

Can the media do more?

The country's media has done no justice to the issue of AIDS which may be the biggest public health catastrophe of coming years.

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by Arvind Singhal and
Anjali Ram

The world has witnessed many waves of ravaging diseases: The bubonic plague swept through Europe during the Renaissance; cholera manifested itself horribly in the Victorian era; and, until recently, small pox killed hundreds of thousands of people worldwide. But never before has the world faced an epidemic like AIDS (Acquired Immuno-Deficiency Syndrome). Discovered in the early 1980s, AIDS is a 100 per cent fatal disease. In 1992, all continents and almost every country is afflicted by AIDS.

An estimated 10 million people worldwide carry the human immunodeficiency virus (HIV), which causes AIDS. By the year 2000, the numbers of HIV positive cases will rise to between 30 and 40 million people. By then, India,

which is often referred to as "the sleeping giant of AIDS," will have more AIDS cases than any other nation in the world: About ten million, according to modest estimates.

While India gallops toward a major public health catastrophe, its people, policy-makers and mass media show few overt signs of concern. India's response (or lack of it) to AIDS will predictably follow the same sequence of steps as of other countries previously afflicted with AIDS. First, there will be denial, then blame, then shame, then resignation and then action. Presently, we are a long way away from action. The trouble is by the time we begin to act, it will be too late for several million Indians.

The purpose of the present article is to analyse how the Indian mass media has, to date, covered the issue of AIDS. We identify certain general inadequacies in the Indian mass media's coverage of AIDS, and spell out some commu-

nication strategies (using media and interpersonal channels) to more effectively control and prevent AIDS.

The Agenda-Setting Role of the Mass Media: The mass media, it has been claimed, may have one of their strongest effects in society by putting an issue on the public and/or policy agenda. The agenda-setting process is the way in which an issue is identified by mass media as being of high priority, which is then conveyed by the mass media to the public and to the policy elite. For a major public health issue such as AIDS, a high degree of interaction between agendas is natural; that is, the issue simultaneously becomes important on media agenda, public agenda, and policy agenda. Hopefully through an interaction of the media, public, and policy agendas, priorities to tackle a major public health problem can be identified and programmes to support these priorities can be implemented.

No Ability

Although our media barons are full throated in their demand for privatisation of the electronic media (Cover Story, Vol. 1 No. 4), I fear it is only for their personal gain. The public at large stands to benefit only marginally. Privatised radio and TV would certainly be better than the present moronically run Doordarshan but it does not automatically mean quality will be upheld.

To produce a good quality television service, which includes a full scale news service, features, drama, and entertainment requires a level of commitment few of the existing aspirants possess. Indian news organisations, though fully in private hands, are not known to commit resources for news gathering purposes. There is little to show their attitude will suddenly change once they turn to the electronic media.

As far as entertainment and other programmes are concerned one only has to look at the film industry, again fully in private hands, to judge what kind of output one can expect. A good national television service must answer to all the needs of the society in an intelligent and entertaining way. Indian companies vying for time on the national channel simply do not have the wherewithal to run a comprehensive service.

The government must ask for detailed blue prints from each aspirant about the way they intend to run the channels if allotted to them and how they are going to find resources for it. Any decision taken without due regard to all facts would only mean that the

remedy will be worse than the disease.

CALCUTTA

V. Kumar

Biased Report

The report on Jayalalitha's moves against the press was totally one sided (Cover Story, Vol. 1, No. 3). What are you, a watchdog on the media or a spokesperson for them? Nobody can say that the lady is right in responding to criticism by going hammer and tongs after the press, but your report could at least have highlighted the way media had taken a totally adversarial stance to her, at times rather unfairly. For a woman in her circumstances, her response could be understood if not justified. If our newspaper fail to police themselves then sooner or later somebody will do it for them.

BANGALORE

Vishnu

Lowly Lensmen

As a photographer, I am happy that you have chosen to highlight their second class status in the news organisations (Special Feature, Vol. 1, No. 4). However, the report would have been more complete if you had also taken care to write about free-lance lenspersons. Hundreds of newspapers, particularly in non-metro towns, get a lot of work done by photographers on a free-lance basis. Many of them work as much as any full timer but the papers do not employ them as such. Not only are they poorly paid but there is no protection available to them against misuse of their work i.e. they do not have any rights over their own negatives

and are not paid extra if the same photo is used more than once by the paper.

