

# *Communication in a World of AIDS*

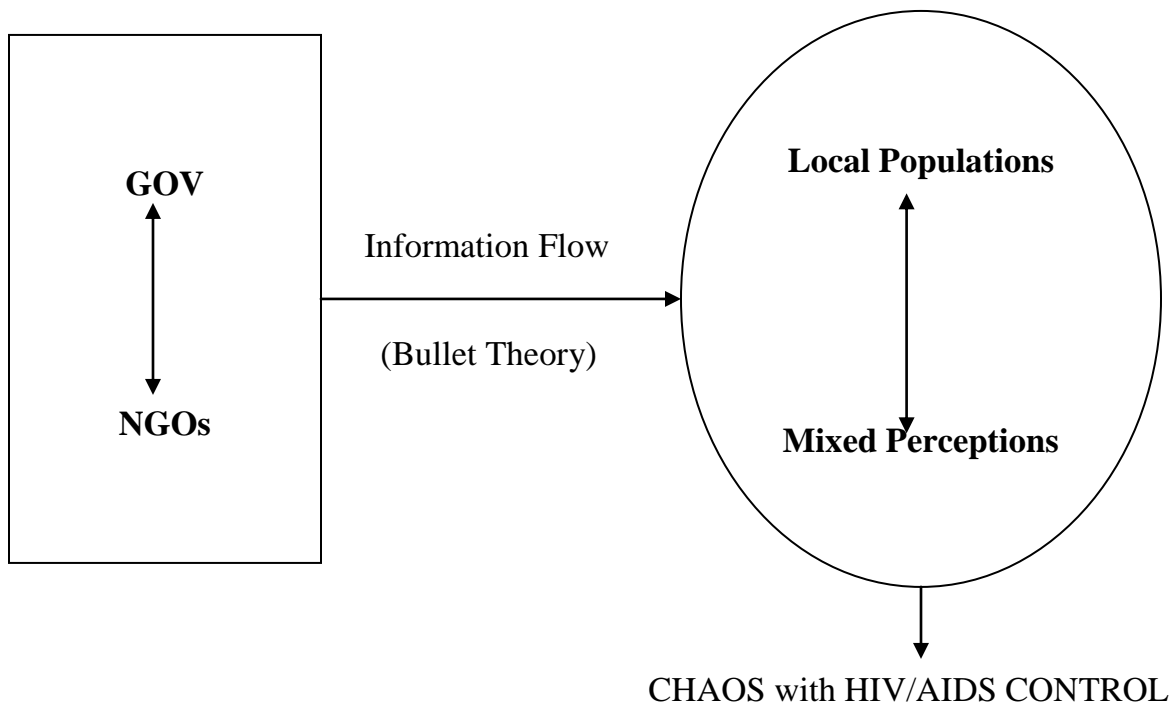
**The Atlantic International University**

*Course Code: AIU040*

Mark Wellington

**October 2005**

## **The D.Sc. degree in Communication Studies**



## TABLE OF CONTENTS

|  | <u>Page Number</u> |
|--|--------------------|
| Introduction.....  | 1                  |
| What of Attitudes .....  | 3                  |
| The Role of Effective Communication .....                      | 5                  |
| The Epidemic Crises .....                                      | 5                  |
| HIV/AIDS – Information Dissemination vs. Communication .....   | 8                  |
| Review of Fight against HIV/AIDS in Jamaica .....              | 10                 |
| The Role of Health Care Providers in Curtailing HIV/AIDS ..... | 13                 |
| “The Other Side of the Coin” .....                             | 15                 |
| HIV/AIDS – The Challenge to Communication .....                | 17                 |
| Conclusion .....   | 20                 |
| Reference .....  | 21                 |
| Appendix .....   | 23                 |

## INTRODUCTION

This may be the final Essay-Type paper that I will write for this University degree. This paper and its focus is not a mere coincidence, but was structured accordingly in the Curriculum Design to be the final essay paper and its content is expected to flow into The Research Paper.

The curbing of HIV/AIDS<sup>1</sup> will require some revolutionary cultural changes in behaviour in order to keep the epidemic under control. Since we are already aware that, behaviours and habits are difficult to change, then HIV/AIDS shall be a challenge for the foreseeable future.

HIV/AIDS by its very nature has commandeered a level of pro-activeness among governments of the world to combat the spread of the disease. The seriousness of the illness is not only characteristic of the illness itself but those whom it targets. In other words, the disease is most prevalent among the sexually active and this group of persons is often times those who are an economy's productive force, i.e., those in the labour force. It stands to reason that this 'dreaded illness' has the propensity to "wipe out" economies entirely by virtue of its general target population<sup>2</sup>.

