

5 Population Media Center

Family planning and reproductive health in Ethiopia

Today we interviewed three different Islamic leaders from the outlying areas in Ethiopia about Population Media Center's trainings on female genital mutilation. One Mullah said that they used to not talk about things regarding sexuality, but that now they see that it needs to be talked about for women to have respect, good treatment and decency.

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Population Media Center (PMC) is an international NGO using entertainment education (EE) programming to improve the health and well-being of people and our planet. The organization aims to: educate people about the benefits of small families; encourage the use of effective family planning methods; elevate women's status; prevent exploitation of children; and promote avoidance of HIV/AIDS. PMC programs also address other high-priority issues of specific relevance to each of the 18 countries in which they are situated. The reach of PMC's work extends beyond the boundaries of those select nations through PMC's inter-regional trainings and the many tools they have generated that are widely respected and used throughout the world.

The mission of PMC is: to work with mass media and other organizations worldwide; to bring about stabilization of human population numbers at a level that can be sustained by the world's natural resources; to lessen the harmful impact of expanding levels of humanity on the earth's environment; and to help large numbers of disadvantaged people live better and move out of poverty. PMC uses a unique methodology of social change communications known as the Sabido Methodology. This strategy involves creating long-running serialized melodramas—written and produced in participating countries in local languages—in order to create characters that gradually evolve into positive role models for the audience, inspiring changes in social norms and behaviors with regard to the issues being addressed.

PMC's Vice President for International Programs, Kriss Barker, shared a briefing with me that contained the following important explanation of the relationship between the work of PMC and issues relevant to women's lives.

EE has been particularly effective in improving women's lives. This is primarily due to the fact that women's issues (such as reproductive health,

cultural practices surrounding pregnancy and childbirth, women's status, and violence against women) are often very sensitive issues about which there is often little overt discussion in more traditional societies. Thus, EE programs such as radio or television serial dramas, provide a forum for presentation of these issues in a way that does not directly attack or censure local beliefs or practices, and can motivate discussions about these issues between spouses, parents and their children, or even among family members, neighbours or friends. Research has shown that such discussion is an important mechanism for behaviour change. (Barker 2012, p. 1)

Although the work of PMC is in countries across the globe, this chapter will focus specifically on their programming within the country of Ethiopia (Population Media Center 2012a) where they first started and where they have had impressive results in terms of behavior change. As stated in a PMC newsletter, "PMC-Ethiopia as been a role model for all PMC programs around the world, both in the continuity of effort over many years and in the comprehensive approach taken in our work there" (Population Media Center 2010, p. 4).

Background

The International Conference on Population and Development (ICPD) that occurred in Cairo, Sept. 5–13, 1994, codified views long advocated by women's health activists the world over, which recognize the rights of all people to reproductive health, calling special attention to women's empowerment (Haberland & Measham 2002, p. 1). This conference and the resulting ICPD Program of Action marked a turning point for those working on the issue of population—resulting in the prioritization of reproductive health and women's rights. Specific to theatre and media, from the *Report of the International Conference on Population and Development*, one recommendation is, "effective information, education and communication activities include a range of communication channels, from the most intimate levels of interpersonal communication to formal school curricula, from traditional folk arts to modern mass entertainment, and from seminars for local community leaders to coverage of global issues by the national and international news media. Multichannel approaches are usually more effective than any single communication channel" (UNFPA 1995, p. 78).

The fact that PMC was founded in 1998, just four years after the ICPD, reflects its response to the ICPD call for action. William Ryerson founded PMC with the intention of carrying out comprehensive broadcast media programs in developing countries, designed to encourage adoption of small family norms, use of family planning, and elevation of women's status. The organization works to stabilize human population numbers at a level that can be supported sustainably by the world's natural resources, and to lessen the harmful impact of humanity on the Earth's environment. From 1986 through 1998, Ryerson was the executive vice president for Population Communications International, which worked in Latin America, Africa, and Asia in the development of effective mass media communications dealing with personal decision making about family size and family planning.

PMC's program in Ethiopia began in 1999 when Ryerson traveled to Ethiopia's capital, Addis Ababa, to meet with Dr. Negussie Teffera, who was then the director of the government's National Office of Population and the person responsible for developing Ethiopia's population policy and overseeing its implementation. Dr. Negussie (as he is widely known) advised PMC on how to proceed with implementing a communication intervention within the country. The ambitious goals of the entire team brought together by PMC included: reducing the ideal family size; increasing the ideal age of marriage and childbearing; enhancing understanding of the relative safety of contraceptives compared to early and repeated childbearing; overcoming fears of infidelity resulting from use of family planning; increased belief in appropriateness of determining for oneself the number of children one would have (as opposed to that being determined by a divine being); enhancing public acceptance of employment for women outside the home; promoting education for girls; and promoting gender equity and elevation of female status (W. Ryerson & Negussie 2004, p. 180).

The Sabido Methodology of behavior change communications—used by PMC—was developed in Mexico by Miguel Sabido when he was vice president of the Mexican network Televisa. The strategy is based upon the theories of Stanford University psychologist Albert Bandura (described in greater depth in Chapter 2). Sabido's work is described in a book by Heidi Noel Nariman entitled *Soap Operas for Social Change* (1993). Additional detail is provided in *Soap Operas for Social Change to Prevent HIV/AIDS: A Training Guide for Journalists and Media Personnel*, edited by PMC Vice President for International Programs Kriss Barker and Miguel Sabido, published in 2005 with support from the United Nations Population Fund (UNFPA) (2005).

Issues of population are inherently tied to women's issues, since women are the ones birthing the children. If we want to address the issue of population, we need to concern ourselves with the many issues surrounding women's reproductive lives. The decisions made by or for women of reproductive age will decide the future of our planet. These decisions will decide if population stabilizes, or continues to rise—putting more pressure on our already limited resources, increasing poverty rates, and further burdening our environment. As reiterated in a *National Geographic* article “Population 7 Billion: How Your World Will Change”: “Around the world, the childbearing decisions of young women will determine whether global population stabilizes or not” (Olson 2011, p. 38).

Stating that population stabilization depends on decisions made by or for women of childbearing age raises the questions: What choices are available? Who is making them? For what reasons? It also brings into question: Who has the right to be making these decisions? As stated, PMC began its work after The International Conference on Population and Development in Cairo in 1994. The ICPD Program of Action defines reproductive health as a “state of complete physical, mental and social well being in all matters relating to the reproductive system and to its functions and processes” (UNFPA 1995, p. 40). This implies that people have the capability to reproduce and the freedom to decide if, when, and how often to do so.

Important to this approach is helping women empower themselves by improving access to education, health care, and employment. One of the outcomes from the Cairo conference was this reframing of reproductive health in terms of reproductive *rights*. This has shifted the focus of issues related to population onto women and their reproductive rights within their given societies.

Giving women rights over their own bodies and allowing them to plan for their desired family size not only changes women's lives, but also improves the well-being of an entire community. "At the household level, lower fertility has also been found associated with better health and schooling outcomes, and lower poverty" (Das Gupta, Bongaarts, & Cleland 2011, p. 2) as well as "reduced maternal mortality and morbidity, increased women's labor force participation" (Das Gupta et al. 2011, p. 15).

Programs

In each country in which it works, PMC builds a collaborative process between radio and/or television broadcasters, appropriate government ministries, and non-governmental organizations, to design and implement a comprehensive media strategy for addressing family and reproductive health issues. Because of the known effectiveness of entertainment-education serial dramas in changing attitudes and behaviors, such programs are generally the centerpiece of the strategy. Other forms that are used to strengthen the messages include live theatre, published books, video games, and training and capacity building programs. PMC uses a Whole Society Strategy, which involves using several media formats to send mutually reinforcing messages that deal with deeply held beliefs about women's roles, about the desirability of children, about relations between men and women, and about taboos. Selected key elements of the Whole Society Strategy include: "(1) segmentation research to identify audience segments and the media formats consumed by each; (2) research to identify media formats that can leverage other media to stimulate cross-segment reinforcement . . . and (5) collaboration with government and NGO activities through partnerships" (W. Ryerson & Negussie 2004, pp. 178–179).

In designing all of these programs, PMC works with stakeholders to identify the various cultural issues and prevailing attitudes affecting decision making about sexual risk behaviors within the country. They also analyze barriers and opportunities for effective use of the mass media for promoting reproductive health. Finally, they develop an action plan that incorporates as much of the broadcast media as possible in a concerted campaign designed to promote sexual and reproductive health.

To date, PMC has produced seven radio serial dramas in Ethiopia. The initial two radio dramas—*Yeken Kignit* (*Looking Over One's Daily Life*) and *Dhimbibba* (*Getting the Best Out of Life*)—were aired June 2002 through November 2004. Both programs focused on the issues central to reproductive health, family planning, HIV/AIDS, and the elevation of women's status, as well as the themes of

marriage by abduction, the education of girls, and spousal communication about issues of reproduction. During this time, approximately *half of the population* of Ethiopia listened to at least one of PMC's radio dramas. This equates to approximately 40 million listeners (Population Media Center 2012b).

In 2005, PMC produced a talk radio and panel discussion program *Alegnta* that was aimed at youth. During the program young people called in with questions and concerns regarding social and health issues, and a panel—which included other young people, adults, professionals, and teachers—discussed the topic brought up by the caller. The aim was to stimulate dialogue on these issues and disseminate accurate information. Topics covered included: adolescent sexuality, addiction in youths, the development of life skills, building self-confidence, developing communication skills, and developing successful interpersonal relationships (Population Media Center 2012b).

