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The paper is based on a Master's thesis that investigated how different organisations in Botswana inform people about AIDS. The thesis also addressed how some receivers of the AIDS information experience it. The study was conducted through interviews and observations. The findings revealed that the organisations and the information-receivers do not always have the same perception of the best ways to inform people about AIDS. Mass communication campaigns were most often used, but the young women studied preferred to be informed on a more personal level. A discussion about HIV/AIDS and school libraries follows.

Introduction

In Sub-Saharan Africa the prevalence of Acquired Immune Deficiency Syndrome (AIDS) is greater than anywhere in the world. One of ten people that have been infected with Human Immunodeficiency Virus (HIV) live in Sub-Saharan Africa, and 83% of the cases leading to death are found in the region, even though only 10% of the inhabitants of the world live in Africa south of the Sahara (United Nations, 1998).

Since there is no cure for AIDS, information, education and communication are still the only vaccine. The only way to stop the AIDS epidemic is to increase awareness about how infection occurs and then get people to change their behavior (Muganga, 1988).

The Study

AIDS is a problem particularly in larger cities. We therefore chose to limit our study to the capital of Botswana, Gaborone, which, with nearly 200,000 inhabitants, is the largest metropolis in the country. We also wanted to limit the target group to the category "young women", since these are an especially vulnerable group - a so-called "risk category" which requires extra information measures. We were aware that as a subject "young women" would not be a homogeneous group, but we did not know beforehand if we would have the possibility to refine our choices further (Andersson & Utter, 2002).

We intended to contrast a variety of different views among the organisations we planned to visit. We hoped to talk to church organisations, more general Non-Governmental Organisations (NGOs) and possibly also the Red Cross. We also wanted to visit schools and health clinics since these are important in the spread of AIDS information. We hoped to visit organisations of disparate character in order to see if they approach the problem in different ways and if they use different methods to spread information about AIDS. We also wanted to study a wider diversity of organisations as we expected they would reach young women in different environments and at different levels, which, we inferred, could be important in the way the information is received (Andersson & Utter, 2002).

Our purpose in this thesis was to how people and organisations in Botswana spread information about AIDS and to determine what some of the recipients think of the information (Andersson & Utter, 2002). We aimed to do this through talking to informants in different organisations, schools, and health clinics. We decided to talk to young women who were

recipients of the information. Our concern was to discover whether the most common ways of disseminating AIDS information used by organisations were also those which the young women appreciate most.

- Which ways of spreading information about AIDS do organisations use?
- What do the young women know about AIDS?
- In which ways do the young women want to be informed about AIDS?
- In which ways do the organisations think people want to be informed about AIDS?

Methodology

We chose the qualitative methods of interview and open observation because we wanted to investigate thoroughly how different people and organisations disseminate AIDS information and what they think is the best way to get messages out to the population. We did not want to draw any general conclusions; we wanted to describe a selection of different organisations and people who distribute information about AIDS. We also wanted to examine what the young women think about the information they get. The organizations we interviewed have been divided into four groups: church organizations, international organizations, national organizations, and youth organizations (Andersson & Utter, 2002).

The young women we interviewed were 13 to 17 years old. The selection of schools for our informant interviews was made by simply visiting the two schools in our neighbourhood. Our supervisor, Mrs. Jackson, also recommended that we visit the schools and was willing to contact the head teachers there, but we made the contacts ourselves. We were given assistance by the head teachers at the schools with the selection of the young women who took part in the interviews at the schools. We did, however, explain which age group we required. There was no possibility for us to control the actual selection of the young women (Andersson & Utter, 2002).

Previous Literature

Benedict N. Chin (1998), in her book *AIDS and AIDS Prevention in Africa*, thinks that the three most common ways in which people become infected by AIDS in Sub-Saharan Africa are heterosexual intercourse, transmission from mother to child, and blood transfusion.

According to Ann-Charlotte Ek (1999), in her book *Kenyanska aidsdiskurser (Kenyan AIDS Discourses)*, this is different from the case in Europe because sexual practices are different in Africa. In *Preventing and Mitigating AIDS in Sub-Saharan Africa* the editors, Barney Cohen and James Trussell (1996), write that the social, cultural, and economic factors that affect the size and form of the AIDS epidemic in Sub-Saharan Africa are

- the age and sex composition of the population,
- patterns of sex roles and expectations within the society,
- inequality between the sexes and power,
- the sexual availability of young girls and the acceptance of great age differences between sexual partners,
- rapid urbanisation with high unemployment,
- poverty,
- the great extent of sexual exchange caused by women's limited capacity to earn money themselves, and
- the lack of access to medical aid, especially for treatment of sexually transmitted diseases.

