

Effective HIV/AIDS
Communication Campaigns:
A Case Study of an HIV/AIDS Awareness Campaign
Targeted at Young Adults at a Tertiary Institution

by

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DECLARATION

I, Veena Parboo Rawjee hereby declare that the work presented in this research paper is my own. Any work done by others has been duly acknowledged.

Centre for Culture, Communication and Media Studies, University of Natal: Durban.

A handwritten signature in black ink, appearing to read 'Veena Parboo Rawjee', is written above a horizontal dashed line.

Veena Parboo Rawjee

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ABSTRACT

This research emerges within the context of rapidly rising levels of Human Immunodeficiency Virus (HIV) infection amongst young adults and the escalation of deaths from the Acquired Immunodeficiency Syndrome (AIDS). This study critically examines the commonly used theories and models that guide HIV/AIDS communication campaigns. However, it notes that the broad ranging theories and models used during HIV/AIDS preventative and care campaigns emphasise communication linearity and individualism and therefore fail to acknowledge culture. In view of the multiplicity of cultural and language groups that exist in South Africa, culture plays a crucial role in HIV/AIDS communication interventions. Failure to acknowledge the cultural context in campaign theory has various negative implications. One is that, because these theories and models are linear, they are sender-oriented. The recipients are therefore unable to identify with the message as they are divorced from the context of its production. Furthermore, because of a lack of engagement by the recipient in the development of messages, retention of knowledge is minimal and this leads to a lack of acceptance of the message. Clearly then, there exists a need for these theories and models to be re-articulated so that they are less linear and individualistic, but rather more flexible so that they may be adapted for application within various cultural contexts. *

This study suggests that one of the ways of alleviating campaign linearity and including culture is by borrowing Paulo Freire's (1990) underlying principles of participation and incorporating them into communication campaign theory in the form of audience participation. Communication campaign theory would therefore include audience participation as a central component during its planning, implementation and evaluation phases. The appropriateness of this suggestion is demonstrated by applying it to and evaluating a HIV/AIDS awareness campaign targeted at young adults at a tertiary institution in KwaZulu Natal.

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INTRODUCTION

This dissertation critically examines the broad ranging theories and models used during HIV/AIDS communication campaigns. It notes that these theories emphasise linearity and individualism and thus ignore the various contexts within which communication takes place. Communication is a complex process that works within an intricate network of intentions, interpretations, social relationships, power structures, standards and values. Communication therefore does not operate in isolation; there are always contexts to consider. Failure to acknowledge context during campaign theory has various negative implications. For example:

The initial prevention responses aimed at the gay community in the United States illustrate how the medical construction of HIV distorts efforts at prevention. The medicalisation of sexual intercourse as a health conduct prompted the use of prevention models that were inapplicable because they stripped intercourse of its social, cultural and psychological meanings and motivations (Epstein, 1997: 29).

The above is an example of an implication of a linear individualistic model of communication. The message was sender (medical practitioner) oriented and resulted in the recipients (the gay community) being unable to identify with the message because the context of sexual intercourse was divorced from the circumstances of message production. This example illustrates that there exists a need for the theories and models commonly used during HIV/AIDS communication campaigns to be re-articulated so that they are less linear and individualistic and more flexible so that they may be adapted for application within various contexts. This study focuses specifically on the importance of acknowledging cultural contexts during HIV/AIDS communication campaigns. It accepts that other contexts, such as psychological, economic, physical and political are important, but these fall outside the scope of the study.

Previous researchers have documented the positive benefits of acknowledging cultural contexts during HIV/AIDS communication interventions. A case in point is DramAidE's (an AIDS organisation with an emphasis on life skills training) Act Alive campaign:

This programme involves the use of participatory action oriented media. Vibrant programmes of song, dance and theatre are presented at health festivals, where AIDS messages are produced by the community at whom the message is aimed. These messages are true to the experiences of the people of KwaZulu-Natal who are facing the reality of AIDS in their communities (Parker, *et al.* 2000: 68).

This dissertation supports these participatory methodologies. It further suggests that one of the ways of including cultural context (to an extent) into communication campaign theory is by adopting Paulo Freire's (1990) underlying principles of participation and incorporating them into campaign theory in the form of audience participation during the planning, implementation and evaluation phases of the campaign. To demonstrate the appropriateness of this suggestion, this study evaluates a case study of a HIV/AIDS awareness campaign targeted at young adults at the ML Sultan Technikon¹, a tertiary institution that was located in KwaZulu Natal, South Africa. It concludes with an evaluation and analysis of the findings and further offers recommendations.

Chapter One reviews the current HIV/AIDS statistics in South Africa. It further identifies the use of communication campaigns as a key intervention in helping to curb the spread of HIV/AIDS. Chapter Two sets up the theoretical framework by critically examining the broad ranging theories and models commonly used during HIV/AIDS prevention campaigns. It suggests that communication campaign theory can be enhanced by borrowing Paulo Freire's (1990) principles of participation and incorporating them in the form of audience participation. Chapter Three demonstrates this suggestion by applying it to a HIV/AIDS awareness campaign targeted at young adults at the ML Sultan Technikon. Chapter Four evaluates this campaign, presents the findings, and presents photographs of the students participating in the campaign. It concludes with recommendations.