Within Ethiopia, PMC has published numerous literary works over the past 11 years. The object of these publications is to raise awareness about reproductive health, family planning, HIV/AIDS, and Harmful Traditional Practices (HTP). It is hoped these works of art will encourage attitudes and behaviors that help Ethiopians protect themselves from health-related hazards. These publications included collections of short fictional and true stories in *Alegnta*, a magazine for youth, leaflets, and posters. These are given away free of charge and distributed through libraries, governmental agencies, UN agencies, professional associations, schools, and other relevant organizations (Yasin 2010).

PMC is responsible for the production of a full-length play entitled *Ysak Jember* (*Laughter at Dusk*) that was launched in September of 2003 and was attended by the former President of Ethiopia, Dr. Negasso Gidada. It was staged in the capital for four months and then performed in 14 other cities within Ethiopia. Stage dramas are relatively inexpensive and are seen as credible by the traditional elements of society. They can also attract attention and stimulate thinking—if situations are effectively dramatized—and reinforce the radio messages (W. Ryerson & Negussie 2004, p. 186).

One of the cornerstones of the activities of PMC is their training and capacity-building programs. In Ethiopia, PMC organized more than 40 capacity-building training programs from 2003 to 2010 in which more than 1,494 participants—65% male and 35% female—have taken part. Journalists, media managers, and practitioners, together with writers and theatrical art specialists, are given priority attention, due to their crucial role in increasing public awareness about important health-related issues. People in media and the arts have the opportunity to help people to understand the concepts of health and social issues, and can be powerful agents of change when activated. Training is also provided for youth so that they may gain experiences to identify as positive social change agents. PMC also conducts training programs for women to help them empower themselves and to encourage them to participate actively in the elimination of the practice of female genital mutilation (FGM) and all forms of discrimination against women. There are also trainings for religious leaders (see Photo 5.1), community elders, and



Photo 5.1 An Ethiopian Muslim Mullah being interviewed about Population Media Center's training on female genital mutilation.

female circumcisers to develop positive behavior towards the eradication of FGM. Training is also provided to law enforcement professionals.

Participants from a training session for religious leaders communicated that they all knew that FGM was somehow bad, but never knew the extent of the harm it had in terms of the psychological, physical, and sexual life of women in their society. They had no idea of the severity of the injury to reproductive health. The training offered a comprehensive and consolidated knowledge and helped them to examine their scriptures in greater depth. Sheik Nadir Seid Nur, Vice Chairman of the Somali region Council of Islamic Affairs, stated, "The training was exceptionally good, comprehensive and unforgettable. It made us see and feel the pain and the multifaceted suffering our sisters and daughters have been subjected to" (Moges 2010, p. 55). Another comment was shared by Woizero Aiysh Mohammed, head of the Afar Region Women's Affairs Bureau, "In Afar there are good traditional practices that should be appreciated and preserved. For example we have no street children, and no prostitutes, owing to our traditions of mutual assistance that derives from the clan based social organization. . . . We also have a number of harmful traditional practices of which FGM is the most gruesome. So we need to sieve the bad from the good and strengthen the latter while abandoning the former" (Moges 2010, p. 55).

PMC is also conducting a program with support from UN Women, which is designed to address violence against women in Ethiopia. The project's objective is to provide information related to both violence against women and female empowerment through a multimedia communication and capacity-building program. PMC has conducted five capacity-building workshops to address these issues.

Not specific to just Ethiopia, but related to the focus on addressing violence against women, is the multilingual *BREAKAWAY* video game and the *BREAKAWAY* Facilitator's Guide that was created through a collaboration between PMC, the Emergent Media Center at Champlain College, and United Nations Fund for Population Awareness. Launched in 2010, it has been played online in over 180 countries. *BREAKAWAY* is an episodic electronic football game (soccer in the United States) that utilizes entertainment-education strategies to combat violence against women and girls, bullying, and gender inequality. The game is geared towards boys aged 8–15 and encourages a change in gender norms around the world. The Facilitator's Guide provides the educator or coach with the specific tools to delve deeper into the issues addressed in the video game, where players must make critical decisions throughout the story related to gender equality, violence against women and girls, bullying, and more (Population Media Center 2013b).

Stance on gender

The two leaders of PMC's work in Ethiopia, PMC president William Ryerson and director of PMC-Ethiopia Dr. Negussie Teffera, write that, "In Africa, it is difficult to address the adoption of family planning or HIV/AIDS prevention without simultaneously addressing the status of women" (2004, p. 185). PMC realizes that improving the status of women worldwide is the most effective and humane strategy for stabilizing population. PMC works with leaders and governments within a culture to identify the many factors that keep women's status low—often including Harmful Traditional Practices (HTP). In Ethiopia the leading HTPs addressed by PMC are female genital mutilation, marriage by abduction, and early marriage. PMC designed a media strategy to disseminate accurate health information surrounding these multiple factors and practices. PMC's fifth radio drama, *Sibrat* (*Trauma*), is taking on issues relevant for women in Ethiopia, such as female genital mutilation (FGM), reproductive health, HIV/AIDS, and early marriage and childbearing. A listener from Harar in Ethiopia writes about former traditional attitudes surrounding FGM that were changed by listening to the drama:

Formerly I used to believe that unless a girl is circumcised, she becomes addicted to breaking utensils, tends to be insubordinate defying the authority of her would-be husband, and will prove to be sexually frigid and cheap. Now I have understood from the drama that all these beliefs are false. I telephoned my mother and told her to listen to the drama. At the time, my mother was preparing herself to witness the circumcision of my sisters. I explained to her how inhumane and repugnant the practice was. Since I was successful in making her follow the drama closely, she completely abandoned the idea and my two sisters were spared from the pain that they were about to undergo. (Population Media Center 2009a, p. 1)

PMC's messaging extends beyond just HTPs and includes other issues surrounding reproductive health and women's rights.



Photo 5.2 A young rural Ethiopian girl.

At the heart of all of PMC's programming is a passionate commitment to improving the lives of women worldwide (see Photo 5.2), as expressed in this letter from William Ryerson on their website:

The cost in human suffering that results from excessive childbearing is staggering:

- 600,000 women and girls die worldwide every year from pregnancy and childbirth—a figure equal to U.S. deaths in World War I, World War II, the Korean War and Vietnam combined. Most of these women are in their teens and early twenties, forced by their societies into bearing children at a young age and far too frequently.
- 140,000 women bleed to death each year during childbirth. Tragically, many die within reach of medical facilities because their relatives refuse to allow them to be treated by male doctors.
- 75,000 women die each year trying to end their pregnancies. The U.N. estimates that worldwide, 50,000 women and girls try to induce abortions on themselves each day (18.3 million per year). Many of those who survive face life-long, disabling pain.
- Approximately 100,000 women die each year from infection, and another 40,000 women die from the agony of prolonged labor. And those are only the fatalities. UNICEF's statistics show that for every woman who dies, 30 survive with gruesome injuries and disabilities. That's more than 17 million women per year.

Add to that the exhausting burden of repeated pregnancies and births, and you have a global picture of suffering on the part of women that demands

global response. What is infuriating is that these deaths and tragic injuries are almost entirely preventable. Since these figures were compiled, however, U.S. support for preventive family planning information and services has been slashed. Given the worldwide shortage of funds for such programs, the very cost-effective mass media strategy used by Population Media Center makes more sense than ever. (B. Ryerson 2012)

Sustainable development aims

Given the expansive scope of PMC's mission, their sustainable development aims cut across nearly every sector of development. Using the Millennium Development Goals (MDGs) as one way to divide various areas of specialization within sustainable development, the work of PMC could easily be seen as positively impacting all eight goals (United Nations Millennium Development Goals 2000). PMC's aim to bring about stabilization of human population numbers at a level that can be sustained by the world's natural resources will contribute to food security, fresh water preservation, energy access, and beyond. PMC's aim, to lessen the harmful impact of expanding humanity on the earth's environment, will help preserve forests and other natural environments as well as lessen rates of pollution. As stated in the paper, *Population, Poverty and Sustainable Development*, "The most feasible way to reduce mankind's ecological footprint may be to further reduce the number of feet being born" (Das Gupta et al. 2011, p. 16). Finally, PMC's aim to help large numbers of disadvantaged people live better and move out of poverty contributes to the improvement of women's lives—since women disproportionately constitute the poorest in the world.

Ultimately, all countries will need to address population growth, because of limits to energy, fresh water, ecosystem services, forests, and agricultural production. As I heard stated by a participant at Rio+20, "Either we reduce our numbers willingly, or nature will do it brutally." The plan for addressing population by PMC—which centers on the empowerment of women—certainly seems more desirable as a proactive measure than waiting around for rampant overuse of resources and destruction of the natural world to run its course.

Funding

To produce their programs, PMC partners worldwide with bi- and multilateral agencies, philanthropic organizations, national governments, socially responsible corporations, and committed individuals. Their most significant, long-term relationships are with the UNFPA, the Packard Foundation, UNICEF, Save the Children, and the Oak Foundation. A strong alignment between the missions of PMC and various agencies of the United Nations has led to more than half of PMC's programs receiving support from UN agencies. Primary corporate support comes from the Bayer Corporation and Colgate-Palmolive (Population Media Center 2012b).

