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[eforum] Book Review:

Combating AIDS: Communication Strategies in Action

Authors: Singhal, Arvind and Rogers, M. Everett.

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14 Jul 2003: Mohammed Yahaya

Dear All,

Please find below the review of the latest book by Arvind Singhal & Everett M. Rogers - 2003

Grab your copy immediately for more details:

Mohammed Kuta Yahaya, Ph.D

Development Communication Unit

Department of Agricultural Extension and Rural Development

University of Ibadan, Nigeria

Email : mkyahaya@skannet.com

Title: Combating AIDS: Communication Strategies in Action

It is noteworthy that the authors have made significant contributions to development communication scholarship. Arvind Singhal has made quite significant and strategic inputs into the field of Entertainment - Education and Everett M. Rogers is well known for his work in Diffusion of Innovations for over four decades. Therefore, I was excited when I received a copy of their latest work - Combating AIDS: Communication Strategies in Action. This latest book is advancement to the other book: Entertainment - Education: A Communication Strategy for Social Change (1999).

This earlier book shows the connection between theory and practice in the use of entertainment - education strategy for social change with valid examples. However, in this book (Combating AIDS), when I first read the book I expected to see a presentation of how series of communication strategies are being used in combating AIDS. Alas, what I read eventually surpassed what communication strategies can do but a more comprehensive action programmes that encompass Research, Advocacy, Culture, Drugs and adoption of various intervention programmes including communication support and lessons from various success and challenging stories.

Therefore, I consider the book more of a companion of inestimable value for all stakeholders all over the world in the global fight against HIV/AIDS. Hence, the communication component is just one unique aspect of the wholesome exercise. Nevertheless, I guess the authors were trying to justify the need for the integration of bio - medically based

scientific findings with communication - science based intervention and advocacy. Consequently, one is bound to start with a passionate plea that development programmes should endeavour to explore scientifically validated intervention initiatives particularly in this era of HIV/AIDS that is undoubtedly the biggest scourge that has besieged mankind. This is reechoed in the preface where they presented the astonishing figure of over 65 million people already infected of which 25 million people have died of AIDS. The situation is worse in developing countries with Africa accounting for 83 percent of all AIDS deaths worldwide. Now the world has witnessed 20 years into the HIV/AIDS crisis and there is no vaccine in sight with relatively few effective and sustainable prevention programmes.

Singhal and Rogers have successfully presented a picture of mixed grill that envisage tough time for poor nations and hope for the rich nations who can afford the anti - retroviral drugs and disciplined individuals who can keep off the easiest common outlet or modes of transmission of the dreaded HIV virus. Therefore, given the background and research antecedents of the authors one can easily see through the chapters incisive, simple and technically balanced presentations.

In chapter 1, Singhal and Rogers provided the historical background of the AIDS epidemic with clinical description of the virus that causes AIDS for its notorious rate of random mutation with its deceptive flexibility and profile of how associated opportunistic infections cause disability and death. The authors started precisely with how the epidemic broke out of the high risk group to the entire population and how stigmatization has become a major source of concern. They gave an example of Govind Singh - a migrant worker in Mumbai, India who was forced to live in animal pen (Gote) until his death. This is one of several examples that include the weak and other vulnerable groups particularly, poor people, women and children (especially AIDS orphans, child laborers, street children and those at risk for prostitution). This chapter no doubt provides synthesis and holistic background information about existing data on HIV/AIDS situation many countries.

It is on record that Singhal and Rogers made excellent presentation of facts and figures outside theoretical framework that dominate similar academic presentations. The absence of a methodological framework or any clear justification for selection of countries focused in data presentation leaves room for further future analyses and intervention in other parts of the world. However, one can see the passion and zeal of the authors from series of elaborate examples, experiences and conclusions that constitute another perspective to unveiling what the situation is and what it ought to be above idealized orientation to development issues.

