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Keynote Address

By

Hedayat Ahmed
KEYNOTE ADDRESS

Delivered by

Mr. Hedayat Ahmed, Director

UNESCO Principal Regional Office for Asia and the Pacific

at a Seminar on

The Mass Media and AIDS in Southeast Asia

Bangkok, 17 August 1994
Your Excellency Vice Minister of Health
Secretary General of AMIC
Distinguished Participants
Ladies and Gentlemen

Let me at the outset convey my very sincere thanks to the organizers of this Seminar for focusing on an issue which deserves the attention of the general populace and more so, the enlightened community, more than ever before. We are running against time. If we lose out, our future will be doomed. There is no room for complacency; we must act and act now.

I am indeed beholden to the Asian Mass Communication Research and Information Centre and its office bearers for asking me to speak on the topic of "Mass Media and AIDS in South-East Asia" as I firmly believe that the mass media can play a very significant role in stimulating our response to face this deadly scourge. AIDS transcends all political and cultural boundaries. The nations must therefore join hands together to build a common front to deal with the most formidable enemy lurking round the corner. The picture is no doubt grim; but it is not beyond redemption. Hence, this call for urgent action.

Figures released during the International Conference on AIDS which took place in Yokohama last week presented a bleak future for us in Asia, if HIV/AIDS is not contained quickly. Michael Merson, Head of the WHO Global Programme on AIDS pointed out that 6,000 people are becoming infected with HIV every day, more and more of them in Asia. The number of AIDS cases increased eightfold in the region last year to an estimated 250,000 and Asia’s global share of AIDS cases rose to five per cent from one per cent a year ago. More than 1.5 million people have been infected with HIV in India, 600,000 to 800,000 in Thailand and 150,000 in Burma. One may question the validity of these figures; but nobody can question the magnitude of the problem.
With regard to economic costs of HIV/AIDS, International
AIDS researchers told Asian leaders that they could save their
booming economies tens of billions of dollars by taking immediate
action to prevent the spread of the deadly disease. He said that
implementing basic programmes in Asia would cost up to $1.5
billion, representing less than 0.03 per cent of Asian economic
output, or equal to what Japanese workers produce in less than
one hour. By the year 2000, a Thai estimate puts the loss to
Thailand's economy alone at nearly $11 billion.

Role of Education

We cannot sit idle and watch in desperation. To stop the
spread of this deadly disease, education and information
dissemination through the mass media may provide the only
solution in the absence of cure and vaccine for its prevention.
Today, a substantial proportion of the people in most countries
of the world are between the ages of five and eighteen years.
A large number of them are in school systems or in communication
with those who are. Information, values and skills instilled in
schools have a considerable impact on the lives of these young
people. Active involvement of teachers in planning, implementing
and evaluating school health promotion programmes to deal with
issues of AIDS and STDs is a necessity if knowledge is to be
increased and risk behaviours reduced among young people. In
addition, their involvement is critical in initiatives to combat
ignorance and to prevent discrimination against their colleagues,
students and friends who are HIV-infected.

In the area of education, UNESCO has in operation an AIDS
education programme which promotes the integration of AIDS issues
into the curricula of both formal and non-formal education
systems; training of teachers; development of materials as well
as various co-curricular activities by students and the
community. UNESCO Advisers have assisted countries in developing
AIDS education policy and programmes in school and have drawn up
guidelines to assist schools in implementing HIV/AIDS programmes in both formal and non-formal education systems.

Role of Mass Media

In conjunction with school-based programmes, other awareness-building programmes need to be initiated. Hence, the role of media emerges with strong potential.

With regard to information dissemination, mass media play a crucial role in this regard. In the history of mass media, AIDS has been accorded more attention and coverage than any other disease to afflict mankind. This is not surprising for the simple reason that no other disease in recent times has brought in its wake such unprecedented medical, public health, psychological, social, political, cultural, economic, legal and ethical problems.

The mass media has a critical role to play in promoting better understanding of the problems associated with the AIDS pandemic. By dispelling myths and misconceptions and by presenting a balanced picture with due regard to accuracy, objectivity, and principles of privacy and confidentiality, the mass media can influence the attitude of the public with regard to persons with HIV and AIDS and, at the same time, help induce such behavioural changes that are conducive to minimizing the spread of the virus.

The media's coverage of HIV/AIDS so far has raised some serious concerns about the accountability of the media. Potentially, irresponsible reporting of the disease may not only incite alarm within the community and cause harm to individuals but can also undermine strategies to combat the spread of the disease by giving false information about risks of transmission and deterring people from obtaining early counselling, testing and diagnosis. Freedom of speech and the right of the community to be informed about matters of public concern are well
recognized in our community. However, competing against this fundamental right is the right to individual honour, reputation and dignity. This right needs to be respected.

