Communication Strategies for Confronting AIDS

Empowering the Children of Africa

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The introduction to the present volume cited singer Oliver Mtukudzi’s question to the youth of Zimbabwe about the AIDS crisis: “What shall we do?” In the context of Zimbabwe, where 45 percent of the children under the age of five are HIV positive and where one of every two fifteen-year-olds is likely to die of AIDS, Mtukudzi’s question embodies both a national crisis and a continent’s anguish.

So what shall we do? While there are no short-cuts or simple formulas for tackling AIDS, the discourse of what can be done is framed in the context of courage, hope, and possibilities. While the world is now more than ten years into the HIV/AIDS crisis with no promising vaccine in sight, and with relatively few effective and sustainable prevention programs, several key lessons have been learned about confronting the pandemic.

I discuss these lessons from my vantage point as a communications scholar interested in overcoming the communicative challenges presented by HIV/AIDS: silence, denial,
blame, stigma, prejudice, and discrimination. McGeary aptly summarized these challenges: “The victims don’t cry out. Doctors and obituaries do not give the killer its name. Families recoil in shame. Leaders shirk responsibility. The stubborn silence heralds victory for the disease: denial cannot keep the virus at bay.”

How can communication strategies address these challenges—strategically, creatively, and compassionately? I organize the response to this question around four key communicative lessons. Perhaps some of these lessons can empower the children of Africa as they face the relentless onslaught of AIDS.

**Lesson 1: “When the Lion Comes, Make a Loud Shout”**

In April 2002, during the International Conference on HIV/AIDS and the African Child, held at Ohio University, I picked up a copy of *African Recovery*, which featured a story on how Uganda is facing the AIDS “lion.” In this story, Ugandan president Yoweri Museveni goaded his fellow African heads of state to personally lead the charge on AIDS. He said: “When a lion comes to the village, you don’t make a small alarm. You make a very loud one. When I knew of AIDS, I said we must shout and shout and shout and shout.”

Museveni’s use of the word *shout* signifies a key communication strategy to confront AIDS. Shouting signifies a mustering of political leadership, a call to action, and, perhaps more important, the need to be heard loud and clear amid a cacophony of confusion or, as some have suggested, a deafening veil of silence. Museveni believes that his fellow “village chiefs” need to confront the AIDS lion head-on as the beast continues to decimate the village stock, especially the most vulnerable young ones. Doing anything less is unpardonable.
Fig. 15.1. High school students in KwaZulu-Natal Province, South Africa, during an interactive theater performance designed to break the community’s silence on AIDS. Johns Hopkins University Center for Communication Programs. Photograph by Patrick L. Coleman, JHU/CCP. Used with permission.
In our communication courses, we discuss the importance of analyzing communication phenomena by posing the question, Who says what to whom in what context and with what effect? Once again, Museveni’s follow-up remarks to his fellow African chiefs reflect a strategic grasp of communicative action: “When a district health officer comes to address a village meeting, 20 people show up. When Museveni addresses a rally, 20,000 show up. That’s the time to pass the AIDS message.” “The top leadership needs to supervise the AIDS war.”

Breaking the silence on AIDS by “shouting” loudly allows a nation, a community, or a family to step up from words to deeds. Uganda, for instance, has mobilized its civil society—schools, churches, mosques, mass media—to spread the word on AIDS. Wherever people congregate, the “village chief”—whether a political, educational, religious, or community leader—has a key role to play in confronting AIDS through leadership, action, and compassion. In Uganda’s public schools, headmasters talk about AIDS in student assemblies. In its mosques, imams talk about AIDS during congregational prayers, home visits, and community ceremonies.

