



Health Communication and Change and HIV/AIDS Working Groups  
Abstracts accepted for presentation at IAMCR 2015 in Montreal, Canada

**Id:** 9256

**Title:** Safety Misinformation and Misknowledge: The Outcome of a Free Market Model

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**Abstract:** Workers' health and safety at the worksite is highly related to the production and distribution of symbolic resources. Effective response to labor hazards depends on working condition information, risk data, accurate indicators, and high-quality safety knowledge. In this regard, workers rely to a large extent on Workers' Compensation Boards (WCBs), scientific and technical institutions which concentrate the production and circulation of symbolic resources to protect human lives against work related fatalities, accidents and diseases. These institutions play an essential role in organizing and circulating numbers, data, images, concepts and texts through which workers can interpret and respond to labor risks. Unfortunately, the analysis of WCBs as massive producers and disseminators of symbolic content has been largely dismissed despite the fact that workers' life and wellbeing depend on WCBs' cognitive monopoly on health and safety. Based on a case study methodology, this paper aims to address this gap by examining WCBs in Chile in terms of their economic organization and their production and circulation of symbolic resources. Following a political economy of communication theoretical framework, I intend to disclose how labor health information and knowledge are intimately intertwined with WCBs' economic process and strongly tied to an economic regime. This paper suggests that WCBs' symbolic production and circulation is greatly shaped by a free market, where WCBs cede enormous control over health and safety information and knowledge to the dynamics of an economic system based on profit maximization. Particularly, it displays how WCBs fail to serve workers' health and safety by producing and circulating distorted safety information and pro-corporate knowledge. Taking a moral stance for the public good, this study seeks to raise awareness on the impact of the economic model of WCBs over the production of information and knowledge through which workers make sense and respond to hazards at the worksite. Explicitly, it calls on the need to intervene WCB's economic model in order to allow the production and distribution of safety symbolic resources in conditions of equity and liberty, in accordance with workers' non-commercial needs. **Keywords:** health communication, health and safety information, worker compensation board, political economy of communication

**Id:** 9292

**Title:** Taking Taboo Topics Public: How HIV/AIDS Health Activism Reshaped Mass Communication and Civic Discourse

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**Abstract:** HIV/AIDS has been a powerful catalyst for changes in society. It has generated increasingly candid communication about causes and effects of the disease. Using formerly taboo topics to inform, persuade, and even entertain about HIV/AIDS has dramatically reshaped public communication. Since first identified by the U.S. Centers for Disease Control in 1981, HIV/AIDS has become a worldwide epidemic: crossing borders and cultures to threaten everyone—rich or poor, gay or straight—regardless of ethnicity or religion. An estimated 36 million people have died from AIDS-related causes, and more than 35 million are presently infected. HIV/AIDS has taken a devastating global death toll. It has also engendered far-reaching social consequences. Because the disease is spread through sexual contact and drug use, it is an unpleasant—even taboo—topic for many. Behind the statistics of infection lurks HIV/AIDS social disruption, which has altered personal relationships, social institutions, and cultural configurations. Social change communication has been a key strategy for HIV campaigns since the disease was recognized as a serious health threat. From the outset of the pandemic, health communicators understood the necessity for explicit dialogue. However, cultural resistance often drew a veil of silence over topics such as sexual practices and alternative sexuality. Gradually, once-forbidden subjects were incorporated into public discourse as health activists confronted stigma and discrimination associated with HIV/AIDS. HIV/AIDS created this demand for public candor. Over three decades, researchers have examined the content and efficacy of media campaigns. Various studies proposed culturally appropriate ways to overcome difficulties with HIV/AIDS education. Recently, 'new media' have been recommended to 'teach taboo topics without talking about them' by encouraging individuals to access explicit information online. Considerable scholastic research has examined the difficulties of communicating about HIV/AIDS' taboo topics. Less attention, however, is paid to the societal impact of post-HIV communication. For example, in our HIV-aware society, condoms are openly marketed and distributed, gay and transgender people fiercely advocate for access to healthcare, HIV/AIDS is often a theme in entertainment media, and the most personal human interactions are graphically shown on public health websites. This paper will explore how HIV/AIDS has profoundly changed society's cultural institutions by transforming media and public discussions about the disease. The author contends that the ongoing HIV/AIDS crisis, combined with new media, has accelerated the pace of these changes and stimulated global discussions about stigma and discrimination. Backgrounded by HIV/AIDS social communication history, this paper will also report

perspectives obtained through semi-structured interviews with opinion leaders from commerce, entertainment, and health communication. The accompanying presentation will be an interactive examination of how HIV/AIDS has made public communication about the disease more forthright and how HIV/AIDS continues to empower health activism worldwide.

**Id:** 9303

**Title:** Understanding de-humanization processes and violence's impact on HIV/AIDS communication targeting Sex workers and LGBT in Sub-Saharan Africa

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**Abstract:** Background: The negative effects of criminalization on HIV service uptake by MSM, IDU and SW have received significant attention and it is widely recognized in the public health community that de-criminalization efforts are important to increase service uptake. A recent report published by the UN-initiated The Global Commission on HIV and the Law, systematically maps and corroborates earlier research findings on the negative effects of criminalization on most at risk populations' access to HIV services and ability to act in accordance with acquired knowledge on safer sex. The report also highlights the link between legal status and existence of systematic violence against LGBTs and sex workers. Violence is severely counterproductive to HIV/AIDS interventions. Methodology: Through a qualitative and quantitative content analysis of 198 written submissions made to the UNDP hosted Global Commission on HIV and the Law in 2011, the following study maps the different manifestations of violence perpetrated against LGBTs and sex worker. Besides mapping the various manifestations and identity of the perpetrators; a qualitative analysis of the narratives on the etiology of violence is analysed using James Waller's model of how ordinary people can commit acts of violence. Results: By using the three broad areas of proximate influence facilitating occurrence of violence; cultural construction of worldview, authority orientation, and finally social dominance orientation, in which all are present in the material; interesting patterns emerged. The analysis indicated that some of the same features as described in Waller's model are at plan. Violence against vulnerable populations, subsequently needs to be understood as not merely the effect of legal status, but a as the outcome of a broad set of societal process that not only facilitate and condone violence against LGBTs and sex workers, but even proscribe and encourage it. Vulnerable populations'experiences of violence is not only a serious human rights abuse, but a key barrier to service uptake. The study conclude that although decriminalization efforts of LGBT and sex workers needs our continued attention, effort to increase HIV service uptake among vulnerable groups and subsequent decrease incidence, are unlikely to be effective unless the causes to violence experienced by key vulnerable populations most notably perpetrated by law enforcement are fully addressed. A quick fix, such as fast-track targeted training on human rights and attitudinal change programs of law enforcement and the judiciary branches are unlikely to address the core of the problem. Waller's model of proximate influences making violence possible and authorizing individuals to carry out acts of violence against an out group, as well as making it a moral responsibility to inflict harm on out groups indicate that far more comprehensive societal changes must take place.

Consequently, the processes of de-humanization of vulnerable groups need to be better understood and allowed to influence social policy and programs. The material does contain observations that could guide future communication interventions as well as the importance of partnering with the faith based organizations that greatly impact societal values and norms.

**Id:** 9312

**Title:** Learning from health resistance: A new framework for health communication and promotion

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**Abstract:** Traditionally, public communication on health concerns centre on models, where the existence of the condition is attributed to individual choices. Responses subsequently are seen in individual-level interventions. Despite their often strong message contents (e.g., fear appeals), these interventions conventionally follow a 'nudging' philosophy, advocating collaboration between government and the market to steer people's choices toward a healthier life. The recurring emphasis on choice hereby originates from two erroneous assumptions: one, harmful behaviours are the result of reflective analysis, and instinctual reactions do not play a significant role in shaping behaviours; two, the environment, in which the harmful behaviours occur, is of lesser relevance. Yet, social and ethical dimensions of health might explain why even scientifically developed campaigns, applying validated health psychology models, have been confronted with public apathy or resistance to the offered change proposals (Sniehotta et al., 2014; West, 2005). We propose a new framework for the existing dominant health communication paradigm. This article offers initial ideas, incorporating social change concepts borrowed from the humanities disciplines. First, to more comprehensively understand human health behaviour, we need to start with a framework that can explain the three essential conditions of human behaviour, namely capability, opportunity, and motivation (such as Michie et al's (2011) framework of a behaviour system, called the 'COM-B system'). Advancing this basic framework of behaviour toward behaviour change, it becomes apparent that understanding human motivation lies at the heart, as motivation is not merely a reflective choice (see above) but an interaction of reflective and automatic processes (Mook, 1995). It is the automatic processes hereby that, while not explored much, often direct health-related behaviour. Habitual acting exists in a loop between cues, routines and rewards, where a particular cue triggers the anticipation of a reward in the brain that creates a craving until unthinkingly fulfilled (Duhigg, 2014). The way to change that habit requires besides a change in the routine also maintenance of the old cue and reward structure so associations are shifted over time, in turn establishing identities, where change becomes contagious. With PRIME Theory (West, 2006) we argue that formed identities are important sources of people's automatic processes, as they give stability to behaviour patterns. Therefore, we hold that successful and sustainable behaviour change requires a change of identity approach. Spreading new (health) identities throughout large publics additionally requires converting followers into self-directing leaders, which along with strong and weak tie concepts help members to move forward and sustain a new route, a concept inspired by,

among others, the Civil Rights Movement. To that end, we propose an inclusion of humanities disciplines in the creation of the new framework. Health humanities offer a constructively critical paradigm to understanding health, its meanings, communication and promotion, as they approach human behaviour inductively and experimentally. Stressing the importance of social change and 'nourishing environments' to sustain human development and organisational efficacy, they are well suited to contribute the intuitiveness, connectedness and reciprocity espoused above. Further details, current activities and ideas for collaborations will be discussed.



**Id:** 9351

**Title:** The Forms of Silence: Media Coverage on Neglected Diseases in Brazil

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**Abstract:** This text aims to analyze the policy of silencing in two Brazilian newspapers about the social problems related to the endemic tropical diseases called, 'neglected diseases', such as dengue, malaria, tuberculosis, and Chagas disease. This text is part of a study of articles on the four mentioned diseases in the online collection from the newspapers, O Globo and Folha de S. Paulo, during the year 2013. First, we did a quantitative analysis of published articles by these newspapers within that year, observing the indicated diseases, the diseases addressed per month, the total amount of articles and covers stories, and the diseases on the front page. Next, we contextualized news coverage on neglected diseases in the context of Brazilian public health and explained why dengue should be central in the agenda. Then, we analyzed two articles 'one from each newspaper' which were cover stories, and addressed the relationship between basic sanitation and the spread of certain diseases. We believe that the communal journalistic practice can clarify the situation on diseases for people living in poorer regions, and also increase citizens' participation and intervention for the improvement in quality of life. In the following section, we briefly discuss the establishment of neglected diseases as problematic in the World Health Organization (WHO) and in the Ministry of Health (MOH) in Brazil.

**Id:** 9385

**Title:** An Assessment of Newspaper Coverage of HIV/AIDS, Malaria and Polio in Nigeria

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**Abstract:** HIV/AIDS, malaria and polio are three major diseases or health problems that are rampant in Nigeria. These three diseases have ravaged the socio-economic fabrics of the Nigerian society for many decades. The government at various levels as well as many international health and funding agencies continue to make efforts on how to reduce the menace of HIV/AIDS and malaria and eradicate polio. The state of affairs of these diseases shows that there is little or no improvement. However, it has been variously argued that the role of the media in public health campaigns in eradicating a disease like polio and reducing the menace of HIV/AIDS and malaria cannot be overemphasised. This study examines the newspaper coverage of HIV/AIDS, malaria and polio in Nigeria to determine the level of attention Nigerian newspapers have given to these three diseases over the years vis-a-vis their high prevalence in the country. Using content analysis method and covering from 2010 to 2013, the study found that Nigerian newspapers report HIV/AIDS, malaria and polio, but the correlation statistics show that Nigerian newspapers have not given adequate attention to these diseases. It suggests that this may have contributed to their high prevalence in the country. The author, therefore, calls for more newspaper coverage of these diseases by Nigerian newspapers as well other media in order to reduce their prevalence in the Nigerian society.