¹ On the 1st of April 2002, the ML Sultan Technikon and Natal Technikon merged to form the Durban Institute of Technology. This study was conducted before the merger took place.

CHAPTER ONE

1. HIV/AIDS: THE SOUTH AFRICAN CONTEXT

This chapter reviews the current HIV/AIDS statistics in South Africa. It further discusses the use of communication campaigns as a key intervention in helping to curb the spread of HIV/AIDS.

Acquired Immune Deficiency Syndrome (AIDS), a viral infection, caused by the Human Immunodeficiency Virus (HIV), has become the scourge of the young adult population in particular. HIV/AIDS transmission and infection occurs through contact with infected body fluids. "Modes of transmission include sharing of fluids during sexual intercourse; prenatal infection from mother to infant; post-natal infection during breast-feeding, fluid-fluid contact through needle-sharing during intravenous drug use and through the transfusion of blood and blood products" (Parker, 1994: 2). To date, the global summary by the Joint United Nations Programme on HIV/AIDS (<http://www.unaids.org/epidemicupdate/report/Epireportchapgloestim:2002>) reports that by the end of 2001, approximately:

- 2.8 million people had died of HIV/AIDS
- 34.3 million people are living with HIV/AIDS and
- 5.4 million people were newly infected with HIV/AIDS

In the absence of a cure, it is estimated that globally more than 40 million people will be living with HIV by the end of year 2002. The largest portion, 24.5 million (71.4%), live in Sub-Saharan Africa.

In South Africa, the disease was first reported in 1982 predominantly affecting the homosexual population. Since then, there has been an increase in the number of heterosexual cases of HIV/AIDS infection, with 4.7 million people currently living with HIV/AIDS. In a paper presented on the 13 August 2002, to the National Assembly's Health Committee, loveLife² CEO, David Harrison, said:

The number of HIV/AIDS infections in South Africa could reach between 6.4 million to 12.1 million by 2010, unless major behavioural changes occur to significantly alter the course of the epidemic. These figures represent about 15 to 25 percent of the total South African population. What exacerbates this situation, is that young people between the ages of 15-24 are most severely affected by the disease, with around 60% of all people who acquire HIV/AIDS

² One of the largest HIV prevention campaigns currently being run in South Africa.

becoming infected before they turn 25

<http://www.doh.gov.za/docs/news/2002/nz0812.html/02/11/26>).

To demonstrate the reality of the crisis within this age group, the Medical Research Council of South Africa (MRCSA), in a recent KwaZulu-Natal voluntary survey of university students, while not fully representative, demonstrated infection rates of 26 percent in women and 12 percent in men aged 20 to 24 (<http://www.mrc.ac.za/urbanbulletin/june2000impending.htm:200215/11>). The significant reduction in the life expectancy of this age group has negative consequences for South Africa. During the 13th International AIDS Conference in Durban, President Thabo Mbeki reported that the impact of HIV/AIDS not only hurts individuals, families and organisations, but also slows economic growth and worsens poverty (<http://www.thebody.com/unaid/fifteen.html:200215/11>). Furthermore, during the 14th International AIDS conference in Barcelona in July 2002, Peter Piot, Executive Director of UNAIDS, said:

As a result of the HIV/AIDS pandemic children are taking on the role of adults in many places affected by HIV because a generation has disappeared. They can't go through normal development. The very fabric of society is disappearing, with family structures crumbling (http://archive.mg.za/NXT/gateway.dll/P200211/25_02:05).

The MRCSA further warns that:

The HIV/AIDS epidemic far outweighs any other threat to the health and well being of South Africans. AIDS deaths will soon exceed all other causes of death put together among the South African workforce. In addition, HIV/AIDS is also expected to cut South Africa's gross domestic product by 17% by 2010

<http://www.mrc.ac.za/urbanbulletin/june2000impending.htm:200215/11>).

The impact of the HIV/AIDS pandemic affects the very existence of society and represents both a national and international socio-economic crisis. Furthermore, the above statistics and comments are not only an indication of the impact of this crisis, but also highlight the need for key interventions to be in place to curb the spread of this disease, especially amongst the youth. With no prospect of an HIV/AIDS vaccine in the near future, prevention campaigns promoting awareness of healthier and safer lifestyles seem to be the cure at this point. A few of the larger campaigns that have been prevalent in South Africa include the loveLife campaign, National AIDS Helpline, World AIDS Day Celebrations and

The Paper Prayers Campaign. These are simply random examples of campaigns. They are by no means an indication of the extensive number of smaller campaigns that do exist in South Africa and their contribution in the fight against HIV/AIDS. These examples will be briefly discussed in order to indicate the nature of some of the HIV/AIDS campaigns currently prevalent in South Africa