The timing of the shout is critical too. During a visit to Nairobi in 2001, I noticed that Kenyan president Daniel arap Moi called attention to the pandemic in every speech he gave, whatever the topic and whoever the audience. The president, when inaugurating a new kindergarten, urged his audience of small children to avoid becoming infected with HIV. Earlier, in the 1980s, Moi went through several years of denial, insisting that there was no AIDS in Kenya. Today, the Ministry of Health estimates that seven hundred Kenyans die every day from AIDS. The lesson from Kenya is that the shouting needs to begin in earnest, and early; the delay can be measured only in lost lives.
Lesson 2: Frame the Shout: Setting the Media, Public, and Policy Agenda

But how does an issue like AIDS get on the national agenda? How does the shout rise above the deafening silence of apathy and inaction? What role can the mass media, especially journalists, play in amplifying the shout? How can the stifled needs and aspirations of children infected and affected by HIV/AIDS be voiced to influence the mass media, public, and policy discourse?

African countries need a cadre of child-friendly journalists and perhaps an agency that monitors media coverage of children. Here, ANDI’s (Agência de Notícias dos Direitos da Infância) experience in Brazil is noteworthy. ANDI is a new organization that proactively monitors media coverage of children, with a special emphasis on HIV/AIDS. ANDI regularly content analyzes some forty Brazilian magazines and newspapers to gauge how HIV/AIDS is covered. A report is then published that details what the media are doing with respect to HIV/AIDS, what they are not doing, and what they should be doing. ANDI then conducts training sessions for journalists on AIDS reporting and provides them with a manual that includes contact information for HIV/AIDS officials at the federal, state, and municipal levels plus a list of NGOs working in this field. Reporters are trained in how to compassionately report on people living with HIV and AIDS, stimulate public debate, and reduce the stigma and homophobia that often accompanies the disease.

ANDI’s biggest accomplishment, in my opinion, is the creation of a cadre of 250 child-friendly journalists in Brazil who regularly report accurately and compassionately on children’s issues. ANDI believes that when a reporter frames a story from the perspective of children, the story takes on a human face, is engaging to the reader, and allows for issues to be...
examined in the context of future possibilities. For instance, an outbreak of cholera in a Brazilian favela might emphasize the role of the health sector in immunizing children against preventable diseases.

Cynthia Garda, a child-friendly journalist (an honor bestowed on her by ANDI), recalled her first story on AIDS orphans in Brazil: “When I got in touch with ANDI, they told me which NGOs and government offices to possibly contact in the local area. . . . They also made available to me, through their clipping service, all previous articles published in Brazil on AIDS orphans.” Garda also told me how ANDI helped change the face of AIDS in the Brazilian media: “Previously HIV-positive children were not shown in Brazilian newspapers. Their faces were hidden or covered. And yesterday there were six smiling children on the front page of the national newspaper, and the headline said, ‘We Are Positive.’”

ANDI monitors media coverage of children and HIV/AIDS on a regular basis so that it can track the quantitative and qualitative changes in AIDS reporting in Brazil. By showing these results to journalists and training them in accurate HIV/AIDS reporting, ANDI initiates and influences the public and policy debates about AIDS in Brazil.

ANDI also knows that when AIDS is humanized, news reports catch the public’s attention, people believe that AIDS is an important social problem, and it climbs to prominence on the national agenda. ANDI has learned that factual indicators like rates of HIV infection often do not play an important role in setting the media agenda. In the United States the issue of HIV/AIDS lay dormant for four years (AIDS was first diagnosed in 1981), during which time more than twenty thousand people died of the disease. The U.S. mass media were mostly silent. However, when film star Rock Hudson disclosed his HIV status in 1985, the issue of AIDS was humanized and rapidly climbed the U.S. media agenda (subsequently stirring
the public and policy agendas). And in South Africa, despite several years of galloping HIV infections, the media's shout on AIDS was barely audible until AIDS got its public face—the courageous child Nkosi Johnson (see chapter 6).

"Poster people" not only set media, public, and policy agendas, they show that people living with HIV/AIDS are individuals just like everyone else.