**Id:** 9389

**Title:** Women's Health in the Media: A Case Study of Chatelaine

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**Abstract:** Though women's magazines are commonly criticized for their myopic and stereotypical depictions of females, research on the ways in which these media texts can positively influence females' understandings of their bodies and health is limited. This paper seeks to explore the interplay between the presentation of women's bodies in a Canadian women's magazine to evaluate how this media text strives to influence public discussions and understandings of women's health and wellness. This paper presents a case study of the health content presented in Canada's longest running women's magazine, Chatelaine. Beginning circulation in 1928, Chatelaine continues to publish on a monthly basis today, providing women with a wide variety of general interest information. However, in addition to containing mainstream content, the magazine has been referred to by scholars as a 'closeted feminist magazine' due to its discussion of a variety of pertinent women's issues many of which are related to women's bodily autonomy and health, such as reproductive rights, abortion, contraceptives, and breast cancer. Guided by Erving Goffman's (1974) Frame Analysis and further theoretical foundations of frame theory by media and communication scholars, this paper examines the ways which health knowledge in Chatelaine has evolved throughout the existence of this magazine. By utilizing a longitudinal qualitative and quantitative analysis of Chatelaine content that demonstrates a primary focus on health, this paper evaluates the volume of health content throughout Chatelaine's existence and the specific themes and sub-themes presented. In this, it is possible to evaluate the ways in which this magazine frames women's health, as it allows for an examination of the different health topics presented in Chatelaine. Findings of the study demonstrate the magazine's interplay with the evolution of the discussion of women's bodies in Canada's public sphere, which is influenced by various socio-historical events, particularly the women's movement in Canada. It is argued that Chatelaine played a role in the movement of topics pertaining to women's bodies that were traditionally reserved for private spaces into public discussions through the provision of content that can sometimes be highly complex, in a clear and concise manner. The paper's investigation of the framing of health content in Chatelaine reveals this magazine's dedication to the discussion of women's bodies and wellness, and also the ways in which mainstream media texts can participate and motivate important discussions about health and wellness. Despite traditional acclimations of women's bodies in the public sphere, this publication strives to elucidate myths and tensions through the provision of simple health information. In doing this, Chatelaine demonstrates its ability to empower women through current, clear, and concise health knowledge. This paper concludes with a discussion on the ways in which the

media' though commonly criticized for its depictions of women's bodies and health' can be a vehicle through which important and influential discussions about health and wellness can occur.

**Id:** 9448

**Title:** The Public Discourse on Child Nutrition in India: A Case of Augmented Silence

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**Abstract:** The developing world is at a crucial juncture as the target date of the Millennium Development Goals - MDGs (UN, 2000) is fast approaching and under-nutrition and malnutrition continues to be an unresolved challenge. Eventually this dominates the agenda of the United Nations especially as the emerging Sustainable Development Goals (SDGs) envisages targets that are 'action-oriented, concise and easy to communicate' (UNGA, 2014). Although India has slightly improved in addressing issues around under-nutrition for a decade it has not moved very far in fulfilling the targets of the MDGs. Dissemination of nutrition information and knowledge among children and parents is essential for the generation of an active public discourse, which will in turn ensure that nutritional wellbeing is fundamental for any society. Nevertheless there is a clear absence of space within or around the lower cross section of the society to discuss, debate or dialogue on the theme of nutrition and it remains very ambiguous for the majority of society, particularly those on the margins. While the policy guidelines spell out the necessity to educate children and parents on nutrition there are very few attempts to implement them. The Mid Day Meals Scheme (MDMS) has been a flagship welfare programme of the government of India since 1995. The MDMS aims to primarily address under-nutrition and to improve the nutritional wellbeing of the school going children in India (MWCD, 1995). Using the Mid Day Meals Scheme as the main site of enquiry, the study attempts to identify the factors that subjugate the public discourse on nutrition and explore the existing political and socio-economic factors that impact this discourse in two states, Tamil Nadu and Telangana. The study uses a qualitative approach comprising document analysis and in-depth interviews. The primary data includes policy documents and Interviews with key stakeholders. The data suggest that government schools still continue to operate as agents of power that discourage challenge and actively produce students and by extension, their parents, as passive consumers of welfare-schemes, including the MDMS. Further, there is an active denial of space for interaction and intervention at various levels even though such spaces are essential for the building of an active and engaged civil society that can understand and claim their rights.

**Id:** 9659

**Title:** The use of edutainment in the fight against HIV and AIDS among the youth in Kenya: Audience interpretation of the sexual and HIV and AIDS Content in Shuga

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**Abstract:** HIV/AIDS continues to raise concerns the world over and particularly in sub-Saharan Africa, which accounts for more than 60% of all the people living with HIV, (UNAIDS, 2013). In a bid to reduce the new infections, contain the epidemic and ensure a healthy populace, governments, nongovernmental organizations and donor agencies continue to dedicate huge sums of money and apply numerous communication strategies in order to reach out to various groups of people. One such strategy has been the use of entertainment-education, (EE), "where HIV/AIDS messages are integrated into television, radio and popular music" (Govender, 2013, p. 5). When EE interventions are employed, they are either purposive or non-purposive, (Storey & Sood, 2013). The most common entertainment-education approach used in Africa to communicate health issues is drama, particularly in trying to appeal to the youth on their sexuality HIV and AIDS.

One such televised drama that has been targeted at the youth is Shuga. The programme, currently in its third season, is a vivid and engaging drama that focuses on the loves, lives and sexual behavior of young people. Since the first season of the programme aired in 2009, questions have been raised about its effectiveness in creating awareness around HIV/AIDS due to its extensive sexual content and explicit portrayal of sexual issues. Reviews (Lindijer, 2014) and research (Nyaole, 2012) have pointed out that Shuga has unsettled the status quo on how issues of sexuality should be discussed with the youth, particularly in the African context. It has been viewed as a programme that seems to push the envelope and in so doing, may contribute negatively to the sexual behavior of young people and as postulated by Nabi and Clark (2008), "young viewers may begin to see such behaviours as relatively benign," (p. 408). Compounding this fact is that despite the drama having been watched by over 65% of its target audience (JHUCCP, 2012), evidence suggests that the number of infected college students continues to rise, (KAIS, 2013). In attempting to answer the questions that have been raised with regards to Shuga in enhancing positive sexual behavior among the youth, this paper will employ a qualitative approach, using FGDs to explore the various interpretations that the college-going youth in Nairobi, have on the sexual and HIV and AIDS related messages in Shuga. It will be premised on the fact there are often numerous factors that influence how audience members receive and interpret media messages (White, 1993; Wright, 2009). Audience interpretation of messages invariably determine the descriptive and injunctive norms that they have towards content and subsequently how they act on the information received (Ajzen and Fishbein, 1980).

**Id:** 9723

**Title:** An interactive video application for the rehabilitation of prostate cancer patients: evaluating the effect on usability and knowledge.

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**Abstract:** An aging population combined with financial cuts in the health care sector poses challenges to our society. One solution to resolve these problems is the use of information technology. E-Health applications are considered to have some advantages over traditional health communication services: They can improve patient empowerment by increasing access to information and promoting self-help [1]. Applications can employ multimedia components like images or videos to communicate complex health information [2]. Many studies provide evidence for the effectiveness of E-Health interventions, but few were conducted in a real-world situation with members of the target population [3]. Especially for older populations it isn't clear, whether digital applications are superior to printed information. In this abstract, we present the evaluation of an interactive video application. The tool was developed in cooperation with a clinic and supports prostate cancer patients in executing pelvic floor exercises. In order to answer the following questions, we conducted a field trial. There, we compared the video application to a flyer that offers information about the pelvic floor exercises. RQ1: How do the patients use the video application? RQ2: How do patients evaluate the usability the video application compared to the flyer? RQ3: How does the video application affects the knowledge of the patients compared to the flyer? During the study 227 patients were in the clinic. After arriving in the clinic, patients were informed about the trial. They had to bring their own device to use the video application. 85 patients were interested in using the application while 44 agreed to act as control group. The patients had an average age of 65.8 years. The usage of the application was automatically logged. At the time of writing, we can only present preliminary data about the first month of usage. The data reveals that 80 of the 85 patients became users of the application. They used the tool for an average of 14.7 sessions. Each session lasted approximately 19.4 minutes. Furthermore patients answered a questionnaire at the end of the rehab. The usability of the application ( $M = 2.01$ ) was rated significantly better than the flyer ( $M = 1.44$ ) [ $F(1,108) = 5.36, p = .23$ ]. In a knowledge tests users of the application ( $M = 6.9$ ) also scored significantly better than patients in the control group ( $M = 5.8$ ) [ $F(1,107) = 15.47, p = .00$ ]. The results show that the interactive video application can be an effective means to

support rehabilitation even for old patients. [1] Sundar, S.S., Rice, R.E., Kim, H.-S., & Sciamanna, C.N. (2011). Online Health Information: Conceptual Challenges and Theoretical Opportunities. In T.L. Thompson, R. Parrott, & J.F. Nussbaum (Eds.), *The Routledge handbook of health communication* (pp. 181'202). Routledge.[2] Buller, D.B., & Floyd, A.H.L. (2012). Internet-Based Interventions For Health Behavior Change. In S. M. Noar & N. G. Harrington (Eds.), *eHealth Applications. Promising strategies for behavior change* (pp. 59'78). Routledge.[3] Bennett, G.G., & Glasgow, R.E. (2009). The delivery of public health interventions via the Internet: actualizing their potential. *Annual review of public health*, 30, 273'292.



**Id:** 9753

**Title:** 20 Years of HIV/AIDS Medicines News Coverage: What Can We Learn'

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**Abstract:** This paper outlines the main features to emerge from mainstream news media coverage of HIV/AIDS medicines over the past two decades. Using a corpus-assisted discourse studies (CADS) approach, the paper considers a sample of 1,720 news stories from elite US and UK newspapers from 1995-2014, and a further sample of 359 articles from major South African outlets during the period of highest medicines coverage, 2000-2003. In the late-1990s, HIV/AIDS news coverage was relatively sparse; in early-2001, it dramatically increased; by 2003, coverage levels were around half those of 2001; and over the subsequent decade, 2004-2014, coverage steadily decreased towards its lowest levels across the 20-year sample. On current estimates, 35 million people are living with HIV, with only two in five of them receiving antiretroviral treatment. While this marks a considerable increase over the past ten years, it also signals that the global HIV/AIDS medicines access crisis is far from resolved. In the news media, however, the crisis rose to prominence 14 years ago, and has since almost entirely disappeared. This paper uses CADS' combination of linguistic corpus statistics and qualitative discourse analysis, and Laclauian discourse theoretical concepts of hegemony and dislocation, to examine the rise and fall of the HIV/AIDS medicines crisis in the news. Regarding the 2001 ascendance of the medicines story, the paper notes how political disputes over patent protections characterised medicines coverage at this time. In particular, the contest between major pharmaceutical companies and a transnational coalition of medicines advocacy groups structured the media debate, catalysing a major discourse change as the hegemonic strong patent protection discourse was dislocated, and a new counter-discourse promoting generic medicines and patent moderation was elevated in the news. The paper notes how such discourse change pre-empted wider policy changes, facilitating the increased prominence of generics within global HIV/AIDS responses. Regarding the subsequent decline in HIV/AIDS medicines coverage over the 2000s, the paper notes how the patent issue became virtually invisible, even within the small amount of medicines coverage that did remain. The paper considers such decline in light of three instances of 'fragmentation': the fragmentation of global medicine patent governance across multiple negotiating fora; the fragmentation and institutionalisation of 'third wave' global HIV/AIDS activism; and the fragmentation of the mainstream news ecology - in particular noting the shrinking of the global health news hole, and the increasing reliance of health journalism upon philanthropic funding. Combined together, these contextual factors have produced a less conducive environment for the promotion of the HIV/AIDS medicines news story than was apparent in 2001 - in particular for the overtly politicised and contested factors of medicine patents and generics, despite their continued relevance

to global medicines governance. In this way, the paper uses CADS data to illustrate both the dislocation of hegemonic discourse in the news media, as well as the subsequent absorption and neutralisation of such resistance.

**Id:** 9763

**Title:** Making Meaning of Adolescent Lives: Conversations with young girls in rural Telangana, India

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**Abstract:** Adolescence is considered a crucial stage in human development, particularly in terms of psychological, emotional and physical health. It is a period of physical, cognitive, behavioral and psycho-social change that is characterized by increasing levels of individual autonomy, a growing sense of identity, self-esteem and progressive independence. However, it is also a period of uncertainty and risk-taking, a time of exploration and trial, when health-related behaviours and attitudes take shape and settle. India is home to 243 million adolescents of which girls amount to 113 million, constituting approximately 11% of the total population and 20% of the world population of adolescent girls (AGs). Social researchers as well as activist groups working in the health domain have recognized the extreme vulnerability of AGs, particularly those belonging to disadvantaged sections of society, such as the urban and rural poor. There is an urgent need to place AGs at the center of development by understanding their environments and the challenges they face in order to design interventions that ensure safer and healthier environments where girls can fully develop their social and economic potential. In attempting to understand and solve the problems of AGs, it has been suggested that adolescent education should focus on the development of Life Skills, to empower them to meet health and life challenges and optimize opportunities. However, most of these programs are based on a broad understanding of community parameters rather than specific insights about young rural girls' lives. As part of the formative

research for a large scale intervention consisting of Life Skills training for AGs, conducted in rural areas of Mahabubnagar district of Telanagana state in southern India, a series of six semi-structured focus group discussions (FGDs) were carried out with 47 girls. A second set of FGDs was conducted in an urban setting with 39 girls from socio-economically disadvantaged families. The girls were aged between 14 and 19 years, and the groups were diverse in terms of age, religion and level of education (most of the girls were school drop-outs). The FGDs were supplemented with in-depth interviews with a total of 15 girls. The discussions and interviews focused on the girls' perceptions of their rights as young women and citizens, as well as their awareness of a range of socio-cultural issues. The results of this formative research were used to develop a life-skills curriculum and training design. In these conversations, the girls articulated their concerns about family and peer dynamics, social structures that determine their lives, as well as their aspirations and fears about the future. This paper describes the themes emerging from the FGDs and provides insights into how adolescent girls make meaning of their lives in relation to issues of health, citizenship and social relationships.