Carl-Johan Birkoff and Johan Körner (1994) write in *AIDS Education Through Drama* that studies carried out among married men in Africa show that not many bother to protect themselves. Many of the men said that they never used condoms. Another reason why the disease is spreading so rapidly in Africa is the mobility of the population, with broken family relations. Extra-marital relations are very common. These relations exist especially among migrant workers, men who work away from home (Birkoff & Körner, 1994). It is also common to exchange sex for money or material things. This is not always considered to be prostitution. Many women who live apart from their husbands or are legally divorced have sexual relations in return for money and things to supplement their low income and to support the family (Birkoff & Körner, 1994).

In *Aids i Afrika (AIDS in Africa)* Mai Palmberg (1993) writes that one important goal has been to try and change men's view of their sexual roles. The more wives or girlfriends a man has the higher status he will have; a woman is a part of his property (Palmberg, 1993). Benedict N. Chin (1998) writes that with that attitude women have seldom any say in sexual decisions. AIDS prevention programmes will not accomplish much without first dramatically reducing the inequality between the sexes. Chin (1998) mentions four different types of interventions:

- health education,
- counselling,
- peer education, and
- broadcast strategies (for example, the mass media, theatre, pamphlets, radio).

According to Gwen Lesedeti (1999), in her article, "HIV/AIDS and the status of women in Botswana," women are most affected because they constitute the majority of the poor and the poorly educated. More women of low economic status are being diagnosed with and are dying of AIDS. AIDS affects every aspect of women's lives whether they themselves or other members of their families are infected. Factors that put women at higher risk of infection include biological and social factors. Biologically, women are more vulnerable to HIV/AIDS than men because infection is much more concentrated in vaginal fluids. Women are at even greater risk because they tend to have sexual relationships with men who may have several partners and are more likely to be carriers of HIV/AIDS. The impact of HIV/AIDS on women is also more severe because of the multiple roles women play in the family as well as in society as a whole. They often combine the role of family care with that of breadwinner (Lesedeti, 1999).

Botswana is unusual in that girls are more literate and account for a higher proportion of primary school students than boys. There are gender imbalances at the secondary and higher levels of education. A significant number of females, however, drop out of school due to pregnancy, which prevents them from acquiring sufficient skills and training to qualify for better-paid jobs (Lesedeti, 1999).

Much of the inequality faced by women in Botswana can be attributed to traditional cultural values that still have a very strong influence on women's behaviour. In modern Botswana it is deemed acceptable for men to have more than one sexual partner. Men always dominate these relationships and women feel compelled to give in to their demands. In these relationships women have little power, for example, in determining whether condoms should be used. The cultural situation therefore makes women even more vulnerable to the risk of being infected by the HIV/AIDS virus (Lesedeti, 1999).

The high number of orphaned children is another consequence of HIV/AIDS, and will be an enormous burden on society with great social consequences. The estimated number of children who have lost their mother or both parents to AIDS while under the age of 15 since the beginning of the epidemic is 66,000. Botswana has traditionally had a very mobile population. People move between the home, village, the cattle post, and the lands (Morfeldt & Rubenson, 1999).

Considering the economic situation in the country, it is paradoxical that around 47% of the population live below the poverty line. This in itself is an important contributing factor to the rapid spread of the infection. If no radical change in economic policy is introduced this inequality will grow as a consequence of HIV/AIDS. The official figures on unemployment are also alarmingly high—an estimated 21%, especially among young people (Morfeldt & Rubenson, 1999).

There are various factors that can help explain the HIV/AIDS situation in Botswana and why the spread of the virus continues at such speed. The most complex and profound is the sociocultural structure, with high mobility, disintegrating family structures and a strong male influence over sexual behaviour (Morfeldt & Rubenson, 1994)).

