Proposal for a Radio Phone-in Programme to Promote HIV/AIDS Awareness in Sri Lanka

1.0. Executive Summary

At the request of UNICEF, BBC World Service Trust undertook an 8-day study visit to Sri Lanka to assess the feasibility of setting up a radio phone-in, for the promotion of HIV/AIDS awareness.

The conclusions of the study could hardly be more encouraging. The overwhelming message arising from all 16 meetings, held with key government agencies, health professionals, broadcasters and NGOs, is that this is the right place and time for a high profile radio phone-in, aimed at promoting sexual health. There is also a wide consensus that the central involvement of BBC World Service Trust would be an essential component of any such programme. This involvement is seen as useful, not only because of BBC WSTs extensive experience co-ordinating similar programmes world-wide, but also because of the respect engendered by the BBC brand in Sri Lanka.

Sri Lanka is a nation fast waking-up to the threat of HIV and hungry for support in combating it. To quote from our meeting with Dr. A.M.L.Beligswatte, The Director General of Health Services: “We are sitting on a time-bomb. There is tremendous
political commitment to tackling this so there will not be any difficulty about getting any programme you may wish to develop approved”.

The Broadcast sector were equally forthcoming: Mr. Janadasa Peiris, Chairman of Sri Lanka Broadcasting Corporation and Secretary of the Ministry of Broadcasting, welcomed the initiative and agreed to the principle of free air-time in exchange for training.

Even the commercial broadcast sector, which now dominates the airwaves in Sri Lanka, was welcoming to the concept of an integrated sexual health phone-in, and several exciting possibilities for collaborations were discussed with 3 of the main independent networks.

The suggested strategy developed during this study consequently involves creating programmes with both the government run SLBC and the new independent sector. These two parallel projects will be entirely different in nature (and time slot). What they will have in common is a phone-in ‘backbone’ and an integrated approach to behavioural and sexual health issues.

2.0. Context and Background

Whilst the programme strategy suggested in this document is very much an integrated one which involves numerous aspects of general health education and entertainment along with a strong sexual health agenda the driving force behind it is HIV/AIDS. The following section outlines the rational behind specifically tackling HIV in Sri Lanka at this time.

The reported incidence of HIV and AIDS in Sri Lanka is the lowest in Asia and one of the lowest in the world¹. By May 2001 only 385 cases of HIV infection had been identified amongst a population of 18 million². However it is known that only 10-15% of STD cases are reported in Sri Lanka so recent estimates suggest that around 7,500 adults
and children could be living with HIV/AIDS\(^3\). So far only 89 people are known to have died of AIDS. Even among high-risk groups such as sex workers and drug users the situation is still apparently pre-epidemic\(^4\). Various geographical, cultural and social factors may be responsible for this slow development; for instance, social norms mean that 41% of men who frequent sex workers prefer to indulge in non-penetrative sex\(^5\). As an island the influx of disease has been slower than in mainland nations such as Nepal where most original cases of infection can be traced back to cross-border traffic with India\(^6\). Among the general populace, prevailing attitudes to many issues remain highly traditional and promiscuity is still deeply frowned upon\(^7\). Many mothers still insist upon prospective daughters-in-law undergoing ‘the virginity test’, and only 11.3% of men say that they would be willing to marry a woman who is suspected of previously having had a sexual partner. While drug use is widespread, with 35,000 suspected heroine users, only 1% of addicts admit to having resorted to intravenous methods\(^8\). It may be that a combination of all these factors has resulted in the hitherto slow development of AIDS in Sri Lanka, but there are several key indicators that unless action is taken now a generalised epidemic will develop\(^9\).

Based on information from other countries, the dynamics of the epidemic will follow a predictable pattern of rapid increase in the most vulnerable groups (e.g. Commercial Sex Workers (CSWs), Intravenous Drug Users (IDUs) and men who have sex with men), then spread via “bridge populations” (e.g. clients of CSWs, partners of IDUs) into the general population. The window of opportunity to contain spread within these most vulnerable groups is closing fast. Evidence from Thailand shows that if this initial stage is not contained quickly, then within a further 2-6 years a generalised epidemic will develop.

Indicators of risk include:

**2.1. Proximity to India.**

HIV has spread much faster in India than in Sri Lanka. At present the rates of HIV infection in India could be more than 10 times those in Sri Lanka. Inevitably the geographical closeness is a cause for concern.
2.2. **A prolific and highly developed tourist industry.**

11% of female prostitution and 8% of child/paedophile prostitution in Sri Lanka is thought to be associated with tourism\(^5\).\(^7\)

2.3. **Low use of condoms.**

Dr. Sriani Basnayake, Medical Director of the Family Planning Association of Sri Lanka (FPA) says: “The use of condoms is terrifyingly low in Sri Lanka”\(^10\). However attitudes do seem to be changing rapidly. Four years ago the FPA received hundreds of complaints and a letter of censure from the government after running an advertisement in a newspaper, promoting condoms. This year UNICEF and the government ran a joint promotion, which according to Dr. Iyanthi Abeywickrama (Director of the government STD/AIDS Programme), was quite explicit. There was not a single complaint. The FPA noted a 7% increase in condom sales in the last year.

