



BLIND SPOTS AND WASTED EFFORT IN CARIBBEAN HIV/AIDS POLICY MAKING:

Communication and behaviour change

Marjan de Bruin



The Caribbean region faces daunting challenges from HIV/AIDS: it is the region with the second highest HIV/AIDS infection rate in the world, HIV/AIDS is the leading cause of death among adults between 15 and 44, and almost two decades after the first case was diagnosed, concerted action has failed to halt or even slow the pandemic. Experts in the region are beginning to realize that their HIV/AIDS prevention efforts, in which communication plays a crucial role, have not been very successful. As in many other parts of the world –in spite of a general high level of knowledge about HIV/AIDS transmission among some of the prime risk groups– desirable changes away from risk-taking sexual behaviour are not happening.

This observation raises serious questions regarding the bases, assumptions and expectations of, and about, national and regional communication efforts over the last two decades. What role is envisioned for communication and media in the current policy frameworks? What assumptions lie behind those policies? What frame of reference is used? What strategies are proposed? Do policies reflect realistic expectations about the potential of media in the fight against HIV/AIDS? Does the current media industry present options for partnership? And if not, what are the obstacles?

I will address these questions by using a policy analysis of the National Strategic Plans (NSPs) of Jamaica, Trinidad & Tobago and Barbados, the Pan Caribbean Partnership against HIV/AIDS (PANCAP) Regional Strategic Framework (RSF), and the PANCAP Regional Plan of Action for the Fight against HIV/AIDS in the Caribbean.

When analyzing the NSPs' and RSF's policies, one should bear in mind the specific situation of the National HIV/AIDS Programmes in the Caribbean. Most countries in the Caribbean have developed their own National AIDS Programmes (NAPs) in the campaign against HIV/AIDS. However, few governments have the resources to maintain departments

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with the responsibility to implement these plans well staffed. Some of the more serious challenges faced by national programmes are limited resources; mobility of personnel; lack of staff; and dependency on the not always consistent commitment of the highest-level political leadership (Ameen and Lloyd, 2004).

An additional challenge is the dominating reality of external funding, which often comes with conditions, agendas and priorities that do not always reflect national or regional perceptions.

THE CARIBBEAN RESPONSE TO HIV/AIDS

The Caribbean region includes islands –mostly small, with the exception of Cuba and Hispaniola, shared between Haiti and the Dominican Republic– and a small number of large mainland nations, such as Belize, Guyana and Suriname. All countries share a similar history –centuries of slavery established by European powers, plantation economies, relatively recently acquired independence, and growing tourist industries. In spite of these commonalities, there are also many differences, and in some cases large physical distances between countries.

The Caribbean region as a whole has an average adult HIV prevalence of 2.3% –with some countries scoring much higher and others much lower than this. Development experts state that, after prevalence reaches 2%, as it has in several countries, the general population is at risk (Wilkins and Mody, 2001). The cost of this threatening development manifests itself in many areas. With AIDS as the leading cause of death among adults between 15 and 44 –the most productive age group among the working population– the direct medical costs and indirect loss of productivity costs were predicted to amount to more than 6% of the region's GDP by 2006.

Powerful stigma, widespread discrimination, frustration and isolation are major psychological costs. Becoming HIV-infected often means drastic shake-ups and changes in relationships and the break down of old and familiar networks. In many countries, shortages of affordable medicines produce serious humanitarian and economic challenges.

The Caribbean is one of the few regions in the world that has organized its response to HIV/AIDS as a regional coordinated effort. The Pan Caribbean Partnership against HIV/AIDS (PANCAP), a special organizational structure attached to the regular regional governance structure of the Caribbean Community (CARICOM), was launched in 2001. PANCAP is seen internationally as “one of the most vibrant, fully

functioning multisectoral, multilevel regional AIDS partnerships”, and was lauded in UNAIDS best practices series (UNAIDS and CARICOM 2004: 11).

COMMUNICATION APPROACHES IN HIV/AIDS

In the late 90s, the UNAIDS’ Communications Framework for HIV/AIDS identified several weaknesses in then current theories and approaches (1999: 22, 23). These strategies were seen as too simple and linear in making the connection between individual knowledge and action. There was a need to “take into account the variation among the political, socioeconomic and cultural contexts that prevail in the regions” (UNAIDS/PennState, 1999: 23). The “influence of social variables, such as culture and gender relationships should get more attention” (ibid). “The contextual domains”, which included government policy, socioeconomic status, culture, gender relations and spirituality, became the new buzzword (ibid).

Later debates, such as the Communication for Development Roundtable in Managua, embarked on the same lines, emphasizing “cultural appropriateness” as an essential approach for any communication strategy (UNFPA, 2002: 25). Here too, the recognition that “Behaviour and behaviour change are intimately linked to the social, cultural, political and physical environments in which people live” was seen as essential (ibid).