The current loveLife campaign being run in South Africa, since September 1999, is one of the largest and most ambitious HIV/AIDS prevention efforts in the world. According to the loveLife website, (<http://www.lovelife.org.za/website/simple.asp?Page ID=375>) its objective is to positively influence adolescent sexual behaviour with the aim of reducing teenage pregnancy, the spread of HIV/AIDS and sexually transmitted infections (STIs) among young South Africans. LoveLife aims to reduce the incidence of HIV/AIDS among young South Africans by at least 50 percent over the next five years. Organised under the auspices of Zanele Mbeki and other leading South Africans, loveLife combines high-powered media with nation-wide adolescent sexual health services, outreach and support programmes. loveLife's programmes are implemented by a consortium of leading South African non-governmental organisations: the Reproductive Health Research Unit, the Planned Parenthood Association of South Africa and the Health Systems Trust. Major funding for loveLife is provided by the Henry J. Kaiser Family Foundation and the Bill and Melinda Gates Foundation. Additional funding for the campaign is provided by the South African government, the United Nations International Children's Fund (Unicef) and the Nelson Mandela Foundation. loveLife is a new lifestyle brand for young South Africans, promoting healthy living and positive sexuality. loveLife is positioned as part of popular youth culture. The key to loveLife's approach is to get young South Africans to 'talk about it' (sex). The campaign is designed to create interest and the ambiguous messages are meant to stimulate the youth to talk about sex and other related issues.

In addition to the above there are various other campaigns in operation. Parker, *et al.* (2000: 46-62) document some of the awareness and prevention campaigns that are employed in South Africa:

The National AIDS Helpline assists people to develop a community consciousness and to become more amenable to accepting change. South Africa's national tollfree AIDS Helpline was established in 1992 by the Department of Health as part of the response to the HIV/AIDS epidemic. The multilingual, 24 hour service is managed by Life Line, a non-governmental organisation involved in telephone counselling. The AIDS Helpline allows for dialogue between individuals and informed counsellors, which has a positive impact, both in terms of HIV prevention, and support to HIV positive

individuals. The tollfree number is widely promoted and results in tens of thousands of calls being made to the Helpline each month. Callers to the Helpline can receive basic information, in-depth counselling and referral to appropriate services.

World AIDS Day is celebrated on the 1st of December all over the world. It focuses on commemorating those who have died of AIDS and on efforts to combat the disease. An established campaign day with a history of AIDS awareness activities, World AIDS Day provides ample opportunities for AIDS publicity. Traditionally the day is characterised by high profile media events geared towards raising AIDS awareness, street campaigns, and (mass) events as well. Some ideas which have emerged from previous World AIDS Day activities include marches, processions, memorials and candle lighting, festivals and drama, quilts, murals, sticker and post card campaigns. A South African example of how World AIDS Day is commemorated is the development of AIDS murals. Murals are a powerful public medium, using artistic representations to convey meanings. Murals also add colour to often drab urban environments and bring art to street level, opening artworks to many different interpretations and responses by the public. Mural painting in South Africa during World AIDS Day has involved collaboration between AIDS organisations, local government representatives and artists. Artists' workshop AIDS issues and develop artistic interpretations during the mural painting process. Busy areas close to taxi ranks, train stations, educational institutions and health centres are ideal sites. Each mural can be strikingly original and different, reflecting the individual interpretations of the artists and the communities in which they live. Where words and slogans are used, it is possible to use relevant local languages and slang terms. Murals typically feature a red ribbon AIDS logo and the national tollfree helpline number as part of the design. During mural painting – usually a process of a week to ten days (leading up to World AIDS Day) – members of the public are encouraged to interact with the artists. Leaflets, condoms and other materials are distributed. The area of the mural can also be used for street theatre and media briefings. The description of this event is simply an example of the many awareness campaigns (mentioned above) that takes place on World Aids Day.

Another activity that forms a part of World AIDS Day is the Paper Prayers campaign. This campaign is planned annually by the Artist Proof Studio, a community printmaking and etching centre. In 1995, the Johannesburg Art Gallery invited artists and students to participate in the *Positive Lives* exhibition. This exhibition was inspired by a Japanese tradition of offering painted strips of paper as prayers to sustain good health and heal the sick. In 1996, workshops were held for youth groups, health workers, art educators, school children, and various other support groups. Thousands of paper prayers were

produced and exhibited in galleries, shopping malls, and theatres, and were part of World AIDS Day activities. Through the exciting process of learning new skills (new printmaking techniques) and creating beautiful 'art work', the participants challenged the HIV/AIDS epidemic. Making a paper prayer is life affirming and healing - it reinforces the notion that we must all be part of the struggle and the solution – a path that encourages and reinforces a collaborative spirit.

World AIDS Day is commemorated to build and maintain awareness of the plight of people living with AIDS and the impact of the disease on communities. The preparation for a World AIDS Day event can be very important especially when it is truly participatory, (including the different sectors of a community). This process, then, in itself can deepen community awareness of issues associated with HIV/AIDS.

The above campaigns are an indication that employing effective HIV/AIDS awareness and preventative campaigns has become one of the pivotal objectives in the fight against the HIV/AIDS pandemic.

