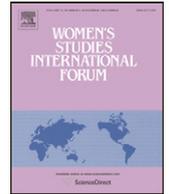


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Looking at a culture specific model of HIV intervention: The instance of the Buladi campaign in West Bengal, India



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SYNOPSIS

Over the years there have been some media initiatives in India to generate HIV/AIDS based awareness, both at the national and regional levels. Yet very little research has gone into the media based portrayals of these initiatives. Through a detailed sociological discourse analysis of two major English dailies published in east India, this paper looks at media's portrayal of a media generated social artifact—the Buladi campaign in West Bengal. In the process this research seeks to answer the following research questions: 1. How the print media's articulation of the campaign was gendered, how was it portrayed as such? 2. What are the social implications of the campaign beyond media portrayals? Two characteristics set the prospect of the current project as exclusive from literature on the subject—first, this study examines media based commentaries on yet another media generated artifact in India (a comparatively unexplored scholastic terrain). Second, this study focuses on a unique female centric HIV awareness campaign. Findings suggest that gendered implications of the Buladi campaign from the media reports are not obvious. Yes the campaign is gendered and yet the gendered interpretations are intrinsic. In particular, the campaign dispelled some social norms while to an extent it conformed to others. Irrespective, the campaign absorbed denizens of Bengal whether yielding or unyielding, to talk about a much averted social topic. The price of such media deliberations include adhering to some existing social ideas rather than forcefully injecting imported ideas (including those from the west for instance), which the social space might not be ready to receive/work with.

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The Buladi campaign was launched in India on December 1st, 2004, World AIDS Day by West Bengal State AIDS Prevention and Control Society (WBSAPCS) (Biswas, 2004). The fictitious female character “Buladi” was WBSAPCS—India's mascot for generating HIV awareness and appeared across various types of media outlets—radio, TV or billboards (1). The Buladi campaign symbolized both conformity and resistance to established gender norms in an effort to educate the denizens of West Bengal, India of the HIV/AIDS threat. Introduction of a health initiative like Buladi in the form of the female pedagogue defined one of the moments in Indian cultural life caught between the polarities of custom (archetype patriarchal setup) and novelty (a mass media campaign converging on a female advocate). The thirty something Bula (‘di’ in Bengali is a universal mode of addressing an older woman/sister), with no

last name could be reached by a hotline, was approachable, friendly and an easy answer to persistent gaps regarding HIV/AIDS education (Das Mahapatra, 2004).

Through a detailed discourse analysis of two major English dailies published in eastern India, this paper looks at media's portrayal of a media generated social artifact—the Buladi campaign in West Bengal. West Bengal seemed to provide an integrative cultural middle ground when compared to extremely provincial or predominantly western public spheres. Much of the campaign centered on Kolkata, the capital of Bengal which represents an amalgam of diverse lifestyles.

A combination of TV and radio spots, hoardings, posters was used to launch the campaign (Annual Report 2005–2006, 2006). This study uses news reports from the print media which pertain

to journalistic coverage of the campaign (opinion pieces, reports of events, campaign receptivity or its progress for instance, excluding print advertisements of the campaign that might have featured in the newspapers).

This study seeks to answer the following research questions:

1. Based on media's depiction of the Buladi initiative, how was the campaign gendered (did it conform to the social norms by depicting the female mascot in a particular way or was it more of a trend setter)?
3. How did media's portrayal shape/influence the way that the campaign was received and the degree to which it was successful (the campaign was likely to impact perceptions about the infection, generate awareness and bring to forefront women's issues related to HIV/AIDS).

Paper outline

In the subsequent sections of the paper the background of the campaign is first contextualized within the history of HIV/AIDS in India. This is followed by a brief review of literature on existing HIV/AIDS health promotional materials in the global parlance. Next the methodological section provides an account of how sociological discourse analysis is applied to newspaper reports. The findings section discusses the nuances of how the campaign was gendered and the social implications of such gendered portrayals. Finally the conclusion summarizes the theoretical and practical consequences of the campaign.