2.4. **Men having sex with men.**

27% of 16-29 year old men report having had some sort of sexual contact with another man\(^7\).

2.5. **Conflict**

The internal conflict in Sri Lanka has led to large numbers of displaced people. These have become a flash point for STDs in general and almost certainly for HIV. To quote Dr. Dula de Silva, Deputy Director General of Public Health. "The armed forces are a big problem because there are many young men away from home and many displaced peoples in some trouble. It is not good. Apparently we are experiencing something very similar to Bangkok during the Vietnam war".

2.6. **Recession**

In many situations spread of STDs is closely associated with poverty. Sri Lanka, whilst extremely wealthy in some sectors, is currently experiencing an economic downturn. It is feared that this might exacerbate the situation\(^11\).
2.7. Migrant workers

A massive number of Sri Lankans are currently employed in the middle east. To date 50% of all HIV cases reported have been detected within this group which is therefore treated as a high risk category. However Dr. Iyanthi Abeywickrama, Director of the Government STD/AIDS Programme, points out that this is not a scientifically sound statistic since migrant workers are the only group of society tested for HIV on a routine basis\(^4\).

2.8. Inadequate levels of sex education

Sri Lanka is a socially conservative society. A KAP study conducted among school children, for UNICEF, by the AIDS-Coalition in Feb 2000\(^{12}\), found that only 13% of males received any information on sexual health from parents or siblings. Similarly, anecdotal evidence suggests that the majority of teachers are unwilling or unable to discuss sexual issues. In one attempt to distribute leaflets promoting condom use to schools, the organizers were dismayed to find that at some stage in the chain of distribution the word condom had been scored out on all leaflets along with all other words deemed to be of a sexual nature. This rendered the leaflets completely ineffective\(^4\).

Not surprisingly therefore 61.5% of male students and 51% of female students report that their only source of sex education comes from friends. To compound this, only 35% of female students felt that they could even speak to friends about sexual issues.

The consequence is a population with very low levels of knowledge with respect to sexual health. Up to 10% were unaware of the existence of STDs including AIDS and of those who were aware 11.5% thought HIV infection could be cured.

2.9. Intolerance

Dr. Kamalika Abeyratne was infected with HIV during a blood transfusion. She ‘came out’ about her condition in 1997 and 4 years on she claims she is still the only Sri Lankan ever to have admitted to being positive. This is illustrative of an intolerance in Sri Lanka which has driven the disease underground. In one case an HIV positive person
released from hospital was immediately arrested by police as a danger to society. Clearly this sort of prejudice is not only unfair and cruel, it is dangerous as it disguises the problem, allowing HIV to spread unseen.

2.10. Changing social patterns

A relatively new feature in Sri Lankan society is the emergence of a young rich elite. Several people within TNL Radio and Sri Radio as well as Dr Kamalika (Chairperson of the HIV Coalition) observed that the lifestyle among this group was appallingly risky yet was widely regarded as glamorous. Dr. A.M.L.Beligaswatte, Director General of Health Services, commented that “Cool' is big in Sri Lanka right now. Magazines, TV and films tend to promote smoking, drinking, promiscuity….. The ultimate goal in health education must be to make these things seem foolish and those who don't do them 'cool'.”

Whilst this thinking may sound naïve, it is interesting to consider how the course of HIV in Europe and America might have run if influential and trend setting 'stars' had not become involved.

3.0. Existing Programmes

32 different NGOs, government bodies, and commercial interests are involved in HIV/AIDS activities in Sri Lanka. The AIDS Coalition for Care, Education and Support Services (ACCESS) was established in 1997 to help co-ordinate some of these organisations. The chairperson of ACCESS is Dr. Kamalika Abeyratne, a paediatrician who is herself HIV positive. Along with her husband she has set up an AIDS helpline which has been running since January last year. In July 2001 they had over 300 calls,
even though the service has, so far, only been publicised by a few, low-profile newspaper advertisements.

UNICEF and the Sri Lankan government have recently conducted a highly effective ‘breaking the silence’ campaign as illustrated by this billboard on Duplication Road in Colombo.

The Family Planning Association (FPA) has a long running condom promotion strategy on TV and radio as well as in newspapers.

