

# [The world and in myanmar health and social care essay](https://assignbuster.com/the-world-and-in-myanmar-health-and-social-care-essay/)

## CHAPTER 1

## 1. 1Background of the Study

According to Myanmar National Strategic Plan (NSP-II, 2011), HIV/AIDS is ranked as the first priority disease in Myanmar on the basic of public health and political importance and potential socio-economic impact. The effective method for combating HIV/AIDS is the basic health education and accurate informationdelivered to influence the general public as well as opinion leaders on issues through behavioral change communication (BCC) for improving the health knowledge, attitude and practices. Hence, the mass media has important role to play a powerful advocacy role for policies that support sustainable behavior change at the population level. The media, as information disseminators, as agenda setters and as a forum for public debate, are crucial in tackling health issues including HIV/AIDS. Moreover, strategic health communication is an integral part of quality health services, and an important means of creating demand for use of services and motivating positive attitude and practices to ensure health-promoting behavior (O’Sullivan, 2009). All communication activities make use of some form of media or channel of communication to disseminate the series of health messages. Therefore the mass media can play a crucial role in creating an enabling and supportive environment to improve the awarenessto the overall development of a society. The media need to make major health issues as their regular agenda so that the public and the government perceive those issues their agenda as well. Thus, the public gain the HIV/AIDS knowledgewhich is necessary to help prevent infections, protection themselves, and ensure proper care and treatment of people living with HIV/AIDS (PLWHA). In general, the above ideas indicate that how channel of communications are playing aprominent role in promoting health and addressing diseases problems. Hence, this study intends to provide health information on contribution of the health media in the country, in covering especially HIV/AIDS and their contribution to a healthy society. When studying the two health magazines, the researcher faces some limitation as follows: Because of time and resource limitation, the researcher doesn’t have a chance to study the comparative analysis ofHIV/AIDS coverage of the private health magazines and state owned newspaper. If researcher has the chance to study this, the results would be more accurate and effective. Therefore it is not possible to reveal what government had been campaigning for HIV/AIDS. Lack of well documents and materials. To overcome this problem, the researcher used official reports, journals and materials from internet. The study doesn’t provide the extent of influence on audience by the coverage.

## 1. 2 Statement of the Problem

HIV/AIDS are regarded as one of the principle endemic diseases in Myanmar. To successfully control the disease in the country (by increasing communities’s compresive knowledge) information and education are essential. There is still lack of comprehensive knowledge on disease in the communities of Myanmar. According to Dr. Jaya Shreedhar (2006), AIDS is certainly not just a health issue; it affects development, business, politics and the social services. Media can play a vital role in producing citizen who can act positively to prevent infection and to reduce stigma and discrimination related to HIV/AIDS. But the print media in particular have been criticized for having limited effects in creating awareness about HIV/AIDS. Studying the media’s coverage of HIV/AIDS, this study consequently help in understanding the current emphasis and contribution that the media industry is giving efforts in tackling these problems.