**Lesson 3: Create Safe, Nonstigmatized Communicative Spaces**

As noted previously, from a communications perspective HIV/AIDS is not merely a biological illness but a disease of ignorance and intolerance. If the mass media profile it as a disease only of gays, intravenous drug users, and commercial sex workers, it perpetuates stigma—which is every bit as dangerous as the virus itself. Stigma implies dying every second, a type of living death. AIDS stigma evokes negative reactions—denial, shame, fear, anger, prejudice, and discrimination—that manifest themselves in interpersonal and group relationships. Hence, communication strategies need to be at the heart of all efforts to overcome the stigma of HIV and AIDS.

Let's consider the case of Pink Triangle Malaysia (PTM), a nongovernmental organization that operates an innovative outreach program targeted at intravenous drug users (IDUs) in Chow Kit, a poor red-light community in Kuala Lumpur, the nation's capital. PTM creatively uses space to reduce stigma and prejudice. A culturally sensitive research protocol to assess the clients' needs, prior to launching the PTM program, pointed to the importance of creating an Ikhlas ("sincere" or "compassionate") Community Center (ICC), a safe space where the IDUs would feel comfortable about dropping in. The ICC provides meals to IDUs, medical care and treatment, referrals...
Africa, despite the continent's demographic face, the policy arena is individual

The IDUs participate in running these ICC activities: They cook and clean, serve as outreach workers and volunteer counselors, and carry out administrative work. This involvement helps them take ownership of the Ikhlas project and builds their self-esteem. The IDUs of the ICC routinely liaise with volunteer groups from hospitals, nursing schools, the corporate sector, and colleges and thus feel more accepted by the general community. Their active involvement also makes Pink Triangle Malaysia's Ikhlas program highly successful and cost-effective.

The Ikhlas program holds at least two key lessons for African children and communities as they confront AIDS. First, it highlights the important role of locally based NGOs in creating culturally responsive community-based interventions. Second, it reinforces the importance of creating nonstigmatized, nonjudgmental spaces where adults and children, including those affected by HIV/AIDS, can feel nurtured, loved, and safe.

Y-Centres (short for Youth Centre) in South Africa are non-clinical, friendly spaces where youth can mingle, learn, and play in a safe community environment. loveLife, an organization that works with youth to reduce teenage pregnancy, prevent HIV infections, and build a sense of community, has established over a dozen Y-Centres across South Africa. Each Y-Centre provides youth a multipurpose recreational center equipped with basketball courts, a sexual health education center, and a counseling facility.

Y-Centres offer basketball clinics, and NBA-style championships foster a competitive spirit. The basketball clinics go...
beyond teaching how to pass and shoot; they teach young boys and girls about lifeskills, about taking care of their bodies, and about sexual responsibility. loveLife also holds loveGames, a nationwide mini-olympiad in which youth compete in popular local games such as soccer, rugby, and track and field. Through its sports and educational programs, Y-Centres train youth members to serve as HIV/AIDS peer educators in their communities. Each Y-Centre comes equipped with a mobile broadcasting unit, which empowers youth by allowing them to hear their voices on the air when covering local sports events.

Safe spaces for children can also be created in other normally threatening environments. For instance, courts in Zimbabwe modified their judicial proceedings to protect the rights of sexually assaulted children. Before the establishment of the child-friendly courts, children faced hostile questioning in regular courtrooms, face-to-face with their adult abusers. Intimidated by the courtroom atmosphere, they often broke down, refused to speak, or had great difficulty in describing the sexual act. Without their testimony, the accused was often acquitted.

In the child-friendly court system, when a sexual offence complaint is initiated on behalf of a child, the Zimbabwean police and social welfare officers work with the child to reduce their physical and emotional trauma. Children now give courtroom testimony sitting in a separate room through closed-circuit television. A trained intermediary relays the court’s question to the child in gentle language that the child can understand. The child can also use male and female dolls to demonstrate the sexual act without describing it. By 2000 every province in Zimbabwe had at least one child-friendly court.

Comfortable spaces can also be created virtually—for instance, through the Internet and telephone help-lines. In 2001 the Romanian Society for Education on Contraception and Sexuality launched a website to provide information and counseling to youth about STDs, unwanted pregnancies, and HIV/
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It soon became one of Romania’s most popular youth websites, attracting over a hundred thousand hits during its first year. A medical doctor and a support staff provide confidential advice to visitors. The website also offers youth chat groups, a peer education forum, and links to other locally available HIV/AIDS services in Romania. The anonymity of the virtual interaction promotes an open discussion of HIV/AIDS topics.

