

## Chapter 6

### Communicating for what?

### How globalisation and HIV/AIDS push the ComDev agenda

Thomas Tufte

#### Prologue: youth essays from Grahamstown, South Africa...

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Close by to my house there is a little girl who is HIV positive. At her home it's only her sister who knows about the young girl's status. They are both scared that if they tell their parents, they will chase her away from home. Her sister told me, and asked if I could keep it a secret.

In clinics people who are HIV positive are being treated badly. Even if you ask them to get you some water, they will shout at you for no reason. Even if you are in too bad a condition to be discharged, they will tell you that you need to go home because there's no place for you here. You can just go home and die there. If your family knows your status they won't take you to the doctor or hospital, only when your situation is worsened they will take you to TEMBA SANTA HOSPITAL (TB Hospital) and say you have TB. Even at your funeral they will just say you died of TB. I think if we can learn to be more open about AIDS, we can defeat it (NB9-Female).

I'm quite sure that most cases of aids take place in underprivileged communities where life isn't the same as those of the more privileged communities. By this I mean that drugs, alcohol abuse, etc ... play a major role in HIV/AIDS. The lesser fortunate people have no goals to achieve in life and often have many problems early on in their lives so they turn to drugs, alcohol, sex! I feel that this above is what takes place right here in

Grahamstown, in our own community and us who are more fortunate shouldn't just say 'well they will die sooner or later so we don't need to worry' (K9-Male).

I believe that AIDS is a sad thing and can be overcome. The community needs to start acknowledging the fact that AIDS is everywhere at anytime and at any place. I believe that AIDS can most definitely be overcome if we stand together and break down this destructive disease known as AIDS (MW20-Male).

### The lack of results

The history of HIV/AIDS communication and prevention is close to disastrous in the lack of results obtained, especially with regard to combating HIV/AIDS in developing countries. Some people and organisations do, with reason, flag show-cases as Senegal, Uganda or Thailand for having responded with some noteworthy impact upon the pandemic. However, on a global scale, the hard facts make the case quite clear: no developing country with serious HIV/AIDS pandemics is anywhere near finding a solution, and has achieved only limited impact by using communication in preventing the further spread of the pandemic.

The above testimonials from essays by 16-18 year olds in Grahamstown, South Africa, as part of a research project on HIV/AIDS communication for prevention, indicate some of the current problems experienced by young South Africans. One of the main problems with HIV/AIDS is that of stigma. According to the Collins English Dictionary, stigma is 'a distinguishing mark of social disgrace'. Sadly, the myths and misunderstandings surrounding this mark of disgrace, the fear of meeting this mark, and the denial of having this mark, the HIV virus, altogether create the very difficult situation to tackle.

The young girl's situation exposed above indicates this. Stigma results in ill treatment in hospitals, in the silence or gossip in the community, and it is leading to avoiding confirmation of their own HIV status. It's a situation that is locked, and where communication possibly and hopefully can have a stronger role to play as facilitator of opening up this tightly locked situation in so many communities. The current high emphasis on rolling out anti-retroviral treatment (ARV) is changing the current emphasis from focus on prevention or integrated approaches to an almost complete focus on HIV treatment. Having treatment centrally on the AIDS agenda is in many ways crucial –it creates a strong incentive for people to know their status, it also catalyses action on stigma and it creates the focus for political activism on HIV/AIDS.

However, as stated by the UN Millennium Project's working group on HIV/AIDS, there is a strong need to invigorate HIV prevention, and treatment can assist prevention in important ways. But treatment alone will not bring the epidemic under control (UN Millennium Project, Working Group on HIV/AIDS, January 17 2005). Thus, ARV is still a dream for the large majority. Young people

living in AIDS-struck societies feel their identities are at risk. As one young boy in Grahamstown stated, "The word AIDS or HIV gives me shivers every time I hear it. The reason for this is that there were a lot of people that I know that had the virus, but almost all of them passed away" (G16-M). Young people who are, by definition, the most energetic, the most optimistic, the invincible generation with their future ahead of them, are increasingly feeling at risk. As another young man wrote in his essay, "If you get the HIV virus, your future gets stuck!" You become part of a real 'no future' generation. That's at least the perception many young Africans have due to the lack of a cure to AIDS.

