

Contribution 1:

In response to your question, I think a good and sound scientific approach would be warranted: begin with a needs assessment.

Firstly, we need to find out what the main means of communication are prevalent in those rural areas: are they religious leaders? Are they village leaders? Do they get most of their 'information' through verbal, written, diagramed forms? Is radio plausible? Are written materials useful? Every community will have their own specific nuances, and thus, different venues through which to access the 'public'.

If we are targeting youth, what and who are they most likely to listen to? How are they most likely to accept the information given to them, and in what form?

Once we have answers to some of these questions, I think a path can be traced in terms of trying to have our current, and other novel, SRH promotion and HIV prevention campaigns reach the people who in turn, might be needing them the most. In addition, it will help us in trying to adapt some of the materials to suit the recipients of our mass media health campaigns.

By the way, I liked the idea of having every billboard and/or bumper sticker have a health message on HIV prevention --in the US you see many cars flashing their stickers with "save our troops"... maybe we can steer away from war-related messages and make red-ribbon stickers that can become as popular (or more!) than those mentioned, with positive and non-judgmental messages on HIV prevention: "save our world, use condoms"? Just a thought!

Best,

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Contribution 2:

This is Maurice Ocquaye from Ghana 35 years old and Specialist in BCC. currently with JHUCCP Ghana.

I can not agree much better with Tim's Point about the rural folks and how to reach them. Well, here in Ghana programs (and I mean documentaries, dramas, short stories, radio programmes, jingles etc.) are usually translated into the major local dialects and taken into the rural folks through the Information Services Department Vans commonly known as ISD Vans or Cinema Vans. These Vans have Megaphones, Recorders, Tapes- both Audio and

Video,- Generators etc. Sometimes, they even use plain white clothe as the screen and people come around, usually, at the community center or common meeting place for the community members and the show is on. There is always a discussion afterwards and an informed person on the subject will usually moderate the session and provide answers to questions posed. Where there are hand outs or souvenirs, they are given out.

This is the most effective means of reaching out to people in rural Ghana. The early missionaries to Ghana made use of that a lot to win souls and make converts. I remember us going to a school park at night in the village to watch gospel clips and Christain programs when I was a kid and that was how I got myself educated about the Gospel. I still remember the names of those movies-- and this is some 25years ago. They were very effective in reaching us and they clearly had an impact on us. We loved it and always looked forward to them.

This medium is still being used in Ghana by some NGOs and the Ministry Of Information and National Orientation to disseminate government policies and programs. Indeed, the government of Ghana just handed over about 30 of such audio-visual vans to the Ministry to expand their reach and to intensify their programs to the rural areas.

The Successful Stop AIDS Love Life Campaign organized in 2000 by JHU/CCP in Ghana and managed by me made used of the ISD Vans a lot to reach the rural folks and that contributed immensely in creating the needed awareness and deepening knowledge about the HIV and AIDS in Ghana. I find this to be the most powerful means to reaching the hard to reach in rural Ghana and certainly if Africans have common characteristics, and ancestry, then I don't see why it should not work in other parts of Africa and anywhere else.

Ocquaye Maurice [Mocquaye@gmail.com]

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Contribution 3:

Dear All,

First of all sorry for late response. As I am reading all responses from time to time. I am from Pakistan which is a developing country in the neighborhood of India.

I am a radio producer working on Social and Gender Issues. In Pakistan now radio has reemerged as a popular form of not only entertainment but also as awareness raising and issue raising platform. Many donors are investing and using radio as a powerful tool for Information.

I will share more after some office work

Regards

Qudsia Mehmood

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Contribution 4:

Dear...

We definitely cannot make an identical campaign for all youth in the world. If we want behavior change we have to use behavior change communication.

We should distribute young people in groups. This groups should be formed on the basis of vulnerability, age and specifically culture and religion. We have to make a good process of planning communication with audience. This process should include identification of the problem and target population, research of audience, formulate communication goals, after which we should make concept, adopt channel, make message, testing, make material and apply communication activity. After this process we should aggregate feedback and appraise process.

