

HIV through the Eyes of Others: Communication Campaigns Over 30 Years

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Abstract: *Human Immunodeficiency Virus has existed in the world for nearly a century. However, it was as late as the 1980s when HIV gained notoriety, mainly due to many American homosexual men being diagnosed with HIV. The condition was soon stigmatised, given its transmission mode of sexual contact. Additionally, the media also contributed to this stigmatisation, with some early campaigns focused on equating HIV with AIDS, and both with death. However, the 20th century ended on a somewhat more positive note and the 21st century has moved on to acceptance, advocacy and lobbying. In 2021, there were 37.7 million people infected worldwide, with 1.5 million annual new infections. Only 0.01% of Sri Lanka's adult population is infected at approximately 3,600 reported HIV cases (cumulative). The research aims to understand the marketing and communication messages for HIV and AIDS over three decades. This desk review assessed the confluence between HIV and communications and the future of campaigns. In developing the methodology and conceptual framework, theories were narrowed down through logical arguments to best fit the research objectives. This allowed to narrow the literature, campaigns and platforms to be studied. This paper thus provides a telescopic view of the communication effort for 30 years since 1985 and predicts a shift to social media in future campaigns. It is expected that a historical view will assist local and national policymakers in their future campaigns and the detailed look at social media will help them create content effective on those platforms.*

Keywords: *Communication Campaigns, HIV, Media Campaigns, Social Media*

1. Introduction

Discovered in travellers in the Congo basin in the 1920s (Keim, 2014; Avert, 2017; Faria et al, 2014), Human Immunodeficiency Virus (HIV) has been in existence for nearly a century. However, HIV gained notoriety in 1980s when it was discovered in Americans, becoming known as the gay man's cancer (HRSA, n.d., p3; Avert, 2017; Amfar, 2017) due to the prevalence in homosexual men. This seemingly allowed heterosexuals to feel themselves immune, and helped increase the spread. Women were the last to be included in studies (CDC.gov, 2001; Wilder, 2012; Ranmuthugala, 2014), and thus receive medicine, due to the male-centric gaze applied to the disease. Thus, began a pandemic unresolved to this day.

According to 2021 global statistics from the World Health Organisation (World Health Organisation, 2021), currently 37.7 million people are infected and 1.5 million new infections are reported annually. India was responsible for 2.1 million of the total infected as at 2015 (Avert.org, 2015). The USA had 1.1 million HIV infections in 2014 (CDC.gov, 2017), the UK had 101,200 in 2015 (Avert, 2017), Thailand had 440,000 in 2015 (Avert, 2017; UNAIDS, 2016), Australia had 25,313 infections in 2015 (HIV media guide, 2016) and Sri Lanka has about 3,600 people with HIV (NSACP, 2021). Deaths in the 30-year public

history have been 35 million (WHO, 2017; UNAIDS, 2017).

HIV has remained divisive, separating the people living with HIV (PLHIV) from people without. Stigma has played a large role in society's approach to HIV (Health Policy Project, n.d.; Feyissa et al, 2012; Churcher, 2013) given its inherently (and more conspicuously) sexual nature, and stigma has in effect affected people's access to services and resources, from medical to employment.

Strides in research have led to better antiretroviral treatment allowing people to live long lives, and even the possibility of a cure. Multiple events have been recorded of both adults and babies showing promise of being cured: i.e. the Berlin Patient (Highleyman, 2017; Defeat HIV, 2017; Science Daily, 2015; POZ, 2017) and the Mississippi Baby (Young and Wilson, 2014; National Institute of Allergy and Infectious Diseases, 2014; Scientific American, 2017). While a 100%-guaranteed cure has not yet been found, the recent successes in curbing the viral load for months or years has allowed doctors and researchers to hope for a lasting cure soon. It has also extended life expectancy and allowed the possibility of a better life. While research continues to provide new information about transmission, prevention, and rights of PLHIV, it remains to be seen if society will change its stance on the people with the illness. The governments of the world have long attempted to bring the epidemic under control and they have utilised multiple methods to do so. They have utilised scientific and medical researchers, healthcare professionals, and governmental and nongovernmental organisations (NGOs) to send a message to their peoples. Arguably, one of the most effective methods used has been communication campaigns: Governments have used media to communicate to the public. There have been numerous campaigns from

around the world (Davis, 2016) that have carried information to the public. However, a problem seems to arise in the use of such media: History has shown that it is easy to convey fear rather than positivity. Australia's Grim Reaper campaign (Youtube, 2017; Daily Mail, 2016) is a prime example, where the advertisement provided information about HIV using a deep ominous voice and a figure of Death (Grim Reaper) bowling humans down. The information can easily be lost in the overall dark message conveyed by the images of the advertisement.