Such websites—accessible from schools, libraries, and telecenters, designed locally with culturally sensitive content, and staffed by compassionate counselors—can provide comfortable, nonstigmatized, virtual spaces for African adolescents to express themselves. HIV/AIDS telephone help-lines, much like their Internet counterparts, can also provide a confidential, nonjudgmental, nonembarrassing virtual space that is highly responsive to the individualized needs of callers.

Lesson 4: Redefine the Problem:
Harnessing Cultural Undercurrents

How an issue is socially constructed determines, to a large extent, how it will be approached. In the African context, communication strategies have mainly constructed HIV/AIDS as a life-threatening disease to be feared—a disease that results from promiscuous and deviant behaviors of others. Hence, past communication approaches have mostly been antisex, antipleasure, and fear inducing. While sexuality involves pleasure, communication strategies have rarely viewed sex as play, as adventure, as fun, as fantasy, as giving, as sharing, as spirituality, or as ritual.

It is not surprising that most HIV/AIDS intervention programs are flying blind and culturally rudderless. Anthropologist Richard Parker argues that the “erotic experience” is
often situated in acts of “sexual transgression,” that is, the deliberate undermining, in private, of public norms. The common Brazilian expression *Entre quarto paredes, tudo pode acontecer* (“Within four walls, anything can happen”) signifies how the erotic experience—for both men and women—lies in the freedom of such hidden moments. This social and cultural construction of eroticism may explain why a well-to-do man with a happy, stable marriage and children may play sugar daddy to an adolescent girl or visit a commercial sex worker. Within four walls, such a partner may perform a range of sexual acts that a “proper” wife would shun.

At a 2000 UNAIDS meeting in Geneva, a representative from Kenya talked about how young schoolgirls in his country rendered sexual favors to urban middle-class and affluent men in the middle and upper classes (sugar daddies) in exchange for the 3Cs: cash, cell phones, and cars. Sugar daddies initiate the seduction process by asking young girls: “Let me buy you chicken and chips” or “Let me give you a lift in my car.” Rates of HIV infection among young girls in Kenya are six times higher than for young boys, and exploitation by sugar daddies is largely responsible for this difference. Ethnographic research with schoolgirls in Kenya has shown that they were well aware of the high risks they faced in contracting HIV but were willing to take their chances. Why say no to such glamorous adventures when the alternative is to struggle through school and college, find a job, and, once married, attend to domestic chores and reproductive roles?

In this case, it is important for communicators to understand the strong cultural undercurrents about masculine sexuality in Kenya. It is important to understand that sugar daddies bed young girls as trophies and that cash, cell phones, and cars are symbols of power, prestige, and modernity for all Kenyans, especially adolescent girls. In such situations, cleverly crafted, individual-directed messages such as “Stay away...
from sugar daddies” or “Stay away from schoolgirls” are likely to be ineffective.

In the past most communication interventions have focused on changing the behaviors of individuals—such as that of sugar daddies or of adolescent girls at high risk for HIV infection. Metaphorically speaking, they have been trying to analyze and influence the bobbing of individual corks as they float in a stream of water. In the future, they should focus on understanding and redirecting the strong undercurrents that determine where the cork clusters end up along the shoreline. In order to do so, communication programmers must be immersed in local waters and understand the undercurrents. They should value indigenous knowledge in designing, developing, and implementing culturally sensitive, participatory communication interventions.

Culture as an Ally

Communication strategists have also been guilty of viewing culture as static and mistakenly looking upon people’s health beliefs as cultural barriers. This conceptual coupling of culture and barriers needs to be exposed, deconstructed, and reconstructed so that new positive cultural linkages can be forged. Attributes of a culture that are helpful for confronting AIDS should be identified and harnessed.