The two chapters that follow the fundamental basis of HIV/AIDS discourse focused on AIDS advocacy, policy and drugs. Singhal and Rogers analyzed the evolution of AIDS policies, programmes and responses of national governments, International agencies, non government organizations (NGOs) and how it has moved from denial through slow reaction and response to a higher priority in different social and political settings. In sequence, the issues raised touched on the psyche of those afflicted by the HIV/AIDS and those regarded as high risk group who feel vilified and examples of out spoken individuals and groups.

This brings to the fore the story of diminutive AIDS activist from South Africa Nkosi Johnson was described as an icon for the struggle for life itself. The role of some of the activists and prominent figures has shaped both the policy and agenda setting of HIV/AIDS issues.

Singhal and Rogers demonstrated this with the exemplary roles of tragic figures, Champions and Nationalists. The tragic death of Nkosi was referred to as a voice lost by UN Secretary General Kofi Annan and when Magic Johnson, the NBA Superstar admitted his sero - positive status influenced the upsurge in public and policy agenda setting in the United States and the world over due to the popularity of this sport celebrity. The authors provide insight into the effective AIDS control model in Thailand in addition the success story which is incomplete without acknowledging the patriotic roles of Minister Mechai Viravaidya "' Condom King' who led the Thailand AIDS control programme in 1991 - 92. Mechai has been described by the authors as pragmatic leader, selfless and people oriented in his multi sectoral AIDS prevention programmes including increased budgetary allocation and total mobilization of all and sundry. In summary, the authors agreed that the issue of HIV/AIDS has to get on the national and global agenda as demonstrated by Kofi Annan (crusader for AIDS) and other world leaders where the political will as shown by George Bush in the United States will mount appropriate and timely response to the epidemic.

Meanwhile, the beauty of Singhal and Rogers work was demonstrated when they presented the AIDS drugs related issues ranging from clear definition of Azidothymidine (AZT), its clinical trials, its effectiveness and administration procedure of the triple cocktail which in no way cures AIDS but postpone death in most cases and reverse sick individuals to healthy state. They paid kudos to Brazil for its free anti - retroviral drugs and lowered prices for the triple cocktail consisting of stavudine, Lamivudine and Nevirapine. They further revealed the stark contrast to Brazil presented by South Africa which does not want to provide triple cocktail to its people. In a similar note, Singhal and Rogers revealed the price revolution programme of Cipla drug manufacturing firm in India that offered ridiculously low prices for the triple cocktail that stunned the world which is regarded as a rare feat in human service system.

To the authors, this is about the only palliative since efforts at vaccines to date are yet to achieve success. This is further compounded as vaccines' production is considered unprofitable business. Moreover, it will be more needed in developing countries whose poverty situations are quite alarming. The other option as suggested by Nutrition experts is that proper nutrition is the best frontline drug for AIDS. The question here is how many people among the largest segment of the society in many developing countries can afford good nutritious meal? Such meals are exclusive reserve of the affluent who equally are the only ones who can afford the triple cocktail even at the lowest price. As queried by the authors too, after all what good is anti- retroviral if people do not have enough to eat? They further recalled the sad comment of one of the HIV/AIDS official who posited that 'Even if the treatment of HIV/AIDS were to consist only a glass of clean drinkable water 75 percent of HIV positive people would not have ready access to it'.

How can communication change this tragic position? This shows the need for a comprehensive political agenda that will accommodate poverty reduction, policy dialogue between those affected and afflicted by HIV/AIDS and activists on one hand and political leaders on the other hand. Chapter 4 of Singhal and Rogers's book provides insight into the various intervention strategies targeted at unique population in the fight against HIV/AIDS. Several examples have been highlighted especially in view of special programmes embarked upon in different locations. All these programmes have glowing stories of successes and challenges. What is not clear in this presentation is how these programmes qualified for assessment

and what the laid down criteria for their assessment were. It would have been fascinating to see how the social psychology theory influenced this presentation.

