

HEALTH COMMUNICATION AND HIV/AIDS: A LITERATURE REVIEW

Nishitha Krishnaswamy* & Prof. Niranjana**

* Research Scholar, Department of Journalism and Mass Communication, University of Mysore, Mysore. ** Professor, Department of Journalism and Mass Communication, University of Mysore, Mysore.

Abstract:

Health is crucial to everyone. COVID-19 has driven home the point that addressing health concerns is a challenge especially when it is a pandemic. HIV/AIDS is one of the most prevalent and deadliest pandemics worldwide that has been a challenge across the world for more than three decades now. Health Communication deals with the transmission of vital health information to promote health and to influence the attitudes and behaviour of people towards their health. The world has not been successful in eliminating HIV and that is a challenge to Health Communication. While health communication talks about sharing health information with people, unpredictable human behaviour prompts a different approach to HIV. The stigma and discrimination around this is another threat to effectively persuading people to adopt health-protective behaviour. The HIV care continuum demands effective health communication at every stage since any lapse at any stage will make the treatment ineffective. The lack of culture-centric communication and disregard for other social, cultural, economic and legal factors can make communication inadequate. This paper thus holds significance in investigating previous studies on Health Communication for HIV, evaluating the role of effective health communication and analysing the gap between Health Communication and its implementation to prevent and treat HIV. Studies on Health Communication and HIV have been consciously chosen to focus on challenges in communication, barriers to communication and the reasons for the ineffectiveness of communication.

Keywords: Health, Health Communication, Pandemic, HIV/AIDS, Diseases.

Introduction

Health is an important aspect of the lives of people. In order to learn about health, and maintenance of good health it is vital to be aware of health issues. Health Communication is a field of study that deals with the dissemination of

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health messages with the aim of promoting health and influencing people to adopt protective health behaviour. HIV/AIDS is one of the major public health diseases across the world. Although HIV/AIDS is recognised as a pandemic, and the disease has been manifesting for over three decades, studies reveal that the prevalence has not decreased significantly.

One of the challenges in addressing a pandemic like HIV/AIDS is creating communication campaigns that derive effective results. Effective Health Communication is identified to be the catalyst in the prevention and treatment of HIV. Some of the barriers to communication are stigma, lack of knowledge about HIV/AIDS among people, and limited research on the effective role of health communication.

This paper makes an attempt to identify the role of health communication in the prevention and treatment of HIV by reviewing previous studies on Health Communication for HIV/AIDS. The evidence of this review shows that there is limited research in the field of health communication and far lesser on health communication for HIV/AIDS. The studies selected have been chosen from Google Scholar and the snowball method has been used wherein the references of selected articles pointed at more research in the field. The review also reveals that Health Communication for HIV/AIDS is sporadic, and although they address health communication for HIV, the focus is still not adequate for effective implementation. Limited research in the area, non-experimentation with different approaches and strategies to communication and ignoring the key aspects of the discipline of communication could be regarded as the reasons.

PARTICIPATORY COMMUNICATION

Participation of the target audience in the communication process, especially health interventions acts as a catalyst in bringing about effective changes (Dasgupta, 2019). The author conducted a study on how participation framed the health communication strategies used in the Sonagachi project. A total of 37 commercial female sex workers in Sonagachi, a red-light area in India were involved in this study that investigated the participation framework for the enunciation of HIV and other health problems as part of the HIV/AIDS intervention. They examined how such a framework engendered a change in the health behaviour of commercial female sex workers. The author observed that the participation of sex workers in the intervention addressed the socio-structural constraints that affected their lives. Further, the article analysed how

participation ensured engagement of the target audience in the roles of decision-making and power, within the health intervention programme. The narrative was substantially affected that aimed to curb sexually transmitted infections. The results showed that participation is an effective health communication strategy in HIV/AIDS intervention projects.