**Id:** 9766

**Title:** The personal story as the message: a pilot project in Australia that aims to widen coverage of health and HIV.

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**Abstract:** HIV cases throughout Australia are at a 20-year high. Only South Australia has not experienced an increase. Research shows that if effectively used, the media can lessen fear and stigma which are the biggest obstacles to seeking information and treatment. But the reality is that with the 24/7 news cycle, journalists are more reactive than proactive in terms of newsgathering, and often rely on receiving news and information on HIV in pre-packaged media releases or videos. Also, journalists are seldom experts in the field they report on and depend on people and experts to share their stories. While the media have a significant role to play by informing the public and holding governments to account, a more immediate problem is - HIV fatigue - how can journalists report effectively on a disease that has been around for more than 30 years. Is it possible to challenge this situation? The paper describes a new pilot project in Western Australia that aims to fill these gaps by empowering people who live with HIV or who work for HIV organisations, to be proactive and share their own stories and experiences of HIV with the media. The project is entitled, Beyond the Red Ribbon: Improving HIV awareness through media education programs, and it is run by Edith Cowan University in collaboration with WA AIDS Council (WAAC) in Perth. Ten participants completed several media education and training sessions on how to communicate their personal HIV stories in the media. The paper evaluates the initial feedback and outcomes. This framework of community and media engagement that underpins the media training program has broader applicability for other health promotion and disease prevention initiatives beyond HIV.

**Id:** 9795

**Title:** Challenging Hegemonic Beliefs about Physician-Assisted Death: The Brittany Maynard Effect

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**Abstract:** While euthanasia has existed since Greek civilization, the right-to-die debate has waxed and waned in the United States over the 20th and 21st centuries. Different types of euthanasia have been both hailed and vilified; however, they gained proponents during the later half of the 20th century as other rights of self-determination were recognized, such as women's suffrage, birth control, abortion, and same-sex marriage. Some of euthanasia's proponents, such as Dr. Timothy Quill, were articulate and persuasive, but others, including Jack Kevorkian, were reckless and damaged the movement's momentum. Indeed, while Oregonians, including the advocacy group Compassion in Dying (later merged with The Hemlock Society and renamed Compassion & Choices), worked to pass a 1997 law permitting physician-aided suicide, Kevorkian continued performing assisted suicides, moving to active euthanasia in November 1999. He was convicted of second-degree murder in Michigan in 2000 and sentenced to 25 years in prison. In 2014, Brittany Maynard, 29, diagnosed with terminal brain cancer, elected to move from California to Oregon, one of two U.S. states that have legalized physician-assisted death, so that she could determine when she would die. This paper will analyze media coverage of Brittany Maynard's choice to use physician-assisted suicide in light of the hegemonic perspective on assisted death in the United States. A qualitative content analysis of 331 U.S. television and print items about the Maynard case was performed. Dominant frames were described and analyzed using multiple data analysis techniques, including thick descriptions, multiple coders, and directed reads of the stories. A majority of the pre-death media coverage falls into two themes. First, many news stories were short factual accounts of Maynard's decision to move to Oregon and described the legal parameters of Oregon's right-to-die law. These stories tended to present the case as a 'tragic' end to Maynard's terminal illness, allowing her 'pain' to end. At the same time, numerous opinion and editorials were published and these focused on larger social issues such as individual liberty and quality of life at death. Immediately after Maynard's death media coverage shifted into an advocacy frame. Maynard became an 'advocate' and 'spokeswoman' who energized the right-to-die movement and sparked social debate. Narratives shifted focus to the 'death with dignity' debate, a social

movement reignited by the Maynard case. By emphasizing this debate, mainstream and traditional ideals about euthanasia were challenged by the media discourse. As a social movement, euthanasia supporters were able to secure media space to express counter-hegemonic perspectives to attempt to change social, ethical, and legal perspectives on euthanasia. Implications of the social, political and cultural implications of the coverage are discussed, and we argue that because of her status as a young, attractive, sympathetic figure, the media coverage of her choice will affect future public attitudes toward and legalization of physician-aided death in the United States.

**Id:** 9928

**Title:** Empowering aspects of health communication and promotion for women: A case study of menstruation

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**Abstract:** Menstruation is a normal female physiological phenomenon among girls and women who make up half the global population (49.58%, 3.55 billion). Yet, research and dissemination of accurate information about menstruation has been relatively neglected compared to other types of health communication. The lack of accurate understanding about menstruation is widespread. This can be surmised based on the restrictive practices forced by different societies on menstruating girls and women. The very presence of menstruation, a positive health indicator, is misconstrued as unhealthy and impure by people in many societies. The lack of sufficient research and its dissemination have given way to stigmatized and disempowering practices directed at girls and women to prevail. Inappropriate and incorrect menstrual hygiene practices jeopardize the health and wellbeing of women and girls across the globe, especially in developing countries. Lack of information and misinformation about menstruation fosters irrational societal restrictions and taboo practices on the menstruating woman. Available research indicates that these are disempowering to females because they affect the health and wellbeing, educational opportunities, professional life choices, access to opportunities and other rights and privileges of women and girls. Menstruation and menstrual hygiene have strong implications on health and wellbeing of a woman, and of the overall society. Therefore, it becomes an important health and social issue. Since this is an area that has not been adequately researched, we will follow the example of early research in other health taboo topics such as family planning, leprosy, and HIV/AIDS, by first examining baseline Knowledge-Attitude-Practice (KAP) variables to build an initial base for menstruation related health communication study. Hence, the variables selected for this study are: knowledge of menstrual practices, attitude towards menstruation and menstrual practices, behavioral involvement in menstrual practices especially as it pertains to media exposure, and adoption of correct and hygienic practices. This study will also determine predictors of correct and safe hygienic practices in the context of menstruation. Method: A quantitative methodological approach will be adopted. Data will be collected through a structured survey questionnaire. A probability sample consisting of both women and men, from Ahmedabad city, India, was selected using multi-stage clustered sampling



technique. Descriptive and analytical statistical techniques will be employed to analyse the data and prepare the findings. Implications: The study will provide useful insights about crucial variables that will prove useful to public health education and communication intervention campaigns. The outcomes of this study are to create specific menstruation-related intervention strategies for public health communication campaigns. We are interested in facilitating interactions between practitioners and researchers and sharing and creating strategies to increase the relevance and uptake of research findings. Importantly, the results of this study will attempt to empower girls and women by providing research-based data on crucial aspects of menstruation and hopefully will lead to greater information of and lower stigma attached to menstruation and menstruating females.

**Id:** 9962

**Title:** On the way to the optimised brain' Media reporting on pharmacological cognitive enhancement

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**Abstract:** It is the dream of many transhumanist thinkers: to overcome the limitations of the human body through technological means for the purpose of 'human enhancement' (Savulescu & Bostrom, 2009). While bioconservatives stress the importance of human nature and its constraints, bioliberals emphasize the great chances of improving mankind (Knoepffler & Savulescu, 2009). But how should modern societies deal with emerging technologies that are able to alter human capacities? Is it actually possible to improve humanity? What does 'improvement' mean? And, if it is an improvement, should we? For most people in western societies, mass media reporting is still an important source for both information and arguments on how society should handle these questions. There is a broad consensus in communication science that media coverage can have an influence on public understanding of technologies as well as on attitudes and behaviour of recipients (Donsbach, 1987). Media reporting about enhancement technologies therefore seems to be an important field where communication can show its ambiguous power. Pharmacological cognitive enhancement (PCE) is a topic which attracts increasing public interest (Roegerer, 2014). Though the use of prescription drugs to improve cognitive functioning in normal persons has been primarily discussed by bioethicists and neuroscientists, PCE meanwhile gets more and more media attention (Partridge et al., 2011). In science, PCE is still a highly controversial issue. While enthusiasts claim that the consumption of prescription stimulants such as methylphenidate for the purpose of PCE has many potential benefits for knowledge society (Greely et al., 2008), critics point out its medical and ethical risks and potential negative consequences for community functioning (Sahakian & Morein-Zamir, 2007). As most people are not (yet) affected by personal experience (Franke, Lieb & Hildt, 2012), it is very likely that media representation of PCE will have significant impact on how the technology is seen and evaluated by potential consumers as well as in public debate in general. Misleading enthusiastic or pessimistic media coverage might unrealistically raise expectations or fears about its future impact for good and ill and advantage policies mistakenly developed to facilitate or prohibit its use. Unfortunately, there is little empirical evidence on how PCE is reported (Partridge et al., 2011). And there is no scientific data on why journalists report it in a certain way. Using the example of German press, the present study therefore asks a) how legal, medical, ethical and social aspects of PCE are reported and b) what reasons there are for this kind of reporting. It addresses these questions by a) analysing the entire coverage of PCE in 19 major daily newspapers, weekly magazines and science focused magazines from 2004 to 2014 with the help of a quantitative content

analysis. In addition, b) qualitative interviews with German journalists that have reported about PCE are conducted. The results indicate that media coverage of PCE is rather balanced. Most articles judge PCE neither in a positive nor in a negative way. Depending on the substances, different ethical and social aspects are discussed.

**Id:** 9992

**Title:** Venting Online - Using Sentiment Analysis to Evaluate Valence of Health-Related Communication in Digital Media

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**Abstract:** Digital media plays a central role in health related communication contexts. Over the last couple of years, the amount and use of health related communication in digital media has increased considerably (Fox & Duggan, 2013; Fox & Jones, 2009; Murero & Rice, 2013). Digitization of communication processes leads to huge amounts of texts. Exactly this quantity of follow-up communication in terms of user generated content needs to be analyzed in order to better understand and evaluate causes and effects of health related communication in general. Previous research has therefore basically relied on conventional content analysis (CA) (e.g.: Kamhawi & Weaver, 2003; Krippendorff, 2012; Neuendorf, 2002). This methodological strategy involves typical challenges. But principally, coding of valence and emotions by human coder is a major problem, as these categories are usually perceived individually different and can hardly be assessed by automatic coding. To overcome these limitations and to gain new insights on the role of emotional content, particularly valence, in digital media contexts the present contribution targeted following research question: Is there an adequate and efficient way to analyze and evaluate emotionality of health related follow-up communication online? To answer this question the implementation and effectiveness of sentiment analysis (SA) will be tested. Tan et al. (2011, p. 1397) describe sentiment analysis as '[...] one of the key emerging technologies in the effort to help people navigate the huge amount of user-generated content available online'. One main benefit of utilizing SA is the possibility of automatic, fast, objective, and cost-efficient analysis of large quantities of data. To make text interpretable every word gets associated with a numerical equivalent (Brysbaert, Kuperman, & Warriner, 2013). All the words of a textual unit (e.g., a commentary) form an emotional value that in turn can be interpreted and analyzed in terms of emotionality, valence and impact on succeeding texts (Taboada, Brooke, Tofiloski, Voll, & Stede, 2011). Empirical examination was carried out by applying a self-created automated tool on a sample of 97 blog and online-news site articles with almost 5,000 follow-up commentaries. Doing so the affective norms list of (Brysbaert et al., 2013) was used, which involves the emotional norms for 13,915 english lemmas. Approximately 218.000 out of 348.425 words could be assigned with an emotional value

between one (absolutely negative) and ten (absolutely positive). Results were then compared with findings of CA valence coding, carried out by human coder (Krippendorff's alpha: ' ' .80). Results (e.g. comparison between different media types ' blogs and online-news) as well as questions and findings about positive and negative bias of both methods will be presented and discussed at the conference. Hitherto results indicate, that SA can be a decent alternative to resource-intensive and time-consuming CA coding when it comes to analysis of valence and emotionality. Opportunities and best practices, with particular focus on data generation and management, as well as implementation will also be presented and discussed at the conference.