It is this dichotomy between good intentions and problematic execution that must be addressed. If media is used, it must be done in such a way as to enhance society's participation and acceptance of the core message. This desk research, using existing literature, looks at the history and messaging of campaigns to understand how governments and societies have engaged with the epidemic, the campaigns carried out by the different stakeholders, and the successes or outcomes of the campaigns. It details the existing literature, which provides an effective map to be followed by future campaigns. Given the gaps that have been identified in the literature, mainly in terms of HIV and Sri Lanka, the proposed study is seen as essential to bridge the gaps for local campaigns.

2. Methodology

This desk research aims to address four research questions: How have societies, states, public policies, cultures, etc. responded to HIV issues? How have governments and NGOs conveyed health messages related to HIV to the public? How have communication campaigns attempted to convey messages to PLHIV and the population? How successful have these campaigns been in converting behaviour from risky to safe? Its specific objective is to build a

roadmap for the government and related parties on HIV communication.

The paper's two general objectives are to create a core body of knowledge relevant to Sri Lanka in terms of HIV and communication campaigns and to analyse the interventions of government and nongovernmental parties. Sri Lanka is approaching the 30-year mark of HIV prevalence in the country, and it would help to have a deeper understanding of what global campaigns have been used and were effective, so that the country can use global best practices for its population.

Literature on campaigns on television, radio, and social media will be examined through an interpretivist lens for the changes in the media message and platforms. Given that global campaigns will use other languages, the research bears in mind that the language of the local advertisement (especially when using a global advertisement) is a limitation that must be mitigated with expert dubbing and translations. Also, it must be culturally sensitive and appropriate. This research understands that an effective "hook" in a message will transcend media and languages, but using visual communication is expected to be an effective delimitation to language issues.

3. Results

The desk review analysed campaigns and literature under many different facets. These included health and communication, modes of communication and social media, and attitudes and behaviour. It distinguishes between global and local literature. This section provides an analysis of both the literature and some campaigns.

A. Health and HIV communication

Many researchers have looked at communication as important for PLHIV, but they have looked at it in terms of their own

countries (Oline, 2015; ECDC, 2014; Devos-Comby and Salovey, 2002; French et al, 2014; Jung, Arya, and Viswanath, 2013; Bourne, 2011; Barnes, 1999; Svenkerud and Singhal, 1998; Lagarde, 2003). The goals of the study by Oline (2015) were closely linked to the goals under consideration for Sri Lanka and, thus, it was quite important as a source for possible theory, models, and guidance. Kincaid, et al. (2006) also informed certain aspects of this research because it too attempted to "measure exposure to AIDS communication programs". The research by Fatusi and Jimoh (2006) analysed a different angle, where they examined behavioural change to see whether it happens through communication and propose that it does not always have the same impact as expected. While their finding was that people do not safeguard themselves from HIV even after risks have been communicated to them, the work is used because it examines how communication can impact behaviour.

A multitude of researches analyse other research in terms of communication campaigns and communicable diseases (including but not limited to HIV) (ECDC, 2014; Devos-Comby and Salovey, 2002; French et al, 2014, Noar et al, 2009; Lagarde, 2003) However, such research has a Western World-centric approach, and they do not engage with Asia. Jung, Arya, and Viswanath (2013), Seloilwe, Magowe, Dithole, and St. Lawrence (2015) and Oline (2015) speak of Africa and communication including the use of media. In addition, they identify other researches about HIV communication, but again, do not mention Asia. None of them have spoken of the Sri Lankan context and no Sri Lankan researches were highlighted in any of them. While some information is generalisable, it is argued that no research can be localised to Sri Lanka without access to actual research data. However, it must be noted that Bertrand et al (2006) explore the effectiveness of these

campaigns in the developing world and takes Sri Lanka into its consideration in the review. Thus, this research identified that literature and campaigns in Sri Lanka will have no immediate counterparts but will need some adapting to be relevant.

Devos-Comby and Salovey's research (which bears striking resemblances to the undertaken research) looks at literature on persuasion to propose a framework to help understand the "effectiveness of certain kinds of messages in HIV communications" (2002, p287). The research analyses threat appeals, the main concern of this thesis, role of messages, and matching messages to the target audience. This study brings to focus a hypothesis on why fear is used in persuasion campaigns and engages with several researches analysing fear as a tool in campaigns. It also highlights studies that talk about fear motivating the "need to eliminate the potential danger evoked by the message" (p288). In addition, it talks about personality variables citing Dinoff and Kowalski's 1999 research, and how fear and surprise work in accepting messages, drawing from Dillard, Plotnik, Godbold, Freimuth and Edgar's 1996 study. Overall, the study provides an analysis of literature on threat campaigns and targeted campaigns, but provides no new research.