In Chapter 5 and 6, Singhal and Rogers provide a twin - like picture. They opened discussion on cultural strategies and stigma as the two chapters respectively opened with the statement of Koffi Annan - UN Secretary General who said that 'the impact of AIDS is no less destructive than war itself and by some measures, far worse'. Given this gloomy picture, it is important to understand the cultural values, beliefs and practices of the target population. Here, the authors offer a panacea based on communication challenges to HIV/AIDS. They reechoed the postulation by Population Report (1989) which argued that in the absence of a vaccine for therapeutic cure, communication strategies represent a key 'social vaccine' against HIV/AIDS.

They recognized transmission, Behavioral response and targeting challenges for communication professionals in combating HIV/AIDS. I appreciate the authors' confession which goes to corroborate my earlier worry over the issue of communication in this effort.

Hence, communication in this regard is a secondary and supportive facilitator given the social realities of HIV/AIDS. This is further supported by the authors' claim that there exist the mistaken assumption in Behavioural Change Communication (BCC) strategies which focus on individual level change and equally guilty of socially constructing HIV/AIDS. Hence, multi - level, cultural and contextual interventions are more desirable.

That is the same as collectivistic culture than individualistic perspectives. In the same vein, communication intervention should go beyond mass media to include crafts, arts and other cultural artifacts. One unique revelation in the context is the use of spirituality in the fight against AIDS especially from the spiritual Jihad in Uganda which the Imams incorporate accurate information about HIV/AIDS in Islamic teaching, promoting messages of mutual fidelity and moral responsibility. What is absent here is perspective from other religions including traditional or unorthodox practices that leaves traces of treats to HIV/AIDS spread. Singhal and Rogers in chapter 6 demonstrated the challenges of HIV/AIDS stigma and how the society sadly stigmatized those afflicted with AIDS and those affected by it including orphaned children even Magic Johnson was not spared by the stigma based on outright prejudices and discrimination against people wrongly perceived based on their HIV/AIDS status. Here the authors proposed communication strategies to overcome the stigma including anti - stigma campaign. The authors recognize stigma as one of the major barriers to effective communication about AIDS. This where culture comes to play since taboos surrounding HIV/AIDS often prevent recognition, discussion and acceptance of safer sex practices serve as barriers to testing, counseling, treatment and care.

In an attempt to invoke the dynamism of communication in combating HIV/AIDS, Singhal and Rogers in their usual expertise provided an exclusive analysis of the Entertainment - Education (EE) strategy for this purpose in chapter 7. In their previous book: Entertainment - Education : A Communication Strategy for Social Change, cited Singhal's interview with the ingenious Miguel Sabido whose work in Mexico directly inspired several other EE efforts world - wide based on his competent application of the caustic (cause - effect) hypothesis in view of existing genre - tragedy, comedy, melodrama and others. Hence, his work has been greatly influenced and inspired by Albert Bandura's pragmatic social learning theory which postulates that there is a relationship between message or signal and result

(outcome).

That notwithstanding, Sabido still raised fundamental questions about the challenges of balance between commercial and social interest in mass media practice. No doubt, the chapter is one of such exclusive areas that the authors are universally acknowledged as foremost scholars. Singhal and Rogers will be remembered for their leading roles in the globalization of EE through their efforts at its documentation and analysis of the rise to its conceptualization as a development communication strategy that abrogates needless dichotomy in almost all mass media content.

They see all mass media programmes as either entertaining or educational. Hence, they defined EE as a process of purposely designing and implementing a media message to both entertain and educate in order to increase audience members' knowledge about an educational issue, shift social norms and change overt behaviour of individual communities.

The question that follows this professional layout is how has various communication strategies adopted in combating AIDS addressed the key variables in HIV/AIDS since they conceptualized that development communication abrogates a needless dichotomy. In another perspective, popular EE programmes were investigated, analyzed and conclusions drawn. What were the criteria used? How do you compare the outcomes of these programmes against other less fancied programmes that do not have the volume or size of those covered in this presentation?

