

Social change communication: a panacea for HIV and AIDS?-An outlook of a program manager

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Abstract. For about three decades of the pandemic of HIV and AIDS, need for an effective response has been felt very strongly. Human behavior being complex; widespread behavior changes are challenging to achieve. Understanding of the dynamics of HIV transmission cannot be separated from an understanding of the broader context of poverty, inequality and social exclusion which create conditions under which unsafe behavior flourishes. HIV/AIDS is not a mere health issue: its occurrence is influenced by a number of socio-economic, cultural and ecological determinants. Thus social change communication incorporating the enhanced behavior change communication emerges as an inclusive way of responding to HIV/AIDS issues. Social change communication can tackle structural drivers of the HIV epidemic, with a particular focus on the drivers of gender inequality, stigma, discrimination and denial and human rights violations. Based on his understanding of social change communication as a practitioner and an AIDS control program manager, the author examines whether the issues related to social change communication make it an effective instrument for the containment of HIV and AIDS.

Key words: HIV and AIDS, behavior, social change communication

1. Introduction

For the last three decades or so, since when we have been living with the pandemic of HIV infection, the delivery of effective behavior change strategies through robust interventions have been considered pivotal to the endeavors for reversing the global HIV epidemic.

As human behavior is complex, widespread behavior changes are challenging to achieve. Still there are important gaps in our knowledge about the effectiveness of HIV prevention. Yet the research to date clearly documents the impact of numerous behavioral interventions in reducing HIV infection. We also know that in all cases in which national HIV epidemics have reversed, broad-based behavior change was crucial to success (1). It is, however, important to recognize the fact that understanding the dynamics of HIV

transmission cannot be separated from an understanding of the broader context of poverty, inequality and social exclusion which create conditions where unsafe behavior flourishes (2).

Most of the national / regional AIDS control program managers and other stakeholders have rightly recognized the central role of behavior change communication (BCC) in the targeted interventions for the most-at-risk-populations, the core transmitter groups.

Communication is an essential element of AIDS prevention, treatment and care efforts. Historically such efforts have been limited by a focus on sending messages about how to behave or how HIV is transmitted, with lesser attention to cultural and social contexts in which such communication occurs. These contexts often present barriers to individual behavior change (3).

It is high time a concerted collective action is generated to ensure an effective response that addresses wide range of issues pertaining to access to information and appropriate awareness for all the sections of the society, in recognition of the fact that 'HIV/AIDS is everyone's responsibility.

A slogan coined by the author in the year 2005 in a meeting of the National AIDS Control

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Organization (NACO) at Jaipur, India- "HIV/AIDS is everyone's responsibility" found place on the first page of the UNAIDS table calendar for the year 2006.

The mandate of the National Council on AIDS (NCA) headed by the Prime Minister of India, which met subsequently on February 16, 2006, is 'making HIV/AIDS everyone's responsibility'.

2. Materials and methods

Limited reviews of the available literature in the public domain and the experiences as a program manager have been utilized in the development of a comprehensive communication approach for the containment of HIV and AIDS.

The perspective article does not purport to be a systematic review or a meta-analysis of the subject and the issues have been mooted for wider deliberations for strengthening the response to the HIV pandemic.

References available in English in public domain as accessed through Pub Med and Google scholar were reviewed for the functioning and efficacy of the communication strategies.

Relevant communication interventions under the AIDS control program and their evaluations were examined to develop a proper and optimum approach towards effective communication.

Undoubtedly, effective communication forms the backbone of all the endeavors while operating under different programmatic components with incorporation of the myriad perspectives. The same may usher the desired outcome by intervening at appropriate levels in a proper manner.

Besides the multiplicity of the determinants, the issue is so culture sensitive that health interventions alone, therefore, cannot lead to its prevention. Its prevention requires a concerted collaborative effort from all organizations armed with strong strategic communication to ensure safer sexual behavior and related interventions.

An earlier emphasis exclusively on information-based educational campaigns with passive roles of the community has been supplanted by communication-cum-intervention programs with built in enabling and empowerment of the community for an effective response to the epidemic.

Social change communication is an inclusive way of responding to HIV/AIDS issues. Social change communication is an umbrella term involving strategic use of advocacy, media, interpersonal and dialogue-based communication, and social mobilization to systematically accelerate change in the underlying drivers of HIV risk, vulnerability and impact (3).

This integrated, inclusive and multi-sectoral approach transfers the ownership of HIV/AIDS issues - including its direct and indirect causes, impact and response - to various stakeholders, including the government, the corporate sector and civil society organizations.

Since the social change communication involves multi-stage tasks and requires multi-pronged approach, the focus of all organizations in mainstreaming must be to adapt their core business to respond to the challenges of HIV/AIDS. Mainstreaming and inter-sectoral approach will have to be adopted by all to ensure health sector and other much needed reforms so as to make a dent in the humongous developmental challenge.

We must find innovative ways to spark community level dialogue-privately and publicly-among individuals and institutions so that all voices have access to the process of making decisions concerning treatment and prevention. Those most affected by HIV and AIDS must fully own or control the essential communication processes and effect policies that impact their lives (4).