That being the case and seemingly understood by global economies to be the case, most countries of the world are educating their population on HIV/AIDS and continue to disseminate messages on how it's spread maybe curtailed.

We can see on our local television (here in Jamaica at nights) the following advertisement; "HIV/AIDS is dangerous... use a condom every time." It may be critical to note that most media entities are every prescriptive/normative in their solution to the control or curbing of HIV/AIDS. In other words, the Bullet Theory<sup>3</sup> of Communication

---

<sup>1</sup> The deadly virus that attacks the Immune system of human beings making us susceptible to opportunistic infections which may be fatal.

<sup>2</sup> Those in the work force.

<sup>3</sup> One way flow of information with little scope for feedback.

comes to bear heavily on how messages are disseminated on issues surrounding the disease.

In fact, we know that cultural beliefs and affiliations have made persons come to believe that the use of condoms for example is wrong! Religion is also a part of such cultural orientations. We also know that, in some cultural contexts, to have more than one partner is the norm! However, Western Style Communication (WSC) on HIV/AIDS would seek to suggest very broadly that medical research on the disease give technocrats<sup>4</sup> the autonomy to disseminate information, through advertisement and counseling without much feedback from the populace on their perceptions of the messages received. Hence, communications<sup>5</sup> can play a vital role in curbing of HIV/AIDS, however, the discussions have to be more interactive to facilitate mutual understandings between the general population and the technical experts through communication technologies.

This paper then sets out to achieve the following:

1. To review the need for effective communication<sup>6</sup> in curbing or controlling HIV/AIDS.
2. To review communication that is likely to be most effective in effecting changes in peoples' attitudes to the epidemic.
3. To review the impact of "Cyber Space Technology" on the spread of the epidemic as well as its control.
4. To review how health care providers assist in the control of the spread of HIV/AIDS, through communication utilizing communications.

---

<sup>4</sup> Those who have studied the virus, its patho physiology and its ultimate effects.

<sup>5</sup> The technologies.

<sup>6</sup> Interactive discussions, ensuring technocrats and populace understand the implications of the disease to mean the same thing.

### What of Attitudes?

In order to give this discussion some focus, we must indulge ourselves into the psychological realm by looking at the concept of attitude. J. Richard Eiser in his book; Attitudes, Cognition and Social Behaviour claimed that there is little or no relation between people's behaviour and their verbally expressed attitudes (1996; P.52). He pointed to the "scientific nature" of his comment by saying that studies have been done that compare verbal expressions of attitudes with behaviour and highlighted that a rather confusing picture emerges. In fact, this is not a difficult observation to exemplify. In fact friends and acquaintances will claim to have protected sex at all times! Nonetheless, they sometimes contract sexual transmitted diseases including HIV/AIDS! Now, the possible dilemma arises, when one seeks to understand that which is perceived to be "protected sex." Is communication between population and States<sup>7</sup> operational in terms of uniformed meanings on sexual behaviours and attitudes?

Eiser pointed out that Wicker in 1969 concluded that; "only in a minority of cases was a close relationship found between verbally expressed attitudes and overt behaviour, the typical result being one of only a slight association or no association at all (1996;P.52). The point to be captured here is that in many instances measures of attitudes and behaviour fail to correlate. That being a scientific fact/fact of life; can disseminated messages on HIV/AIDS be considered as effective in curbing peoples' behaviours? This question then becomes the "nucleus" of our concern and the kind of research area we would want to embark on for future economic planning as this epidemic encapsulates us.

Eiser pointed out that attitudes are pre-dispositions to respond to some class of stimuli with certain classes of response (1996;P.53). Now, his definition is very pointing. We all know that to prevent HIV/AIDS, we should use a condom all the time (or so they say). We also know that "sticking to one partner sexually" reduces the risk of transmission. Hence our verbal attitude to our next partner may explicate our behaviours in accordance with scientific expectations and that such verbal attitudes are our intended behaviours. However, our actual behaviour may be substantially different. Hence, we may find that

---

<sup>7</sup> Government policies and joint efforts to curb the epidemic.

the core issue of danger in contracting HIV/AIDS is not “weighted” by all in the same way and so variations in perception on the issues surrounding the virus may cause behaviour deviations but similar verbal sentiments.

Eiser points us to three (3) major characteristics of attitudes;

1. Affective: Evaluative Feelings and Preferences
2. Cognitive: Opinions and Beliefs and
3. Behavioural or Conative: Overt actions and statements of intent [1996;P.53].

If attitude is constituted of all three components listed above and HIV/AIDS is predicated on facts of the natural sciences i.e., its route of infecting and inflicting harm follows one scientific logic then differing views of such logic based on the Affective, Cognitive and Behavioural cannot therefore create a uniform response to the epidemic as such variables provide for various interpretations of and actions to the scientific bases of the disease. Hence, communication may not be achieved across cultures and so deviant behaviours will continue to increase the spread of the virus causing more social conflicts and economic woes for economies.

Further Clarifications – Ernest R. Hilgard in his book; **Introduction to Psychology** states that; “in ordinary social exchange, the attitudes, preferences and prejudices that sway people affect the satisfactions of living together” (1962;P.563). Implied in this statement is the fact that meanings disseminated throughout societies are interpreted differently. It is a fact of life that HIV/AIDS exists. However, it is a strong belief of some persons in society that it is a disease of homosexual men and it is God’s punishment for their “gruesome sinful act.” And so, these persons are not culturally inclined to envelope an attitude of universal protection but to keep away from culture or behaviour of homosexuality. Such philosophical beliefs may be responsible for the spread of HIV in the heterosexual community. Hence, attitudes and opinions will impinge on a unified approach to the combat of HIV/AIDS.

### The Role of Effective Communication

Natural Sciences have often sought to explain phenomenon while the Social Sciences seek to understand realities. Communication in a World of AIDS seeking to merge the Natural Sciences explanation of the epidemic with the Social Sciences aspect of understanding the epidemic sometimes approximate to “pouring oil on water” where the two ideologies are not “miscible.” Hence, messages disseminated through communications about HIV/AIDS in not to provoke dialogue or shared meanings but to present raw scientific facts with prescription(s). In some cultures people take such facts as fiction and so attitudes to the epidemic and subsequent behaviour result in wider spread of the disease regardless of communications used to educate the population as a whole.

### Can We Avoid the Epidemic Crises?

We may start by classifying our working population/the young of the society as the “AIDS generation.” The fact is that the spread of the disease continues to increase and millions of persons have already died. Hence, curbing HIV/AIDS requires comprehensive strategies to focus on the “sexually active” of our population. According to **Population Reports**, “of our 60 million people who have been affected with HIV/AIDS in the past 20 years about 50 percent [50%] became infected between the ages of 15 and 24.” [Source: [www.inforforhealth.org/pr/112edsum.shtml](http://www.inforforhealth.org/pr/112edsum.shtml)]

It cannot be any clearer that our young people who are producing and those with abilities to produce are generally the victims. Hence, corrective measures must be taken towards approaching the curtailing of the disease taking into consideration socio-cultural and economic variables.

According to Michael J. Kelly and Brendan Bain in the book; Education and HIV/AIDS in the Caribbean; “the United Nations signaled international recognition of the security implications of HIV/AIDS” (2000;P.1). According to them, heads of government of Caribbean Community (CARICOM) countries in July 2000 publicly highlighted that the

disease sought to cripple economic development in the region. Hence, in February 2001, the Pan-Caribbean Partnership against HIV/AIDS (PANCAP) was inaugurated.

Similar models were adopted and instituted in African States as well as in Baltic States in 2001. Needless to say that today, almost all countries have some response policies or joint coordinated efforts with other countries to combat the spread of the disease.

Kelly and Bain pointed out that, “successes in response to the epidemic are of immense significance in reducing suffering and setbacks for affected individuals and for the communities and countries concerned” (2000;P.4). The response to the epidemic must to some degree involve different approaches as in all instances the disease affects people of different cultural orientations. In such an event, curbing strategies may be different due to the context of culture in which the technocrats operate.

Let us link the realities of the epidemic to my home country – Jamaica. Today [10.09.05], The Gleaner Newspaper reported that an estimated 22,000 persons live with HIV/AIDS in Jamaica. The Gleaner cited the health ministry as reporting 244 new cases for the first three months of this year. During this same period the ministry reported 170 AIDS deaths compared to 109 for the corresponding first quarter of 2004. [Source: The Gleaner; 2005.10.09;P.5]. The numbers suggest that the rate of infection is on the rise.

It would be agreeable to highlight that communication messages to populace about the nature of the illness and how to avoid becoming infected is also on the increase. However, as the advertisement and counseling increase, so does the pandemic. Hence, we may want to agree that communication concerning the illness may not be effective enough in modifying behaviours in order to curtail the dreaded illness. Are we therefore loosing the fight against HIV/AIDS? Maybe we are! Why is this the case? A natural science understanding of the disease versus a social science perception of the illness maybe different. The fact is that a natural scientist due to his/her intimate nature with explaining phenomena is far more “signified” by the real depth of danger of the virus over those who seek to understand the disease’s pathophysiology. The truth of the matter



is that, it will take that much longer to fully educate “the man” who is not a scientist than “the man” with a natural science background. Hence, transference of meanings is in no way hampered by technology, but meanings are usually not uniformed and so there is a lot of information in societies about the epidemic but lack of shared meanings continue to trigger the spread of the disease at an alarming rate.

According to Kelly and Bain, “the epidemic has spared no country in the world” [2005;P.5]. In such an event, the universal message of how to control the spread of the disease would have reached most countries of the world.

The Scientific Dilemma: Kelly, Bain and The Scientific Community as a whole have put forward and analyzed the nature of HIV/AIDS. They pointed us to what Kelly et al called the silent invisible epidemic of HIV infection, that in most countries is spread by sexual activity. What becomes the concern to readers and scientists alike is that the deterioration of the human immune system infected with HIV is long, slow and seldom detected [2005;P.9]. The above points imply that for years infected persons may show no signs/symptoms of being diseased. During this time, scientists have pointed out that infected persons ignorant of their HIV status can transmit the virus to others. Now, the above being accepted as fact of science; what communication message(s) could truly curtail the spread of the disease? What are the implications for sexual activity and the development of families? Are people willing to simply go getting tested for HIV, being symptom free? The answers are not forthcoming in any scientific or logical form but to say that, the uniqueness of the virus activities on the immune system of the body makes it difficult for communication to have its maximum effect on the lives of peoples of societies. Oftentimes when persons heed to warnings on communication messages are when they can identify with the meanings the messages is conveying. At this stage for most “full blown AIDS” have taken over the immune system and in the latent period many other sexual partners have been infected and the cycle continues.

## HIV/AIDS – Information Dissemination vs. Communication

There is no “shortage” of information with regards to the viral infection HIV. In fact all media and the Internet have a wealth of information on the epidemic. However, information, i.e. raw data and communication, i.e. meanings shared by individuals about data are two (2) different things. In other words, communication depends on information; however, the information must be understood by a group of person(s) to mean the same thing. If this cannot be achieved, we would have failed in effectively addressing issues relating to HIV/AIDS.

If we were able to communicate with any group of persons on the implications of contracting HIV/AIDS and to reach consensus on how the disease may be contracted, then we would have started to address effectively this epidemic. According to Population Reports; Youth and HIV/AIDS; young people are particularly vulnerable to HIV and other sexually transmitted diseases (STDs) due to physical, psychological and social attributes of adolescence that make young people most vulnerable. The Report also pointed out “recent declines in incidence of HIV/AIDS in a few countries accompanied by signs that young people are changing their risk taking behaviour, give hope” ([www.infoforhealth.org](http://www.infoforhealth.org); P.1).

The Report did not give information or should I say statistical information about what “a few countries” meant. However, the connotative focus would lead us to believe that the majority of peoples of the world are in serious trouble. The population Report points to AIDS as a wide social crisis as well as a problem of individual behaviour. The Report also pointed out that the AIDS epidemic is complex and thus only a combination of approaches can succeed. It was very interesting to note that the Report has the following quote on condom use;

“Condoms – the only contraceptive method that can protect against HIV as well as against pregnancy – are vital to controlling HIV/AIDS among youth. Condoms should be widely accessible and their use promoted among sexually active people of all ages.” ([www.infoforhealth.org](http://www.infoforhealth.org); P.2).

The above is again a very prescriptive comment. Since, the use of condom is two (2) fold, how do we control HIV/AIDS among those who see condoms as a barrier to pregnancy but are ready to start a family, i.e. getting pregnant and having babies? How about those who believe condom use is wrong? The former question coupled with the prescription on condoms stated above would seek to suggest that un-protected sex should post date HIV testing between/among partners. That being the case, can economies (especially poorer economies) afford this frequency of testing? Are people willing to be tested frequently for STDs when in fact they feel healthy and well? Will information dissemination about the nature of the illness lead peoples of societies to change their behaviours? From this Report, one gets the impression that behaviours are changing but at an extremely slow rate.

#### Education and Communication

According to Population Report; “Young people need help to become aware of risks for HIV/AIDS and how to avoid them. Education and communication programs must go beyond merely offering information but to fostering risk avoidance skills as well, such as delay of sexual debut, abstinence and negotiation with sex partners. HIV/AIDS education should begin early, even before children become sexually active.” [Www.infoforhealth.org; P.2].

Hence, critical to the fight against the disease is communication and by extension negotiations. The concept of “negotiations before sex” is rather novel and is one way by which disseminated information on HIV/AIDS may be communicated. Therefore, two (2) persons do not have to share the same attitudes and behaviour towards sex as a whole but through mutual understanding between parties to the act, protection and safe sex may be achieved.