For example, for MSM population we can use internet because this people very often use internet. For truck driver we can use posters and calendar with erotic structure. For Roma population we can use material in Roma language or without characters. The most part this population is illiterate. And etc...

If we use mass media we can rise awareness, knowledge and affect behavior. With peer education we can continue this process. Only applying Peer education methods it is possible to influence youth to try, to test and to adopt behavioral change eventually.

See you
Vojkan
Y-PEER Serbia

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Contribution 5:

I think one thing that's important to remember is that there is a significant distinction between the media needs of urban and rural areas. Urban areas like where many of us come from NEED those six hits a day in order to make media messages stand out amongst the deluge of media we receive on a daily basis. More secluded populations do not need the quantity of media, but they do need the quality, so messages that will be effective for them will need to deeply resonate with their culture and beliefs in order to make a difference in their behavior, instead of simply badgering them until they cannot help but pay attention like urbanized populations may need.

Lizzie Tedrow
Self Reliance Foundation/ Acceso Hispano Washington, DC

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Contribution 6:

you need to look at how we can stop AIDS as a society not as individuals for the good of the world and our countries at large, I one time tried this but it need funding which is consistent so you can try it in USA its having a lot of money to work on AIDS we will achieve the best thank you

mpungu `henry [hofachild@gmail.com]

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Contribution 7:

Hello,

Thanks Tim for all the thoughtful and insightful comments. It has been a pleasure reading the emails from this forum this week!

About the last comments in this email. The organization I work for has School-based Health Centers (for more info on the National Assembly of SBHC and to know more about SBHC you can go to: <http://www.nasbhc.org/> or <http://schools.nyc.gov/Offices/DYD/Health/SBHC/SBHC.htm>) in public schools in two underserved communities in Manhattan: Washington Heights and Harlem. Part of our Health Education component has us go into classrooms to teach students about reproductive health and HIV prevention. Despite the fact that students in a same age group tend to have similar beliefs, attitudes, knowledge and understanding of some of these topics, there are some nuances that are significantly different between our Washington Heights and Harlem sites. Students in Harlem tend to think more that HIV/AIDS was created by the US government as a 'social cleansing' strategy (which is deeply disturbing even when conspiracy theories are always big among early adolescents), or that the government has a cure and hasn't shared it with the public --possibly for similar reasons. I think this speaks loudly as to the disadvantages and inequalities that these Harlem communities face, especially regarding access to health care and treatment. In addition, and here you 'media' people can enlighten me... it is a common myth that celebrity figures, like Magic Johnson, have been cured from AIDS --which feeds on to that idea that there is a cure available as long as you have the money to pay for it! I have considered trying to outreach to Magic Johnson and asking him to publicly announce that he is not cured... this myth can only divert us from our most important task: PREVENTION!

And on a final note, I also hope that the present administration opens its eyes and ears to what fellow citizens are crying out --and what other governments can teach them!

It's been a pleasure.

Best,

Vanessa Brizuela

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Contribution 8:

Dear all,
Please convey our thanks and gratitude to the facilitator, Vicki Beck, the Director of Hollywood, Health and Society, for coming forward to give a boost to the noble effort.
Regards.
Saleem, Dhaka, Bangladesh.

Muhammad Saleem Ullah [saleemullah2005@gmail.com]

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Contribution 9:

Dear Colleagues and Friends,
Yes we must come forward and join *Srdjan Stacic* in thanking Tim for opening this Forum with such thought-provoking questions and comments, and more importantly a caring and loving spirit. Thank you, Tim!!!
Regards.
Saleem.

Muhammad Saleem Ullah [saleemullah2005@gmail.com]

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Contribution 10:

Dear Tim,
It is rather difficult to have any sensible response to your comments because there are no magic bullets anywhere.