3. Results

It has been reported by the program implementers that development of perspectives and pursuits which are based on community based, community led and community owned approaches can take care of the humongous hurdles the developing countries are facing; especially in the field of health. It has been established beyond doubt that socio-economic determinants play a huge role in the scenario of physical, mental, emotional and spiritual health. The community has to be mobilized and empowered enough through advocacy to plan for its health, chalk out appropriate activities and implement and monitor them with tools - almost like a social audit.

Concerted collective action is the need of the hour to plan and work in accordance with a needs-based approach on sound and irrefutable evidence generated by the community itself and not according to the mandate of some agency/funding organization or some theoretical/transplanted assumptions for replication of the "best practices" with "proven success" elsewhere. It can be done by giving a voice to the voiceless, through facilitation of community conversations that lead to community action and by building channels of communication between community and government.

Communication strategy must address the very real social obstacles that prevent positive change, including the position of women in society, stigma, prejudice and marginalization.

The issue of quality service delivery may be taken as an illustration. The biggest hurdle in the delivery of quality STI services to the men who have sex with Men/transgender (MSM/TG) community is very often the mindset and attitude of most of the service providers.

Acceptance of the anecdotal data has prompted the AIDS control program managers to partner with preferred private providers and building of their capacity through structured modular trainings to facilitate management of the STIs in the targeted interventions for the MSM-TG and other most at risk populations.

Judgmental approach of the service providers evincing an ostrich-like mentality directly affects the quality and reach of the much needed services for prevention, care, support and treatment of STI/HIV.

Stigma, discrimination and the denial of appropriate services will add to the burden with major untoward consequences. We have to promote and protect the rights of the clients and ensure stigma-free milieu for delivery of services through incorporation of the same in the well designed comprehensive social change communication strategy besides focusing on strengthened interventions.

4. Discussion

Human behavior is indeed an interesting interplay of the extant cultural, moral, ethical, legal and societal norms asserted and overzealously guarded by the powers that be.

The institutions of family, society and the administrative and legal infrastructure go to any extents to regulate the individual's behavior by dictating terms to compel him/her to conform to a rigid pattern of behavior on the pretext of checking deviant behavior in the interest of the person and the society at large. As a program manager for AIDS control in an Indian state for more than eight and a half years, a postgraduate in human rights law and an activist for furthering the rights of the marginalized communities including the people living with HIV (PLHIV), one has been bewildered on several occasions to observe the two arms of the governmental agencies working at cross purposes - both purportedly working as per the law of the land. One agency works for promotion of health and prevention of sexually transmitted infections and HIV/AIDS in such marginalized groups whereas the other arm of the same government may

disrupt the rapport with these communities by conducting thoughtless raids and uncalled for arrests compelling the entire activity to go underground and start operating in a clandestine manner with severing of all linkages and support for health care delivery and preventive efforts. Suitable advocacy, sensitization through appropriate communication under the ambit of social change communication would be necessitated for the same.

The need of the hour is writ large as the writing on the wall, viz, it is high time we repeal the archaic laws and facilitate concerted collective action for the containment of HIV and AIDS through a mainstreamed and multi-sectoral response which is a must for this gigantic developmental challenge. Appropriate advocacy, communication and social mobilization at all the levels in tandem through the myriad stakeholders are strongly recommended for the same.

Those instances further corroborate the observations at the grassroots and strengthen the evidence necessitating building of a case for provision and equitable access of non-judgmental and non-stigmatizing quality services at all levels.

Community has to be at the center. Paradigm shifts are needed in approaches to HIV and AIDS. The main strategy has to be effective communication with a shift from 'message' to 'voice' and such communication can tackle structural drivers of the HIV epidemic, with a particular focus on the drivers of gender inequality, stigma and discrimination, and human rights violations .

Health Communication is expected to gear itself towards the shift in paradigm - from creating awareness to education, motivation and case drive. It has special task of ensuring health seeking behavior among various stakeholders especially among women. This needs a different approach in communication-social and behavior change communication that empowers people to demand for quality services and make health providers more responsive and accountable to clients.

The role of social change communication cannot be emphasized more in an illustrative intervention like male circumcision (more than a mere bio-medical intervention with cultural, social, religious, ethical and legal aspects) for prevention of HIV through effective targeted addressing of the environmental and societal issues through development and communication of key messages.

It is high time we understand that some of the past failures have been wrongly blamed on the

individual in total disregard to the context which shapes the individual.

5. Conclusion

Complete ownership and active participation by a mobilized community, equipped with necessary communication (and other) skills, are a must. They can be ensured by sustained efforts for community systems strengthening in addition to ways to improve healthcare delivery by a health systems strengthening. Development and facilitation of an enabling environment to promote and sustain the desired social changes necessitate mainstreamed and committed efforts.

Fully functional social networks and robust internal communication structures would be needed to facilitate interventions within the context of the empowered communities.

The effectiveness of HIV prevention has been established cutting across the nation and geographical regions only in meaningful presence of:

- Multi dimensional and comprehensive prevention, care and support strategy,
- Directed efforts to supplement the limited impact of individual BCC and
- Effective addressing of the social, economic, cultural, environmental and other determinants of health / development.

We need to change the paradigm of communication and understand the challenges of social change communication and devise interventions in accordance with them.

Appropriate social change communication is then bound to emerge as the vaccine and panacea for HIV and AIDS.

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