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Background of the Study

It was in 1974 that Addis Ababa fistula hospital (AAFH) started caring for women with childbirth injuries. The hospital is located in Addis Ababa, the capital of Ethiopia. It is the only hospital of its kind in the world dedicated exclusively to women with fistula repair—a condition common in developing world where the maternal health provisions are poor. It treats all patients free of any charge. The patients are usually the poorest of the poor, divorced, or abandoned by their husbands or partners ostracized by their parents and community as a result of obstetric fistula. It also provides a residential facility where patients with irreparable damage can live long term. It is a registered charitable non-governmental hospital run on donation because of the need of the women, and has proven success in treating this condition. For instance, the hospital gets aid from USAID and it has promised to keep supporting it too; that would help the hospital in improving maternal and child health mortality, which is the main goal of the millennium development.

The present Hamlin Fistula Ethiopia (HFE) was previously called Addis Ababa Fistula Hospital (AAFH) and was established by Dr. Reginald and Catherine Hamlin to treat and provide care for women with obstetric fistula. It remains the only medical centre in the world committed utterly to fistula repair. The hospital runs five fistula hospitals strategically located in regional states in Ethiopia (i.e. in Bahr Dar, Mekelle, Yirgalem, Harar, and Metu); the Hamlin college of midwives, trains local midwives to help prevent obstetric fistula and improve maternal health; Desta Mender is a farming training facility outside Addis Ababa where long-term patients live and can learn micro-business skills. Fistula victims are usually shunned so severely due to their odor that even other patients refuse to be near them. In short, women who develop fistula are often abandoned by their husbands, rejected by their communities, and forced to live in an isolated existence.

Fistula has been eradicated from the developed countries at the end of the 19th century when caesarean section became widely available; but
obstetric fistula continues to plague women throughout the developing world. It is estimated that there are 100,000 new fistula cases each year, but the capacity to treat fistula is only around 6,500 per year. The United Nations Population fund (UNFPA) estimates the world’s population of fistula sufferers at more than two million. In a study made in 2005, the hospital estimates 40,000 women living with obstetric fistula in rural Ethiopia. From 1974 to date, some 30,000 women have been operated on and of these, there are long-term chronic patients who require lifelong assistance, which numbered approximately four hundred. It is estimated that 9,000 women develop obstetric fistula each year, and up to 100,000 women are living with untreated fistula in Ethiopia. The combination of prolonged and obstructed labor, especially among young, poor, and undernourished women and lack of skilled attendance at birth are the main challenges to obstetric fistula reduction in Ethiopia (Duby and Hailey, 2013).

The media, both broadcast and print serve as valuable sources of information and powerful modes of communication. This power controls much of what people understand of events that occur around the world on a daily basis. The way information is transferred to its recipients comes through various forms of communication, all of which is framed to meet the goals of the providing source. In social theory, a ‘frame’ consists of a schema of interpretation, collection of anecdotes, and stereotypes that individuals rely on to understand and respond to events (Cissel, 2012, p. 68).

In view of that, once own media couldn’t deny the fact that, the establishment of Hamlin Fistula Ethiopia (HFE) is a major contributing factor for the reduction of obstetric fistula in Ethiopia. The media in Ethiopia would have a role in such improvement. The discourse about Hamlin fistula Ethiopia commitment for the reduction of fistula, has sometimes gained an increasing attention in the media; many journalists and authors talk and write about it. The question, however, is the way such discourses are presented by the media.

According to Rogers (2004, p.10), critical discourse analysis (CDA) starts with the assumption that language use is always inevitably constructing and constructed by social, cultural, political, and economic contexts. In addition to this, as CDA researcher argued with regard to the implication of discourse on Fairclough and Wodak (1997):

CDA sees discourse – language use in speech and writing – as a form
of ‘social practice’. Describing discourse as social practice implies a dialectical relationship between a particular discursive event and the situations, institutions and social structures, which frame it: They shape the discursive event, but it also shapes them. That is, discourse is socially constitutive as well as socially conditioned – it constitutes situations, objects of knowledge, and the social identities of and relationships between people and groups of people. It is constitutive both in the sense that it helps to sustain and reproduce the social status quo, and in the sense that it contributes to transforming it (p. 258).

So that, this study is going to conduct a critical discourse analysis of some selected and available documentary films and articles presented on Hamlin Fistula Ethiopia for the fact that a particular media discourse might be broadcast and/or published for serving to achieve the ideological goal of an institution in our case HFE.

**Analysis and Discussion**

The aim of this study was to uncover, by means of critical discourse analysis, the major media presupposition made on Hamlin Fistula Ethiopia; and the way in which these discourses are used consciously or unconsciously in underpinning the ideological goals of the institution through a fairly or unfairly presupposed information/knowledge of journalists.

The study was tended to achieve the overstated objective by examining: What knowledge has the media presupposed in their discursive construction of Hamlin fistula Ethiopia? How is this knowledge presented in the media texts under consideration? What ideological goals does such presupposition attempt to achieve?

Critical discourse analysis was employed as both a method, theory and as a tool to examine a set of media outputs produced on Hamlin Fistula Ethiopia of which most of them emphasized on the role and contribution that the hospital is playing in curing obstetric fistula patients.

To that end, using convenience sampling technique, four media outputs (i.e. documentary programs vs. articles) were chosen as extracts them of both local and foreign- based media corporations. Two documentary films were selected, one of the films is internationally made programs by Angel Entertainment, and the other one is a locally produced documentary program by Ethiopian Radio and Television Agency (ERTA) whereas the other two data sources are from print media (i.e. from the local Ethiopian Herald newspaper and the internationally made online magazine
called TsehaiNY).

All these media outputs are critically analyzed based on the outlined analytical technique using in a systematic mode. For instance, indicating did it; first, the presupposed information/knowledge of journalists, then by distinguishing it with the new information stated in the documentaries and/or the articles. On the way, this presupposed and new information of journalists helped to know whether it is presupposed fairly or unfairly. This consequently assisted the researcher to explore the ideological underpinnings that the institution can achieve through conscious/unconscious presupposed knowledge of the journalists. Furthermore, viewing detailed linguistic items (phrases and words) helped to extract the hegemony of the media in advance.

Consequently, based on the analysis the study demonstrated that in respective of the foreign established documentary film and article; there were a consciously or unconsciously ‘unfairly’ presupposed information/knowledge of journalists that lead audiences to invest in too much processing effort for the amount of cognitive effect they wish to achieve. In a way, this would help Hamlin Fistula Ethiopia to underpin their ideological goals as a result.

Moreover, in critical analysis of the discourses, the study scrutinized that the targeted audiences of these internationally owned documentary and article were foreign audiences who didn’t know Ethiopia very well. As subsequently this study found out, these media outputs were extracting our shameful scare of obstetric fistula patients to the outside world, which would consequently helped the institution to underpin its ideological goals that was fund rising. That was done at the expense of a consciously or unconsciously presupposed information/knowledge of journalists.

Whereas with respect to the locally produced documentary and article, with the exception of the documentary program, there was somehow fairly presupposed information by journalists which didn’t lead audiences to invest in too much processing effort as it was observed in an internationally funded media corporation. Here, no any ideological message was communicated through presupposition, as there was no any unfairly presupposed piece of information.

As a result, what this study implies can be taken, the researcher believes, as a cautionary remark for media i.e.: the journalists’ presupposition of information/knowledge could lead audiences to invest in too much processing effort which would consequently help a particular
institution to underpin its ideology.

References: