

The international newsletter on HIV/AIDS prevention and care

# AIDS action

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## Sharing and Exchanging INFORMATION

**E**xchanging information with other persons and organisations is essential in building up a body of knowledge about HIV/AIDS. Information about the medical aspects of HIV/AIDS, preventive strategies, counselling, advocacy, policy formulation, and care and support are all necessary inputs in developing HIV/AIDS programmes which are appropriate, ethical, and effective.

Often, people are eager to share their experiences about successful strategies in HIV/AIDS prevention and care. However, valuable lessons can also be learned from less successful experiences.

Sharing information also contributes towards building alliances. Although different strategies and approaches may be used, exchanging information can help sustain a unified response to HIV/AIDS, with individuals and organisations working together as a global community.

Print and broadcast media, such as newspapers, television and radio, have long been used as channels for information sharing. In this issue, *AIDS Action Asia-Pacific* features an overview of the role of media in HIV/AIDS, with focus on the South Asian experience. Another article reports the highlights of a study done among newspaper editors in the South Pacific region. Excerpts from a handbook on the effective use of radio are also included to provide information on how radio has been used for HIV/AIDS education.

Theatre is also an effective medium for information


sharing, particularly in areas which have relatively less access to mass media. In the experience of the popular theatre group Wan Smolbag, theatre can generate discussion and “encourage people to share their own feelings about their lives and the community they live in.”

Persons with HIV/AIDS (PHAs) are key players in the process of information sharing and exchange. Empowering

PHAs to speak out in public is a sensitive and challenging process.

With proper support, however, “coming out” and speaking in public presents benefits both for the speaker and the audience. Susan Paxton, an HIV-positive woman from Australia, shares her personal insights and experiences.

Advances in technology have given health educators a new tool in the form of information technology or IT. The internet has become increasingly popular particularly among younger audiences in areas which have access to computers and telephone lines. Various forms of IT, such as compact discs (CDs), websites, chat rooms, and email enable persons to share information quickly across geographical borders. This issue discusses electronic mailing lists or listservs, looking at both regional and country experiences.

These various ways of sharing and exchanging information are often used in combination to maximise their reach and effectiveness. This issue of *AIDS Action Asia Pacific* hopes to provide a broad view on how these channels of communication can be effectively used in responding to HIV/AIDS. 

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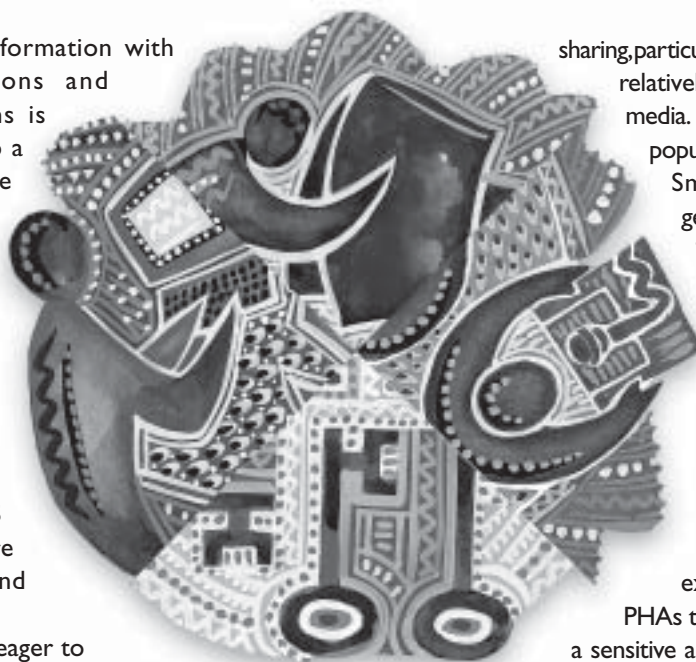
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# HIV and the Role of Media

## Lessons from South Asia: Rights, Gender and HIV

**G**overnments, health activists and the medical profession have a lot of faith in the power of media in spreading awareness about the preventive aspects of HIV/AIDS. And better coverage about the disease in recent years has made the public and policy-makers more sensitive about its social and cultural roots. But as we have seen in many developing countries, the awareness has not always brought about the extent of behaviour change needed to curb the epidemic.

Are our expectations of media too high? Should we be more realistic about the media's capacity to be an agent of change?

What is true is that if the media is not a part of the solution, then it becomes a part of the problem. Newspaper

articles, radio jingles, or television serials may not change behaviour overnight, but if they spread inaccurate or misleading messages, then the damage would be incalculable, setting back years of work on advocacy.

It is clear that communications is the first line of defence in the fight against communicable diseases. To combat preventable infections, people need information about prevention. This knowledge then makes the difference between life and death for many in developing countries. The challenge for the media is to get this message to the public and politicians in clear and precise language, through the most accessible

medium and with a carefully-targeted and unambiguous message.

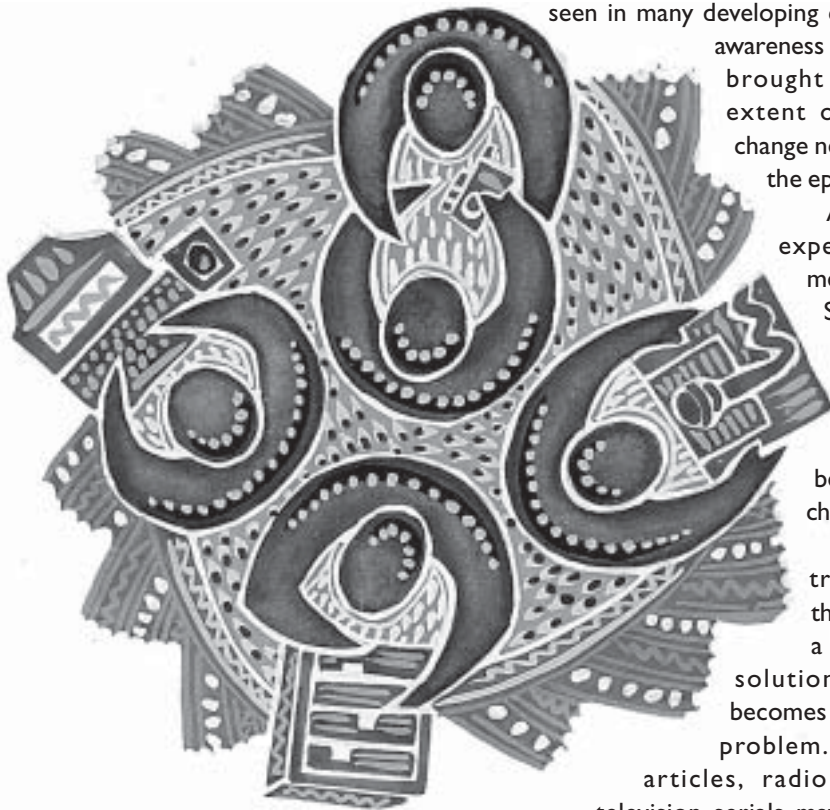
While this is true for TB, encephalitis, water-borne infections, hepatitis B and other communicable diseases, the role of communications is even more important in the case of HIV/AIDS prevention. Information is literally a life-or-death situation, increasing vulnerability as well as victimisation and stigmatisation of the sick.

The AIDS epidemic in South Asia today is growing so fast, it has such serious implications not just for the health of individuals but for the economic health of our nations, that the media needs to be an ally in the advocacy campaign. No more can we talk about vulnerable groups — everyone is vulnerable. Men and women need to know that this is a disease with no cure, and for which prevention is closely linked to precautions. It is a disease which spreads through some of the most private and intimate acts of human beings, and prevention is closely linked to society's taboos and mores. This is why it is vitally important to get its facts right, and spread them among the public as an early warning.

In today's increasingly information-driven society, it is necessary to look at the role of communications in awareness generation about the preventive aspects of health care. And we have to be perfectly clear that awareness generation is only half the answer: people have to be given alternatives to high-risk behaviour, it has to be readily available, affordable and accepted. Media can only take you halfway there.

Just telling a returning migrant worker in a remote Himalayan village about using condoms is no use if there is nowhere he can buy them, or if he has no money to buy them with. Rural Nepali girls may be aware of HIV, but if they are being sold by their families to brothels in Bombay where their clients refuse to wear condoms, then all that awareness is going to have little impact.

In the Asia-Pacific media today we see



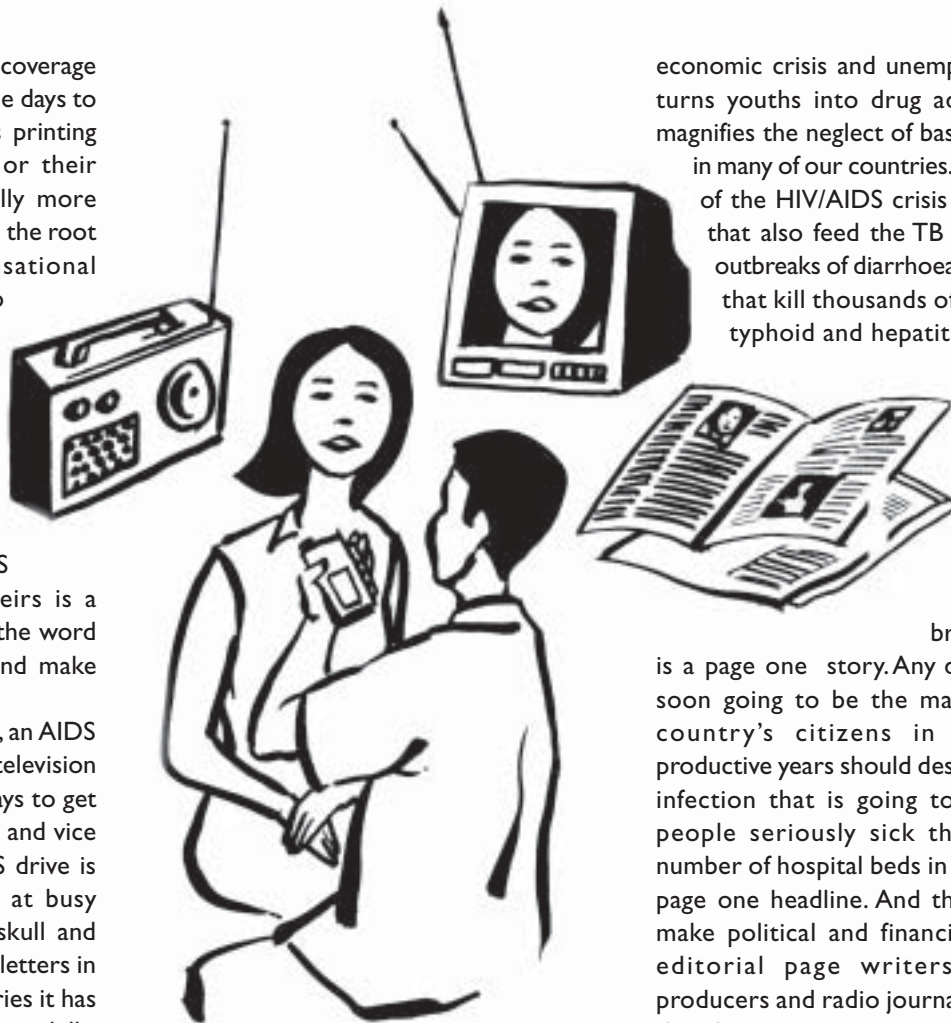
a qualitative improvement in the coverage of HIV/AIDS. It is fairly rare these days to see newspapers and magazines printing pictures of people with HIV, or their names. The coverage is factually more accurate, fairer and they address the root issues and not just the sensational elements of an HIV story. Radio and television have also seen improvements with adolescent sexuality hotlines on FM and infotainment miniseries on television. But state-run media in some countries are still in denial, reasoning that AIDS is not a problem because theirs is a conservative society and using the word condom will corrupt people and make them more promiscuous.

In one South Asian country, an AIDS prevention announcement on television simply states that one of the ways to get HIV is "from a woman to a man and vice versa". In another, an anti-AIDS drive is restricted to large billboards at busy intersections showing human skull and bones with large superimposed letters in red: AIDS. In many of our countries it has not yet sunk in that squeamishness kills. And it has been shown time and again that the more openly sex is discussed, the less risk there is to communities from sexually transmitted diseases and early pregnancy.

Still, the lack of accurate and up-to-date information on the scientific, sociological, developmental or human rights aspects of the disease continues to affect the media's handling of the coverage of AIDS. If the press and public relations firms are going to be used as the vehicles for awareness creation, it is still necessary to sensitise media professionals regularly about the disease. But you have to be careful.

Media seminars on HIV/AIDS are creating a backlash from skeptics who see these as donor-funded and far removed from the real needs of countries where many more people die of less glamorous diseases. There is a need for health activists to be aware about the do's and don't's of media handling, and learn the tricks of how to be persuasive without appearing to be telling journalists what to do.

Although there have been



improvements in the mainstream press, the tabloid media still treats HIV/AIDS as titillating, sensational news to boost circulation. AIDS has all three ingredients that the tabloid press traditionally needs to sell papers: sex, blood and death.

This sort of coverage ends up stereotyping, stigmatising and victimising people with HIV. It ends up scaring the public, alienating infected people and perpetuating prevailing ignorance.

The other way to get a skeptical media engaged about HIV/AIDS is to show them that AIDS is not a medical problem but a social, cultural and economic one. The disease is a magnifying glass which puts the roots of the regional public health crisis into sharp focus: it brings out the exploitation of women, their low status in the country, community and even within families, the trafficking of young girls, poverty that forces men to migrate, lack of health facilities.

HIV/AIDS highlights the problem of illiteracy, especially of girls. It exposes the

economic crisis and unemployment that turns youths into drug addicts. It also magnifies the neglect of basic health care in many of our countries. And the roots of the HIV/AIDS crisis are the same that also feed the TB epidemic, the outbreaks of diarrhoeal dehydration that kill thousands of children, the typhoid and hepatitis infections.

So, AIDS is not a story that belongs just to the health pages or in the news-in-brief section. It is a page one story. Any disease that is soon going to be the main killer of a country's citizens in their most productive years should deserve that. Any infection that is going to make more people seriously sick than the total number of hospital beds in a country is a page one headline. And the sooner we make political and financial reporters, editorial page writers, television producers and radio journalists aware of this, the sooner we are going to get even more meaningful coverage of this crisis and its broad ramifications.

A more informed debate about the roots of the crisis will focus attention of policy makers on prevention. The media has to get it right, if it doesn't it will make appropriate public responses much more difficult to attain. Let me sum up:

- ✦ The media has a role in awareness for prevention, but don't overestimate its power
- ✦ The media is not monolithic
- ✦ The media is not just journalism
- ✦ Don't tell journalists what to do, persuade them that AIDS is an important economic and political story
- ✦ Pick your media carefully depending on your target group
- ✦ Select a cadre of motivated journalists and work intensively with them.

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# Encouraging HIV Positive People to Speak Out in Public

*Persons with HIV/AIDS can be effective health educators, making the public more aware of the human dimension of the pandemic. Susan Paxton, an HIV-positive woman from Australia and author of the book "Lifting the Burden of Secrecy", shares the results of her study as well as her personal insights on disclosure and empowerment.*

**C**oping with the stigmatised and life-threatening condition of HIV is no easy task. When I was diagnosed with HIV in 1991, my self-esteem was totally shattered. I was terrified my son would face serious discrimination from his peers if people found out about my status. At the same time, I was acutely aware of the need to speak out about HIV's devastating impact on young people's lives. I believed that putting a human face to the virus could make a difference.

So I began talking in small group settings to health workers. Over the next few years I continued to carry out AIDS education to in- and out-of-school youth and workers within and outside the AIDS sector.

The experience was extremely rewarding. As well as helping me to accept my diagnosis more easily, as a woman speaking out about HIV I perceived I had a powerful effect on my audiences. I felt I was able to break down stigma and challenge perceptions about who is vulnerable to HIV.

Because of the personal satisfaction I experienced from doing HIV/AIDS education, my curiosity led me to ask about the dynamics of the interaction between an HIV-positive speaker and his or her audience, and whether speaking out had a lasting impact, particularly on young people. So I began a journey into academia.

My doctoral thesis evaluated the role of positive people in AIDS education. I conducted a longitudinal matched control study with 1,260 Australian teenagers, half of whom listened to a talk by a person living with HIV. I also interviewed 75 HIV-positive speakers from 20 countries in Africa and the Asia-Pacific region about the impact on them of public disclosure of HIV status. The sample included speakers from a vast range of socio-cultural backgrounds. Some respondents did not complete primary education; others had university degrees. The majority were parents, and approximately half of the sample had gone public in the media.

I found that positive people play an essential part in the response to HIV/AIDS. Meeting a person living with the virus

challenges stereotypes. HIV-positive speakers significantly improve young people's attitudes to people with HIV, to HIV prevention and to their own vulnerability to infection.

But, speaking out about one's status and facing potential discrimination is difficult. Few people disclose their status to friends or family members, let alone to strangers. Most positive people I interviewed had strong support from peers, family members or a counsellor. The average time between diagnosis and going public was 2.0 years for females and 3.4 years for males.

Very few speakers had any training in public speaking before they started. Several faced some social stigma as a result of going public and some said that at times they felt exploited by AIDS organisations. Yet, provided they were well supported, all found the

experience of public disclosure very beneficial. Almost every speaker I interviewed said they had no regrets about coming out. Despite their fears, everybody, from a wide range of cultural, religious, socio-economic and educational backgrounds said the benefits of speaking out outweighed any negative consequences.

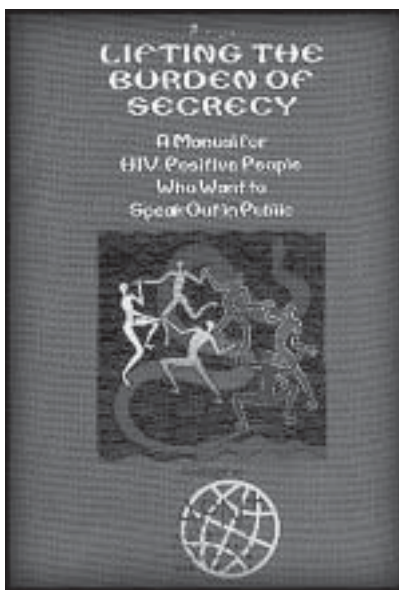
Going public in the media is an even bigger step to speaking face-to-face with an audience. Because there is no live interaction, the possibility of experiencing subsequent discrimination is much greater. It took me many years and my son's consent and encouragement to go from speaking in school classrooms to going public in the media. No HIV-positive person should disclose in the media unless they have extremely good support, a sustainable income and security in the home.

Having done so, like my peers in my study, I feel enormous relief at lifting the burden of secrecy. I no longer live with a carefully guarded secret gnawing away at my immune system.

The paradox of public HIV disclosure is that the very thing that seems the most dangerous to do, openly confronting stigma and facing potential discrimination, is ultimately the most liberating. In facing monumental fear and stigma, one is liberated from the overwhelming burden of secrecy and shame.

If positive people are provided with adequate support, speaking out benefits everybody. Positive people should be encouraged to disclose and provided with appropriate counselling to help in the process. It is also critical that appropriate treatment and adequate capacity building are provided to people with HIV. Otherwise the region loses the valuable expertise we offer in arresting HIV.

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# WAN SMOLBAG: Using Theatre for Health Education

*Wan Smolbag, a popular theatre group in the Pacific, was named after one small bag which contained the props that the group needed when it was just starting out. One of the group's early plays on HIV/AIDS, "Like Any Other Lovers," has been made into a video. Peter Walker, a co-founder of Wan Smolbag, shares his views on educational theatre.*



SPC

**B**roadly speaking, there are three forms of theatre available to the health educators. There is the emotional play that aims to move you to tears as you watch characters struggle with situations you can relate to. These can also be followed by group discussions about the actions and characters' behaviour. Then there is the play that aims to provide information about a topic; for example how STIs are spread. Finally, there are role-plays, forum theatre and playback; forms of theatre that break down the barrier between audience and performer, encouraging audiences to participate in the actual piece being made.

At Wan Smolbag, we use all three. While some feel that the first two forms suffer by being less participatory, I do not always feel this is the case. In the Pacific, audiences are highly vocal and participatory. We treasure memories of strongly acted plays where, for example, the audience has requested afterwards that we all hold hands, performers and audience, and acknowledge the powerful effect of what we have all just witnessed. A powerful play can generate hours of discussion as the strong feelings shown encourage people to share their own feelings about their lives and the community they live in.

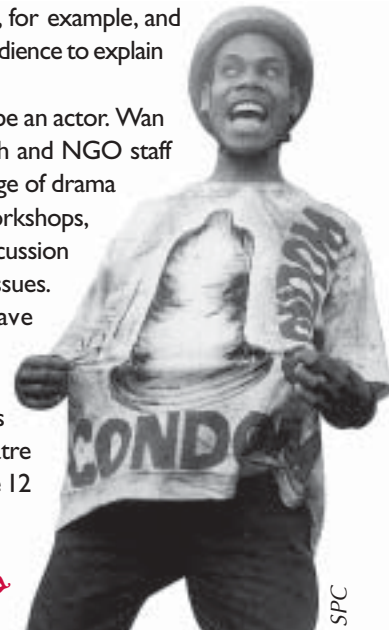
The information play is also criticised in some circles. It is thought to be indicative of a "them" and "us" situation. We, the performers, come to give you, the ignorant village people, the information. It is our experience that people, especially in remote communities, crave information. In areas where literacy rates are low and people don't always have money for batteries for the radio, live theatre is people's

favourite vehicle for receiving and understanding information that may empower them to make life saving decisions. Of course there are pitfalls. Yes, it is possible to come over in information plays as if you are all-knowing and the audience had better listen to you. Furthermore, you can leave an audience feeling disempowered. One example is suggesting that everyone must use a condom when the reality for the village you are in is that either the chief refuses to allow the nurse to give condoms to young people or the nearest access point for condoms is an expensive boat ride away.

It is important too that the performers don't seem somehow 'better' than their audience. What we try to convey at Wan Smolbag Theatre is 'hey, we've just learnt this really interesting stuff, we thought you might be interested too'. It's important too to engage with the beliefs of the host village along the lines of 'and how does what we've just learnt fit in with what you guys know?' Such theatre also runs the risk of being a thinly disguised lecture. Theatrical quality is still important. Humour can be an important element in making information digestible. In one piece we portray Syphilis, Gonorrhoea and Herpes (and later AIDS) in a battle for people's hearts and mind against condom. We have another interactive set of sketches in which the actors play sperm and STD germs running around cloth mock-ups of penises and vaginas. We show how an STD passes from a man to a woman, for example, and then stop the piece and ask the audience to explain what they have just seen.

Not everyone is cut out to be an actor. Wan Smolbag also trains nurses, youth and NGO staff in the use of role plays and a range of drama techniques that can be used in workshops, or the classroom to stimulate discussion of sensitive reproductive health issues. With UNFPA funding we have produced a book, 'Drama in Reproductive Health,' that forms the basis of our training and is available from Wan Smolbag Theatre (please see Resource List on page 12 for contact details).

PETER WALKER, Wan Smolbag 



SPC

## WHAT DRAMA CAN DO

**Drama should not be used to "tell" people what to do or what not to do**


*Drama can be used to :*

- State a problem - for example, communication difficulties between parents and teen-agers, isolation of people with HIV/AIDS, why women take up commercial sex in times of hardship, the problem of women being blamed for the spread of HIV/AIDS
- Expose the causes of a problem - for example, why people avoid talking about AIDS, why other people

- have given up their role as "educators" of young people
- Help people towards reaching a solution - for example, propose a system for home-based care for persons with HIV/AIDS
- Show the benefits of applying a solution to a problem - for example, regular condom use leads to a reduced risk of infection

*Source: Drama in Community Education (booklet published by the Secretariat for the Pacific Community)*

# Electronic Mailing Lists: Linking Communities Across Time and Space



**I**n recent years, information technology or IT has played an increasingly significant role in the response to HIV/AIDS. The use of IT has revolutionised HIV/AIDS information delivery, overcoming barriers of time and geographical distance.

With information technology, relevant data are available not only in hard copy form (printed on paper), but also in “softer” forms. These forms include websites, compact discs (CDs), and file transfer protocol (ftp). Another innovative approach is the IRC or Internet Relay Chat, which allows free-flowing communication and discussion. (See AA48 on chat room services of Youth Zone, an activity centre for Filipino youth).

Another form of IT, the electronic mailing list or serv list, has been widely and successfully used in the Asia-Pacific region. This article will discuss experiences in using electronic mailing lists to address various HIV/AIDS information needs at the regional and national levels.

Mailing lists have become popular because of the following reasons:

- Easy to set up and does not require expertise in computer programming
- Setting-up is usually free or relatively low-cost
- Does not need a full-time staff to keep it running; it is the members themselves who actually keep the forum running through their contributions
- Information goes directly to individual subscribers
- Fast and economical (does not require printing and mailing when sending out messages)

Postage messages in mailing lists may be moderated or unmoderated. In a moderated forum, a pool of moderators scans the messages before sending them to the members to ensure relevance of postings and to avoid duplications. An unmoderated listserv means that all messages go directly to all members without being scanned or edited.

## Regional Experiences

In 1996, SEA-AIDS was established to promote communication and exchange of information on HIV/AIDS in Southeast Asia. As the



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need for information increased, SEA-AIDS membership and topic coverage expanded to the Asia-Pacific region.

SEA-AIDS has also been successful in supporting international conferences. Information services provided by SEA-AIDS include ideas during the planning stage, announcements, updates, and corrections. SEA-AIDS also assists in the documentation of these conferences. Key Correspondents are selected from different countries who are responsible for providing summaries and highlights of some sessions in the conference.

This initiative is helpful particularly for those

who are not able to attend the conference.

Aside from SEA-AIDS, there are a number of mailing lists which discuss a wide range of topics related to HIV/AIDS. At the regional level, one example is the Asian Harm Reduction Network (AHRN) mailing list. It is a forum for its members to discuss and exchange information on harm reduction.

An example of an international forum is Gender-AIDS, which discusses how differences in gender affect the spread and control of HIV/AIDS. Most postings are from Africa, although the topics and issues discussed are also relevant to the Asia-Pacific region.

## Country Experiences

Some mailing lists are limited mainly to a particular country. In the Philippines, the mailing list PinoyRH was established in April 2000. PinoyRH focuses on reproductive health in the Philippines, including HIV/AIDS. PinoyRH encourages postings of local information and updates. For some Filipinos working or living overseas, this mailing list is a way of getting updated on local issues in an economical and convenient way.

Jaminette, although not a discussion forum, provides relevant news and commentaries on HIV/AIDS-related issues in Vietnam and neighbouring countries. Postings are provided by the moderator of the forum. English is mainly in use, although occasional messages are in the local language.

SAATHII in India, with almost a thousand members, features substantial postings. This mailing list serves as a bulletin board. Discussions are posted in another mailing list which is the AIDS India e-Forum.

In Australia, AFAO established the HIV-and-Development-L Forum as a complement to existing international forums on HIV/AIDS. It addresses issues on development from an Australian perspective.

There are many listservs related to HIV/AIDS and this article



presents only a few examples of regional and country experiences. Information on how to subscribe to the listservs mentioned in this article can be found in the box article below.

## Subscribing to Regional and National Mailing Lists

Subscribing to both regional and national forums is helpful and practical. Having a regional forum provides the following:

- broader perspective on issues
- several examples of good practices that other countries want to replicate
- opportunity for expanded networking

Subscribing to a national or local forum is equally advantageous because:

- it provides a more country specific perspective which subscribers can easily relate to
- the use of local language enables more people to participate
- the relatively smaller membership allows subscribers to interact more and get to know each other better.

Generally, regional and national listservs complement each other, and subscribing to both types of listservs is a useful option.

## Challenges and Barriers

In developed countries, information technology has been successful in improving access to and exchange of information. However, in developing countries, much still needs to be done to improve IT use and access.

Some of the challenges that developing countries face are:

1. Encouraging as many members as possible to participate, so that the forum is not dominated by only a few people.
2. Ensuring that postings are relevant and appropriate (this happens to unmoderated forums)
3. Information overload, with too many messages coming in such that the subscriber may not have the time to read them (again, this happens to unmoderated forums)
4. Improving access to computers, telephone connections, and Internet subscriptions which are often expensive or not available
5. Sustainability. For those who have access to IT, sustainability is another problem. For example, the UNAIDS InfoDev Project (covering South East Asian countries) provided computers with modems and subscriptions to an Internet Service Provider (ISP) to many organisations, mostly based in the provinces. After one year, some organisations could not sustain the subscription fees and some could not even sustain their telephone lines, and thus were disconnected.

## Maximising Use of Electronic Mailing Lists

Mailing lists, if properly used and fully maximised, can be very effective in facilitating information exchange. The success of a mailing list forum does not lie in the volume of information being posted but rather on the quality of the information being shared. This makes the role of moderators/facilitators of a forum a challenging one.

Members of the forum can contribute to its success by:

- Broadening the distribution of information. It would be helpful

to promote the use of mailing lists as an advocacy tool

- Minimising information overload. Members should keep in mind the guidelines and objectives of the forum, and post only relevant messages.

To address the issues on access and sustainability, organisations should facilitate funding support, not just for computers and modems but also for training and technical assistance.

IT is truly a very powerful tool in sharing information on HIV/AIDS prevention and care. But ultimately, it is the people - the stakeholders, policy makers, community members, persons with HIV/AIDS, and caregivers—who will translate these messages into action.

Noemi D. Bayoneta-Leis and Mercedes B. Apilado, HAIN 

## HOW TO SUBSCRIBE

If you would like to subscribe to a listserv, you can email the following:

**Gender-AIDS:** send an email to [gender-aids@hivnet.ch](mailto:gender-aids@hivnet.ch) and add the word "join" at the subject line

**SEA-AIDS:** [subscribe-sea-aids@lists.healthdev.net](mailto:subscribe-sea-aids@lists.healthdev.net)

**PinoyRH:** send an email to [pinoyrh-subscribe@yahoo.com](mailto:pinoyrh-subscribe@yahoo.com)

**Jamienette:** send an email to [jamie@netnam.vn](mailto:jamie@netnam.vn)

**AHRN:** send an email to [ahrn-list-subscribe@yahoo.com](mailto:ahrn-list-subscribe@yahoo.com)

**SAATHI:** send an email to [saathi:subscribe@yahoo.com](mailto:saathi:subscribe@yahoo.com)

**AIDS INDIA eForum:** send an email to [aids-india-subscribe@yahoo.com](mailto:aids-india-subscribe@yahoo.com)

## HOW TO SET UP AN ELECTRONIC MAILING LIST

There are now many organisations and ISPs which provide technical assistance in setting up mailing list forums. Commercial servers, such as Yahoo! Groups also provide easy-to-follow online support in setting up a mailing list.

Before setting up a mailing list, it is important to answer the following:

- Why is there a need to set up an electronic mailing list?
- Does it complement or does it duplicate other initiatives?
- What are the issues and needs that you intend to address?
- What are your strategies in addressing these issues electronically?

You can consult the following organisations and/or websites on how to set up or develop a mailing list:

1. Health and Development Networks (HDNet): <http://www.hdnet.org>
2. Foundation du Present (FdP): <http://www.fdp.org>
3. Yahoo!Groups: <http://groups.yahoo.com>

# Using Radio for HIV/AIDS Education

Radio has been widely and successfully used in HIV/AIDS education and prevention. This issue of *AIDS Action* presents excerpts from *Radio and HIV/AIDS: Making a Difference* by **Gordon Adam** and **Nicola Harford**.

**W**hy use radio to promote HIV/AIDS communication?

Radio reaches a wider audience than any other medium: for example there are an estimated 94 radios per thousand people in the least developed countries, ten times the number of televisions or copies of daily newspapers available.

- ▣ radio can motivate people by building on aural/oral traditions and stimulate the imagination better than video or television
- ▣ radio programmes are cheap, quick and easy to make
- ▣ radio receivers are widely available, cheap and easily portable; this makes them convenient for listeners
- ▣ radio can reach people who are isolated by language, geography, conflict, illiteracy and poverty
- ▣ radio can reach those who do not come to health facilities because of cost, distance or embarrassment: it can convey insights gained by health workers to a wide audience
- ▣ radio can help inform people and raise awareness about a new idea, product or service that is available
- ▣ radio can help create a demand for services, e.g. "If you are concerned

that you might have a sexually transmitted disease (STD), you can go to an STD clinic where you will be treated in total confidentiality by the doctors and nurses"

- ▣ radio can give additional credibility to multi-media HIV/AIDS campaigns
- ▣ often radio listening is a group activity which encourages discussion of educational issues after the broadcast. This is an important stage in the process of behaviour change.

## But what are the drawbacks to using radio?

- ▣ radio is a transitory medium: information may not be retained by listeners who cannot ask for the information to be repeated or clarified
- ▣ radio is a one-way medium: unlike face-to-face communication radio offers no immediate opportunity to ask people questions about what they know or to check if people have understood what they heard. Nor can listeners respond instantly and ask questions to clarify issues
- ▣ many people lack access to electricity and batteries are expensive and can be difficult to obtain
- ▣ in the wrong hands, radio can

heighten people's fears and prejudices inciting conflict and hatred rather than resolving it

- ▣ it is not yet fully understood how precisely increased awareness of public health issues is most likely to lead to significant behaviour change and improved health. But it does seem that targeted information can lead to an increase in knowledge and raising awareness. This in turn can lead to a discussion of issues and a gradual change in behaviour.

## Community Radio

The most interactive format of all is community radio. When it is working well, community radio is run by the community for its benefit. It is in touch with the concerns of the listeners, and it is the focal point for contributions and debates on those concerns. It is seen as relevant to the lives of the community and is therefore required listening.

Its relevance to HIV/AIDS awareness is that the community radio need not be geographic—it could be set up by PLWAs to give mutual support to people who find themselves in a similar situation. A community radio station run by PLWAs would help normalise rather than marginalise this group of people—listeners without HIV would listen in casually, and would learn much about the concerns of PLWAs.

Community radio's biggest drawbacks are usually financial: in rural areas there is little money to be made from public notices, advertising or sponsorship. Interesting programming is a specialised and creative skill, and many community radios fail because their programmes have lost touch with the people and are dull.

But bearing in mind the potential impact of community radio on HIV/AIDS as well as education and the environment, this is a medium which deserves much more support from aid organisations than it currently receives.

Each community radio finds its own way of interacting with its audience, but there are some fundamental principles which apply to most situations

- ▣ encourage lively programming, particularly music
- ▣ invest in local news gathering; that's why people listen - they want to know what's going on



*A Buddhist monk using radio to broadcast HIV/AIDS messages*

HAIN Photo file



- ❑ recruit presenters from the community, but choose them for their broadcasting skills not their political or commercial importance (this may require sensitive handling!)
- ❑ give plenty of opportunities for listeners to debate local issues, but be careful about dominant individuals monopolising the airwaves and becoming boring
- ❑ team up with local organisations and local government on health campaigns -national immunisation days, World AIDS day etc.
- ❑ rise to the occasion in providing information in local crises - floods, epidemics, civil unrest, drought. This is where listeners will depend on you (community radio) the most
- ❑ ensure that editorial control of the station is representative of the community as a whole, and is not hijacked by a particular faction or interest group

## Partnerships with other organisations

Aid organisations know what they want to say but often don't know how to say it: the media knows how to say it, but don't always know much about the issue.

It is often a paradox that NGOs

spend much effort in marketing themselves but very little time on using the media to support their relief and development programmes.

### **HIV/AIDS broadcasting initiatives require partnerships for:**


- ❑ funding: but donors first need convincing that radio is a useful development tool
- ❑ official blessing: a health education initiative has to be in line with government policy, so the Ministry of Health or the national AIDS office needs to know what is planned; they may well be able to offer advice and support
- ❑ expert advice: health above all cannot be broadcast without consulting public health specialists who know about the target audience
- ❑ reinforcement of HIV/AIDS messages: health workers are the obvious people to reinforce impact, but they need to know about what the key messages are in advance and to be given briefings and/or print support
- ❑ if the campaign involves providing services, such as condoms, then the organisations distributing these services need to be part of the campaign, and they need to be confident they can distribute enough supplies to satisfy expected demand

## Inter-Agency Cooperation

Cambodia has the fastest growing AIDS epidemic in the Asia-Pacific region. NGOs have formed the HIV/AIDS Coordination Committee (HACC). One member agency, PSI, runs a radio soap opera, supported by a phone-in programme. Both are broadcasted on one of the most popular FM stations. Another, World Vision, supplies articles to a popular youth magazine, and a third, Health Unlimited, runs training workshops on how to use the media for HIV/AIDS awareness in addition to producing a regular talk show on FM radio.

## What is monitoring and why do it?

Monitoring means assessing the progress and appeal of a programme or campaign during its lifetime. During the broadcasting period you will need to monitor the audience's awareness of your radio programme on a regular basis to check that people are listening to and remain interested in the programmes. You also need to check that your materials or programmes are being broadcast as scheduled and that the reception quality is good enough for the target audience to be able to listen easily. Monitoring will help establish who is listening and when, and what they think of the programmes. It can provide feedback on the production process, and feedforward your audience's reactions and ideas into future programme-making.

You can also monitor the issue itself - in this case HIV/AIDS and related topics - and update the content of your programming. Keep it contemporary and topical by reacting to news and developments that are of interest to your audience and will hold their attention. You will need to keep track of the changing status of HIV/AIDS and recommended practices. Monitoring can help day-to-day decision making to help bring about changes which are necessary: there is no point in only knowing about 

## CREATING DIALOGUE WITH LISTENERS

*Friends Help Friends* is a radio production house in Bangkok, Thailand which makes an impact through sheer volume of phone-in broadcast material. Run by Tanchan, a charismatic young Buddhist monk, who broadcasts about eight hours a day for radio stations throughout Thailand. In fact he contributes to a total of 21 stations each a week, some of them linked to his makeshift office/studio by landline. For others, he records and distributes programmes on cassette. Most of his audience are the poorer members of the community, who listen on AM.

*Friends Help Friends* programming is based on phone-ins and responding to listeners' letters. The programme is widely popular with about 50 phone calls a day, about ten of which are on HIV/AIDS related issues. He also receives a large number of letters, including some from neighbouring Laos and Cambodia. Counselling people with social problems is what has made Tanchan a household name. According to a colleague he has a poetic way of speaking which appeals to people from four to 90 years old, he inspires trust and activates 'energy' in the form of drawing on people's Buddhist faith. At the same time he offers practical help in the form of funds from the Ministry of Health and the Bangkok Municipality to help people living with HIV/AIDS. His messages concentrate on preventive behaviour and help in the last stages of illness such as hospice care and calling for support from relatives. From time to time his programme goes on the road, helped by 50 volunteers and a grant from the Bangkok Municipal Authority. Tanchan believes radio's strength is its reach, its independence from main electricity, its portability and its ability to stimulate the imagination. Tanchan's success as a radio counsellor stems from his faith, but also by being close and caring for the people he is trying to help.

# HIV/AIDS in the South Pacific Region Delaying the Inevitable

*Papua New Guinea, the largest of the South Pacific countries is on the verge of a serious HIV/AIDS epidemic. Other countries in the region could follow a similar pattern. However, as Dr Trevor Cullen from Edith Cowan University in Australia discovered in his PhD research, many newspaper editors in the region remain unconvinced about the impending tragedy.*

**S**peaking at the launch of World AIDS Day on 1 December 2000, Sir Mekere Morauta, the Prime Minister of Papua New Guinea (PNG), described the HIV/AIDS situation in his country as a “silent catastrophe.” Currently, PNG has 2,848 people living with HIV and 1031 with AIDS. However, the Prime Minister warned that these figures were misleading and indicated that between 15,000 and 20,000 people are living with the virus.

Describing the HIV/AIDS epidemic in PNG, Peter Piot, executive head of the United Nations AIDS programme (UNAIDS), predicts a potentially devastating outcome for PNG if decisive action is not taken to slow the spread of HIV/AIDS.

Although, it is difficult to predict precisely the future, the potential is definitely there and it will depend on how the country is going to respond to it that will determine the course of the epidemic (Piot, 1999).

For a country on the verge, or more accurately, at the start of a serious HIV/AIDS epidemic, there is little sign of anxiety or panic on the streets of the capital, Port Moresby. In April this year I spent one week in the capital and never heard anyone discussing HIV/AIDS. In fact, there were no billboards or posters warning people about the dangers of the disease. The media were equally silent on the issue. I never heard any radio announcements or saw any television advertisements. Only one of the two daily newspapers had a brief news item about the latest figures for the Highland region. Tragically, the adage, “out of sight, out of mind,” has, it seems, created a worrying sense of ignorance and subsequent complacency. The atmosphere was like the calm before a wild and ferocious storm.

The media's response in PNG has been patchy and inconsistent. Why is it so difficult to ignite interest in a disease that has the potential to decimate the social and economic future of the country? I sought some explanations from local newspaper editors for their current state of inaction.

## Interviews with the Editors

Editors were chosen because they wield considerable influence in the selection of news stories. A total of 25 newspaper editors were interviewed from seven South Pacific countries. The countries

were deliberately selected to reflect the different ethnic groups in the region: Melanesians (Papua New Guinea and Fiji); Polynesians (Tonga and Samoa); French Melanesians (New Caledonia); French Polynesians (Tahiti) and Micronesians (The Federated States of Micronesia). It must be noted that ethnic differences did not make a noticeable difference in the editors' approach to reporting HIV/AIDS.

## The Editors' Response

The most startling revelation was that more than 75 per cent of the editors considered malaria to be a greater threat than HIV/AIDS. For this reason the majority of editors were, for the most part, unwilling to lead public debate on HIV/AIDS for fear of exaggerating its presence and influence. This may explain the lack of front-page stories and editorials about the disease columns.

Only 12 per cent of the editors were satisfied with their current knowledge of HIV/AIDS implying a degree of ignorance about the disease. Despite the fact that HIV/AIDS has existed in the South Pacific for at least 13 years, none of the editors had an editorial policy about a problem that has the potential to devastate the political, economic and social fabric of their respective countries. However, the noticeable lack of editorials about the disease may have more to do with the lack of priority given to health issues.

Meanwhile 16 per cent of the editors said their newspaper had a health page while only eight per cent employed a full-time health reporter. Usually, a general reporter covered health topics. Nearly two-thirds of the editors had not knowingly met someone living with HIV/AIDS. During the interviews, the author noticed that those editors who had encountered a person living with HIV/AIDS adopted a more open and concerned approach to the problem.

## Difficulties editors face with reporting HIV/AIDS

It was frequently stated that official figures for HIV/AIDS were low and this affected coverage. Editors were often handcuffed to what is often described as a ‘quantifiable view’ of importance. Also, traditional news values make it difficult for editors to view HIV/AIDS as a consistently newsworthy topic.

Criteria for selecting news include aspects of sensation, conflict, mystery, celebrity, deviance, tragedy and proximity. While news items on HIV/AIDS fit some of these categories, it is a disease that has been reported by newspapers since the mid-1980s. This makes it difficult to present the disease in a constantly new and interesting way.

Due to its long shelf life and the ‘gloom and doom’ factor associated with HIV/AIDS, stories on the disease are frequently restricted to official government figures, workshops, overseas

donations and the excellent work of local volunteers.

Closer examination of actual press coverage revealed that editors placed greater emphasis on the harmful effects of the disease especially long-term suffering and possible death rather than explain the risks and necessary preventive measures to avoid infection. Potentially, this creates a sense of helplessness that there is nothing to contain the spread of the disease.

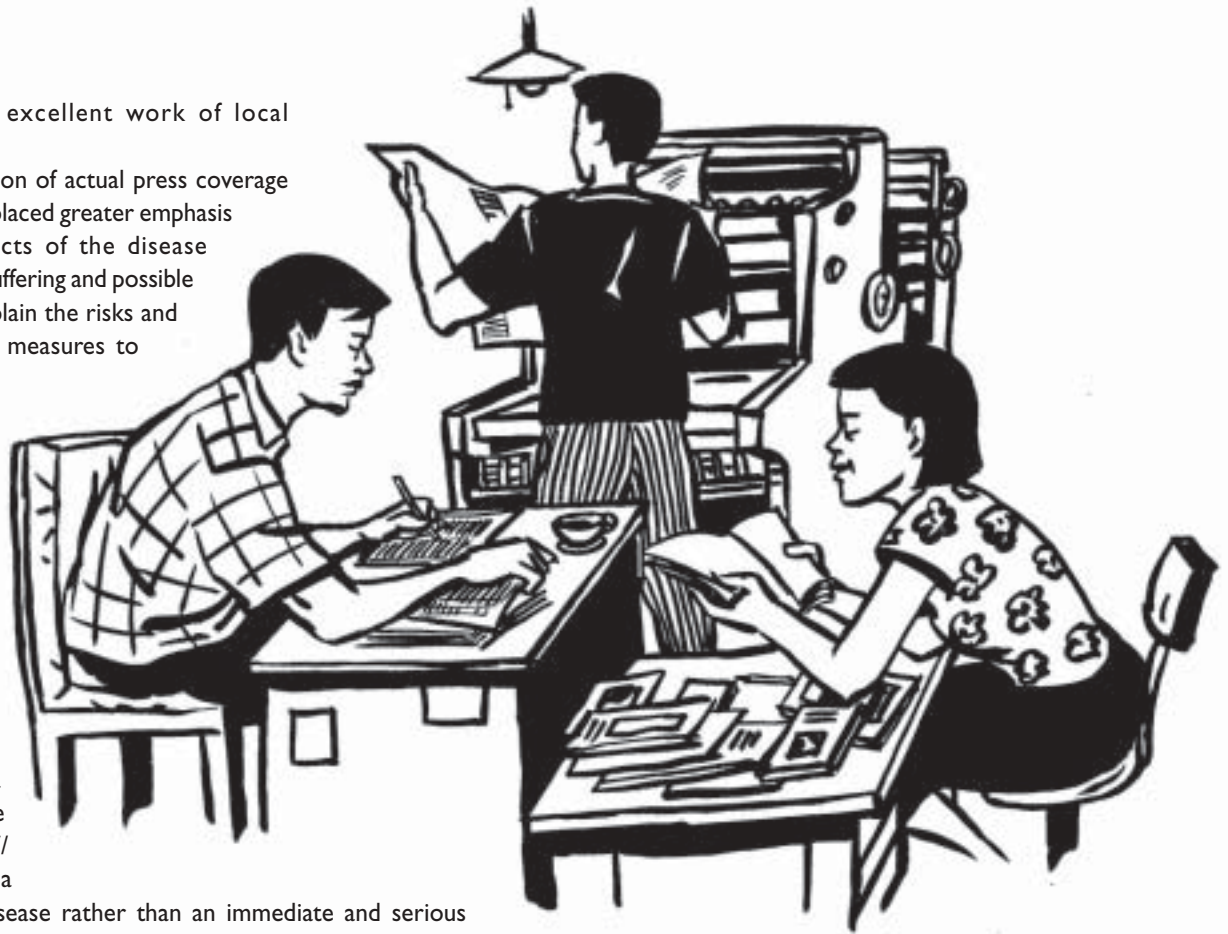
Only a few news items referred to people who had died of the disease and this, together with the failure to put a human face of the problem, framed HIV/AIDS as more of a distant theoretical disease rather than an immediate and serious health threat. This finding matched Kasoma's (1990 and 1996) research on press coverage of HIV/AIDS in Zambia and Pitts and Jackson's (1993) research on the same topic in Zimbabwe.

Virtually all the editors stated that cultural taboos remain an obstacle when reporting HIV/AIDS. Talking about sex or reporting someone living or dying of AIDS are issues that local editors and journalists prefer to avoid due to cultural pressures. Also, Christian and traditional beliefs influence public perception and understanding of the disease.

## Recommendations

While everyone in society needs to play their part in tackling the emerging HIV/AIDS epidemic in the South Pacific region, editors, in particular, have enormous influence and can make a difference. They decide what news items are to be included or omitted from their publications and these stories are frequently spotted and used by radio and television news editors. Moreover, they can help challenge public opinion on HIV/AIDS that is often based on ignorance, fear and prejudice.

Understandably, editors and journalists avoid using their publications for HIV/AIDS advocacy work. They can, however, adopt a more pro-active journalistic approach by improving their own knowledge of the disease and by going out to get the story instead of merely waiting to comment on government press releases or local workshops organised to promote awareness of HIV/AIDS. In this way it is possible to challenge policy decision-makers to act now before the HIV/AIDS tidal waves hit shore with their intense ferocity. An increase in the number of health reporters and the



return of the health/lifestyle page would help contribute towards an increase in the number of news stories and features on HIV/AIDS and other prevalent tropical diseases.

While a number of editors in the South Pacific region should be highly commended for the way they have responded to the threat of HIV in their countries, the time has come to step up coverage and allocate more space for information about prevention and to embarrass government officials into greater action. This is extremely difficult because of cultural sensitivities and financial sponsorship. But it is not impossible and will contribute hugely to a current information campaign that often sounds more like a squeaky tin whistle than a loud and continuous trumpet blast. It is time for the editors to lead from the front.

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Piot, P. (1999) Executive director, United Nations Programme on AIDS (UNAIDS). Interview in Kuala Lumpur, Malaysia. 25 October.

Pitts, M. and H, Jackson (1993) *Press Coverage of AIDS in Zimbabwe: A five year plan*. AIDS Care 5 (2): 223-230.

**Trevor Cullen, Ph.D.**

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# Resource List

**11 Steps to Understanding AIDS: Guide for Journalists, 1996.** A handbook in question-and-answer format, it provides basic information on HIV/AIDS intended to encourage journalists to become involved in HIV/AIDS education. It also provides journalists with practical guidelines on how to cover and write about HIV/AIDS more effectively. Available from LP3Y, Jl. Kaliurang Km 13, 7 Gg. Banteng Ngeplak Sleman, Yogyakarta, Indonesia 55584. Email lp3y@idola.net.id

**Radio and HIV/AIDS: Making a Difference, a guide for radio practitioners, health workers and donors by G Adam & N Harford, 1999.** A handbook for radio practitioners, health workers, donors and journalists covering HIV/AIDS and related issues. Discusses how to maximise the use of radio for HIV/AIDS communication. Provides useful examples from various countries of work that have been successfully conducted. Available from UNAIDS, Avenue Appia, 1211 Geneva 27, Switzerland (Email unaid@unaid.org) and from Media Action International, Villa de Grand Montfleury 49, Versoix, Geneva CH 1290, Switzerland. Email: info@mediaaction.org

**Regional HIV/AIDS Communications & Media Assessment & Recommendations, 1997.** Reports on the Mekong Subregion HIV/AIDS communications & media assessment including recommendations for future planning. Individual country reports of the following countries are available: Cambodia (Doc. No. 9001.1-1541); Lao PDR (Doc. No. 9001.2-1542); Viet Nam (Doc. No. 9001.3-1543); Yunnan Prov., People's Republic of China (Doc. No. 9001.4-1544); Thailand (Doc. No. 9001.5-1545); Myanmar (Doc. No. 9001.6-1546). Available from Unicef Mekong Subregion HIV/AIDS Programme, 19 Phar Atit Road, Bangkok, Thailand 10200. Email: rbennoun@unicef.org

**Lifting the Burden of Secrecy: a Manual of HIV-positive People Who Want To Speak Out In Public by S Paxton, 1999.** A guide for HIV-positive individuals considering speaking out in person about their experience of living with HIV. The content is based on the interviews conducted with 76 HIV-positive people from Asia. Available from UNDP country offices and APN+, 36A, Kim Keat Rd., Singapore 328812. apn@pacific.net.sg Languages: Eng, French, Spanish, Chinese, Bahasa and Filipino

**Using Drama to Target Risky Behaviours in Papua New Guinea** by SS Sommi; W Peter; N Bisai. Development Bulletin. June 2000(52):92-3. This paper discusses the collaborative efforts between Papua New Guinea Institute of Medical Research, and Lae and the Seeds Performing Arts Theatre, which adopted the approach of using drama to target risky behaviours in the country. Available from HAIN

**Theatre Against AIDS In The Pacific: Building On Our Cultures, compiled By P Sheehan, 1998.** This booklet aims to promote the use and development of theatre groups to help in education, prevention and to stimulate discussion on HIV/AIDS. It features the experience and works of theatre groups from

the different countries in the Pacific. These small theatre group performances centre on issues such as HIV/AIDS, other health concerns and environmental protection. Provides a directory of theatre groups. Published by Secretariat of the Pacific Community, this booklet is out of print but photocopies may be requested from HAIN

**InfoDev: Facilitating Communications In Response To HIV/AIDS In South-East Asia, July 2001.** Contains the experiences of infoDev Project on how information technology was utilised in responding to HIV/AIDS epidemic in developing countries. Available from UNAIDS, 20 avenue Appia, 1211 Geneva 27, Switzerland. Email unaid@unaid.org

**E-Mail Forums Link HIV Community** by W Craig, 1999. Describes Fondation du Présent's experiences in establishing HealthDev forums through electronic mail and how these forums helped its subscribers in communicating messages across borders. Global AIDSLink #57, JI-Sp pp4-5. Available from HAIN

**A Web Site At The Service of HIV And Development: Remarks on the Role, Strategy and Effectiveness** by J Du Guerny, et al., 2001. Presents the results of an evaluation to determine whether the website of the South East Asia HIV and Development Project has achieved its objectives. Available from UNDP South East Asia and HIV and Development Project, UN Bldg., Rajdamnern Nok Ave., Bangkok 10200, Thailand. Email leenah.hsu@undp.org or from www.hiv-development.org

## ORGANISATIONS:

**Secretariat of the Pacific Community (SPC, formerly South Pacific Commission) HIV/AIDS & STD Project** of SPC, produces videos, IEC publications on HIV/AIDS education and prevention. Contact at B.P. 5 Noumea Cedex, New Caledonia 98848. Email patricias@spc.int. http://www.spc.int/AIDS

**Wan Smolbag Theatre** You can contact this theatre group for training needs on theatre and film making at P.O. Box 1024, Port Vila, Vanuatu. Tel +678-271119; Fax +678-25308; email smolbag@vanuatu.com.vu

**Panos Institute** The Panos Institute produces a range of information materials for media, NGOs, and policymakers in developing countries which are designed to facilitate and encourage national debate on how to respond to HIV/AIDS. Materials produced include news features, media briefing documents, and a regular radio program "AIDS Today". The 15-minute taped radio shows are distributed to 80 radio stations worldwide. Panos' main office is at London and it has several satellite offices. For Asian offices, you can contact:

**Panos Kathmandu** GPO Box 13651, Patan Dhaka, Kathmandu, Nepal. Tel (+9771)520985, Fax (+9771)523846. Email psa@panos.org.np. Website www.panos.org.np

**Panos India** 49 (FF) Defence Colony Market, New Delhi 110 024, India. Tel (+9111)4631381, Fax (+9111)4624725. Email: mituv@vsnl.com

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