GAP IN HEALTH COMMUNICATION RESEARCH FOR HIV

Communication is an important element for the prevention, and treatment of HIV/AIDS and the provision of care after that (Gopal 2011). The author who was a programme manager for HIV/AIDS has recognised that human behaviour is complex and thus poses a challenge to widespread behavioural changes including health. While pointing out that there still exists a gap in the knowledge of HIV/AIDS prevention, he acknowledges that broad-based behavioural change is necessary for the successful prevention of HIV. The article highlights that studying the dynamics of HIV without understanding the broader social factors such as poverty, inequality and social exclusion is impractical since these factors make way for the practice of unsafe behaviour. Although several AIDS control programmes at both national and regional levels recognise that behaviour-based communication is crucial in targeted interventions, the past programmes reveal that efforts to prevent HIV have been narrow. Communication has rarely considered the social and cultural factors, thereby creating barriers to health behaviour change. The author concludes that the health behaviour of the people cannot be considered in isolation but should be taken into consideration collectively as an interplay of the social, cultural, economic, ethical and legal factors. The article thus recommends that effective health communication is the strategy to address HIV/AIDS, with the paradigm shift from the creation of awareness to education. Appropriate social change communication will then become the panacea for HIV/AIDS.

Effective communication is indispensable to health promotion (Lawhorn, Stiratt & Rausch, 2022). COVID-19 showcased that strategic communication from trusted sources played an important role in advancing vaccines and checking the spread of misinformation about vaccines. Similarly, health communication has proven to be significant from the time of addressing the challenges of HIV/AIDS including denial of AIDS and the stigma around HIV, to the present-day challenge of promoting the contemporary message of U=U that is, Undetectable = Untransmittable. The authors are of the opinion

that going forward health communication should design a communication model that integrates discovery, translation and implementation science. Further, they recommend the integration of health communication tools with behavioural science and social sciences to improve the efficacy of health promotion and achieve multiple impacts on HIV. And it is crucial to design health communication based on the long tradition of community-centric advocacy. Community-informed approach acts as a catalyst for condom promotion. The authors as a result of their study have come up with a communication model that displays the interplay of discovery, translational and implementation science. There is a continuous feedback loop among these three areas of communication research wherein feedback from discovery informs translation, translation to implementation and implementation back to discovery. This model is built on the tradition of a community-centric approach and thus illustrates how effective health communication will be not designed for communities, but with communities. The authors state that novel regimens such as long-acting injectable apart from oral antiretroviral therapy and PrEP may have to utilise insights from basic research to identify the effective and preferred communication medium among the target population. They conclude that a refocus of research in health communication can accelerate efforts to end HIV across the globe.

There are disparities in rates of HIV infection among key groups in the United States despite remarkable progress in the prevention as well as treatment of HIV (Peinado, Treiman et al, 2020). The authors have reviewed various works of literature to identify approaches for effective communication about disparities across the HIV care continuum. They investigated strategies used to communicate health disparities and also identified probable unintended adverse effects that could result from such communication. They studied the effects of message framing on risk perception, emotional reaction and behaviour of individuals exposed to messages. Their review has revealed that there is limited research on effective health communication about HIV, and hence the authors chose to expand their horizon to include other health topics such as sexually transmitted diseases, cancer, mental health, obesity and so on. Further, it was also revealed that strategies and approaches of communication often focused on cancer, and much of the research about stereotypes and stigma focused on mental health and obesity. Only a few studies were conducted that spoke about promoting behaviour change and

avoiding unintended adverse effects. Some strategy the authors found through their study is targeting and creating messages to the target population. This population is generally the high-risk population and targeting or audience segmentation is considered more effective in such cases. Social comparison framing is another strategy that was widely used; however, such a comparison negatively affected the audience. Victim blaming was another strategy where individuals' behaviour is recognised as the cause of health problems. This approach would have adverse effects in the form of people reacting with guilt, frustration and shame. They discovered that although messages about health disparities were intended to promote positive health behaviour, the messages had unintended effects on the audience. Hence they conclude that the members of the audience are involved in the process of creating messages and in the implementation of those messages. Further, they also recommend future research on effective communication strategies to address HIV-related disparities since the existing body of evidence is limited.