Name withheld on request
AHMEDABAD

Courageous

It was courageous of you to carry a report on journalists living in government houses (Special Report, Vol. 1, No. 4). I wish you would do more such features particularly highlighting the ethical violation by the members of the fourth estate. As with all our other institutions, the press too is guilty of not having finalised the limits to which its members should be permitted to go. It is time a code of ethics is properly drawn up.

NEW DELHI

Shiv Gopalan

Bad taste

It really does no credit for the writer to comment on personal behaviour of photographers ('Many of the older ones take pride in being the hard drinking, unlettered, self-taught lensmen...' etc). For one, the same could be said of many of their reporting counterparts. For another, it may be their method of overcoming the constant sense of inferiority they are made to suffer in the papers. Moreover, how do you expect photographers to come from the so-called 'good families' when in many Indian homes any off-beat vocation (and, my word, photography is still very much an off-beat vocation) is so severely frowned upon. Finally, who are we to determine what constitutes good behaviour and expect others to conform to it?

PATNA

Sujit Prasad

Indian Media's Response : The response of the Indian mass media to the impending AIDS disaster has been quite inadequate.

Broadcast Media

The state-run national television system, Doordarshan, and All India Radio have made only feeble and sporadic efforts to inform and educate their audiences about AIDS. A few discussion-oriented programmes a year, typically interviews with medical experts, can hardly cover the entire range of informational issues related to AIDS prevention and control. Moreover, these "isolated" programmes are highly dull in production quality and gain very low audience exposure. Motivational programmes to influence audience attitudes and behaviours related to AIDS have been sorely missing. Little effort has been made to involve prominent journalists, media personalities, and social action groups to serve as media catalysts for AIDS control and prevention efforts in India. The general attitude of the state-run broadcast media to date has been to

keep the lid on AIDS in India. Of course, the government-run broadcast media are afraid to create panic and like to stay away from "controversial", "taboo" topics. Officials of India's Ministry of Information & Broadcasting, Doordarshan, and All India Radio need to seriously rethink their position on AIDS in order to more effectively and responsibly serve the Indian public about a "life-and-death" issue.

Print Media

The onus of conveying the gravity of the unfolding AIDS problem in India has thus remained primarily with the print media, other independent media sources (like video news magazines and rock musicians), social action groups, and with other interpersonal communication channels. Unfortunately, to date, barring a few

exceptions, the print and other "independent" (from the government) communication channels have done little to raise the issue of AIDS on the agenda of the Indian policy-makers or the general public. This dismal performance of the independent media is even more worrisome, given the virtual "silence" of the state-run broadcast media on AIDS.

An exploratory content-analysis study conducted by the Operations Research Group and by the present authors during 1989-90 revealed the inadequacy of print media coverage on AIDS in India. The coverage of prominent urban news dailies, limited as it was in quantity, focused more on clinical diagnostic research on AIDS in western countries, and little on the impending AIDS problem in India and its social implications. Letters to the editor about AIDS in India, a

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measure of public concern, were few and far between. Very few independent reports on AIDS were found; the sources of most stories were international wire agencies, government releases, or reports released by Indian news agencies. Further, most stories were located in inside pages or in supplements, and, contentwise, were superficial in nature.

Unfortunately, the quality and quantity of newspaper coverage on AIDS in India, has not changed much in 1992. While the relative quantity of AIDS coverage is on the rise, and while a greater recognition exists on the part of the print media about the problem of AIDS in India, newspapers are still almost always "reactive" as opposed to being "proactive". Overall, the coverage of AIDS in Indian newspapers, can be cate-

gorised as apathetic, superficial, and generally dismal.

To date, the coverage of the AIDS problem in Indian magazines has also been quite inadequate. Public health stories in general receive very little attention in Indian news magazines, usually less than one per cent of the total coverage (this figure is much higher for news magazines in most Western countries). The relative "back-burner" status of AIDS stories in Indian news magazines is illustrated by the fact that India Today, the leading Indian news-magazine has carried only about a dozen or so AIDS stories in the past 10 years. Once again, most of these stories have been "re-active" (for instance responding to a certain government AIDS policy) as opposed to "pro-active" that is, setting the agenda of the Indian policy-makers and the public

about this unfolding public health problem. In this regard, the video magazine *Newstrack* has done much better.