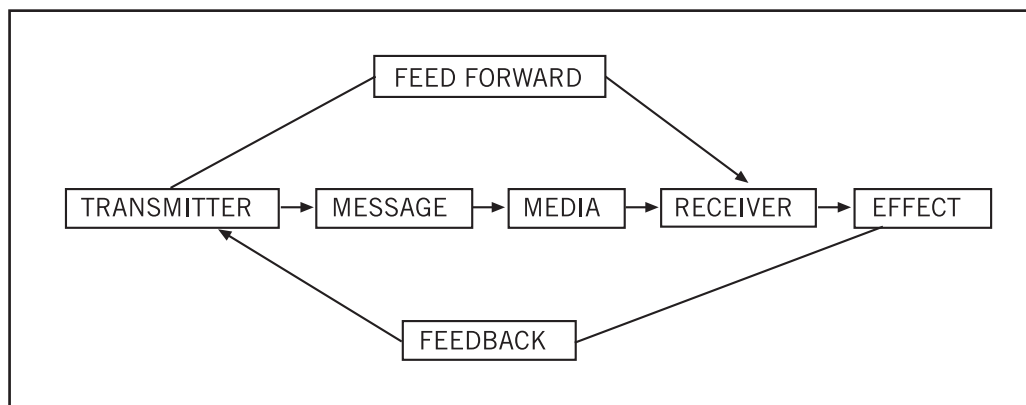
Theory

We based our study of two theories. The first, developed by Gunilla Jarlbro, concerns health communication. Jarlbro (1999) enumerates some things that an effective health campaign should include. Furthermore she says that interpersonal communication is more effective than mass communication in changing people's behaviour. In the analysis we scrutinise the different organisations that we have interviewed to see if they make use of the different ways Jarlbro mentions for disseminating information.

Jarlbro (1999) considers that community intervention is important in making health campaigns as effective as possible. This is especially important in countries like Botswana where there are many international organisations at work; if the organisations do not work together with the people in the society, the people may not listen to them.

Jarlbro (1999) recommends the use of "feed forward" so that sending organisations get a better picture of what the receivers already know and what they want to know. For feed forward to be effective, the organisations need to have a clear picture of who the receivers are and what special needs they have.

Figure 1.1. A model of the communication process (Jarlbro, 1999, p. 14)



According to Jarlbro (1999), when transmitters formulate messages, they have to take into consideration what the target group is. There are several different ways to spread information about HIV/AIDS. Jarlbro (1999) mentions some of them, and says that the transmitter's choice of medium depends on the target group.

The other theory, that of Ross Todd, deals with young women's information utilization concerning heroin. Todd (1999) gave information about drugs to selected girls three times and after each information opportunity he interviewed the girls and observed how their knowledge had changed. He found five different types of effects of the information provided. We are aware that it can be difficult for us to place the young women we interviewed in the different stages, because we have not done our interviews in the same manner as Todd.

In Todd's (1999) study, the young women liked visual media best. We will investigate what kinds of information the young women in our research have access to and which ways of getting information they prefer.

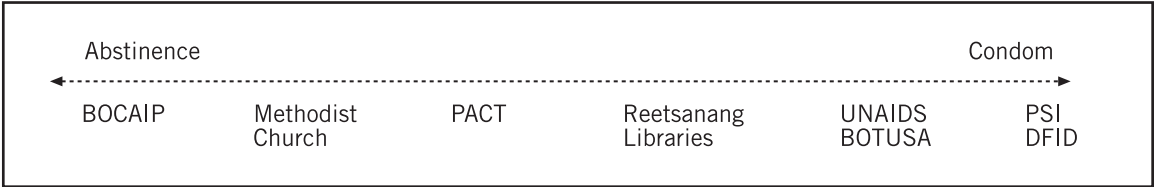
Through Todd's (1999) study we found a new way of looking at the form of dialogue between the user of information and the information professional. We will investigate the possibility of a dialogue between the organisations and the young women in our research.

Todd (1999) says that there are no guarantees that the adolescents approve of the information, even if others assume they do. We will investigate how the young women think the transmitter of the AIDS information should be.

Todd's (1999) study shows that the choice of information depends on where the adolescents are in their personnel and social experiences. We will investigate if the young women in our study get information that suits them through a sociocultural perspective.

