Effective Communication for HIV/AIDS in Africa

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Abstract

African countries have used formal communication channels (radio, television, newspaper, pamphlet) and informal communication channels (church, social networks, schools, workplace, open market places) to inform and educate the population about HIV (human immunodeficiency virus) and AIDS (acquired immune deficiency syndrome). The communication challenge is a call to address the perils and mortality facing 70 percent of the populationon in the continent living with AIDS.To add to the urgency of HIV/AIDS communication, 75 percent of the world's reported AIDS deaths in 2012 were in Africa, besides the fact that 88 percent of the world's HIV-positive children live on the continent. Communication strategies and programs have focused on behavior change and healthy sexual practices. But while HIV/AIDS is declining or stabilizing in such countries as Malawi, Namibia, Rwanda, and Uganda, southern Africa remains the epicenter with 31 percent of new HIV infections and 34 percent of AIDS deaths. Despite the important role of communication, certain hurdles stand in the way. These include myths about HIV/AIDS, stigma, abandonment, or outright discrimination. Traditional rulers, too, claim to have healing powers over AIDS. Irrespective of the validity of the claims, the rulers' affinity to the cultural base of Africa's population has made them a player in communicating HIV/AIDS. Researchers have engaged various methodologies to assess the effectiveness of HIV/AIDS communication. However, statisticians have sometimes relied on cost-prohibitive methods that are known to cause fatigue among respondents and interviewers; in some cases, the data is not representative of the whole population.

Key Words: Communication, information,health, behavior change, awareness, patients

Purpose and Objectives

The purpose of the paper is to review the use of communication in the fight against HIV/AIDS in Africa. It is anticipated that the completed paper will serve as a reference for African countries and national and international stakeholders seeking to develop communication programs to disseminate information and messages aimed at HIV/AIDS.

It is the goal of the paper to address five objectives. The first objective is to underline the need for HIV/AIDS communication in Africa. The second objective is to examine the factors that determine which channels of communication are selected. The third objective is to review HIV/AIDS communication programs in select African countries. The fourth objective is to address the barriers to HIV/AIDS communication in Africa. And the fifth objective is to review research methods for HIV-AIDS communication.

Introduction

amfAR (2013) provides important statistics: More than 35 million people now live with HIV/AIDS, 3.3 million are under the age of 15. In 2012, an estimated 2.3 million people were newly infected with HIV, 260,000 were under the age of 15. Everyday nearly 6,300 people contract HIV, nearly 262 every hour. In 2012, 1.6 million people died from AIDS, 210,000 of them were under the age of 15. Since the beginning of the epidemic, more than 70 million people have contracted HIV and nearly 36 million have died of HIV/AIDS related causes.

In Africa, more than two-thirds or 70 percent of all the people living with HIV (25 million) are in sub-Saharan Africa. This number includes 88 percent of the world's HIV-positive children. In 2012, an estimated 1.6 million people in the region were newly infected. Furthermore, 1.2 million adults and children died of AIDS, a statistic that accounted for 75 percent of the world's AIDS deaths in 2012.

The picture that emerges is gloomy, not just for Africa, but for the world, and requires immediate multinational action. At the core of sustainable and efficacious action against HIV/AIDS is communication. In Kenya, Muturi (2007) confirms that reproductive programs have used the mass media and other communication interventions to inform and educate the public about HIV/AIDS. Media massages have also promoted behavior change and healthy sexual practices.

Muturi says the media have caused a discrepancy between awareness on the one hand, and behavior change among people of reproductive age on the other. Nonetheless, the author upholds the

importance of building relations between communication programs and stakeholders. Although HIV/AIDS awareness is prevalent in Kenya, Muturi regrets that a majority of the population does not understand the messages that are communicated. This is particularly the case with populations in the rural areas of the country. The writer insists, nonetheless, that the media must be unrelenting in communicating HIV/AIDS messages to audiences.