2. COMMUNICATION CAMPAIGNS AS A KEY INTERVENTION FOR HIV/AIDS PREVENTION

Previous studies have indicated that access to information, education and communication are central in reducing vulnerability to HIV/AIDS infection. In her article entitled *Researching the Use of Drama for AIDS and Lifestyle Education in KwaZulu Natal: South Africa*, Dalrymple (1995: 263) contends that appropriate health and life style education has been identified as the key to controlling the HIV/AIDS pandemic that is threatening this continent. Dalrymple (1995: 102) further asserts:

In the absence of a cure for AIDS or a vaccine for HIV infection, and in view of the increasing rates of sexually transmitted diseases (STD's) among youth, education is critical in reducing the transmission of both. Such education needs to be given to young people so that they can protect themselves and others from infection.

Epstein (1997: 4) cautions that "with no signs of the epidemic abating there is an urgency to identify and/or develop effective ways of communication about AIDS in a manner which people can understand and integrate into their lifestyle". Lynch, Lloyd and Fimbres (1993: 14) further affirm that without a cure or a vaccine, prevention through information, communication and understanding remains the most powerful intervention. Parker (1994:6) supports education as the cornerstone of AIDS education and

maintains that one of the approaches commonly used to manage HIV infection and AIDS prevention is through a combination of educational and infrastructural methods. He suggests techniques such as the use of mass and small media, social marketing and distribution of condoms and peer education are used. More recent writings by Parker, *et al.* (2000: 10), however, caution that every HIV/AIDS intervention needs to be supported by effective communication activities that are adequately planned and managed.

Implicit in the above is the importance of planned communication efforts to curb the spread of the AIDS virus. A term often used to describe planned communication efforts is 'communication campaigns' and is defined by Rogers and Storey (1987: 817) as:

Purposeful attempts to inform, persuade or motivate behaviour changes in a relatively well-defined and large audience, generally for benefits to the individual and/or society at large, typically within a given time period, by means of organised communication activities involving mass media and often complemented by interpersonal support.

Communication campaigns do not always need to involve mass media, as indicated in the above definition. Communication campaigns can take place at a more localised/community level involving other communication activities. This could include folk-media, dance, plays and drama, which are particularly relevant in the development of participatory communication campaigns.

Clearly then, in the absence of a cure for the AIDS virus, it follows that employing effective communication campaigns, especially targeted at the youth, is critical in the efforts at HIV/AIDS prevention. HIV/AIDS communication campaigns should therefore be rooted in sound theory. This possibility is further examined in the next chapter by teasing out the main limitations of the key theoretical approaches and models commonly used to guide HIV/AIDS communication campaigns.

CHAPTER TWO

2. CRITIQUING KEY THEORIES AND MODELS USED DURING HIV/AIDS COMMUNICATION CAMPAIGNS

2.1 Introduction

With the objective of setting up a theoretical framework for this study, this chapter discusses the key theories and models used to guide HIV/AIDS communication campaigns. It notes that much of the research governing HIV/AIDS communication campaigns has been borrowed from research generated by social psychologists, advertisers and mass communication researchers. Because most of these theories and models break down the communication process into sender, message and receiver (S-M-R) variables, they emphasise individualism and communication linearity. The origins of the S-M-R model can be attributed to the research conducted by Shannon and Weaver in 1949. Shannon and Weaver's mathematical theory of communication outlines the communication process as a simple linear model. The model depicts effective communication as the transfer of messages from the sender to the receiver. The model is mechanistic and represents an oversimplified account of what takes place during the communication process. It is sender oriented and is therefore linear and individualistic. It fails to acknowledge that communication does not take place in isolation but within a broader network of ideas and contexts. For example, an advert on television promoting the usage of condoms has a slogan, is illustrated by an act/scene, uses different colours and font sizes, and is screened during specific times. All of these variables carry different meanings for different members of the audience, depending on their cultural, political, social and economic context. A message therefore cannot be interpreted in isolation. The various contexts of the message must be considered, for example, the cultural context must be considered, especially during HIV/AIDS communication. By using culture as an example, this chapter highlights the importance of acknowledging cultural contexts in communication campaign theory. It further proposes that one of the ways of alleviating linearity and individualism is by including target audience participation in the planning, implementation and evaluation phases.

Most HIV/AIDS campaigns focus on behavioural change as a method of prevention. Commonly used theories and models that help to guide communication campaigns focusing on behavioural change are borrowed from social psychology. In addition, others are borrowed from marketing and mass communication discourse. Some of the frequently used theories and models that guide HIV/AIDS

communication campaigns include the health-belief model (HBM), the diffusion of innovation theory and the social marketing theory. The aforementioned are discussed and critiqued below.

