# From Awareness to Action: Tackling HIV/AIDS Through Radio and Television Drama

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## Introduction

Why do information campaigns often fail to change people's behaviour? Why do compared with 6.1 million in South and South East Asia and only 560,000 in Western Europe[1].

Africans infected with the virus are far more likely to die of the disease than their counterparts in the developed world. In the United States there are close to a million people living with HIV, but in 2001 only 20,000 died of AIDS: a proportion of one in fifty. In Sub-Saharan Africa 2.3 million were killed by it: a proportion of nearly one in ten. This is due largely to the introduction of new drug therapies, which only the relatively rich can afford. In countries like Zimbabwe where 1,200 people are dying per week, AIDS is truly a natural disaster, requiring emergency response[2].

## Circumstances affecting HIV/AIDS spread in Africa

example, sexual taboos and conservative attitudes prevent couples and families discussing STDs, contraception or other aspects of sexual or reproductive health. Religious authorities in many countries have strongly resisted condoms[10]. The pressure to prove fertility is very strong in many cultures, thus attitudes to condoms are negative. High rates of migration tend to make male migrants (and the prostitutes they visit) more susceptible to contracting HIV than others. And polygamy is both common and a status symbol in many parts of the continent.

Finally, war, and the high profile presence of armed forces encourage the spread of the virus. The World Bank found that 'the size of a country's armed forces, as measured by the number of soldiers as a percentage of the total population, positively correlated with the prevalence of HIV.'[11] Some estimates put HIV prevalence rates among the armies of Angola and DR Congo as high as 60 percent. In conflict situations, law enforcement, judicial, religious, and other state systems that protect individual rights break down. Within this set of circumstances, the vulnerability of women to sexual intimidation is greatly increased. The incidence of rape and other forms of sexual coercion skyrockets in such conflict settings[12].

## Reaching those at risk

Thus, many factors conspire to trap Africans in unsafe sexual behaviour. This makes the usual information, education and communications (IEC) channels much less effective than in developed or transitional-economy societies. For example, what use are information leaflets and posters if people cannot read? What use is, say, an awareness campaign among sex-workers when the real question for them is how they will feed their children if they lose clients for insisting on condoms? What use is a more open approach to sex-education in schools if high numbers of girls cannot/do not go to school?

It is interesting to note that while rates of transmission in Africa as a whole remain high, the rates are levelling-off among some social groups. For example, there is evidence that incidence of HIV is now declining among the better-educated urban dwellers in Africa, where once it was highest[13]. It is therefore not implausible to surmise that IEC strategies that have worked in the West (where rates of infection have also remained stable in the last ten years[14]) have also worked among the better-educated urban African population. This is, we presume, because these urban groups have been reached through conventional educational and print-based information campaigns, and - because they are better-off, better-educated and more able to access health care - they have been able to put those behaviour-change messages into practice[15].

Meanwhile, the rural, the poor, the war-affected - in other words the vast majority of the African population - remain acutely at risk from HIV. The question is, can their very hard-to-change behaviour be tackled, and if so, how? Although structural factors such as poverty, lack of health care, war and insecurity obviously need addressing urgently, it is education and communication which remain critical components of what can be done overall[16]. And where conventional educational channels are no use, health communicators are increasingly saying that education needs to be combined with *entertainment*.

## Entertainment-Education

Why combine education with entertainment? Firstly because entertainment is all-pervasive – from music played under a village tree, to a quiz on the radio. Everyone wants it, and (just about) everyone can get it. Secondly, and to put it simply, because the facts alone are not enough.

Pamela Brooke, an experienced entertainment-education writer and broadcaster, states the theory clearly:

> ‘Before facts can take root in the human heart, they have to penetrate all the elusive psychological layers that are at work in our interactions with one another. Information is useless to us unless we are able to act on it without severely disrupting family and community norms.’[17]

For Brooke, the key is drama and storytelling. Thus, she and many other communicators like her, have developed soap operas, serial dramas and plays for live audiences, TV and radio, to show and tell the stories of fictional people struggling with the very real issues confronting ordinary Africans:

> ‘story dramatisations [are] a meaningful way of linking[…]lifesaving facts[…] to the social interactions and emotional needs in every community[…]The different ways that story characters seek to expand existing boundaries, the laughter and tears that occur as they struggle with conflicting emotions and different social pressures are very powerful demonstrations of all the psychological steps involved in overcoming resistance as we change from awareness to action.’[18]

Live drama and radio are inexpensive ways to reach large numbers of people. Even TV, although not as widely available as radio, is still much cheaper on a cost-per-head basis than other media[19]. Live and electronic media solve the problem of reaching non-literate audiences. Radio is particularly effective, reaching, as it does, about 70 percent of African households.[20]

## Successful Dramas

Drama makes possible the portrayal of all the psychological and social blocks to behaviour change and, through realistic characters, can model options and solutions to the barriers in question. For example, in a soap opera from Tanzania, *Twende na Wakati*[21], the wife of a womanising truck-driver shows strength and determination to withhold sex until her husband has an HIV test; and in a drama from Rwanda, *Urunana*[22], a young man, learns to recognise the symptoms of an STD, gets it treated at a local health clinic and, while he is there, picks up a supply of free condoms.

Such dramas are often hugely popular, and are clearly compellingly entertaining, as well as informative. Soap operas have a special appeal – particularly for women - and are often the perfect vehicle for developing realistic storylines over time, as listeners or viewers tune in regularly to follow the trials and tribulations of their favourite characters, and remain hooked by means of the all-important weekly ‘cliff-hanger’.

For instance, the South African TV series *Soul City* is watched by 70 percent of South

Good research questions and time spent with the audience by writers and actors will

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[15] Communications specialists do not always agree on why people change their behaviour, or exactly how. Another explanation for the fact that HIV/AIDS infection rates have not risen in the West is that about ten years ago the high-risk groups (homosexual men and intravenous drug-users) started to see their friends and acquaintances dying, and therefore started to change their behaviour as a result of what is known as the ‘health belief model’. In other words, they started to perceive their own vulnerability and therefore started listening to HIV/AIDS warnings. In this case, the difference is that in Africa people may not perceive their vulnerability in the same way. For instance, in areas where mortality from malaria, TB, diarrhoea, etc. is commonplace, AIDS may be regarded as just another fatal disease among several, and may not inspire quite the same unique terror as it does in the West.

[16] Jose G. Rimon, II, (undated) *HIV/AIDS and Behaviour Change Communication*
www.comminit.com/hotfive_joserimon.html

[17] Pamela Brooke, 1995, *Communicating through Story Characters* Institute for International Research, University Press of America, Inc., Lanham, New York, London

[18] ibid.

[19] Eg. in the Philippines, the cost of one radio-programme reaching one thousand people is just US$2.35. By comparison, 1 TV programme to 1000 people = $32.80
One thousand flyers = $38.50
Cinema-based film to 1000 people = $53.80
1 local newspaper to 1000 people = $86.70 (FAO)

[20] Source: BBC International Broadcasting Audience Research, quoted in Graham Mytton, 2000 ‘From Saucepan to Dish’ in Fardon and Furniss, eds, 2000, *African Broadcast Cultures*, James Currey, Oxford, UK

[21] This soap is run by Radio Tanzania and supported by Population Communications International, with funding from UN Fund for Population Activities and the Tanzanian Government. For more details see Arvind Singhal and Everett M. Rogers, 1999

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[28] This Kiswahili soap opera, on national KBC radio, is run by the Mediae Trust, with funding from DFID and from companies such as Cadbury’s.  For further information see www.mediae.org

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