

References

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The Controversy Over Fear Arousal in AIDS Prevention and Lessons from Uganda

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As one of the original four reviewers of Green and Witte's paper, I was invited by the journal to provide comments. Because the other two commentators have rather comprehensively, and quite reasonably, discussed the paper, I have little more to add.

The authors are to be commended for tackling such an obviously controversial and, as Kirby notes, divisive topic. Many readers may question, as the other two commentators have similarly noted, some of the apparent overstatements and perhaps tenuous methodological underpinnings of the paper (such as a substantial reliance on personal communications). Yet given the millions of people dying each year from this cruel pandemic, the topic of whether fear arousal has a legitimate place in HIV prevention demands (re)consideration, and is appropriate for an opinion piece. (It should be made clear that this is not a standard empirical study, rather a "thought piece" type of paper.)

In fact, my only substantive comment is to reaffirm and underscore what Green and Witte have written: "There seems to be less AIDS-associated stigma in Uganda, and more open discussion about AIDS, than in most other African countries." This point cannot be overly emphasized. The authors are correct in arguing that Uganda, especially in the epidemiologically important earlier years of its response (late 1980s–early 1990s), primarily employed a behavior change based approach (with much of the emphasis on "zero grazing," or the "neglected B" of ABC; see Shelton et al., 2004), and that the Ugandan response also included fear arousal techniques (although as O'Grady points out this was not unique to Uganda).

Efforts to reduce HIV-related stigma and discrimination, and associated poor knowledge about how the disease is spread, however, were also very pervasive and assertive. In this sense, the Ugandan response appears to have incorporated the best of both worlds: people's perception of risk was, as the authors as well as Kirby and O'Grady discuss, actively stimulated, yet such fear-arousal approaches were tempered with the strong "check" of not allowing persons living with HIV/AIDS to become vilified or ostracized by their fear-struck fellow citizens.

Finally, it should be reiterated that some of the "fear-only" messages disseminated elsewhere (e.g., the ubiquitous "AIDS kills!") may in fact not have been any more effective than the current batch of "bland" (or even vague) kinds of behavior

change communication (BCC) approaches often employed in AIDS prevention campaigns (Halperin & Williams, 2001). As the paper argues, it appears that fear-based (or risk-perception-arousing) approaches must be combined with an efficacious behavioral change message, such as “100% condom use” in Thai brothels or “zero grazing” in Uganda. While certain aspects of this paper may provoke controversy and even some legitimate criticism regarding issues of methodological rigor, etc., behavior change communication experts will ignore it and its key conclusions at their strategic peril.

References

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