, il faut éradiquer notre culture du « silence » et briser la barrière du tabou.

Par exemple en cours de biologie ou d'éducation civique il est très possible d'enseigner à propos du SIDA. Cela devrait même être obligatoire dans toutes les écoles d'Ethiopie. Il faut aussi consacrer des journées entières pour le SIDA dans l'école. Pendant ces journées, on peut inviter des éducateurs professionnels du SIDA et même des gens atteints du SIDA pour qu'ils nous partagent leurs expériences. Une autre manière d'éduquer les élèves se serait d'avoir des clubs de SIDA dans l'école (comme les clubs de sport ou de théâtre). Ces clubs permettraient aux élèves d'avoir régulièrement accès à des informations et de poser des questions aisément et honnêtement.

Nathan, 15 ans

I go to school because I want to be successful. If I can read, I can know what is happening around me. I can read newspapers, I can read about science, or I can read about laws and regulations that concern me. If I did not go to school, I would not be able to do these simple (but important) things. Maybe one day, I can create a vaccine for AIDS. Being able to read gets me closer to achieving this.

— Kalabe, 16 years old

C'est Quoi le SIDA ?

Depuis que je suis tout petit, j'entends parler du SIDA... Mais je ne comprenais pas vraiment ce que c'était. Un jour, j'ai vu à la télé un programme où on parlait de SIDA. Et donc j'ai commencé à être intéressé et j'ai voulu plus savoir. J'ai demandé à mes parents : mon père m'a dit que c'était compliqué à expliquer et ma mère m'a dit que ce n'était pas mon âge. Alors, j'ai demandé à notre femme de ménage. Elle m'a dit que c'est une maladie sexuelle. Il paraît que quand les gens ont trop de rapports sexuels avec plusieurs gens ils risquent d'attraper le SIDA. Un autre jour notre gardien m'a expliqué ce que c'est qu'un rapport sexuel. J'ai enfin compris.

Je ne sais pas pourquoi mes parents ne voulaient pas m'expliquer. Ce n'est pas si compliqué que ça. Si on ne met pas de préservatifs pendant les rapports, on risque d'avoir le SIDA. Je suis encore enfant mais j'ai compris. J'aurais préféré que mes parents m'expliquent eux-mêmes au lieu d'apprendre à la télévision et de demander à la femme de ménage et au gardien.

Nahom, 12 ans

Environment. Along the same lines as 'education', the co-researchers found that having an environmentally-friendly space was important for them. They stated that real learning could not happen in an environment that was not attractive. For them, they needed to have a clean and appealing school. They felt that the dropout rate in small towns could reduce if schools had nice settings and offered varied activities. Having said this, they also added that since learning also happened outside of the school, it was important for the city to be clean and safe as well. "Someone who has AIDS is already kind of weak, so he can get sick very easily if the environment is full of viruses or bacteria," stated a young boy.

The co-researchers talked about how the fast growth of Addis Ababa (tramways, highways, buildings…) was an asset to the economy, but not so much for social life. They felt that they were losing grounds that they used to have for play and to meet up with neighbors. One teen said this about the loss of green space:

> I used to play soccer outside our house before, but now that space has become a shopping mall. It's kind of sad because now I stay home a lot. Staying home is just not healthy. We need space to play…otherwise, we are bored. And being bored at our age is very bad because we can fall into unsafe lifestyles.

Their concern for their health (both physical and mental) was especially felt when they talked about how their environment was transformed into factories that were harmful. They stated that they understood that these created jobs, and that it was necessary for Ethiopia to compete with the rest of the world, but that they wished there were better solutions. I had to ask them how all this related to AIDS, to which they answered that it was in direct link with the disease. "Of course,

it is related to AIDS. Clean space is necessary for us to learn in the best setting possible. You cannot teach me about AIDS if I have a bigger problem in my neighborhood like for example, a burst sewer." Another one added: "By environment, we also mean access to water and sanitation. If I do not have access to water, do you think I will go to school? No, I will need to go get water for my family."

Within the theme of the environment, the youths wanted to incorporate two particular pieces (texts) that seemed unrelated to this category. It was only after spending two hours analyzing these texts that the whole group finally came to an agreement and decided to add them in this category (see the two texts below). The first text deals with the fact that negative traditions have had terrible impacts on the environment in Ethiopia. The second text is related to the fact that corporations would take over perfectly adequate playground lands for youths to build factories, including cigarette factories in which they would produce cigarettes to children and young people. This for the youngsters was both unethical and a burden for society. The texts below and the pictures/narratives in the following pages will present the environment theme in more detail.

The Challenges We Face

Depending on whether you live in the countryside or the city, the challenges for youths in Ethiopia vary. In the country, I believe that some of the main challenges are due to harmful traditions. These traditions or cultures are holding the youths back, particularly young girls. For example, I have read that there are places where little girls are circumcised; this should not even be called circumcision, this is horrible genital mutilation. In these cultures, it is believed that girls must be circumcised to become "good wives". I think the idea is that the girls would not be sexually aroused and so will behave "properly". This is absolutely ridiculous. It is also sexist and unfair. This painful and unhealthy procedure has consequences as the girl could get infected with HIV if the blade used is not sterilized. She could also continue to bleed for a while until the wound is healed. In some areas I heard that they even sow the skin around her clitoris so that her future husband can break it. This means she will bleed again, and risk infection again.

It really saddens me that these types of negative traditions exist. Even if I know that this does not happen in all regions of Ethiopia, it still should not happen to even ONE girl. How is she supposed to go to school and succeed later in life? Besides, many girls in the countryside have other challenges even if they are lucky enough not be circumcised. They are expected to clean, cook, take care of their youngest siblings or their sick grandparents, bring water from the well, and so on… So while they do these tasks, where is their education? Nowhere! Not going to school means not learning about HIV/AIDS. So the girls are at a huge disadvantage compared to boys. And the truth is, if a girl is disadvantaged, so is a boy anyways because we all live in the same society.

There are challenges for youths in the city too of course; different sorts of challenges; in fact they are the exact opposite. I talked about how in the countryside we are stuck with negative Ethiopian traditions. In the city our problem is that we are losing the good Ethiopian traditions. Being from Addis Ababa myself I see it everyday. Youths want to be "modernized" by following the American way of life. We think that everything we see on American media is cool: the fashion, the drinking culture, smoking, sex, drugs, or cursing. We now dress inappropriately in front of our elders or even smoke in front of them. We neglect our own traditions: we don't wear our attires like *habesha libs*, we privilege burgers over *injera*, we smoke, we drink, or we start dating boys way earlier than we should. Unfortunately, these habits have direct effects on HIV infection.

We really need to learn to keep our 'good traditions' and reject our 'bad traditions'. Parents have to teach us right from wrong from the moment we are little. They should make us involved with sports like *yegena chewata*, games like *kate*, activities like *gebeta*, or music like *eskesta* that represent our great values and good traditions so that we don't lose our own culture. But of course, bad traditions like genital mutilation should be destroyed. Let's keep what works well, and eliminate what does not.

Tsion, 16 years old

Les Vraies Raisons

La drogue, la cigarette et l'alcool créent de la richesse. Les compagnies qui les produisent s'en foutent que les gens meurent de cancer ou de maladie mentale à cause d'eux. Ils veulent que de plus en plus de jeunes consomment ces produits.

Un enfant qui débute à 15 ans va sûrement continuer très longtemps, donc c'est un avantage pour le commerce. Si les choses ne vont pas bien dans la vie de ce jeune, il risque même de vendre lui même de la drogue ou de motiver plus de gens à faire comme lui. Plus il consomme de la drogue ou de l'alcool, plus il a des chances d'attraper le SIDA car il ne peut pas trop se contrôler ou savoir ce qu'il fait. Même sans le risque du SIDA, la consommation de drogues, de cigarettes, ou d'alcools réduit l'espérance de vie de toute façon.

Les compagnies qui fabriquent ces produits et les boutiques qui les vendent sont les vraies raisons pour lesquelles il y a de plus en plus de jeunes qui sont accros à ses produits. Il y a des pleins de publicités sur internet ou à la télévision pour vendre le plus de produits possible et s'enrichir sur le dos des accros.

Eyuel, 13 ans

I wish there were places like this in Addis Ababa. Look how peaceful!

—Fikir, 17 years old

This picture represents peace. The water is calm, the trees are tranquil and the sun is low. This is the type of place someone who has AIDS should go to and heal. I feel like there are no places like this in the city. We are always rushing and running…so much noise, so much people, so many cars…

— Robel, 14 years old

When I saw this sewer with clean water flowing, I immediately took the photo. It shows the waste of water; and this is everywhere in Addis Ababa. In some places, we don't have enough water, and in other places we waste it. This is pitiful! It's like we are wasting our own lives. It's comparable to HIV: we waste our lives by refusing to protect ourselves.

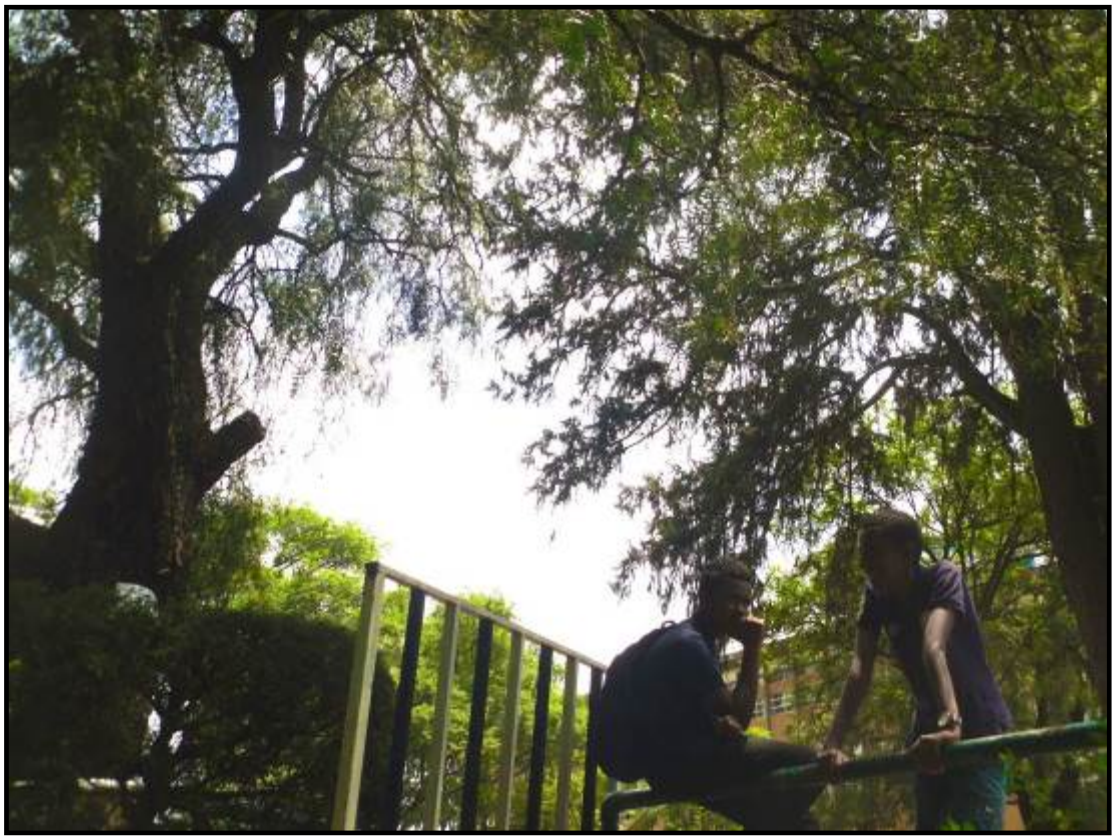
— Eyuel, 13 years old

Having a great environment is like having a refuge; a place of safety. This baby sheep has found this place. He is shielded from danger because his environment protects him. I wish it were the same for people who have AIDS. Our environment should protect them.

— Beede, 14 years old

Soccer is my life. It is where I am the most comfortable and confident. If they were to take this field away, I don't know what I would do.

— Kalabe, 16 years old



This picture represents friendship. Both boys are smiling and having a good time. The green trees surrounding them represent peace and harmony. All it takes is some green area and people joyfully chatting. If the world was this simple, there will be less violence and less pain; more love and more respect.

— Melat, 16 years old

I took this picture because it shows that Addis Ababa is growing. There are more and more buildings in the city. But the more the city grows, the less green areas there are for us to play in. So, we are forced to stay indoors most of the time. Unfortunately, staying inside too much is not healthy for us.

— Robel, 14 years old

Hope. As the project was unfolding and we were discussing the issues of AIDS and the difficulty in curbing its infections, the youths came up with their last theme: Hope. For them, AIDS did not necessarily only bring bad news. It has brought people together to try to fight the pandemic and develop prevention strategies. It has allowed them to be in this photovoice project and learn how to find solutions to the problems they faced. They stated that they were hopeful because treatments were available for free in Ethiopia. This to them is something that should be spread to as many people as possible. One youth stated:

> I'm pretty sure that not everyone knows that you can live with AIDS a very long time if you are being treated. I think this is information that needs to be spread as much as possible. We cannot only scare people in the hope that they will be cautious. We have to also teach them about treatments, which I do not think is present. All AIDS education I know is about prevention. Maybe if they told us that if we had it, there were solutions, we would not be so afraid to get tested. So in a way, telling us about treatments is a way of preventing the disease.

The co-researchers wanted to create an image of AIDS that was different from what was commonly known. "Yes, we know it is an incurable disease. But when you think about it, it is not all terrible. There are ways to prevent it, and ways to treat it." They wanted to show how much progress has been done in the AIDS field, and how much hope there was for the future. For them, considering AIDS as a devilish disease was problematic because it brought some fear to the population, which in turn created stigmatization. "This needs to stop," they said. "We have to

openly talk about the disease, and about sex; we have to demystify it." With this in mind, they decided to take more photos representing this hope.

Red is the usual color of AIDS. And here, it is represented by a red flower. I did this to show that now we can live well with HIV thanks to medicine. Therefore, we can continue to flourish.

— Kalabe, 16 years old

If I could give a title to this picture it would be "Source of Life." This picture is the complete opposite of HIV/AIDS because it represents the abundance of life. But in reality, AIDS kills many young people in Ethiopia…the flow of water you see in this photo is the hope that we will one day reach a time when nobody will die of AIDS in Ethiopia.

— Tsion, 16 years old

This image indicates where the clinic is: The place of hope and renewal where we can get treated for AIDS. This shows that there are more and more efforts done to stop AIDS in this country. There is hope.

— Nathan, 15 years old

Si je Pouvais Changer le Monde

Si je pouvais changer le monde, la première chose que je ferais c'est de trouver des médicaments ou des vaccins contres les maladies, surtout le SIDA. Les jeunes devraient avoir la chance de vivre le plus longtemps possible, mais le SIDA leur en empêche.