**Id:** 10062

**Title:** PORTRAYAL OF SAFE SEX MESSAGES (SSM) IN NIGERIAN VIDEO FILMS

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**Abstract:** PORTRAYAL OF SAFE SEX MESSAGES (SSM) IN NIGERIAN VIDEO FILMS

AbstractThe impact of Sexually Transmitted Infections is still most felt in Sub-Saharan Africa. The sub-region is also characterized with large family sizes with high rate of dependent groups, thereby contributing to the problem of wide-spread poverty. In addition, the rate of teenage pregnancy is unabated in many parts of the Sub-region. Although several international efforts have been made to educate the masses on the aforementioned issues, the rate of STIs, teenage pregnancy and large family sizes are still considerably high in Sub-Saharan Africa. The purpose of this study is to examine the role of Nigerian video films, being the second largest movie industry in the world, in the enlightenment of viewers on safe sex practices. Jean-Francois (2006) found that Africans spend an enormous amount of time watching video films and concluded that video films have significant social effects. Arvind (2007) also observed that popular entertainment media are the most popular genre of mass media programming that hold value for stimulating public discourses on social issues at the local, national and global levels. The current study analyzes video films' depiction of resistance to the hitherto free-sex syndrome in the mainstream media. These include messages on the use of condom, family planning, sexual responsibility, sex education among others. The study content-analyzes fifty video films produced between January 2014 and March 2015 while agenda setting and framing theories underpin the study as the theoretical framework. Coding categories for analysis include forms of sexual act, sexual actors, duration of sexual act, type of safe sex message, portrayal of safe sex message, safe sex practices by actors among others. Findings of the study have implications for health and population

communication professionals interested in developing effective interventions aimed at prevention of risky sexual behaviours and their associated effects. Word count: 292 Key words: Safe sex, Portrayal, Nigeria, Video films.

**Id:** 10064

**Title:** A question of Interpretation: Attribution of responsibility in the German Health System.

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**Abstract:** Demographic change influences how decisions in the German health system are made and forces policymakers to focus on cost-saving strategies (Gerlinger, 2010). Thus, funding of the health system has increasingly become the focus of societal and political debate. In this con-text, the attribution of responsibility gains importance. By using the common term 'Personal Responsibility' [Eigenverantwortung] the various repercussions on different actors of the health system are expressed. Media distributes and frames those repercussions. Many studies suggest that news media framing significantly impacts how the public attributes responsibility for a policy problem (Jarlenski & Barry, 2013). In Germany, as well as in other countries, a personal and a collective perspective on political issues can be distinguished (Soroka et al. 2013). The first level refers to the responsibility for oneself as an individual, while the second level describes a kind of solidarity responsibility. Furthermore, the attribution of responsibility can be differentiated on both levels regarding the suggested behavior: Firstly, responsibility can be interpreted as healthy behavior. And secondly, the financial aspects of health insurance can be emphasized (e.g. Schmidt, 2008). We hypothesize that by using the term 'Personal Responsibility' responsibility is increasingly devolved from the collective to the individual (Bertelsmann Stiftung, 2004). Against this background, we investigated two main questions: (1) How is this term defined and framed in German media?(2) Does this definition and framing alter considering changing funding strategies for the health system?A sample of all news stories reporting on the term over four key legislative events regarding health policy in 2004, 2007, 2011 and 2013 was collected from the six German newspapers with the highest daily circulations (e.g. Koyuncu, 2006). To identify different frames in the articles, some pre-existing frame definitions by Iyengar (1991) and Semetko & Valkenburg (2000) were used. Content analysis of 99 articles (census of all published articles identified as contentual rele-vant in the inquiry period) revealed that during the whole evaluation period the responsibility was attributed to the individual rather often (by an average of 62%). The predominant emphasis on individual responsibility was also underlined by the identified frames. Considering the definition of 'Personal Responsibility', both forms of behavior oc-curred in the articles several times (financial aspects by an average of 30% and healthy beha-vior by an average of 23%). Furthermore, in 28.3% of the articles solitary responsibility was emphasized. By this defini-tion, it is interesting that the term was partly defined in terms of and partly as the opposite of solitary responsibility. It can be further noticed, that the assumption of individual responsibil-ity



is conveyed, at least in part, as the solution to the funding problems in health system. Summarizing the results, the definition of the term 'Eigenverantwortung' depends on the prevailing legislation and funding strategy for the health system. Corroborating our hypothesis, the term is frequently used to transfer governmental responsibility for an affordable healthcare system to individually insured people. This is deeply interesting because the German health system is known worldwide for its solidary structure and funding.

**Id:** 10084

**Title:** HIV-Positive: Exploring the Communicative Messages of HIV in a Post-AIDS Era

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**Abstract:** HIV and AIDS are generally thought to be synonymous, but one can be infected with HIV and still not develop AIDS. The development of antiretroviral therapy (ART) has made HIV no longer the deadly disease it once was. However, the AIDS epidemic has left a terrible lingering legacy, especially for those who are HIV-positive. An estimated 1.1 million people in the U.S. are currently living with HIV due to better treatments, whereas globally, approximately 35 million are living with HIV as of 2013. These epidemiological trends will continue to capture the attention of public health professionals, but what is overlooked in the race for a cure is the communication surrounding HIV and more so around those who have it. The purpose of this paper is to characterize the meaningful portrayals of the HIV-positive condition and to analyze its messages that are communicated from a variety of channels (i.e. literary metaphors, personal narratives, and news and popular media) to better understand the overall perceptions of living with HIV in American society alongside other global perspectives. Perceptions of health and illness in HIV discourse, collective themes described in metaphors, the media's portrayal of HIV, and expressions of identity through narratives are discussed. Following the analysis of these messages are implications for future direction that shed light on the considerations necessary for handling this historically devastating disease that lives on today. HIV has persevered through society from its birth in the AIDS epidemic to the manageable chronic disease it could be for those adhering to ART. As a result, there are now individuals living with HIV who are undetectable, have a non-compromised immune system, live a normal lifespan, and are unlikely to transmit the virus. Despite the perpetual impact of stigma and erroneous claims by media outlets, people with HIV continue to form positive metaphors, realize their own humanness, and ultimately frame their identities in a more sanguine outlook that sustains their health, livelihood, and resilience in society.

**Id:** 10279

**Title:** Critical Appraisal skills programme for journalists

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**Abstract:** Media is a key stakeholder in addressing the challenges of improving immunization coverage and vaccine up-take in India. Media engagement in immunization has witnessed significant success through India's polio crusade demonstrating the positive impact of strategic and sustained dialogues. During the last few years, turbulence in media discourse on Routine Immunization (RI) has been associated with the introduction of the pentavalent vaccine in a few states and reported incidents of Adverse Effects Following Immunization (AEFI) among children. Media focuses on factual and event based reporting and caters to the interest of its audience to have and provide for good health for every member in the family and community. However, a rigorous, scientific inquiry and balanced approach is essential to be able to understand and represent views on which interventions really work. A specialised set of skills and competencies are required to critically appraise health services especially when concerning their effectiveness and impact. The capacities to understand public health strategies and the appreciation of cost-benefit analysis of specific interventions will help journalists understand and report in a balanced manner. Examples of seemingly good ideas, advice and critiques have frequently resulted in relaying and promoting myths and superstition. At the same time, sensationalising sporadic and unintended adverse effects of immunisation has led to severe public outcry and policy paralysis that denies health benefits to large populations. A critical appraisal skills module currently offered to public health professionals can enable journalists to assess the trustworthiness, relevance and results of published papers and other available information including expert views and testimonials in order to arrive at a balanced perspective. Based on this felt need, a research study was conducted in 2014-15 with the dual purpose of: 1. Identifying specific areas of improvement in the current practice of health journalism with an emphasis on Routine Immunization and 2. Consulting with end-user on the most effective way of embedding the module in the daily reporting schedules of working journalists, editors and on-going journalism courses etc. Research Methodology 1. Focused Group Discussion Six FGDs with journalists and media academics in the country, conducted during September, 2014 ' February, 2015 were conducted to identify how issues of health are being reported and ascertain the gaps in the current coverage. 2. Analysis of Media Reportage using a Media Rating Tool An independent research analysis of all articles appearing on the subject of RI in the media, from January, 2014 ' October, 2014, was undertaken to support the problem areas identified in the above sessions and provide an additional perspective on media coverage. This analysis was based on similar international research done in U.K and Australia and

Germany, particularly the 'Media Doctor' initiative which identifies a set of parameters to focus on the quality of health reportage. The paper will describe the results of the quantitative and qualitative analysis and the acceptability of the critical appraisal skills programme among journalists. Efforts being made to introduce the same to journalists in India will also be discussed.

**Id:** 10416

**Title:** Users of health-related Internet discussion boards: seeking support and information

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**Abstract:** Social media are used to create virtual communities that give individuals opportunities to share their stories of personal illness and to find support. One of the earliest two-way communication channels was Internet discussion boards. In spite of novel forms of social media such as Facebook and Twitter, online discussion boards are still popular and widely used. This study analysed how individuals use two Finnish online discussion boards: Suomi24 (Finland 24 [F24]), run by an international media company and Meeting Point (MP), managed by The Finnish Diabetes Association. Questionnaires were distributed online in November and December 2014. Of these, 77 responses were obtained from MP and 103 from F24. The survey data on discussion group participants' backgrounds, habits, discussion motives and intensity were analysed using SPSS software. The majority of members are female and middle aged. A total of 67% of MP and 51% of F24 respondents visit the discussion boards more than once a week. The main reason for visits, especially for MP members is peer support. At least 60% of MP respondents agree with statements that online discussions improve their ability to bear, treat and understand their illness. F24 participants also agree with these statements, but less frequently. For F24 members, the discussion board appears to be more a place to find support than information. They do not feel that discussions improve their capacity to treat or understand their illness ' merely helping them to cope with it. The clearest differences between these two groups arose in answers to information questions. At least half of both groups state that they get new information from discussions. The respondent groups both use the discussion boards to get more details about medication. At least 55% of the participants agree with the statement that they are searching for more information on prescriptions. Especially for the F24 respondents, this search for facts is problematic because 48% of them agree with the statement that wrong information appears on the discussion board. These members see their discussion board as more unreliable than the MP respondents. Only 10% of MP members ' versus 40% of the F24 respondents ' evaluate the health counselling offered as poor. The board's medical information is thought to be good or excellent by 65% of the MP and 15% of the F24 participants. The discussion board is clearly only one of members' information sources since the majority of respondents, more than 64%, seek additional information from other Internet sites. Less than half ask for more information from health professionals. The answers to open-ended questions confirm the survey's results. Discussion boards are, first, places for empowerment and, second, sources of information. The Diabetic Association's MP, in which individuals must register before participating in discussions, appears to be a more

permanent community. Their answers create the impression that, in sub-discussion groups, some form of established community also exists. In contrast, F24 seems to be a more open platform where people check to see if something they are looking for has appeared.

**Id:** 10457

**Title:** HIV/AIDS leadership communication addresses a wicked problem: Insights from Mandela

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**Abstract:** Leadership is widely regarded as involving practices that influence others to engage in behaviours that are intended by the leader. HIV/AIDS leadership can hence be considered to involve modes of communication by which leaders direct others to avoid high-risk HIV/AIDS behaviours and to generally behave in ways that ameliorate the effects of the epidemic. The problem is that HIV/AIDS is a wicked problem. As Rittle and Webber (1973) had seminaly argued, wicked problems are eminently slippery, illusive, ill-defined and unnameable to resolution without untenable costs as they confound rational-logical planning and allied change agency. The proposed paper looks at how arguably the greatest African leader, Nelson Mandela, addressed HIV/AIDS. I intend to reflect on some of the limitations Mandela confronted as regards HIV/AIDS communication. I also intend to think about how Mandela's servant leadership is eventually, notwithstanding some important failures, manifested in ways that express values of ubuntu, in ways that aimed at advancing democracy and enabling everyone to become the most that they can be. These thoughts on HIV/AIDS leadership, grounded on the written record concerning a great African leader's engagement with HIV/AIDS, can offer important avenues for conceptualisation of leadership in this area and in other areas that pertain to development and health.

**Id:** 10506

**Title:** Communicating the non-communicable: developing media and communication strategies to tackle the growing NCD epidemic in the Pacific

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**Abstract:** The Pacific Islands face a health crisis fuelled by the increased prevalence of non-communicable diseases (NCDs). Today, these chronic conditions often inflict heavy financial costs on households and over 70% of deaths in the Pacific are estimated to be due to NCDs. Pressures imposed by globalisation and urbanisation have led to an increase in NCD risk factors such as unhealthy diets (a decline in growing local food and increase in the consumption of processed and imported food high in salt, sugar and fat), unhealthy behaviours like alcohol and tobacco consumption and levels of physical inactivity. These lifestyle changes amongst Pacific Island populations have led to an epidemic of NCDs such as obesity, diabetes, cancer, and cardiovascular disease. In order to reverse these trends communities require adequate health education and awareness around these health issues and this is currently lacking across the Pacific Islands. Furthermore, at times cultural codes may reinforce unhealthy lifestyles. Given that many NCDs are preventable, health promotion activities can play a key role in reducing the burden of NCDs in the Pacific. This paper assesses the challenges of addressing NCDs in the Pacific from the perspective of development communication and social change. Strategic media and communication initiatives can target specific areas identified as the causes of the increase of NCDs. The paper examines examples of how different countries coordinate their response and discusses a variety of media and communication initiatives that are currently being undertaken in countries across the Pacific. The paper utilises data collected in the PACMAS State of Media and Communication Baseline research project (2013), undertaken across 14 Pacific Island nations and through a partnership between RMIT University (Australia), the University of Goroka (Papua New Guinea) and UNITEC (New Zealand). The research was guided by the principles of Communicative Ecology and Communication for Development (C4D) that deliberately encompasses all forms and modes of communication, including community radio, information and communication technology (ICT) initiatives, and processes such as community dialogue along with the more traditional mass media. The main research methods included desk-based research, stakeholder interviews (212) and a verification survey with Pacific media and communication experts. Respondents indicated that due to the chronic nature of NCDs, communities often accept them as inevitable or a natural way to die. It was noted that the gap between awareness of NCDs and behavior change is challenging to address but programs using participatory approaches and face-to-face communication have shown some success in these contexts. Respondents called for a better understanding of the role of media in health communication and for links between government, non-



governmental organisations and journalists to be strengthened. This paper highlights some of the key challenges and opportunities unique to the Pacific region when designing media based NCD strategies. By combining analyses across countries and including some best-practice examples the paper explores potential avenues for NCD communication strategies in the Pacific in order to inform and assist further planning and design of health promotion strategies.