Feeling at risk again results in states of denial and situations of stress where many young people develop an attitude signalling 'they don't care'! Some of them deny that they are at risk, and most often they blame the spread of the virus on somebody else –some groups of 'others'– be it the opposite sex, be it marginal groups as prostitutes, be it those in another neighbourhood or be it simply 'others'! HIV/AIDS is, in that respect, dividing societies far more than it is promoting unity or the degree of collectivism required for confronting the problem.

HIV/AIDS is obviously a problem of poverty and unequal power relations in society. It is a pandemic which is blossoming in societies with gender inequity. It is a pandemic which travels with human trafficking or with migrant labour. And it is a pandemic which strikes hardest amongst those that cannot afford any form of treatment. HIV/AIDS is a symptom of social and economic injustice, and should be combated accordingly. It is not just about changing individual behaviour, to abstain from sex or using a condom. That's just treating the symptoms, and not the actual causes.

## **New conditions of instability**

The situation with HIV/AIDS affecting young people raises a number of questions. Why have the outcomes of past experiences been so limited? What has been erroneous about the strategies used, and how can this be changed in the future? A key problem, which has been raised increasingly, has been the lack of attention to the root causes of HIV/AIDS (Panos, 2001; UNAIDS, 1999). This chapter draws attention to some fundamental development challenges that are at the core of the matter: the challenges of economic and cultural globalisation. I will argue that one of the consequences of the current economic and cultural globalisation is the emergence of what Arjun Appadurai has termed "new conditions of instability in the production of modern subjectivities" (Appadurai, 1996: 4).

Appadurai highlights two key issues that characterise the current transformation of society. They are *mass migration* and *electronic mediation*. In the process of transformation, with mass migration and mass mediation, the consequence for many individuals is the articulation of ontological *insecurity*. This idea is the reverse of a concept put forth by Anthony Giddens. On the other side of the coin, impacting not least amongst broad populations in developing countries, but also in, for example, Eastern Europe, economic and cultural globalisation is result-

108 | ing in social marginalization and disempowerment. With such consequences follows a growing sense of instability in the production of modern subjectivities. People feel unsure about and don't understand current processes of development. It often transcends clashes between tradition and modernity and has more to do with the ability or not to control the conditions of one's own everyday life.

The argument in this chapter is that a critical review of HIV/AIDS communication is required in the context of this (too) briefly sketched downside of current development processes. The hypothesis is that many of the root causes of HIV/AIDS, be it gender inequality, unemployment, or poverty, are intrinsically tied to the processes of globalisation in a complex cause-effect relationship. Thus, the spread of HIV/AIDS and processes of globalisation are interlinked. Developing efficient responses to HIV/AIDS requires more than conveying a clear message about sexual behaviour. It requires broader strategies to empower the audiences to handle difficult conditions of everyday life, beyond tradition versus modernity, and facing the multiple dimensions and consequences of globalisation. It requires tackling the overarching condition of everyday life experienced by many, not least marginalized groups in developing countries: instability in the production of each and everyone's 'modern subjectivity'. For many of these audiences, HIV/AIDS communication that works will be communication for social change.

### Two key objectives

My first aim with this chapter is to assess the key challenges of HIV/AIDS communication and prevention within the overarching context of economic and cultural globalisation. Firstly, clarification is required in problem identification. Without a precise problem identification as how to conceive of HIV/AIDS –be it either as a health problem, a question related to cultural practice or as an overall development problem– we cannot start to formulate precise solutions. I will argue that HIV/AIDS must be approached as a development problem, which is both caused by, and impacts upon contemporary processes of globalisation, including issues such as migration, new economy and consumer culture.

The second aim is to analyse what consequences the issues of interdependency between HIV/AIDS and globalisation will have for the practice of HIV/AIDS communication. If we assume a fundamental and possibly growing societal 'order of instability in the production of modern subjectivities', how should we then tackle the problem of HIV/AIDS from a communication perspective? Arguing for HIV/AIDS communication that empowers and promotes social integration is abstract academic discourse until concrete pathways ahead are suggested. Step one, I argue, is a paradigmatic shift in most of the existing communication practices in HIV/AIDS prevention work. A fundamental rethinking is required, moving beyond the often very taken for granted or 'common sense'-like understanding of communication present in many institutions working in HIV/AIDS prevention. In a second step, trust must be created. Only then will the audiences engage in the media text and flow of communication. Thirdly, rele-

vance and recognition must be sought –in media texts, programs and discourses that move beyond the simple epidemic and into the broader contexts of everyday life. Linked to this is the fourth issue: methods and strategies must be identified whereby some of the outlined root causes can be dealt with in the concrete strategy development.