Description of how I worked with this organization

My association with PMC and the issue of population originated with my involvement in the documentary film *Mother: Caring for 7 Billion* (Fauchere 2011). I was approached by the producer of the film, Joyce Johnson, to serve as the “human thread” in the film because of my role as cofounder of Mothers Acting Up, a movement to mobilize mothers to act on behalf of the world’s children (Mothers Acting Up 2011). They decided to include my personal story in the film as well, once they found out that I was the youngest in a Catholic family of 10 children, but with my husband, JP, had only two biological children and one through adoption. PMC was the organizational sponsor for the film and allowed the film company, Tiroir A Films, to fundraise for the project through their nonprofit organization. Because PMC in Ethiopia is such a success story in terms of programming that effectively impacted population, it served as one of the central stories in the film.

I traveled to Ethiopia in July of 2010 with the filmmaker, Christophe Fauchere. This visit was planned to correspond with the 10th Anniversary celebration for PMC-Ethiopia. During this time, I was able to work with the director of PMC in Ethiopia Dr. Negussie Teffera, the Ethiopian PMC staff, PMC founder William Ryerson, Communication Director Katie Elmore, and Vice President for International Programs Kriss Barker. I conducted my Vocal Empowerment Workshop in Ethiopia for PMC in Addis Ababa for use as possible footage in the film—which given the thorough description in preceding chapters, I will not detail here. During the course of filming other footage, I was able to visit the studio while a PMC radio drama was being recorded (see Photo 5.3). The program being recorded was *Mieraf* (*New Beginning*), Population Media Center’s sixth radio serial drama in Ethiopia that was launched in June 2010 and ran through June 2011.



Photo 5.3 Ethiopian actors performing during a studio recording of Population Media Center’s sixth radio serial drama *Mieraf* (*New Beginning*).

I was able to attend part of a PMC training for Ethiopian script writers, where Kriss Barker and Kimani Njogu were leading a training for writing in the Sabido Methodology. At that same session, I attended a presentation on transmedia storytelling (Phillips 2012) by Katie Elmore. Though this approach had not yet been adopted by PMC in Ethiopia, it was currently being introduced with enthusiastic support by Ryerson.

I conducted interviews for the film with Islamic leaders from the Afar and Somali regions of Ethiopia about the issues of female genital mutilation, and the training they received on this issue from PMC. It was incredibly moving to learn through the translator that these men had such sincere regret for their part in perpetuating this Harmful Traditional Practice for so long. For Ethiopian Christians, FGM is a cultural practice, but for Ethiopian Muslims it is a religious ceremony. As part of PMC's Whole Society Strategy, they brought in highly respected Imams from the Middle East who taught the local Mullahs that the practice of FGM has no basis in the Koran or any other part of Islam. They went on to convey that FGM was a sin against God and that anyone who did it would be cursed. These Ethiopian Mullahs then taught the local women who did these procedures what they had learned. One Mullah said that at first people thought he was crazy for believing this, but that now people are starting to teach each other that FGM is not a good practice. The Mullahs we interviewed expressed deep remorse, and said that about 60% of the people in their areas have stopped.

I also led a focus group of young women of childbearing age—who were listeners of PMC radio dramas—to learn of the impact of the dramas on their lives. Although all of the women had stories, it is the story of Zinet Muhammed (see Photo 5.4) that stood out. She said that in her family there are 14 children, and



Photo 5.4 Focus group of young Ethiopian women of childbearing age, who are all listeners of PMC's radio dramas, including Zinet Muhammed (bottom left).



Photo 5.5 Zinet Muhammed's mother who has given birth to 14 children.

that this was her father's second marriage and that he had many children with his first wife. Conditions were bad, such that her family could only afford to eat one meal a day. When she was young, her father wanted to marry her off to a much older rich man, but she refused and ran away to her aunt's house and stayed for over a year. She said that the character Ababa from the radio drama inspired her to make this choice. While she was away, Zinet's younger sister died of AIDS, leaving behind a three-month-old daughter, Wasila, who likewise tested positive for HIV. Throughout all of this time, Zinet continued with her schooling while holding down a job at a local AIDS prevention organization and helping to support her family. She moved back home after her sister's death and has since been like a surrogate mother to her little niece. Zinet also convinced her mother (see Photo 5.5) to seek out birth control, because of what she learned from the drama. When she went to the hospital with her mother, the doctor refused to give her the pill without her husband's permission. Zinet cried and begged the doctor saying that they didn't have anything to live on.

The doctor said okay and the mother took the pills secretly. Zinet convinced her father to listen to the dramas too, and afterwards he believed that the pill could stop a pregnancy and that having fewer children was better. He said that his wish for his children was for them to have two children each. Zinet has formed many listening groups in her own community to get more people to learn from PMC's radio dramas. As Zinet said, "Ababa helps people more than herself. I'm a lot like her" (Muhammed 2010). After learning of her compelling story from the focus group, we arranged to travel to her village to visit with her family. There we met her mother, father, and her many siblings (see Photo 5.6) who all expressed admiration and gratitude for Zinet's presence in their lives. Zinet's inspirational story truly is the emotional core of the film *Mother: Caring for 7 Billion*.



Photo 5.6 Zinet, her niece Wasila, and her father in their home in the village.

Site description

Ethiopia is located in the horn of Africa, with Eritrea to the north, Djibouti and Somalia to the east, Sudan to the west, and Kenya to the south. Though completely landlocked, it is a major source of the Nile River. The major ethnic groups are: Amhara, Tigre, Gurage, Adere, Oromo, Sidama, Afar, Saho, Somali, Konso, and the Sudanic peoples of western Ethiopia. It is a nation whose rich history dates back over three thousand years. Scientists assert that Ethiopia is one of the oldest sites of human existence (Hopkin 2005).

In the fourth century, Ethiopia officially became Christian and since that time, the Ethiopian Orthodox Church has influenced the history, politics, and culture of Ethiopia. Ethiopia and the bordering Eritrea have historically been predominantly Orthodox Christians, surrounded by Muslim nations since the spread of Islam. A determining cultural factor for at least thirteen hundred years in the region—including current-day Eritrea and Ethiopia—is that “as Semetic-Hamatic peoples, they also have languages, scripts and culture which are profoundly different from those of the Arab, Bantu or Nilotic people who surround them, some of whom were until very recently in relationship of vassalage to the Amhara leadership of the Ethiopian empire” (Plastow 1998, p. 99). Ethiopia is also unique among most African nations in that it has a history of self-rule dating back to nearly 1000 bce.

Ethiopia's victory against Italy's militaristic attempt in 1895–1896 to colonize them distinguishes Ethiopia as the only African nation that successfully resisted European colonization, which is a great source of pride within the country. However, Ethiopia's position between the two Italian colonies Eritrea and Somalia made it enticing land for Italy to attempt to conquer. Early in the 1930s Benito Mussolini's Fascist regime sought to claim Ethiopian territory again to unite its African colonies and make up for past defeats. Ethiopia was invaded and occupied

by fascist Italy 1935–1936 but was liberated during World War II by the Allied powers.

Haile Selassie (1892–1975) was the Emperor of Ethiopia from 1930 to 1974. He is heir to a dynasty that traced its roots back to the tradition of King Solomon and Queen Makeda (otherwise known as the Queen of Sheba). Ethiopia's monarchy traces its roots back to 200 bce (Hayford 1969, p. xxv) and persisted until the end of Haile Selassie's rule in 1974. The Soviet-backed Derg, or Coordinating Committee of the Armed Forces, Police, and Territorial Army, which later changed its name to the Provisional Military Administrative Council, deposed Selassie in 1974 and then ruled until 1987. Shortly after, land, banks, and companies were nationalized, and Ethiopia was declared a socialist state. This communist-led governing body imprisoned and executed thousands of its opponents without a trial during its rule (Waal 1991). Following national elections, the provisional Military Administrative Council was abolished in 1987. The Ethiopian People's Revolutionary Democratic Front (EPRDF) came to power in 1991 after defeating the military dictatorship of Mengistu's Derg (Pausewang, Tronvoll, & Aalen 2002). Meles Zenawi of the EPRDF continued to rule through 1997, attempting to establish Ethiopia as a democracy (Gebeyehu & Edemariam 1997, p. 115). The many famines that have occurred in Ethiopia are well known. For many in the Global North, when the subject of famines arises, Ethiopia is the first country that comes to mind. Historically, the fundamental cause of "acute" and "chronic" malnutrition (short-term and long-term starvation) and the many famines throughout the history of Ethiopia, was poor governance, not drought (Mariam 2012).

With a population of 87.1 million people, Ethiopia has a fertility rate of 5.3 children born per woman. Surprisingly, access to contraceptive methods is not the main problem; it isn't access but misinformation. Misconceptions about contracting HIV/AIDS as well as a lack of desire to reduce family size continue to be formidable stumbling blocks for stabilizing population and preventing the spread of HIV/AIDS (Population Media Center 2013a).

Most Ethiopians are currently either Orthodox (Coptic) Christians or Muslims, with a small minority of Roman Catholics, Pentecostals, and people of the Jewish faith. Although all of the many Ethiopian languages enjoy official state recognition, Amharic is the "working language" of the federal government, and along with Oromo, it is one of the two most widely spoken languages in the country. English is also a language of the state, and the language of university education.

Local gender information

According to author Paulos Milkias, "More than 85 percent of Ethiopia's women reside in rural areas, where peasant families are engaged primarily in subsistence farming. Peasant women are integrated into the rural economy, though their worth is rarely recognized, and the labor they engage in is crushing over a lifetime" (2011, p. 222). Women endure the physical hardship of carrying loads of firewood and water jugs over long distances. They have far fewer opportunities for advancement than men of equal economic and social status, in terms of education,

employment, or personal advancement. The work of women is not valued as productive labor because it does not often result in cash, but is rather housework, care work, or farm labor. Women who migrate to urban areas because of armed conflict or other factors have great difficulty attaining work because of high unemployment rates in urban areas and because of their lack of skills. Many are forced to resort to prostitution to survive. Ethiopian families are dominated by the males in the family, with the wife and daughters taking subservient roles.