**Id:** 10511

**Title:** Precision Estimates: The influence of information precision on risk perception and prevention behavior in bicycle accidents

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**Abstract:** There are still more than 70,000 accidents with bicycles in Germany per year ' many of them involve serious head injuries that could be avoided if bicycle riders wore a helmet. Communicating riders that they are at risk is therefore a major task for health prevention communication. Still, it is quite difficult to communicate everyday risks such as bicycle accidents since this specific kind of risk is often underestimated by lay people. Along with the idea of informed decision making (Arnold, 2003), one could assume that the best way to inform recipients was to provide them with (scientifically generated) statistical information so they could make their own (informed) decision. Following the idea of Loschleder et al. (2013), recipients not only interpret the informative value of numbers but they also derive secondary information from a given number, for example they infer from precise numbers that this specific number was calculated very accurately, which, in turn, could be interpreted in terms of heuristic information processing and decision making as outlined by the theory Bounded Rationality (Simon, 1957; 2000). In order to find out how the precision of the information affects recipients, we conducted a paper-and-pencil survey in an experimental design with three experimental groups (G1=precise numbers, G2=rounded numbers, and exemplar information). Our research question was: How does the precision of a given information influence recipients' evaluations (e.g., Zubayr & Geese, 2009), susceptibility perceptions (e.g., Champion & Skinner, 2008), and behavioral intentions to engage in preventive behavior (Gibson, Callison, & Dolf Zillmann, 2011)? We assume that the more precise an information is provided, the more recipients' feel informed by this information, the more they feel at risk and the more they are willing to engage in preventive behavior. Since previous research has shown that recipients have sometimes difficulties in reading numeric, especially statistical information (Bar Hillel, 1980; Lipkus, 2008; Tversky & Kahneman, 1974; Zillmann, 2006), we used natural frequencies (Gigerenzer, 2011) in the numeric groups. 149 respondents took part in the experiment (75 % female; mean age 22 years). Participants were assigned randomly to the groups. We used 7point scales (1=no agreement to 7=high agreement) to assess our dependent measures. Concentrating on participants usually wearing no helmet (n=79), results show mixed support for our assumptions: Even though recipients feel significantly better informed by the numeric versions ( $F=4,9$  [2; 75];  $p<0,01$ ), feeling slightly better informed by the precise version ( $M=4.0$ ;  $SD=1.5$ ), these participants also feel less susceptible to be at risk and they tend to make others responsible for bicycle accidents. Nevertheless, the precision of the given information seems to have an influence on recipients' evaluations. Further implications of

these results for communicating risk in health contexts ' as the limitations of the present study ' are discussed.

**Id:** 10517

**Title:** Examination of risk perception, condom compliance and screening and testing behavior of male and transgender sex workers in India

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**Abstract:** AbstractThe purpose of this study is to examine the risk perception, sexual health decision-making and healthcare seeking behavior of male and transgender commercial sex workers in India in order to reduce STI/HIV transmission, increase adherence to screening/testing and positive health practices among this population. The study was conducted in red light districts of Calcutta, and rural subdivisions of West Bengal, India. Male and transgender sex workers comprise 15% of the sex workers' populace in India. Yet they are a hyper-marginalized and invisible populace whose sexuality, health and wellbeing have been rarely subjected to study. The lack of information about sexual health behavior and decision-making among male and transgender sex workers hinders effective formulation of intervention programs directed at them. An analysis of, risk perception, decision-making and sexual healthcare seeking behavior can provide guidance to formulate future HIV/AIDS prevention, awareness initiatives and evidence-based interventions among similar high-risk populations. The fluidity in gender identities of the male and transgender sex workers, the prevalence of bisexuality and diversity of sexual partners have important implications for sexual risk perceptions of this group. Previous studies show erratic condom use with regular male partners and consistently low condom use with female partners. Prevalence of misinformation on transmission of sexually infectious diseases is common among male and transgender sex workers in India. Like commercial female sex workers, male and transgender sex workers are a heavily marginalized group in India. But unlike female sex workers, the male sex workers in India face marginalization at multiple levels owing to their choice of profession and sexual orientation. Economic insecurity, social marginalization and stigmatization make prevention efforts with this extremely vulnerable group very difficult. Contextual factors like poverty, violence and stigma significantly raise sex workers' HIV/AIDS and STI risk through being pressured by a client into unprotected sexual intercourse besides affecting their physical and mental wellbeing. In the project the following attributes of the male and transgender sex workers in three red light districts are examined---a) condom compliance and perception of risk b) socio-cultural contextualization of sexual health behavior c) the rate of accessing healthcare resources like STI/HIV screening clinics, free medical consultation and free condom distribution centers and the motivation for accessing or non-accessing such health resources.

**Id:** 10584

**Title:** Press framing of the (2014-2015) Ebola crisis: A comparative case study of, South Africa, Zambia and Zimbabwe.

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**Abstract:** Understanding the extent to which newspapers affect people's attitudes with regards to diseases and epidemics in Southern Africa can assist media practitioners, policy makers and private organisations in crafting effective health messages. This research seeks to investigate how press coverage of the Ebola crisis affected people's attitudes towards Ebola and by inference sanitary practices in Southern Africa. The research questions are: One, what are the dominant themes in press coverage of the Ebola crisis' Two, how does newspaper ownership affect press coverage of the Ebola crisis' Three, How does press coverage of the Ebola crisis affect sanitary practices and people's attitudes towards Ebola' A content analysis of 4 newspaper titles in Zambia, 4 newspaper titles in Zimbabwe and 4 newspaper titles in South Africa will be carried out to ascertain the dominant themes in newspaper coverage and the extent to which newspaper ownership influenced content with regards to Ebola. A thousand questionnaires will be distributed in each of the three countries (South Africa, Zambia and Zimbabwe) to determine the extent to which people's sanitary practices and attitudes towards Ebola are being influenced by press coverage. By outlining the dominant themes of press coverage of the Ebola outbreak, this research will enable media practitioners and other health communicators to have a panoramic view of how the press has been covering the Ebola outbreak. By looking at the influence of newspaper ownership on the kind of stories that were printed with regards to Ebola this research will ascertain whether theories such as the propaganda model go beyond political realms to influence health communication and health practices. By shedding light on the influence of the press on attitudes towards sanitary practices and Ebola, this research will enable health communicators and private organisations to gauge the effectiveness of the press in altering people's attitudes and perceptions towards sanitary practices and diseases.

**Id:** 10595

**Title:** Who speaks in the news coverage of HIV / AIDS in five Mexican newspapers'

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**Abstract:** The phenomenon of HIV/AIDS can be approached from three different perspectives: scientific, social and individual. Media have privileged the coverage of scientific and social perspectives leaving aside the individual stories behind the statistics. We have quantitatively analyzed 760 articles published in five Mexican newspapers, La Jornada, El Norte, El Universal, El Informador, Milenio, to know who are the subjects in the coverage of HIV/AIDS in Mexican newspapers on the period of October 2012 to March 2013. We conclude that the newspaper coverage of HIV/AIDS is dictated by the season of events as well as the prominence of politicians and celebrities who participate on those events. Also the issue of the feminization of AIDS is still poorly addressed and secondly that there is an absence of voices of women experts and stakeholders. In the case of NGOs we emphasize their ability to create agenda, to serve as information sources that give voice to PVV and to contrast governmental information. Finally, content analysis showed that a neutral language was used to talk about HIV/AIDS, and that they authors do not unnecessarily used alarmist data or related death to the disease. The production time required on interpretive and opinion genera and the divulgation treatment does not guarantee the correct use of terms.

**Id:** 10608

**Title:** Contesting the Power of Media and Communication in the Context of Mental Health Issues

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**Abstract:** This paper will report on findings from an ongoing project examining the reporting and portrayal of mental health issues in Australian media. The study involved discourse analysis of six-months of newspaper, online and television coverage during 2014, from which the paper draws on selected items. Mental Health Week in October provided a catalyst for media coverage and also generated divergent viewpoints about the kinds of messages about mental health that should be promoted. The ABC national public broadcaster dedicated a week of programming to mental health issues under the banner of 'Mental As', which was celebrated for opening up a public conversation. It also received some criticism for paying too little attention to issues such as lack of funding and access to services. The analysis of an online article, including reader comments, dealing with these issues illustrates the tension between communication as a driver for social change or as a means of maintaining the status quo, with contributors to the discussion disagreeing about the merits of awareness raising efforts in the context of the perceived lack of services and access to care and support. The next item is a newspaper opinion piece about the potential for media to contribute to a contagion of mental health issues by glamorising mental illness, which the author suggested was one of the characteristics of media reporting during mental health week. The article reflected concerns about the impact of new media, particularly on young people, in the form of encouraging identification with a particular diagnostic category because of the social benefits attained by way of peer recognition and reinforcement. I relate these concerns to literature in which the internet is implicated in the manufacture of psychopathology and debate surrounding pro-ana online communities wherein I suggest assumptions about participants in such communities can work to discount understandings that would recognise their complexity and the challenge they present to medical expertise. The study is part of a larger project drawing upon 'biocommunicability' (Briggs and Hallin, 2007, 2010) and health resistance (Crossley, 2002) as lenses through which to view communication practices around mental health issues. Briggs and Hallin have identified biomedical authority, patient-consumer and public sphere as predominant models of biocommunicability in newspaper coverage of health. Within these models social actors are variously cast in certain roles in relation to the flow of health information and invited to inhabit positions such as recipients, producers and gatekeepers (Briggs & Hallin, 2007). The items in this paper have been chosen for closer analysis because they problematise communication and its role and power in relation to social and political change as well as individual behaviour. They also provide a useful basis from which to

examine how arguments about the power of media and communication in the context of mental health issues variously position and address patients/consumers, citizens, advocates, media professionals and medical/mental health experts.



**Id:** 10612

**Title:** Moving from West to East: Culturally enhanced messaging for autism public service announcements in India

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**Abstract:** Public service announcements (PSAs) play an important role in health communication, particularly in raising awareness. PSAs enjoy greater trust and credibility than other forms of advertisements (Deshpande & Hitchon 2002). However a PSA needs to be culturally relevant in order to be effective. This paper studies the role that making a PSA (on autism awareness) culturally relevant has on its effectiveness and compares it to the original (culturally non-sensitive) PSA. Socio economic and higher education levels don't guarantee an understanding of autism for the saliency of symptoms may be culturally shaped, especially, in developing countries like India (Kakar, 1981; Sinha, 1988), which often lead to an emphasis on certain signs and symptoms over others thus leading to a misdiagnosis. An American autism awareness PSA (APSA) was shown to 20 Indian participants. This showed that the main notion of 'eye contact' was not relevant for the India context and the American accent was difficult to understand. These results led us to create a culturally sensitive Indian PSA (IPSA) with Indian voice-overs. 60 Indian participants were shown both the APSA and the IPSA. Survey data indicates that both PSAs were thought to be effective in communicating the objective. Whereas, qualitative data showed that the IPSA was more effective than the APSA in engaging the audience on the topic of autism. This study is one of only a few that shows how culturally enhanced health communication has an important function in educating audiences. Studies have shown that motivationally relevant words that are embedded in ongoing audio messages have the ability to elicit orienting responses and are remembered better than non-motivationally relevant words (Lee & Potter, 2005; Potter et al., 1997). Adopting a culture-centered approach with knowledgeable participants (Dutta-Bergman, 2005) is also imperative. Unlike previous studies looking at the effects of PSAs (e.g. tobacco; Wakefield, Loken, Hornik, 2010) we concentrate on autism, a developmental disorder and examine how the social emphasis on certain signs and symptoms over others (Kakar, 1981; Sinha, 1988) can seek to address knowledge gaps about autism. Although culture is widely accepted as a factor associated with health and behavior, its role in public health practice and research to date has been more rhetorical than applied (Kreuter & McClure 2004). This study bridges this gap and evaluates culturally enhanced

messaging in a PSA for an audience in a developing country like India. It uses McGuire's communication/ persuasion model as a framework for considering the ways in which culture may influence the effectiveness of health communication. This study shows how media was adopted and made more effective for a cultural context in a way that required minimum investment of time and resources. The study used quantitative surveys and qualitative interviews to ensure valid reliable data that can ultimately guide practice and dictate the creation of valuable interventions (Morse, 2005) that can truly serve to empower audiences.