To pursue objective two, a stronger recognition of how different communication paradigms result in different communication practices with different expected outcomes may well help focus the problem-solving strategy.

Although we are more than 20 years into the epidemic, we have not yet properly addressed the root causes of HIV/AIDS. More, and especially better responses –recognizing the complexity of HIV/AIDS– are obviously required to counter the pandemic (Skuse, 2003).

## **The history of and response to HIV/AIDS**

Providing a brief retrospective shows that the HIV/AIDS epidemic has continuously grown and spread since the first cases were identified in the early 1980s. Today more than 40 million people are infected with HIV and more than 20 million people have died of AIDS (UNAIDS, 2003). Southern and Eastern Africa is most severely struck, with approximately 40% of women between the ages of 15-49 in Botswana HIV positive. Almost every fourth adult in South Africa is HIV positive. India has the largest HIV+ population in the world when considering in absolute numbers. China is a ticking bomb, with no confident figures to really tell us the magnitude of the problem. Epidemiological curves from the Caribbean show several countries with exponential growth of the epidemic, which is also the case in Central America (UNAIDS, 2003).

Europe and USA managed in the late 1980s to curb the epidemiological curves. Large campaigns, political support and focused interventions amongst the most vulnerable groups of the population had impact. However, today, Europe is again threatened, with dramatic rises in the number of HIV positive cases in many Eastern European countries. Ukraine is most severely struck with approximately 1% of the 15-49 year olds being HIV positive (Amon et al, 2003). Epidemiologists indicate 1% being the crucial limit between epidemics that still are predominantly in vulnerable populations and thus easier to control, and epidemics that are spreading into the general population and growing beyond control. Thus, considering labour migration and general interaction between East and West Europe, there is a risk that HIV/AIDS may re-emerge as a serious problem also in Western Europe.

Communication-wise and campaign-wise there have been phases of more or less attention attributed to this issue. Anthropologist and Project Director Barbara Zalduondo from the USAID-financed Synergy Project has termed current developments in HIV/AIDS communication as the second generation of HIV/AIDS communication (Zalduondo, 2001). USA has since 2001 taken substantial steps ahead, partly in their conceptual approach, but in practice mostly in financial

110 | terms. Hence, USAID has, especially from 2002 and onwards, radically increased their support to the combating HIV/AIDS.

In the NGO world, one of the centres of excellence is the Centre for Communication Programs, an independent institution at Johns Hopkins University in Baltimore. Researchers there have worked with family planning, reproductive health and HIV/AIDS prevention in approximately 40 countries worldwide. A rapidly growing number of NGOs work with HIV/AIDS, in prevention, care, support and treatment –but a minimum of these organisations possess the competencies and resources to develop well researched, monitored and evaluated communication interventions, not to mention long-term interventions. At the government level, many countries have been slow in recognizing the magnitude of the problem in their countries. Only within the last 6-8 years have many governments set up high-level national HIV/AIDS committees. While many governments are increasingly seeking to coordinate and take the lead in the national response mechanisms, NGOs continue to hold an important role in combating HIV/AIDS, tackling the most pressing issues in countries struck by governmental denial and low priority, or struck by mere lack of funds.

Internationally, the debate about how to combat HIV/AIDS gained new momentum in the late 1990s. In 1997 UNAIDS initiated a global consultative process which led to the development of the UNAIDS Communication Framework (UNAIDS, 1999). Following this process, and recognizing the dramatic magnitude and severity of the HIV/AIDS pandemic, today there is a vivid and continuous debate on how to use communication in the struggle against HIV/AIDS. A central part of this debate is taking place on the web-site <[www.comminit.com](http://www.comminit.com)>, which belongs to the international network The Communication Initiative, established in 1997 by a broad range of inter- and non-governmental entities and organisations.

