

## **Communication and Education as Vaccine Against the Spread of Acquired Immune Deficiency Syndrome (AIDS) in Africa**

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### **Abstract**

This paper examines the role communication and education can play in the crusade against the spread of AIDS in Africa. It appreciates the 'technical' nature of the information to be disseminated and recognizes the need for audience, channel and message segmentation. The paper suggests specific aspects of the AIDS problem at which communication and educational efforts should be directed. It advocates the use of multiple but mutually reinforcing channels of communication — mass media and interpersonal networks. It recommends that communication and educational efforts against the spread of AIDS should be community-based, encouraging the active support, involvement and participation of local communities. Finally, the paper recognizes the need for a team-effort approach involving communicators, instructional material designers, health personnel, and the public at large.

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# **Communication et Education comme Vaccin contre le SIDA (Syndrome Immuno- Déficitaire Acquis) en Afrique**

## **Résumé**

Cet exposé se penche sur le rôle que la communication et l'éducation peuvent jouer dans la croisade contre la propagation du SIDA en Afrique. L'article traite de l'aspect naturel de l'information à disséminer et en arrive à la prise de conscience de l'importance de stratifier les audiences, les messages et l'information.

L'article s'adresse à des aspects spécifiques du problème du SIDA auquel on devrait consacrer la majeure partie des efforts du domaine de l'éducation et la communication.

Il propose l'usage des masses médias et des systèmes de communication multiples qui soient réciproquement avantageux ainsi que des réseaux interpersonnels.

Il recommande que les efforts d'éducation et de communication contre la propagation du SIDA soient inspirés par le besoin et le genre de communauté à laquelle on a affaire, de façon à encourager le soutien actif, la contribution et la participation des communautés locales.

En conclusion, l'article reconnaît le besoin d'efforts concertés entre les communicateurs, les réalisateurs des programmes et matériaux didactiques, le personnel de santé et le public en général.



## Introduction

AIDS — Acquired Immune Deficiency Syndrome has become a scourge in the global scientific and physical reality. Its potential as a 'time-bomb', capable of wiping out the human race, or a large proportion of it, has been widely recognized and feared. However, more unsettling, is the fact that no known cure has yet been found for it. Available statistics show that as of May 6, 1987, a total of 105 countries had reported 49,132 AIDS cases to the Geneva headquarters of the World Health Organization (Mann, 1987). These figures have since recorded an exponential growth as, less than a year-and-a-half later (i.e. by November, 1988), a cumulative total of 124,114 cases of AIDS, spanning 142 nations of the world had been reported to the WHO (Agbomah, 1988). Besides, an estimated 5 - 10 million people are reported to be infected with the AIDS virus worldwide.

The public health, socio-psychological, economic and political implications of AIDS are widely recognized, providing a justification for the massive research investment in both preventive and curative measures designed to check its devastating effects. This article contributes to the yet thin body of literature in the area of how appropriate communication and educational strategies can be adopted to create an awareness of the disease among a wide spectrum of the African population. In charting a communication course for the dissemination of information on AIDS, this paper recognizes the need for audience and message segmentation with a view to determining the scope, nature and content of the message as well as the appropriate channels to carry such messages. In traditional societies, which most African societies are, the need for audience, message and channel segmentation is important, considering the reach and influence of the different channels of communication and the absorptive capacity of the different segments of the population.

## Audience Segmentation

Most developing societies can be segmented into three broad strata: the urbanites (literate and/or elite), the peripherites (or urban slumites), and the ruralites. In terms of proportion, the urban slumites and the ruralites constitute more than 80% of the population. And, while it may be argued that the ruralites are the least exposed to the dangers of AIDS because they are removed from the mainstream of urban type of social activities and reside in less sexually permissive communities, the fact needs to be recognized that perhaps more than the urbanites, the ruralites are more susceptible to AIDS at least through one potent source — unsterilized needles and syringes. There are two reasons for this. One, the psychology of a typical ruralite who falls ill is that only injections can speed up his/her recovery. Two, ruralites are easy prey to quacks masquerading as doctors whose stock-in-trade is to administer injections on demand, and whose profit motive demands that a single syringe be used on several clients. In addition, there is a bi-directional flow of human traffic between urban and rural areas resulting in a great deal of social interaction and, thus, increasing the prospects of AIDS transmission. Communication and education on AIDS must,

therefore, reach the entire spectrum of the population, if adequate awareness is to be created to keep AIDS at bay.

## Message Segmentation

AIDS is a new phenomenon. Its explanation entails a lot of scientific and medical terminologies which are themselves just evolving, as research findings and explanations on the disease are on-going worldwide. Communication and educational programmes on AIDS, therefore, inevitably face the problem of semantics.