Women's health in Ethiopia is undermined by a combination of social, cultural, and economic factors that lead to their low status in society. Especially in rural areas, traditional value systems have imposed, and continue to impose, heavy burdens on Ethiopian women. Bearing children at a young age due to early marriage often leads to a condition known as fistula, a medical condition in which a tear occurs between the vagina and the rectum. It is said that 100,000 women in Ethiopia suffer from untreated fistula, with an average of 9,000 developing this condition every year (Milkias 2011, p. 227).

One medical procedure that is commonly practiced—irrespective of religion or economic status—is female genital mutilation or female circumcision, a procedure by which some of a woman's external genital tissues, such as the clitoral hood, the clitoris or labia, are removed (Ethiopia, Women's Affairs Office 2004). According to a study performed by the Population Reference Bureau, Ethiopia has a prevalence rate of female genital mutilation of 81% among women ages 35 to 39, and 62% among women ages 15–19 (Population Reference Bureau 2010, p. 3). This smaller percentage among younger women—though still over half of all the women in Ethiopia—shows that the practice is less prevalent than it once was. While I was in Ethiopia, I was told of an instance in which a teen-aged girl's parents gained awareness that this practice was not needed for her health or mental stability, and informed their daughter that they were not going to have it done to her. The girl pleaded with her parents for it to be done so she would fit in among her peers and be attractive to men. Her parents conceded by having the public ceremony *as if* she had been circumcised, but did not actually have the procedure done. This story illustrates how entrenched traditions can become, and insidiously perpetuated. Older women in the community—who rarely have had access to medical training—most often perform this practice, and the procedure can lead to many complications, contributing to difficulties and pain during intercourse and childbirth.

Most women marry very young and have no say in who they marry. The average age for marriage for girls in Ethiopia is 15.6 years, but in some cases girls are married as young as 9 years old (Population Reference Bureau 2010, p. 3). Abduction is a legitimate and common way of procuring a bride in southern Ethiopia. The practice has been going on so long that its origins as a social practice are unknown. The usual procedure is to kidnap a girl, hide her, and then eventually rape her. Then, based on her having lost her virginity or becoming pregnant, the man can claim her as his bride. According to surveys conducted in 2003 by the National Committee on Traditional Practices in Ethiopia (NCTPE), the prevalence of marriage by abduction is 80% in Oromiya Region, and as high as 92% in

Southern Nations, with a national average of 69%. (IRIN: Humanitarian News and Analysis 2007). Rape is not considered a serious crime in Ethiopia, although the prevalence of sexual violence has a dire impact among women (Falola & Heaton 2010). Because women in Ethiopia have so little control over their lives and their sexuality, they are not able to avoid many of the risks that leave them disproportionately vulnerable to becoming victims of HIV/AIDS (Merso 2008).

Fear of being abducted into marriage can cause many families to keep their girls home from school once they near or reach puberty. In poor families, the girls are often taken out of school to be married off young or to work at home. Additionally, since girls are generally seen as less valuable than boys, their education is not often a high priority. For every 100 boys enrolled in secondary education, there are approximately only 77 girls enrolled. The number of female dropouts is especially high in the transition from primary to secondary school. In 2009, only 41% of girls completed their primary education and only 30% enrolled in secondary education. This leads to the extremely low literacy rate of 18% for Ethiopian women over the age of 15 (UNESCO 2012).

Local theatre history

There have been very few script-based Ethiopian plays in any language other than Amharic. When considering theatre in Ethiopia, it is important to remember that Ethiopia was never colonized, so its theatrical history differs significantly from other African nations. That is not to say that Ethiopia was not influenced by the colonization occurring all around them, and by educational models from colonizing countries. However, there is not the same colonial control over language and culture that occurred in other places throughout the continent and find expression in such works as *Decolonizing the Mind* by Ngũgĩ wa Thiong'o (1986). In Ethiopia there is, though, the same separation between indigenous forms of theatre—which rely heavily on dance and music—and Western-style drama that is most often the spoken performance of a written script.

Dialogue-based drama was introduced to Ethiopia in 1912 by an Ethiopian aristocrat, Tekle Hawariat Tekle-Mariam, who wrote the first Ethiopian play, *Yawrewoch Komediya (Comedy of the Animals)*. Common to the African continent, the traditional music and dance-based indigenous forms of theatre were carried on by the more rural populations, and the elite in urban areas took up the dialogue-based drama. Before the 1990s, dialogue-based drama was both written and performed in Amharic, which is the language of the ruling ethnic group, representing only 20–25% of the population (Plastow 1998, p. 100). The first genuinely popular play written in Amharic is Yoftahe Negusse's *Afajeshion (You Got Me Caught)*, which was written while the emperor was in exile in the late 1930s, and questioned the way in which he had handled the war.

The Ethiopian National Theatre, formerly known as the Haile Selassie I Theatre, is in the very center of the capital, Addis Ababa. Early playwrights in Ethiopia tended to be members of nobility and were highly educated, while actors were more varied and often of lower classes—coming from performers of *azmari*, or

minstrels. Female *azmari* were especially looked down upon by society for being assumed to be loose women. By the 1960s, the National Theatre began to produce plays with more social relevancy and sophistication. With the Marxist Revolution of 1974, plays became more political. Various forms of agit-prop and popular theatre were used in Ethiopia from the mid-1970s through the mid-1980s to allow people to participate in the national debate about how their country should develop and to involve people in making choices about their future (Plastow 1998, p. 101). These efforts were largely linked with resistance movements influenced by Marxist thinking.

In 1979, a Theatre Arts Department was established at the University of Addis Ababa, which has provided trained actors, directors, and writers for Ethiopian theatre ever since (Gebeyehu & Edemariam 1997, p. 116). In 1984, the Ethiopian government established the Rural Arts Program, which aimed to send trained personnel in the fine arts, literature, music, and drama to each of Ethiopia's then 14 regions, with the aim of encouraging the formation of amateur arts groups (Plastow 1998, p. 105). In 1983, the government established a committee to oversee which plays were produced, resulting in some censorship and the banning of plays. This has changed since 1991 and now there is more theatrical work presented in languages other than Amharic, and work that takes on the many social challenges Ethiopia faces.

As far as views of women who participate in theatre, Jane Plastow writes in her introduction to *African Theatre Women* that "a theatre lecturer at the University of Addis Ababa in Ethiopia told me that he would never go out with an actress, they could not be trusted not to go off with other men" 2002, p. xii). Plastow goes on to note, when the first modern stage plays were performed, men played women's roles (2002, p. xii). The stigma of being an actress seems alive and well in Ethiopia as it is historically around the world.

One play that deals with social issues impacting women—that has been published in English—is *Snatch and Run* or *Marriage by Abduction* by Menghestu Lemma. This play tells the story of a group of childhood and school-day friends who plan to abduct a young wife for one of them in the traditional manner (Lemma 1970; 2009). It is telling about this subject that it is a comedy. Menghestu's second play published by Arada Books is *Marriage of Unequals*, in which Baharu, an educated young man of the modern Ethiopian elite, plans to marry a simple uneducated country girl.

Description of applied theatre

This case study will examine the radio drama *Yeken Kignit* (*Looking Over One's Daily Life*), which was one of the first dramas created by PMC-Ethiopia. It aired on Radio Ethiopia from June 2002 to November 2004 in Amharic. Each episode was 20 minutes long, and there were two episodes per week. The broadcast of these episodes was also repeated. The multiple storylines in the drama addressed HIV/AIDS, family planning, education of girls, and spousal communication (Salem

et al. 2008, p. 6). At the same time PMC-Ethiopia broadcast *Yeken Kignit*, there began the 140 episodes of a second program called *Dhimbibba* (*Getting the Best Out of Life*), which addressed a wide range of issues and was produced in another widely spoken language, Oromiffa. It is useful to note that when monitoring and evaluating the impact of these programs, results are sometimes conflated between the two distinct programs, since they were developed and broadcast simultaneously. In 2009, PMC rebroadcasted the 257 episodes of *Yeken Kignit* throughout the southern region of Ethiopia. This came at the request of the Ethiopian government and was funded by the Ethiopian Southern Peoples and Nationalities Regional Government, with additional support from the Packard Foundation (Population Media Center 2009b).

Goals of the radio drama

The goal of the radio drama *Yeken Kignit* was to address the issues of family planning and reproductive health, HIV/AIDS, and women's empowerment through Fikirte, the primary female character. The overall program objective for *Yeken Kignit* was to promote family planning use for birth spacing and limiting, and to improve the reproductive health of men and women in Ethiopia. Communication and behavioral objectives were for the audience to improve their knowledge, attitudes, and practices about contraceptives; increase their HIV/AIDS awareness, attitudes, and behaviors; and impact perceptions of women's status and related factors that influence reproductive health and family planning (Salem et al. 2008, p. 6).

The many indicators for measuring to what extent the program reached its goals were knowledge, attitude, and behavior change clustered in the following categories: HIV/AIDS prevention, use of family planning, reproductive health, education of female children, and gender equity.