### Defining the problem of HIV/AIDS

The first issue to address is how the development of HIV/AIDS connects to the processes of especially economic and cultural globalisation. This begs the question: how do we define HIV/AIDS? Is it a health problem, a cultural problem, a socio-economic problem or something else? Obviously, it is a bit of each, but first and foremost my argument is that HIV/AIDS must be considered a development problem, including dimensions of gender, culture, spirituality, policy and socio-economic conditions.

In some regions of the world, the problem is of such a magnitude that it transcends all traditional sectors of development, be it agriculture, education, transport, industry or health. This effort to clearly define how we conceive the problem of HIV/AIDS is crucial because it has implications for the manner by which the problem solving is organized and focused: what sector institutions shall be involved in the response? What actions and activities are important? Who are the target audiences? What is the time perspective?

For many years, HIV/AIDS has been considered a health problem, where problem-solving was limited to biomedical and public health solutions dealing with access to health services, voluntary counselling and testing, treatment, care and support. WHO was for the first many years the leading international organisation (lead agency in UN), and many of the early national HIV/AIDS committees were set up at middle range political levels, almost always within ministries of health and guided by WHO. The main issue in the early years of the pandemic was to define priorities between prevention and treatment. Today, this discussion has become more nuanced. More holistic approaches have developed, recognizing the need to deal with prevention, care and support (Zalduondo, 2001; Morris, 2003). Today, there is an increasingly strong movement towards the promotion of mass treatment. WHO, as the key UN agency, and Médecins Sans Frontières as the key international NGO, have lead roles in this movement. In terms of problem identification, many practitioners still tend to approach HIV/AIDS as a health problem where the main issue is to avoid getting the virus, learning to live with it or, most importantly, treat it. The broader socio-economic aspects of the HIV/AIDS problem are still not incorporated into many programs, and the challenges for HIV/AIDS programs influenced by the dynamics and conditions of globalisation remain to be better understood.

## Culture, gender and sexual practices

Another approach has been to understand HIV/AIDS as a cultural problem. In this context, the focus has long been to view culture as a barrier to safe sexual behaviour (UNAIDS/Airhihenbuwa et al, 1999). HIV/AIDS is largely a sexually transmitted disease, and the bulk of previous and current HIV/AIDS prevention communication deals with changing exactly that: sexual behaviour. Such campaigns have addressed initiation rituals, sugar-daddy practices, prostitution, child abuse, negotiation of sexual practices and gender inequality, among other issues. Often sexual practices have been seen and interpreted mainly as cultural practices that hindered safe sex and therefore had to change. Tribal systems of social organisation, patriarchal structures and polygamy have been seen as key socio-cultural barriers. Stated bluntly, traditional ways of life have often been seen as mainly problematic to the advancement of safe sex and ultimately preventing the spread of HIV. In more recent years, such approaches are less frequent. The issue of culture and cultural practices is increasingly being framed within the conditions of a rapidly changing world, where many people are caught in conflicts between tradition and modernity and between patriarchy and gender equality. Culture is increasingly understood as a required context of action rather than simply an obstacle. Culture can be viewed as a resource in the combat of HIV/AIDS. What still remains to elaborate and analyse are the dynamics between local cultural practices and the global cultural discourses articulated in, for example, media flows, be it in radio or TV soap operas, musical genres or talk shows.

### 112 | HIV/AIDS as a development problem

Today, despite the strong treatment focus currently in force, there is increasing recognition of viewing HIV/AIDS as a development problem. Thus, there is a gradual but slow mainstreaming of HIV/AIDS components into sector programs of governmental development agencies as SIDA, DANIDA, DFID and USAID. However, the broader integral analysis of development and globalisation is still very much an academic discourse. It has, to some extent, found its way into some development policy documents. This is the case in the DANIDA policy document from 2001, which expressed the philosophy upon which DANIDA's development strategy was subsequently formulated (Danida Analysedokument, <[www.um.dk](http://www.um.dk)>).

As for the specific problem of HIV/AIDS, broader societal perspectives are seldom analysed in any depth or brought in any significant manner into the problem identification and into the development of response models<sup>1</sup>. Obviously, you might well give up hope and become disillusioned if you recognize the magnitude and levels of complexity surrounding HIV/AIDS. However, without this recognition, many of the root causes may well persist, and HIV/AIDS prevention and communication remain Sisyphus' work.