2.2 The Health-belief model

Maiman and Becker (1974) formulated the health-belief model. It has been subsequently extensively reviewed (in Mullen, Hersey, and Iverson, 1987). It has also been used in private preventative action, patient adherence and therapeutic regimens and the habits of everyday living such as smoking and HIV/AIDS prevention. This model is predicated on the premise that individual health behaviour is a function of perceived threat and perceived benefit (Stone, 1979: 53). The model maintains that an individual's perception of susceptibility, severity, benefits, barriers and the cures available would determine the possibility of the individual engaging in preventative health activity. *Perceived susceptibility* refers to an individual's feelings of personal vulnerability to a condition. These feelings may vary from individual to individual (in the case of a medically established illness, this dimension has been reformulated to include questions of estimates of susceptibility, belief in diagnosis, and susceptibility to illness in general). This dimension therefore refers to one's subjective perception of the risk of contracting a condition. *Perceived severity* refers to an individual's concern about the seriousness of contracting an illness (or of leaving it untreated). This dimension, which varies from person to person, is also made up of an evaluation of both medical/clinical consequences (for example, death, disability, and pain) and possible social consequences (for example, effect of the condition on work, family life and social relations). *Perceived benefits* refer to how an individual reacts to the message. This depends upon his/her beliefs regarding the effectiveness of the various actions available in reducing the disease threat. Finally, *perceived barriers* refer to the potential negative aspects of a particular health action which may act as an impediment to undertaking the recommended behaviour. A kind of cost-benefit analysis is thought to occur where the individual weighs the action's effectiveness against perceptions that it may be expensive, dangerous (e.g., side effects, iatrogenic outcomes), unpleasant (for example, painful, difficult, upsetting), inconvenient and time consuming.

The health-belief model asserts that an individual's readiness to take action for his/her well being stems from a perceived threat of disease coming from his/her susceptibility to the disease and its possible severity. The cue to take action is a result of the individual's perception of the disease or the knowledge acquired. Behaviour is evaluated based on the estimate of the potential benefits of health seeking action to reduce susceptibility to and severity of the disease. These benefits are then

assessed against the perceptions of the physical, psychological and financial barriers inherent in the health-finding effort. The basic components of this model are taken from a well-established body of psychological and behavioural theory. According to Maiman (1974: 108), behaviour depends mainly on the following two variables – firstly, the value placed by an individual on a particular goal, and secondly, the individual's estimate of the likelihood that a given action will achieve that goal. Epstein (1997: 21) maintains that when these variables were conceptualised in the context of health-related behaviour, it corresponded to the desire to avoid illness, and the belief that a specific health action would prevent (or ameliorate) illness. In this model, susceptibility to and severity of the health related issue serves as a basis for the individual to act and the perception of benefits provides the path of action. The mass media and awareness campaigns are examples of 'cues to action' and this in turn supposedly serves as a stimulus to trigger the decision making process of the individual. The application of this model is evident in the community mobilisation project of the gay community in the United States:

During the early 1980's the gay community in a number of cities in the United States experienced a harsh and frightening phenomenon. Gay men began developing unusual cancers and lung infections that often led to death. There were high levels of promiscuity and casual sex was common in gym-like establishments called bathhouses. As the death toll began increasing an understanding of HIV and AIDS developed, and gay men began mobilising. They set up counselling groups to deal with safer sex, death and dying; distributed condoms, shut down the bathhouses; developed vibrant media; and took to the streets to protest for greater government commitment to fighting the epidemic. During this time people continued to become infected, but over time the cumulative effects of the interventions began to show positive results, and the number of new infections dropped significantly (Parker *et al.* 2000: 5).

One of the limitations of the health-belief model is that it is individualistic, as it predicts an individual's response to preventative health messages. Furthermore, this model has been criticised for focussing too much on abstract, conceptual beliefs. Stone (1979: 68) argues that not all the research results supported the predictions of the health belief model. Individuals do not always follow up on health recommendations subsequent to being alerted of a potential health threat. Furthermore, Freimuth (1992: 101) maintains that:

In general, the health belief model is a rational-cognitive model and assumes a “rational” decision-maker. Most adolescents, and many adults, do not seem to approach the AIDS issue from such a logical perspective, but seem quite capable of discounting risks and optimistically perceiving themselves as invulnerable to harm.

Another limitation of the health-belief model is that it excludes interpersonal or group influences. In view of the ‘social nature’ of sexual intercourse and the influence of other factors such as the individual’s beliefs, intentions, comprehension, and memory recall, this is an important omission in the context of STD and HIV/AIDS prevention (Epstein, 1997: 23). Furthermore, this model does not take into account cultural pressures and conditions that might impact on an individual’s ability to take up certain health measures. For example, in South Africa, because of the patriarchal social system, women are at a higher risk of being infected with HIV/AIDS. The South African Health Report (SAHR) states that even if a woman knows that her partner should wear condoms, she is unable to effect this because she may face the risk of abuse or abandonment if she refuses to have sex with her partner not wearing a condom (<http://www.hst.org.za/sahr/2000/chapter15.htm/02/11/26>).