Evidemment, il y a plusieurs choses à changer dans ce monde si on veut trouver des médicaments et vaccins contre le SIDA. Il faut changer les choses économiquement, socialement, et même politiquement. Il faut que les gouvernements se mobilisent sérieusement et qu'ils assignent plus de ressources pour la recherche du SIDA. Pourquoi ils ne le font pas ? Je ne sais pas, peut-être qu'ils ont peur de la surpopulation. Si on a des médicaments on ne mourra plus du SIDA. Mais en même temps, ce n'est pas juste de laisser mourir des gens quand on peut les sauver. Je pense qu'il faut absolument trouver le vaccin contre le SIDA.

Kalabe, 16 ans

Yes, it is sometimes challenging to be a teenager, but it is also an exciting time where we learn to grow as adults. The world is in our hands; we should embrace it with open arms like this teenage girl in full happiness is doing.

— Fikir, 17 years old

I took this photo because I saw that the bright white color of the butterfly contrasted nicely with the green of the grass. This butterfly represents life; it indicates the hope that we find hidden under all the AIDS problems. If you look carefully, every problem has a small positive light. In this case, it is the fact that there are now treatments to fight against AIDS. This butterfly represents that hope.

— Beede, 14 years old

In a world full of sins and bad influences, this man moved to a monastery to find some peace and comfort. Even if he seems to be alone, he is close to God, and far from negative influences that can lead to having AIDS.

— Fikir, 17 years old

Love and Support

HIV/AIDS is a big problem in Ethiopia and also around Africa. The virus is 30 years old now and still has not cure. Unlike in Western countries where celebrities who have been diagnosed with AIDS have spoken for the cause (like basketball player Magic Johnson), in my country it remains a taboo topic. People with AIDS are viewed very badly. They are considered as cursed and unworthy of attention. After someone is diagnosed as HIV positive, their friends and family tend to distance themselves or even just abandon them. The virus is transmitted through blood or sexual intercourse so there should be no reason for HIV positive people to be excluded or marginalized from society.

It is our duty to change the way HIV-positive people are seen. They are people who need care and nurturing; not bad people. We also need to make sure that people truly understand how the virus is transmitted so that they stop being so scared of the disease, but just cautious. There needs to be anti-stigma campaigns on all media, showing that a person who has AIDS can have a normal life.

To address all this, we need to continue raising awareness on a countrywide scale. The government needs to make sure that HIV/AIDS is educated in EVERY school. Also, more budgets should be allocated to medical facilities that take care of them, both for their physical health and their mental health. Parents need to explain to their children that condoms are necessary. And, all of us as societies need to help those who are already diagnosed with AIDS by providing love and support.

Heleena, 16 years old

In a world full of problems (illnesses, poverty, war….), she is at peace. The bottles with different colors and shapes represent the different problems we face. The girl is not troubled by these problems.

— Krestiane, 15 years old

The Aftermath

Context. After the completion of the photovoice project, one may think that the data collection was complete. However, it was crucial to gather information from the guests who viewed the exhibit. Considering that the narrative and photos created by the co-researchers were targeted at these guests, it was essential to hear their voices. Parents, teachers, school principals, students, staff from UNESCO/UNICEF, and government officials were among the main guests at the exhibit. After they had finished viewing the youths' work, they were asked to leave their feedback inside a notebook. The notes were numerous and quite notable. The guests wrote in English, Amharic, and/or French. These notes were all translated into English and are presented in this section. To protect anonymity, the names of the writers are not given. Rather, their general position/role is referenced.

Guests' feedback.

I am so impressed by the content and the photos displayed here. Above all, the maturity of these young boys and girls is surprising. Who would have known that when given a voice, they had so much to say? I suggest two things:
- Compile these photos and texts and share them with even more people.
- Enable these young boys and girls to visit the countryside of Ethiopia as well so that they can compare and contrast their knowledge.

Keep it up, what a great work!

– A Staffer at the Ministry of Education

So much creativity! Bravo!

– A secondary school student

What an incredibly superb work for their age. I am impressed and touched. Now more than ever, I want to incorporate AIDS education in my class.

– A college teacher

I think this is a very good way to spread messages without feeling that there would be bad consequences when speaking up. Using photography has allowed them to say what they wanted through images. I love how creative they were, and how most of their images represented the metaphor of something very serious.

– A government official

My students have never told me that they wanted to know about AIDS or sex. As a biology teacher, I realize that I could (and I should) incorporate this in my course somehow. These teenagers have opened my eyes.

– A secondary school teacher

I am truly inspired. I wish I were part of a project like this when I was in secondary school. There were so many of us who needed this type of AIDS education. This is a participatory style, and not the lectures style we got when we were younger. I am sure the teenagers who participated in this learned a great deal about the disease.

– A university student

I am a dad, and I have never talked to my children about AIDS. This has to change. I see now that many youths, even the youngest ones, have questions. They deserve answers. Thank you for breaking the silence. Now, we have to follow up as well.

– A parent

Congratulations to all of you. The photos are very interesting and the captions even more so.
I find the photos with the young girl taking care of her sibling very fitting in Ethiopian Society. Girls' education is very important and in that picture the youth portrayed it perfectly well.
Amazing!
Thank you for inviting us.

– A college student

What I like the most about this exhibit is the interpretations of the photos from these young leaders. They see things differently from us. For them, AIDS is sad, but it is not a death sentence. They fear it, but they want to stop feeling this way because they understand that it will not improve anything to be afraid of the disease. Partially, I think we are to blame for spreading that fear to them. I can see here that the youths want to focus on the positive side of things more. They want to promote open communication. They are absolutely right. We should listen to them. These are our kids and they are saying, talk to us about AIDS. Today I will try to do that with my own kids.

– A parent

Wow! These children have just broken the silence. Here we are all, openly talking about AIDS with our colleagues and students thanks to this exhibit. The whole gallery is full of people discussing the issue of AIDS. Though we often do that in closed setting, with a few people, I have rarely seen a situation where a large group of people will discuss it so much; especially with young populations like this. I see children talking about AIDS to their parents; and parents discussing this with teachers. This is impressive. The youths who have crafted this have just created something special. I hope the conversation will continue beyond these walls

– A university teacher

I am very happy that I was invited to this. I did not know what to expect. This is absolutely amazing and inspiring. A taboo topic has been opened with touching images. Bravo youths! We need to listen to you more often. Please create a book or magazine with more of their work and have them distributed to government officials around Ethiopia. These are such important messages.

– A community leader

I am a very happy about the outcome of the exhibition. It is absolutely amazing to let teens speak up; they don't often get this opportunity. And here, they have spoken about such an important issue. It would have been great if they had written their texts in Amharic. This way, they could reach even more people in Addis Ababa. I suggest the texts be translated, and all the messages sent out to other schools. These messages are highly important; they need to be shared.

– A staffer from UNESCO

Thank you for introducing me to this. I had never heard of photovoice before. We always try to implement collaborative learning in our programs. This is definitely something I would consider doing. It has the potential to not only promote discussions, but also spread messages on a large scale.

– A Staffer at a local NGO

It was impressive and very interesting. Both the pictures and the texts were poignant. I would definitely think of implementing similar activities in my own class. I believe this has great value, and it promotes open discussion.

– A secondary school teacher

Youths speak up! Adults Listen! This is refreshing. Thank you for making this possible

– A college teacher

This is outstanding. And to think that teenagers did this! Wow! I learned so much from you. Keep up the good work; you give us hope for the future"

– A secondary school student

Impressive and informative. This is by far the best presentation I've had of HIV/AIDS

– A college student

This is an artistic project that I admire. We rarely talk about AIDS with our families or friends. This project enabled us to remove the shame from a taboo topic, and to talk about it openly; and this in the presence of parents and their children. This is amazing. Voice, discussions, and information have to be encouraged on topics like this one. Thank you to the youth photographers and to the organizers behind this whole project. It was an eye-opener.

– A primary school teacher

I think it was a very interesting exhibit. It shows how the youth see the world of being a teenager today. This is very different from when I grew up. There were so many concerns that I did not have compared to them. I was really surprised by the way they express themselves and their thinking. Keep up the good work.

– A graduate student

This is an unprecedented event whereby students are given the opportunity to be heard through their expressive and works. This is both mesmerizing for the parents and motivating for the students. I see big hopes and creative minds being born on the stage.
A well-deserved congratulations!

– A community leader

What a magnificent exhibition. You were able to speak up on a topic that most would not dare. We must listen to you. We must find a way to openly talk about HIV and AIDS and about sex if possible. This is a difficult subject to discuss. But we owe it to our youths to listen to them.

– A parent

Really, this is an eye-opening work. It's absolutely amazing that these kids, especially at their age, as young as 12, had so much deep thought about the issue of HIV and AIDS. Why is it that we never ask them their opinion? If there is something I learned, is that we should more often ask them to take the lead on AIDS courses.
Good job for inspiring future youth to express themselves in such a unique way.

– A staffer from UNICEF

Amazing work; creativity present; Voice heard. Thanks for creating a platform where this can be seen and heard.

– A parent

There were so many touching messages I could not stop my tears from running down my cheeks. It surprises me how we always assume that teenagers are troublemakers and difficult to deal with. And often times we forget how they go through struggles. The struggle of HIV and AIDS is a huge one. And growing up in that environment, as they showed today, is definitely not easy.

– A staffer from UNICEF

I admire the work of our kids. We are so proud of them. This gives us hope for the future.

– A parent

First of all, the pictures are amazingly remarkable. It is surprising that it only took them about two months to create this type of work. These dedicated youths were focused on the goal and came together to present such admirable work. We do not give enough space for teenagers to teach us things. But today, oh boy! Did I learn something from them? Absolutely.

– A secondary school teacher

These are beautiful pictures and narratives that show issues with which young people struggle. I hope more kids will be able to express their fears and troubles using this type of template.

– A primary school teacher

I've never been so touched by an exhibit before. This is outstanding. And to think that teenagers did this! Wow! I learned so much from you. Keep up the good work; you give us hope for the future

– A government official

Photovoice project: Conclusions.

Summary. The completion of this photovoice project comes with great satisfaction over what has been gathered in the field, but also puzzlement on what to do with all the data gathered: the photos, the narratives, the texts, the observation, and the feedback. Upon completion of the project, I could not help but worry about how I was going to present all this within one thesis. It took months of reflection, readings, re-readings, and presenting my work to conferences/exhibitions to finally allow me to have a grasp of how best to present it.

I believe that I was able to lay out the co-researchers' voice and messages without compromising the academic rigor expected for a Ph.D. thesis. The five themes presented by the co-researchers: 'worry and fear', 'loneliness and stigma', 'education', 'environment', and 'hope', have been created and classified by the teens themselves. The discussions that led to the categorization of these themes were reflected upon for several weeks before coming into effect. The process of deciding which photos to select for each category, and how to edit that photo was particularly lengthy (note that each youth had taken hundreds of photos in total).

It was my hope that the voices of the co-researchers' be presented as precisely as possible. To ensure this, during the writing process of this thesis, the teens were often contacted to confirm what they had said during the sessions. Also, they were informed of the process for each written section of the photovoice work. Their opinions and approval were imperative as they had a large impact on this project. More importantly, they represent the voice of AIDS education recipients and so their worldview is necessary. As their final request, the co-researchers asked for their photos to be shown in this document, and be presented as the youth leaders behind this photovoice project. It was important for them to reveal their identity because they felt that open discussion

could not happen if they were hiding. Their parents were also in agreement with this. Here are the portraits of the 12 co-researchers (pictures taken by themselves):

Top row, from left to right: Beede, Eyuel, Heleena, Fikir

Middle row, from left to right: Meklit, Krestiane, Melat, Kalabe

Bottom row, from left to right: Nahom, Nathan, Tsion, Robel

The Takeaway. What insights can we get from teens' narratives (photovoice narratives) about their experiences as a population at risk for AIDS? What does photovoice tell us about teens' agency for bringing about a change in the situation? The data gathered through the current photovoice research provided answers to this last research question of this thesis.

First, consider the role the co-researchers played in this project. Not only did they acquire tremendous knowledge about AIDS and its challenges, but they also became leaders who promoted change. The idea that only adults with advanced degrees have the necessary knowledge and capacity to find solutions to the challenge of AIDS education was proven false by the results obtained. It was a group of 12- to 17-year-old youths who presented a powerful course of action for a problem they face. They became community advocates for a new and better way of fighting the problem of ineffective AIDS education. This study has therefore illustrated the strength of the pedagogical power of photovoice.

Through this photovoice project, several insights can be gleaned from the teens' narratives:

- Teenagers are terrified about growing up as they believe that their chance of getting infected with HIV is higher as they reach adulthood. This fear is associated with the worry of developing what they call 'bad habits' such as drinking alcohol, smoking cigarettes, using drugs, and/or sexual debut (i.e., all situations that may increase the possibility of having AIDS). They believe they are at what they call "a dangerous age" because they feel that they are supposed to make life decisions despite sometimes lacking the capacity to make them. In other words, the passage from childhood to adulthood frightens them.

- With this fear comes the anxiety of becoming isolated due to the stigma associated with AIDS should they ever be infected by the virus. They believe that one of the main reasons why youths do not get tested for HIV or purchase condoms is due to this stigma. There is embarrassment associated with buying condoms or going to an AIDS clinic. It is as though the fear of catching HIV is more due to the stigma associated with the disease than the physical consequence of the disease itself.
- The value of quality education was one of the main topics the co-researchers discussed during this project. They believed that the current education they receive does not allow for open communication and does not provide enough opportunities for students to be critical. The present curriculum's emphasis on academics at the expense of sports, AIDS education (or other health education), or ethics education is overly restrictive. The co-researchers wished for changes to the curriculum and they proposed ways to make that change happen.
- Co-researchers found that a solution to solve the HIV/AIDS problem in Addis Ababa was through improvement of the environment. A clean and safe environment is conducive to learning and to living. They stated that students were attracted to schools where they felt protected and well kept. This reduces the dropout rate, which in turn reduces the likelihood of HIV infection. Similarly, PLHA (People Living with HIV and AIDS) would have better treatment outcomes if cared for in a place that is sanitary and surrounded by nature.
- Hope is the final insightful message derived from co-researchers' work. They expressed the need for more AIDS education that is hopeful instead of fearful, that is open instead of threatening, and that promotes dialogue instead of a one-way-speech. Open

> communication allows for more exchange of knowledge. They found a great deal of merit in this, as one co-researcher stated: "Openly talking about AIDS with our parents or teachers is the only way they can understand where we come from. If they understand where we come from, then they can teach us about AIDS better" (Krestiane, 15 years old).

Where do we go from here? What would be a model to follow for AIDS education in Addis Ababa to be successful? The following section (Chapter 6) presents answers to this from the perspective of the co-researchers of this photovoice project, as well as from my own recommendations based on the entire study of this doctoral research that combines critical ethnography and photovoice.

Chapter 6: Reflection and Conclusion

Former UN ambassador, Richard Holbrooke, once said, "You will never catch up with the spread of AIDS no matter how much money, no matter how many antiretrovirals are put into the system, unless you stop its growth. And the only way to stop its growth is prevention" (Frontline/PBS, 2006a, paragraph 16). Recognizing this, I have spent the past five years gleaning insights on how to best prevent the spread of the disease. By working with students, parents, and teachers, I focussed on education, as I believe it to be the foundation of knowledge. But if the education is not effective, we are left with a weakened society.