## 1. 3Current status of HIV/AIDS in the World and in Myanmar

HIV/AIDS is a modern epidemic and pandemic disease affecting both developed and developing countries. AIDS was first recognized in USA in 1982. But retrospective analysis found the earlier cases which occurred in 1978 in the USA and 1970s in equatorial Africa (A HIV/AIDS Timeline, Emphasizing the Austrian/ New South Wales Perspective, 2012). It is estimated that people living with HIV/AIDS reach 34 million worldwide at the end of 2011. More than two-thirds of these cases are in developing countries and nearly three-fourths of the 2. 5 million new HIV infections in 2011 occurred in these countries. An estimated 0. 9% of adults aged 15-49 years worldwide are living with HIV, although the burden of the epidemic continues to vary considerably between countries and regions (WHO, 2012). Myanmar has one of the most serious HIV epidemics in Asia and also the second highest number of HIV positive people in Southeast Asia, after Thailand. Contrary to many perceptions, the spread of the epidemic is expanding. Though HIV infection was probably in Myanmar during the mid-1980s, the first HIV positive case was found in 1988 and in 1991 the first AIDS case was indentified (International Crisis Group, 2002). It is estimated that around 220, 000 people were living with HIV in Myanmar in 2011. In the same year, an estimated 18, 000 people died of AIDS‐related illness. The estimated HIV prevalence in the adult population (aged 15 and more) was 0. 6% in 2011 (UNAIDS, Myanmar National AIDS Programme, 2012). According to the surveillance data from 2011, HIV prevalence in the population at risk is 9. 6% in female sex workers, 7. 8% in men who have sex with men, and 21. 9% in male injecting drug users. The male-to-female ratio among reported cases is 2: 1impact. Incidence was estimated above 8, 000 in 2011, confirming the continuing need for effective prevention efforts (NSP-II, 2011). People with HIV infection have to take Antiretroviral Therapy (ART) to prevent becoming AIDS patients. ART coverage in Myanmar is low, with only an estimated 24% of those in need of treatment receiving it and roughly 85, 000 people need treatment but cannot access it, causing up to 20, 000 preventable AIDS-related deaths annually in 2010 (MSF, 2012). According to the Myanmar National Strategic Plan, AIDS contributes 43% of overall disease burden and 4% of all death in the countryimpact. According to Behavior Surveillance Survey on 2008, only 48% of out-of-school youth could correctly identify ways of preventing the sexual transmission of HIV (Ibid). The study also revealed that stigma and discrimination is critical problem among out of school youth related to HIV/AIDS that need to address as soon as possible. In Myanmar, people need to access the HIV/AIDS information and education to know how to avoid infection, or re-infection and to live successfully with HIV if infected. The media is the only wayin addressing to fight all these problems efficiently. Studying the coverage of HIV/AIDS in two privately owned magazines will consequently help in understanding the current emphasis and contribution that the media industry is giving efforts in tackling these problems.

## 1. 4Purpose and Significant of the Study

The main purpose of this study is to examine the portrayal of HIV/AIDS in Myanmar through two health magazines with the highest circulation. This study also aims to examine the extent of the private health magazines to fill the gap of HIV/AIDS information to the community. By evaluating the coverage of HIV/AIDS pandemic by these two health magazines will contribute the available knowledge on media and HIV/AIDS as follows: To get a better understanding of how health media contribute to fight against HIV/AIDS and to fill the gap of in-depth analysis of media coverage of HIV/AIDS pandemic. This study will lay a foundation to design health related training for journalists and editors by the Government and NGOs. The study is also expected to urge the important media partnership with various national authorities such as Ministry of Health, International organization (eg-WHO, UNICEF, INGO, NGO etc), the private sectors and the community at large. Such partnership would help to increase the extent coverage and nature of the media on HIV/AIDS and it would help to reduce the prevalence rate. The study will provide suggestion for other researcher to conduct further in-depth related researches in the media coverage of HIV/AIDS and health communication.

## 1. 4 Research Questions

Based on the purpose of this study, the researcher will answer the following research questions. RQ1: How visible is the coverage of HIV/AIDS by these magazines in comparison with the coverage of other diseases by them? RQ2: To what extent do these magazines prioritize the coverage of HIV/AIDS, and in particular way to highlight the importance of the issue? RQ3: To what extent do these magazines utilize the cultural and social norms of the country to propagate their message of the issue? RQ4: To what extent do the professionals in Myanmar health sector value the works of these magazines on the coverage of HIV/AIDS issue?

## 1. 5 Research Method

Content analysis will be conducted for this study of Good Health and Long Life Health magazines to find out the coverage of HIV/AIDS in Myanmar. Taking a sample magazines that were published in a period of one year in 2012 have been analyzed to reach the partial understanding of research questions. The study will analyze not only the amount of HIV/AIDS articles but also the placement, type, theme, source and the origin of the story presented according to the standard form of coding sheet. An opinion survey with the health prfessionals and workers will also be conducted to get their views on the effectiveness oftwo health magazines on the coverage of HIV/AIDS and the value of media in health communication.