4.0. The Media Infrastructure

4.1. Radio

Sri Lankan media is nearing the end of a period of revolution. Since the first private FM station (TNL) was launched in 1993 the National Broadcaster, Sri Lanka Broadcasting Corporation (SLBC), has gone from being a popular and highly regarded monopoly to becoming a minority player on the radio airwaves. The following is an approximate summary of the current radio situation\(^\text{14}\):
• The government broadcaster SLBC has 15-20% of total radio listenership spread over 15 channels in 3 languages. Their most popular station is Pavana which has 8% reach.

• EAP (Edirisinghe Group) is the fastest rising commercial venture and has up to 30% of all radio listenership spread across 3 language services. Their Sinhala station Sri FM will shortly become Sri Lanka’s most popular with approximately 24% reach (Survey Research Lanka [SRL] statistics not yet released).

• MBC has the highest profile of all the independents and despite slightly lower reach than EAP (25% of radio listenership), they are disproportionately influential and respected. They are seen as the trail-blazer in populist broadcasting and The TV arm of this organisation, MTV, is probably the most powerful independent TV station. Their most popular station ‘Sirasa’ was the leading station in Sri Lanka in statistics from Jan. 2001 but has now been narrowly overtaken by Sri FM.

• ABC has less than 20% of the audience including ‘Tharu’ which in January 2001 ranked as Sri Lanka’s 3rd most popular radio station with approximately 22% reach.

• All others stations including the pioneer of independent radio, TNL, have <10% share.

These figures are approximations, drawn from several sources, and the situation is in constant flux. As of Feb 2001 there were 22 FM stations large enough to register in the ratings. An estimated half of these stations broadcast in Sinhala and the rest are split between Tamil and English. In the present recession the Sinhala stations are growing stronger as they attract the greatest audience and advertising revenue. All independent stations claim nation-wide transmission and audience figures seem to back this up. SLBC has accurate and detailed data on transmission penetration which effectively confirms that 100% of the nation is covered.

The above estimates of listenership include FM, MW and SW transmissions. At present SLBC is the only station to transmit on SW and MW. This gives SLBC a higher profile among more aged and traditional listeners who may not own FM equipped receivers, as
well as inhabitants of some remote and mountainous districts where MW or SW is the only option.

SLBC also has 3 regional operations, including one in Rajarata which is within transmission range of Dambulla and Anuradhapura where two major transit camps are feared to be flash-points for STDs.

All stations including the government owned SLBC already make heavy use of the phone-in format. Indeed the Director of Marketing at SLBC (Channa De Costa) says he intends to try to influence all current programmes to include a phone-in element.

4.2. Television

Television is now a major and growing force in Sri Lanka. Recent figures for reach and influence are available but we were unable to access them without cost. Mr. Delano H. Uduman, at SRL, did however claim that TV was now routinely reaching 60-70% of the population. Janadasa Peiris, (Chairman of Sri Lanka Broadcasting Corporation and Secretary of the Ministry of Broadcasting) says that TV is now most influential in the west of Sri Lanka but in rural areas radio is still dominant.

The government runs two stations SLRC and EYE and all of the independent media companies MBC, ABC and EAP also operate TV ventures. MBC/MTV has the highest profile and already has a close partnership with BBC World.

Conversations with health educators as well as market research agencies indicate that TV is now the medium of choice for high budget advertisers. Radio however remains a more cost-effective choice. (TV production costs are usually estimated as more than 10 times higher than radio). In addition the choice of the low cost phone-in format for our strategy is not just driven by economics but because it is proven to be the format which most consistently draws audiences in to debate. TV is a poor format for the realisation of the phone-in concept. Consequently for the purposes of this study TV was considered only relevant as a vehicle to opportunistically publicise the radio venture(s).
4.3. Print Media

Literacy in Sri Lanka is extremely high at >90%\(^2\) and newspapers are extremely popular, prolific and influential. As with TV, for the purposes of this study, print media was only considered as a method of publicising the radio phone-ins.

5.0. Challenges and Opportunities

Sri Lanka currently presents a remarkably favourable set of conditions for the BBC WST model of intervention.

Positive indicators include:
- Near 100% radio reach.
- High levels of literacy/education in the general populace.
- Health Ministry assurance of co-operation and non-censorship.
- A government broadcaster with strong infrastructure, which is eager to partner with BBC WST in exchange for skills transfer.
- Virtually universal access to telephones both public and private.
- Widespread respect for the BBC brand – a huge bonus in forging alliances.

The main challenge that exists is to turn SLBC around sufficiently to harness its enormous potential. At present it is floundering in a broadcast environment dominated by ambitious new FM stations which are cutting edge in every respect. Meanwhile SLBC exists on technology and production values from the 1950s. The bosses at SLBC are more than aware of the problem and the bottom line is that they are offering us free air-time in exchange for training so that they can start to compete with the competitors.

