

Weekend Contributions – Saturday, March 31<sup>st</sup> –Monday, April 1<sup>st</sup>

Contribution 1:

Tim,

I am working in North-West Tanzania in the field of HIV&AIDS. I did not know that among 25-34 year old black American women that AIDS is the number one killer.

We in the Southern African Region, AIDS, for all ages, now tops malaria, pneumonia and all other killers, in all age groups.

For the media to make any change, in your environment, one must ask what is it that the media is doing? What did we expect? Are we over-ambitious? Can the media alone make a difference? If they are dying at 25-34, when did they get infected? 15-24? What is the most likely mode of transmission in that age group? Is the media addressing the root cause? With what messages?

Sometimes the fountain of knowledge is not with us BUT with them! Has anyone done a survey of the relevance of the media campaigns for the target audience?

Even in the US, what is the media coverage for the black population? What media?

I am not opening the debate anew, but as it is 4 am and I have to catch a plane in an hour's time, I thought I could spend this time and contribute.

I was in Kenya last year and in a straight talk program the youth were freely telling the VCT counselors and asking for information on what is it that they would like to be done or was worrying them as far as the AIDS epidemic is concerned. It was telling in the methods of communication. For less than a dollar, they could buy a mobile phone chip and then borrow the phone from a peer for 5 cents and plant their chip and send a message to the centre and demand the type of information on sexual and reproductive health and get a response. Straight talk has a magazine targeting youth. I was amazed at the type of information the kids were seeking! It was not what I would have expected!

Have a nice week-end and we in poor countries read with bewilderment that the US, who has all the resources to cap the mouth of the volcano is not succeeding among 24-35 year old black American women. Ask the black community to tell you what is it that needs to be done?

Sincerely

Gabriel Mwaluko  
Mwanza, Tanzania  
Gabriel Mwaluko [gmwaluko@mwanza-online.com]

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Contribution 2:

Tim,

Popping in late...but really interested in what you had to say.

Here in Cameroon, there is a phenomenon of weekly "cinema" in rural areas. The format is "video CD" NOT a DVD. I am not a techie so forgive me if I am stating the obvious here. A Video CD boom box is connected to a TV monitor. The whole thing is powered by a small generator. The owner charges a small fee for entry. My colleagues up in Tchad have supplied films with HIV prevention messages/commercials worked between the films where these exist, and use mobile video units (MVUs) where they do not. Those in the Central African Republic depend on MVUs. The big issue anywhere is the lack of good content.

Video media generates intense interest and can set the stage for discussion. However as others have said, it is most valuable when combined and reinforced with other media -- you have to complement it with interpersonal education, posters, radio (which does seem to reach rural areas) and when affordable, stuff to read (folks LOVE relevant publications as there is not much available. We publish and sell -- at a loss-- 80.000 "100% Jeune" magazines a month and have been for 6 years).

Is there a website where I can order free MTV content? Do you have it in French? If not, or even if yes, are rights waived so we can dub it (in Sango and Arabic and Pidgin...)?

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Theresa Gruber-Tapsoba [tgtapsoba@his.com]

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Contribution 3:

Hi,

I have been reading the discussion on media for youth on SRH topics with interest. I think you have also summarized the discussion so far very nicely. With your permission I just want to point out two observations:

1. A discussion on the effectiveness and other aspects of media would be really meaningful if it is conducted in relation to the target audience and related messages. We can benefit little from a discussion if it lumps all youth in one big basket, because we know the determinants of behavior change via media will vary depending upon variables such as education, age, gender, residence, language, culture, religious beliefs, and accessibility/comprehension to media exposure, among others.

2. If I remember correctly, this forum has been conducting similar discussions for many years. However, it seems to me we keep going in circles and arrive at the same or similar conclusions every time. This problem is exasperated when participants with insufficient knowledge of the communication process enthusiastically jump into the discussion. While I do not wish to discourage anyone from participation, I do feel that we don't seem to make much progress except when some new items or use of media are brought to the surface. It is all good and fine. I wonder if we can report the discussion in a manner that it builds on earlier knowledge. Ideally, participants should have a web-site to visit where they can update themselves on the most up-to-date knowledge in a capsule form prior to forming their questions or reporting their experiences. Just a thought!

Thanks for reading this far. Regards.

Javed S. Ahmad  
Health Communication Consultant  
New York  
Javed S Ahmad [javedsahmad@gmail.com]

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Contribution 4:

Dear all

I have just returned from a week away of some fieldwork and have just been catching up the forum, I am delighted to be part of this forum, as it is in the exact area that I am pursuing my doctoral study in. I am currently a 24 year old, studying in New Zealand but am from Zimbabwe.

And it is close to my heart in trying to get the right dissemination models made available to send out the correct messages, especially with regards to HIV/Aids in rural Africa, or in under privileged communities.

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If there are any members interested in my study I would be grateful to hear from them, and I hope to be an active member of the forum.

Brilliant work

Thanks

Prajesh

Prajesh Chhanabhai [pchhanabhai@infoscience.otago.ac.nz]

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Contribution 5:

Hi Tim

A brief on me.