## 1. 6 Literature Review

Because of resources, materials and some political reason, any previous studies of media coverage of HIV/AIDS in Myanmar were not found, therefore, attempt has made to discuss some of the studies were conducted in different countries. The study conducted by International Federation of Journalists (IFJ, 2006) in parts of Asia and Africa. The countries included the Philippines, India, Cambodia in Asia and Zambia and Nigeria in Africa. Media monitoring was conducted for two weeks (one week in Asia and the other in Africa) in late November and early December 2005 in order to determine the quality and quantity of HIV reports in the media. Overall, the survey revealed that the language and tone of HIV stories showed sensitivity to People Living with HIV. Editors and journalists were encouraged to amplify the voices of those infected by the disease and to widen coverage and report HIV as a story with medical, political, social, economic, cultural and religious aspects. Wolffers and Bevers (1997) criticized the media’s negative reporting of HIV/AIDS especially in Southeast Asia at the beginning of the pandemic, and highlighted how the discrimination of minority groups in the west, mainly gays and drug users, were reflected in the Asian media. The status of injecting drug users and sex workers in Southeast Asia, who were among the first to become infected with HIV, is virtually the lowest in society and most of the people in the media look down on them or are indifferent to their needs. This is one of the reasons for the unsympathetic attitude towards HIV-infected people and people with AIDS and has become a serious block to write positively about HIV/AIDS (Wolffers & Bevers, 1997). Therefore, the media should state more systematic and comprehensive in reporting of HIV/AIDS and to shift from awareness to public information and education with more local or country-based reporting(Barcelona, 1989). In a content analysison the media coverage of HIV/AIDS in Uganda, it was concluded that HIV/AIDS issues are given little coverage(Nassanga, 1998). That study included two major daily newspapers (Monitor and New Vision), and the Radio Uganda, covered the period January 1997 to June 1998. It was a significant study which consistedof both print and broadcast media. In conclusion, the author acknowledged the importance of the media and recommended the training of journalists in how to write selling stories. Research on media coverage of HIV in Asia is limited to a few researchers. Brown and Xenos discussabout the hidden nature of the epidemic in Asia which was caused by the low numbers of early HIV/AIDS cases and the social invisibility of the behaviors that spread it. They argued that this made it difficult to convince policy makers and the media that a problem existed and to persuade them to act(Brown & Xenos, 1994). Therefore media agencies and policy makers as described earlier needed can be an asset in promoting individual and public health and result in a positive health policy in a country. However at times they may not accomplish or even fail to achieve these roles due to a number of reasons. One of these a problem is lack of consistency in coverage. Most of the previous studies focused on media coverage of HIV/AIDS were done mostly in Africa than Asia. Actually HIV/AIDS epidemic is not only Africa issue but also global issue. Now a day the media are also reluctant to mention about HIV/AIDS news than noncommunicable diseases. Therefore to achieve UNAIDS vision, 2011 of zero new HIV infections, zero discrimination and zero AIDS-related deaths, this study will fill the research gap by addressing the media role in HIV/AIDS coverage in Myanmar.