Design of the radio drama

The design of the research-based radio serial drama *Yeken Kignit* followed these steps. Before making a plan, PMC conducted a consensus-building workshop with several government agencies, scriptwriters, theatre artists, donor governments, foundations, local nongovernmental organizations, business leaders, and reproductive health researchers and professionals. This preliminary work was to begin developing a strategy for focusing the program's mission and to assure that objectives and messages were appropriate for Ethiopia. A literature review was conducted to identify research and information gaps, explore the effectiveness and capacity of other implementing agencies, understand the status of social-content radio serial dramas in the country, and determine whether any audience research had already been conducted (Tefferu 2008, p. 36). This was followed by an assessment of media in Ethiopia to determine what format and stations reached what audiences. Ideal broadcast times were also researched, in order to reach the largest audience.

The formative research that was conducted included research into previous health communications within Ethiopia, identification of audience subgroups, and interviews with technical experts (Salem et al. 2008, p. 6). This included assessing the target audience's knowledge, attitudes, and behaviors regarding key issues to be addressed in the drama—such as HIV/AIDS and family planning. Socioeconomic and cultural aspects of the target audience were also explored as part of this formative research.

PMC recruited coordinators for this program with experience in radio broadcasting and theatre. They also sought out scriptwriters familiar with the many issues surrounding family planning and HIV/AIDS. Once the production team was assembled, its members, along with selected stakeholders, participated in a five-week training workshop on designing an educational and also highly entertaining radio serial drama. It should be noted that the writers of this drama were all Ethiopian. At this capacity-building training, PMC researchers shared findings from their research among the target audience. Producers and scriptwriters used this information to guide them in developing the key characters. A technical advisory committee was also established, composed of scriptwriters, radio program producers, a creative arts adviser, a senior research officer, a gender expert, a communication expert, and a representative from the Ministry of Health (in order to check the accuracy of the material presented) (Teffera 2008, p. 36). They also helped keep the balance between the script being entertaining and educational.

Before writing the dramas, the story line was developed and discussed to establish character profiles and the settings for the action. These choices were made based on the issues identified in the formative research. The plots for each scene were also discussed and developed as well as exciting cliff-hangers for the end of each episode. The design for writing the radio drama *Yeken Kignit* according to the Sabido Methodology was as follows. There were three scenes per episode with bridge music and sometimes a narrator speaking in between scenes. Within the entire radio drama, there were three story lines and settings. Of the nine main characters, three were transitional, three positive, and three negative—with extensive interactions and complex relationships between them all. It was important that members of the target audience recognized parts of themselves in the characters who served as role models. Characters were realistic, but simultaneously a little bit larger than life. This adjustment was made carefully; if a character was too large, no one believed it, but if a character was too normal, no one tuned in. The positive and the negative characters in the drama remained what they were from beginning to end. It was the transitional character's journeys that were key for the audience.

The story was designed to reflect the key concerns of the audience in an environment they recognized. The dialogue was written to sound like the natural speech of the local people within the target audience. Since one radio drama reached both rural and urban populations, both styles of speech were represented via different characters and settings. Various emotional pitches were explored so as to not exhaust or bore the audience. Humor was sprinkled in to sustain interest

and relieve the heaviness of many of the social issues being addressed. Careful attention was paid to detail in both references within the dialogue and with sound effects. Finally, a suitable epilogue was written for each episode.

The creative team created four pilot episodes initially, and pretested them with focus groups comprised of members of the intended audience. They used standard pretesting tools to test for relevancy of the various story lines, suitability of the language, and reception of the characters as compelling and believable. Once that feedback was shared with the creative team and the advisory committee, adjustments were made by the scriptwriters, who then continued writing the rest of the program.

While *Yeken Kignit* was being broadcast, there were other mechanisms built in for audiences to provide feedback. To monitor the program, there were three waves of focus groups that were conducted, listening groups from whom PMC collected listening diaries, and listener letters that were analyzed for feedback. Finally, an independent research firm measured the impact of the entire program by conducting a postintervention survey.

Outcomes of the radio drama

Initial steps towards the creation of the radio drama were informed by the consensus-building workshop and the literature review conducted by PMC. The outcome of the media assessment conducted by PMC identified radio as the most favored channel for communication for the program. In the two and half years of broadcasting, a total of 257 episodes of the Amharic *Yeken Kignit* and 140 episodes of the Oromiffa *Dhimbiba* were produced and broadcast over Radio Ethiopia, with repeat broadcasts over FM and Ethiopia Radio National Service, respectively. It was determined that Radio Ethiopia should air the premiere of the drama since it reaches a majority of Ethiopia's population. In Ethiopia, as in many other African countries, the government essentially controls broadcasting. This fact makes collaborating with governmental agencies on the creation of the radio dramas essential for effective dissemination of the programming. Television reaches a much smaller portion of the population in Ethiopia (W. Ryerson & Negussie 2004, p. 181) and its programming is much more expensive to produce than radio programming.

Problems identified by the formative research included: high levels of unmet need for family planning, negative attitudes and misrepresentations about contraceptive methods, lack of spousal and parent-child communication about HIV/AIDS, lack of knowledge about modes of HIV transmission and prevention, and high levels of stigma and discrimination against people with HIV and AIDS (Salem et al. 2008, p. 6).

An impressive army of experienced experts was involved in the five-week capacity-building workshop that was provided by PMC for Ethiopian scriptwriters and playwrights, acquainting them with the Sabido Methodology for entertainment education, in preparation for their first PMC radio dramas to be written in Ethiopia. Trainers included:

Miguel Sabido; Tom Kazungu, the first person in Africa and the first person in radio to use the Sabido Methodology in a radio program that he produced in Kenya; Rose Haji, the producer of the Tanzanian radio drama that was studied for its effects on family planning use and AIDS avoidance in the 1990s; Ramadhan Swalehe, who led the research center in Tanzania that gathered the survey data; Virginia Carter, former head of drama for Norman Lear's "All in the Family," "Maude," and "The Jeffersons"; and David Poindexter, a 30-year veteran of promoting entertainment-education programs worldwide (W. Ryerson & Negussie 2004, p. 184).

Once the production team had undergone the five-week training workshop, they took the information given to them by researchers and developed the key characters in the drama. Fikirte was the primary positive character. Throughout the course of the drama, she talks to her friends and family about the benefits of family planning and encourages her stepfather to send her sister to school. The production team also developed Damte, the primary negative character, who has multiple sex partners and traffics drugs. A transitional character, Wubalem, received advice from Fikirte to use contraceptives to avoid getting pregnant so soon after her fistula surgery, and while her family's financial security is unstable. With Fikirte's help, Wubalem is able to convince her husband to space their children by using contraceptives for a period of time (Salem et al. 2008, p. 7). It is important for the audience to feel as though they can identify with the characters, such that audience members might say, "I know that character; he or she is just like my neighbor." Likewise the circumstances of the characters must also seem familiar to audience members who should be able to say, "That happened to my brother" (W. Ryerson & Negussie 2004, p. 183).

Excerpts from audiotapes of the 34 focus group discussions that were conducted by a local agency, Birhan Research, were useful for the writers and producers to get a sense of how individuals sound when they talk about certain subjects (W. Ryerson & Negussie 2004, p. 183). Birhan Research was also commissioned to design an interview questionnaire—adjusting it for various regions of Ethiopia—which they used to conduct a total of 1,020 personal interviews with a sample of people from different regions, urban and rural, and men and women of different ages and marital status from the target audience for the dramas. Information about people's attitudes, behaviors, and knowledge about issues to be covered in the dramas was collected. PMC views this formative research as very participatory, as they interviewed people around the country, and listened to their input and their way of describing the issues. This aspect is identified by PMC as a "bottom up" aspect of their work.

The producers and scriptwriters visited rural villages in order to get a sense of life in those settings, to record village sounds, to learn what topics people discuss, and to obtain a sense of what the clinics and other health/social services are like (see Photo 5.7). They even recorded sound effects from the villages, such as cows mooing or children playing on the streets, to have in the background of the dramas for them to sound realistic to listeners. They also gathered Ethiopian proverbs that reflect negative attitudes towards women and children, which were used by



Photo 5.7 Women waiting at a Family Clinic in Ethiopia.



Photo 5.8 Senior scriptwriter for Population Media Center, Mesfin Getachew.

scriptwriters as a source of material in the radio dramas (W. Ryerson & Negussie 2004, p. 184).

Senior scriptwriter for PMC, Mesfin Getachew (in Photo 5.8), remembers that when he first attended a PMC training on the Sabido Methodology, he had to learn how to write collectively rather than as an individual artist. He also commented on

the characterizing feature of the Sabido method that makes use of three character traits: positive, negative, and transitional. About this Mesfin wrote:

What particularly baffled us is the strict requirement by Sabido methodology that the positive characters should be absolutely positive and that the negative character should be absolutely negative. We raised serious doubts against the methodology wondering how on earth one can be absolutely positive or absolutely negative. As we continued our training, our instructions gave us elaborate explanations and finally managed to dispel from our minds all the suspicions we had entertained earlier. They told us that if our drama messages have to be correctly put across to the audience, it is first of all necessary to create positive and negative role models. They explained that if the drama is to bring about the required change, the positive character must infallibly be positive. It was further explained that if such a character makes mistakes, this would mislead the audience into making incorrect conclusions. Similarly, if the negative character is not absolutely negative in nature, the audience would be tempted to dismiss the messages as unreliable and unacceptable. It is on the basis of such thorough explanations that we finally managed to cast away all our doubts about the feasibility of Sabido methodology, especially after we proceeded to practical work. (2010, p. 13)

Since so much of the drama deals with family planning and medical issues, a technical committee made up of health professionals reviewed the scripts for technical accuracy. An advisory committee—made up of scriptwriters, producers, gender and health experts, communication experts, and local theatre artists—was created during the formative research phase. This committee guided the development of the program content and planned to ensure that health and family planning services for issues brought up by the drama were in operation and ready for an increase in clients in all listening areas, due to the radio drama.