"Newstrack"

One stark exception to this generally apathetic coverage of

AIDS in the Indian news media is "Newstrack", the monthly video news magazine produced independently by Living Media India Limited, publishers of India Today newsmagazine. In 1992 alone, "Newstrack" carried two full-length stories on the growing spectre of AIDS in India. The first story on Dominic D'Souza, a Goan infected with the HIV virus, highlighted the problem of the new social 'untouchable' in India : The AIDS patient. Through a moving narrative about the trials and tribulations of D'Souza, "Newstrack" attacked the general lack of, and "inhuman" nature of, the Indian government's policy on AIDS and the treatment of AIDS victims. The video report addressed the many social implications of the emerging AIDS problem in India, highlighting the role of policy-

makers and the public in more compassionately treating the AIDS patients.

The second "Newstrack" (May, 1992) story on AIDS was a highly detailed, hard-hitting report on the emerging public health catastrophe in India. The report highlighted the "conspiracy" of silence (on part of the government) and ignorance (on part of the public) which complicates the AIDS problem in India. This "Newstrack" report deserves special credit for its courage to boldly address the various "difficult" (and often taboo) AIDS issues like prostitution, promiscuity, extra-marital affairs, sodomy, etc. The report was informational, educational, and provocative. It urged policy-makers, the medical community, the high risk groups, and the general public to wake up and address the AIDS problem on a war footing. Important issues like screening of blood supply, quality control of condoms, attitude of medical doctors toward AIDS patients, etc., were also investigated in this report.

Unfortunately, video news magazines like "Newstrack" have a very limited urban circulation and a negligible rural circulation. The "Newstrack" report on AIDS could have much greater impact in influencing AIDS policy-making in India, if it were carried, for instance, by Doordarshan, which regularly reaches over 300 million people. Nevertheless, "Newstrack" does reach the influential urban elite, and serves its function, limited as it may be, in a responsible manner.

The Indian Ethnic Press in the U.S.: While newspapers and magazines in India are still by-and-large complacent about the unfolding spectre of AIDS, India ethnic newspapers and weeklies in the U.S. (like India Abroad, India West, and L. A. India) demonstrate a greater concern about the impending AIDS problem in India. In

the past year or so, the Indian ethnic press in the U.S. has regularly carried stories on AIDS in India, highlighting the enormity of the public health problem, the inadequacy of infrastructure in India to cope with the disease, the general apathy of Indian policy-makers and public, and the role of NRIs in implementing AIDS control and prevention programmes in India. Why have the U.S.-based Indian ethnic newspapers been more vocal about the AIDS problem in India? Possible reasons include the heightened awareness about AIDS as a public health problem in the U.S., a relatively greater recognition about the media's important role in setting the policy and public agenda, the relative "non-taboo" nature of the AIDS topic in the U.S., the presence of several Indian medical

easily the most famous American at that time who had been diagnosed with AIDS. The first official disclosure that Hudson had AIDS was made on July 25, 1985, by the American Hospital in Paris. Over the next five months, the U.S. mass media (both broadcast and print) devoted considerable coverage to the issue of AIDS. Hudson died of AIDS on October 2, 1985, at his Beverly Hills home. But prior to his death, another important AIDS news event had occurred.

Beginning in August, 1985, a 13-year-old school boy in Kokoma, Indiana, with AIDS, Ryan White, dominated mass media coverage. A controversy on whether or not a child with AIDS should attend public school erupted in the mass media. An Indiana hearing officer ruled that White could return to his classes in Kokoma on November 27, 1985.

Even though the Hudson and White stories were quite different, they provided the American public a definite perception that AIDS was a matter of general concern. Hud-

son's familiarity to the American people, combined with the "boy next door" image of White, helped to personalise and humanise the issue of AIDS, something that prior mass media reports had not done. To date, no real equivalents of Hudson and White have emerged in India. If this were to happen, a major boost will occur in Indian media's coverage of AIDS.

Can The Indian Government And Media Do More: The Indian government is certainly not oblivious to the impending AIDS problem. Certainly, the government's perception of the AIDS has changed in the past five years or so, reflected by the amount of funds earmarked for the national AIDS programme. Whereas a mere Rs. 2 lakh were spent in 1987-88, several crores will be spent on AIDS testing, blood-screening, and AIDS information-education campaigns in

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doctors who are pioneering in AIDS treatment and research in the U.S., and the relative advantage of looking at the AIDS problem in India from the "outside" as opposed to "inside".