The campaign

Prevention versus treatment had typically been the global approach towards curbing the spread of HIV/AIDS infection for a long time (contingent upon the available resources in a nation) (Irwin, Joyce, & Fallows, 2003). More affluent nations sometimes step forward to assist the more deprived nations. For instance, United States has introduced The President's Emergency Plan for AIDS Relief (PEPFAR) for HIV treatment. To a large extent the funds have been used for HIV/AIDS affected Africa (PEPFAR, 2014).

India spent 215 million on the infection in 2012 (HIV and AIDS in India, 2014). While antiretroviral drugs are free in India since 2004, only 55% of those who are eligible have availed the treatment by 2012. Cultural diversity including differences in regional languages and dialects in the nations specifically makes AIDS education a challenge. This warrants the need for local and state based intervention (HIV and AIDS in India, 2014).

National AIDS Control Organization (affiliated with Ministry of Health and Family Welfare in India) divides the history of HIV/AIDS state endorsed intervention into four phases starting from 1992 (subsequent to the first trace of the infection in 1986). From an original focus on controlling the spread of HIV/AIDS in Phase I, to attending to 'high risk' groups in Phase II, integrating general population in Phase III (NACP-III, 2014) the organization is currently in its fourth phase and seeks to reduce the newer infections while providing support to those living with the condition (NACP-IV, 2014) (Department of AIDS Control, 2014).

The launch of the Buladi campaign in 2004 corresponded to Phase III HIV/AIDS intervention. The campaign's formal inception in the local media can be attributed to the creative genius of a six member team at Ogilvy and Mather (otherwise known as O&M in the domain of advertising). However the campaign was regionally entrenched. While West Bengal was a state with lower prevalence in comparison to other parts of India at that time, it was still considered susceptible (Annual Report 2005–2006, 2006). In commemorating the World AIDS day in 2004, WBSAPCS launched the mass media campaign (the funds for the project were state endorsed). The project was aligned to World AIDS Campaign (WAC)'s theme of "Women, Girls, HIV/AIDS" (Sengupta, 2008). O&M created a symbol for the project which resonated a popular Bengali tradition of "nakrar putul" (rag doll). The doll resembles a Bengali middle class woman with the appeal of a social worker. The symbol made appearances across the media types (TV, Radio, Newspaper, Magazines, Hoarding-Posters, Leaflets, and toll-free tele-counseling lines) (Annual Report 2005–2006, 2006) (Refer to Parikh, 2006 for the visual image of Buladi). The main objectives of the campaign was to direct women's attention to monogamous relationships and in turn educate men in the process, demystify low self-risk assessments of HIV, motivate an open dialogue on the subject, minimize stigma towards those already diagnosed, tackle misconceptions, promote the toll free helpline and recommend voluntary testing (Sengupta, 2008). The focus thus was primarily on prevention.

Review of literature

HIV/AIDS education and the gendered body

HIV/AIDS education strategies globally vary by region. Irrespective of the wealthier or the impoverished domains where HIV/AIDS awareness is being introduced there are two levels of HIV/AIDS cultural sensitivity that are vital to health education: surface structure and deep structure (Resnicow, Dillorio, & Davis, 2008). Surface structure would include verbiage used around sexual behavior, gender, beauty and preferred sexual conduct which facilitates feasibility of the program. Deep structure in comparison include "gender roles, the social meaning and value of sex, attitudes towards homosexuality, religiosity, ethnic identity, culturally specific stressors like racism, homophobia, or concerns over immigration/deportation status" (Resnicow et al., 2008, p. 199).

HIV/AIDS education initiatives in the west have been potent with gendered nuances. Wilton's (1997) work "Engendering AIDS" focused on the representational practices of health education in USA, UK, Australia, New Zealand, Canada and Scandinavia. Delving into the history of the British health system the author notes because of the familiar social hierarchy within health education—knowledge aimed at ameliorating health were usually masculine texts (Wilton, 1997). The role of women has been confined under the circumstances to the care and production of the workforce. Health education specifically has not catered to women besides portraying the risk they represent to heterosexual men. This risk of marginalization continues with gay men, drug users as well as lesbian women who have either been defined "at risk" or completely ignored (Wilton, 1997).

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