A World Bank April 2011 report presents a gloomy picture of HIV/AIDS in Africa. The report notes that in 2009, although the disease is stabilizing and declining in some countries, notably Malawi, Namibia, and Rwanda, Southern Africa remains the epicenter of the AIDS epidemic with 31 percent of new infections and 34 percent of AIDS deaths. Women in this part of the continent account for 61 percent of those living with HIV, while young women are three times more likely to be HIV positive than young men. The report indicates that, children in Africa represent 92 percent of the estimated 2.5 million children (globally), and under the age of 15 living with HIV.

An estimated 14.8 million children under the age of 18 in sub-Saharan Africa have lost one or both parents to AIDS. Furthermore, treatment cost is far from the 80 percent universal access goal. Prevention is critical, considering that of the 2.6 million people infected with HIV in 2009, 69 percent were in sub-Saharan Africa.

www.dosomething.org has come up with vital facts about HIV in Africa. The first case of HIV/AIDS in Africa was reported in 1982. Of the 33 million people living with HIV/AIDS across the world, 22.5 million are in Africa; more than 29.4 percent of people in South Africa are said to be living with HIV/AIDS (the highest number of any country in the world); in 2009, 1.8 million died (globally) due to HIV/AIDS, with 1.3 million deaths occurring in Africa; women account for 59 percent of adults aged 15 and over who are said to be living with HIV/AIDS in Africa; South Africa has one of the highest number of children (globally) under the age of 15 living with HIV/AIDS (estimates ranging from 180,000 to 280,000); 2.5 million people in Africa receive Antiretroviral Therapy (ART) medications for the treatment of infection by retroviruses, primarily HIV; an additional 8.7 million of those infected are in need of ART; there are 15 million AIDS orphans in the world,13 million of whom are in Africa.

According to Forman (2005), information and communication hold vast potential to address the spread of the disease and constitute a significant component of HIV/AIDS strategies. Applied appropriately, communication, along with properly designed messages, stands to provide enlightenment to HIV/AIDS and to dissipate misinformation and myths. These myths include silence denial, stigma, and abandonment or discrimination against people living with HIV/ADS. Communication is key to a civil society's response to the epidemic by enabling advocacy, mobilization, empowerment, participation, and facilitating accountability. Forman states that during the 1980s, American AIDS advocates co-opted the phrase, "silence equals death," to describe the danger of the lack of communication. The phrase is relevant today as was three decades ago.

The lack of communication creates an environment where there is no voice to address the cause of infection among the most affected groups, including those who are vulnerable. Moreover, communication is an absolutely pivotal tool in the fight against the spread of the epidemic and to influence decision makers and individual behavior. If there were an HIV/AIDS training course, communication would be a pre-requisite. There is now appreciable consensus that the response to HIV/AIDS should be comprehensive, with communication being at the center to provide form and content in the prevention, treatment, and reduction of vulnerability.

Torwell and Rodney (2010) acknowledge the importance of communication in public health. They hold the view that the function of communication in dealing with public health issues has been thoroughly examined, giving credence to the effectiveness of selecting news stories as an agenda setting function and as a forum for presenting information about HIV/AIDS. Holder and Treno (1997) hail the media as powerful mechanisms to promote awareness and education on public health issues.

Wakefield and Chapman (2005) agree. The authors suggest that the media should play a primary role in policy-making processes by informing the public about relevant issues and in shaping public opinion about health issues. Scalway (2010) does not misspeak by saying HIV/AIDS has changed dramatically in the past few decades. Scalway attributes the change to the prevalence of information through available media aimed at dispelling stereotypes about fear and prevention. Scalway credits communication for long-term social and behavior change that has brought about positive trends in the fight against HIV/AIDS.