### HIV/AIDS and globalisation

When I argue that the spread of HIV/AIDS is linked to processes of globalisation, it must be seen both as a product and cause of globalisation (Altman, 2001: 69ff). The complex cause-effect relation between the spread of HIV/AIDS and globalisation can be spelt out into many sub-components, of which the following are just a few.

### New economy

Although HIV/AIDS can strike anybody no matter their social status, it is an epidemic that first and foremost strikes against the socially marginalized groups in our contemporary, globalised world. The nations with the highest prevalence rates are, without exception, low-income countries. As such, the rise and spread of HIV/AIDS can arguably be seen as a consequence of the negative social implications the free market and new economy have on the world society. As the Polish sociologist Zygmunt Bauman states, when reflecting upon globalisation:

<sup>1</sup> I base this judgement on my experience as a consultant to *Danida* in HIV/AIDS communication and prevention. Thus, participating in the development of different sector programmes in Mozambique, Zambia and Central America, I experienced what one might call 'the pragmatics of development practice' where institutional, financial and also conceptual constraints hindered any elaborate analysis of how responses to the HIV/AIDS pandemic could be tied to larger cross-sectoral development challenges in contexts of for example globalisation and regional development. *Danida* did, during the previous government, establish an International HIV/AIDS Think Tank in which I participated. During the 3-4 meetings held in its one year of existence (2001-2002), a range of further-reaching conceptual issues were debated. However, the link to the practitioners did not evolve far.

A particular cause of worry is the progressive breakdown in communication between the increasingly global and extraterritorial elites and the ever more 'localized' rest. The centres of meaning-and-value production are today exterritorial and emancipated from local constraints –this does not apply, though, to the human condition which such values and meanings are to inform and make sense of (Bauman, 1998).

A communicative disconnection is occurring between the elite cosmopolitans and the more 'localized' rest, and HIV/AIDS strikes the worst amongst the localized rest. What has happened with HIV/AIDS significantly supersedes the otherwise similar development occurring with the development of cholera in Latin America in the early 1990s. Generally, it is seen that unsustainable development processes pave the way for epidemics to flourish. In the 1980s the following was seen in Latin America: "increased national debt, rapid urbanisation, environmental degradation and inequitable access to health services, and reduced public expenditure on public health infrastructure. Cholera then arrived in 1991, spreading rapidly across the continent in an epidemic of 1.4 million cases and more than ten thousand deaths in nineteen countries" (Lee and Dodgson in Altman, 2001: 72).

Linked to such unfortunate structural adjustments and general development processes, there is a strong irony in how the World Bank's structural adjustment programs in several developing countries weakened the health structures which, in subsequent years, could have helped prevent the spread of HIV (Altman, 2001: 72).

## The porosity of national borders

Another aspect of the globalisation-HIV/AIDS relationship lies in the transnational character of the epidemic. In its essence it is a travelling epidemic that moves, without distinction, across borders. As a virus, HIV travels with humans carrying it by any means of transport to any part of the globe. Any human mobility carries the risk of transporting the HIV virus. Consequently, the recent mushrooming of high level national HIV/AIDS committees will only make sense to the degree that migratory trends both within and beyond national borders are contemplated into the programmes these national committees develop.

One aspect of this transnational character of HIV/AIDS is reflected in the growing internationalisation of trade in both sex and drugs, leading to a rapid spread of HIV in for example Southeast Asia (Altman, 2001: 71) and Europe (Amon et al, 2003). With large prevalence rates in the general populations of many places, the epidemic spreads through different kinds of motion or 'travel', for example, seasonal workers, migration, etc. For example in Denmark, one of the most significant aspects of the moderate rise in HIV prevalence seen in recent years originates from immigrants from some African countries who have arrived HIV positive the country.

### 114 | Global response mechanisms

Today, the World Bank and the Global Fund are among the key players in the global combat of HIV/AIDS. The globalisation of human welfare reflects a strong broadening in how the HIV/AIDS epidemic is conceived, and what responses are proposed. The first global response mechanism was the global AIDS program established by WHO in 1986, focusing on health and biomedical aspects of the struggle against HIV/AIDS. In 1995 UNAIDS was established, co-sponsored by seven of the large UN-agencies (including UNICEF, UNDP, WHO, UNESCO and the World Bank). Although constrained by a very limited budget, UNAIDS has been instrumental in contributing to the international HIV/AIDS debate, and has been innovative in the field of communication, suggesting a communications framework which seeks to deliver the argument on how to situate HIV/AIDS programmes in five contexts: government policies, socio-economic conditions, gender, culture and spirituality. This has led to a rich debate and many subsequent contributions, not least from the Rockefeller Foundation (1999), DFID (Skuse, 2003) and from the PANOS Institute (2001).