From this doctoral thesis, we can draw two major conclusions. First, AIDS education is almost non-existent in Ethiopian homes. When it is, parents teach their children in a threatening manner or with indirect language and allegory that need to be deciphered. Second, while present in most schools in Addis Ababa, AIDS education has shown little effectiveness in behavior change among youths. That is, though there is widespread awareness among young cohorts, infection rates are still high. And so, I return to the overarching question of this research. That is, is formal AIDS education the best agent to promote behavior changes among youths regarding AIDS prevention in Ethiopia? Based on the present work, the simple answer is no, formal AIDS education does not promote AIDS prevention. This answer is, of course, too simplistic; it does not present a broad picture of the issue at stake.

When looking at the issue with more careful focus, it is easy to see that 'no' needs more elaboration. Yes, formal AIDS education has spread awareness about the disease. And yes, the teachers interviewed for this research said that AIDS education is necessary since it enables populations to be in the know about preventive strategies and tools available to fight the disease. But knowledge without action has very little concrete benefit. Having said this, moving from the

awareness stage to the behavior change stage is quite difficult in Ethiopia—as it was shown in this thesis research. I re-explore this in a summative approach in the following section.

Summary

Problems identified by all collaborators of this research. A problematic matter that prevents AIDS awareness from being translated into actual behavior change is primarily stigma and discrimination. All the collaborators of this research (i.e., the students, the parents, the teachers, and the co-researchers) discussed this in detail. They found it to be the main issue slowing the fight against AIDS. In an interview conducted in 2005, Richard Holbrooke talked about an anecdote that I find noteworthy to bring up here (Frontline/PBS, 2006a, para. 7):

> My wife and I in Namibia, in Windhoek, the capital of Namibia, met with six or eight very brave women, all of whom were HIV positive who had formed an outreach group. But they came to the meeting in a van with the curtains drawn. The curtains were drawn in the room. It was clear that while they were telling us about their condition, they hadn't told their fellow workers or even their husbands about it, because they would be doubly victimized. If they admitted they were HIV positive, they'd be thrown out of the house. So, while it was very brave of them to come forward, it was clear that the stigmatization problem was the most immense.

When people who are supposed to educate about AIDS feel the need to hide, how can we expect the education to be effective? The quote above clearly shows that stigma is a burden and that unless we smash it; we can never eradicate the disease. Obviously, it is challenging to break the stigmas associated with AIDS or sex because it has been part of a long-lasting tradition in

Sub-Saharan Africa (SSA). This is what the collaborators of this research (particularly the students in the focus group and the co-researchers in the photovoice project) have called 'cultural barriers'. The simple idea of talking about sex or AIDS is accompanied with discomfort by parents, teachers, and students alike. Sex is a taboo topic, and breaking a taboo is no simple task.

The second problem illustrated in this research is the lack of resources to properly teach about AIDS. Both parents and teachers described their concerns in this sense. Teachers stated that their schools did not provide them with the material needed to teach about AIDS, and parents stated that teaching about AIDS was only possible when their basic needs were met. Though teachers did not refer to this problem as a 'poverty' issue, parents did. For parents, they had to concentrate on making sure their children had adequate amounts of food and a roof over their heads before thinking about giving AIDS education. This problem is doubly difficult because, as described earlier in this thesis, children who are poor—especially young girls—might end up exchanging (often unprotected) sex for money. Hence, the issue of poverty is not something to be taken lightly, especially since Ethiopia is one of the poorest nations in the world with a rapidly growing population.

Third, lack of teacher training and parent training limits the success of AIDS education. All collaborators of this research highlighted this. Students stated that their teachers did not meet their needs because they were mostly focussing on abstinence and did not use proper language to teach about AIDS. They also stated that they preferred informal education that was found on media over what they received at school. Sadly, many teachers were not trained to provide such informal instruction. As for the educators themselves, they complained that they did not get formal training to teach AIDS and that the materials they were using were old. Parents on their part argued that they were never taught about sex or AIDS, so they could not possibly teach it

properly. This explains why they stated that they lacked the knowledge and skill to educate about AIDS.

Of course, lack of training can be correlated with lack of resources (described earlier). If there are not enough resources, the government cannot disburse trainers for all teachers and parents in Ethiopia. Coupled with this problem is the fact that teachers cannot look for materials themselves because they lack time to do so. Between teaching academic courses, preparing exams, grading papers, meeting parents, and attending school assemblies, there is little time left to find resources that would enable them to properly teach about AIDS.

Finally, there is a concern that AIDS education has reached a saturation effect. Students interviewed for this research stated that they were not learning anything new in their AIDS education classes and did not see the point of attending them. In fact, they were bored by the education provided and wished for it to stop or to be improved. The teachers interviewed did not disagree with this criticism. They stated that the materials they used to educate about AIDS were outdated. As such, they tried to implement different types of activities in class in the hope of motivating students. However, without proper training (and the fact that they had little time to prepare for these activities), the success of these lessons was questionable.

Based on what I have presented above, it may seem that there is no hope for Ethiopia when it comes to eradicating the AIDS pandemic through education. One would say that AIDS education and prevention cannot improve unless Ethiopia suddenly becomes a wealthy nation and that somehow the cultural barriers mentioned disappear. Since this is unlikely to happen, a more viable solution needs to be put forward. Fortunately, the photovoice segment of the current research has presented concrete solutions that are realizable if all parties involved worked together. I go over these solutions in the section below.

Solutions presented by co-researchers of this research. A possible way of entering the worlds of young minds on topics that are taboo like HIV/AIDS or sex is the use of a tool that allows for observation without intimidation. In other words, if we can see through the lenses of youths without forcing them to speak, or guiding them towards our worldview, then we would be in a position to understand their issues at a deeper level. This was one of the reasons why I opted to work with photography. In fact, I believe this is one of the solutions for addressing the AIDS issue. There needs to be space for youths to freely express their concerns about AIDS and sex if we want to break the silence, and photovoice as used in this study enabled this. As stated in the literature earlier, this tool has been adapted for the same reasons by other researchers working in AIDS field in Africa. For instance, in South African, Moltsane et. al (2009) have used cameras to shed lights on the challenges schools face with poverty and AIDS in a rural community called KwaZulu-Natal. By using a visual-participatory tool the participants developed a critical and more direct way to address a problem in their community. The same can be said about the work of Mitchell et al. (2005a) in South Africa and Umurungi et al. (2008) in Rwanda as being tools that brought exposure to topics that were rarely addressed openly.

The second reason why I used a photography tool is because I learned from the critical ethnographic segment of this research that students wanted to use an innovative way to learn about AIDS. Formal education was no longer interesting, nor was it effective. Hence, using a different method would possibly bring new insights on AIDS research in Ethiopia, as well as the possibility to assess a new form of education. In fact, the use of photovoice has enabled the youngsters to break the silence surrounding the topics of AIDS and sex. They spoke through their images and narratives about the risks they faced as teens, and demanded their parents and teachers listen to them. At the same time, they developed new knowledge about AIDS since

during the sessions they were asking me questions about the disease, discussing their concerns, and doing more research on the topic. Beyond the issue of AIDS, the co-researchers addressed other problems they faced, such as drug and alcohol use. They also acquired a new skill—photojournalism—which has now become a hobby for many of the co-researchers. This is the first time that photovoice has been used with teenagers in the context of HIV/AIDS in Addis Ababa, and the impact was colossal since their work was shared with several AIDS education leaders. The concern of saturation vanished with photovoice. In fact, the co-researchers felt empowered to become agents of change, and kept stating, "The best way to learn is to teach." Tools like these must therefore be adopted in Ethiopian schools. If not photography, then art, theatre, music, or simply group projects could smash the 'saturation' effect of AIDS education, attracting youths to be involved.

The third reason behind the use of photovoice—and perhaps the most important one—is because I felt that the critical ethnography segment of this research, while highly important, needed even more in-depth understanding of AIDS education in Ethiopia. It is in the photovoice segment that the analysis for solutions was discussed in detail. Indeed, co-researchers became the spearheads of the study rather than mere participants. They led the research, collected and analyzed the data, and presented it to the public. This added extra value to this research as it allowed for a direct look at the issue at stake from the specific people who are affected by it. Looking at other research that have given that same positions to young participants like the work of Francis and Hemson (2009), it is possible to see that new insights come out when youths are the ones leading the project. In that particular study, out-of-school youths in South Africa were trained as field workers to conduct research on how their peers conversed about AIDS issues. Francis and Hemson (2009) found that the advantages of doing this was that the youths had

faster access to interviewees, a quick way of establishing rapport, and knowledge of the language used in the community. This benefit allows for a faster and more efficient data collection method. Additionally, I argue that it is less oppressive since it is individuals in the community who design the research, and it brings them a sense of activism and empowerment. However, it is crucial to note that there could also be limitations in having youths from a community lead the research, such as the lack of knowledge in academic research (Francis & Hemson, 2009). This is one of the main reasons why I combined critical ethnography with photovoice for the research of my dissertation. It is thanks to this that several essential points were presented by all the collaborators (students, teachers, parents, and co-researchers):

1. There needs to be more green space available for use by young people. The loss of land due to Addis Ababa's urbanization has forced children to stay indoors or to start adopting to new activities such as going to bars, clubs, and restaurants. Corporations should actually be made responsible for providing these green spaces while they build their businesses. A little park, a pond, a court for sports, or any other space that promotes open activity could be an integral part of their construction. The government should promote the construction of these spaces, and the population should continue to demand them. AIDS is everyone's problem. As such, everyone needs to play a part in fixing it.
2. Teaching self-esteem and self-confidence has to go hand-in-hand with teaching about AIDS. Particularly for young girls so that that they feel empowered to negotiate condom use with their partners. Additionally, parents and students found it important to also teach values such as respect and compassion in the hopes of building a better society as a whole.

3. There needs to be better teacher training with new material for AIDS education. In fact, there was a call for parent training as well. As a reminder, only 4 out of the 15 teachers interviewed had AIDS education training, and none of the parents interviewed had been trained. Training should include the understanding of using the appropriate terms to talk about AIDS, and the avoidance of using threatening or metaphorical language. Additionally, there needs to be training to allow teachers/parents to use innovative or entertaining tools as that is what students were interested in. The education should of course include hopeful messages (i.e., talking about treatments) as well in order to remove the fear associated with the disease. Only then can the stigma associated with the disease be reduced.
4. The more people talk about AIDS or sex openly, the more normalized it will become. Given the prevalence and strong culture of sticking to the norm of modesty, open communication needs to be applauded. This might also solve other problems such as sexual assault for instance, which in turn will help curb AIDS. Through their photovoice project, co-researchers have showed that open communication, though uncomfortable, is possible.

Overall, we should continue to invest in education as a place to promote AIDS prevention. From this study we learned that we must improve the education system by investing in teacher/parent training, implementing innovative techniques to teach about AIDS, and promoting open communication about the disease and all aspects that lead to HIV infection.

Strengths and Limitations

This research was unique in the sense that it brought together the opinions of different parties impacted by or involved with AIDS education in Ethiopia (students, parents, teachers, co-researchers). It is unique in the sense that it helped bridge a gap in the literature, particularly when it comes to focusing on teenagers and their struggles as youth at risk of HIV infection. To my knowledge, this is the first research in Addis Ababa that has used photovoice in the context of HIV/AIDS with teens. Additionally, there was a component of assessment at the end of the project with feedback from the guests who attended the exhibit that further extended our understanding of the impact of the project.

As with any research, this does not come without its limitations. The number of contributors to this research is relatively small compared to the population of Addis Ababa. As such the results of this research cannot be generalized. Also, the focus of this research was on Addis Ababa only. This means that the findings do not speak to the issues that other cities or regions of Ethiopia face with respect to HIV/AIDS. Moreover, it is important to note that although this research spanned a five-year period, I was not in Ethiopia throughout these five years. However, I travelled there several times during this period to conduct the focus groups, the interviews, and the photovoice project. Finally, there were hundreds of photos and texts that co-researchers produced but which were not presented in this thesis. This is due to lack of space/time and also because the teens did not select them as their choice of expression. To them the best images, narratives, and texts presented at the exhibit were the ones that best defined their research objective and helped them address the issue at hand. Though this is honourable (co-researchers should be given the responsibility to illustrate what they believe to be important), it

also means that several other themes could have been generated, whereupon the present thesis would have yielded potentially different outcomes.

Future research should attend to these limitations. It should include more contributors to the project, attempt to use photovoice in different contexts, groups and cities/town, and attempt to work with all the photos/narratives crafted by co-researchers. Additionally, since this research revealed that youths and teachers were looking for innovative ways to educate about AIDS, the use of photovoice should be encouraged (along with other comparable tools, such as videovoice for instance). Also, considering that the issue of 'drugs and alcohol' came back in several discussions (with the students interviewed and the co-researchers especially), a look at this problem should definitely be put forward.

Overall, this research has shown that the use of innovative tools such as photovoice provide a touchstone for the evolution of AIDS research and AIDS education. Indeed, as the literature showed, this tool has been heralded as being a powerful tool in identifying a problem, analyzing it, and proposing solutions for it. This has been true for this thesis research as well, and as such, its use should be highly encouraged in future AIDS research in Ethiopia and beyond.

Recommendations

In this section I present recommendations for ways in which Ethiopians, especially those living in Addis Ababa, can both improve AIDS education and make meaningful strides in resolving the ever-burgeoning HIV/AIDS crisis ravaging Ethiopia's youth. As a critical researcher and participatory action researcher, I present proposals that respect the modern Ethiopian context, while staying close to the nation's traditions and culture. The HIV/AIDS problem is multilayered so the recommendations I make must be manifold. I start by proposing solutions that address the issue of stigma and discrimination, and offer means of breaking the

silence on sexually transmitted diseases that permeate Ethiopian society. I then suggest ways to address the lack of resources and training about AIDS that plague Ethiopian educators. These solutions represent the model that I propose for AIDS educators and the government at large.

Solution for fighting stigma and breaking the silence. The literature on HIV/AIDS and the findings presented above have noticeably demonstrated that stigma and discrimination against people who have AIDS (and those who engage in promiscuity) are severe in Ethiopia. That makes it difficult to fight the AIDS pandemic since there is a culture of silence surrounding the disease. The question that warrants discussion here revolves around how to break that silence. Considering that traditionally religious mores (particularly Christianity and Islam in Ethiopia) are both prevalent and powerfully ingrained in Ethiopian culture, and that religious leaders frown upon sex before marriage, openly educating youths about AIDS (and sex) is not feasible. That is precisely why AIDS education has been mostly given in secular schools and through the media. However, there is a deep disconnect between what youngsters hear at school/media and what they hear at church/mosque/home. The information from the two sources (secular and religious) frequently conflict. Since religion and traditions are intertwined in Ethiopia, the home (i.e., family) often models what religious leaders declare to be virtuous behavior. As such, youths are encouraged to practice abstinence by their families. Such urging directly contradicts the instruction regarding safe sexual practices and on contraception that they learn at school and from media. Also, abstinence-based practices are at odds with their own sexual urges.