Methodology

A review of studies was conducted by searching the following databases: Education Resources Information Center (ERIC); PuMed, PsychoINFO (Ovid); and Medline. Search terms used in the methodology included HIV/AIDS, Africa, sub-Saharan Africa, parent-child communication, and sexual and reproductive health. Additional secondary sources were books in

library holdings, journals, magazines, newspapers, and special collections. Online sources were also consulted. These sources proved useful in providing analysis and interpretation on the subject under investigation. Uses and gratifications and two-step flow formed the paper's theoretical framework.

Findings

Need for HIV-AIDS Communication

HIV/AIDS communication programs in Africa have had measurable success. Scalway (2010) states that studies of different countries have shown condom use to be 18 percent higher among those exposed to mass media interventions; that condom use for protection of pregnancy among African women rose 13 percent due to condom promotion campaigns; that 701,494 South Africans would not have been infected with HIV had they adhered to an HIV prevention campaign slogan; that in South Africa, condom use is higher among those with high exposure to "Siyayinqoba Beat it;" that in South Africa, people are more likely to use condom if they are exposed to "Soul City One Love;" that five percent of South Africans who recalled "Scrutinize" ads were faithful to their sexual partner; and that 14 percent of South Africans exposed to "Khmonani" were tested for HIV than those who were not.

Social and behavioral outcomes are at the center of HIV/AIDS communication programs. While attempting to bring about changes in behavior, social and behavioral communication is most effective when used to maintain positive behavior, attitudes, norms, and other social processes for HIV prevention and for coping with AIDS. In this regard, mass media messages are conceptualized and disseminated on the one hand, and reinforced with interpersonal communication and community outreach on the other. Certain stakeholders belittle the impact of HIV/AIDS communication. Nevertheless, skepticism is also a form of feedback. It enables media planners to choose appropriate channels.

Choosing Media (Channels) for HIV/AIDS Communication

It is firmly established that cultural factors affect behavior change. Thus, care must be taken to ensure that appropriate communication channels are chosen for HIV/AIDS communication programs. Umana and Ojebode (2010) observe that many health problems would be prevented if proper communication were used. Umana and Ojebode argue that newspapers and magazines do not reach their readership due to inadequate or poor transport routes. As for television, rural areas do not receive the signal. The sets are expensive and electricity is sporadic or unavailable.

Olurunnisola (1997) remarks that radio is mobile, cheap to own, and runs on battery that can be purchased locally. And when "cultural" jingles are used to produce radio messages, they become effective in transmitting HIV/AIDS communication. Radio jingles are even more effective when broadcast in vernacular languages.

Govender et al. (2010) believe HIV/AIDS communication strategies should explore three different communication perspectives in addressing the pandemic. The first perspective is a steady shift from total dependence on mass media to participatory "dialogical" communication. The second is a shift from individual behavior change to social change communication. And the third perspective is to consider HIV/AIDS not as a health problem, but a development problem. The authors' suppose that the paradigm shift will create partnerships as an added communication strategy.

Govenderat al. make reference to the Alan Guttmacher Report on the "ABC" (abstain, be faithful, condomize) program in Uganda credited with reducing HIV prevalence in that country. Surveys conducted in 1988, 1995, and 2000 show that planners were proactive in all areas associated with the promotion of HIV prevention. The "ABC" program kept the focus simple and precise. In the end, the simplicity of the HIV/AIDS communication program was effective in relaying the significance of behavior and social change.

Examples of HIV/AIDS Communication Strategies

Soul City

The program is dubbed "a model of edutainment" in South Africa. It was started in the early 1990s by Garth Japhet who was working as a medical doctor in community clinics in remote rural areas and black townships. These included preventable disease, let alone health conditions and emergencies that should not have happened in the first place. Garth determined there was a need to use communication as a vehicle for healthcare. That is when the doctor formed a partnership with the media. Research showed that communication messages reached audiences if they are incorporated into a popular entertainment program broadcast during prime time. Garth chose soap opera television and radio, supported by print material.

"Soul City" was launched in 1994. The program is a drama set in community clinic in a poor crowded neighborhood. The television drama is a series, each of which has 13 hour-long episodes, and 60 fifteen-minute radio dramas. They are accompanied by three 36-page full-color illustrated booklets on HIV/AIDS.