The need for a system approach had also been mentioned in several Caribbean studies indicating the necessary inclusion of the immediate social, cultural, political and physical environments in the analysis of and response to the problem. And indeed, national and regional policy documents refer to HIV/AIDS as a complex and multi-dimensional challenge.

COMMUNICATION -WHAT DO POLICIES SAY?

Defining HIV/AIDS

Jamaica’s National Strategic Plan (NSP) acknowledges that HIV/AIDS is “driven by a variety of behavioural, cultural, societal and economic factors”, and recognizes that “the complex nature of the epidemic necessitates the mobilization of adequate resources from all sectors in the society” (2002: 3). Hence, “the involvement of the private sector, faith based organizations, political leaders, governmental organizations and

community based organizations including persons living with HIV/AIDS is an essential step towards mitigating the impact of AIDS on our society” (ibid).

Barbados’ NSP stipulates that HIV/AIDS, as a disease, “must be treated as a social and developmental issue” (2000: 16). It recognizes that during the 90s, the programmes instituted for prevention and control had “not been sufficiently broad-based to address the social, economic, cultural and behavioral aspects of the disease” (2000: 5). The solution is sought in a “proactive response with a multi-sectoral approach”, and the importance of the initiative is indicated by its location in the Office of the Prime Minister.

Trinidad & Tobago’s NSP speaks of “the complex nature of the disease”, which calls for national commitment to a response “that goes beyond the health sector, to incorporate all other sectors of society including key organizations and all stakeholders” (2003: 1).

The *Regional Strategic Framework* outlines HIV/AIDS as a “development problem” (PANCAP 2002: 1), in need of “an expanded multi-sectoral response” involving “all sectors of society, including health, education, social welfare, finance and the highest levels of the executive... as well as the civil society and business sector” (PANCAP 2002: 9).

COMMUNICATION AND BEHAVIOUR CHANGE

From a quantitative point of view, the word communication is seldom mentioned in all national and regional reports, and when mentioned, it is mostly as part of a phrase: Behaviour Change and Communication programmes, Behaviour Change Intervention and Communication; communication materials; communication mechanisms; communication channels; Information, Education and Communication material or messages.

Jamaica’s NSP emphasizes that it is “more than a plan for the health sector” (2001: 1), and describes behaviour change and communication as a “technical component” (8) with emphases on face-to-face communication, peer education, targeted community interventions and media awareness campaigns.

The Barbadian NSP envisions that responsible behaviour will follow once “every citizen has become aware of the ways through which HIV can be contracted and the consequence of becoming infected” (Barbados, 2000:

17). Being aware is equated with being equipped "with the information and knowledge to behave responsibly" (2000: 17). In Trinidad and Tobago's NSP, the 'Heighten Education and Awareness Strategy' also perceives behaviour change as a result of education and awareness: "To promote healthy sexual behaviours, emphasis will be placed on intensifying HIV/AIDS education and awareness programmes" (2003: 20). In the Information and Communication Manager job's description, the interpretation of communication as mainly information storage and handling is patent.

Communication strategies

Jamaica's NSP does briefly outline a strategy of producing and disseminating information and communication materials "for the general and target population in order to heighten individual sense of risk perception and promote healthy and responsible sexual behaviours" (GOJ; Ministry of Health, 2002: 21). However, nothing can be found that goes beyond this limited notion of communication. The plan mentions other strategies, but fails to place them in a coherent approach.

In Trinidad and Tobago's NSP, the selection of channels gets attention, but the challenges in terms of message production remain unnamed. The media advertising industry is identified as a "strategic partner" (Office of Prime Minister, Trinidad & Tobago, 2003: 21). Barbados' NSP chooses Information, Education and Communication (IEC) as its main approach: this will hopefully "not only increase or enhance awareness of the disease and the means by which to prevent or reduce its spread, but will ultimately lead to the adoption of improved sexual practices" (GOB; Ministry of Health, 2001: 22). The Barbados plan identifies raising awareness, behavioural change and social mobilization as its major "communication strategies". Although this listing seems to be a mix of objectives and strategies, the described components of these strategies do refer to a wide area of application: use of mass media, advocacy, inter-sectoral collaboration, involving NGOs, research, training, and condom social marketing. This range clearly reveals a wider concept of communication; however, not in any coherent or consistent framework (GOB; Ministry of Health, 2001: 45).

The concept of communication in the Regional Strategic Framework follows a similar interpretation.