PMC senior scriptwriter, Mesfin Getachew, writes of his method for playwriting—before his work with PMC, “I gathered some pieces of information and then went ahead with writing my drama, according to my own imagination. . . . Previously, I never imagined that moving from place to place and talking to members of the target audience would be of any use. My perception about this matter was completely changed after I started engaging in such a study prior to writing the drama” (2010, p. 13). Mesfin explains how the fieldwork accomplished with his collaborators proved to be completely different from what they had imagined at the outset. He writes, “The practical reality in the field completely changed our previous approach. We felt that all those drama scripts we used to write without research studies were baseless” (2010, p. 14).

The scriptwriting team created character profiles so that there would be consistency in the way each character was portrayed. The writers reported that once strong characters were created, they tended to lead the creation of the story. The script writing team also plotted out the story line, based on issues before they started writing. Suspense was maintained from one episode to the next by often ending with a cliff-hanger.

All of the preliminary workshop and process-oriented collaborations resulted in the following plot for *Yeken Kignit*. The central positive character in the drama is a young woman named Fikirte who grows up in a poor, rural home until she is sent to live with her grandfather, who sends her to school. Fikirte likes school and her new life. She works hard to please her grandfather. However, her life takes a turn for the worse when her grandfather dies, and a negative male character, Damte, attempts to take over the grandfather's house to use it as a bar and brothel. Since Fikirte's objection to this plan is the only obstacle for Damte, he proceeds with many attempts to slander her name and good reputation with both Fikirte's boyfriend and others. Fikirte refuses to sleep with her boyfriend and delays their marriage because she wants to gain economic stability before having children and marrying. Damte tells Fikirte's half-sister, Lamrot, lies about Fikirte, in an attempt to get her kicked out of the family house. Damte gets Lamrot addicted to drugs and alcohol and gets her pregnant. In response, Lamrot nearly bleeds to death from an attempted abortion and ends up in the hospital where it is discovered she is also HIV positive. Fikirte's steadfast loyalty and honesty prevail, and all involved in the story discover that Damte is evil and that his accusations against Fikirte were all false. As a climatic last effort, Damte sends someone to stab Fikirte to death, but she survives and ends up in the hospital. While she sleeps, Damte comes to her hospital room to shoot her but is sighted by a police officer and shot.

Through all the trials and obstacles overcome by Fikirte, she is able to empower herself and to help others around her. She helps many friends and family members while educating them about family planning, reproductive health, the importance of education as it relates to economic stability, protecting oneself against rape, the sex-trade industry and other forms of gender violence, and issues around HIV/AIDS.

Another story line revolves around Anguach and Demlew, a loving young couple with a bright future. Demlew's mother, who doesn't like Anguach, begins to meddle and pushes a neighbor to seduce Demlew. He succumbs, sleeps with the neighbor, and gets infected with HIV. Anguach is devastated, but forgives him, and cares for him until he dies. Although she is terrified that she might be HIV positive, Anguach gets tested and finds out that she is negative. Anguach eventually marries again and finds happiness. This storyline deals specifically with the need for early detection and prevention of HIV (Population Media Center 2009b).

Monitoring and evaluation

PMC Ethiopia Country Representative, Dr. Negussie Teffera (in Photo 5.9), writes in the preface to the Birhan report, "Past experiences in population communication endeavors have shown that behavior change is the bottom line for both the use of family planning and the prevention of the spread of HIV/AIDS. That is why PMC gave a research-based radio serial drama approach a special consideration. Dramas of this kind are culturally and linguistically sensitive to people's needs and demands, and appeal to their audiences by portraying real life situations. They help to create a positive attitude and to encourage the adoption of behaviors of those characters that play exemplary roles" (Birhan Research and Development Consultancy 2005, p. x).



Photo 5.9 Population Media Center Ethiopia Country Director, Dr. Negussie Teffera (left) with PMC Founder and Director, William Ryerson (right).

As a part of PMC's monitoring and evaluation of their dramas—before production and transmission of the serial dramas—PMC's senior management technical committee analyzed the script in relation to the content of the message, the clarity and simplicity of the language, logical sequence, and entertainment value of the serial drama. In May 2002, before the broadcast launch, Birhan Research conducted a quantitative baseline survey to establish benchmark information and indicators against which the progress and impact of the radio program could be measured and evaluated. The baseline and endline surveys that formed the evaluation of the program in Ethiopia actually covered both radio serial dramas *Yeken Kignit* in Amharic and *Dhimbibba* in Oromiffa. This chapter only focuses on the results of the Amharic-language program, *Yeken Kignit*. In Amhara regions, both urban and rural residents were surveyed; the entire number surveyed included 1,200 households from 24 rural areas and 16 urban areas. The baseline study was conducted during May 2002. Key results showed:

- Radio listening: 36% of men and 50% of women had never listened to the radio.
- Family planning: Nearly 9 out of 10 women and men interviewed reported to have heard of at least one family planning method, but only 12% of women were currently using a family planning method.
- Spousal communication about family planning: two-thirds of married women and nearly 60% of married men reported that they have never discussed family planning with their spouse.
- HIV/AIDS: 91% of women and 94% of men had heard about HIV/AIDS, but risk perception associated with HIV/AIDS was very low, and only 7% of respondents had ever had a test for HIV. (Birhan Research and Development Consultancy 2005)



Photo 5.10 An Ethiopian woman being seen at a Family Clinic in Ethiopia.

Early feedback from the four pilot episodes and programs indicated that the audience felt the key negative character, Damte, was portrayed too much as a devil, and that Fikirte was too pious and unrealistically angelic. Therefore, scriptwriters toned down both characters to make them more believable and credible for the audience (Salem et al. 2008, p. 7). After other recommended adjustments were made, Radio Ethiopia broadcast 257 episodes of PMC's radio drama *Yeken Kignit*—twice a week in the evening and afternoons between June 2002 and November 2004.

In addition to the pre- and postbroadcast surveys of listeners and nonlisteners, focus groups, and listener letters, PMC asked 48 health service agencies to participate in gathering information on why people seek reproductive health services. Data included the number of clients (see Photo 5.10) seeking services before, during, and after the radio dramas were broadcast.

Open-ended questions were asked as to why individuals sought health services, and whether a client listened to one of the radio serial dramas (W. Ryerson & Negussie 2004, p. 189). A quantitative study was conducted in December 2004, immediately following the broadcast of the final episode of *Yeken Kignit*. The sample design for who was surveyed that was used in the final evaluation—or endline—was the same as the one used in the baseline. As previously stated, the indicators for measuring to what extent the program reached its goals were knowledge, attitude, and behavior change, clustered in the following categories: HIV/AIDS prevention, use of family planning, reproductive health, education of female children, and gender equity.

In terms of HIV/AIDS prevention, male listeners sought HIV tests at four times the rate of nonlisteners, and female listeners at three times the rate of nonlisteners. There was an increase in the belief that women can negotiate the use of condoms by 15% by women and 26% by men. There was a reduction among listeners of

both genders in the stigma against people affected by HIV/AIDS (Population Media Center 2009b).

In terms of family planning, demand for contraceptives increased 157% during the period of the broadcast of *Yeken Kignit*.

Half the entire population of Ethiopia reported being regular listeners to PMC's programs (which includes *Yeken Kignit* and *Dhimbibba*). Listeners were five times more likely than non-listeners to know three or more family planning methods. Among married women in the Amhara region who were listeners, there was a 55 percentage point increase in those who had ever used family planning methods, while among non-listeners, the change was only 24 percentage points. A similar increase occurred among male listeners in the Amhara region. Spousal communication about family planning issues among married women climbed from 33% to 66%. (Population Media Center 2009b)

In terms of reproductive health, 63% of new clients seeking reproductive health services at 48 different service centers in Ethiopia reported that they were listening to one of PMC's serial dramas. Eighteen percent of these new clients named one of PMC's programs by name as the primary motivating factor for seeking services. Of new clients who cited radio programs as a motivation for seeking services, 96% said that they were motivated by one of PMC's programs (Birhan Research and Development Consultancy 2005).

In regard to the education of female children, the percentage of men who recognized the importance of educating girls increased 51.7 percentage points, and the percentage of women who recognized the importance of educating girls increased 20.8 percentage points. For gender equity, there was a 37.4 percentage point increase among men and a 13.1 percentage point increase among women in the belief that women are fit to hold public office. About the belief that women should be able to marry a man of their choosing, there was an increase of 11.8 percentage points by men and 18.5 percentage points by women. There was a 30% increase among men and a 48% increase among women in the belief that female circumcision should be discontinued (Population Media Center 2009b).

Clearly, in just two and a half years of nationwide broadcasting of the serial drama *Yeken Kignit*, the program achieved dramatic change, as evident from these primarily quantitative results. The results indicate that there were more dramatic changes in issues and topics that have been recently introduced to Ethiopian society—such as HIV/AIDS and modern forms of family planning—than in deeply entrenched Ethiopian values and attitudes about women, their place, and the amount of agency they should have in marriage.

The outpouring of emotion in Ethiopia in response to PMC's programs has been profuse, evident from more than 15,000 letters sent to the PMC's office in Addis Ababa by listeners. One letter from a listener in Addis Ababa, Haimanot Hailu, expresses gratitude for the program.