## The Semantics of AIDS

AIDS is alien to Africa, the claim by the West tracing its origin to Africa notwithstanding. This is because to date, no research finding has conclusively substantiated the claim. However, the problem arises as to what AIDS is to be called in African languages. This problem is further compounded by the multiplicity of languages within individual countries. In Nigeria, for example, Unoh (1981) has noted that estimates of the number of languages vary from 150 to 400. Even worse, according to Unoh, is the fact that these languages lack systematically developed metalanguage and specialized vocabularies for complete information dissemination, particularly in specialized fields of human activity. We share Unoh's view that any attempt at disseminating technical (specialized) information through local languages will tend to follow the one-way, linear pattern rather than the cyclical convergence model, with occasional code-switching, code-mixing, word-coinages of questionable acceptability, and/or imperfect translation of specific concepts and words. Nonetheless, we believe that this seeming inadequacy of local languages to technically and comprehensively define or describe AIDS does not constitute an insurmountable barrier to effective information dissemination.

It is pertinent, for example, to acknowledge the fact that communication and educational programmes, using the resources of various local languages, have proved effective in the dissemination of technical (specialized) information on family planning, immunization, agriculture, improved nutrition, and oral dehydration therapy, among others. This, in my view, is made possible because most languages — national or local — have a capacity to accommodate, at least by approximation, new developments in fashion, trade, science, and even technology. More important, I believe that the African communicator needs not bother with the strictly technical aspect of information on AIDS (at least not for some 80% of his audience) because of the non-beneficial effect of such information to a large majority of his audience. The purely technical aspects of AIDS are better reserved for medical specialists.

What then, one may ask, is the role of the communicator? How much information is required and for what audience? It is the basic argument of this paper that while the urban literate minority may seek, and deserves to have, information on causes, modes of transmission, symptoms, treatment and/or management of the disease, it is important to appreciate the fact that not every segment of the population requires information on



all these areas, nor is it desirable to provide the same amount of 'technical' information to each of the segments of the population. In fact, the channels of information dissemination for the various segments of the population make this unrealistic.

It is gratifying to note that Africans are becoming increasingly aware of AIDS through both national and local languages. Among the Hausa of Nigeria, for example, AIDS is referred to as *Karya-Garkuwa*, which aptly suggests a disease that breaks down the mechanism of the biological functioning of the body. Similarly, the Igbo call it *ogbu ni' zu*, a phrase which connotes its incurability and the speed with which it kills its victims. Among the Yoruba, on the other hand, AIDS is approximated as *eedi* which conjures up a dreadful picture in the mind. The Kenyans whose lingua franca is Kiswahili refer to AIDS as *ukimwi* (short form for *ukosefu wa kinga mwilini*, meaning 'absence of bodily defenses'). It is my view that once the problem of what AIDS is (or what it is to be called) is solved, the issue of how it is transmitted, its symptoms and how it is treated and/or managed can be disseminated, non-technically, using the lay-man's, 'common-sense' language.

## The Urban Literate

The sophisticated urban literate is most likely able to cope with a not-too-technical information about the various aspects of AIDS, and may, in fact, demand to know as much as possible about the disease. In other words, he may demand to know through the media — electronic and print — answers to the questions: What is AIDS? What causes AIDS? How is AIDS transmitted? What are the symptoms of AIDS? How is AIDS managed and/or treated?

## Urban Slumites and Ruralites

For the less sophisticated and predominantly less educated urban slumites and ruralites, details of what AIDS is and its causes may be superfluous. Communication and educational efforts for this segment of the population should, therefore, concentrate on the incurability of the disease, its mode of transmission, its symptoms, and what should be done whenever it is suspected that a man or woman is AIDS-infected.

A crucial informational and educational aspect of AIDS prevention is to know that it is a virus infection. More important, however, particularly for the purpose of prevention, is the fact that the communicator must know and be able to effectively disseminate information on the modes of transmission of the disease. AIDS has been identified to spread through three principal means: (i) sexually, (ii) through blood, and (iii) from mother to child. Of these three modes, it would seem that the most potent is transmission through sexual activity for two reasons. First, the world is increasingly becoming more sexually permissive. Second, as Mann (1987) has noted, AIDS transmission through sex transcends national, racial, geographic, cultural, and social boundaries. In addition, AIDS can be spread sexually from man to woman, woman to man, woman to woman, and man to man.

Similarly, transmission through blood can occur in the following ways:

- (i) AIDS-contaminated blood transfusions;
- (ii) Certain blood products, such as used for hemophilia patients, that are contaminated with HIV;
- (iii) Intravenous drug users who use AIDS-contaminated needles and syringes;
- (iv) Unsterilized needles and syringes used in certain hospitals, clinics, and by mobile or resident quack doctors;
- (v) Knives used for circumcision, facial or other body marks;
- (vi) Razor blades used on different clients in barbers' shops; and even
- (vii) Toothbrushes.

As for symptoms, AIDS has been associated with persistent fever accompanied by diarrhoea, and sudden and considerable weight loss. Thus, communities should be alerted to the fact that people with these symptoms should be advised to see a doctor.