### Communications role in the fight against HIV/AIDS

Dearnley and Feather state that, “the economic structure of the modern world is argued to be dependent on information.” (2001;P.43). We can all agree that communications affect the social, political and economic parameters of the Global Political Economy and so technologies are vital to the spread of information and more importantly (in this context) to facilitate communication. With HIV/AIDS on the rise, one may speculate that communications play two (2) roles;

1. Communication Technologies seek to provide information about the nature of the illness or should I say that technologies are utilized by governments and non-governmental organizations alike to educate the globe on HIV/AIDS.
2. The technologies are also used by other private entities to promote sex (of all forms) and other pornographic images and activities, likely stimuli for the adaptation to lifestyles leading to promiscuity and HIV/AIDS.

The question therefore to be asked is this: Can technologies with such diverse and controversial roles assist in the curbing of HIV/AIDS? In other words, are young people more inclined to use the Internet for continuing education on HIV/AIDS or for the purpose of Cyber sex, meeting new sex partners and the like? This is why the management of the disease can become so complex and to a large degree so many confounding variables are brought to bear on Education and Communication with respect to HIV/AIDS that no uniformity of meanings about the disease or a unified sense of purpose to fight the disease can be scientifically achieved.

### Join the fight against AIDS in Jamaica – A review of an article done by United Nations Programme on HIV/AIDS.

As the article highlighted, the Caribbean region has the second highest incidence of AIDS in the world. This comment is quite alarming as geographically we are a small area of the globe. Again the article highlighted, delayed diagnosis and lack of treatment and care, to be responsible for a 61% mortality rate. Now the above statements maybe analytically linked to all countries of the world contending with the epidemic. This is so because of the nature of the disease as discussed earlier in this text. We would want to agree though

that those countries with resources to foster better health care would have lower mortality rates than us in the Caribbean for example.

The article made reference to the following; “Jamaica is at a turning point. With a prevalence rate of 1.5%, global experts say if efforts aren’t expanded to effectively manage the epidemic, it could spread to crisis levels.” Source: UNAIDS.

The article pointed to the following factors as being responsible for fueling the epidemic;

- Discrimination and Stigma
- Multiple Sexual Partners
- Early Sexual Initiation and
- Inconsistent Condom Use.

The above factors to some degree may be universally applicable. In such an event communication policies re: AIDS should seek to effectively address these issues to impact social behaviours and cultural beliefs in a society to curtail the disease. In as much as we are aware of the factors listed above, we can categorically say that communications have been employed consistently to highlight these messages. The Jamaica AIDS Support Organization (JAS) has been doing an excellent job in making that effort to inform the population on the prescriptions needed to be followed to combat this epidemic. Why then does the Gleaner yesterday cite the epidemic on the increase as stated above? UNAIDS has highlighted that Jamaica and other Caribbean countries have been engaged in the struggle against HIV/AIDS since 1988! If we analyze the inception of efforts and the growth of the illness we are experiencing an increase in Jamaica and worldwide generally. We are therefore, not sure whether or not our messages are delivering to the populace the full meanings/implications of lack of adherence to prescriptions as outlined by the experts. Again, verbally expressed attitudes and actual behaviour are usually different [see Eiser] and so it would seem to us as if messages re: HIV/AIDS that bombard us daily is treated simply as information and nothing else. Are we therefore able to communicate with our populations generally on the seriousness of the disease? Are we able to negotiate sexual behaviours with our populations? To our minds that does not

seem to be the case as the statistical information does not bear the facts out in the affirmative.

#### Basis Country Statistic for Jamaica

- Population (2002): 2.6 million
- HIV Prevalence (14 – 49 years) (2002): 1.5%
- GNP per capita (2001): US\$2600
- Life Expectancy at Birth (2000): 71.2 years

Source: UNAIDS: 2003.

We can safely say that in 2005 our HIV prevalence is greater than 1.5%. That being the case, we are not very clear as to the real prevalence rate of the disease in Jamaica or across the globe for that matter owing to the fact that the virus can remain in the body for years and persons can be asymptomatic. Should it then be mandatory that all adults age 15 – 49 be tested for HIV? If that is not done, how can we ever control the spread, bearing in mind all socio-cultural and economic variables that are brought to bear on the epidemic and are persons adhering to prescriptions set out to control the epidemic?

The article highlights voluntary counseling and testing, structured treatments and referral systems for people living with HIV/AIDS! Are people going to be volunteering (“without symptomatic reasons”) to be tested? It seems to us that communication is not a profound feature of the efforts to fight HIV/AIDS! We are more focused on information dissemination! How do people’s socio-cultural beliefs and by extension behaviour blend with these information?

The Epidemiology Unit of the Ministry of Health [Jamaica] is making its best efforts. So is the Jamaica AIDS Support Organization. However, their efforts matched with the statistical data still show increase prevalence of the disease. In other words the information dissemination is not effecting the change in social behaviour we were all anticipating.

Will communication and communications assist with the delivery of interactive transference of meanings as related to HIV/AIDS? Can shared ideas and meanings make the difference? We still do not know, as communication for the most part focuses on the verbal aspects of the process and so we must remember that our task is to make verbal attitudes and actual behaviour “one and the same.”