Initially surprising was the finding that the commercial sector (MBC /EAB) was almost equally welcoming to our initiative. Sri Lanka is still a civic-minded society and it appears that the private sector are well aware that it makes good business sense to show
social responsibility. Similarly a truism of media world-wide is that ‘sex sells’. Broadcasters in Sri Lanka are very aware of this and possibly view the potential BBC WST initiative as an excellent vehicle to get discussion on air in an educational context that would be culturally unacceptable any other way. We can of course utilise this ulterior motive to the advantage of the health initiative without in any sense allowing our projects to become scatological or voyeuristic.

6.0. Suggested Campaign Strategy

6.1. On-Air
In total, four separate radio phone-ins will be developed and supervised over a 12 month period with the key goal that at the end of this time the programmes are completely self-contained and sustainable without further BBC input.

Two programmes will be developed with SLBC on the most popular Sinhala service ‘Pavana’ and the most popular Tamil service ‘Tendril’. These will each be half hour speech-only programmes transmitted once a week at peak time. Negotiations with Janadasa Peiris, Chairman Sri Lanka Broadcasting Corporation and Secretary of the Ministry of Broadcasting, have secured free air-time for these two ventures in exchange for training and production costs.

The on-air talent will be made up of 2 core presenters (one male and one female) per programme who will be chosen both for both medical and social knowledge as well as charisma. It will be our goal to turn this key talent into high profile ‘celebrities’ through the opportunistic use of mainstream Sri Lankan media (i.e. appearances on chat shows) as well as more formal publicity campaigns utilising press conferences and print media. Ideally these 2 presentation duos will be a doctor and a social worker with highly attractive on-air personalities.

In the second 6 months of the programme there will also be 2 programmes on independent stations [probably Sri FM (Sinhala) and Swarna Oli (Tamil)]. Negotiations
for these have not been completed in any formal sense but Mr Mahan Perera, Managing Director, Sri FM strongly indicated that late night shows would be a possibility in exchange for training on audience research and health matters as well as behind the scenes assistance from BBC WST in recruiting commercial sponsors.

The main presenter will be drawn from the existing roster of EAP on air-talent and will already be a well known DJ. To this we will add two health experts who will interact with the DJ and the callers in a lively talk-show format.

6.2. Support Activities
Workshops to educate DJs/Radio Producers and other relevant media about key health education concepts will be organised so that all the projects developed during this initiative are accurately informed of the issues. These will be high profile events thrown open to all interested media, not just partners.

Audience research seminars will be run with key partners as an incentive for co-operation as well as enabling us to build-up understanding as to the importance of accurate project evaluation.

6.2. Project Evaluation
SRL or ORGsmart will be employed to statistically monitor the impact of the programmes.

6.2. Review Boards
Monthly review boards will be organised which involve members of the public as well as health workers, broadcasters, religious leaders and decision makers in the evaluation and development of outputs. These will be critical in ensuring that culturally appropriate and potent programmes are developed.
7.0. Conclusions

Sri Lanka and HIV/AIDS is the casebook study of where media intervention can and must make a difference. This is a society where the epidemic has not yet fully caught hold and this is also a society where the media is exceptionally well developed and powerful.

The strategy outlined in this document is designed to influence the maximum number of people to adopt responsible living practices and at the same time cause a minimum amount of offence in a culture where sensitive issues such as sexual health are still very much concealed.

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2 From meeting with Dr. Iyanthi Abeywickrama, Diretor, Sri Lankan STD/AIDS Programme.
3 From National Strategic Plan for HIV/AIDS Prevention and Control.
4 From meeting with Mr. Daya Abeywickrama, Executive Director, Family Planning Association
5 From Sex Workers of Sri Lanka by Nandasena Ratnapala.
7 From UN Populations Fund, Sri Lankan Youth, KAP Study on Reproductive Health (1996) – Dr. Sriani Basnayake.
8 From The External Review of the National AIDS Programme of Sri Lanka (Feb 2000) - Ministry of Health and Indigenous Medicine
9 From meeting with Dr. Dula de Silva, Deputy Director General of Public Health.
10 From conversation with Dr. Sriani Basnayake. Medical Director, Family Planning Association of Sri Lanka.
11 From meeting with various members of the Ministry of Health Education.
12 From Youth for AIDS – Awareness Feb 2000 KAP study on HIV/AIDS Among Youth
13 From meeting with Dr. Kamalika Abeyratne, Chairperson ACCESS.
14 Approximating from the 2001 statistics collected by SRL and confirmed by personal anecdotal evidence and informal discussions with ORGsmart.
15 SLBC Audience Research Report 2000
16 Based on data from SRL (Survey Research Lanka) 2001
17 From conversation with Mahen Perera – Managing Director EFM and Sri-FM.
18 Research on Radio Reception Levels 1999/2000
19 FPA, AIDS Coalition and Ministry of Health Education
20 From informal conversations with Survey Research Lanka (SRL) and ORGsmart.
21 From Annual Health Bulletin (1999), Sri Lanka Department of Health Services.