**Id:** 10617

**Title:** Community Radio and Rural Women's Voices in Health Communication: The Case of Henvallvani Community Radio Chamba, Uttarakhand, India

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**Abstract:** Despite consistent efforts and use of multi pronged strategies and programmes, challenges of health continue to persist in India. The countries performance on most health indicators not only continues to be abysmal, it further has seen a more alarming plateauing in recent years. Health care delivery systems remain inadequate for serving the needs of marginalized community groups, especially women, compounded by a complex mix of issues of accessibility, reach and quality that are juxtaposed by the continuance of socio-cultural practices that impede people's access to health. Overcoming these challenges require deliberate effort in comprehending how health is culturally constructed by communities, a deeper understanding of how health information is generated and disseminated within the their region-specific health issues and interspersing health communication within them. The paper highlights methodological and initial insights from an on-going research which aims at understanding the role a community based media like community radio can play in structuring health communication flows for women. Using a mixed method approach the research is being conducted in a multiphase manner, where in the first phase mapping the activities and programmes of Henvallvani community radio in context to women's health was done. The second phase endeavored to quantitatively measure the changes in the knowledge and attitude of women and men because of their association with the community media and the final phase will gain qualitative in-depth insights about the role community based media can play in influencing information flows within a community and the significant role in triggering the processes of change within a community. The story based participatory method, The Most significant Change technique will be used to provide an understanding of the processes and dimensions of change influenced by the Community Radio. The paper highlights the first two phases of the research and the challenges of health communication for women in the region.

**Id:** 10633

**Title:** Autism Online: Vulnerability and Ethical Dilemmas in Ethnographic Research on Autism and Social Media

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**Abstract:** Over the past twenty years, autistic people have increasingly perceived the Internet as a predominantly safe and controlled environment in which they can communicate among themselves and with the outside world without having to cope with the myriad of complex social cues common to face-to-face communication in the physical world. In this online environment, people can communicate asynchronously, they can create neuro-shared or separate spaces (Bertilsdotter Rosqvist, Brownlow & O'Dell, 2013), and they can 'come out' as autistic and describe their experiences without full disclosure (Davidson, 2008; Davidson & Henderson, 2010; Davidson et al., 2012). Accompanying this trend has been the growth of research on culture and social interaction within and between online autistic individuals and communities viewed as vulnerable by university research-ethics committees dominated by the biomedical approach. The concept of vulnerability embeds assumptions about independence, competence, informed consent, and risk. The biomedical approach tends to define 'vulnerability' in terms of how much an individual is perceived as autonomous and capable of making informed decisions during the research process. In adhering to a set of universal principles, the biomedical approach considers vulnerable populations to be less competent and in need of more protection. On the other hand, the notions of risk, harm and vulnerability can be conceptualized differently in the tradition of qualitative research. Vulnerability can be seen as a result of social negotiation and environmental structure more than a result of inherent deficits of the individual. The perception of individuals on the autism spectrum constituting a vulnerable group has implications for the assumptions and demands on researchers in the research process before, during and after going out to the field. According to Parker (2007:2249), attention to culture and meaning is crucial to the understanding of 'morally significant features'. Silverman (2008) claims that advocates from the disabilities community go against the biomedical approach's tendency to focus on deficits and to distinguish between low-functioning and high-functioning. Sinclair (1993), one of the most influential activists in the autistic community, talks about

the need to give up assumptions about shared meanings and about normalcy. Giving up shared meanings and assumptions about normalcy can have implications for the main assumptions about vulnerability and open the door to approaches that will move from the emphasis on weakness and fragility to openness and receptiveness (Witham et al., 2013). Based on this line of reasoning, the first part of the paper will examine the conceptual frameworks of vulnerability; the second part will discuss challenges derived from the perception of vulnerability and the perception of the research process; and the third part will explore possible methodological solutions to these challenges.

**Id:** 10716

**Title:** Risk-Perception and Self-efficacy for Alcohol Consumption and HIV/AIDS: A Comparative Study of Young Adults in Kenya and USA

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**Abstract:** Background: Alcohol consumption and HIV/AIDS are two global public health concerns facing young adults today. The World Health Organization estimates more than 200 alcohol-related diseases and injuries and it is the fifth risk factor for disease, disability and death globally.[1] Young adults from 18 to 24 years old are the most likely age group to abuse alcohol and by age 19 and 20 years 70 percent of all drinkers engage in heavy drinking.[2,3] Concomitantly, the global HIV epidemic impacts young adults disproportionately and it is among the leading causes of death among those age 25 to 49 years, which implies that majority contract HIV while in the 15 to 25 age group given the 10-year incubation period.<sup>4</sup> Alcohol abuse is one of the primary risk factors for HIV and other STDs due to its effects on behavior and sexual arousal.[5] Health communication seeks to increase understanding of health risks, enhance risk perception and motivating behavior change. Extant literature and risk-perception theories have demonstrated the association between perception of personal risks to a disease as a predictor of individual's propensity to take preventive action<sup>6</sup> although this may vary across cultures and environments. Based on the social cognitive theory and the health belief model, the current study examined perceived risk and self-efficacy for alcoholism consumption and for HIV infection among young adults. Method: A survey was administered to US and Kenyan university students (N=950). Key variables included alcohol consumption, alcohol expectancies, risk perception for alcohol and for HIV infection, perceived knowledge of HIV/AIDS, self-efficacy for alcohol refusal and for HIV prevention. Results: A significant differences was found in alcohol consumption where US students were heavier drinkers ( $t=16$ ,  $df=790$ ,  $p=.000$ ) but had a lower risk perception for alcohol consumption compared to Kenyan students. There were no significant differences in alcohol expectancies, and both groups reported a relatively high perceived self-efficacy for alcohol consumption and relatively low risk perception for alcohol consumption. Only 25.6% of US students perceived themselves as highly knowledgeable about HIV/AIDS compared to 74% of Kenyan students. There was a positive relationship between perceived risk for alcohol and for HIV/AIDS ( $r=.357$ ,  $p=.000$ ) but there was no significant difference in students self-efficacy for HIV/AIDS ( $t=.647$ ,  $df=937$ ,  $p=.518$ ). Gender played a significant role in predicting alcohol consumption ( $r=-.150$ ,  $p<.001$ ) whereas student's age, year on college and knowledge about HIV/AIDS were insignificant factors. Conclusion: The study concludes that given the association between alcohol consumption and sex-related alcohol expectancies, coupled by limited knowledge about HIV/AIDS it is important health campaigns to focus

on HIV knowledge among US students. Although US has low HIV prevalence compared to Kenya, in the context of alcohol consumption risk perception and self-efficacy are necessary especially due to the similarities in alcohol expectancies, consumption behaviors and low risk perception which may put them at risk of HIV and other STDs. An integration of alcohol and HIV programming including culture-specific communication strategies are necessary given their common etiologies.

**Id:** 10846

**Title:** Negotiating 'risk': Chinese migrant mothers' perceptions of health messages in the UK

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**Abstract:** This paper analyses new Chinese migrant mothers' perceptions of health messages during their antenatal and postnatal care in the UK. Over the last few years, a less interventionist approach towards managing birth and children's healthcare has started to emerge in the UK (NHS, 2010). In China however, as neoliberalism moves into the healthcare sector, medicalised and risk-centred management of pregnancy and childbirth has become the dominant practice (Gong and Jackson, 2013). The risk-centred rationale and neoliberal ideology underpinning the management of pregnancy and childbirth have produced local configurations: in China the emphasis is predominately on medical surveillance (antenatal/postnatal health checks and elective Caesarean section) whereas in the UK emphasis is less on medical surveillance but more on self-surveillance (alcohol abstinence and long-term breastfeeding) and individual responsibilities. This paper draws on theoretical perspective of individualisation from Beck's (1992) risk society. It is based on a pilot study that interviewed ten new migrant mothers of Chinese origin. All of these mothers have had a child within the last three years and maintain strong ties with family and friends in their country of origin. They have varied socioeconomic background, educational level, and family composition. These women were asked about the sources of their healthcare information, and how they perceive healthcare messages (e.g. exercise during pregnancy, safe food, screening tests, infant feeding decisions) and how they engage with them. The findings suggest that the key sources of information for these women are Chinese media, friends and family and healthcare professionals (GP and midwife) in the UK. Most of them have read healthcare information from NHS patient pamphlets (e.g. 'The Pregnancy Book', 'Screening Tests for You and Your baby') but relied more on word-of-mouth information from friends and family and from Chinese websites and smart phone messaging apps. All of them support the idea of close medical surveillance such as screenings and blood tests, and most of them believe that they receive insufficient care, which is due to their knowledge of highly medicalised practices regarding pregnancy and childbirth in China. They have different levels of acceptance of the messages aiming at reducing health risks based on self-surveillance ' often manifest in the 'intensive motherhood' discourse ' such as take folic acid, exercise regularly, and provide long-term breastfeeding. While women from middle class background more rigidly adhere to these recommendations, women with lower socioeconomic background are more likely to engage with the recommendations selectively by contextualising them in their cultural norms (e.g. refrain from swimming in the first trimester, weaning at three months). For the latter, their own cultural knowledge competing with the discourse of



'intensive motherhood' may have provided them with a different subject position in resisting the dominant discourse of risk management in pregnancy and childbirth. This paper argues the varied ways in which these women perceive/negotiate with healthcare messages are fragmented by socio-cultural factors such as ethnicity, class and social and cultural capital, the critical analysis of which is essential to explain their healthcare experiences in their host country.

**Id:** 10910

**Title:** What's Cooking' ' Exploring the connect and the disconnect in media portrayal, public perceptions and scientific view on food safety associated health risks in India

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**Abstract:** Media are a crucial avenue through which consumers source information about health benefits/risks of foods, especially when there is a safety issue. Food scares are usually accompanied by continuous media coverage on ill-effects of foods on consumer health and lead to decline in demand for the product in question, often concomitant with a level of panic that scientists would argue is not appropriate, given the real risks. In India, food risk communication is gaining traction as a major public health measure, especially in the post-economic-liberalization era, as there have been technological advances and changes in food production, processing, storage, transportation and distribution. 'New risks' as Beck (1999) suggests in risk society theory, are constructed as manufactured risks emerging out of technological advances of late modernity and may present unknown harmful effects on the public health. Consumers are always concerned about new risks from foods. Given this context, we attempt to explore the connect and the disconnect in media portrayal, public perceptions and juxtapose these with scientific views on the risks. For this, we use mixed methods research and draw from qualitative analyses of purposively selected cases on how recent food risks were portrayed in media reportage in scares like bird flu, artificial ripening of fruits, hormonal injections to vegetables and milch cattle, pesticide residues in colas and Genetically Modified (GM) foods. In addition, we report from our cross-sectional quantitative study among rural and urban women (n=120) who were interviewed using a pre-tested, pre-coded questionnaire to examine risk perceptions about some common foods. Our findings suggest that perceived risks of the consumers often do not match with the actual risks of the product. On the other hand, media sensationalize news, are biased against positive news stories and focus on negative ones. This is true especially in cases of pesticide residues in foods, hormonal injections to cattle and food adulteration. The study on food risk perceptions indicated that significantly higher (P70%) perceived pesticide residues as risks in vegetables and fruits. These seemed to have come from news media. About 83% perceived swarming of flies and mosquitoes as health risk inform non-vegetarian foods, which neither match scientific view nor are covered by media. Surprisingly, despite extensive media debate on GM foods, most women were not aware of these at all. These

examples underline the disconnect between media portrayal and public perceptions. It would be wrong to blame media for disproportionate public responses to food/health scares, although their influence is important and sometimes against the real risks posited by scientists. It is important for all parties to work together to communicate with the public for improving the baseline of knowledge that will allow them to assess information critically.