Yeken Kignit has become instrumental in improving communication in our family. The drama has helped us to develop a new culture of speaking out and

of listening to others. First, every member of the family listens to the drama. Then, we take part in a discussion every night. On this occasion, I invite my family members to give their opinions on various issues. Formerly, they used to tell me to mind my own business. You may be surprised to know that this is not the case any more. Today, thanks to *Yeken Kignit*, I have found an audience. I was careful and reserved when I talked in the past about reproductive health, family planning and other issues. Now I am free and I talk without any inhibitions. Not only me, but also my mother feels the same, because she has become the main teacher. In general, there is much change in my family. (Assefa 2006, p. 12)

PMC reports that the many letters they have received in regard to their radio programs are like the letter above; writers thank PMC for providing positive role models who dramatize stories relevant to their lives.

Impact assessment

PMCs radio drama *Yeken Kignit* has made substantial shifts in attitudes and behaviors around issues of HIV/AIDS, family planning, reproductive health, gender equity, and girls' education in Ethiopia. Population indicators available for Ethiopia that are relevant to this study are from 1994 (when the population was 53.5 million and the growth rate was 2.9%), and 2007 (when the population was 73.8 million and the growth rate was 2.6%) (Central Statistical Agency Ethiopia and ICF International 2011, p. 3). Given the impact PMC's programming made on attitudes and behaviors around family planning, it is likely that PMC's programming should be credited for the decrease in growth rate. The example of PMC's success with this drama has been disseminated through conference presentations internationally and through publications (Barker 2012; Singhal et al. 2003; Teffera 2008). Ethiopia's news media have run more than one hundred stories on the soap opera phenomenon PMC has created. Its success also resulted in subsequent PMC radio dramas in Ethiopia, such as *Menta Menged (The Crossroads)*, *Maleda (Dawn)*, and *Sibrat (Trauma)*.

Even the prominent Ethiopian actress who played the role of Fikerte, Haregewoin Assefa (in Photo 5.11), was impacted by her participation in this radio drama. Since the radio drama took over a year to be fully broadcast and has been run multiple times, she is well known for playing the part of Fikerte. Of her experience she said:

By playing this role, I had, on top of all other things, learned to be patient and to convert myself into a good person. By being a good person, you lose nothing. In fact, the benefits accruing from it will be very rewarding. Entertaining a good idea at all times and thinking positively make you always victorious. I have learned from Fikirte that such ideas will enable you to become a winner. Being a good person will give you peace of mind and strengthen the relations you have with other people. (Population Media Center 2006, p. 16)



Photo 5.11 The Ethiopian actress, Haregewoin Assefa, who played the role of Fikerte in the Population Media Center radio drama *Yeken Kignit*.

Assefa complained of being taken for Fikirte by people when she was out in public, and of receiving phone calls by radio listeners who wanted to ask her advice on problems in their lives. This seems to demonstrate that many listeners had a difficult time discerning between the fictional drama and reality. This blurring of the line between reality and fiction could be seen to confirm the success of PMC's goal to have the characters in the drama feel like the neighbors and family members of listeners.

Lessons learned and recommendations

A clear lesson learned from this case study is that the use of both formative and summative research was key to *Yeken Kignit's* success. PMC's monitoring and evaluation is extremely sophisticated when compared to most applied theatre. Though many other applied theatre organizations do research in the making of their work—such as *Sistren Song* and *Stepping Stones* (Allison 1986; Welbourn 1995)—not many invest such a large percent of their overall budget in monitoring and evaluation of the impact of their work as PMC, nor do most allocate funds to hire an outside research firm to conduct unbiased research. Because they do, PMC can provide evidence of the reach and impact of their programming, which significantly contributes to the sustainability of their efforts.

Early pioneer of entertainment education David Poindexter writes that “to achieve such massive behavior change, a methodology that informs and motivates mainly by stimulating interpersonal communication among peers is needed. Many development program leaders rely on exposure to messages to reach their objectives. However, these messages seldom lead to the magnitude of changed behavior

that is required to solve a social problem” (2004, p. 36). The fact that PMC’s attitude and behavior change messages are embedded in entertaining dramas makes the issues within these dramas come alive. They are something to talk about with peers, to deliberate over and analyze, especially since the issues these compelling characters are facing are relevant to the listener’s lives. Positive characters model peer communication and critical engagement with issues, as they discuss these issues with other characters within the dramas. Peer communication and critical engagement are further encouraged through PMC’s listener groups, talk radio shows, and focus groups.

The final recommendations from the Birham report on the drama are based on the findings of the postintervention survey. They include:

- In view of the relatively short time of the program duration and that a longer duration would allow greater achievement, the program should be repeated. Even if encouraging results were achieved, much remains to be done to address deep-rooted reproductive health problems, and thereby, to achieve the desired behavioural change.
- Taking into consideration the efficiency and effectiveness of the PMC program, we recommend that attempts should be made to replicate it in other areas of the country.
- It is important that the PMC approach be popularized in the country by any means; that is, means should be sought whereby other governmental or non-governmental organizations engaged in similar tasks learn from the lessons learned from the PMC project and adopt its approach in their own activities.
- Means should be sought to enhance possession or access to radio (especially in rural areas) and to develop the culture of critical listening and thinking. (Birhan Research and Development Consultancy 2005, pp. ix–x)

PMC responded to these recommendations by both continuing and expanding the reach of their programming in Ethiopia to other areas. Also, as noted previously, *Yeken Kignit* was rebroadcast in 2009. PMC-Ethiopia has gone on to create several more radio dramas including *Menta Menged (The Crossroads)*, *Maleda (Dawn)*, and *Sibrat (Trauma)*. Listening groups for all of these dramas are one way that PMC has encouraged a culture of critical listening and thinking. In these groups, listeners are asked to keep diaries of their critical reflections, which are then shared with the writers of the dramas and PMC’s monitoring and evaluation team. Following the Birhan report in 2005, PMC produced and broadcast a series of programs using formats specifically designed to encourage listeners to interact actively with the content of the program through call-in and discussions. From 2005 to 2010, PMC produced a radio talk show, *Alegnta (Security)*, which encouraged listeners to phone in and talk about issues surrounding harmful traditional practices. Two regional dramas, *Igaddaa (We Do Not Want It Anymore)* in Somali, and *Naedetaa (Let’s Stop)* in Afar, also addressed these issues, and used a magazine-style format made up of short dramas, interviews, storytelling, and narration.

Beyond considering women as recipients of these radio dramas—and the subsequent critical listening, collective assessment, and discussion—I recommend increased participation by women of the target audience in deciding upon the messages being communicated and in the design and execution of the dramas. As previously noted in Chapter 1, participation denotes taking part in an endeavor and having a share in the outcome. William Ryerson and Negussie Teffera write of their lessons learned from this drama: “All relevant leaders in the host country for an E-E project should be involved early and consistently in the process of conceiving, designing, implementing, and evaluating an E-E intervention” (2004, p. 189). Given the focus of this book, my recommendation is to include among “relevant leaders” as many women as possible from the target audience in that early process of conceiving, designing, implementing, and evaluating, so as to put women first in a development planning process that primarily focuses on women’s issues. I acknowledge that women are consulted through the research process in multiple ways, which does allow for some level of participation. Also, the talk radio shows allow women to author their own views and be heard, which could be seen as a much higher level of participation. Still, I recommend that women be supported in moving into more proactive roles that allow for greater amounts of women’s authorship and leadership in the programming. I believe this additional inclusion would result in an even greater level of empowerment and agency for girls and women, and an increase in the rate of positive cultural change.

The typology of participation from *Participatory Learning in Action* offers a classification of seven levels of participation that is useful when describing and gauging levels of participation.

1. **Passive Participation:** People participate by being told what is going to happen or has already happened. It is a unilateral announcement by an administration or project management without listening to people’s responses. The information being shared belongs only to external professionals.
2. **Participation in Information Giving:** People participate by answering questions posed by extractive researchers using questionnaire survey or similar approaches. People do not have the opportunity to influence proceedings, as the findings of the research are neither shared nor checked for accuracy.
3. **Participation by Consultation:** People participate by being consulted, and external people listen to views. These external professionals define both problems and solutions, and may modify these in the light of people’s responses. Such a consultative process does not concede any share in decision-making, and professionals are under no obligation to take on board people’s views.
4. **Participation for Material Incentives:** People participate by providing resources, for example labour, in return for food, cash, or other material incentives. Much on-farm research falls in this category, as farmers provide the fields but are not involved in the experimentation or the process of learning. It is very common to see this called participation, yet people have no stake in prolonging activities when the incentives end.
5. **Functional Participation:** People participate by forming groups to meet predetermined objectives related to the project, which can involve the development

- or promotion of externally initiated social organization. Such involvement does not tend to be as early stages of project cycles or planning, but rather, after major decisions have been made. These institutions tend to be dependent on external initiators and facilitators, but may become self-dependent.
6. **Interactive Participation:** People participate in joint analysis, which leads to action plans and the formation of new local institutions or the strengthening of existing ones. It tends to involve interdisciplinary methodologies that seek multiple perspectives and make use of systematic and structured learning processes. These groups take control over local decisions, and so people have a stake in maintaining structures or practices.
 7. **Self-Mobilisation:** People participate by taking initiatives independent of external institutions to change systems. They develop contacts with external institutions for resources and technical advice they need, but retain control over how resources are used. Such self-initiated mobilization and collective action may or may not challenge existing inequitable distributions of wealth and power. (Pretty et al. 1995, p. 61)

PMC's use of formative research seems to offer women in the target audience involvement at participation level three, given the above classifications. My understanding of the listening groups maintained by PMC seems to offer women a level five, and perhaps, some aspect of six. The PMC-produced radio talk show *Alegnta* (*Security*), which encouraged listeners to phone in and talk about issues surrounding Harmful Traditional Practices, seems to engage women closer to level six.