A seminal and extremely useful body of work, UNAIDS (1999) provided an annotated bibliography of 667 references on topics such as diffusion of innovations, health belief model, theory of reasoned action, AIDS risk-reduction and management model, sense-making approach, social learning/cognitive theories, HIV/AIDS media campaigns, channels of communication, interpersonal/small-group communication, media advocacy, and entertainment-education. Similarly, Noar et al (2009) have undertaken a 10-year review (of specifically campaigns with a large mass media presence) to extend and address gaps not addressed by Myhre and Flora's study in 2000.

Drawing from and extending these reviews, Lettenmaier, Kraft, Raisanen, and Serlemitsos (2014) look at strengthening capacity of HIV communication and measuring such strengthening efforts, based on a thorough review of existing literature. These reviews are helpful to ground the current study and to provide a launch pad. They provide context from around the world that can be extended to work for the Sri Lankan context by providing insight into the channels that are productive and messages that resonate with world citizens.

B. Modes of communication and social media

While there are many methods available today for communication, ranging from television, radio, mail, flyers, etc. to social media and communication platforms such as email, Facebook, Whatsapp and Twitter, social media is singled out in this review because it is both new and considered to be an important part in communication. Also, it can be an equally valuable resource in health communication. Also, given the arguably low reach of newspapers and the higher reach of television, radio and social media, it is more effective to choose television, radio and social media for analysis and exploration. Also, both television and radio are bound by policies from the government and recommendations from this paper can be easily incorporated. Social media is also facing regulation, although it has not reached the status of the other two media.

At the outset of the HIV/AIDS pandemic, governments had access to television, radio, and mail if they wished to communicate to the public. Today, mail has been nearly replaced with email, and television and radio have taken a backseat to social media and the internet. Politics has a major presence in social media. This is borne out by the political situation in Sri Lanka in 2014-2015. The reach of politics (and communications) has changed due to

electronic media (Penn State University, 2016) and governments are increasingly investing in social media campaigns to convey messages to the public. There are campaigns specifically designed for interest groups (women, children, youth, religious groups, racial groups, etc.)

There are different platforms available today, from posting videos to photos to status updates and your curriculum vitae. From Facebook to Whatsapp to LinkedIn, Twitter, WeChat and QQ of China, and Instagram, people are inundated with modes of communication that are fast, simple, easy to use, and fun. This has led to a boom in internet usage, and has opened new avenues for marketers, companies, governments and non-governmental organisations to reach out to people. In addition, there are many companies, software, and applications that offer analytics for the reach and audience of these platforms, allowing everyone to make informed choices. Also, social media has one extra benefit that was not available on broadcast media: The organisation can choose its audience in social media. This was not possible in broadcast media (Miller et al, 2016, p2).

There is massive penetration of social media. According to internetworldstats.com, Armenia has 69.7% penetration with 2,126,716 internet users and Azerbaijan has 61% penetration with 6,027,647 internet users. Both countries record 0.2% HIV prevalence to Sri Lanka's <0.1%. Hong Kong has 80.2% social media penetration, with 5,751,357 users while Japan has 91% with 115,111,595 users, both recording 0.1% HIV prevalence. Singapore (0.15% HIV prevalence) has 81.3% social media prevalence with 4,699,204 users, and Taiwan at 83.8% with 19,666,364 users.

This is slightly different in Asia, with Sri Lanka, Pakistan, Nepal and India all lagging in usage, with 27.4% (6,087,164 users), 17.8%, 19.9% 36.5% penetration respectively. This is also

due to the larger populations in the Asian countries, especially in India, but this penetration landscape is changing and increasing almost daily in Sri Lanka and the region at large. The compared countries are similar or close in HIV prevalence to Sri Lanka (UNAIDS) but offer a wide range of economies and cultures. Asian countries, while similar in culture and economies, provide a vastly different range for HIV prevalence. It must be noted that according to the website Nation Master (2014), Sri Lanka has 31.64% television penetration, India 32%, Pakistan 42.56%, and Nepal 13.18%. Thus, for Asian countries, both television and social media are equally important if campaigns are to bear fruit. In the other mentioned cases, Singapore's television reach is 98.6%, Japan's and Hong Kong's 99%, and Armenia's 90.61%. Similar to the South Asian countries, these countries too show equal importance of both media.

Given the large-scale and equal reach of social media in comparison to television, it is in the best interests of the governments and NGOs to engage with the people on social media platforms. Cranston and Davies (n.d.) explore social networking in terms of HIV communicators in the present and the future, providing recommendations for such communicators on ways in which they could engage with the youth on social networking sites. Taggart et al (2015) also investigate how social media and mobile phones can be part of the HIV communication treatment efforts focusing on literature on using social media in efforts to prevent and treat HIV. Similarly, de Tolly and Alexander (2009) highlight the use of mobile phones as a tool in behaviour change communication in South Africa.