Stop AIDS Love Life

In Ghana, the "Stop AIDS Love Life" program is designed to dispel silence. It is an initiative of the Ministry of Information, Ministry of Health, Ghana AIDS Commission, Ghana Social Marketing Foundation, and the John Hopkins School of Public Health for Communication Programs. The first phase of the program integrated mass media and community-level interventions to slow the HIV/AIDS epidemic by promoting increased use of HIV-preventive behaviors. The three-word theme was "abstinence, faithfulness, and condoms."

Working with advocacy groups, the campaign mobilized political leaders and members of the community to bring HIV/AIDS to the public agenda. During the first phase of the media campaign (February 2000 to June 2001), the use of HIV-protective behaviors was emphasized. The second phase emphasized compassion for those living with HIV/AIDS, including involvement of traditional/tribal chiefs. And the third phase brought in religious leaders.

"Stop AIDS Love Life" developed a variety of serial dramas. Television spots and radio spots aired throughout the country, focusing on abstinence, fidelity, and condom use. The refrain was, "You can maintain one lover. If it's not on, it's not in. Or you can wait until marriage. Love Life, Stop AIDS." Information included the need to increase personal perception of HIV risk and testimonies from Ghanaians living with HIV/AIDS.

"Speakeasy" was also a popular one-year radio program followed by a live studio discussion among youth on issues emanating from the broadcast. An offshoot of "Speakeasy" was the television program, "Things We do for Love." It is rated the number show in Ghana. 83 percent of males (aged 15-59) and 77 percent females (aged 15-49) recalled hearing or seeing the communication campaign logo or slogan.

AfriAfya

Kenya has implemented the African Network for Health knowledge management and communication (AfriAfya). AfriAfya is a network of non-governmental organizations exploring the use of information and communication technologies (ICT) to promote community health. AfriAfya conducts research and initiates community programs through health centers across the country. The centers also provide resources for information and awareness about HIV/AIDS, as well as necessary consultations with available health care providers. The AfriAfya website houses information and resource materials on using ICT for HIV/AIDS and related healthcare and treatment. The network targets communications strategies on HIV prevention, testing, and AIDS treatment.

Major findings show that, (a) networking collaboration and partnership between different health organizations and media entities do address HIV/AIDS, (b) building on existing structures is quicker than starting from new ones, (c) it is important to find out what information people need, and (d) ICT is directly suitable for communication intended for rural poor communities.

Audience Scapes

The "Audience Scapes" communication program in Mozambique is a project designed to bridge the gaps in media preferences and ICT in Africa. It is a tool for identifying media needs, communication technologies, plus information on HIV/AIDS. To target young adults, a combination entertainment radio and new media are used. New media communication strategies include SMS text messages and posting of information on newspaper websites.

"Audience Scapes" is a radio show targeting women and young adults. To assess HIV/AIDS communication strategies in the country, the 2009 Mozambique Synovate/Steadman Media Survey was conducted to ascertain communication habits of HIV/AIDS at-risk groups.

The survey showed that communication campaigns were able to reach target groups of women by encouraging communal listening. To achieve this, low cost battery-operated radios are made available for community use. Survey findings further showed that dual communication of radio, SMS, and online posting of information were most effective. The duality of the communication campaign is quite suited for a country where women account for 57 percent of adults living with HIV/AIDS.

The Dish Project

The delivery of Improved Services for Health (DISH) Project is a Ugandan partnership with the Ministry of Health and select health district services. The communication strategy was to change behavior pertaining to HIV/AIDS. It is recognized for increasing the contraceptive prevalence rate from 12.6 percent in 1995, to 18.6 percent in 1997. Condom use went up, from 7.8 percent in 1995, to 11.8 percent in 1997. Moreover, the project contributed to 55 percent increase in the number of monthly client visits at 75 sentinel health centers.