A recommendation I propose for this is to promote education through the use of traditional gatherings that exist in Ethiopia. Family reunions on holidays are quite common in Ethiopia. There is a plethora of topics discussed during these events where both youths and

adults are present. If schools and media can educate students to bring up the AIDS topic at home, then the AIDS conversation could start emerging at home as well. For instance, the media can start showing more and more movies and programs in which children ask parents questions about AIDS, and where the parents are openly talking about the issue. It is widely known that media has a huge impact on populations, and considering that most families in Addis Ababa watch television during holidays, this could be a perfect time for the conversation to be brought up in the house as well. In conjunction with this, schools must teach students to be more motivated and less embarrassed to ask their parents questions when those movies are shown on television. Obviously, this will not be easy at first, but if teachers enable students to practice those conversations at schools with varied scenarios (like the ones the photovoice co-researchers of this thesis did), then there is a potential for success.

Eventually, when parents meet during their own social events (without their children), they can slowly start discussing it among themselves as well. Indeed, Ethiopian traditional social events such as *mehaber* (a gathering of friends/family often in recognition of a particular saint) are known for open discussion about a range of issues (political, social, religious, educational, and more). Many of these *mehabers* are separated by gender (there are women-only *mehabers* and men-only *mehabers*), which means that conversations are more open than in regular holiday gatherings. This is precisely why I believe that AIDS conversations would have the potential to be spoken openly once youths bring up the topic at home (thanks to the practice they have had at school, and media's encouragement). Other than *mehabers* there are other common Ethiopian gathering spaces such as *edir* (social networks that meet for financial support when a neighbor passes away), *lekso* (funeral gatherings), *serg* (wedding gatherings) that typically last for weeks or even months, and coffee ceremonies that bring in neighbors and family together on a daily

basis. With the range of topics that is discussed in these social assemblies, they are the ideal venues in which to bring open AIDS communication to the table.

In fact, the photovoice project of this thesis has shown that teenagers themselves can (and would be interested) in gathering to discuss important causes comprehensively. Therefore, they too, can be motivated to create their own *mehabers* where they can openly talk about their needs regarding education (and other facets of) AIDS. These *mehabers* could be formed in honor of patron saints of young boys or young girls such as Saint Aloysius or Saint Agnes for instance. In this way, the tradition of *mehabers* is maintained even as problems as modern as the AIDS crisis is meaningfully addressed. As one of the co-researchers had stated in her text, "We need to keep our good traditions" (Tsion, 16 years old). Ethiopian *mehabers* are definitely one of those.

Reducing stigma and discrimination will not happen quickly, as it will take a complete change of mindset on the part of the Ethiopian population. I argue that this generation of youth will have a enormous role to play in effecting this change. By slowly bringing in the conversation to their parents (thanks to what they learn at school and from media), they will be able to gradually break the taboos surrounding sexual activity and the real-world consequences thereof. Similarly, young artists, opinion leaders, famous actors/musicians can use their fame to spread messages of love and peace (i.e., anti-discrimination) to people living with AIDS through television and radio, that is, media that are widely available and accessible in Addis Ababa. Also, media can continue to promote the teaching of open conversation about sex and HIV/AIDS, in the hope that eventually, the population demands that religious leaders also follow suit.

Solution for supporting teachers and motivating students. Lack of resources and lack of training were two of the main issues Ethiopian teachers complained about when discussing the challenges of educating students about AIDS. This is hardly surprising. Ethiopia is among the poorest countries in the world; accordingly, it has financial challenges that greatly impede the provision of basic needs. The country has a weak education system as a result. As both the literature and the findings of this study show, this weakness manifests itself in the form of schools lacking proper infrastructure, shortages of experienced teachers, falling enrollment, and overall insufficient funding to keep schools running effectively. Hence, teaching about HIV/AIDS—even if teachers have all the motivation possible—is highly difficult.

Sadly, one of the main economic challenges to HIV/AIDS education has been HIV/AIDS itself. The continual spread of HIV/AIDS brings with it a huge loss in human capital. It frequently occurs that both teachers and students have to miss work/school to care for family members stricken by the disease. Alternately, they might be infected by HIV themselves; once they have progressed to the point of incapacitation or death, their contribution to the community is lost.

This is a vicious cycle. Fewer teachers and teaching resources propagate greater ignorance about HIV/AIDS, which in turn increases behaviors that heighten the spread of the disease (including to potential teachers, thereby further reducing the pool of teachers). Aggravating this issue is the fact that budgets are not always distributed properly in the country. Weak governance in many African countries like Ethiopia causes delays in service delivery, development of instructional materials, or even distribution of books.

Considering that the best place to reach youths in Addis Ababa is at school, it is crucial to solve the education problems cited above. Assuming that funds for AIDS education will not be

augmented, the solution proposed can only be based on the reallocation of current funds. For that I propose a shift towards a critical education that encourages questioning on the part of students and an improvement in government policies regarding regulations that affect youths. These two recommendations are detailed below.

Critical education at school. Thus far, the majority of AIDS education in Ethiopia has been teacher-centered in the sense that teachers provide information via lectures to students. This has been somewhat effective for spreading awareness. However, Ethiopia is well past the AIDS awareness stage and is in need of implementing policies that directly lead to students (and the general population as a whole) changing their behavior to actively prevent the spread of HIV (i.e., condom use, HIV testing, or seeking treatment). At this point, instilling critical thinking about HIV/AIDS (rather than disseminating knowledge) will have more value than simply providing information.

Through critical education, students can question existing social and educational conditions, and discuss issues specific to their realities and how these help them (or not) avoid getting infected by HIV. For example, they could have conversations about the means to build self-esteem and self-confidence (as a means of resisting risky behavior that contributes to the spread of HIV/AIDS), successful methods to fighting a disease like AIDS, and alternative approaches to solving other important issues that impact their lives. Critical education allows for dialogue to exist (unlike the traditional unidirectional flow of communication in traditional teaching). True learning only happens when members of a group (in this case, students) converse on the issues they have and learn from each other.

In this model of education, the teacher must therefore be a facilitator of these discussions, not the ultimate expert. This is because a teacher cannot formulate one solution for the 35 or

more students he/she has in his/her class. Teachers must also not be constrained by a rigid set of topics, materials, and research to be discussed in these conversations; they must be free to choose specific subjects and/or to allow students to lead the discussions. What teachers can do is motivate their students to speak up both in the classroom and elsewhere. Teachers can also engage them in activities such as sports, arts, theatre, or music as tools to open the lines of communication (much in the same way as the photovoice project of this research did with the co-researchers who were involved in it).

When students are given the opportunity to genuinely speak, the teacher can understand the issues they face. This greater understanding forms the basis for discussions that will promote critical thinking, which in turn can lead them to taking necessary action (Freire, 1970; Giroux, 2011; Shor, 1992). After all, if students are not given the opportunity to talk about the fundamental issues that surround their lives (economic, social, or political challenges), they cannot be expected to prevent HIV.

How then, does one motivate and train teachers to provide critical education? I propose that the teachers' education programs in Ethiopia move from a teacher-centered education to a more critical pedagogy orientation. Additionally, Ethiopian research on youth and HIV/AIDS should be made easily accessible to teachers. In Ethiopia, the majority of HIV infections happen to youths (MOH/HAPCO, 2006); hence, research centering on the experiential reality of the disease for young people (in addition to any research on the medical aspects of HIV/AIDS) should be made readily available to teachers. Educators cannot adequately address the real-life conditions and day-to-day concerns of young people at risk for HIV until they learn the concerns and life circumstances of those young people. Access to research on the issue of AIDS among youths should be freely available (open-source) to teachers so they can:

- Understand the real challenges youths face in Ethiopia;
- Present it to their students as a means of establishing common reference with them and to promote discussion in class; and
- Motivate their own students to be agents of change by having them propose solutions to the problems they read about and discuss in class.

This proposal does not require more funding to be allocated since most research is already available at the Ministry of Health or Ministry of Education of Ethiopia. But it does require some coordination on the part of school administrators to bring them and present them to their faculty members. Additionally, teachers would now be in the position of selecting materials appropriate to the HIV/AIDS education in their class. That is, they would choose articles and topics for discussion as a function of student needs. Also, they no longer need to rely solely on what they refer to as "the outdated teaching materials of AIDS" that are available. Effectively, I propose that teachers be empowered to build their own curriculum. This in turn empowers their students by encouraging them to choose the research articles to read, discuss, and analyze.

By promoting critically oriented teaching, critical learning can be established in Ethiopian schools. Moreover, to avoid 'saturation', teachers can swap course materials among themselves so that teacher-to-teacher training takes place. Students would then benefit from having a variety of views. For schools that find it too demanding for all teachers to take on this responsibility (on top of the many other teaching duties they have), I recommend initially assigning one teacher who is responsible for offering critical education to different classes at different times of the school-year. Doing this not only solves the issue of promoting open communication about AIDS (and other issues), but also addresses the concern that students in this research identified: the 'saturation' effect of AIDS teachings. Critical education would be an

effective way to achieve the same desired results (i.e., reducing HIV/AIDS cases in Ethiopia), without the boredom that the traditional educational methods create. It is with this in mind that I designed a critical AIDS education program that teachers and parents can employ to effectively educate about AIDS. These guides can be found in Appendices H and I of this dissertation.

I would further suggest that a form of peer-education should continue to be promoted in Ethiopian schools, with the added value of being critical. As a reminder, many public schools in Ethiopia have AIDS education given in a student-to-student manner (called AIDS clubs). However, their success is questionable at times because there is a worry that students exchange false information. And even when the information is correct, it seems that they passively pass down the message they were given by their teachers. However, with the proposed solution described in this section, students would have the ability to be critical as they engage in their peer-education and would expectantly promote more critical dialogue in their groups.

An important matter to discuss when it comes to recommendations is regarding the model I propose in appendices H and I. I have presented a technique parents and teachers can use to educate about AIDS to their children/students with the use of critical pedagogy. Knowing that critical pedagogy is uncommon in Ethiopian schools, it is imperative that I provide more information and resources to prospective educators. As it currently stands in the appendices in question, parents and teachers may have a hard time implementing the model I propose. Therefore, I suggest that they get some insights from the works of Freire (1970), Shor (1992), and Giroux (2011). Indeed, these authors argue that participation is central to critical pedagogy because it encourages learners to be empowered. That is precisely why the models I present are participatory in nature with parents and teachers asking their children/students open-ended questions. Moreover, HIV/AIDS education is interconnected to social, political, and economic

challenges. This connection means that it is crucial for learners to comprehend the situations that dictate their lives. Thus, a session about HIV/AIDS should incorporate engaging participation to address all issues at hand. Additionally, the oppressor-oppressed dichotomy that critical pedagogues address must be included in the teaching (Giroux, 2011). In other words, the pedagogy must inspire students to fight oppression. With the support of their educators, learners should not be passive since the more passive they are, the less creative they will be, and the less creative they are, the less critical they become. I therefore argue that a new generation of HIV/AIDS education should be developed. This is precisely why I presented models to parents and teachers with critical pedagogy in mind. This will not only improve the education, but as Freire (1970) argues, could restore humanity.

Last, but not least, there must be training and teaching of critical media literacy. As such, Internet safety and modern media consumption should be given in schools. As the rampant spread of both intentionally and unintentionally misleading information on the internet and social media networks actively cause harm to the collective social fabric of communities, and erodes critical faculties of internet users, youths must be in the know. As I have clearly stated above, the key to improving the HIV/AIDS crisis lies in improving the critical thinking of Ethiopian youth. Reallocating a portion of the current funding for AIDS into the provision of training that turns students into savvy consumers and users of the Internet would help shield students from dubious claims propagated on the World Wide Web.

Better regulations to protect the youth. In a country where approximately 70% of its population is under the age of 30, the Ethiopian government must redouble its efforts in tending to its youth. The government has a key role to play in ensuring that its population most

vulnerable to HIV infection realizes its potential and becomes prosperous. Failure to do so will result in catastrophic drops for the country's economic growth and social structure.

Among the more impactful changes the government could do is to tighten regulation of drug and alcohol access for teenagers. Although there are laws preventing teenagers from purchasing these, such laws are weakly enforced at present. The government must enforce the law by fining stores, bars, and nightclubs, and any other establishment that sells alcohol or drugs (such as *khat*, the most common and easily accessible drug in Ethiopia) to teenagers. As presented throughout this thesis, the relatively easy access to drugs and alcohol is in direct conflict with the spirit and implementation of HIV/AIDS awareness messages. By and large, Ethiopian youths in Addis Ababa know how to prevent HIV infection, but the tendency of many to be under the influence of drugs or alcohol clouds their judgment and increases their likelihood of engaging in behaviors that increase their risk of contracting HIV.

Relatedly, there need to be regulations against the construction of bars or shisha lounges near schools or near areas where children spend time (parks, playgrounds, and the like). This is again to prevent children and teenagers from having easy access to spaces that are unsafe for them. Rather, the construction of libraries, recreation centers, sport fields, art facilities, and of course private residences should be prioritized and encouraged. This could be implemented in the form of tax rebates or bonuses on income.

In addition to exercising greater prudence over construction of commercial properties, there needs to be greater supervision with respect to real estate sales. In particular, when selling land to investors, the government should require a certain amount of green space to be constructed alongside the building they plan to construct. As described by the students, teachers, parents, and co-researchers of this thesis, the loss of green space has changed (for the worse) the

shape of youth activity in Addis Ababa. They now spend more time indoors watching television, glued to their phones, or browsing the Internet. Considering that there is very little parental control in Ethiopian homes on the sites youngsters access and the movies they watch, the risk of them accessing websites that are unsafe is high (e.g., sites focused on pornography, music motivating violence, dance showing promiscuity, and/or films promoting drinking/smoking). As such, guaranteeing the maintenance and creation of more green spaces for play and other forms of activities is a key component of my proposed solution. For those who would still be interested in staying indoors, the Internet safety lessons students would learn at school (as explained earlier) would definitely be useful.

The collaborators of this thesis (particularly the students of the focus group) have expressed a need for the betterment of gender relations and overall gender equality. The power that men/boys have over women/girls has made it difficult for the latter to negotiate condom use, and worse, it has pushed some young girls to sell their bodies for money. To solve this issue the government should put in place more regulations that protect women and girls in order for them to develop self-esteem, self-confidence, and self-efficiency. For that, I propose job creation for women through more technical vocational training (e.g., training to become electricians, plumbers, entrepreneurs, agriculturalist, cooks/chefs, and the like). Today in Ethiopia, young men tend to benefit from these courses much more than young women. Considering that one of the main reasons why women feel the need to exchange sex for money is due to lack of resources and opportunity, motivating them to join programs that would enable them to have an income, and thereby be more self-sufficient, is a necessity. In fact, even the simple act of encouraging women to grow their own produce in their backyard (a culture that is lacking in Ethiopia) could relieve some of the financial burdens they have. With more independence, there will be less

likelihood of women to feel the need to either become a sex worker, or accept living with an unfaithful partner or one who refuses to engage in safe sex practices. Additionally, the education system should incorporate more courses on self-esteem and self-confidence for young girls, as well as courses on the importance of gender equality and respect targeted at young boys. Along the same line of thought, education on substance abuse should be a comprehensive part of the teaching. All this, of course, should respect the norms of critical education by promoting dialogue, reflection, and action.