Results

To show how the organisations and their messages about sex relate to one another, we have ranged the organisations on a spectrum according to the different messages they advocate. Those who advocate abstinence at the left end and those who advocate condom use at the right end:



The organisations we studied were of different types and had different messages to present about AIDS. There were some differences between the organisations in the different groups, and even within the groups. Some of the organisations (two church organisations) encourage abstinence. Others recommend both abstinence and the use of condoms, while one organisation advocates condom use only.

The organisations also made use of different ways of spreading information about HIV/AIDS: one organisation was a theatre group, others presented mostly oral information, others had both written and oral information, and still others made use of video. Several of the organisations thought that young people preferred to be informed by other young people and that young people preferred visual media, like those in Todd's study.

The young women we talked to had different levels of knowledge about AIDS. One of them had a very high level of knowledge and was active in a youth organisation that worked with AIDS information. The young women at the schools seemed to have less knowledge and they repeated several pat phrases repeatedly. Most of the young women preferred to have an adult talk with them about AIDS, but they also liked to talk about it with their friends. Some of the young women preferred oral information and being able to discuss HIV/AIDS, but one young woman thought theatre was a good way to inform young people about the disease.

Conclusion of the Thesis

Several of the organisations we talked to assumed that young people preferred receiving information from their peers, but the young women we interviewed preferred to be informed by an adult, for instance, in school by a teacher. The organisations also explained their interpretation of what young people consider the best way of getting information, but this did not agree with what the young women told us.

The messages the organisations presented varied among the organisations and even within the different types of organisations. Some organisations recommended abstinence only while one organisation advocated condom use only. Most of the organisations recommended both abstinence and the use of condoms.

Many different media were used to spread information: many presented information orally, and others used peer teaching, magazines, counselling, drama, posters etc. Several of the organisations used mass communication campaigns. The young women we interviewed preferred oral information, so that they could discuss it. Many writers in the professional literature have pointed out the importance of discussion. This was also shown by the fact that organisations like BOCAIP and Tebelopele made use of counselling in some form.

Another question is the relationship between the types of media used and the types of organisations disseminating information. The results indicate that the organisations that have had a little more money (i.e., the international

organisations) often spread their messages through written material. The national organisations, such as BOCAIP and Reetsanang, have to make use of oral information because of lack of money. PSI is sponsored from abroad and makes use of both written and oral information, but mostly written material. The young women, however, preferred oral and personal information rather than written information. Another advantage with oral information is that it can reach more people, even those who cannot read (the literacy in Botswana is about 70%).

The young women's knowledge about AIDS varied, but they all knew something. All had heard about AIDS. One major problem which we discovered was that one of the teachers did not think she had enough knowledge about AIDS to educate her pupils, and some of the young women we interviewed had not received correct information from their teacher.

We believe that more organisations have to make use of feed forward and evaluation in their work to suit the receivers' needs. Only two of the organisations we interviewed made use of feed forward, and only one made a close evaluation of its work.

Thus, in some ways the most common methods of spreading information about AIDS that organisations used were those most appreciated by the receivers, but in other ways the organisations did not know what kind of information the receivers wanted to have. Through the use of feed forward, and by making evaluations of their work, organisations can gain knowledge about the receivers of their information which will enable them to generate better and more effective communication with the receivers. As it is today, most of the organisations do not make use of feed forward. Information has to suit the needs of the receivers.

HIV/AIDS and School Libraries

Accordingly, the conclusion is that the information did not coincide with the young women's wishes. The right persons were not giving the information. The young women wanted adults to give them the information because they trust them more than their peers. In which way should this happen? Which institution may accomplish this?

There are two possible solutions. One of them is the teachers. The students trust them and they know how to inform students. Unfortunately the teachers have a lot to do and they do not have time to do that. The students have their focus on other subjects, and that too is a problem.

The other is school libraries. The students at Rönninge Gymnasium are between 16 and 19 years old. Most of the students visit the library every day, and some of them twice a day. In the library they use the computers a lot, they read magazines and books, and they are talking both with each other and with me. All the students are seeking information. The information is both for school work and for their other interests. The school library seems to be an eminent place to serve the students with information of different types, in this case HIV/ AIDS. Librarians can both inform the students orally and give them pamphlets and other written material. Further they may hand out posters and other information. Also the libraries may hand out condoms for free.