2.3 Diffusion of innovation theory

The diffusion of innovation theory is the work of two American sociologists, E. Rogers and F. Shoemaker (1971). The main emphasis of this theory is on the communication process by which a new idea or product becomes known and used by a specific target group. This theory is founded largely on the empirical observations of various forms of planned communication. Rogers and Shoemaker’s study focuses on the communication stages through which farmers had to pass in adopting agricultural innovations. These stages are awareness, interest and evaluation, followed by small-scale trial, and finally, adoption or rejection of the innovation. The approach categorises individuals into groups depending on how easily new innovations are adopted. Groups are categorised into early adopters, early majority, late majority and laggards. The failure of adopting new innovations was attributed to so-called psychological factors. This psychological prejudice had to be overcome before innovations were accepted. Communication is given the role of helping with the removal of the prejudices so that a climate for change is created, which will lead to greater acceptance of innovations and therefore the promotion of the innovation.

Similarly, the above-mentioned process of communication can be applied to HIV/AIDS communication campaigns. Here, the innovation or the practice could either be the use of condoms or abstinence from sex. This theory can then be applied to a communication campaign by using the stages of awareness, interest, evaluation, small scale trial and then either rejection or acceptance of the innovation. Many HIV/AIDS communication campaigns use the diffusion of innovation theory to create awareness of HIV/AIDS. An example of this is the loveLife campaign currently being run in South Africa. This campaign has showcased various influential leaders (Nelson Mandela, Bill Clinton, Zanele Mbeki and others) in the media to show their commitment and support towards the loveLife campaign. These efforts constitute an example of how the awareness stage of the diffusion of innovation can be approached. The loveLife campaign has been designed by using colourful advertising to showcase various ambiguous messages, which are meant to stimulate the youth to talk about sex. This illustrates how the interest stage of the theory was structured.

loveLife (<http://www.loveLife.org.za/lwebsite/simple.asp/02/11/26>) reports that:

In the first year, (1999) the loveLife campaign concentrated on building brand awareness through an initial teaser campaign designed to create intrigue and enquiry to a more pointed focus on sex and HIV. By the end of the first year, more than two-thirds of South Africans could identify the loveLife brand. loveLife's strategy is three-pronged: to build awareness by stimulating more open and better-informed communication about sex, sexuality and gender relations and to develop the necessary public health services, institutional support and outreach programmes for young people.

The above description of the loveLife campaign practically demonstrates awareness, interest, evaluation and the small scale trial phases of the diffusion of innovation theory. However, the acceptance of the innovation phase is questionable. The loveLife campaign has generated a lot of controversy over its ambiguous style of advertising. Although, through its bright colours, it has captured the attention of many, perhaps its messages should be clearer (<http://www.woza.co.za/lovelife16hhtm>). After all we are dealing with a killer disease and the messages being conveyed should 'hit' home immediately without causing further confusion. The limitation in the application of this theory in practice indicates that although the initial stages of the theory may be successful the latter stages (the most important) may fail.

Freimuth (1982: 103) criticises the diffusion of innovation theory for being too linear, for having a pro-innovation bias, and for widening gaps between the 'information haves' and 'have-nots' in a social system. McQuail (1987: 273) further maintains that:

Traditionally the model emphasises organisation and planning, linearity of effect, hierarchy (of status and expertise), social structures (thus personal experience), reinforcement and feedback.

2.4. The Social Marketing Approach

Philip Kotler, a marketing scholar, introduced the idea of marketing not only for commercial transactions but also for non-commercial transactions. This process, known as social marketing/social cause marketing/idea marketing/public issue marketing is described by Kotler (1982: 490) as the:

Use of marketing principles and techniques to advance a social cause, idea, or behaviour. More specifically: "social marketing" is the design, implementation and control of programmes seeking to increase the acceptability of a social idea or cause in target group (s). It utilises concepts of marketing segmentation, consumer research, concept development, communication facilitation, incentives and exchange theory to maximise a target group's response.

Social marketing is frequently used to plan public health campaigns. Parker *et al.* (2000: 15) claim that:

Social marketing techniques have achieved considerable success world-wide, promoting condoms, contraceptives and other health products and effectively reaching millions of people who would not otherwise have had access to these products.

The social marketing approach is borrowed from marketing discourse and is a generic concept of marketing, applied to non-commercial transactions such as development, social change, and education campaigns. Social marketing can therefore be used during public health campaigns where the objective of the campaign is to bring about social change within a community. Compared to commercial marketing, social marketing usually operates in less profitable markets, for example during public health and fund raising campaigns.

Social marketing is made up of five elements, viz. product, price, promotion, place and positioning (the five Ps) and is used as a tool by the communication planner. These tools help the communication planner to define the communication situation. "For (social) marketing to be successful, all of the functions associated with the five Ps must be performed by the marketer or other participants in the transaction process" (Windahl, *et al.* 1992: 96).