A final recommendation I have to propose in terms of regulations that protect the youth of Ethiopia is the development of extra-curricular activities in schools. This is in response to what the students who participated in this study suggested about having more entertainment in their schools. Unlike in private schools, students in Ethiopian public schools do not have many resources—or perhaps the will—to create extra-curricular activities. I argue that more resources do not have to be expended in order for schools to have extra-curricular activities. There is a large number of experienced elderly individuals in Ethiopia who could share their valued knowledge on the many artifacts and music that exist in the country. Sadly, since they are not considered 'fashionable' or 'cool', their teachings are not motivated, and only their direct sons and daughters may learn from them. Alas, Ethiopia risks losing valuable abilities to produce traditional art and music if the teaching is not spread further. This has negative consequences not only in the field of art, but also socially and economically. Instead of relying on products that are imported, youths in Ethiopia could build these themselves (provided that they learned how to do so), which can also help solve the issue of self-efficiency discussed in the previous paragraph. For this, directives should be put in place to attract elderly craftsmen/women and musicians who use traditional instruments such as *krar*, *masenqo*, *kebero*, *tom*, *begena*, *malakat*, and *washint* to

teach their craft to the younger generations. This can be done on a volunteer basis or through small stipends given to the elderly and retired trainers who can come after school and provide extra-curricular activities to children.

Similarly, traditional art pieces made by hand and that are quite beneficial in different ways such as *messob* (handmade house articles made with grass), *gabi* (handmade blankets crafted from 100% dense cotton), *shurab* (handmade woolen crafts), *tilf* (embroidery), *sifet* (sewing), *netela* (scarves made of thin and delicate cotton), *shekla sira* (Ethiopian traditional pottery), and more, must be taught as well. These skills could help solve the problem of poverty by allowing young generations to be able to build things themselves (or be able to play them in the case of musical instruments). Unemployment would be reduced, tourists would be attracted, and the overall economy would be improved. At the same time, students would finally have activities within their schools that would be entertaining, and so would have lower chance of falling into harmful habits such as substance abuse or early sexual debut; hence, the contagion of HIV could be decreased.

Conclusion

There were several instances in which collaborators of this research (particularly the students of the focus groups and the teens of the photovoice project) stated that cultural barriers made it difficult for AIDS education to be successful in Addis Ababa. One may see this as meaning that youths would want to see Ethiopian traditions to be modified or perhaps even replaced by modern societal behaviours (i.e., Western norms).

This feeling can be explained by the state in which youths in Addis Ababa find themselves. Unlike their parents and grandparents, teenagers in Addis Ababa share two cultures simultaneously. On one hand, globalization and rapid technological advancements have opened

their eyes to the West. They watch Hollywood movies, listen to Beyoncé's music, and dress like stars seen on American television channels. They are active on social media like Facebook, Instagram, and Snapchat, and so spend most of their days reading English instead of Amharic (or any other Ethiopian language). On the other hand, they are immersed in Ethiopian traditions when it comes to their eating habits (Ethiopian food remains the main meal consumed at home, and it is often eaten in groups rather than on individual plates), the celebration of traditional holidays, their attendance at cultural events, and their adherence to a faith (Christianity and Islam mainly). This divide puts them in a unique position and so they believe that they are well-situated to see which culture to adopt and which to drop. However, it is important to note that they live in Addis Ababa, where the view they have of the West is often an illusion since it comes through a screen. Movies and television shows do not represent the real life of Westerners. Therefore, adapting their style blindly could have harmful repercussions in the context of Ethiopia.

Though there are indeed destructive traditions in Ethiopia (such as female genital mutilation for instance), one must be very careful when claiming that Ethiopian traditions need to change and take on a more 'modern' standard. It is true that the 'taboo' effect of talking about sex and AIDS has complicated the instruction of AIDS courses. Yet one must stop and think of the even greater complications that could be generated if a complete shift to 'westernization' were to be implemented by media and the youths in Ethiopia. Instead, finding solutions in the Ethiopian context may be more viable. This is precisely why I opted to propose solutions that hew to the use of Ethiopian methods and norms.

With its historically advanced knowledge, strong societal ethos, and multiculturalism, Ethiopia has thrived throughout much of its 3,000 years of history by overcoming countless

challenges. Ethiopia's current HIV/AIDS crisis is the latest such struggle the country must surmount, one whose origins are arguably more rooted in turbulent social problems than in medical causes. The results of my research show that ineffectual HIV/AIDS education and the erosion of traditional norms among Ethiopian youth is a serious contributor to the HIV/AIDS situation in the country. As such, solutions to this crisis must also be social in nature. My proposed solution follows this principle: Teachers, parents, community leaders, and the government must all provide safer, more nurturing social and physical environments in which Ethiopian youths can both learn to protect themselves from HIV infection and to actively practice such behavior.

Epilogue

This doctoral thesis has its roots in my personal story of a protracted AIDS scare during my childhood. Due to misinformation and a culture of silence surrounding the disease, I erroneously believed I had contracted HIV. That incident took away my innocence. I was overwhelmed and confused, and the agonizing thought that I would die young terrified me. Owing to a societal stigma of those afflicted by the disease, I felt traumatic levels of anxiety and shame until I reached adolescence, where I learned that I had *not* been infected.

Fast-forward three decades later; we still have not managed to halt the disease. There are still no cures, no vaccines, and no viable treatments. Although we have known about how to prevent HIV for years, 30 million people worldwide have died so far. At this rate, it is estimated that 40 million individuals will become infected over the next decade (Frontline/PBS, 2006b). This is tragic, especially since AIDS is a preventable disease.

How is it that we have made so much progress in technology and science in the last 30–40 years, and yet we are still struggling when it comes to HIV/AIDS? In this time, we have managed to build drones that can deliver packages to our doorsteps, print three dimensional objects, ride on trains that can speed up to 430 kilometers per hour, clone human stem cells, perform laparoscopic surgeries, replace amputated limbs by bionic ones, discover new galaxies, and hold a small gadget in our hand that functions as a phone, a book, a map, a voice-video recorder, a credit card, a television, a health screener, a game, a notebook, a camera, and more. But where is the cure/vaccine for AIDS?

As a teenager—especially once I received my first AIDS education in high school—I realized that the world was highly unjust. Tragedies that happened in one part of the world were not important to individuals living elsewhere. While many countries in Sub-Sahara Africa

countries were suffering from AIDS, famine, or poverty, the rest of the world was watching in silence. Actually, in some cases, they were the cause of the continent's troubles due to the fact that they benefitted from Africa's frailties (i.e., slavery, colonization, neo-colonization, foreign debts, unfair business treaties, and so forth). On a smaller scale, I noticed that even calamities that happened in one house were ignored by the neighbor next-door. Especially when it came to AIDS since it was/is such a taboo issue. So, I thought: How then, are we supposed to prosper as a community, as a nation, or as global citizens, if we cannot even take care of our neighbor?

It is with this in mind that I decided to spend a great deal of my teenage years volunteering for AIDS-related humanitarian organizations. I wanted to continue learning about the disease. More importantly, I knew that it was up to me to make a difference if I wanted to see a better tomorrow. This realization actually coincided perfectly with a quote I had learned in my history class in grade 10: "Be the change you wish to see in the world" (Mahatma Gandhi).

With a group of my schoolmates, we created a student-run association called 'Welfare by Teenagers'. Our goal was to assist orphaned children, especially those orphaned due to a parent dying of AIDS. We fundraised in our school by organizing carnivals and festivals. We then used the money gathered to buy medication and cleaning products that we donated to the AIDS orphanages around Addis Ababa. As an effort to break stigmatization and discrimination, we would also spend the day playing with the children there. We enjoyed games of hide and seek, jumping ropes, dodge ball, sports, singing, and the like. For the most part, there were good and happy days. But once in a while you would be reminded of the gravity of the issue when a 10-year-old boy was too sick to play, and was told to sit and watch. His gloomy eyes would break your heart, but you knew there was nothing you could do for him. Or, when a 6-year-old

girl whispers this in your ear as you are hugging her to say goodbye: “Maybe the next time you come, I will not be here. So, I want to give you my toy, so you can remember me.”

These sad episodes were recurrent, which pushed me to be more involved with the advancement of AIDS research. In the last years of my secondary education, I conducted a plethora of research on AIDS—though at that age, I did not really know that what I was doing was research; I was just collecting stories. I went to different AIDS events and met with AIDS speakers who were infected by HIV. I asked them about when and how they were infected, what it meant to have AIDS, and how they coped with the stigma associated with the disease. I also went to AIDS centers and clinics where patients received care. Some were in their final days. I sat and talked to them every time they would allow me. I was a journalist without knowing I was. I was a researcher without knowing I was. I ended up collecting so much information that I did my final school project on the topic. Also, with the knowledge I gathered, I started educating little children about the disease: my cousins, neighbors, youths at church, and any other child I encountered. I thought “the more people know, the less likely they will be infected.” Of course, 15 years later, I realized that it is not necessarily the case: Awareness does not necessarily mean behavior change. To bring about behavioral change, we must have a comprehensive understanding of the source of the issue. We need to develop our critical thinking about our challenges, and we need to talk about it openly so we can hopefully solve it.

I have been thinking about the epidemic, worrying about it, and studying it my whole life. And, I will only stop when we have managed to halt the disease once and for all, like we were able to do for the plague and smallpox. Until then, we must focus on prevention strategies. And the best way to do that is to smash the taboo effect associated with HIV and AIDS by slowly making the AIDS and sex conversation a norm. The co-researchers of this project have sublimely

showed us how to smash this taboo. They propose a change in the education system, in government policies, and in the way parents/teachers address the topic of AIDS or sex at home/school. For their sake, for the sake of all teenagers living in areas at high risk of HIV infection, and for the sake of humanity as a whole, we must push forward.

References

Abaynew, Y., Deribew, A., & Deribe, K. (2011). Factors associated with late presentation to HIV/AIDS care in South Wollo Zone Ethiopia: a case-control study. *AIDS Research & Therapy, 8*(1), 8–13.

Adelman, C. (2006). Kurt Lewin and the origin of action research. *Educational Action Research, 1*(1), 7–24, DOI: 10.1080/0965079930010102

Adu-Mireku, S. (2003). Family communication about HIV/AIDS and sexual behaviour among senior secondary school students in Accra, Ghana. *African Health Science*, *3*, 7–14.

Adeyemo, M. O., & Brieger, W. R. (1994): Dissemination of family life education to adolescents by their parents in suburban Ibadan, Nigeria. *International Quarterly of Community Health Education, 15*(3), 241–52.

Alene, G. D., Wheeler, J. G., & Grosskurth, H. (2004). Adolescent reproductive health and awareness of HIV among rural high school students, North Western Ethiopia. *AIDS* care, *1*, 57–68.

Alene, G. D., & Worku, A. (2009). Examining perceptions of rapid population growth in North and South Gondar zones, Northwest Ethiopia. *Journal of Health, Population & Nutrition, 27*(6), 784–793.

amfAR (2017). Statistics: Worldwide. The foundation of AIDS Research. Retrieved http://www.amfar.org/worldwide-aids-stats/

Aniekwu, N. I., & Atsenuwa, A. (2007). Sexual violence and HIV/AIDS in Sub-Saharan Africa: An intimate link. *Local Environment, 12*(3), 313–324. doi:10.1080/13549830601098289

Archer, J. (1999). Out-of-field teaching is hard to curb. (Cover story). *Education Week*, *18*(29), 1.

Atwood, K. A., Kennedy, S. B., Shamblen, S., Tegli, J., Garber S., Fahnbulleh, P.W., … Fulton, S. (2012). Impact of school-based HIV prevention program in post-conflict Liberia. *AIDS Education and Prevention*, *24*(1), 68–77.

Babbie, E. (2002). *Social research.* Belmont, CA: Wadsworth Group.

Babalola, S., Tambashe, B. O., & Vondrasek, C. (2005). Parental factors and sexual risk-taking among young people in Cote d'Ivoire. *African Journal of Reproductive Health*, *9*, 49–65.

Bastien, S., Kajula, L., & Muhwezi, W. (2011). A review of studies of parent-child communication about sexuality and HIV/AIDS in sub-Saharan Africa. *Reproductive Health, 8*(1), 25–41. doi:10.1186/1742-4755-8-25

Bekalu, M. A., & Eggermont, S. (2014). The role of communication inequality in mediating the impacts of socioecological and socioeconomic disparities on HIV/AIDS knowledge and risk perception. *International Journal for Equity in Health, 13*(1), 132–154. doi:10.1186/1475-9276-13-16

Biddlecom, A., Awusabo-Asare, K., & Bankole, A. (2009). Role of parents in adolescent sexual activity and contraceptive use in four African countries. *International Perspectives on Sexual & Reproductive Health*, *35*(2), 72–81.

Brydon-Miller, M., Greenwood, D., & Maguire, P. (2003). Why action research? *Action Research*, *1*, 9–28.

Buthelezi, T., Mitchell, C., Moletsane, R., De Lange, N., Taylor, M., & Stuart. J. (2007). Youth voices about sex and AIDS: Implications for life skills education through the 'Learning Together' project in KwaZulu Natal, South Africa. *International Journal of Inclusive Education*, *(11)*4, 445–59.

Caldwell, J. (2000) Rethinking the African AIDS epidemic. *Population and Development Review*, *26*, 117–135.

Campbell, C. (2010). Political will, traditional leaders and the fight against HIV/AIDS: A South African case study. *AIDS Care*, *22*(sup2), 1637–1643. doi:10.1080/09540121.2010.516343.

Campbell, C., & Cornish, F. (2010). Towards a "fourth generation" of approaches to HIV/AIDS management: Creating contexts for effective community mobilisation. *AIDS Care*, *22*(sup2), 1569–1579. doi:10.1080/09540121.2010.525812.

Campbell, C. & MacPhail, C. (2002). Peer education, gender and the development of critical consciousness: participatory HIV prevention by South African youth. *Social Science and Medicine*, *55*, 331–45.

Carspecken, P. F. (1996). *Critical ethnography in educational research: A theoretical and practical guide.* New York, NY: Routledge

Carspecken, P. F. (2005). The social relevance of critical ethnography. In F. Bodone (Ed.), *What difference does research make & for whom?* (pp. 11–28). New York, NY: Peter Lang Inc.

Catalani, C., & Minkler, M. (2010). Photovoice: A review of the literature in health and public health. *Health Education & Behavior*, 37, 424–52.