In 2001 the Global Fund for the Combat of HIV/AIDS, Malaria and Tuberculosis was established, following the extraordinary UN General Assembly in June 2001. This has contributed to the raising of additional funds. Finally, USAID is now heavily prioritising the combat of HIV/AIDS through the ambitious PEPFAR-program of the Bush administration. However, the focus is on treatment, and there is growing criticism of the way in which PEPFAR is emphasizing abstinence as the key solution, thus undermining many years of social marketing of condoms. Despite UNAIDS and the Global Fund being significant inter-governmental organisations, the global response remains a minefield of differing national, organisational, professional and personal interests, resulting in problems of lack of coordination, duplication of efforts, contradicting messages and efforts.

Furthermore, what many HIV programs still often overlook is the problem of integrating very different epistemological frameworks and understandings of illness (Altman, 2001: 73). UNAIDS' conceptual framework already in 1999 highlighted the need to recognize and contemplate such different health belief systems.

### Cultural globalization

Beyond the emphasis of UNAIDS' conceptual framework indicating multiple contexts to take into consideration, the nature of the HIV/AIDS problem and the rise and ravage caused by HIV/AIDS are, on the overall level, closely linked to the cultural dimension of globalisation. Arjun Appadurai, in formulating his *theory of rupture*, explores the relation between globalisation and modernity. In this exercise he emphasizes two issues characteristic of the ongoing rupture –or transformation– in society: mass migration and electronic mediation. He sees these two

phenomena as interconnected and both affecting the “work of the imagination” as a constitutive feature of modern subjectivity (Appadurai, 1996: 3). Appadurai argues that the electronic media “offer new resources and new disciplines for the construction of imagined selves and imagined worlds”. Juxtaposed with the both voluntary and forced mass migrations, the result, he argues, is “a new order of instability in the production of modern subjectivities” (ibid: 4).

It is this ‘new order of instability’, articulated by these forces of mediation and motion, to which HIV/AIDS has a connection. First of all, HIV/AIDS impacts on and is impacted by the electronic mediation and physical motion. With migration, AIDS travels. With the electronic media, American, national and international representations of sexuality, love, and relationships travel the globe, reaching also the high prevalence countries of Southern and Eastern Africa. The new order of instability is, on one hand, affected by the existence of HIV/AIDS, a lethal and existential threat to each and everyone, threatened in their most intimate of actions –that of sexual practices. Dealing heavily with issues as sexuality, love, and relationships, substantial parts of the media flow consist of discursive representations of these issues –discourses that interact with their audience and contribute to the articulation of modern subjectivities. The work of the imagination, thus coloured by everyday life *and* by mediated symbolic worlds, spins a sophisticated thread of mixed feelings, merged lived and mediated experiences, and becomes a filter on today’s processes of cultural globalisation. The young boys and girls in Grahamstown, South Africa, are living their lives in this context.

It is in this context that the workings of the imagination, and in particular the role of entertainment, become factors to include when designing responses to HIV/AIDS. It is *de facto* an issue which many newer strategies are working with: how to explore the popularity of international genres as soap operas, talk shows and musical programs, aiming to educate, inform about and mobilize against HIV/AIDS. Innovative strategies can be seen in the work of the NGO *Puntos de Encuentro* in Nicaragua (see chapter 23 in this volume), with *Soul City* in South Africa (<[www.soulcity.za](http://www.soulcity.za)>, see chapter 9 in this volume) and in the *Femina Health Information Project* in Tanzania (see chapter 24 in this volume). However, a critical aspect to analyse much further is how the genres –popular and explored in the HIV/AIDS combat– represent issues of relationships, love, and sexuality. Possibly, these discourses most often impact negatively on the ‘new order of instability’, which people are living and experiencing. However, a groundbreaking example of televised entertainment education is the South Africa TV soap opera *Tsha-Tsha* which is based on Paulo Freire’s philosophy of *conscientização*<sup>2</sup>.