For instance, the cultural attributes of the Nguni people in southern Africa reveal points of entry for communicating HIV/AIDS behavior change. Among the Nguni, at the onset of puberty a youth’s sexual education is usually delegated to an aunt or uncle. Cultural emphasis is placed on sexual abstinence. A strong taboo exists against bringing one’s family name to disrepute. *Ukusoma* (a Zulu term for nonpenetrative sex) is commonly practiced, both to preserve virginity and to
prevent pregnancy. The woman keeps her thighs close together while the man finds sexual release. Other groups use a bent elbow for a similar purpose. Similar nonpenetrative sex practices exist among certain groups in Ethiopia (commonly referred to as brushing), the Kikuyu in Kenya, and other groups.

In Kenya, MYWO (Maendeleo ya Wanawake Organization), a women’s development organization, and PATH (Program for Alternative Technology in Health) created an alternative ceremony for young girls facing female circumcision. Called Ntanira na Mugambo (loosely, circumcision through words), this approach was mooted when a group of Kenyan mothers sought alternative ways to usher their daughters into womanhood.27 This community-based approach, which preserves all rituals of the original ceremony except the circumcision, includes song, education, celebration, feasting, and a week of seclusion for the young girls (to coincide with the traditional healing period). During this week, each young woman works with a female mentor who teaches her about sexuality, relationships, sexually transmitted diseases (including AIDS), and reproductive anatomy. To date, some five thousand girls have participated in these ceremonies, thus avoiding the risk of HIV infection during circumcision ceremonies.

Similarly, virginity testing is regaining popularity in South Africa.28 Goaded by NGOs, various community-based movements have sprung up that work with mothers of adolescent girls to reinstate such traditional Zulu rites. Mothers believe that if their daughters remain virgins before marriage, their risk of contracting HIV will be substantially reduced (if not delayed).

Local, vernacular-based communication art forms are also important tools in addressing HIV/AIDS. Most HIV/AIDS communication campaigns in Africa have undervalued traditional oral communication channels and the strength of aural comprehension. In African countries the oral tradition—
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Proverbs, adages, riddles, folklore, and storytelling—is rich in visual imagery and is the basis on which learning is founded. The narrative tradition offers the potential of cultural expression, particularly words of advice and encouragement, that are often couched in adage, allegory, and metaphor.

Furthermore, communication interventions fare better if scientific explanations of health issues are couched in local contexts of understanding. Such context-based explanations are called syncretic explanations. A diarrhea prevention campaign in northern Nigeria illustrates the importance of providing syncretic explanations. When missionaries in Nigeria were alarmed about the number of infant deaths due to diarrhea, they tried to teach mothers about water boiling. The mothers were told that their children died because of little animals in the water and that boiling the water could kill these animals. Talk of invisible animals in water was met with skepticism. Babies kept on dying. Finally, a visiting anthropologist suggested a solution. There were, he said, “evil spirits in the water; boil the water and you could see them going away, bubbling out to escape the heat.” This message had the desired effect, and infant mortality due to diarrhea dropped sharply.

In essence, communication strategies to confront AIDS in Africa must view culture as an ally. Indigenous contexts of understanding, folk traditions, and magico-religious myths—all are potential tools in the fight against AIDS.

Important lessons have been learned about the role of communication strategies in breaking the silence on AIDS and framing media, public, and policy debates in ways that stimulate ground-based, community-centered action. Communication can be used both as a scalpel and a sledgehammer in the fight against AIDS. As a Buddhist monk noted, “HIV/AIDS is like a huge rock in society. Only if everyone in society keeps breaking the rock into smaller pieces will it eventually become dust.”
Notes


3. Ibid.

4. Singhal and Rogers, *Combating AIDS*.


7. Singhal and Rogers, *Combating AIDS*.

8. Ibid.


10. Singhal and Rogers, *Combating AIDS*.


13. Ibid.


19. Singhal and Rogers, Combating AIDS.


21. Daniel and Parker, Sexuality, Politics, and AIDS.

22. Singhal and Rogers, Combating AIDS.


