

Dear colleagues,

Once more, we've received insightful input and our membership keeps growing – we are at around 450 participants!

Here is a very brief summary of today's input that will supplement the ongoing input from our facilitator, Vicki, and her guests.

One participant, Kent, coming to us from Malawi, asks why public health professionals put so much emphasis on "behaviour change" (which assumes that the audience are indulging in "risky behavior" hence their behaviour must change) and rarely mention anything on "positive behaviour reinforcement"? He suggests that public health problems can also be solved by emphasizing the positive aspects of human behaviour.

“Don't you think that the term "behavior change" pre-conditions our minds to exclude approaches that would be appealing to people who may not necessarily indulge in "risky behaviour" (as we normally call it) but are equally susceptible to HIV infection?”

I wonder what others may think of this point. In attempting to answer this question, consider also why some agencies pay special attention to “vulnerable” or “at-risk” populations.

Kamelia, a participant from Bulgaria, points out that producers, writers and other professionals engaged in developing media programs must know the local community in order to produce relevant show for them. One of the best ways, she suggest, is to include members of this community in their work as partners. I couldn't agree more and this is the basis of many of our public health efforts. However, this discussion got me thinking about why so many television show and films that were produced with US-audience in mind, have such great following around the world – they are not specifically relevant to any of our local issues, but there have some characteristics to which we are all attracted or to which we can identify. Do you agree with me, and how can we harness those in our work?