#### The Role of Health Care Providers in Curtailing HIV/AIDS Utilizing Communications

Health Care Providers are often “schooled” in the discipline of the natural sciences. That being the case, natural scientists oftentimes have a “prescriptive outlook” on life and solutions to problems. There is always a dilemma in reconciling opinions of social scientists and facts of the natural scientists.

Against such backgrounds, it is quite easy to deduce that natural scientists (health care providers) will utilize communications to disseminate information on facts related to HIV/AIDS and some prescriptions as to how to avoid and curtail it. The same communication technologies will bring to bear understandings of the disease and how they perceive to understand [not explain] it and to manage it. The two (2) ideologies bring us back to the original question being asked about “science”. What is science? This burning debate has led to strong disagreements over the years as to the validity of the two (2) concepts. In that same vain, we may find discrepancies and disagreements on concepts of and “roads to and from the path of HIV/AIDS.”

Hence, Health Care Providers often use the Internet to give scientific facts about the disease. So do they use other media? Having given the facts, the prescriptions are highlighted as solutions. Health Care Providers (HCP) are not often concerned about people’s socio-cultural beliefs, attitudes and behaviours. In other words, there is “one prescription” for all!

Social Scientists often seek to understand socio-cultural beliefs and attitudes and make the effort to address the epidemic from those perspectives. Invariably, both approaches have failed to date as the disease on a whole is on the increase. Can an understanding of

people's behaviour and attitudes help to curtail the pandemic? Can the facts of natural sciences and prescription help? In our best estimation both may help but not mutually exclusive of each other. There must be merging of scientific thoughts (be it natural or social) to address the epidemic in a more wholesome way.

That maybe somewhat difficult due to the lively tension between social as well as natural sciences. However, all things considered, the two approaches merged would be of some merit to fight against this epidemic.

HIV/AIDS is a biological disease that has puzzled scientists and non-scientists alike for nearly two (2) decades. To the degree that no one is sure of its origin or mode of replication is to the degree that treatments are consistently failing.

Assistance to the populace by technocrats as to how to curb the disease is troublesome, confusing and lack social commitment. This is so because socio-cultural beliefs and economic status of peoples of the world are different. Added to this dilemma is the fact that "natural scientists" that are so "factual" and "prescriptive" about the disease are not able to treat the infection effectively. In such an instance, there are some skeptics who believe that natural scientists do not understand the epidemic as much as they claim to. In fact it has been successfully argued, that had they understood fully the pathophysiology of the virus, they would have provided a cure in much the same way they can effectively treat a Syphilis infection for example. This point should not in any way negate from the fact that persons need to take the necessary protection as prescribed by the experts. However, one may ask: "From whence the virus came?" Is it really sexually transmitted? Is it God's punishment to some men and women? Is it lack of proper nutrition?

The fact is that we still are not sure! However, our communication messages will still follow the path of the natural sciences due to the "biological nature" of the problem. We cannot however see true communication emerging out of the disseminated information on HIV/AIDS, as "meanings" need to be common among all. It is impossible to have common meanings when no one fully understands the uniqueness of the virus. That being



the case we are all surrounded by a virus, not understood fully but being fought socially, psychologically, economically and scientifically. What then does HIV/AIDS mean?

### “The Other Side of the Coin”

Unlike Eiser, Robert C. Hornick points out “there is good evidence that public health communication has affected health behavior” [2002;P.11]. He has edited the book Public Health Communication; Evidence for Behaviour Change and in it he brought together a variety of case studies from various health areas, prepared by authors who have done the original research. He has pointed us to the fact that “there is a large amount of health behaviour changes occurring in many important areas (e.g. smoking, blood pressure control, cholesterol consumption and condom use)” (2002;P.11).

In fact Eiser et al had pointed us to the opposite attitudes, i.e. negative correlation between verbally expressed attitudes and actual behaviour. Since our core focus is HIV/AIDS and attitudes, it is therefore reasonable to focus on the research work contained in Chapter 9 of Hornick’s book; Effects of mass media campaign to prevent AIDS among young people in Ghana. Susan McCombie, Robert C. Hornick and John K. Anarfi conducted this research.

According to McCombie et al, “the first AIDS cases were reported in Ghana in the late 1980s. In 1991, the Ministry of Health launched a multimedia campaign designed to increase awareness of AIDS and to promote AIDS prevention in Ghana (2002;P.147). As this team of researchers highlighted, AIDS awareness in Ghana at that time was very high but felt that the disease was a problem of prostitution and people who traveled out of the country. In other words, their actual attitude to the disease was one of being careful of sexual contacts with prostitutes and foreign travelers. As was pointed out earlier in this text we in the Caribbean (at least some of us) felt that it was a disease for homosexuals. Within that context, the campaign was directed at predominantly young people. It was pointed out to us that the population of Ghana in 2002 was 18 million of which 47% was under the age of 15 years. We are therefore left to deduce that the campaign targeted young people who were sexually active as well as those about to experience puberty.