C. Attitudes and behaviour

The African Medical and Research Foundation (2011) explores Kenya's use of media to attempt changing behaviours through

communication and proposes a strategy that will address issues of treatment. Hogg and Vaughan (2005) defined attitudes as a “relatively enduring organisation of beliefs, feelings, and behavioural tendencies towards socially significant objects, groups, events, or symbols.” Both Eagly and Chaiken (1993) and Ajzen (1988) posit that attitudes are the mental tendency or disposition to react favourably or unfavourably to situations. While Hogg and Vaughan talk about an organisation of beliefs, these writers place the agency with the person. This emphasis on a person’s reaction to situations is important because this paper posits that communication messages inspire different feelings that urge people to react favourably or unfavourably to others or situations. Following this reaction, their attitude then becomes a behaviour, which is still inspired by the message. All of these definitions are extended by McGuire (1985) who defined attitude as “responses that locate objects of thought on dimensions of judgement”. These studies are seminal and noteworthy because they provide a basis from which to understand how campaigns affect the audience’s attitudes and behaviours on the different platforms.

4. Discussion and Conclusion

In the above sections, this paper detailed the existing literature on campaigns around the world. The Grim Reaper campaign in Australia in 1987 and the Human Ball campaign in Belgium in 2005 are the well-known opening and ending campaigns that use fear as a motivator against HIV or AIDS. In the first, the Grim Reaper knocks down humans as an ominous voice provides statistics and attempts to make people aware. In the latter, a human being falls and rolls down, taking all in his path with him till they make one massive ball of humans. Both use fear as a tactic, as does the AIDS kills poster and advertisement campaign. Other campaigns include Stay (1988) and

Symptoms (1990), both from the UK. The first shows a possible sexual encounter between a woman and man, where the HIV-positive woman asks the man to stay and he must decide. The second ominously repeats five symptoms of AIDS, while laughter can be heard. None of these, which are only a handful among many done in a similar vein, use an empathic tone or promote a sensitive message.

In correlating those to the literature, it is possible to understand that while fear was preferred, the induced fear did not translate to altered behaviour. People continued in their risky behaviour because the research from the 1980s was that it was a gay man’s cancer. Heterosexuals considered themselves immune. The homosexuals, while aware, were first not given the right information to protect themselves and second, were ostracised as culprits of this disease. The media campaigns created that fear of the person who carried HIV rather than of getting the disease. The populations responded by stigmatising and discriminating those who had HIV.

Recently, the trend has been to use empathic messaging, as in the USVI Department of Health World AIDS Day 2016 Commercial, where a young man is excited about going to college, but finds out he is HIV-positive after a night at a party celebrating the college acceptance. The way the mother stands by him is a message of hope to PLHIV and a message to support networks to not isolate the person. This is the trajectory that new advertisements and campaigns are taking because of the generation shift. These campaigns draw from knowledge of past campaigns and of theories on attitude and behaviour change.

Having analysed both literature and campaigns and the global instances and effects of discrimination of PLHIV, it is possible to propose some regulations that should be incorporated into any local campaigns. It is not

possible to merely plant global campaigns within the local context. The national authorities need to understand the trajectory of campaigns across the world and understand the effects of using fear or negative emotions. It must weigh the cultural context of the country with the numbers against the global context, and create campaigns that meet global standards.

This is especially true if the government intends to take campaigns to social media platforms. Such campaigns need a different approach, one that calls on the government and local authorities to be creative and understand the audience. Not conducting enough research to understand the audience will result in campaigns that are ineffective. While the government and hospitals have been steadily working on HIV-related matters in a bid to reduce numbers, it is important to bear in mind that former campaigns will not carry the weight they did earlier. A generation has changed, and it is imperative that the government makes the necessary adjustments. There is a significant need for change in the ways campaigns are created.

This will also help in reducing the stigma, discrimination and ostracization that separates PLHIV from those without HIV. A campaign that calls on people to understand and sympathise with rather than to fear those with HIV will allow the general population to see the human behind the disease. That is why a government must be at the centre of the discourse, especially from a public health perspective: It must give guidance and leadership to the population on illnesses that the public does not have enough understanding of. Changing the discourse will change the behaviour and attitudes of people, which makes it easier to manage the disease. They will be careful rather than dismissive, and they will be receptive to guidance from the government and public health officials.

In conclusion, this paper identified some campaigns from different countries between 1985 and 2015 that were aired on television and published through brochures, analysed existing literature on campaigns and theories, and predicted that social media will become the new frontier of campaigns. The paper calls on governments and authorities to use existing knowledge on the trajectory and (in)effectiveness of various global campaigns to create timely and accessible campaigns on social media that will be acceptable to future generations. Such a forward-looking approach will keep information relevant and the campaigns fresh. Also, social media campaigns have the added benefit of costing less than television, radio or print media campaigns, thus reducing the burden on government funds.

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