'Communication' equated with use of media

The narrow interpretation of communication to mean simply "use of

media” causes important areas to be overlooked. Several of the guiding principles and central strategies mentioned in each country’s National Strategic Plan contain such overlooked areas. For instance, Jamaica’s NSP states that “HIV/AIDS must be normalized so that it becomes a part of the customary public discourse” (GOJ; MoH 2001: 4). But how can public discourse be influenced without paying attention to a Strategic Communication Plan? The Jamaican Plan also mentions “the recognition of the rights and dignity of every individual, including those who are socially marginalized” and the need for “support for individual & community empowerment to prevent spread of HIV” (ibid). This statement relates to countering stigma and discrimination –a high priority on all current HIV/AIDS agendas. We could perceive stigma as a social construction, and stigmatizing as a relational process, taking place at interpersonal as well as group and community levels (Heatherton et al., 2000). This makes both stigmatizing and discrimination communication processes in themselves. It seems likely that communication, as a multidisciplinary field, may have something to offer in achieving the desired support and empowerment.

Similar examples can be found in Trinidad and Tobago’s NSP, which signals as one of its main principles “the continuous monitoring, evaluation and reporting to civil society” (2003: iii), and striving for “Heightened and expanded community-level responses.” (2003: 10). It is impossible to use any of these guiding principles without mobilizing public opinion and without serious planning of how to address media and public agenda setting –but there is no systematic outline in the policy of how to use communication, including media.

Barbados’ NSP speaks about creating a supportive environment; development and implementation of appropriate public policies; an on-going anti-HIV/AIDS education and training programme; etc. But at the same time, the plan does not address how this can be done in a systematic strategic way. Communication planning itself is not addressed. Barbados’ Plan recognizes that the lack of results in behavioural change should be attributed to a lack of understanding, “as ongoing research and evaluation have not informed approaches used”. But there is no explanation of why these factors have “not informed approaches used” (GOB; MoH 2000: 16).

ASSUMPTIONS ABOUT MEDIA

Each of the policy papers discussed in this analysis refers to the use of media. Media are usually mentioned in the context of message carriers and media campaigns. They seem to be considered potential partners in change that would be willing to become part of the interventions, although there is no attempt to analyse their sectoral and cultural interests.

None of the approaches seems to recognise that media, as well as journalism, are undergoing drastic changes –world wide, but also in the Caribbean. Although several Caribbean countries still have government-owned radio or television stations, most larger media organizations in the region these days are privately owned. They have become moneymaking enterprises for which competition and a growing concern for the bottom line have become organizational priorities, exercising important influence on newsrooms and professional journalists. The organizational –read corporate– interests seem to have become more dominant than ever. Traditionally, journalism in the Caribbean has been seen as a profession with a feeling of broader obligation –a “noble profession” (Gordon, 1999: 45). We can recognize this social commitment clearly in the autobiographies and personal narratives of senior journalists in the region. However, today, these “golden years” of journalism seem to be over. As Ken Allen, former Editor-in-Chief of the Jamaica Gleaner, the region’s oldest and one of its largest newspapers, describes, in the early years, the paper was “editorial-driven”: “This has changed dramatically, it is now advertisement-driven” (Cameron, 2000: 34). Content, contributing to the “social good”, is acceptable as long as it is “sexy”, to quote a well-known media owner.

Commercial marketing will target those audience segments that provide the greatest volume of profitable sales. But when the “greater good” is a behavioural or social change, the priority in choosing audiences will almost certainly be different: prevalence of the problem, ability to reach the audience and readiness for change will become more important criteria for audience selection (Kotler, Robert and Lee, 2002). In addition, expecting the media to produce just the right message when aiming at social or behavioural change is almost certainly too optimistic. Campaign message design is usually carefully crafted by social marketers –for good reasons. For instance, it is known that appeals to fear may cause changes in attitude, motivation and behaviour, especially when they are accompanied by high-efficacy messages (Witte et al.). But they can also backfire if the audience does not believe it can reasonably avoid the threat. The result may well be no change at all. Appeals to fear must therefore be used cautiously. Media practitioners, who work with a different set of principles, are not likely to be aware of these dangers, and may inadvertently provoke resistance to change.

Stories that are popular among media workers –human interest features– can also provoke confusion. Message design experts know that although human interest stories make recognition much easier for the audience, they can also contribute to serious misinterpretation of problems. They often focus on individual people, thereby implicitly suggesting that problems are not general but specific aberrations, and that solutions are to

be sought at the micro level.

CONCLUSION

Current local and regional HIV/AIDS policies –as expressed in National Strategic Plans and the Regional Strategic Framework– do not seem to recognize the complexity of HIV/AIDS as a multi-dimensional reality when designing communication strategies meant to be relevant and efficient.

Moreover, they do not appear to recognise the complexity of the communication process, or that communication is more than the simple dissemination of cautionary messages.

Strategic Communication Planning does not seem to be part of the overall National Strategic Plans. Other key areas, such as care and support, organizational concerns, and restructuring departments and services, are projected and operationalized in great detail, because they appear to be more familiar ground to the original policy designers.