Perhaps the greatest problem confronting the communicator is that of the AIDS carriers — infected individuals who themselves do not take ill but constitute very potent sources of HIV infection. It is my view that part of the communicator's awareness-generation should focus on this so that individuals do not choose sex partners on the basis of the absence of visible symptoms of the disease. The golden rule should, therefore, be restraint in sexual relationships.

## **The Need to Spread Facts not Myths**

Early information (or better, misinformation) activities on AIDS were characterized by exaggerated tales and misconceptions, some deliberate and ideologically motivated, others borne out of pure ignorance. Okorie (1988) has reported how, in 1985, a Nigerian taxi driver asked his client, "Sir, is it true that there is a kind of evil spirit called AIDS which is now killing people in Lagos?" Misconceptions about AIDS were not limited to Nigeria, or even Africa. One scholar who has recognized the danger of untruths concerning AIDS is Macdonald (1987). Myths tend to confuse people's reasoning and consequent behaviour. He has, therefore, warned against perpetuating myths and stereotypes about AIDS. It would seem desirable that information and education on AIDS prevention be absolutely factual, clear and unambiguous. This implies also that information and education will need to dispel such rumours of casual transmission modes as through insect bites, food, water, air, handshake, shared toilets, drinking from the same stream, or using public swimming pools.



## Channels of Information Dissemination on AIDS

In examining the role of the media in information and education on AIDS, it is important to stress the need for a multiple-channel system approach. This is because only multiple but mutually reinforcing channels can effectively perform the task of mass outreach and influence required for appropriate knowledge and targeted behaviour change for AIDS prevention. As Meyer (1987) has rightly noted, public health communication on AIDS must exploit the resources of mass communication, instructional design, health education, and social marketing.

For the urban literate, therefore, the mass media — radio, television, newspapers, magazines — as well as bill-boards, posters, handbills and pamphlets — should be used to reach the people. In addition to these, talks, lectures, symposia, workshops, and seminars directed at specific target audiences should be organized as part of the education and information package on AIDS prevention.

Since AIDS is not only a public health issue but also a moral issue, churches, mosques, religious bodies, schools, and youth organizations should be co-opted in educating and informing people about the disease. In addition, the private sector of the economy should be enlisted in the crusade against the disease; they should be encouraged to sponsor in-house informational and educational publications on AIDS.

Tourism unwittingly increases the prospects of AIDS. Taverns, hotels, guest houses, night clubs, and holiday resorts should, therefore, serve as centres for propagating information on AIDS. Admittedly, this suggestion may not go down well with proprietors of such businesses. However, the choice here is one between patriotism and personal gains. A nation which is serious about its AIDS programme could back this up with the force of law and make compliance a condition for registration and renewal of registration of such business premises.

For urban slumites and ruralites, the radio and, to a limited extent, the local language newspapers and mobile cinema provide the channels for information and education on AIDS. Other possible media include video-cassette recorders (VCR), slide projectors and posters. What is lacking in mass media paraphernalia among these segments of the population is adequately compensated for by a rich repertoire of traditional networks of communication.

Unlike the atomized, anomic life of the urban literate and elite, the pre-eminent pattern of relationship of the urban slumites and ruralites is close-knit, communal and interpersonal. AIDS constitutes a health hazard not only to individuals but also to the community at large. Fortunately, since the individual is a product of his community and has been brought up within the community's norms and mores, his interests and those of the community are often coterminous. Any communication and education on AIDS must, therefore, be community-based, encouraging the active support, involvement and participation of members of the community who co-operatively determine the goals and adopt the strategies by which the goals will be pursued, attained and sustained.

Communication and educational programmes on AIDS must take due cognisance of the political structures of the rural communities. Although these are usually hierarchical, on serious issues of communal interest and/or importance, however, the views of all the strata of the community are usually taken into consideration. In such situations, the need for communal consensus and action necessarily implies that no stratum of the community can be bypassed in the downward and/or upward flow of information without adverse consequences to communication effectiveness. Indeed, because AIDS is essentially a social issue, horizontal communication must be actively encouraged to extend the reach and understanding of the issue.

Ugboajah (1987) has underscored the potency of traditional channels (or oramedia) for communication in rural Africa. This is because oramedia serve the motivational functions of communication (behavioural and attitude change, proximity, transaction, interpersonification, instrumentation, legitimacy and grassroots gratification). Traditional communication channels which can be employed to reach and influence these segments of the population include village and market squares, age grades, market women's associations, rural co-operatives and credit clubs, trade and professional associations or guilds (carpenters, bricklayers, barbers, washermen, black/goldsmiths, drivers, etc.), dance clubs, maiden groups, masquerades, festivals, bazaars, poetry, ballads, the village theatre, dance and mime, as well as songs with sanctional undertones.

Communication and educational programmes on AIDS will require the active collaboration of communication experts in modern and traditional media, as well as in instructional communication designs and operation. The team must also include doctors, nurses, midwives, family planning workers, nutritionists, home economists and traditional birth attendants. These, working in concert with local communities, and using the rich resources of traditional networks supplemented by the mass media, constitute a crucial armament in the crusade against the onslaught of AIDS in Africa.

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