MULTI-FACETED APPROACH

While communication has no effect on the virus that causes AIDS, it is effective in aspects such as imparting knowledge, influencing attitudes and behaviour, setting social norms and enabling decision-making (Douglas et al 2014). The authors reiterate that communication scientists identify communication as a social process and not as a discrete event. They substantiate their opinion by citing examples of various HIV communication messages that initiate a chain of events that involve discussion about HIV/AIDS, prevention, and practice of safe sex. The emphasis is on the fact that one message can set in motion several conversations about the topic of the message. They acknowledge that health communication is an important tool to prevent and treat HIV/AIDS. However, they highlight that evaluating the role of communication from a systematic and strategic approach perspective is the need of the hour to address a complex issue like HIV/AIDS. Further, they add that HIV/AIDS communication should have two goals – one that aims to minimise the number of people that enter the HIV care continuum, and two to minimise the attrition among the infected from one stage to the next in the care continuum. Communication should include both information and persuasion for condom usage, and the benefits of HIV testing. Social structure and social connection become equally important because people need the support of others in adopting healthy behaviours. They cited the example of a study that

showed adolescents who believed that their peers were using condoms were more likely to use condoms. Communication plays a vital role in educating about the importance of HIV testing, and that knowing one's status outweighs risks and costs. Information such as where to get tested should be given enough importance. Additionally, communication in the form of follow-up is crucial regardless of the test outcome for two reasons, to encourage the maintenance of protective behaviour, and two to help those who test positive to cope with the reactions. The authors also emphasise the role of communication in promoting adherence to Anti Retroviral Therapy (ART) and motivating the people who take ART to stay in care and maintain a low viral load. While they agree that communication interventions alone cannot address the challenges posed by HIV/AIDS, they also state that biomedical interventions are unlikely to succeed without communication support since it improves patient-provider interaction and also advocates policies and services to the public including publication and explanation to the public.

Effective interventions are essential to address the determinants of the outcomes of the HIV treatment continuum (Babalola et al, 2017). They also ensure that those infected with HIV are tested promptly, treatment is initiated at the earliest, adherence to the treatment, and the viral load is brought down. Antiretroviral Therapy (ART) will benefit the most only when there is an early diagnosis of people living with HIV (PLHIV), treatment is initiated immediately, there is adherence to the medications and people affected sustain the undetectable viral load. However, it is crucial to identify and address the determinants that influence people's behaviour at every stage of the treatment continuum. Founding on the theory that effective health communication has a significant role to play in the efficacy of messages aimed to promote health-protective behaviour, the authors through their article introduce a conceptual framework to guide the development of effective health communication interventions that impact the HIV treatment continuum in low and medium-income countries. Their framework includes HIV testing and counselling, maintenance of both pre-antiretroviral therapy and antiretroviral therapy, and adherence to viral suppression. The authors identified three desired behaviours namely, testing, linkage to treatment and adherence to viral suppression. The levels of communication from top to bottom include national policy, community, interpersonal and intrapersonal levels. At the intrapersonal level, the behaviour determinants were fear, stigma, beliefs and attitudes that posed a

challenge to testing. On the other hand, the interpersonal level could aid especially if the partner got tested and disclosed. Support from family and friends who are infected with HIV could encourage testing. Stigma and discrimination lowered the chances of testing at the community level intervention. They observed that a combination of approaches and communication channels would be more effective. The authors through their article also highlighted that use of multimedia health communication campaigns was limited although the effects of the use of combined media in other health areas are well documented. They concluded that multi-faceted health communication approaches are critical to successfully address the determinants of testing, early initiation of ART and adherence to viral suppression.

The prevention and treatment of HIV depend on the success of Health Communication (Vermund et al, 2017). Communication is vital across the HIV care continuum starting from HIV testing to linkage to care to the commencement of antiretroviral therapy (ART) and retention in care throughout life with adherence to viral suppression. Deploying health communication at multiple levels with the aim of improving the quality of interpersonal communication in clinical settings, at homes and within communities is crucial. The authors highlight the significance of health communication and its impact on treatment outcomes in low and middle-income countries. The new guidelines for health communication to prevent HIV/AIDS that the World Health Organization prescribes focus on treatment for all. This change in the approach was made to address the challenge of significant losses at each stage of the HIV care continuum. These losses would pose a barrier to achieving the 90-90-90 global treatment goal. The 90-90-90 goal states that 90% of the population should be tested for HIV, 90% of those who test positive should start the treatment immediately and 90% of the people on HIV treatment should suppress their viral load. The needs and challenges of Health Communication in the HIV care continuum have to be addressed in order to realise the HIV treatment goals. The authors acknowledge the role of Health Communication in public health, and also recognise that many health programmes do not effectively use health communication. Through the findings of their study, they conclude that a combination of effective health communication including skill building and

structural interventions can be promising for treatment delivery and implementation.