Defining HIV/AIDS as a social and development issue seems to trigger organisational solutions that do not reflect a true inter-disciplinary approach. All the national and regional policy documents appear to reflect the belief that broadening the mobilization of resources from all of society's sectors –in the cases of Jamaica and Trinidad & Tobago– and organisational restructuring at the national level, with coordination of the programme being the responsibility of the Prime Minister's Office –in the case of Barbados–, are the routes to success.

However, genuine multi-sectoral approaches would undoubtedly provide the “broad-based” foundation that would take the programmes and their interventions “beyond the health sector”.

Defining the problem as complex, multi-level and multi-faceted, however, impels us to seek for solutions across micro, meso and macro levels. It would mean that efforts to promote change at the individual or micro level would need to be consciously situated within a perspective of possible changes at the community and national level. The level of the community is in some of the policies a regular arena of interventions. However, there seems to be a disconnection in the relationship with structural changes at macro level. For instance, we know that condom use among youngsters is influenced by the negotiating efforts or skills of the actors involved. We also know that the negotiating power of the female partner may be

constrained or limited by economic dependency. In such a situation, employment and education are the issues requiring most urgent focus.

All policy documents mention prevention as one of the key areas for focus, and speak about HIV/AIDS as a multidisciplinary problem. However, at the same time, none of the plans elaborates on the use of communication in prevention: none tries to outline a coherent communications strategy at all levels, across all disciplines and sectors, and including a more diverse cast of actors.

Media

The expectation that media will play a role in what are essentially social marketing programmes is probably misplaced. Commercial marketing –as applied by media companies– and social marketing –as applied by social marketers– will almost always tend to choose different audiences and target groups.

Media are mentioned as simple distributors of messages. Tailoring the message is recognised as a concern, but how to address the frequently cited “environmental” factors is not mentioned in the reports. There is no strategy for (mass) media use, no positioning of (mass) media within communication plans, and perhaps most importantly, no inclusion of media themselves as possible objects of change.

This challenge –for media to find a responsible balance between their major objective in most cases (making a profit) and their role in setting the agenda and contributing to the public good– is not an easy task. Professionals who feel their broader social commitment may –more urgently than before– clash with corporate organizational interests. Also, government owned media could face compromising political pressure, depending on what the hottest issue in the public and political agenda is.

The present situation requires a major rethinking of the objectives and strategies needed to achieve them. Current strategies consist largely of pouring more money and effort into initiatives that have proved ineffective.

While it is clear that there is a high level of knowledge and awareness of HIV/AIDS, and of the danger and consequences of certain kinds of behaviours, there is no sign that the majority of those at risk has acted, or is likely to act, on the advice with which they have been deluged.

There are indications that this failure in motivation/action may be the result of influences and factors outside the narrowly defined focus of physical sexual expression, and may have more to do with societal dynamics which are poorly understood or inadequately appreciated.

For instance:

- Do people really understand and accept that with treatment it is possible to live nearly normal lives after HIV infection?
- Might some religious beliefs induce feelings of guilt leading to a fatalistic acceptance of infection and eventual death as a deserved punishment, against which it is hopeless to struggle?
- Is it possible that desperate economic conditions may induce a level of hopelessness which overpowers or neutralises the normal human expectation or hope of survival?
- Are some young people unable to practice “safe sex” because of their basic ignorance of sexual reproduction in general?
- How important in the lives of young people is the unwillingness or inability of their parents/teachers/elders to speak frankly, knowledgeably and truthfully about sexual questions?
- Do people believe that it is realistic for them to expect that they can depend on their governments to provide the means to keep them alive?

We have no idea of the conscious or unconscious calculations by which people arrive at the conclusion that their aspirations for meaningful survival are realistic.

In short, we do not know whether people believe that it is worth making the efforts we urge them to make in order to avoid, or to survive, HIV/AIDS. In the absence of education and employment, is there any realistic incentive to think about the long term?

These and similar questions may seem obvious, but we appear to be planning communication strategies without taking them into account. If, as I believe they are of real importance, ignoring them may make our efforts less than relevant to some audiences whose behaviours we hope to influence. In that case, it may be important to integrate economic and educational development programmes into the HIV/AIDS campaign communication strategies.

If we don't recognise these additional dimensions, much of our effort may,

sadly, be almost completely wasted, and thus account to some extent for our limited success over the past 20 years.

Marjan de Bruin has been Director of the Caribbean Institute of Media and Communication (University of the West Indies, Kingston, Jamaica) since 2002. A leading member of the University's HIV/AIDS Response Programme, she has presented many papers on Communication and HIV/AIDS. Born in the Netherlands, she was a social worker, management trainer, journalist and editor before moving to Jamaica in 1987.
marjan.debruin@uwimona.edu.jm

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