Chauvet, L., & Collier, P. (2004). Development effectiveness in fragile states: Spillovers and turnarounds. *Centre for the Study of African Economies: Oxford University.*

Cherie A., & Berhane, Y. (2012). Peer pressure is the prime driver of risky sexual behaviors among school adolescents in Addis Ababa, Ethiopia. *World Journal of AIDS*, *2*, 159–164

Chevalier, J., Buckles, D. J., & Bourassa, M. (2013). *Handbook for participatory action research, planning and evaluation*. Retrieved from https://docs.wixstatic.com/ugd/11f418_c56ab3b5fc5c455091178ac894ab359d.pdf

Chikoko, V., Gilmour, J., Harber, C., & Serf, J. (2011). Teaching controversial issues and teacher education in England and South Africa. *Journal of Education for Teaching*, *37*(1), 5–19. doi:10.1080/02607476.2011.538268.

Conrad, D. (2004). Exploring risky youth experiences: Popular theatre as a participatory, performative research method. *International Journal of Qualitative Methods*, *3*(1), 1–24.

Cornwall, A., & Jewkes, R. (2010). Erratum to: "What is participatory research" [Social Science & Medicine, 41 (1995), 1667–1676]. *Social Science & Medicine*, *70*(5), 794.

Corey, S. M. (1949). Action research, fundamental research, and educational practices. *Teachers College Record*, *50*, 509–514.

Creswell, J. W., & Plano Clark, V. L. (2011). *Designing and conducting mixed method research* (2nd ed.). Thousand Oaks, CA: Sage.

Damtew, B., Mengistie, B., & Alemayehu, T. (2015). Survival and determinants of mortality in adult HIV/AIDS patients initiating antiretroviral therapy in Somali Region, Eastern Ethiopia. *Pan African Medical Journal*, *22*, 1–8. doi:10.11604/pamj.2015.22.138.4352

Davis, C. (1999). *Reflexive ethnography: A guide to researching selves and others*. New York, NY: Routledge.

Denzin, N. K. (2001). *Interpretive interactionism*. Thousand Oaks, CA: Sage.

DiIorio, C., Resnicow, K., Dudley, W. N., Thomas, S., Wang, D. T., Marter, D. F. V., … Lipana, J. (2000). Social cognitive factors associated with mother-adolescent communication about sex. *Journal of Health Communication*, *5*, 41–51.

Dos Santos, M. L., Kruger, P., Mellors, S. E., Wolvaardt, G., & Van der Ryst, E. (2014). An exploratory survey measuring stigma and discrimination experienced by people living with HIV/AIDS in South Africa: The people living with HIV stigma index. *BMC Public Health, 14*(1), 1–24. doi:10.1186/1471-2458-14-80.

Dover, G. (2008). Participatory research: Power and problems. *Participation Action Research and Organizational Change*. Retrieved on April 5, 2014 from http://participaction.wordpress.com/2008/05/27/prdef2/

Eagly A., & Wood W. (2005). Universal sex differences across patriarchal cultures (not equal to) evolved psychological dispositions. *Behavioral and Brian Sciences*, *28*, 281–283.

Eaton, L., Flisher, A., & Aaro L. (2012) Unsafe sexual behaviour in South African youth. *Social Science Medicine*, *56*, 149–65.

Elbadawi, A., & Mirghani, H. (2016). Assessment of HIV/AIDS comprehensive correct knowledge among Sudanese university: A cross-sectional analytic study 2014. *Pan African Medical Journal*, *24,* 1–5. doi:10.11604/pamj.2016.24.48.8684

Elliott, J., & Adelman, C. (1973). Reflecting where the action is: The design of the Ford Teaching Project. *Education for Teaching*, *92*, 8–20.

Erwin, S. (2005). Helping Ethiopia's Lost Children. *People, 63*(17), 89–92

Evensen, J., V., & Stokke, K. (2010). United against HIV/AIDS? Politics of local governance in HIV/AIDS treatment in Lusikisiki, South Africa. *Journal of Southern African Studies*, *36*(1), 151–167. doi:10.1080/03057071003607402.

Facha, W., Kassahun, W., & Workicho, A. (2016). Predictors of provider-initiated HIV testing and counseling refusal by outpatient department clients in Wolaita zone, Southern

Ethiopia: A case control study. *BMC Public Health, 16*(1), 1–8. doi:10.1186/s12889-016-3452-8

Fals Borda, O. (1979). Investigating reality in order to transform it: The Colombian experience. *Dialectical Anthropology*, *4*, 33–55.

FAO (2016). 32 percent of Ethiopians are undernourished in 2015. *The Ethiopian Observatory.* Retrieved from https://ethiopiaobservatory.com/2015/05/28/fao-32-percent-of-ethiopians-are-undernourished-in-2015/

Fayissa, B., & Nsiah, C. (2013). The impact of governance on economic growth in Africa. *Journal of Developing Areas*, *47*(1), 91–108. doi:10.1353/jda.2013.0009.

Federal Democratic Republic of Ethiopia (2012). Country progress report on HIV/AIDS response. *The Federal HIV/AIDS Prevention and Control Office (HAPCO*). Addis Ababa, Ethiopia.

Fetene, G., & Dimitriadis, G. (2010). Globalization, public policy, and 'knowledge gap': Ethiopian youth and the HIV/AIDS pandemic. *Journal of Education Policy*, *25*(4), 425–441.

FMoH/HAPCO (2012). Country progress report on HIV/AIDS response. *HAPCO,* Addis Ababa: Ethiopia.

Francis, D., & Hemson, C. (2009). Youth as research fieldworkers in a context of HIV/AIDS. *African Journal of AIDS Research (AJAR), 8*(2), 223-230.

Freire, P. (1970). Pedagogy of the oppressed. New York: Seabury Press.

Frontline/PBS (2006a). *The Age of AIDS* [Interview transcript]. Retrieved from Frontline/PBS website: http://www.pbs.org/wgbh/pages/frontline/aids/interviews/holbrooke.html

Frontline/PBS (2006b). *AIDS: A hundred percent preventable disease.* Retrieved from: http://www.pbs.org/wgbh/pages/frontline/aids/past/prevention.html

Ganle, J. K. (2016). Hegemonic masculinity, HIV/AIDS risk perception, and sexual behavior change among young people in Ghana. *Qualitative Health Research*, *26(*6), 763–781. doi:10.1177/1049732315573204

Giroux, H. A. (2001). Pedagogy of the depressed: Beyond the new politics of cynicism. *College Literature*, 28, 1–32.

Giroux, H. A. (2011). *On critical pedagogy.* New York: Continuum International Publishing Group.

Glassman, M., Erdem, G., & Bartholomew, M. (2013). Action research and its history as an adult education movement for social change. *Adult Education Quarterly*, *63*(3), 272–288. doi: 10.1177/0741713612471418.

Gray, J. N., Lyons, P. M., & Melton, G. B. (1995). Ethical and legal issues in AIDS Research. Baltimore: The Johns Hopkins University Press.

Greenwood, D. J., Whyte, W. F., & Harkavy, I. (1993). Participatory action research as a process and as a goal. *Human Relations*, *46*(2), 175–192.

Gregson, S., Adamson, A., Papaya, S., Chimbadzwa, T., Mundondo, J., & Nyamukapa, C. (2007). Impact and process evaluation of integrated community and clinic based HIV1 control: A cluster-randomised trial in eastern Zimbabwe. *PLoS Medicine*, *4*, 545–555.

Haber, D. B., Roby, J. L., & High-George, L. D. (2011). Stigma by association: The effects of caring for HIV/AIDS patients in South Africa. *Health & Social Care in the Community*, *19*(5), 541-549. doi:10.1111/j.1365-2524.2011.01002.x.

Hallman, K. (2004). Socio-economic disadvantage and unsafe sexual behaviours among young men and women in South Africa. Population Council: *The Population Council,* Population Research Division No 190.

Handley, G., Higgins, K., Sharma, B., Bird K., & Cammack, D. (2009). Poverty and poverty reduction in sub-Saharan Africa: An overview of the issues (Working Paper 299). *Overseas Development Institute.*

HAPCO (National HIV/AIDS Prevention and Control Office) (2007). Multisectoral plan of action for universal access to HIV prevention, treatment, care and support in Ethiopia 2007–2010. *HAPCO,* Addis Ababa, Ethiopia.

HAPCO (National HIV/AIDS Prevention and Control Office) (2008). Report on progress towards implementation of the UN declaration of commitment on HIV/AIDS. Federal HIV/AIDS Prevention and Control Office. Addis Ababa, Ethiopia.

Hergenrather, K. C., Rhodes, S. D., & Clark, G. (2006). Windows to work: Exploring employment-seeking behaviors of persons with HIV/AIDS through photovoice. *AIDS Education & Prevention*, *18*(3), 243–258.

Hobbs, L. (2012). Teaching out-of-field: Factors shaping identities of secondary science and mathematics. Teaching Science: *The Journal of the Australian Science Teachers Association*, *58*(1), 21–29.

Hunter M. (2002). The materiality of everyday sex: Thinking beyond 'prostitution'. *African Studies*, *61*, 99–120.

Hogg, R., Nkala, B., Dietrich, J., Collins, A., Closson, K., Cui, Z., & ... Miller, C. (2017). Conspiracy beliefs and knowledge about HIV origins among adolescents in Soweto, *South Africa. Plos ONE*, *12*(2), 1–9. doi:10.1371/journal.pone.0165087

Hyde, K. A. L., Ekatan, A., Kiage, P. & Barasa, C. (2001). The impact of HIV/AIDS on formal schooling in Uganda. Retrieved on November 1, 2012 from http://hivaidsclearinghouse.unesco.org/search/resources/impact_formal_schooling_uganda.pdf

Ingersoll, R. M. (1998). The problem of out-of-field teaching. *Phi Delta Kappan* [serial online]. 79(10):773. Available from: Academic Search Complete, Ipswich, MA.

Ingersoll, R. M. (1999). The problem of underqualified teachers in American secondary schools. *Educational Researcher*, *28*(2), 26–37.

Izugbara, C. O. (2008) Home-based sexuality education: Nigerian parents discussing sex with their children. *Youth & Society*, *39*(4), 575–600.

Jacob, W., Morisky, D. E., Hite, S. J., & Nsubuga, Y. K. (2006). Evaluation of HIV/AIDS education programs in Uganda. In D. E. Morisky, W. Jacob, Y. K. Nsubuga, & S. J. Hite, (Eds.), *Overcoming AIDS: Lessons learned from Uganda* (pp. 63–82). Greenwich, CT: Information Age.

Jacob, W., Shaw, S. A., Morisky, D. E., Hite, S. J., & Nsubuga, Y. K. (2007). HIV/AIDS Education: What African youth say is effective. *Families in Society*, *88*(1), 104–114.

Jivraj, J., Sacrey, L., Newton, A., Nicholas, D., & Zwaigenbaum, L. (2014). Assessing the influence of researcher-partner involvement on the process and outcomes of participatory research in autism spectrum disorder and neurodevelopmental disorders: A scoping review. *Autism: The International Journal Of Research & Practice*, *18*(7), 782–793. doi:10.1177/1362361314539858.

Kaaya, S. F., Mukoma, W., Flisher, A. J., & Klepp, K. I. (2002) School-based sexual health intervention in Sub-Saharan Africa: a review. *Social Dynamics*, *28*, 64–88.

Kaufmann, D., Kraay, A., & Zoido-Lobaton, P. (1999). Governance matters: Policy Research. Working Paper, No. 2196, Washington DC: World Bank.

Kawai, K., Kaaya, S. F., Kajula, L., Mbwambo, J., Kilonzo, G. P., & Fawzi, W. W. (2008). Parents' and teachers' communication about HIV and sex in relation to the timing of sexual initiation among young adolescents in Tanzania. *Scandinavian Journal of Public Health*, *36*(8), 879–888.

Kelly M (2000). *Planning for education in the context of HIV/AIDS*. Paris: IIEP-UNESCO.

Kemmis, R., & McTaggard, R. (2007). *Participatory Action Research: Communicative Action and the Public Sphere*. Retrieved from: http://www.sagepub.com/upm-data/21157_Chapter_10.pdf

Khanlou, N., & Peter, E. (2005). Participatory action research: Considerations for ethical review. *Social Science & Medicine*, *60*(10), 2333–2340.

Khau, M. (2012). Sexuality education in rural Lesotho schools: challenges and possibilities. *Sex Education, 12*(4), 411-423.

Kincheloe, J. L. (2001). Describing the bricolage: Conceptualizing a new rigor in qualitative research. *Qualitative Inquiry, 7*(6), 679–692.

Kincheloe, J. L. (2004a). Preface. In J. Kincheloe & K. Berry, Rigour and Complexity in *Educational Research: Conceptualizing the Bricolage*. New York: Open University Press.

Kincheloe, J. L. (2004b). Introduction: the power of the bricolage: Expanding research methods. In J. Kincheloe & K. Berry, *Rigour and Complexity in Educational Research: Conceptualizing the Bricolage*. New York: Open University Press.

Kincheloe, J. L. (2008). *Knowledge and critical pedagogy.* Netherlands: Springer.

Kincheloe, J. L., & Berry, K. (2004). *Rigour and complexity in educational research: Conceptualizing the bricolage*. New York: Open University Press.

Kincheloe, J. L., & McLaren, P. (2000). Rethinking critical theory and qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 279–313). Thousand Oaks, CA: Sage.

Kinsman J., Harrison S., Kengeya-Kayondo J., Kanyesigye E., Musoke S., & Whitworth, J. (1999). Implementation of a comprehensive AIDS education programme for schools in Masaka District, Uganda. *AIDS Care*, *11*(5), 591–601

Kirby, D., Obasi, A., & Laris, B. A. (2006). The effectiveness of sex education and HIV education interventions in schools in developing countries. *World Health Organization Technical Report Series*, *938*,103–50.

Kirkman, M., Rosenthal, D. A., & Feldman, S. S. (2002). Talking to a tiger: Fathers reveal their difficulties in communicating about sexuality with adolescents. In S. S. Feldman & D. A. Rosenthal (Eds.), *Talking sexuality: Parent-Adolescent communication* (pp. 57–74). San Francisco: Jossey-Bass.

Kunda, L. (2008). *Listening and talking as HIV prevention: A new approach to HIV and AIDS campaigns at the three universities in KwaZulu-Natal.* Doctoral dissertation, School of Social Sciences, University of KwaZulu-Natal, Durban, South Africa.

Kuratani, D. G., & Lai, E. (2011). Photovoice Literature Review. TEAM Lab

Kwaku Oppong, A. (2013). HIV/AIDS knowledge and uptake of HIV counselling and testing among undergraduate private university students in Accra, Ghana. *Reproductive Health, 10*(1), 17–24. doi:10.1186/1742-4755-10-17

L'Engle, K. L., & Jackson, C. (2008). Socialization influences on early adolescents' cognitive susceptibility and transition to sexual intercourse. *Journal of Research on Adolescence*, *18*(2), 353–378.

Larsson, E. C., Thorson, A. E., Pariyo, G., Waiswa, P., Kadobera, D., Marrone, G., & ... Atashili, J. (2012). Missed opportunities: Barriers to HIV testing during pregnancy from a population based cohort study in rural Uganda. *Plos ONE*, *7*(8), 1–8. doi:10.1371/journal.pone.0037590

Leclerc-Madlala S. (2008). Age-disparate and intergenerational sex in southern Africa: The dynamics of hypervulnerability. *AIDS*, 22, S17–25.