It seems likely that some adjustments would need to be made to include women without training in this field, or women without formal education, to be able to participate in higher levels. It also seems likely that participatory applied theatre methods could serve this inclusion and contribute towards local capacity building among women. This could likely render the process more relevant and empowering for the women.

There is evidence that more participatory methods are already under way. Two leaders in the field of EE, Arvind Singhal and Everett Rogers, write:

In the future, E-E interventions are likely to see more integration with participatory communication approaches. . . . The work of Brazilian theatre director Augusto Boal, who founded the Theatre of the Oppressed (TO) movement, is particularly relevant here. TO's techniques, based on Paulo Freire's principles of dialogue, interaction, problem-posing, reflection, and conscientization, are designed to activate spectators ("spect-actors") to take control of situations, rather than to passively allow actions to happen to them. (2004, p. 18)

Indeed, PMC is already adopting more participatory methods in their subsequent programming, though not in Ethiopia. In Jamaica, PMC conducted a qualitative participatory assessment study of youth listeners to the Jamaican radio serial drama *Outta Road*, a program targeting Jamaican adolescents with the purpose of getting them to adopt healthy behaviors and reduce the risk of violence, early sex, and use of illegal drugs. The research design consisted of conducting focus group

discussions, individual interviews, and sketching exercises with adolescent boys and girls from Ruseas and Green Island high schools in Hanover Parish, Jamaica. The participatory research included a sketching exercise that allowed participants to represent visually how the program impacted their lives. The advantage to using this method is that it allows audience members to participate by making a visual representation of how the program may have influenced them. A PMC report of this participatory evaluation process states that “this technique has been advocated by Paulo Freire, an educator from Brazil who believes that assessments of educational programs would benefit from more participatory methods including using sketching and photographs to represent the reality of participants’ lives” (Connolly, Elmore, & Stein 2008, p. 4). Although this example is based on the theoretical work of Freire and represents progress in terms of participation by intended audience for PMC’s programming, this is still an example of participation as a recipient of programming, rather than participation in the creation and design of the actual program.

By the very nature of the large-scale reach of many EE programs, these methods are not as participatory for women as some of the smaller-scale methods explored in this book. One of the questions that emerges is: Are there situations in which large-scale methods are more appropriate? Are there social situations—such as population growth that drives a country into abject poverty or the rapid spread of a disease such as HIV/AIDS—that are similar to a house on fire, in which the ethical response is to just carry people out of the building to save their lives? Is participation a luxury that cannot ethically be afforded in those instances? In relation to this, Paulo Freire writes:

Attempting to liberate the oppressed without their reflective participation in the act of liberation is to treat them as objects which must be saved from a burning building; it is to lead them into the populist pitfall and transform them into masses which can be manipulated. (Connolly et al. 2008, p. 4)

This is emphatically *not* to say that large-scale methods do not involve and critically engage women to some extent; they do. I am simply asserting that smaller-scale methods with more direct participation on the part of women often have a higher degree of engagement and allow for more agency, subjectivity, and authorship on the part of the women themselves. The critical awareness that results from fuller participation can leave those who critically participate less vulnerable to manipulation by outside forces. Does the EE methodology leave its audience open for other—perhaps less well intended—large-scale messaging? Certainly this same methodology could be used to gather popular support for something like Uganda’s antihomosexual legislation (BBC 2012), with or without the blessings of Miguel Sabido. When developing any tool there is the risk it will be used for a purpose other than for what it was intended, and this misapplication could cause human harm. The fact that a hammer could be used as a weapon does not make a hammer bad. However, it does cause the designer of any tool—especially such a powerful one as the Sabido Methodology—to, as much as is possible, make all

efforts to ensure the tool is used by, for, and on an informed populace who can be aware of its power, proper use, and risks.

When choosing what type of applied theatre programming is appropriate for a given crisis or social problem, perhaps it becomes a question of what degree of participation by women can be afforded, given the social situation. Applied theatre practitioner Sheila Preston writes that “whether an applied theatre practice allows for the more radical possibilities of participation within a project depends on the ideological intentions of the project (and the interests being served in it), the scope of the work and the openness for the creative strategies offered” (2008, p. 129). I understand the urgency of this issue of population stabilization and HIV/AIDS. I also acknowledge the amount of human suffering brought on by the poverty that results in overpopulation and the spread of HIV/AIDS—especially in Ethiopia. In spite of, or even *because* of that urgency, the necessity of inclusion of women at every stage of development is still vital for the actual transformation of any society and its ultimate sustainability. I ask these questions so as to hopefully enrich our conversation and collective exploration of the costs and benefits of different scales of reach within applied theatre programming. Given the potential and critical contributions of work such as PMC, I am interested in the development of sophisticated criteria that we are fortunate enough to need now: Who benefits—financially or in other ways—from EE programming? Who has identified the needs the program addresses? What is transparent and what is opaque in this process? I believe PMC could be instrumental in articulating this criteria, so that the world—as we face increasingly serious challenges—can reap the benefit of such powerful work, while staying alert to potential misuses.

Upon reflection, the difference between EE and most other forms of applied theatre (for which Freire’s work is its theoretical foundation) is that EE’s end goal is behavior change, whereas the end goal of applied theatre work is conscientization first, and secondly, whatever behavior change evolves from that. I imagine not all applied theatre practitioners would articulate this as I have, but it seems nearly all would include the necessity of consciousness-raising as a part of the end goal. Social change without the significant critical engagement of those who are oppressed cannot be said to be work modeled on Freire’s core values. The extent to which EE programming works towards behavior change *and* towards conscientization could be a measure of how much it should also be classified as applied theatre.

It seems useful to examine methods for determining and disseminating messages in order to clean out any colonial attitudes that may be involved in crafting the messaging. When conducting a phone interview with Jane Plastow, who specializes in theatre for development in Ethiopia and other surrounding countries in Africa (Plastow 1996; Plastow 2004; Boon & Plastow 2004; Plastow & Boon 1998), she expressed uneasiness with the certainness of much EE programming—especially that originates from the United States. She promotes the strategy of creating messages for applied theatre work with the people themselves. Likewise, she states that asking questions is preferable to asserting messages. She stated that many governments in the world prefer asserting messages because it doesn’t make

people think, just act in a desired manner. Her opinion of EE style programming is that is a blunt and dogmatic tool, not a delicate exploratory instrument (Plastow 2013). It should be noted that she was not familiar with PMC-Ethiopia in particular, and that her comments were directed towards EE work in general.

In an article entitled "Participation," applied theatre author Majid Rahnema entitled her last section "Beyond Participation" (2008, p. 145). I am intrigued with this idea in relation to the inner, intimate landscape of women in regard to the issues surrounding population, as championed by PMC. What I witnessed and understood from the focus group I led in Ethiopia for PMC, and from interviews with many people, was that these dramas were one of the first communications of *any kind* these women had encountered that discussed issues of extreme importance to them, in a manner that felt relevant and not only comfortable, but entertaining. My impression from these interviews was that their very personal relationships with the radio drama characters unleashed an inner freedom that allowed these women to think for themselves against the prevailing cultural traditions. The fact that many of the issues addressed are taboo to discuss in private or public—and are rooted in patriarchal views of women—compounds their sense of freedom. Applied theatre author Majid Rahnema writes, "Inner freedom gives life to outer freedom and makes both possible and meaningful" (2008, p. 146).

The emotional component—which is so successfully addressed by PMC's radio dramas—adds meaning and even beauty to people's lives in Ethiopia. Work toward systemic change can sometimes neglect this vital aspect. It could even be that those drawing from the revolutionary theoretical writing of Boal—who advocates for Brecht's model of alienation (Boal 1985, pp. 83–115) that discourages audience from getting swept away by the emotional content of a scene so as to keep them critically engaged with the issues—could do well to consider the way emotional connections can also spur something resembling critical reflection. Rahnema notes, "While outer freedom is often a great blessing, and a necessity to protect people from violence and abuse, it remains hollow and subject to decay, in the absence of inner freedom" (Rahnema 2008, p. 146). Further research might explore this contrast of melodrama and epic theatre for each form's effectiveness in unleashing inner freedom—perhaps even specifically for women—and how that freedom could be related to the release from internalized oppression.

Conclusion

PMC has made incredible strides for women's rights in Ethiopia by significantly reducing such cultural practices as FGM and marriage by abduction. They have delivered lifesaving messages about HIV/AIDS transmission and have reduced the stigma of the disease for those living with it. They have relieved stress on families and our environment by teaching about modern family planning methods and encouraging open communication within the family. These are not small achievements. Before meeting PMC and learning about their form of education entertainment, I did not know that entertainment was capable of societal change on such a vast scale. Researching it further and consulting with Jane Plastow, an

expert on theatre for development in Ethiopia, I grew to understand the costs and benefits of such an expansive reach. I personally feel great admiration, respect, and affection for William Ryerson, Dr. Negussie Teffera, and the entire PMC-Ethiopia staff. I bear the testimony of those intimate meetings with real women whose lives have been radically changed for the better because of PMC's efforts. Monitoring and evaluation by an external research firm verifies the profound, broad-scale impact made by the radio dramas by PMC-Ethiopia. Viewing EE from a feminist applied theatre lens makes evident opportunities for increased participation by women as relevant leaders in conceptualizing, designing, and executing radio programming that has such an extensive reach. Continuing efforts towards participatory communication methods could more fully engage women to increase the extent to which the programming of PMC is created *with* rather than *for* women and will likely improve upon what is already an outstanding and profoundly effective example of applied theatre.