**Id:** 10922

**Title:** Beyond the Double-Edged Sword: A Review of Benefits and Risks of the Internet on Non-Suicidal Self-Injury

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**Abstract:** The relative anonymity, accessibility, and boundary-spanning nature of the Internet make it a powerful venue for sharing highly personal and sensitive experiences with little social cost. Non-suicidal self-injury (NSSI), the deliberate damaging of body tissues without suicidal intent (Nock & Favazza, 2009), is one of such topics that has acquired new global visibility online. While the growing body of research has identified the Internet as becoming a significant resource for people who self-injure to seek health information and interact with similar others (Duggan, Heath, Lewis & Baxter, 2012; Lewis, Mahdy, Michal, & Arbuthnott, 2014), the potential behavioral and emotional impacts the Internet may have on the self-injuring individuals remains unclear. This review study provides a critical synthesis of current evidence-based knowledge on perceived benefits and risks of Internet use to people who self-injure. An extensive literature search was performed in June 2014 in 7 scholarly databases including MEDLINE, PsychINFO and CINAHL that identified 1130 English-language articles for relevance screening. Studies were included if they: 1) described direct impacts on online activities for people who self-injure; 2) reported empirical findings of original research; and 3) focused exclusively on NSSI. A total of 24 articles published between 2005-2014 were included for review. We then employed thematic analysis techniques (Dixon-Woods et al., 2005) to inductively identify benefits and risks of online NSSI activities. To ensure the rigor of analysis, we collaboratively designed data extraction method and independently coded all publications. At each stage of the review, we met to ensure the extracted data was consistent and resolved disagreements by consensus. 14 studies took an observational approach to examine online NSSI content, while 10 studies directly collected data from people involved in online NSSI activities. The reviewed studies covered a variety of online platforms including discussion boards, personal websites, social network sites and photo/video-sharing sites. Our thematic analysis identified 6 potential benefits and 6 potential risks pertaining to online NSSI activities. Many of the reviewed studies reported that joining an online cohort may foster a sense of community that mitigate the feeling of isolation and lead to improved self-esteem and coping skills among those who self-injure. Some people also derive comfort from viewing NSSI

images that may substitute for enactment of NSSI. Conversely, online NSSI activities may impede recovery through normalization of NSSI behaviour and the validation of 'self-injurer' identity. Studies also found adverse impacts of online anonymity that potentially perpetuates hostility and stigma against NSSI. Given the double-edged impacts of online NSSI activities, future research should aim at minimizing the potential risks, while maximizing the benefits. Knowing the pros and cons of online activities and clients' perspectives regarding why they use online media to share NSSI experience would help professionals build empathetic, non-judgmental relationship with their clients. Guidelines have been offered in this regard (Lewis, Heath, Michal & Duggan, 2012). We conclude by calling for a more inter-disciplinary approach to online NSSI activities that may offer a comprehensive understanding of particular needs people who self-injure expect the Internet to fulfill.

**Id:** 10926

**Title:** Digital Media and Cancer Diagnosis: A Critical Analysis of Communication in a Health-Threatening Situation for Adolescents and Young Adults

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**Abstract:** Digital media communication is a natural part of adolescents and young adults' everyday life. In the oftentimes sudden situation of a diagnosis of cancer, an individuals' construction of reality is challenged and well established interaction patterns might turn upside down. At the same time digital communication offers a path of dealing with questions and fears and enables an empowerment. Beyond the diagnosis, treatment and therapy communication between doctor and patient respectively therapist and patient the internet has become a crucial source of medical information of all different kinds and qualities. Hereby the competency to sort and deal with those unclear masses of medical content vary a lot. Furthermore social media are offering a communicative place to exchange with other patients or survivors and it is especially young people, who use this communication to also interact with their family and friends in the context of their cancer therapy. The group of adolescents and young adults (AYA) cancer patients is especially interesting for future research as there still is a lack of analysis regarding their special needs. They have to deal with the thread of the disease in a period of life where education and professional career, sexuality, building relationships and starting a family are in the center of their living. Not surprisingly, it has been show that AYAs therefore have different needs for information and communication about their cancer (Decker, Phillips, & Haase, 2004; Ishibashi, 2001). The analysis is part of an interdisciplinary project including perspectives of oncology, oncological pediatric, clinical psychology and therapy as well as communication and media studies. This critical analysis is hereby focusing the matter of digital communication and is firstly offering a meta-analysis of the interdisciplinary research fundus on AYA's communication needs and patterns. Based on this a theoretical framework of AYA's Digital Media Communication is developed including perspectives of social construction of identity, personal relationships in health crisis situations, (dis)empowerment in medical relations and matters of unequal patient competency and communications overload and in the digital age. Hereby a strong impetus of transdisciplinary exchange is formulated whereas as the challenge of practical questions for social theory and methodology is accepted.

**Id:** 11043

**Title:** PENTECOSTALS, HEALING AND MEDICATION: The non-use of Anti-Retroviral among Malawian Pentecostal Churches

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**Abstract:** The HEALTH Communication and Change and HIV and AIDS Communication University of Quebec, Montreal, Canada, July 12-16, 2015 PENTECOSTALS, HEALING AND MEDICATION: The non-use of Anti-Retroviral among Malawian Pentecostal Churches Joseph Muyangata & Ghislaine Muyangata International Christian Center 1673 Dean Street Brooklyn, New York 11213 USA The Malawian government and media have both had an increasing interest to probe the Pentecostal belief system of acclaimed healing miracles especially their relationship to physical health among People Living with HIV and AIDS (PLWHA). Most of the presumed healing miracles have many times yielded negative results among people living with HIV and AIDS, resulting in deaths. This has been an ongoing observation among Malawian Pentecostal believers after stopping their Anti Retro Viral Drugs (ARVs) medication. Since 2003, ARVs are free in Malawi and have a life prolonging effect. Adherence to the regimen ensures that the people infected no longer see the disease as a death sentence. Though ARVs are free in Malawi, some Pentecostal teaching is influencing people to discontinue the use of biomedical treatment; replacing it with prayer. Research will be quoted to show that this is the result of the church seeking supernatural healing on the basis of wrong teaching. Further this paper will explore what the teaching is that is leading to Pentecostals discouraging PLWHA from using ARVs. Researches show that delaying, inconsistencies and lack of adherence to ART lead to premature deaths of people living with HIV and AIDS. Given a population of 13 million in Malawi, 80,000 deaths per year to AIDS related diseases alone should be a sobering statistic. It is no surprise that the government made ARVs free to infected people in order to reduce these numbers. Nonetheless, some of the deaths are attributed to the advice that is received from Pentecostal churches to stop taking ARV medication and trust in prayer alone. This is the problem this research is going to be investigating in this study. Research will be quoted to show that there is fear among some Pentecostal churches which leads to the belief that accepting the use of ARV and getting people cured with medication is an obstruction to God's judgement. This study will also investigate the sacred scriptures' interpretations that lead to people not taking their medication as

influenced by the Pentecostal teaching. This study will also; 1. Investigate what leads the Pentecostal church to recommend faith healing in place of medical healing (like ARVs) for biomedical ailments such as HIV and AIDS.2. Recommend the proper use of faith healing as a means to be used alongside ARV medication for AIDS patients.3.

Recommend training for pastors and members of the Pentecostal church on the use of ARVS and also how they can interpret the Bible for their own good.



**Id:** 11255

**Title:** The Competing Discourses of Care at the End of Life

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**Abstract:** Author: Carey B. Candrian PhD Assistant Professor, University of Colorado School of Medicine USA Department of Medicine, Division of General Internal Medicine Palliative Care Research Cooperative Group Email: carey.candria @ cdenver.edu Phone: +1 (303) 669-7320 Background: While health care at the end of life is changing, the language for talking about treatment options and patient preferences around the end of life is taking longer to change. Social, political and economic underpinnings around discourses of dying effect where death can take place, the interpretation of health knowledge and meaning surround dying, research being conducted and funded, and the allocation of resources and services available thereby shaping meanings surrounding what to value at the end of life. Methodology: Using ethnographic research from two sites over two years that offer emergency care and end-of-life care ' a hospice and an emergency department' this presentation will illustrate common themes around language use that serve as microcosms of the larger healthcare system in the United States. The sites have different purposes for providing care, yet the themes from both serve as guidance and reflection for other areas of caregiving, including beyond US borders. Research Objectives: This presentation will provide a descriptive picture of the discursive resources, material conditions of clinical practices, and interaction norms of medical care at the end of life. I have ethnographically observed these features within the context of an emergency department and hospice over the past two years. Behind the glass doors and windows of both sites and hidden mostly from public view are the workers, the providers, the families and the patients who bear witness to the pain and suffering of death as well as the joy and hope of life. Inflicting pain in the name of healing, being the bearer of hope, the messenger of death and bad news, are potentially emotional roles when consciously embraced. Working everyday in the face of life and death are voices, interactions, norms, stories, realities and experiences that are rarely interrogated and deeply misunderstood. Together, they provide an important picture of what it means to live and die in the 21st century and the challenges and opportunities of coordinating care around the end of life. This presentation examines how clinical settings such as an emergency department and hospice both foster and stifle discourses about what it means to live and die in the 21st century and the ways in which they intersect with the unique circumstances of an individual's life and health. Even more, this presentation focuses on how we as a society engage in discursive practices designed to transform an orientation towards death into one that points toward life with the goal of elucidating how different forms of dying and discourses of death have different consequences for how individuals interact, make decisions and participate in everyday life.

**Id:** 11383

**Title:** The Role of Social Influence In HIV/AIDS Prevention Interventions

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**Abstract:** Background: African Americans have considerably higher rates of HIV/AIDS than do Whites, Hispanics, Asians, and Native Americans in USA. As recently as 2010, African Americans had the highest rate of new HIV infections accounting for 44% of all new infections and were infected 7.9 times more than Whites (CDC, 2012). But even though a disproportionate number of new HIV infections occur amongst young adults, especially African Americans youth, testing for HIV is very low in this population. (CDC, 2012) Center for Disease Control (CDC) recommends universal HIV testing, but especially testing among those at highest risk as an effective way to prevent HIV/AIDS. Theory: Social cognitive theory informed the design of the online video based HIV prevention intervention while the Theory of Reasoned Action approach and social network theory informed the design and analysis of the evaluation. Intervention: Reality Check is a thirteen episode serial drama streamed online and accessible via mobile phones and desktop. Reality Check was developed as an entertainment education program on HIV/AIDS prevention by systematically applying principles from Social Cognitive Theory to encourage HIV Testing and condom use amongst African American young adults between the ages of 18 and 24. The major components of the intervention are as follows - The participants will watch one episode online each week for 13 consecutive weeks and receive text messages with information regarding the availability of HIV testing centers and clinics near their locations. Methods: This intervention will be evaluated as a 2X2 factorial randomized controlled trial. The first factor is exposure to the intervention (Reality Check) and the second factor is social Influence, operationalized by recruiting 2-5 friends to form friendship groups for each participants. Each participant and their friendship group will be exposed to the intervention in this condition. The first set of hypotheses regarding the effect of Reality Check are as follows: Participants exposed to the intervention will be more likely to get tested for HIV and use condoms as well as be less homophobic when compared to participants not exposed to the intervention. Our second set of hypotheses is related to the effect of delivering the intervention to the participant in friendship groups. There is some evidence that strong ties in a social network matter more in helping a person change her health behaviors rather than weak ties (Centola, 2011). We hypothesize that exposure to the intervention amongst the participants' friendship groups will enhance the effect of the intervention on the participant. The descriptive norm of participants in friendship groups will be affected by the change in attitudes of their friends thus enhancing the intervention effect in this condition. A power analysis was conducted to determine the sample size for the study. Each condition will have 62 participants. A three month follow up will be conducted to

measure the persistence of the intervention effect. Outcomes used to measure the efficacy of the intervention are-1. HIV Testing (Self Reported Behavior)2. Condom Use (Self Reported Behavior)3. Attitudes toward HIV Testing, Condom Use and Homosexuality

**Id:** 11421

**Title:** Le projet MOBILISE! La mobilisation communautaire et intersectorielle comme stratégie de communication pour la prévention du VIH à Montréal

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**Abstract:** Malgré les efforts biomédicaux et institutionnels actuels pour la prévention du VIH, les hommes ayant des relations sexuelles avec des hommes (HRSH) demeurent la population la plus touchée par le virus. À Montréal, 13,6 % des hommes ayant des relations sexuelles avec des hommes sont infectés par le VIH et un homme sur cinq est séropositif sans le savoir (Lambert et al., 2011). Sous un regard critique de cette situation et de l'ensemble des stratégies mises en œuvre jusqu'à maintenant pour lutter contre le VIH, la Coalition des organismes communautaires québécois de lutte contre le sida (COCQ-SIDA), le Département de Sexologie de l'UQAM et l'organisme RÉZO sont actuellement à la tête du projet de recherche participative MOBILISE. Avec la participation d'un comité d'une trentaine d'acteurs montréalais de la prévention du VIH (intervenants communautaires, médias gays, cliniciens, chercheurs, professionnels de la santé publique ou des services locaux de santé et services sociaux), ce projet vise à identifier les changements systémiques que la mobilisation communautaire des HRSH peut induire dans leur accès aux stratégies de prévention du VIH et à leur combinaison. L'objectif du projet MOBILISE est de créer et d'animer une coalition de plusieurs secteurs (santé, éducation, loisir, emploi, etc.) et disciplines (médecine, éducation, sexologie, droit, communication, etc.) pour mobiliser les communautés HRSH de Montréal à produire les meilleures méthodes pour se protéger du VIH/sida. Cette présentation analyse la mobilisation communautaire et interinstitutionnelle comme stratégie de communication pour la prévention du VIH à Montréal. Sur la base des premières expériences de recherche avec les groupes participants au projet MOBILISE, nous réfléchissons aux difficultés et avantages de la mobilisation communautaire et intersectorielle pour la prévention du SIDA auprès des HRSH à Montréal. Nous proposons aussi des réflexions sur comment la documentation de ce processus de mobilisation peut contribuer aux innovations en matière de communication pour la prévention du VIH. La présentation propose la mobilisation communautaire comme une pratique inclusive capable de favoriser l'accès des communautés des hommes gays, bisexuels, transsexuels, travailleurs du sexe, parmi d'autres, aux avancements en prévention du VIH selon la spécificité de leurs besoins, leurs croyances et leurs pratiques quotidiennes. RÉFÉRENCES : Lambert, G., Cox, J., Miangotar, Y., Tremblay, C., Alary, M., Otis, J., Remis, R., McGuire, M., Sandstrom, P., et l'équipe M-Track. (2011). ARGUS 2008-2009 : Enquête sur l'infection par le VIH, les hépatites virales et les infections transmissibles sexuellement et par le sang (ITSS) ainsi que sur les comportements à risques associés chez les hommes québécois ayant des relations sexuelles avec des

hommes. Direction de la santé publique, Agence de la santé et des services sociaux de Montréal, Institut National de Santé Publique du Québec et Agence Canadienne de Santé Publique.