The Researchers used a combination of radio and television to disseminate the following messages;

- a) AIDS is not a foreign disease”
- b) A person can have the virus for 5 or more years and still look healthy”
- c) Personal behaviour changes are necessary to prevent its spread.”

Source: Public Health Communication; Evidence for Behaviour Change; 2002;P.148.

Additional support material was provided to augment the messages disseminated above. The additional support included posters, comic books, badges, key rings and t-shirts. The narration and demonstration of the core messages listed took different forms and spots on TV and radio all ending with the phrase – “Don’t be careless, get protection.”

The campaign they say began in August 1991 and continued until June 1992. They pointed that a school outreach component was also included. These included lectures, discussions by medical personnel, question and answer period and films on HIV/AIDS.

The authors pointed out that the Annenberg School for Communication at the University of Pennsylvania was asked to oversee the evaluation of the project. There were two research questions:

1. To establish whether or not a substantial portion of the population was exposed to the campaign and
2. To establish whether or not they changed their beliefs and sexual behaviours in response to the campaign.

As per the questions to be answered, the research revealed that in the whole sample 70% watched TV at least once per week and from 68% to 69% listened to radio at least once per week. They concluded scientifically that greater than 90% of the population could potentially have heard the campaign messages. The research also “catered for” confounding variables like news broadcasts and other media imperatives.

It was also instructive to note that after 1992, peoples' responses changed to the question of who can get AIDS. The percentage that said anyone could get AIDS increased from 29% to 39% [2002;P.154]. There was a corresponding decrease in those who pointed "fingers" at frequent travelers as the source of the disease (14% to 10%). There was also an increase in intentions to use condoms in the future [50% to 53%]. Now this Eiser et al would describe in psychology as verbally expressed attitudes.

What of actual behaviour? The researchers reported that of a sample of 1,667 there was an increase in condom use from 12% to 16% over a 2-month period. They pointed out that the increase occurred predominantly among people who were unmarried or reported more than one partner. Overall the finding provides support for the claim that response to the campaign messages (i.e. concern about the disease) was responsible for the change.

The research efforts highlighted in the edited text by Hornick would seek to suggest that there is greater correlation between verbally expressed attitudes and actual behaviour when health is the concern. This research effort showed no perfect correlation or total behaviour change, however changes were evident. The other fact is that the study was followed through for only two (2) years and in such an event total attitudes and behaviour to date were not observed and recorded. Hence, public health communication may be said to transmit meanings across cultures and sub-cultures and whilst there is no evidence of full behaviour change, we can all agree that messages transmitted at times are communicated with desired outcomes.

#### Information Dissemination on HIV/AIDS – Evident – Communication – Challenge

Singhal and Rogers cited Population Reports, 1989 as stating, "the absence of a vaccine for therapeutic cure of HIV/AIDS, communication strategies represent a key social vaccine against the disease" (2003;P.206). According to them, communication is necessary but not sufficient condition for preventing HIV/AIDS. In fact this was bourn out by the research work cited earlier as well as comments made by Eiser et al re: verbal attitudes versus actual behaviour.

Singhal and Rogers highlighted four (4) challenges that communication professionals face in combating HIV/AIDS.

1. **Transmission Challenges:** Due to the inherent nature of the virus to infect the body of humans and having those patients remain asymptomatic, then likely communication messages about the disease would not impact such infectious individuals, as they are not able to relate to the symptoms of the disease as relayed through communications. According to Singhal et al “an unbelievable 90% of the 40 million people in the world who are HIV positive, do not know that they carry the virus (2003;P.206). In such an event, it is difficult to see how communication on HIV/AIDS would impact these peoples’ attitudes and behaviour, they being ignorant of their HIV status.
  
2. **Behavioural Challenges:** According to Singhal and Rogers, HIV/AIDS is a disease that is attributed to multiple behavioural patterns of humans in society. They cited the following examples;
  - Older paying client with a sex worker
  - Sex and drug abuse
  - Sex and condom use
  - Homosexuality and so on

These are behaviours that are stigmatized by society and so communication specialists have the challenge of disseminating messages across different psychosocial, socio-cultural and socio-economic barriers.

3. **Response Challenges:** Communication specialists face the challenge of disseminating meanings to effect behavioural changes. For example, communication with regards to HIV/AIDS needs to ensure that both parties comply with condom use, HIV testing, abstinence and monogamous relationships. The challenge for communication experts is to convey the prevention message to the intended audience and foster a change in behaviour.