2 Personal conversation with Kevin Kelly in Grahamstown, South Africa, October 2002.

116 | Paradigms in HIV/AIDS communication

*Communication strategies can help stop the epidemic, and certainly, they can slow it down. A fundamental step is to realize that the HIV/AIDS epidemic is not just a biomedical and health problem. It represents a political problem, a cultural problem, and a socio-economic problem, one which behaviour change communication can help address, and possibly solve. (...) what is really needed to change the world is an integration of biomedically based scientific findings with communication-science-based interventions and advocacy. The 2002 Barcelona Conference marked the emergence of intervention and policy from the shadows of biomedical science. Only 14 biannual international AIDS conferences were required to reach this obvious conclusion. Once the worldwide epidemic is redefined more accurately, then its solution can be realized.*

Singhal and Rogers (2003: 388-389)

In their book *Combating AIDS – Communication Strategies in Action*, Arvind Singhal and the late Everett Rogers have made a thorough analysis of a broad range of communication strategies that have been implemented in countries around the world. Their quote above indicates two points from their concluding chapter. Firstly, the quote highlights the point that HIV/AIDS needs to be better understood, beyond just a health problem. Secondly, it emphasizes the relevance of communication strategies based on behaviour change communication. The first point supports the case I make in this chapter, placing the discussion of HIV/AIDS within a discussion of globalisation –considering the nature and characteristics of economic, cultural, and political aspects of globalisation.

Singhal and Rogers' plea for behaviour change communication (BCC) strikes the core of my second issue to be raised in this chapter, that of communication paradigms: what communication approach should inform our problem-solving strategy in HIV/AIDS prevention efforts? Within the experiences to date, two main competing paradigms have dominated the field of HIV/AIDS communication. As such HIV/AIDS communication can be seen as a sub-field of the more encompassing field of communication for development. A lot of HIV/AIDS communication publications have also emerged within the field of health communication more specifically. A joint characteristic of these writings has been their use of communication models originating in the diffusion paradigm. Drawing on Everett Roger's classical book from 1962, *Diffusion of Innovations*, what I call the diffusion paradigm draws on psychological and psychosocial theories, persuasive communication theory, social learning theory, and play theory. For example, social marketing and early entertainment-education, both used extensively in HIV/AIDS communication, draw heavily on this paradigm (Tufte, 2001). This communication paradigm emphasizes individual behavioural change.

On the other hand, we have the participatory paradigm. This has origins in Paulo Freire's theory of dialogical communication and liberating pedagogy

(Freire, 1970) and refers to the alternative communication practice seen in grass-root and social movements and NGOs. This communication paradigm is based more on the principle of dialogue. It is community oriented and understands participatory process as empowering per se, and as end goals to pursue in communicative practices (for more elaborate presentations of both of these paradigms see chapters 7 and 9 of this volume).

In many cases, institutions have taken a stand on how to address the problem, oriented towards one of these paradigms. For example, the Centre for Communication Programs at Johns Hopkins University is predominantly oriented towards BCC, while the PANOS Institute is predominantly oriented towards the participatory paradigm.

## Communication for social change

At the International Roundtable on Communication for Development in Managua, November 2001, key UN-agencies, NGOs and scholars were gathered to discuss HIV/AIDS communication. At this meeting, PANOS had, in a background document, structured their discussions around three major approaches to HIV/AIDS communication: 1. behaviour change communication; 2. advocacy communication, and 3. communication for social change.

This international debate, along with several subsequent debates, has in recent years centred discussions around three different approaches to HIV/AIDS communication. These are *behaviour change communication (BCC)*, *advocacy communication*, and *communication for social change*. Behaviour change communication has traditionally been the approach in HIV/AIDS communication, focusing on individual behaviour change and often grounded in an understanding of the problem as being lack of information. Based on theories of diffusion, these initiatives are often large scale media campaigns that spread information in hope that knowing more, people change behaviour. Experiences in many countries show, however, that people have increasingly high levels of factual knowledge on HIV/AIDS, but the knowledge is not leading to behavioural change. Thus, the debate is increasingly focusing on two other approaches: advocacy communication and communication for social change. *Advocacy communication* deals with the specific objective of advocating the rights and problems of HIV/AIDS, for example the rights of PLWHAs, or of orphans and abused children. *Communication for social change* is the term used whereby the underlying causes of HIV/AIDS are being recognised: poverty, gender inequality, unemployment, etc. Following this principle, HIV/AIDS communication must address the structural determinants that lead to these situations, and is often rooted in participatory processes where issues of empowerment and human rights are at the centre of concern.