**Id:** 11455

**Title:** Public participation and self-care practices: How runners negotiate medical expertise

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**Abstract:** Recent STS literature has called for increased public participation in technoscientific decision making, including formal processes such as citizen participation in consensus conferences, and informal processes, such as a broader recognition of various collective forms of laypersons' expertise. This democratic push has led to significant controversy regarding formulations of who counts as an expert and what counts as expertise. However, in all of this policy-driven controversy, little attention has been paid to the everyday context of laypersons' participation interactions with expertise, in this case, medical technoscience. Using theoretical constructions of lay expertise and the expert patient, this paper investigates the ways in which laypersons reflexively negotiate various medical and health expert discourses in managing the everyday uncertainties surrounding their own health. This negotiation is theorized as a form of public participation with medical technoscience through the social production of knowledge and practices of self-care. Participants recruited from a running-based website and a local face-to-face running group were interviewed to investigate how they had accessed and used expertise to manage their running-related injuries. The results suggest that active health management is clearly embedded within running culture; however, participants' constructions of healthy bodies (i.e. those that can run) often challenge expert medical constructions of health. Participants seem to value running experience as a component of expertise, both in medical practitioners and peers, suggesting a coproduction of a hybrid expert discourse produced in the interaction between running knowledge and medical knowledge. Most participants seek expertise both online and face-to face although face-to-face is generally perceived as more trustworthy. Participants' assessment of social networks as mediators of expertise is mixed: some see it as valuable and others see it primarily as a means of support. Contrary to Beck's hypothesis, participants generally do not seem to feel a lack of control regarding their health due to the vast, potentially conflicting, resources available. Overall, runners' self-care practices illustrate how running becomes a site of both discipline and resistance as expert medical discourse is actively negotiated and shaped in the context of everyday life.

**Id:** 11497

**Title:** Global response to Ebola in West Africa: Globalization or fragmentation

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**Abstract:** Some win, some loose in the process of globalization. The idea of globalization has intrigued many scholars in the ways it simultaneously includes and excludes various categories of people within particular contexts. Some scholars have observed the hegemonic power of the discourse of globalization. The recent Ebola crisis in three countries ' Guinea, Liberia, and Sierra Leone 'in West Africa has both challenged and supported the discourse on globalization and its impacts. As Eid and Fyfe (2009, p. 8) note, it is in the 'context of the increased public awareness of crises, as well as their growing impact on populations and countries' that globalization becomes evident. The response of the international community to the Ebola crisis therefore makes an interesting case study of globalization and its inherent fragmentation, and how this plays out across the North and South divides. Thus, how did the international community respond to the Ebola outbreak in West Africa and in what ways did the response (what, when, how) reflect the hegemonic powers of globalization' Guided by Held and his colleague's definition of globalization as the 'widening interconnectedness in all aspects of contemporary social life, from the cultural to the criminal, the financial to the spiritual' (Held et al 2006, p. 5), I analyze how the global community responded to the recent Ebola outbreak, using insights from globalization theories. Using data from the international media, health, and humanitarian organizations on the recent Ebola outbreak in West Africa, I argue that fragmentation is inherent in globalization and the hegemonic nature of globalization becomes most evident in global health situations.

**Id:** 11508

**Title:** Looking healthy, measuring lifestyle: Online discourse of a fitness boot camp

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**Abstract:** The object of the proposed paper is to examine the emergence of the Quantified Self in an age where looking healthy has gained more traction than being healthy (Shilling 2005). It has been argued that the Quantified Self has gone beyond simply number-crunching to reflecting on the data gathered thus (Boesel 2013). In this context, this paper seeks to explore the online discourse of fitness boot camps. Boot camps are inherently social, in that they focus on camaraderie as a necessary environment for training; they also have a strong streak of quantitative data collection as a boot camp always begins and ends with a 'measuring' of fitness levels. Boot camps also often employ the rhetoric of 'being' healthy and 'feeling' good and consciously place themselves in stark opposition to the quick-fix weight loss solutions and the 'looking' good language associated with gymming. So how then do pictures and text circulated by/as part of boot camp training, on social networks and micro-blogging sites create a digital biosociality (Wolf 2011) In the age of the spornosexual (Simpson 2014), how do images add up as 'measurements' of the success of the venture' Moreover, what happens when self-tracking practices of quantifiable data, and reflections of the same find their way into the news feed' What discourses of health and the somatic self do these then perpetuate' These are some of the questions that the paper hopes to address. For this purpose, this study will focus on the online activity of one boot camp company located in India. The above-mentioned questions are further complicated by an element of postcoloniality, given that the location of the study where the concept of a boot camp is fairly recent, and where trainers have to be trained and certified in the West. Keywords: Quantified self, digital biosociality, somatic self



**Id:** 11576

**Title:** 'Ebola a source of empowerment or disempowerment'

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**Abstract:** Despite Twitter's promise of increasing diversity and egalitarianism of users, this technology exists within the hegemony of social, political, and institutional arenas and as a result there has been little change. When news breaks on Twitter it is professional journalism content that dominates the medium and it is these dominant forces that usually dictate which voices are carried on reporters' live Twitter feeds. (Artwick, C. 2014) According to Schudson 'one study after another produces essentially the same observation' Journalism, on a day-to-day basis, is the story of the interaction of reporters and government officials" (Schudson, 2011). Tuchman (1978 210)) has also found that there is a reliance in journalism on elite and official sources. This paper will report on the results of an extensive content analysis of the Twitter response of the public to the recent Ebola outbreak (March 2014 to the present day). The use of Twitter as an information channel by health agencies such as the World Health Organisation (WHO) is increasing. However, there has been little research on the reception and impact of that information by the general public. This paper will report on the effect and perception of both national and international health agencies information tweets. By collecting and examining public response to these posts; it is possible to understand whether this is a 'useful' or 'alarm making' communication method which inspires a sense of dread and personal threat (Joffe, H. 2011) Is Twitter an appropriate way to circulate health information in an Ebola crisis and what impact does it have' Is there informed discussion in this public sphere or does the dissemination of health information on Twitter cause the public to panic. The paper will analyse the type of information that health agencies /or governments disseminated via Twitter and try to understand the public reaction to this information during different phases of the outbreak' Will more elite sources of information communicating directly to the public responses by the public will be analysed to measure the impact of the information released on Twitter by major health agencies such as the WHO (World Health Organisation), ECDC (The European Centre of Disease Prevention and Control) and CDC (Center for Disease Control and Prevention) as well as the Department of Health during the Ebola crisis, from the Twitter archive using the hashtag 'Ebola'

References Artwick, C. (2014) 'News sourcing and gender on Twitter' Journalism, Vol. 15(8) 1111-1127 Joffe, H. (2011) 'Public apprehension of emerging infective diseases: are changes afoot' Public Understanding of Science, Volume 20 446-460 Schudson, M. (2011) The Sociology of News. Page 142. New York: WW Norton & Company. Tuchman, G. (1978) Making News: A Study in the Construction of Reality. Page 210. New York: The Free Press.

**Id:** 11611

**Title:** Content analysis providing the tools for re-engaging major stakeholders in controversial topics around sexual diversity and HIV.

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**Abstract:** Background In Jamaica a country with a strong inter-media agenda setting in an oral culture newspaper coverage influences radio and television topic selection on a daily basis, indirectly contributing to shaping the public agenda. Certain topics resonate more than others, but some e.g. homosexuality are able to trigger debates that continue for months morning, midday and afternoon, almost on a daily basis. In May 2014, controversies between three parties, one of them The University of the West Indies, triggered emotional media coverage, heated debates on radio talk shows, and demonstrations by fundamentalist churches in the heart of Kingston never seen before. Homosexuality, and sexual diversity were at the heart of the debate. This issue is closely related to the country's HIV and AIDS epidemic, given the high prevalence rate among the gay community (33%). At the same time, over 80% of the country's population considers same sex relations an 'immoral' issue (Boxill, 2012); hetero-normative is strong and crossing the demarcation of gender solicits public action and outcry. This content analysis will identify the dominant voices as well as those missing and excluded in the public discourse; it will analyze the use of metaphors, which produced powerful associations with ideological positions and review the narratives from major actors (selected churches, civil society and academia) in what seemed to have been a clash of cultures. Methodology The coverage included starts on May 19th and ends at the end of July 2015, when publicity decreased to nothing at all. In our analysis we use two approaches: 1. A traditional quantitative approach will sketch the media coverage and formats used. The process included: (i) using select key words from headlines and or text to gather articles (e.g. LGBT, gay rights, anal sex); (ii) spots checks for possible missing articles (one in every four newspapers and online checks to match soft versus hard copies of articles); and (iii) articles collated according to categories and dates. 2. The qualitative component will focus on a narrative analysis of information from major actors to discover the media's strategies of persuasion (e.g. the use of metaphors which produced powerful associations with ideological positions), consistent categorization of 'the other'

and articulation of social identities, involving LGBTI persons. Indication of Results (analysis in progress) The interest and relevance of this content analysis will come through its qualitative component. This is expected to highlight the: (i) More dominant groups within the society, which managed to have their voices heard versus those whose voices have been left out. (ii) Media's choice of issues and associated main characters, which set the stage for a consistent narrative discourse; (iii) Inclusiveness 'or selectiveness' of media's portrayal of non-conforming groups in the events taking place between May and August 2014. Use of Findings and Conclusion The findings of this content analysis will be strategically used in selected interventions targeting major actors, e.g. media professionals, but also churches and government, in an effort to re-engage for change. References: Boxill, I. (2012). National Survey of Attitudes and Perceptions of Jamaicans Towards Same Sex Relationships. Department of Sociology, Psychology and Social Work, UWI, Mona

**Id:** 11622

**Title:** Health Communication, marginality and citizenship among sex workers in Mysore, India

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**Abstract:** In the last couple of decades there has been a significant turn towards a critical and 'culture-centered' approach to health communication. In contrast to the dominant approaches in public health and communication, critical and culture-centered approaches encourage us to move beyond biomedical and behavioral models to make visible conditions of marginality and unequal power relations that underlie risk behavior and poor health profiles of a population and the larger social processes that contribute to them. They also insist on unsettling and interrupting the dominant discourses, ideologies and social values that remain deeply embedded into public health interventions and communication projects and on revealing ways in which conditions of subalternity are created, reiterated, and sustained through these projects. Moreover, they challenge us to be self-reflexive about our own positionalities (as researchers) as they also insist on asserting our agency and activism as well as those of the research participants, thereby opening up space for alternative theorizing for health communication and social change. Drawing on a year-long ethnographic research in southern Karnataka, India, this paper seeks to interrogate the role of the post-colonial Indian state, which, in the last two and a half decades, has mainly focused on the behaviour-centred 'targeted intervention' program among its 'high-risk groups' ' mainly 'female sex workers,' 'injecting drug users,' and 'men who have sex with men' ' as a key component of its AIDS policy. Citing concrete examples from the field, it further demonstrates how male and female sex workers in Mysore represent an alternative framework for understanding and encountering HIV and their structural vulnerability to the disease ' a framework that remains grounded in their everyday experiences of marginality and visions for social change that go well beyond conventional biomedical and behavioral models. This paper also analyzes their structural realities and vulnerability as revealed by their stories of poverty, unequal power and gender relations, discrimination and violence, and experiences of injustice ' all determined by large-scale social forces and yet being challenged by their everyday forms of resistance, mobilizations and alliance building. This paper thus aims to bring forth alternative voices and experiences, often blocked by the dominant discourse, thereby potentially re-centring health communication in

marginalized spaces.