DISH communication campaign messages directed people to health clinics to acquire or access information about HIV/AIDS. Heath providers used interpersonal communication strategies to encourage individuals to save lives by changing sexual attitudes and behavior. The slogan, "Family Health Made Easy," emphasized access to many services under one

roof. The roof refers to the publicized logo, "Rainbow-over-the-yellow-Flower," which reflects the grouped HIV/AIDS health services. Since 1995, the DISH project has mounted media campaigns on "Safer Sex or AIDS," encouraging youths (15-19) to use condoms to prevent HIV/AIDS. In 1999, DISH launched a communication campaign calling on men and women to "take control of your life" and to be tested for HIV.

African Broadcast Partnership Against HIV/AIDS

The African Broadcast Media Partnership Against HIV/AIDS is a pan-African coalition of broadcast stations participating in the fight against HIV/AIDS. Part of the Global Media AIDS initiative, the coalition's capability enables it to use African airwaves to communicate HIV/AIDS communication to large audiences. To this end, the broadcast coalition has set aside five percent of daily airtime for HIV/AIDS communication.

Assessing HIV/AIDS communication

There is evidence that behaviors are changing in many African countries as seen in the decline of HIV prevalence. Mananja et al. (2010) conducted a study in Uganda (1996-2007). The study showed that, national efforts decrease or delay sexual activity with increased condom use and reduced sexual partners. Canadian Broadcasting Corporation (CBC) television network, reported on August 5, 2013, that deaths resulting from AIDS and HIV infections are dropping sharply in eastern and southern Africa.

CBC commented on the reaction by Michel Sidibé, executive director of UNAIDS, "We're seeing drops in the new infections in countries like Ethiopia. There was a reduction of new infections last year by more than 90 percent. Malawi, where we were not having any hope, there's a reduction by 73 percent." The executive director added, "That's a success story." In the words of Sidibé, HIV/AIDS communication is "breaking the trajectory of the epidemic."

The July 2013 African Union conference on maternal, newborn, and child birth in Johannesburg (South Africa) reported that, between 2009 and 212, new infections declined as follows: 50 in seven countries; 30-49 percent in seven countries; and less than 30 percent decline in six countries. In eastern and southern Africa, the annual number of new infections fell 30 percent, from 1.7 million in 2001 to 1.2 million in 2011. Among children, the rate of new infection fell 50 percent. UNAIDS credited communication strategies, including campaigns and effective packaging and dissemination of information about HIV/AIDS.

A study of young people ages 15-24 in Zambia, conducted in 1995, 1999, and 2003, found that numbers of sexual partners were dropping. The study also discovered that condom use was increasing, and that there was partner reduction and later sexual debut. Sondy et al. (2007) attribute noted successes to HIV/AIDS communication programs. Gregson et al. (2006) have reviewed data between 1998 and 2003 in Zimbabwe among a population cohort of 9,454 adults. The researchers found evidence for delay of sexual activity among adolescent men and women. Numbers of young men (ages 17 to 19) who were reported as having commenced sexual activity had dropped by half. In the same period, HIV prevalence fell by 2.3 percent among men aged 17 to 29, and by 49 percent among women aged 15 to 24.

In South Africa, Kincaid et al. (2008) cite a 2005 study that shows 701,494 people would have been HIV positive if they had not practiced some form of HIV prevention behavior. Johnson et al. (2010) acknowledge that communication programs have had a positive and measurable effect on the knowledge, attitudes, and beliefs that have contributed to HIV prevention in South Africa. The survey also showed that exposure to communication programs is responsible for positive behavior changes, for example, HIV testing and condom use.