I am a Medical Doctor, working as a Deputy Project Director, trying to prevent HIV infection in female sex workers, MSMs with a special focus on migrating populations. I provide free clinical services, counseling, try to organize self help groups & try to mobilize the community (FSW & MSM) on issues close to their heart. Behavioral change communication is a pillar in the program. Young girls going into sex work are the ones I am trying to reach. Most of the prevention activities are through a peer based model.

Now to the subject:

I think you have got me hooked now.... I am asking my self the same questions?...access to media.

In areas I work there are a lot of print media & TV media personnel.... I wouldn't call them journalists..and you will understand why later.

Quite a number of them approach us with a request for information on HIV and once they know we are working with sex workers tries to get more details...at the end the story is on morals & highlights sex workers as bad!

Responsible media & reporting is something I am trying to reach through the different media advocacy partners and the good news is that it is slowly working, atleast at the macro level (state and district headquarters). Do you ever come across situations where media personnel play truant? How do you handle it?

On another note, I wanted to inform you that we use Magnet Theatre at places to address various issues in sex work, negotiation skills for condom use. It is really interesting but to keep a captive audience for 2 hrs is becoming extremely difficult. How do people deal with such situations.

Lastly your enthusiastic writings make good reading and your opinions appear sound.

Thanks

Mrunal

Mrunal Shetye [mrunal@corridors.in]

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Contribution 6:

This is fascinating. When can we indulge Mvusiwekhaya Sicwetsha Communication Officer: Eastern Cape AIDS Council

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Contribution 7:

Currently we have a corrosive behavior in our society. I am chalking this from South Africa. The matter at issue here is the increasing sexual appetite within our society. The media continues to advance this appetite and obviously people will want to satisfy their appetites thus scores of our people are succumbing to the virus. The perception that sex has not only borrowed eagle wings but has also taken lives through death and immorality.

Its time for change

Mvusiwekhaya Sicwetsha

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Contribution 8:

Hi Srdjan,

Thank you so much for inviting me to be a part of this forum. I printed out everyone's comments and read them at home, in between meals with the kids! It just proves to me that this is the work I love. Looking forward to this week's talk.

Linda

p.s. Who is Tim Thomas and WHEN can I meet him?? :-)

Linda Bergonzi King [linda.king@yale.edu]

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Contribution 9:

Hello Tim. After a week out of country, I am catching up on e-mail, including all of the insightful discussion on youth and media. In answer to your question about reaching the hardest to reach with media (specifically video), video vans are one of the most effective 'vehicles' I have seen to date. They are used throughout Africa and South Asia. Last year while working in Bangladesh, I learned of the "Lifebuoy" Project that uses boats to bring health services and media to rural areas. This works all year round, including rainy season, when much of Bangladesh is under water. (An innovative public-private sector partnership between the Ministry of Health & the makers of Lifebuoy soap.)

Look forward to more discussion...Lynda  
Lynda Bardfield [lbardfield@fhi.org]

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Contribution 10:

Srdjan:

In response to your question below about research on effectiveness of cell phones and SMS to reach migrant and mobile populations, most of what I've seen deals with using cell phones and SMS for rural and migrant communities for microcredit/financial transactions. See:

1)

[www.usaid.gov/our\\_work/economic\\_growth\\_and\\_trade/info\\_technology/tech\\_series/Rural\\_Connectivity\\_508.pdf](http://www.usaid.gov/our_work/economic_growth_and_trade/info_technology/tech_series/Rural_Connectivity_508.pdf)

-- I believe this is a white paper prepared by the World Resources Institute-- the white paper doesn't quantify effectiveness directly, but does speak about initiatives and successes using wireless technology in different social change arenas for rural populations.

2) <http://cgap.org/SAfricaRemittances/5.html> -- using cell phones to handle financial transactions-- they talk about the difficulty of reaching migrant communities.

3) An article appeared in the Guardian just last week:

<http://technology.guardian.co.uk/news/story/0,,2038302,00.html>

4) Also, I think the Omidyar Network has been looking into cell phone technology as a means of communication for the disenfranchised in the developing world, but I don't know if that's on their website.

5) [pda.healthnet.org/download/pdapaper1.pdf](http://pda.healthnet.org/download/pdapaper1.pdf) -- this paper deals with PDAs and health information for migrant workers (again, not exactly the same

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thing-- but could be even more effective).

6) On another note, take a look at these current notices about SMS technology and messaging, which I found interesting in the context of last week's discussions.

a) <http://www.chennaionline.com/health/News/2007/03news05.asp>

b) <http://www.pcij.org/blog/?p=600>

Thanks for all the work and looking forward to this week:

Lina Srivastava

(Bio: An independent consultant based in New York City, working with for-profit and non-profit concerns that promote positive social change. I advise on strategic planning, operations and organizational management, outreach campaigns, communications, program development, and fundraising and business development. A graduate of the New York University School of Law, I have worked as a practicing attorney, writer and editor before embarking on my current practice, towards strengthening capacity and systems for organizations that promote positive social change, and towards using the arts, media and new technologies as tools for strategic outreach and development.

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