There has been considerable work done in analyzing media's coverage of HIV/AIDS. One of the findings revealed that the AIDS story line has been affected by the intermixing of information and entertainment elements. At times, the level of excitement in some of the coverage has made it hard to determine where medical urgency ends and the media's own commercial considerations begin. Much of the media continues to focus disproportionately on the dramatic aspects resulting in information-entertainment sometimes and uninformed hysteria other times. The mass media have also been accused of racism in its treatment of HIV/AIDS news to the extent of concluding that AIDS is a disease of the underclass. Many news reports have employed moralistic language that may have encouraged resistance; some prevention messages sounded as if sex, rather than HIV infection, is the underlying evil.

Lacking a policy in media coverage of HIV/AIDS has tended to promote the mass audience's irrational and psychological fears, resulting in avoidance reactions. What is needed is a consistent policy that governs coverage of HIV/AIDS in a responsible manner.

An information dissemination policy should be drawn up to create a more effective national response to the problem of HIV/AIDS. To achieve this, the mass media should clearly identify the kinds of behavioural and collective policy/programme decisions that are possible or necessary in the face of HIV/AIDS epidemic; and the type or kinds of information that could contribute reasonably to each citizen's ability to make intelligent individual behavioural choices and/or participate intelligently in the policy debates leading to collective decision making. Then on this basis, the mass media personnel can consider whether the presentation of other type of
information, which are superficially related to HIV/AIDS epidemic has a harmful impact on the efficacy of response to the crisis and ought to be restricted.

Having said this, I believe, the mass media has the following role or function to perform:

1) Disseminating information necessary for individuals to make behavioural decisions that would limit the spread of HIV infection. That means increasing general public awareness and knowledge about AIDS, its transmission and risk reduction strategies.

2) Making available to those at risk, information about diagnosis and treatment of HIV infection, in a form that promotes use of available treatments and modification of infection-spreading behaviours by infected but undiagnosed individuals;

3) Preventing stigmatization of people infected with AIDS and groups considered at high risk. This could be done by reducing general public fears and correct misinformation about the dangers of casual contagion and ordinary social contact with HIV-infected individuals.

4) Stimulating public policy debate and decision making about HIV/AIDS-related issues such as health care, research priorities, national health insurance, employment discrimination, housing discrimination, insurance discrimination, etc.

The media policy should be formed with the following characteristics:

1) Rhetorical presentation of factual information about how the infection is transmitted, using interpersonal channels and focused on promoting behaviour modification to reduce the spread of HIV infection.
2) Universal dissemination through media and other channels of information on diagnosis and treatment that is strategically designed to promote the use of diagnosis and early treatment by those at risk, coupled with counselling and persuasion to reduce the chances that those who are infected will continue to practice behaviours that might further spread the disease.

3) Systematic agenda to dismantle public avoidance of the issue, promote widespread participation in public debate about its implications, and stimulate the development of public policy related to HIV/AIDS, particularly in the areas of discrimination and access to health care.

4) Deletion of media content that panders to the mass audience's defensive avoidance of the issue. There have been information theories and principles which state that when persons are faced with a health threat, the perception that they can do something about the threat is all important in guiding their actions. If they perceive themselves to be helpless, coping moves from instrumental action to withdrawal and calming strategies.

Communication Strategies

Strategic health communication campaigns like education are also the best available public health strategy for curtailing the spread of HIV/AIDS. Communication campaigns must be designed to help targetted audiences recognize their HIV risk, convey appropriate strategies for minimizing risk and motivate audiences to implement these strategies. However, motivating and effecting behavioural changes is not as easy as it may seem. A well-designed communication campaign can be instrumental in facilitating behavioural change but this change process takes considerable time. Campaign planners must take into consideration the nature of the health risk, the specific audience targetted, and the behavioural changes they wish to encourage their audiences to adopt.
HIV/AIDS communication campaigns, in particular, are complicated by several factors. First, the individuals who are at the greatest risk for HIV/AIDS contagion are diverse, both culturally and behaviourally, i.e., homosexual and bisexual men, drug users and their sex partners, high-risk groups who are particularly hard to reach through the usual health care channels. It also needs to target those who are currently engaged in high-risk sexual behaviours. Second, HIV/AIDS campaigns invariably concern personal, habitual and often topics considered taboo such as sexual practices and illegal drug use. Communicating about these topics can be difficult. Certain messages about sexual practices and illegal drug use are likely to be perceived as inappropriate and in bad taste in many societies, suggesting that campaign planners will have to carefully craft prevention messages to avoid censorships and unanticipated and unwanted consequences among other audiences.