The Issue of AIDS and the U.S. Mass Media: Even in the U.S., the mass media were initially slow in setting the public and policy agendas regarding AIDS, although since mid-1985, the U.S. media agenda has significantly impacted the agenda of the U.S. policy-makers and the public. A four-year period occurred after the first AIDS cases were reported in mid-1981, before the issue of AIDS received major coverage by the U.S. mass media.

Two news events especially helped raise the issue of AIDS on the U.S. mass media agenda. One was the hospitalisation and death of movie actor Rock Hudson, quite

1992-1993. The government's commitment and funding will need to rise in the next several years to cope with the new cases of HIV in India.

Communication Strategies For Aids Control And Prevention: Here we suggest a few communication strategies (using mass media and interpersonal channels) to overcome the barriers associated with AIDS prevention and control.

Any communication strategy geared to change AIDS-related high-risk behaviours needs to be articulated at the level of the mass media and interpersonal communication channels. Each of these communication channels should complement and supplement one another in order that the AIDS prevention and education programmes are effective. Integrated multi-media social marketing campaigns (using radio, television, print, folk media, music, billboards, etc.) can help in spreading awareness about AIDS and raise the knowledge of individuals about high-risk behaviours. More importantly, as discussed previously the mass media can help set the agenda for policy-makers and the public to confront the AIDS epidemic on a war-footing.

While the mass media can effectively spread awareness about an issue, interpersonal communication channels are more effective in influencing people's attitudes, beliefs, and behaviours toward those issues. In order to achieve sustained behavioural change, it is necessary to channelise public health campaigns via existing social and interpersonal communication networks. Every society is characterised by the presence of opinion leaders, individuals who are able to influence other individual's attitudes and behaviours. Opinion leaders need to be identified in each target group, and AIDS prevention messages need to be routed

through them. For instance in Thailand, Buddhist priests were requested to bless the condom.

One of the most effective forms of AIDS education through interpersonal contact occurs in the form of peer counselling. The underlying assumption of peer counselling is that people are more likely to heed the advice of their peers than that of authority figures. In Bombay, "Project Saheli" is an AIDS prevention and control programme based on the idea of peer counselling. Prostitutes are employed to influence other prostitutes to adopt condoms and safe sex practices, a much more effective strategy than having public health officials talk to prostitutes. In many U.S. cities, the Gay Men's Health Crisis organisation provides peer counselling on AIDS through volunteer workers and "buddies". In Nigeria, a non-gov-

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ernmental organisation STOP-AIDS, has created an AIDS education programme for truck drivers who, separated from their wives, often seek prostitutes while travelling long distances. At strategic stops, rest areas, and night halts, members of the Nigerian Union of Road Transport, serve as peer counsellors, providing information on condom use and supplying condoms. A similar strategy can be implemented in India where truck-drivers also represent a high-risk group.

Promoting Condom Use: A communication strategy to promote condom use needs to grapple with the "taboo" nature of sex and contraception. About two decades ago, condoms were highly taboo in India and were commonly referred to as FL ("French leathers"). The common perception was that FLs were used by soldiers and police-

men with prostitutes, not by decent men with their wives. To reduce the taboo nature of condoms, communication scholars working with public-health officials proposed an alternative name, "Nirodh" (meaning "restraint"). This strategy helped people to perceive condoms as being less taboo and more compatible with their lifestyles. By weaving messages on AIDS awareness and condom use with pre-existing family planning campaigns, one can capitalise on the relatively higher level of receptivity of condoms in the present day Indian mindset.

Condom use can be made more appealing by providing incentives to brothels who promote condom use. Mechai Veravaidya, the czar of public health in Thailand, has devised a unique way to involve the common man in AIDS prevention activities. To make condoms easily accessible in rural Thailand, Veravaidya launched a programme to sell "condoms with cabbages" in vegetable stalls and carts. The provision of condom dispensers

in organisations, brothels, hotels, etc. can reduce the embarrassment felt by many people in buying condoms. In Tanzania, condoms are provided in the workplace. Open boxes of condoms can be found on office desks, in the bathrooms, etc. The idea is to make condoms more accessible, and make the issue of AIDS less taboo, in the minds of the common people.

CONCLUSION: Clearly, preventing and controlling the AIDS epidemic is a tremendous communication challenge. The mass media, policy-makers, and public have an overwhelming responsibility to put the issue of AIDS on the Indian national agenda. Denial, blame, evasion, fear, prejudice, misunderstanding, and rationalisation are the worst enemies of any communication effort designed to prevent and control AIDS. Can they be overcome? ■

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