What the Managua Roundtable demonstrated was a number of unresolved issues. Firstly, there was a clear *discursive consensus* around the terminology –everybody speaking of the need for participatory approaches. However, scratching the surface, a lack of conceptual clarity and clear definitions was evi-

118 | dent: what definitions should be given to participation, social change, mobilisation, and other key concepts. Secondly, there were *no uniform, immediate objectives* when speaking about combating HIV/AIDS through communication. Obviously, reducing HIV/AIDS was the long-term objective everyone agreed upon, but should this require deeper social change, individual behaviour change, political change or other forms of change (cultural, legal, economical, etc.)? In this chapter, I have argued that HIV/AIDS and the negative social impacts of globalization are pushing the agenda of strategic communication towards a more elaborate social change agenda.

Lastly, the Managua Roundtable demonstrated that very *differing methodologies* were applied in the communication strategies presented, reflecting the broad diversity of approaches to HIV/AIDS communication and prevention (see <[www.comminit.com](http://www.comminit.com)> for the Roundtable declaration).

A key gap, which is apparent in the field of communication practices, is the weak link between the practices of development communication (under which HIV/AIDS communication pertains) and advances in communication theory. The conceptual and methodological insights generated within qualitative audience analysis from the mid 1980s and onwards are, for example, not connected to the HIV/AIDS communication practices. In this context, the development of cultural studies as an interdisciplinary field in academia still has limited resonance within communication practice, despite the increased recognition of culture as a determining factor. The interdisciplinary nature of cultural studies, the understanding of audience reception practices and the integrated approaches of political economy with cultural studies are all fields which could well contribute to redefining the field of HIV/AIDS communication within the framework of a social change agenda.

Finally, as mentioned previously, the growing bibliography exploring the role of media and communication in the process of cultural globalisation is also a body of knowledge still disconnected from problem-identification and problem-solving in the fight against HIV/AIDS. A closer relationship between theory and practice should be promoted. Drawing the past many years' experience with qualitative audience reception analysis and audience ethnography into the field of communication for development can help move the focus of communication practitioners from the narrow text-audience relationship often seen to the broader interdisciplinary analysis of the dynamic relation between media and communication with social and cultural practices –and behaviours– in everyday life.

### **Narrating instability?**

Many organisations and experts have argued for the contextualisation of HIV/AIDS communication as a means to improve the impact of the interventions. Likewise, many organisations and experts have called for the need for better research, formative and summative research in communication for development in general, and in HIV/AIDS communication more specifically. However, this article

has pointed at a deeper-lying challenge for HIV/AIDS communication: to explore the consequences of globalisation upon modern subjectivities and analyse how this impacts upon the ontological security amongst target audiences. Consequently, the challenge is also to redefine the communication paradigm upon which to base concrete strategy development. What people, communities, organisations, governments and international agencies should also be discussing when dealing with HIV/AIDS are issues that reach deeper and beyond the simple sexual behaviours of people, whereby the HIV virus is physically transmitted.

The Latin American scholar of communication and culture, Jesus Martin-Barbero, has reflected upon how modern identities are articulated, and has made a point which is relevant for the case I make in this article; that success stories (communication) about HIV/AIDS are only possible if they strike the identity and cultural strings of the audience. As phrased by Martin-Barbero:

The modern identities –contrary to those attributed to a pre-existing structure as nobility or working class– are constructed in the recognition of others (...). In order for the plurality of the world's culture to be taken politically into consideration, it is indispensable that the diversity of identities can be told, narrated. This relation between narration and identity is constitutive: there is no cultural identity, which is not narrated (Martin-Barbero, 2002).

Consequently, the current instability of modern subjectivities, and the conditions of this instability, must be captured and narrated –this is the contemporary condition of identity work from which human behaviour departs. As such it is one of the most important, if not the most important communication challenge in the fight against HIV/AIDS.