Communicating HIV/AIDS through Social Networks

Social networks have proved especially effective in community HIV/AIDS in Uganda. Lowe-Beer and Stoneburner (2004) investigated communication through social networks that may be associated with population behavior changes and HIV prevalence and decline of infection compared with other African countries. The authors reviewed comparative HIV behavioral data from Demographic and Health Surveys (DHS) in Uganda, Kenya, Tanzania, Malawi, Zambia, and Zimbabwe. They also compared Knowledge, Attitudes, and Behaviors surveys undertaken in Uganda in 1989 and 1995. Also reviewed were behavior about AIDS, social communication channels, and AIDS communication channels. People living with AIDS were analyzed by age, sex, and country.

Questions of interest for analysis centered on: ever heard of AIDS; sources of AIDS knowledge; sexual behavior changes due to AIDS; condom use with regular and non-regular partners; non-regular partners in the last 12 months; and knowledge of someone with AIDS or who has died of AIDS. Channels were classified into three groups, a) mass: radio, television, newspaper, pamphlet, b) institutional: religious, school, health clinic); and c) personal: friend/relative, community, workplace.

Results showed that, between 1989 and 1995, Uganda exhibited unique patterns of communicating

AIDS through social networks, including a shift from mass media and institutional channels to personal channels. The findings revealed higher levels of getting to know someone with AIDS through social networks. In return, findings revealed positive risk ratios for behavior change that included reducing casual sex and increase in condom use. Youth had distinctively high levels of knowing someone with AIDS in Uganda, suggesting widespread community communication across age groups. In varying age groups, over 90 percent, 45 percent, and 20 percent of people knew someone with AIDS at the peak of HIV incidence and AIDS mortality.

There are, however, limitations to analyzing data on the use of social networks for AIDS in terms of sampling, recall, social bias, such as reporting behavior change because it is the expected response. Other limitations included the wording of questions on the major source of AIDS awareness and knowing someone who has died of AIDS.

Methodologies for Collecting HIV/AIDS Data

Of prime importance in effective HIV/AIDS communication is the recognition that, design of communication strategies relies heavily on the collection of data. In this regard, it would be helpful to provide a critique of a few methodologies. Ntozi (undated) says the most widely used method is the sentinel surveillance system, which involves antenatal clinics where pregnant women go for regular check and to seek medical advice. Blood is screened and tested for HIV during visits to the clinics. The problem is that, this method targets pregnant women who were recently the most sexually active persons in the population. Thus, the results can be used to infer the health condition of the sexual partners and the women's babies.

In addition, population-based sero-surveys with representative sample have been conducted in several African countries to determine the HIV status of the population. Although these surveys are representative of the population, and the estimates obtained reflect the situation in a particular country, the methodology is too expensive for many researchers. Multiround and longitudinal surveys have also been employed in collecting data on trends and impact of the diseases within communities. These surveys, too, generate high quality data. However, they are too costly and known to cause fatigue among respondents and interviewers.

In the meantime, population and housing censuses have included questions about deaths, orphanhood, and widowhood. These questions have been used to estimate HIV/AIDS mortality in different groups of the population. Despite the fact that this is a less expensive way of collecting data (cost is assumed by government or organization), researchers have to wait for about ten years for a census to take place. As for blood banks in African countries, these are collected from voluntary donors and tested for HIV prior to infusion. While collection of the data is of no cost to the researcher, the data is not representative of the whole population.

In certain cases, researchers have conducted their own focused studies using qualitative and quantitative methods to study specific aspects of HIV/AIDS. This method of data collection has two advantages. First, the researchers have control over the data. Second, the researchers are able to decide what questions would meet the objectives of the study. There is no doubt that data collection is important in the fight against HIV/AIDS. Notwithstanding, the problem of sample representation persists. It is, therefore, the responsibility of statisticians to develop appropriate methodologies to ensure maximum representation of the estimates on HIV/AIDS.

Barriers to HIV-AIDS Communication in Africa

Cichoki (2007) recognizes cultural barriers in HIV/AIDS communication in Africa. In some African population, multiple partners are accepted, or tolerated, as part of cultural expression. The tendency increases the risk of transmission because of the number of sexual contacts who are unaware that one or another is infected with HIV. Complacency is another cultural barrier to dealing with AIDS. It is a rarity for parents to sit down to have a conversation or discussion on sexual issues. Mesce and Ringheim (2011) admit sexual and reproduction health encompasses matters related to sexual relations.