## CHAPTER 2

## 2. 1Problems of HIV/AIDS in Myanmar

Like other Asian country, people who inject drug (PWID) were the first group to be affected in Myanmar. Female sex workers and people who inject drug users are reported to be high but men who have sex with men in unprotected fashion are also common(NSP-II, 2011). The large size of population mobility, poverty and HIV associated stigma and limited coverage of effective prevention program for high risk behavior populations are some of the important determinant that make highly vulnerable to HIV in Myanmar. In Myitkyinaand Lashio, Northern and Northern East State of Myanmar, heroin is widely available. Heroin injecting is preferred to heroin smoking because it is less expensive, more rapid and effective. It is common for Injecting Drug Users (IDUs) to go to a shooting gallery, where a professional injector injected numerous customers without bleach or sterilization. There are estimated 75, 000 HIV/AIDS infected persons in these areas (Ibid). Because of mining camps are situated in these areas, most of men are also living away from their families and their home communities. They are more likely to have multiple sex partners. Therefore the seasonal workers came to these regions from various parts of the country have more chances to infect HIV while living or travelling outside. Upon their return to home, some of these men and women subsequently infected and HIV virus spreads to their partners, in some cases, passed along the infection to their children. In 2007behavioural sentinel survey (BSS) among general population, 5. 6% of adult men reported having had sex with a sex worker in the last year (Ibid). Therefore the prevalence of HIV in both Northern State and Northern East State of Myanmar is significant. The epidemic of HIV infection and AIDS among injecting drug users and its spread from these populations to the sexual partners in the wider community is an important high risk group to be reached HIV/AIDS knowledge. Nevertheless, the major reasons of these epidemics are so often neglected are the lack of understanding of the importance of controlling the epidemic, ignorance of effective methods for controlling the epidemic and a lack of knowledge about how to develop effective responses. Talkingabout sex/sexuality and sexual transmission of HIV/AIDS is still a taboo subject in Myanmar. Therefore people living with HIV/AIDS avoid to go and discussing to medical personal and others in fear of stigma and discrimination. The sex workers and IDUSare also illegal in the country. The educational status and the correct knowledge of HIV/AIDS are linked as the people with low education level can’t catch the medical terms using health personals. These are some of barriers in HIV counseling and testing. In order to break these barriers, the private health media are trying to help low level educated people by health magazines in ordinary language through Behavioral Change Communication (BCC) and Communication for Social Change (CFSC). In addition to strengthening the awareness and prevention of HIV/AIDS, expanding the media coverage of HIV/AIDS education to tackle the epidemic and reduce discrimination is seriously needed.

## 2. 2 Media in Myanmar

The main features of the media landscape in Myanmar are broadcast, print and Internet. There are 6 major TV channels in Myanmar. Among them three are state-owned TV channels, while the rest are joint ventures between state and private. Apart from a state-owned radio station, there are about 8 FMs private radio broadcasters in the country. Private radio programmes mostly focus on entertainment, foreign news and sports(Thu, 2011-2012). Myanmar gained independence in 1948. The Constitution of the Union of Myanmar (1947) guaranteed freedom of expression, guaranteeing the liberties of thought and expression. After the military coup d'état by, Ne Win in 1962, the Printers and Publishers Registration Law was enacted. This law requires all printers and publishers to register and submit copies of their publications to the Press Scrutiny Board, under the Ministry of Home and Religious Affairs (now under the Ministry of Information). Before August 2012, censorship was too strict in the country and the government suspended private newspapers and journals if they violated censorship rules. However, private press media about fashion, sport, health, religious and astronomy are free of censorship up to some level. In addition, only the state-owned newspapers publish daily. The government has not granted daily licenses to the private press. Today, there are 187 weekly magazines registered to the Press Scrutiny and Registration Division under the Ministry of Information. Good Health and Long Life Health are popular because of their enriched information in concerned area. Myanmar has electrical services in approximately 10 percent of its territory and only 30 percent of population got the electricity. Therefore people have limited use of radios and televisions. According to official statistics, as of July 2010; there were only 400, 000 Internet users (0. 8% of the population). Print consumption is 30% in towns and cities (Thu, 2011-2012). The literacy rate of Myanmar, according the UNESCO Institute of Statistics stands at 91. 9% (males: 94. 7%, females: 89. 2%) (UNESCO, 2010). Therefore, the print media gain greater importance in informing people in the country. This study assesses the extent and nature of HIV/AIDS information in popular health magazines in Myanmar.

## 2. 3. 1. Health Magazines in Myanmar

## 2. 3. 1. 1 Good Health Magazine:

Good Health magazine is a private-owned magazine under Swesone Media Group founded in 2000. The first magazine was published in August 2000. It is published in Myanmar language. The Good Health magazine covers health issues including diabetes, hypertension, heart diseases, dental care, psychiatric disorders, healthy living, healthy eating style, weight loss, child health, women's health, tuberculosis, malaria, HIV/AIDS, etc.. The circulation is nearly 20, 000 copies and distributed throughout the country. The magazine is published on every Wednesday. The Good Health magazines can be downloaded from online at (http://www. swesonemedia. org)and also available in Facebook (https://www. facebook. com/swesonemedia). The aim of the magazine is to follow the instructions, to avoid problems and diseases from the content of magazine, the reader will stand a much better chance of staying healthy.