"I may be over-simplifying a complex concept, but we have to admit that behavior change interventions that are underway in my community are failing an entire population cohort, so something is going terribly wrong. Is it the media? health service delivery? religious-based stigma? treatment options? care and support systems? the whole package? "

I am an NGO head working on variety of issues, HIV, infant nutrition, gender, governance, human rights, you name it. Mostly in advocacy and capacity building. Therefore the use of Multimedia is my thing.

But I think many of us who work on the ground share your frustration. In Swaziland where I am, HIV has been increasing in the 8 years I have been here. Increasing from 34% in 1998, to 42% in 2007. They have an excellent national program reaching grassroots level and each and every school. But it has not worked out yet. National surveys indicate that, awareness is very high in Swaziland but behaviors are not changing despite many funerals' week after week. I come from Tanzania but have worked in Swaziland for over 8 years. Is it different there? No, purely a matter of differences in numbers, but not behavior. One old man in Tanzania once said, "This disease has touched a difficult place.

Over the years I have learned some facts.

1. As the old man said it is a difficult subject.
2. On the whole I think people like to engage in sex more when there is an obstacle placed in their way. The challenge, increases the libido. You read the case of the SA deputy President who had sex with an HIV+ lady without protection and then had a shower as a remedy. So what media would you use that would be effective on such people? In Swaziland teachers are fired because at least students are now reporting having been approached by a teacher, for sex. A teacher who should be a role model.
3. That the SA President Thabo Mbeki was partially right. Poverty compromises ones principles. A recent University students' survey in Swaziland, showed over 50% did not use condoms in sex ,yet they all knew about the causes and prevention of AIDS. Why did they do this. They want money from rich tycoons who do not want to use condoms and the students want money for material things-new dress, shoes, etc! These students are not that poor but competition drives them. On the whole AIDS is higher among the poor. In one of the communities in Namibia we once conducted focus group discussion with mothers, about 50 in number. All were knowledgeable of AIDS. What were they doing to prevent it? Nothing? Were they given Condoms in health facilities for protection? Yes, Do they take the condoms home? yes, but not show husbands/partners. Do they use them? No! Why, the men do not like them. Why can't they leave the men? because they are not working and need money to survive.

I think the motivation to change- have to outweigh the most immediate benefits.

Talking to the men, the men complained that nobody talks to them- "We always get messages from women and they just force us to use things without explaining" Men need different vehicles/media not their own wives or partners. They feel subordinated. What we discovered was also that these people were lovers not true wives!!! So where are the wives?

4. Very young children are more receptive than youth or older children and the old are the worst in change in behavior.

Research? I agree that I do not like wasting a lot of money on too much research that does not have tangible outcomes. Any good research must lead to action which has tangible outcomes. But the truth is that a lot of work is done without evidence, especially

in our kind of world and many more resources are lost without impact. Good actions have to be evidence based. And this needs some research.

Action? Yes, this is very important. But it has to be the right action.

a.. Let us begin to target younger generation. I always advocate that we must target younger children and men. Children can keep rules when they understand them. I think when men understand well, they cooperate well.

b.. Are there too many players? How many of these really have time to find out what are the real reasons people behave the way they do, when donors have so many deadlines and there is so much competition to get hands on the donor money for AIDS!

c.. I also agree to your point whether we are being properly coordinated?

d.. I personally feel people have not been made to feel responsible for their actions. Not the ill people but those who are well. We have to make people accountable to their wellness from AIDS. One senator, here once said: why should we waste money on people who do not want to listen?

e.. We have not packaged our messages the way rich business men do. We need Coca-cola in this forum.

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Contribution 11:

Tim Thomas

You are correct when you say "I have great respect for academic explorations of the various issues that conspire to prolong the AIDS epidemic and leave our girls and women behind. Discussion and research are important. But, in human life costs, we cannot afford to do any research that does not lead directly to action."

In fact all research and no action make no sense.

So let there be some action on the basis of available research.

USA can alone do some thing in this field if they think humanely, unlike other issues they are now more interested in.

Thanks.

Saleem, Dhaka, Bangladesh.

Muhammad Saleem Ullah [saleemullah2005@gmail.com]

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