This explains why Forman (2004) asserts that people infected tend to invoke silence and denial. They also feel guilty and ashamed. Miller (2010) provides another perspective on cultural impediment. The author emphasizes that despite specific cultural values and behavior pertaining to HIV/AIDS, ethnicity has received no attention. According to Barman et al. (2004), ethnic identity in Africa is a critical component of African culture. In South Africa, Lesch (2007) is aware of language barriers between English and AfriKaans-speaking doctors and their patients, most of whom speak African vernacular languages.

In Kenya, where about 40 languages are spoken, the US Central Intelligence Agency (CIA) states that providers may not speak a particular client's vernacular when they are fluent in the national languages (Swahili and English). It is also true that questions of inter-ethnic bias are raised in nearly every aspect of Kenyan life. Ethnicity also extends to choosing health providers or access to HIV/AIDS communication program. In many Sub-Saharan nations, certain groups are associated with particular occupational geniuses. For

instance, some ethnic groups are recognized for expertise in medicine and for treatment of specific health conditions, including traditional healers. In Kenya, Indians (Asians) excel in medicine. Therefore, some patients prefer a doctor outside their ethnic background based on the belief that the "foreign" doctor is best suited for their condition.

Conclusion

Africa has a calamitous health problem. In sub-Saharan Africa alone, 25 million people are living with HIV. In 2012, the continent saw 75 percent of the world's AIDS deaths. That the epidemic requires immediate national and international intervention is an understatement. There is sufficient documentation and research supporting HIV/AIDS communication programs to bring about awareness and behavior change. In this regard, traditional and modern media have formed a partnership with traditional healers who claim a "healing" power over AIDS.

A number of communication strategies have worked remarkably well in Africa. These include campaigns, slogans, advertisements, radio jingles, and even drama. While media messages have been most effective in combating HIV/AIDS, their success is enhanced by the accompaniment of reinforcement in the form of interpersonal communication, community outreach and mobilization, social networks, and dialogue. And since selection of the medium of communication to audiences is of paramount importance, Africa is home to dismal newspaper readership, even among literates. Radio, with its mobility and transistorized transmission, is used heavily for HIV/AIDS communication given its ability to penetrate rural areas.

An effective way to disseminate HIV/AIDS information is to incorporate them into popular programs that are broadcast during prime or peak times. South Africa's "Soul City" falls in this category. The "edutainment" approach is successful because it sets out to educate and entertain, while messages are transmitted. The drama program is broadcast on radio and television and supported by print materials. Ghana's "Stop AIDS Love Life" mounted a media campaign that included tribal and religious rulers. Dramas and radio-television public service announcements (PSAs) were broadcast throughout the country. To add to the urgency of HIV/AIDS, the African Broadcast Media Partnership Against HIV/AIDS provides free airtime to broadcast stations across Africa.

Communication has yielded success. For instance, UNAIDS reported in July 2013 that new HIV infections declined 50 percent between 2009 and 2012. Meanwhile, the annual number of new infections fell from 1.7 million to 1.2 million in 2011. UNAIDS credits communication strategies. In Zambia, a study found that the numbers of sexual partners were dropping (1995, 1999, and 2003). Other studies show an increase in delay of sexual debut.

HIV/AIDS communication cannot function in isolation. Communication stands to benefit from researchers in that collected data provide new "angles" to direct information, education, and communication. Stakeholders, such as media managers, health personnel, governments, NGOs, and international organizations are able to determine the impact of media messages and other salient factors in HIV/AIDS communication. Since certain methodologies have used samples that may not be representative of the population, it is recommended that statisticians develop methodologies to ensure maximum representation of HIV/AIDS estimates.

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