While congratulating the authors for pushing EE to the zenith of development communication scholarship, it is time to reflect on the fact that EE programmes are stimulants in nature, and the outcome can not exclude EE as the sole reason for the total outcomes. A more scientific approach is desirable given the fact that human behaviour is socially complex and culturally rooted. In the next chapter there is additional insight into the gains of Behaviour Surveillance Survey (BSS) and other qualitative data base that informs HIV/AIDS interventions. The authors have shown how such data provide further information about the distribution of demographic, social and personal characteristics of the target population. This is largely made possible through field experiments, opinion leadership survey of specific population. Findings from such survey research will provide further information about the people's knowledge, attitude and practices (KAP).

Hence, such KAP gap analysis are crucial for any intervention initiatives particularly communication programmes. This is one thing the authors failed to explicitly show how interpersonal communication with peers motivates behaviour change. This is more of assumption that has not considered other intervening variables.

However, attempt was made to define social change indicators with specific reference to knowledge, Behaviour Indicators and Health seeking behaviour and perception of risk by people.

In the last chapter, Singhal and Rogers enumerated the lessons learned about combating HIV/AIDS. They began with historical review of past human catastrophe like the Black Death (bubonic plague) of the middle ages. Now 700 years after another plague has besieged mankind for 20 years the world has been fighting the AIDS epidemic and the end of the battle not insight. Infact the world is losing at such an alarming proportion. In retrospect, only five developing nations have been able to control the epidemic: Thailand, Uganda, Senegal, and Cambodia and through people centred anti - retroviral, Brazil.

The case of Thailand is globally accepted as illustrative. This was achieved through the patriotic and human focused effort of Minister Mechai - whose fight against AIDS is unrivalled the world over. If all leaders across the world show 70% of Mechai's commitment and political will, the war against AIDS will be close to total success. Leaders of developing world must learn from Mechai's success story.

The striking features of the lessons learned according to Singhal and Rogers are related to first, the AIDS control programme has been over defined as a biomedical problem as such adequate attention has not been given to culturally anchored approaches to behaviour modification. Secondly, HIV/AIDS is not a medical problem. Now that there is no cure and AIDS vaccine elusive, human race is under siege. The only way out is concerted efforts to address the behaviour aspect of people.

Meanwhile Singhal and Rogers pondered over the situation in Islamic countries generally absent from the list of developing nations plagued by AIDS epidemic. The hypothesis postulated about the connection between Islamic religion, sexual behaviour and HIV/AIDS is a subject for empirical validation. It is not the best to compare Islamic population of any country and the moral status of other countries. This is why methodological consideration is necessary to facilitate objective assessment of the situation of different nations.

Another prominent feature of the lessons learned, is the slow political action. Hence, the authors recommended early sustained political action to tackle AIDS head - on, before it begins to rage unchecked in the general population. Hence, the role of various world leaders, donors and celebrities pitching in to push for greater funding for HIV/AIDS interventions like Brazilian soccer star - Ronaldo is commendable.

One other challenge is the pathetic attitude of business leaders despite devastation that the epidemic is wrecking in work places is unfortunate. Hence, the authors sought for the way forward and recommended pragmatic communication strategies especially, entertainment - education and pragmatic synergy by integrating HIV/AIDS prevention programs with other development programmes to achieve synergies of efforts.

In conclusion, this book is a valuable resource to development officials, communication scholars, health workers, counselors, peer educators, teachers, AIDS activists and leaders in every sector of social and economic life the world over. I agree that no one can achieve absolute perfection, but this contribution is the beginning of other valuable efforts at mitigating the HIV/AIDS epidemic. Singhal and Rogers deserve support to further open up frontiers in other crucial areas of human service systems.

Mohammed Kuta Yahaya, Ph.D
University of Ibadan, Nigeria
Email : mkyahaya@skannet.com

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