## 2. 3. 1. 2. Long Life Health Magazine:

Long Life Health is also a private owned magazine under Ever Win International Limited founded in 2004. The first magazine was published in February 2004. It is also composed in local official language, Myanmar. The Long Life Health magazine concenterate in the articles of orthopedic cases, tuberculosis, malaria, HIV/AIDS, child health, obesity, eye, obstetric and gynacological cases, cancer cases, etc. Other health relating articles like healthy & happy, diet & fitness, food & recipes, beauty & style and celebrities' healthy life style, etc are also included. The circulation is about 18, 000 copies distributing all around the country. The magazine is published on every Monday. The function of the magazine is to raise awareness about health and to promote quality of life and health of society. This magazine has not launched the online version yet. Both health magazines are operating mainly to meet people needs and interest about health information.

## 2. 4 Health Communication

Health communication is concerned with " the powerful roles performed by human and mediated communication in health care delivery and health promotion" (Kreps , 1998). Health communications is a mean of creating social change by changing attitudes of people, external structures, and/or modify or eliminate certain behaviors. According to Vignault’s definition, health communication is " the art and technique of informing, influcing and motivating individual, institutional and public audiences about important health issues" (Vignault, 2000). This author further states that the scope of health communication includes disease prevention, health promotion, health care policy and the business of health care, as well as the enhancement of the quality of life and health of individuals within the community. The link between communication and health is increasingly recognized as a crucial element for improving personal and public health (Piotrow, Kincaid, Rimon, Rinehart, & Samson., 1997 & Dutta, 2008). Health communication contributes to disease prevention and health promotion, doctor-patient relations, the design of public health campaigns, dissemination of health risk via the mass media, and change in individual and public attitudes and behaviors. For individuals, effective health communication can help raise awareness of health risks and equip them with skills to reduce these risks. For the public, health communication strategies can influence the public agenda, advocate for policies and programs, promote positive changes in attitudes and environments, improve the delivery of public healthcare services, change the social climate to encourage healthy behaviors, and endorse beliefs, values and social norms that benefit health and qualityof life in general. The scope of health communication includes disease prevention, health promotion, health care policy, and the business of health care as well as enhancement of the quality of life and health of individuals within the community. Hence, health communication can play the role on influencing and supporting individual, community, health care professionals, policy makers to adopt and sustain a behavioral practice or a social or policy change that will ultimately improve health outcome. Cliff attests that " Health communication is an approach which attempts to change a set of behavior in a large-scale target audience regarding a specific problem in a predefined period of time"(Clift, 1990). In analyzing above idea, health communication can be seen as an activity intended to improve the health behavior of the given communities and individuals. Therefore, it should incorporate as one of part of public health interventions. There are two commonly used health communication theories in relation to HIV are behavior change communication and communication for social change (Cullen, 2009).

## 2. 4. 1 Behavioral Change Communication

Behavior change communication (BCC) is an interactive process, it helps to understand the target population and to produce tailored message, which are delivered using a variety of communication channels to promote positive behavior. BCC uses multiple channels to transmit and reinforce messages that address the needs of target audiences as well as creating a supportive social environment that helps people adopt and maintain safer behaviors. In the context of the HIV/AIDS epidemic, BCC is an essential part of a comprehensive program that includes both services (medical, social, psychological and spiritual) and commodities (e. g., condoms, needles and syringes). BCC as " based on a belief that urgency of theepidemic necessitates a high degree of focus on behavior. It tries to encourage people to make informed choices"(Deane, 2002). Therefore BCC is to increase uptake of services for HIV prevention, care and support such as Voluntary Counseling and Testing (VCT), Prevention of Mother-to-Child Transmission (PMTCT) and Sextual Transmited Infection (STI) services. BCC is to improve skills and sense of self-efficacy (perceptions about an individual’s ability to perform a promoted behavior effectively) by focusing on teaching or reinforcing new skills and behaviors, such as condom use, negotiating safer sex, and safe injection practices. Thus, BCC is a working process with communities and individuals to develop communication strategies to promote positive behaviors which are appropriate to their settings and provide a supportive environment which will enable people to initiate and sustain positive behaviors. In HIV/AIDS workplace BCC is to inform workers about HIV/AIDS, promote behavior changes that will reduce the spread of the virus, reduce discrimination and support workers who are living with HIV/AIDS. It is important to note that changing behaviors and attitudes is a process that takes time and the target audience requires a range of messages and supports.