The five Ps are described as the *product* which refers to a product/service/idea, or practice that needs to be marketed to a target group. The communication strategist should be clear about what product is being marketed. The communication planner should also be aware of how the recipients/public perceive the product. To make an idea more tangible, it is important to attach a physical object to it. For example, in the case of HIV/AIDS awareness campaigns, the 'red ribbon' symbolises support for the fight against HIV/AIDS. *Price* is the second concept, which refers to that which is paid by the recipient of the message in exchange for the message. In social marketing, price refers to the exchange of social prices other than money, for example, resources. Price does not necessarily refer to money, but rather to the time and energy put into participating in a campaign. For example, the price for the participation of the public during a HIV/AIDS awareness campaign would mean the time and energy the participants spend participating in that campaign. *Place* refers to the channel through which the product/idea is made available to the target group. Windahl, *et al.* (1992: 96) cautions that the communication planner should ensure that the channel is easily accessible and identifiable. A case study documented by Jarlbro, (1987: 17) refers to a case study on AIDS in Sweden. Some of the Swedes found it a burden to acquire condoms, as they were embarrassed. This resulted in them stealing the condoms. A common practice in social marketing is using a commercial channel for distributing non-commercial products. This method helps the non-commercial marketers to gain a channel, and in return, the commercial channels earn the goodwill that accompanies the product. *Promotion* is made up of the communication or persuasion activities used to create awareness of the product/service/idea or practice amongst the target group. Solomon (1989: 93) suggests that promotion means actively reaching out to the right people with the right message at the right time in order to obtain the right effects. This description implies that promotion goes further than simply an advertising message or publicity campaign. Because the primary aim of social marketing is to bring about social change, this usually means that the target audience has to accept the idea, become aware and then change its behaviour. *Positioning* is the fifth P and refers to how the recipient of the message perceives the product or idea in relation to other products or ideas.

A case study documented in Parker *et al.* (2000: 8) illustrates how this theory unfolds in practice:

In South Africa, social marketing techniques are applied to the promotion of *Lovers Plus* condoms by the society for Family Health (SFH). SFH has set out to reach lower-income consumers by using donor subsidies to reduce the retail price of *Lovers Plus* to a third of that of commercial brands. The condoms are sold in conventional outlets such as pharmacies, cafés and supermarkets, but are also sold in spazas, shebeens, and taverns. Socially marketed condoms fill a valuable niche between free condoms and commercial brands. Free condoms are available mainly through clinics and are thus not readily accessible, while commercial brands are prohibitively expensive for the lower-income consumers. SFH is working towards a 'five-minute rule' that sets out to ensure that condoms are available within five minutes of when or where they are needed. Social marketing techniques have achieved considerable success worldwide in promoting condoms, contraceptives and other health products and thereby effectively reaching millions of people who would not otherwise have had the access to these products.

Windahl *et al.* (1992: 96) are of the view that in marketing language, a rational interplay between the five Ps is essential for the creation of a marketing campaign. However one of the key limitations of the social marketing approach is that in practice it unfolds in a linear fashion. Windahl *et al.* (1992: 99) further note that in this approach, the goals of the communication campaign are defined outside the target social system, thus rendering it less useful in certain situations. Implicit in this is that the recipient of the message is not easily motivated by communication coming from outside with goals set by others (that is the communication planner). It is very difficult to accomplish a goal that is set by someone else other than oneself. Furthermore, the person who defines the problem and the individual who sets the goals to solve the problem are critical. Goals being set within a social system, compared to goals being set by someone outside the social system, not only implies recognition of a problem, but also implies the promotion of ownership of the problem and therefore the empowerment of that social group.

Windahl *et al.* (1992: 98) further maintains that another limitation of social marketing is that "often social marketing campaigns fail because the right publics have not been addressed". They believe that a solution to this is that before a campaign is launched, orienting key people in the system to the goals of the campaign and enlisting their support in identifying the publics to target can greatly facilitate

communication efforts. Farquhar *et.al.* (1984: 23) concur with the above, stating that the “identification of relevant publics has proved crucial to the success of health campaigns”. Implicit in this suggestion is the notion of participation by the recipients of the message.

2.5 Implications of the limitations

Teasing out the limitations of the key theories and models that guide HIV/AIDS communication campaigns shows that these theories are linear and individualistic. Epstein's (1997: 108) analysis also supports this and she argues that “current psycho-social models of behaviour change are individualistic in their focus and cognitive in their orientation. These models give little credence to the importance of societal processes that underlie the emergence and maintenance of norms.” In addition, what is disregarded is the complexity of communication, a process that operates within elaborate networks of intentions, interpretations, social relationships, power structures, standards and values. The linear nature of these approaches and models places greater emphasis on the communicator of the message than on the recipient of the message. This fails to acknowledge that communication is not necessarily linear, but is a deeper, multifaceted process, where messages are shaped by subjective responses (Parker, 1994: 37).

These limitations have various implications for communication campaigns. For a HIV/AIDS communication campaign to be effective, it needs to acknowledge both the social and cultural contexts. Research by Epstein (1997: 113) on *Sex News: AIDS Education Media Development in South Africa* echoes that: “HIV/AIDS risk behaviours are deeply rooted in the social, cultural and economic”. Rogers and Storey (1987: 831) authenticate this belief. They maintain that:

The shifting conceptualisation of communication effects and communication process has led to recognition that communication operates within a complex social, political, and economic matrix, and that communication could not be expected to generate effects all by itself.

Parker (1994: 152) provides further proof and concludes that:

In the final analysis it is clear that the media cannot be divorced from social processes that seek to promote change, and further, if the media is to be functional in the process, then the

incorporation of community perspectives in the production of media products is of tantamount importance.