4. Targeting Challenges: According to Singhal and Rogers, it is sometimes difficult to reach certain vulnerable populations with the communication message of HIV/AIDS. They highlighted gays, injecting drug users, commercial sex workers and slum dwellers. In such events, other modes of communication have to be instituted for example through peer educators to reach these unique target populations. Source: [Singhal and Rogers; 2003;Ps.206 – 207]

Back to the Caribbean – Jamaica and the Bahamas

It is always useful to relate an issue such as HIV/AIDS to our own countries directly. Dr. Ian Boxill et al wrote a text this year entitled **Tourism HIV and AIDS in Jamaica and the Bahamas**. This text sought to link the spread of HIV/AIDS in the two (2) countries mentioned to tourism, the main foreign exchange earner for both countries.

Dr. Boxill cited Dr. Marjan de Bruin as stating that desperate social and economic needs of peoples of these two countries promote dangerous risk taking behaviours with regards to sexual promiscuity (2005).

The data collected did not to any large extent convinced me of a great risk-taking dilemma in the tourism industry, however, the data provided “food for thought”.

Dr. Boxill pointed out in his work that “qualitative interviews point to the ignorance of HIV and AIDS among the general population in both countries with potentially devastating consequences (2005;P.3).

That being the case, we may want to concretize the point that information dissemination on HIV/AIDS is not fully understood and so communication is not achieved. Hence as the “Ghana Study” revealed continuous work and new strategies must be adopted in Jamaica and the Bahamas to curb the spread of the disease. My main dilemma though is the contentious issue of lack of awareness that individuals are infected. Not based on mere carelessness but because of the characteristic of the

virus to remain dormant in the body without any general side effects. How can communication therefore be fully effective? The truth is that most of us cannot reconcile this dilemma.

### Conclusion

As was pointed out earlier by one author in this text, a lack of a vaccine to curb the illness would require continuing medical education of populations as a whole to curb the disease. Communication re: HIV/AIDS then becomes the “social vaccine”. It is quite clear that effective communication must employ socio-cultural strategies to become operational. Economic issues of poor countries and specifically poor persons of societies must be addressed simultaneously in order for the communication messages to make sense.

Information on HIV/AIDS is globally adequate, however, information and communication are not one and the same. It is therefore imperative that uniformed meanings about the patho-physiology of the disease be achieved. We can all agree that this shall be a difficult task in current times and for the foreseeable future.

Merged efforts of natural and social scientists alike would probably “reap more rewards” in terms of effective communication and likely behaviour change. Let us always keep in mind that verbally expressed attitudes and actual behaviour oftentimes do not correlate. Such is the characteristic of HIV/AIDS and its spread.

## Reference

1. Boxill; I.; et al; Tourism HIV and AIDS in Jamaica and the Bahamas; Arawak Publications, 17 Kensington Crescent, Kingston 5, Jamaica, West Indies; 2005.
2. Dearnley; J.; Feather; F.; The Wired World, An Introduction to the Theory and Practice of the Information Society; Library Association Publishing, 7 Ridgmount Street, London, WC1E 7AE; 2001.
3. Eiser; J. R.; Social Psychology, Attitudes Cognition and Social Behavior; Cambridge University Press; 1996.
4. Hilgard; R. E.; Introduction to Psychology; United Press International, library of Congress Catalog Card Number: 62 – 11180; USA; 1962.
5. Hornick; R. C. (Ed); Public Health Communication, Evidence for Behaviour Change; Lawrence Erlbaum Associates, Inc. Publishers, 10 Industrial Avenue, Mahwah, NJ07430; 2002.
6. Kelly; M. J.; Bain; B.; Education and HIV/AIDS in the Caribbean; Ian Randle Publishers, 11 Cunningham Avenue, Box 686, Kingston 6; 2005.
7. Singhal; A.; Rogers; E.; Combating AIDS; Communication Strategies in Action; Sage Publications India Pvt Ltd., M-32 Market, Greater Kailash – I, New Dehli 110 048; 2003.
8. Population Reports; Youth and HIV/AIDS; [www.infoforhealth.org/pr/112edsum.shtml](http://www.infoforhealth.org/pr/112edsum.shtml); 2005.

9. UNAIDS; Join the fight against AIDS in Jamaica; United Nations Programme on HIV/AIDS (UNAIDS), 20 Avenue Appia, 1211 Geneva 27, Switzerland; 2005.



## Appendix

HIV/AIDS in the Caribbean 2004

Adults and Children Living with HIV 440,000

Number of Children Living with HIV 210,000

Adults and Children Newly Infected with HIV 53,000

STATISTICS: UNAIDS

NB: The Caribbean is the second most infected region in the world.