## 2. 4. 2. Communication for Social Change

The objective of communication for social change (CFSC) is by using communication processes, techniques and media to facilitate social, economic and technological development. The CFSC is not only transferring information and sending messages, but rather about listening, responding to, and helping people give direction to their own change. Therefore CFSC is a critical strategy for combating social stigmas of HIV/AIDS. According to (UNAIDS, 2007), CFSC is recognized as a promising approach to address the social aspects of HIV/AIDS information. But arguments still existed how to deliver quality information, originated from participatory communication processes and that expressed the needs and priorities of communities to the masses. The CFSCemphasizes the complementary role of both top-down and bottom-up communication in engaging communities, in building on local wisdom, with the intention of expanding horizontal communication (i. e., communication that occurs between individuals operating at the same " level") and through increased access to media. The CFSC approach is a process of community dialogue and collective action through the community to identify the priorities, develop a vision and plan of action. When the community goes through this process, changes in both individual outcomes (such as increased knowledge and healthier behavior) and social outcomes (such as strengthened community leadership, broader participation, and social cohesion) will occur. This enabled communities not only to experience change but to guide it as well. The social change communication working group of UNAIDS has defined communication for social change for HIV/AIDS as " the strategic use of advocacy, communication and social mobilization to systematically facilitate, and accelerate change in the underlying drivers of HIV risk, vulnerability and impact". It enables communities and national HIV/AIDS programs to tackle structural barriers to effective HIV/AIDS responses, such as gender inequality, human rights violations and HIV-related stigma (UNAIDS, 2007). Social change communication is widely defined as an umbrella term to include a communication processes, initiatives, and programs that differ widely in specific objectives in order to send a concise message to the masses (Vincent, Ailish, & Robin, 2011). Despite important advances in understanding the significance of structural or social factors to HIV prevention, there remains a need to better conceptualize how social change can happen, and in particular, the relationship between the individual and society. In the prevention and treatment of HIV/AIDS, both behavioral changes and social change can help enable the media to communicate their own agenda. Also to articulate their own priorities and aspirations of how to address the HIV/AIDS epidemic and to ensure that concerned groups respond to public policy debates. The mass media is now playing an important role in promoting public health regarding HIV/AIDS by morphing people’s social, cultural attitudes, and knowledge by employing the use of social change communication.

