



Are Scientists and Health Practitioners Communicating HIV Information Effectively?

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Author's contribution

The sole author designed, analyzed and interpreted and prepared the manuscript.

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Commentary

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ABSTRACT

The importance of effectively communicating new scientific information to a non-scientific audience is discussed in the era of new medical regimens for HIV. With new research findings on prevention, treatment and care for HIV such as antiretroviral therapy, both as treatment and prevention, is the message being accurately understood by the non-scientific community? If not, can it be harmful? The need to communicate new HIV prevention information holistically in light of earlier information is emphasised.

Keywords: Communication; research findings; non-scientific community; HIV prevention.

1. BACKGROUND

Developments in science have a strong influence on every aspect of our lives. It is now widely known that Antiretroviral Treatment (ART) has benefits both as treatment and in preventing HIV; and with the right prevention strategies and interventions, HIV can be controlled or even

eliminated [1]. At the 20th International AIDS conference in Melbourne, Australia, a conversation among a group of young delegates caught my attention - '... these scientific advances are too good, isn't it great that an HIV positive individual who is on treatment and healthy no longer has to worry about condoms...' Although there may be facts of truth reflected in

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the conversation (if 'healthy' refers to low viral load), but as a behavioural scientist I am concerned about whether we are getting the messages across to the people. Shouldn't we be more careful on how the message is communicated? - If not may we not end up reverting by a decade in the HIV and AIDS era.

2. MAIN TEXT

Communication is a basic process without which an individual would not exist in the community and in the context of this paper the important aspect being how people contemplate and respond to HIV and AIDS. Communication occurs at various levels, such as, intrapersonal, interpersonal, networks and organizations. However in a health setting, there is a tendency to consider communication not as a social process but as the messages or materials that are outcomes of communication, such as an information leaflet in a health practitioner's office [2]. Such narrow views restrict the possibilities of considering and adequately understanding communication in HIV and AIDS prevention, care, and treatment.

Effective communication has powerful effects on knowledge, attitudes, social norms, risk perceptions, and behavioral decisions that affect if and when the virus is transmitted, where and when testing and/or care is sought, how care is delivered, and how well adherence to antiretroviral therapy (ART) is maintained. Therefore it is only right that communication be considered a central aspect in HIV prevention, treatment and care.

The mechanism through which the processes of information delivery, self-expression, exchange, social connection and social regulation influence behavior are reflected in Cleland and Wilson's concept of ideation [3,4]. Ideation research shows that behavior, for instance going for an HIV test, is influenced by multiple factors, and often simultaneously. These include knowledge and attitudes about the behavior (e.g. whether or not testing is beneficial), one's self-image (e.g. as healthy or responsible), perceived risks (e.g., of HIV transmission), self-efficacy or confidence (e.g., to protect oneself from HIV), emotional reactions to the health issue (e.g. fear of AIDS or of transmitting it to an unborn child), perceived social norms (e.g. how common testing is), and the social influence of other people around you (e.g. whether or not friends or partners approve of getting tested) [5].

Professionally and accurately designed HIV and AIDS communication can create more positive attitudes toward HIV testing, shift perceptions about HIV risk, and increase confidence in individuals to prevent infection, and encourage friends to encourage each other to get tested. Kincaid et al. [4] have shown that these factors have a kind of 'dose effect', that is, the more factors that come into play at a moment an individual makes decisions and the more these are favorable to the behavior, the greater the probability of the behavior occurring [4].

Globally, sexual transmission is the predominant mode of HIV transmission, the higher the viral load in the blood; the more are the chances for HIV transmission [2]. However, if someone is on ART, it reduces the viral load in the blood, as well as in genital secretions in both men and women, and the drugs can be detected in semen, vaginal and cervical secretions [4,6]. This suggests that ART may make HIV positive individuals less contagious. As a strategy treatment as prevention refers to the health benefits of using ART which includes suppressing HIV viral load in the blood and genital fluids, and this decreases the risk of transmitting the virus to others. This strategy has been used for more than a decade to prevent mother-to-child transmission of HIV [6,7,8].