Lewin, K. (1946). Action research and minority problems. *Journal of Social Issues, 2*, 34–46.

Lincoln, Y. S., & Guba, E. (2000). Paradigmatic controversies, contradictions, and emerging confluences. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 163–188). Thousand Oaks, CA: Sage.

Lippa, R. (2007). The preferred traits of mates in a cross-national study of heterosexual and homosexual men and women: An examination of biological and cultural influences. *Archives of Sexual Behavior*, *36*, 193–208.

Lippitt, R., & Radke, M. (1946). New trends in the investigation of prejudice. *Annals of the American Academy of Political and Social Science*, *244*, 167–176.

Löfgren, J., Byamugisha, J., Tillgren, P., & Rubenson, B. (2009). The perspectives of in-school youths in Kampala, Uganda, on the role of parents in HIV prevention. *African Journal of AIDS Research*, *8*(2), 193–200.

Lorenz, L. S., & Kolb, B. (2009). Involving the public through participatory visual research methods. *Health Expectations*, *12*, 262–274. doi: 10.1111/j.1369-7625.2009.00560.x

Luke, C., & Gore, J. (Eds.). (1992). *Feminisms and critical pedagogy*. New York: Routledge.

Maart, B. (1998). Risky business: Issues affecting adolescent sexual health in South Africa. *Development Update*, *3* (2), 144–158

Madison, D. S. (2005). *Critical ethnography: Methods, ethics, and performance*. Thousand Oaks, CA: Sage.

Madison, D. S. (2012). Introduction to critical ethnography: Theory and Method (Chapter 1). In D. S. Madison (Ed.) *Critical ethnography: Method, ethics, and performance* (2nd ed., pp. 1–18). Thousand Oaks, CA: Sage.

Malcolm, A., Aggleton, P., Bronfman, M., Galvao, J., Mane, P., & Verrall, J. (1998). HIV-related stigmatization and discrimination: Its forms and contexts. *Critical Public Health*, *8*(4), 347–360.

Marrow, A. J. (1967). Events leading to the establishment of the National Training Laboratories. *Journal of Applied Behavioral Science*, *3*, 144–150.

Mathews, C., Boon, H., Flisher, A. J., & Schaalma, H. P. (2006). Factors associated with teachers' implementation of HIV/AIDS education in secondary schools in Cape Town, South Africa. *AIDS Care*, *18*(4), 388–397.doi:10.1080/09540120500498203.

Mathew, R. M., Shugaba, A. I., & Ogala, W. N. (2006). Parents-adolescents communication and HIV/AIDS in Jos North Local government area, Plateau State, Nigeria. *Journal of Medical Sciences*, *6*, 537–545.

Maughan-Brown, B., Lloyd, N., Bor, J., & Venkataramani, A. S. (2016). Changes in self-reported HIV testing during South Africa's 2010/2011 national testing campaign: Gains and shortfalls. *Journal of the International AIDS Society*, *19*(1), 1–10. doi:10.7448/IAS.19.1.20658

Mbananga, N. (2004). Cultural clashes in reproductive health in schools. *Health Education*, *104*(3), 152–62.

Mbugua, N. (2007). Factors inhibiting educated mothers in Kenya from giving meaningful sex-education to their daughters. *Social Science & Medicine*, *64*(5): 1079–1089.

Mcintyre, A. (2003). Through the Eyes of Women: Photovoice and participatory research as tools for reimagining place. *Gender, Place and Culture*, *10*(1), 47–66.

McLaren, P. (1998). Revolutionary pedagogy in post-revolutionary times: Rethinking the political economy of critical education. *Educational Theory*, *48*, 431–463.

Menna, T., Ali, A., & Worku, A. (2015). Effects of peer education intervention on HIV/AIDS-related sexual behaviors of secondary school students in Addis Ababa, Ethiopia: A quasi-experimental study. *Reproductive Health*, *12*(1), 1–8. doi:10.1186/s12978-015-0077-9

Meridian Raw (2012). Participatory photography workshops, community projects. Retrieved on November 9, 2012 from: http://www.meridianraw.com/about/

Miskovic, M., & Hoop, K. (2006). Action research meets critical pedagogy: Theory, practice, and reflection. *Qualitative Inquiry*, *12*(2), 269–291. doi:10.1177/1077800405284367

Mitchell, C., De Lange, N., Moletsane, R., Stuart, J., & Buthelezi, T. (2005a). The face of HIV and AIDS in rural South Africa: A case for photo-voice. *Qualitative Research in Psychology*, *3*(2), 257–270.

Mitchell, C., Moletsane, R., Stuart, J., Buthelezi, T. & De Lange, N. (2005b). Taking pictures/talking action! Using photo-voice techniques with children. *ChildrenFIRST*, *9*(60), 27–30.

Mlunde, L. B., Poudel, K. C., Sunguya, B. F., Mbwambo, J. K., Junko, Y., Keiko, O., &... Jimba, M. (2012). A call for parental monitoring to improve condom use among secondary

school students in Dar es Salaam, Tanzania. *BMC Public Health, 12*(1), 1061–1071. doi:10.1186/1471-2458-12-1061

MOH (Ministry of Health) (2004). AIDS in Ethiopia. 5th Edition, Addis Ababa, Ethiopia.

MOH/HAPCO (Federal Ministry of Health/National/HIV/AIDS prevention and control office) (2006). AIDS in Ethiopia sixth report. Federal Ministry of Health/National HIV/AIDS prevention and control office (MOH/HAPCO). Addis Ababa, Ethiopia.

Moletsane, R., Mitchell, C., de Lange, N., Stuart, J., Buthelezi, T., & Taylor, M. (2009). What can a woman do with a camera? Turning the female gaze on poverty and HIV and AIDS in rural South Africa. *International Journal of Qualitative Studies in Education (QSE), 22*(3), 315-331.

Molla, M., Emmelin, M., Berhane, Y., & Lindtjørn, B. (2009). Readiness of youth in rural Ethiopia to seek health services for sexually transmitted infections. *African Journal of AIDS Research (AJAR)*,*8* (2), 135–146.

Morrow, V., & Richards, M. (1996). The ethics of social research with children: An overview. *Child and Society*, *10*(2), 90–105.

Mulelebwe, B. (2012). Positive Negatives—Democratic Republic of Congo (2000–2001) *Participatory photography for social change*. Retrieved from http://www.photovoice.org/projects/international/positive-negatives-democratic-republic-of-congo

Mulwo A. (2009). *An analysis of students' responses to ABC and VCT messages at three universities in KwaZulu-Natal province*. Doctoral dissertation, School of Social Sciences, University of KwaZulu- Natal, Durban, South Africa.

Musingarabwi, S., & Blignaut, S. (2015). Theorizing the implementation of the HIV/AIDS curriculum in Zimbabwe. *Journal of Curriculum Studies*, *47*(1), 122–140. doi:10.1080/00220272.2014.962099

Mutinta, G., Govender, K., George, G., & Gow, J. (2014). The influence of biological factors on students' sexual behaviour at the University of KwaZulu-Natal, South Africa. *African Journal of AIDS Research (AJAR)*, *13*(4), 321–329. doi:10.2989/16085906.2014.961938

Nias, J. (1993). Primary teachers talking: A reflexive account of longitudinal research. In M. Hammersley (Ed.). *Educational research: Current issues* (pp. 132–146). London: Open University.

Nyinya, F. (2007). *Attitude of teachers and students towards HIV/AIDS education programme in secondary schools in Kisumu Municipality*. (Unpublished master thesis). Maseno University, Maseno, Kenya.

O'Kane, C. (2000). The development of participatory techniques facilitating children's views about decisions that affect them. In P. Christensen & P. James (Eds.), *Research with children: Perspectives and practices* (pp. 136–159). London: Falmer Press,.

Ochieng, A. M. (2005). A study of the reproductive and sexual-health behaviour of adolescents in Kisumu District, in relation to HIV/AIDS. (Unpublished master thesis). Maseno University, Maseno, Kenya.

Okubagzhi, G., & Singh, S. (2002). Establishing an HIV/AIDS program in developing countries: The Ethiopia experience. *AIDS*, *16,* 1575–1586.

Oljira, L., Berhane, Y., & Worku, A. (2013). Assessment of comprehensive HIV/AIDS knowledge level among in-school adolescents in eastern Ethiopia. *Journal of the International AIDS Society*, *16*(1), 1–5.

Ongunya, R. O., Indoshi, F. C., & Agak, J. O. (2009). Objectives and actual HIV and AIDS education programme delivery and behavioral changes among Kenyan secondary school students. *Educational Research and Review*, *4* (4),173–182.

Oshi D. C., Nakalema, S., & Oshi, L. L. (2005). Cultural and social aspects of HIV/AIDS sex education in secondary schools in Nigeria. *Journal of Biosocial Science*, *37*(2), 175–183.

Ostovich J., & Sabini J. (2004). How are sociosexuality, sex drive, and lifetime number of sexual partners related? *Personal and Social Psychological Bulletin*, *30*, 1255–1266.

Pastor-Montero, S., Romero-Sánchez, J., Paramio-Cuevas, J., Hueso-Montoro, C., Paloma-Castro, O., Lillo-Crespo, M., … Frandsen, A. (2012). Tackling perinatal loss, a participatory action research approach: Research protocol. *Journal of Advanced Nursing*, *68*(11), 2578–2585.

PhotoVoice (2014a). Participatory photography for social change. Retrieved from http://www.photovoice.org/

PhotoVoice (2014b). Positive Negatives—Democratic Republic of Congo (2000–2001); Youth Photo-Reflect—Orange Farm, South Africa (2006–2007); Young Lives, Save the Children—Ethiopia (2008). *Participatory Photography for Social Change*. Retrieved from http://www.photovoice.org/wp-content/uploads/2014/09/PV_Manual.pdf

PhotoVoice (2016). ImAGEEthiopia. Retrieved from: https://photovoice.org/image-ethiopia/

Pillay, H., Goddard, R., & Wilss, L. (2005). Well-being, burnout and competence: Implications for teachers. *Australian Journal of Teacher Education, 30*(2), 22–33.

Population Reference Bureau (2014). Ethiopia's key: Young people and the demographic dividend. *Fact Sheet.* Retrieved from http://www.prb.org/pdf15/ethiopia-demographic-dividend-factsheet.pdf

Poulsen, M. N., Miller, K. S., Lin, C., Fasula, A., Vandenhoudt, H., Wyckoff, S. C., … Forehand, R. (2010). Factors associated with parent-child communication about HIV/AIDS in the United States and Kenya: a cross- cultural comparison. *AIDS and Behavior*, *14*(5),1083–1094.

Ramirez, J. M. (2005). Peace and development in Africa. *International Journal on World Peace*, *22*(3), 51–73.

Rapaport, R. N. (1970). Three dilemmas in action research. *Human Relations*, *23*, 499–513.

Rhodes, S. D., Malow, R. M., & Jolly, C. (2010). Community-based participatory research: A new and not-so-new approach to HIV/AIDS prevention, care, and treatment. *AIDS Education and Prevention, 22*(3), 173–183.

Road Map (2008). Accelerated access to HIV/AIDS prevention, care and treatment in Ethiopia: Road Map 2007–2008/10, version 7 and final. *Federal Ministry of Health/National HIV/AIDS prevention and control office*. Addis Ababa, Ethiopia.

Sandelowski, M. (1995). Focus on qualitative methods: Sample sizes in qualitative research. Research in Nursing & Health, *18*, 179–183.

Schneider, B. (2012). Participatory action research, mental health service user research, and the hearing (our) voices projects. *International Journal of Qualitative Methods, 11*(2), 152–165.

Seitz, C. M., Strack, R. W., Rice, R., Moore, E., Duvall, T., & Wyrick, D. L. (2012). Using the photovoice method to advocate for change to a campus smoking policy. *Journal of American College Health*, *60*(7), 537–540.

Sen, A. (1999). *Development as freedom.* New York, NY: Alfred Knopf Publisher.

Shor, I. (1992). *Empowering education: Critical teaching for social change.* Chicago, IL: University of Chicago Press.

Sommer, M., Likindikoki, S., & Kaaya, S. (2015). 'Bend a fish when the fish is not yet dry': Adolescent boys' perceptions of sexual risk in Tanzania. *Archives of Sexual Behavior*, *44*(3), 583–595. doi:10.1007/s10508-014-0406-z

Sontag, S. (1990). *Illness as metaphor and AIDS and its metaphors.* New York: Picador.

Spence, J. (1995). *Cultural sniping: The art of transgression.* London: Routledge.

Sprague, L., Simon, S., & Sprague, C. (2011). Employment discrimination and HIV stigma: Survey results from civil society organisations and people living with HIV in Africa. *African Journal of AIDS Research (AJAR)*, *10*, 311–324. doi:10.2989/16085906.2011.637730

Stein, J. (2003). HIV/AIDS stigma: The latest dirty secret. *African Journal of AIDS Research (AJAR)*, *2*(2), *95–101.*

Strawn, C., & Monama, G. (2012). Making Soweto stories: Photovoice meets the New Literacy Studies. *International Journal of Lifelong Education*, *31*(5), 535–553.

Swantz, M. L. (2008). Participatory Action Research as Practice. *The SAGE Handbook of Action Research*. London, UK: SAGE Publications Ltd.

Tesso, D. W., Fantahun, M. A., & Enquselassie, F. (2012). Parent-young people communication about sexual and reproductive health in E/Wollega zone, West Ethiopia: Implications for interventions. *Reproductive Health*, *9*(1), 13–25. doi:10.1186/1742-4755-9-13

Thomas, J. (1993). *Doing ethnography*. Thousand Oaks, CA: Sage.

Tillotson, J., & Maharaj, P. (2001). Barriers to HIV/AIDS protective behavior among African adolescent males in townships secondary schools in Durban, South Africa. *Society in Transition, 32*(1), 83–100.

Troeller, L. (1995). TB/AIDS diary. In J. Spence & J. Solomon (Eds.), *What can a woman do with a camera?* (pp. 65–89). London: Scarlet Press.

Udas, K. (1998). Participatory action research as critical pedagogy. *Systemic Practice and Action Research, 11*(6), 599–628

Umurungi, J., Mitchell, C., Gervais, M., Ubalijoro, E., & Kabarenzi, V. (2008). Photovoice as a Methodological Tool to Address HIV and AIDS and Gender Violence amongst Girls on the Street in Rwanda. *Journal of Psychology in Africa*, *18*(3), 413–419.

UNAIDS (2006). *AIDS epidemic update: 2005*. Geneva: UNAIDS/WHO.

UNAIDS (2008). *Regional support team for Eastern and Southern Africa: Country profile*.