CULTURE-CENTRIC COMMUNICATION

Communication scholars often neglect the textual analysis of televised public service advertising (PSA) despite appeals for critical and culture-centric communication (Khan 2014). The author highlights that such literature is negligible in developing countries. Contrarily, developing countries have adopted PSA campaigns as the most preferred form of communication in light of public health outbreaks of diseases such as AIDS. This study has taken up textual analysis of PSA campaigns by the Indian state to prevent HIV/AIDS. The results have revealed that the efforts have rarely been emancipator despite being creative and massive. On the contrary, these efforts have perpetuated dominance and control across class, sexuality, gender and knowledge systems that cause more harm to HIV prevention rather than promoting health. While recognising that assessing public health campaigns through textual analysis is highly neglected, the author concludes that such an assessment sheds light on the complex and changing nature of the public policy. And that it makes way for alternative health communication theories.

MESSAGES BASED ON HEALTH COMMUNICATION PRACTICE

Health Communication is significant for the prevention of HIV (Tomori, Risher et al, 2014). The authors have identified key areas in HIV prevention, treatment and care where health communication can be implemented based on the evidence that health communication interventions have provided. They investigated the role of interpersonal communication in both individual and group counselling. These counselling measures were intended to enhance continuous engagement in HIV care and prevention. A network of trained community supporters successfully used interventions to educate participants about HIV care and prevention. They offered psychological support and counselling, supervised treatment and assisted throughout the programme. It was noticed that the community supporters eased the burden on medical professionals on one hand, and constantly engaged with the community on the other. This enabled them to provide a more sustainable model to those who were HIV-positive. Mobile technologies have additionally proved to be both cost-effective and promising in prolonging the treatment. The authors recommend that although a combination of communication strategies is available, a communication framework that is devised using communication

theories and models is necessary to evaluate the effectiveness of health communication.

HIV/AIDS is an exceptional disease and hence it demands the regulation of practitioner-patient communication, especially with regard to HIV testing in India (Datye, Kielmann et al, 2006). Although the National Aids Control Organisation (NACO), a division of the Ministry of Health and Family Welfare under the government of India, has adopted the guidelines that the World Health Organization regarding HIV testing and counselling, there is no evidence of whether the private medical sector has fully understood these guidelines or following them. This paper investigated the gap that exists between the policy and the practice of this policy in communication around HIV testing. The purpose of the paper is to emphasise the use of the bottom-up approach for policy development since the actual process of provision of health care and communication is the basis for policy development. The authors interviewed 27 private medical practitioners who managed HIV patients in Pune and analysed the reported communication with patients before they were administered the HIV test, during the test and after the test. The results showed that the practitioners rarely adopted informed consent and pre-test communication was prescriptive rather being shared communication. It was also noticed that when disclosing the status of HIV to the patient's family, no consultation was made with the patient and confidentiality was breached. Although non-adherence to communication guidelines was observed, the authors seemed to validate the communication process of the practitioners given the social and legal context of the patient-practitioner relationship in India. It was observed that the practitioners were considering their relationship with the patients, the perceived characteristics of the patients, moral values and limitations in their knowledge and skills. They concluded that the policy guidelines should take into consideration the existing practices in communication, and emphasise more on empowering the patients in order to enable them to understand the significance and implications of HIV testing and counselling.

Conclusion

Health Communication is crucial for the prevention and treatment of HIV/AIDS. However, there has not been much study on the role of effective health communication. Communication becomes effective, especially in addressing pandemics like HIV/AIDS when it is participatory. The target

population should be part of the communication process because they are the experts in the socio-cultural factors they live with. Further, a unified approach will not be effective because of the complexity of human behaviour. Hence, a multi-faceted approach has to be adopted. As it is revealed in the above review, communication is crucial at every stage of the HIV care continuum. It is equally important to study communication theories and models and make use of them in communication campaigns. It is suggested that experimental research to study the efficacy of communication approaches and strategies be conducted, and the results are analysed to further implement them at the community level.

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