The landmark HIV Prevention Trials Network studies [9,10] confirmed earlier research findings that early HIV treatment has enormous prevention benefits, results showed that the risk of transmitting HIV to an uninfected partner was reduced by 96%. However we should also be mindful of the fact that risk was reduced by 96%, indicating that there was still a 4% risk of transmission, even a small percentage of risk is unacceptable as far as HIV is concerned. Another evidence of Treatment as Prevention comes from a recent research study of more than 38,000 sero-discordant heterosexual couples from China. The findings suggest that treating the HIV-infected partner reduced the risk of transmitting HIV to the uninfected partner by 26% [11]. But additional data may still be required to validate the prevention benefit of treatment for other vulnerable populations such as Lesbian, Gay, Bi-Sexual and Transgender (LGBT), Intravenous Drug users (IDUs). Other studies have also suggested contrasting results, that even when blood viral burden is suppressed, HIV can be recovered from female and male genital tract, it was found in women with completely suppressed genital tract as well as plasma viral

loads at baseline, 54% had detectable genital tract viral loads at least 1 monthly visit for one year follow up period [12]. Therefore these findings must be considered critically when applied as HIV prevention strategy.

Improved communication must begin with scientists; therefore it becomes important for scientists reporting data and for communication specialists packaging prevention information to give a complete picture of HIV prevention and treatment. It is also the responsibility of a health practitioner to make sure that individuals seeking professional help fully understand what they communicate to them so as to enable them to make an informed decision. I referred a client for HIV testing who came back very happy a few days later as he was told that his CD4 is low. He interpreted it as 'there is very low HIV in my body' and therefore did not need ART. Unless health practitioners communicate information effectively so as to increase understanding about HIV treatment and prevention, there will still be a group of people in the community who will misunderstand the information received. The entry point for accessing prevention, treatment and care services for HIV is Voluntary Counseling and Testing (VCT) and pre and post test counseling that is carried out during VCT. This service has helped many to know their status and access treatment and learn about how to live positively [13]. The health workers offering VCT are specially trained in offering pre test counseling where the procedure is explained as well as the possibility and consequences of being diagnosed with HIV, and in post test counseling that is offered before obtaining the results of HIV test prepares the individual to receive the results. The 5 key components of VCT are: consent, confidentiality, counseling, correct test results and connection to prevention, care and treatment [13].

HIV testing is the first step to identifying persons with HIV infection and crucial for both treatment and prevention. Providing treatment to people living with HIV so to improve their health must always be the first priority of health systems. Combination prevention may offer the best solution for addressing the weaknesses in various individual prevention efforts, this strategy relies on behavioural, biomedical and structural prevention [14,15]. In developing countries like Zambia, along with adherence to ART, using condoms by HIV positive couples is still promoted, and together with this aspect of prevention of mother to child transmission,

nutrition, alcohol and substance use, psychological well-being, support and care are also emphasised. This is to ensure that risk of HIV transmission from all routes can be prevented, as well as progression to AIDS is delayed.

3. CONCLUSION

While it is important to communicate the latest scientific findings related to HIV, I respectfully disagree that these findings should be communicated to a wider population as 'stand alone' findings; it would be beneficial to put across these findings in the light of other findings as well as in the existing biomedical, behavioural, cultural and social context. It is the nature of human beings to get carried away with any new optimistic information that supports their view and belief and ignore other information that they may not support their views. This would be especially dangerous in the case of HIV prevention if people ignore earlier information in the light of new ones or do not put it into a holistic context. Information should be made simple and communicated in a language that is understood by the population. Educational institutions also need to do a better job of training scientists to explain their work, trainee health practitioners should be required to take courses in how to communicate scientific research to the public in a holistic manner [16]. It must also be recognized that individuals also have to play an active role to seek effective information from health practitioners; this would require empowering the community about their health rights and right to accurate information about health condition.

CONSENT

Not applicable.

ETHICAL APPROVAL

Not applicable.

COMPETING INTERESTS

Author has declared that no competing interests exist.

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