UNAIDS (2009). AIDS Epidemic update. *The Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization (WHO).1.*1–100

UNAIDS (2013a). *2013 global fact sheet*. Retrieved from http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/20130923_FactSheet_Global_en.pdf

UNAIDS (2013b). UNAIDS report on the global AIDS epidemic 2013. *The Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization (WHO).1.*1–100

UNAIDS (2016). UNAIDS report on the global AIDS epidemic 2014—fact sheet. Retrieved from: http://www.unaids.org/en/resources/fact-sheet

UNAIDS (2017a). UNAIDS Data. Retrieved from: http://www.unaids.org/sites/default/files/media_asset/20170720_Data_book_2017_en.pdf

UNAIDS (2017b). UNAIDS Goals. Retrieved from: http://www.unaids.org/en/goals/goals

UNESCO (2010) Photo-Voice: HIV and AIDS education for African Youth. Retrieved on March 16, 2014 from http://portal.unesco.org/en/ev.php-URL_ID=48224&URL_DO=DO_TOPIC&URL_SECTION=201.html

Uwah, C., & Ebewo, P. (2011). Culture and HIV/AIDS: Analysis of the perception of culture and HIV/AIDS prevalence in Southern Africa. *Journal of Arts Management, Law & Society*, *41*(3), 198–211. doi:10.1080/10632921.2011.598422.

Vandenberg, H. R., & Hall, W. A. (2011). Critical ethnography: extending attention to bias and reinforcement of dominant power relations. *Nurse Researcher*, *18*(3), 25–30.

Van Dyk, A. C. (2001). Traditional African beliefs and customs: Implications for AIDS education and prevention in Africa. *South African Journal of Psychology*, *31*, 1–9.

Wamoyi, J., Fenwick, A., Urassa, M., Zaba B., Stones, W. (2010). Parent-child communication about sexual and reproductive health in rural Tanzania: Implications for young people's sexual health interventions. *Reproductive Health*, *7*, 1–18.

Wang, C. (1999). Photovoice: A participatory action research strategy applied to women's health. *Journal of Women's Health*, *8*(2), 185–192.

Wang, C., & Burris, M. (1994) Empowerment through photonovella: Portraits of participation. Health Education Quarterly, *21*, 171–186.

Wang, C., & Burris, M. A. (1997). Photovoice. Concept, methodology, and use for participatory needs assessment. *Health Education Behavior, 24*, 369–387.

Wang, C., Burris, M. A., & Ping, X. Y (1996). Chinese village women as visual anthropologists: A participatory approach to reaching policymakers. *Social Science and Medicine*, *42*, 1391–1400.

Wang, C., Cash, J. L., & Powers, L. S. (2000). Who knows the streets as well as the homeless? Promoting personal and community action though photovoice. *Health Promotion Practice, 1*(1), 81–89.

Whyte, W. F. (1969). *Street corner society: The social structure of an Italian slum*. Chicago, IL: University of Chicago Press.

Appendix A: Flyer for Focus Group

HIGH-SCHOOL STUDENTS

We want your opinion!!!

Come for a 1h30 min focus group and tell us about your experience on HIV/AIDS education program(s) at your school.

This focus group is conducted as part of a research on HIV/AIDS in Ethiopia. The purpose of this research is to examine how high-school students perceive and experience HIV/AIDS education that is offered in their school.

In order to participate you will need to:
- Sign a consent form if you are 18 years old
- Sign an assent form If you are 17 and younger + your parent/guardian will need to sign a consent form

Contact us for more information or to sign up
Mariam at 911-02-99-44 / mar_fara@education.concordia.ca

THANK YOU IN ADVANCE !!

Appendix B: Invitation Card for Photo Exhibition

Appendix C: Photovoice Project Brochure

Appendix D: Name and Profile of the Collaborators of this Project

Critical Ethnography Segment:

Students' names (these are pseudonyms), ages, and schools:

- Kalkidan: 15, Shimelis
- Mistere, 14 Agazian
- Meti, 15, Balcha
- Lamrot: 15, Firehiwot
- Lemlem: 15, Progynist
- Helen, 18, Kidus Raguel
- Lily: 18, Cathedral
- Nuna: 18, Steps

Female group

- Aman: 18, Guebre Mariam
- Biniam, 18, Kefetegna 4
- Tesfaye 13, Progynist
- Solomon: 18, Firehiwot
- Abraham: 15, Falcon
- Tuti, 17, Firehiwot
- Mekonin, 18, Firehiwot

Male group

Parents:

Name (pseudonym)	Gender & age	Gender & current age of children taken care of
Abeba	Female (45)	M (23); M (18); M (12)
Alem	Female (79)	M (23); M (21); M (18); F (13)
Gifti	Female (52)	F (20); M (14); F (13); F (9); F (7); F (5)
Lidia	Female (29)	F (13)
Makida	Female (52)	F (22); M (18); M (13); F (7)
Mamo	Male (48)	F (16); M (20)
Mebrat	Female (48)	M (14)
Membere	Female (32)	F (15); M (13)
Meron	Female (70)	F (35)
Salem	Female (35)	M (14)
Sara	Female (30)	F (13)
Seneit	Female (54)	M (24)
Sintayew	Female (70)	M (38); M (40); M (43)
Rahel	Female (59)	F (29)
Tarikwa	Female (45)	F (18); F (12)

Teachers:

Name (pseudonym) & gender	Number of years educating about AIDS	Course currently taught	Place taught
Balcha, Male	22	History	Secondary school
Biruk , Male	20	Basic Science	Secondary school
Biniam, Male	10	Ethics	Secondary school
Elsa, Female	14	Math	Secondary school
Jemal, Male	5	Health Science	Secondary school & College
Kaleb, Male	11	English	Secondary school
Mengesha, Male	3	Amharic	Health center & College
Samuel, Male	5	Health Science	Secondary school & College
Sehen, Female	7	Ethics	Secondary school
Selam, Female	6	English	Secondary school & Youth center
Tadeos, Male	15	Biology	Secondary school
Tamra, Female	7	Science	Secondary school
Tsehay, Female	18	Ethics	Secondary school
Wollela, Female	4	Biology	Secondary school & Health center
Zelalem, Male	10	Social Science	Secondary school & College

Photovoice Segment:

Co-researchers' names, ages and gender:

- Beede, 14 (male)
- Eyuel, 13 (male)
- Fikir, 17 (female)
- Heleena, 16 (female)
- Kalabe, 16 (male)
- Krestiane, 15 (female)
- Meklit, 15 (female)
- Melat, 16 (female)
- Nahom, 12 (male)
- Nathan, 15 (male)
- Robel, 14 (male)
- Tsion, 16 (female)

Appendix E: List of Focus Group Questions to Students

1. What type of HIV/AIDS education programs did you participate in the last year?
    a. What did you enjoy about the programs?
    b. What did you dislike about the programs?
2. How do you think HIV/AIDS education programs affect the way youths behave regarding reducing HIV infection?
3. Do boys and girls receive the same HIV/AIDS education program in your school?
    a. If yes, why do you think that is and what is your opinion on that?
    b. If no, why do you think that is and what is your opinion on that?
4. What can you say about the people (teachers, staff…) that provide your HIV/AIDS education?
5. What are the strengths and weaknesses of current AIDS programs?
6. What do you suggest future HIV/AIDS programs include or exclude?
7. Are there any other comments you would like to add?

* Note that more questions arose as the discussion went on.

Appendix F: List of Interview Questions to Parents

1. How many teenage children do you have (did you have)?
2. Have you ever spoken to them about HIV/AIDS, or given them any education on the topic?
    a. If yes, at what age, how, why?
    b. If no, why not?
3. If applicable, how did your children receive the education you gave them?
4. Have your children ever asked to talk about HIV/AIDS or other STDs themselves?
    a. If yes, how did you react?
    b. If no, how do you think you would you have reacted?
5. Do you think it is the school's responsibility or the parents' responsibility to educate about HIV/AIDS and other STDs? Explain.
6. Where do you find resources or support regarding HIV/AIDS or STDs education? Is it easy to have access to that info?
7. Putting aside HIV/AIDS or other STDs, have you given sex-education to your children?
    a. If yes, in what form? Please give examples.
    b. If not, please explain why.
8. Are there any other comments you would like to add?

* Note that more questions arose as the interview went on.

Appendix G: List of Interview Questions to Teachers

1. How many years have you been teaching about AIDS? Where (schools)? And how often?
2. What does your class look like?
    a. Group work
    b. Lecture
    c. Guest speaker
    d. Other…
3. How do your students seem to perceive the education you give them?
4. What are some challenges you face when educating about AIDS or other STDs?
5. Do you get any support from your school? If yes, what type?
6. Where do you find resources regarding HIV/AIDS or STDs education? Is it easy to have access to that info?
7. Have your students ever asked to talk about HIV/AIDS?
    a. If yes, how did you respond?
    b. If no, how do you think you would have responded?
8. In your opinion, whose responsibility is it to educate about AIDS? Explain why.
    a. School
    b. Family
    c. Government
    d. Other
9. Are there any other comments you would like to add?

* Note that more questions arose as the interview went on.

Appendix H: Critical AIDS Education— A Parent's Guide

Your child has graduated from elementary school and is about to attend middle/high school. He/she is becoming a teenager and has started to be interested in what "older children" do. His/her attire is changing, the way he/she speaks is changing, he/she has new friends, and his/her body is developing. Now is a good time to start presenting the AIDS and sex talk (if you haven't already done so).

Perhaps you are uncomfortable addressing the topic. Or perhaps you don't know where to start. Maybe you think that your child is still too young. Or you think that since you raised your child differently from how other parents have raised their children, he/she is not concerned with this. The truth, however, is that if you do not address the sex/AIDS talk with your child directly, he/she will end up finding information elsewhere—and some of that information might be erroneous or misleading. Though it is an uncomfortable subject to bring up, it is necessary to do so as it can potentially save your child's life. This short guide will help you break the silence, and hopefully allow you to be open to talk about AIDS and sex with your young child.

I propose three steps you can follow to bring up the AIDS talk at home:

1. Casual Conversation
2. Experiential Learning
3. Joint Research

The Casual Conversation: Children do not feel comfortable talking about a topic they've never heard their parents discuss. They see it as a taboo topic and so will most probably not come to you if they feel that the door is closed. As such, bringing up the AIDS or sex talk

openly is of high importance. There are different techniques you can use to do that. For example, you can start by discussing with your partner (or other family members): Talk about an AIDS case you heard about at work, or about the cost of condoms lately, or about a new AIDS treatment you read about in the newspaper. When your child sees you discussing these casually, he/she will slowly internalize that it is okay to talk about AIDS. Eventually, you can ask your child his/her opinion: "What do you think about this?"; "Did you know this?"; "Do you talk about this at school?"; and so forth. Another technique is to use media as an introduction to the AIDS topic. There are several television and radio stations that talk about AIDS in Ethiopia. Therefore, while you are watching/listening to one of these programs, you can comment on different aspects of the show so as to demonstrate to your child that talking about AIDS is acceptable, and even encouraged. Of course, depending on your level of comfort and your knowledge of AIDS/sex you may wish to address only a selected number of topics. That is fine. So long as you do not speak in a threatening or scary manner, your child will benefit from these conversations. The main purpose here is to let your child feel like it is safe to talk about AIDS at home. By bringing up the topic of AIDS, you are allowing for open communication to slowly develop and become a habit. As such, you are breaking the silence.

If you would like to take the AIDS education further, **Experiential Learning** is a worthy method to apply. Here, you move from mere conversation to actual learning by doing. For this, you can motivate your child to join an AIDS club at his/her school or to volunteer at hospitals or AIDS orphanages. These activities cost nothing, but are excellent investments for your child's knowledge on AIDS (and more). Other than the moral values associated with volunteering (respect of the other, understanding social issues, working in teams, developing new skills, being a good citizen, and so forth), your child will be able to learn about AIDS as an insider. He/she

will eventually become a leader in the AIDS field since he/she would have accumulated more knowledge through his/her work. Additionally, when your child comes back home, you now have more opportunities to discuss what he/she has learned since he/she most probably will have stories to share. At this point, the silence surrounding AIDS will definitely be broken. In fact, the child could become the teacher, and the parent the student. Indeed, you may learn from your child based on what he/she experiences.

In the event that there are still unanswered questions after the two steps mentioned above, you and your child can engage in **Joint Research.** That is, you can get together as partners and research different topics about AIDS. By going to the library, AIDS centers, or the Internet together, you and your child can engage in a combined research venture. This will not only promote more discussion, but it will also allow you and your child to bond as parent-and-child, while you are examining an important issue. You can even use this experience to discuss other enquiries your child may be facing as she/he grows up (such as access to drugs and alcohol, bullying, sex-debut, and the like).

Appendix I: Critical AIDS Education—A Teacher's Guide

Your school administrator has given you one week to teach about AIDS in your classroom. You do not have much experience in teaching this. In fact, your last training in AIDS education was 10 years ago, and you barely remember it. Or maybe you have never even had AIDS education training at all. But here you are, standing in front of 35 students who are staring at you and waiting for you to speak. You may be thinking: "Where do I start?"; "What do I say?"; "Are they even old enough?" Rest assured, this short guide will direct you through a critical way of teaching about AIDS while making it fun and useful for both you and your students.

A. What I Already Know

1. Put students in small groups (about five students per team).
2. Write on the board: *What do I know about AIDS?*
3. Tell students to discuss this in their group (allow 15–20 minutes).
4. Have one student per team report to the class. Feel free to add to what they are saying as supplementary knowledge.

B. What I Still Don't Know

1. Distribute small sheets to each student in the class and ask them to write down things they still don't know about AIDS or that they do not understand. Tell them it is anonymous, so they should not write their names on it.
2. Write on the board: *Things I don't know about AIDS.*
3. Once students are done writing, get a hat/box/basket to collect all their small sheets.

4. Discuss each sheet one by one. Always begin by asking whether the students have the answers. When they do, have them explain what they know to the rest of the class. Supplement any missing information from their explanation with your own knowledge.
5. If no one (including yourself) knows the answer, have them discuss within their groups and come up with a theory. Then have one student from each group report. Be mindful that these are only theories, and not final responses to the queries. As such, keep the sheets in that category aside and use them in Section C (later).
6. If there are still unanswered questions, put the sheets aside in one pile for later research (along with the sheets from point 5 above), and continue with the other sheets until done.

C. Further Research

1. With the sheets that were set aside (the ones that were unanswered: points B.5 and B.6), invite students to do further research on the topics with their teams. This can be done as homework.
2. They can go to the library, an AIDS center, or the Internet (among other possible sources). They can also choose to ask a medical doctor, a pharmacist, a community leader, another teacher, or a parent. Let them know that they are the leaders of their own knowledge and should find the best possible way to answer the query they have.

3. At their next class, ask students to present their finding(s). Remember to also do research on the topics in question so that you yourself can feel comfortable participating and giving your opinion(s) as well.

D. Action Plan

1. For each team in your class, have the members select one AIDS issue they want to try to solve: awareness, stigma, drug and alcohol, girls' issues, etc.
2. Explain to them that they will be given two to three days (or however much time you think they need) to create an action plan that they will present to class.
3. They can use any method they see fit to illustrate their project (depending on time and budget, of course): drama, art, sports, photography, text, poster/billboards, etc.
4. In order to motivate them, you could give them bonus marks on this assignment, and/or tell them that their work can be presented at the yearly AIDS Day event (December 1) of the school.
5. As students design their projects, support them by proposing ideas when it seems that they are stuck or by answering questions they may have.