To target populations at risk with information meant to educate, motivate, and enable risk reduction behaviour, effective health communication campaigns often employ a wide range of message strategies and communication channels. In a communication campaign, one has to consider the objectives which are aimed not only in knowledge and attitude change but more importantly in behavioural change. Secondly, the target audiences have to be segmented. These target audiences can be grouped into: the general public; groups defined by behaviour (homosexuals; bisexual, heterosexual, IV drug users, people with multiple sex partners and their sexual partners); groups defined by location (youth in school and out-of-school, consumers of health services, employees in workplace, armed forces, religious groups, etc.) and groups by their demographic profiles (sex, civil status, education, occupation, residence, etc.). In addition to these affected target groups, a secondary group of audiences should also be reached. These include the policy-makers and officials, health workers (physicians, nurses, etc.), media, educators, religious leaders, employees, insurers, researchers and other care-givers.
The third step is to develop messages. Taking into consideration the communication objectives and the segmented target audiences, the campaign may take into consideration developing messages that explicitly relate to personal efficacy or group norm change, such as repositioning "safer sex practices". Disease transmission messages targeted to sexually active minority adults may need to be far more detailed and hard-hitting than messages targeted to the general audiences within minority community. Lengthy and intimidating messages couched in technical or scientific jargon will not be effective with many individuals at risk. While messages do need to be repeated over time, new messages should build on what has gone before them.

Fourth, a variety of communication channels or approaches are available for reaching the general public as well as the segmented audiences. Modern campaigns have become increasingly dependent on integrating interpersonal, group, organizational, and mediated communication to effectively disseminate health information to specific at-risk populations. The mass media, as mentioned previously play an important role in the total communication campaign. Mass media programmes typically consist of the following: media advertising which disseminate brief messages to reach large numbers of people; press management or using news stories to transmit information; use of feature and other non-news media formats and pamphlets, and video presentations.

While mass media can be used to raise awareness and information levels, some individuals will seek referral information or answers to specific questions. A good communication campaign should also make use of other more personalized channels such as telephone hotlines, forums, workshops and classes, education and counselling in STD and family planning clinics.

In addition to identifying objectives, segmenting the target audiences, focusing messages, using combined channels of
communication and approaches for a HIV/AIDS communication campaign, the conduct of audience research and epidemiological studies should also comprise the campaign. The results of audience research can help in determining baseline levels of AIDS knowledge, attitudes and behaviours among the population, the prevalence of AIDS risk behaviour and the size of these groups; determining the geographic and demographic composition of prevention campaign audiences; selecting messages and communication channels to reach target audiences; testing and evaluating of print and audio-visual materials and gathering data on utilization of risk reduction programmes and services. The campaign should also take into consideration research studies that had been undertaken on models of behavioural changes and norms and values that sanction unsafe sex and unsafe drug-using behaviours.

To sum up, the elements of a comprehensive HIV/AIDS communication campaign include:

1) Collaborative development of the campaign with an emphasis on community participation, intergovernmental coordination and building of public/private partnership

2) Effective use of audience and epidemiological research in planning and evaluation of the campaign

3) Reflection of the specific concerns and cultural orientations of the target audiences and careful segmentation of the target audiences as finely as possible

4) Use of multiple complementary channels of communication to maximize an individual channel's strengths

5) Consideration of theories of human behaviour and communication process at the individual, dyadic, social network, organizational and societal levels in the formulation of the communication campaigns

6) Appropriate use of mass media advertising; press strategies, print and video channels to promote increased knowledge and awareness
7) Development of centralized information and referral capabilities

8) Use of forums, workshops and other events to provide opportunities for public dialogue about AIDS prevention

9) Use of community organizing techniques and other methods to effect changes in perceived community norms, values and standards

10) Evaluation of campaign outcomes so that influence of the campaign to health behaviours and directions of future risk prevention and health communication efforts can be identified.

Collaboration between Mass Media and Government

Any national HIV/AIDS prevention campaign undertaken by the Governments should always consist of a component that involves the mass media in promoting the dissemination of information and policies propagated by the programme. Extra efforts should be exerted to strengthen the programme's relationships with the mass media and collaboration should be maintained on a regular basis to ensure that correct and timely information on AIDS is provided on a regular basis to the general public.

Some countries, like Thailand, has undertaken series of one-day seminars at regular intervals to brief mass media personnel on the latest information on HIV/AIDS. Other countries have developed press kits on HIV/AIDS that are distributed to journalists and broadcasters as well as supply them with regular press releases on the latest developments on HIV/AIDS. To ensure that mass media personnel gain a very good understanding of the phenomenon of the epidemic as well as report on it in the desired way, the government should also organize training seminars for them.

The involvement of the mass media should not be done on an 'ad-hoc basis but should form part of the communication strategy. As stated previously, the government should formulate a policy which will define what kind of information should be disseminated
by the mass media and other information channels and what should be considered negative information that could bring a boomerang effect. Within the framework of such policy, strategic plans, activities, messages and materials can be coordinated by the government, mass media, NGOs, and other private/voluntary organizations.

This statement is a modest endeavour to highlight the role which the mass media can play in sensitizing people at all strata of the society leading towards a concerted action. I cannot but repeat once again that time is against us; yet we can win the battle provided a well-thought-out strategy is adopted and a plan of action implemented with strong community involvement.

Thank you all, Ladies and Gentlemen.