## 2. 5 Role of Media in Health Communication

A mass media cannot be effective unless the target audience is exposed to, attends to, and comprehends its message. Two important aspects of message delivery are controled over message placement and production quality. Control over message placement helps to ensure that the intended audience is exposed to the messages with sufficient frequency to exceed some threshold for effectiveness. Mass media clearly can be an effective tool for health communication whether the effort is on a national or local scale. It serves the role of being a source of correct information as well as an advocate for correct health behaviors. But before the media can take on that role, it needs to understand the diseases, the issues surrounding it, policy and practices, and finally, recommended correct behaviors (AED, 2006). Concerning the mass media role in health communication research demonstrates that the mass media is more important than interpersonal communication in increasing awareness and knowledge of health issues (Fishman & Casarett, 2006). The local and international media play a vital role as the link between health workers and the larger public. Health authorities educate and entrust the media with essential health information, which is then relayed to the public in readily accessible formats through a variety of media channels.  For instance, in order to disseminate information about the HIV/AIDS disease to the wider public, the Government and INGO need to help the responsibility of developing the training program to help the local media understand the complexity of this disease so that they would be able to report about it effectively. The media are employed at all levels of public health in the hope that three effects will occur: the learning of correct health information and knowledge, the changing of health attitudes and values and the establishment of new health behavior. Mass media campaigns have long been a tool for promoting public health being widely used to expose high proportions of large populations to messages through routine uses of existing media, such as television, radio, and newspapers(Noar, 2006). For instance, public health organization are increasingly dependent on media as a way to reach the public with health messages to inform and educate the public in order to raise the awareness, increase knowledge, create favorable attitude and ultimately motivate people to take socially responsible action in their own life. The mass media helps health workers expand their audience reach, which is crucial considering the fact that face-to-face channels of communication often require too many human resources and reach only a small number of people in large, underserved rural areas. The mass media provides an important link between the rural residents and vital health information. This is reflected in the huge media coverage in magazines, newspapers, radio, television programmes and the Internet. The increased availability of scientific information has not always increased people’s knowledge, but presents them with the obligation to know and understand in order to make choices. Since health is one of the development agenda, media has a great role in promoting health as well. The media can provide the platform to communicate accurate information to the public about prevention, accessing health services and health promoting behavior. Beyond that the media can also stimulate or host public debate, and promote the accountability of government and other decision makers (Global AIDS Programme, 2007). In Myanmar as well a number of government and many private newspapers are playing pivotal role in promoting political, economical and social development of the country. The health magazines also operate mainly for meeting public need and requirement about health issue. In addition the health magazines are reached many and diversified reader of the general and particular specific groups. The study will also be focused on the extent of their coverage on HIV/AIDS. In the prevention and treatment of HIV/AIDS, both behavioral changes and social change can help enable the media to communicate their own agenda. Also to articulate their own priorities and aspirations of how to address the HIV/AIDS epidemic and to ensure that concerned groups respond to public policy debates. The mass media is now playing an important role in promoting public health regarding HIV/AIDS by morphing people’s social, cultural attitudes, and knowledge by employing the use of social change communication.

## 2. 6 Agenda Setting Role of Media

The role played by health magazines in HIV/AIDS coverage in Myanmar is evaluated in this study through the use of agenda setting theory. As this theory is one of the pioneer and most influential communication theories, it has attempted to explain how the media agenda influences the citizen’s and policy maker’s agenda. Agenda setting is one of the most important media theories of the present time and espoused by (McCombs and Shaw, 1972). The basic premise of the agenda setting theory examines how news media reports on particular issues and influences or shapes public awareness and debate (ibid). Editors act as gatekeepers of mass mediated messages and promote a media agenda by prioritizing certain issues. They can provide sustained and prominent coverage to an issue while others are marginalized or ignored. Earlier propositions about the agenda setting theory suggested that while media do not tell us what to think, they tell us what to think about. It is the idea that the media concentration on particular issues and subjects leads the public to distinguish those issues as more important than other issues. Therefore, it is important to say that media as an agenda setter and as a primary change agent can be used for various purposes, one of which can be in featuring and shaping government and private awareness in general public health issue. It’s underlying hypothesizes is that mass media have the ability to transfer the salience of issues on their news agenda to the public agenda (Griffin, 2008, p. 359). As an extension, effect on public policy may occur. Agenda setting describes a very powerful influence of the media – the ability to tell us what issues are important based on the amount of coverage they receive (McCombs, 1972). When contributing HIV/AIDS information, the health organization of government and non-government are using media as images they want the public to see. The concept of this theory suggests that media concentration on more coverage and particular issues leads the public to distinguish those issues as more important than other issues. Thus, by featuring the HIV/AIDS related issues more prominently, mass media can make the issue worthy of discourse. The agenda of a media could be indicated and signified by number of things. For instance, if a media makes HIV/AIDS its primary agenda, it comes out on the front page and it allocates larger space and frequencies. If an article of HIV/AIDS issues is on the front page of magazine, the audience perceives that HIV/AIDS story as having great importance within the scheme of current news topics. Since the audience seems the cover story is more newsworthy. Agenda setting pioneer McCombs and Shaw support this idea by saying " Position and length of story as the two main criteria of prominence in news coverage and for newspaper the front page, headline story and lead editorial were all counted as evidence of significant focus of an issue" (Griffin, 2008). All these suggest that the agenda setting theory of the press provide important implications for news coverage of the HIV/AIDS pandemic. It seriously emphasized the need for communication interventions to fit into the socio-cultural dynamics of the people to be addresses in tackling HIV/AIDS pandemic. Hence, this study will be conducted according to the guidance of agenda setting theory.