There are two advantages to these solutions: students spend time of their own free will in the library and there are adults (the librarians) with who they may talk. At the Gaborone Public Library there were a lot of students who sat there studying. The library has many books, many titles, and some simplified reads on the AIDS topic. Every local title that is published on HIV/AIDS is acquired. International texts and books that are of interest are also acquired. All libraries now buy many videos. In Botswana the public libraries do not buy their own books. They can select titles, but purchasing is centralised. The public libraries buy videos and posters. "Just by posters and books and videos people are being informed and empowered," the librarian said.

Every Wednesday at 16h30 a video is shown at the Gaborone Public Library about HIV/AIDS. Everybody who wants can come and watch. It is a pilot project which the library hopes will be passed on to all the other libraries. It has had the video for about a year and a half. It is shown to a "captive audience" in the reference room, but the staff also send notices about the video to all schools nearby and ask the schools to pass on the message to their staff and students. According to the librarian at the Botswana National Library Services it is mostly young people who come to see the

videos. They do not have many different videos or a large variety. They have four main videos and others that they borrow. Recently the department bought many new videos, but they have only just started going through them. Recently a video was produced locally in Botswana.

The librarian said that the information is mostly of general nature. But one of the four main videos that are shown is especially for young people—cartoons. That video is about an elephant and his friends. Elephants are supposed to be wise.

According to the librarian at the Botswana National Library Services the people who watch the video are often shocked. The librarian has had some people coming up to talk to her after the video.

The Botswana National Library Service arranges workshops for teachers. In most of their workshop programmes they put HIV/AIDS into the programme. Detta är ett sätt att för lärarna att få mer kunskap om HIV/AIDS. For this to be possible it requires school libraries or a library in the neighbourhood. Whether there are libraries at the schools vary around the world and even within countries. In Sweden there is a huge difference between different schools. In the Swedish library law school libraries are mentioned in some of the sections:

Section 5. Within the nine-year compulsory school and upper secondary school there should be suitably distributed school libraries in order to stimulate the interest of pupils in reading and literature and also to satisfy their needs for material in the education.

Section 7. The municipalities are responsible for the public and school library operations. The county councils are responsible for the county libraries and for the libraries at universities and university colleges whose principal is the county and municipal county councils. The state is responsible for other university libraries and university college libraries and for the lending centres and also for such library operations which the state is responsible for according to separate provisions.

Section 8. The public and school libraries shall afford particular attention to people with disabilities and to immigrants and other minorities by, among other things, offering literature in other languages than Swedish and in forms particularly adapted to the needs of these groups.

Section 9. Public and school libraries shall afford special attention to children and young persons by offering books, information technology and other media adapted to their needs in order to promote language development and stimulate reading. (Statens kulturråd)

Yet, there is nothing about there being a library at every school. It is ok with a library in the neighbourhood. Even if there is a library at the school, a librarian is not necessary.

At IASLs homepage it says that:

The school library functions as a vital instrument in the educational process, not as a separate entity isolated from the total school program but involved in the teaching and learning process. Its goals could be expressed through the following functions:

- Informational - to provide for reliable information, rapid access, retrieval and transfer of information; the school library should be part of regional and national information networks.
- Educational - to provide continuous lifelong education through provision of the facilities and atmosphere for learning: guidance in location, selection and use of material and training in information skills, through integration with classroom teaching; promotion of intellectual freedom.
- Cultural - to improve the quality of life through the presentation and support of the aesthetic experience, guidance in appreciation of arts, encouragement of creativity, and development of positive human relations.

(International Association of School Librarianship)

In our school, with 350 students, we have a very good library. There is one part-time librarian and one teacher who works in the library six hours a week. The library is open the whole day Monday to Friday. The library is a place of information about education, events etc. The headmaster works in a positive way to serve the library and the budget is good. When it comes to HIV/AIDS we may be better placed to inform our students and it is the same at every library I have visited in Sweden. We have only a little information about other illnesses, even those more frequent in Sweden (e.g., clamydia), perhaps because many Swedes do not think they could be infected. This is something I will work against, because the library is a central agency for information.

In Botswana the Gaborone Public Library had good information, yet the school libraries have to develop. The youth are at the library every day and they should meet qualified personnel who can serve them with updated and easily accessible information about HIV/AIDS.

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Biographical Note

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