Thus in application, the flexibility of these theories and models raises serious questions. These questions focus not so much on the value of the theories as such but in their adequacy, or lack thereof, in contexts different from those in which they were initially developed and tested. Clearly then there exists a need for these commonly used theories and models to be re-articulated to become more flexible. This will make them adaptable for application within various contexts, for example, the inclusion of cultural context, during HIV/AIDS communication campaigns.

2.6 The key role of culture in HIV/AIDS communication campaigns

Culture is a widely used concept with many divergent definitions. As Hebdige (1993: 359) points out, culture is a notoriously ambiguous concept that has acquired a number of often contradictory meanings over the decades. Culture, maintains Raymond Williams (1981: 87), is one of the two or three most complicated words in the English language. Muller (1980: 115) defines culture as a storehouse of ways in which we create a meaningful world. Professor Keyan Tomaselli, Director of the Centre for Culture, Communication and Media Studies at the University of Natal maintains that culture is concerned with meaning, the practices that generate that meaning, and the representational forms in which that meaning is encoded. Tomaselli (1988: 5) defines culture as:

An ensemble of meaningful practices and 'uniformities of behaviour' through which self defined groups within or across social classes express themselves in a unique way or locate themselves within an identifiable 'field of signification'. It is the process that informs the way meanings and definitions are socially constructed and historically transformed by the social actors themselves. Cultures are distinguished in terms of differing responses to the same social, material and environmental conditions. Culture is not static or even necessarily a completely coherent phenomenon: it is subject to change, fragmentation, reformulation. It is adaptive, offering ways of coping and making sense.

A further definition is offered by Nyang (1994: 432), an African scholar who maintains that culture is:

A human enterprise comprising a material, value and an institutional base; where the material base “embraces all material embodiments of the spirit and ideas of a particular society”, the value base “refers to the things and all deeds within a given social universe”, and the institutional base “refers to the processes and conditions that are instrumental in the self-definition and self-advancement of a given society.”

The above definitions clearly illustrate that culture cannot be defined and described as one unchanging aspect of human experience. Culture is not homogenous or static. It changes and evolves as the historical, economic, political and social beliefs, values and circumstances of groups and individuals change. Notwithstanding the varied definitions of culture, most definitions do agree on some core conceptual elements. Culture is a body of learned beliefs, traditions and principles that are shared among members of a particular group. Elements of culture such as values, language, rituals and traditions evolve or change slowly and may take on new meanings.

It has been repeatedly stated (Epstein, 1997; Parker, 1994, Dalrymple, 1995) and accepted that for HIV/AIDS prevention campaigns to be effective they should be culturally sensitive. Clearly then, HIV/AIDS preventative efforts that are not culturally sensitive will be ineffective and communication will fail because it will not reach the intended audience, will not be understood by those who are reached, and will not be accepted by those who understand it. (Epstein, 1997: 46). The communication planner should therefore take cognisance of cultural differences.

South Africa has a particularly complex multicultural and multilingual society. The country's cultural context is diverse and many different forms of communication are used to give expression to these varied cultures. A few forms of cultural expression in South Africa include the township jive, traditional folk song and dance, traditional tales, tribal and native arts and crafts, flea markets and 'boeremusic'. These, however, are not the only forms of cultural expression in South Africa, for in some cases culture may be 'hidden'. Epstein (1997: 48) documents one such example:

While the seemingly simple question, who is the 'subject' sexual partner? (Parker, Herdt & Caballo: 1997) may seem obvious, it varies across cultures and is probably the source of significant error in research design. Consequently, any interventions that are developed on the basis of those results are likely to fail. Whether a partnership is sexual and/social, culturally approved or disapproved, voluntary or coercive is of real importance in survey and fieldwork

studies. If a community places value on marriage and monogamy, respondents may be unwilling to discuss adultery, especially with an outsider unknown to them. In South Africa, for instance, the issue of extramarital relations and predominantly male promiscuity is a key to understanding the transmission of HIV/AIDS.

The role of communication in influencing health therefore requires an integrated approach that includes a clear understanding of the group cultural context, especially during HIV/AIDS communication. One of the ways of ensuring that these cultural contexts are included in the communication campaign is by allowing for interaction between communicators and receivers. This participatory approach overcomes a number of difficulties, especially those associated with cultural differences. The main advantage of this is that receivers are able to shape messages in a way that is relevant to their conceptualisation of ideas, and is applicable to the specific cultural context in which they exist.

Does one, for example, ignore cultural differences during an HIV/AIDS communication campaign targeted at youth from different socio-cultural backgrounds? Certainly not - these differences should be embraced, accepted and incorporated into the campaign. This study suggests that one of the ways of alleviating linearity and including culture is by employing a participatory approach during campaign construction. This can be achieved by incorporating the target audience of the campaign into the planning, message development and implementation phases of the communication campaign. This participatory approach would allow for the incorporation of the various cultural perspectives of the recipients.

2.7 The use of participatory communication methodologies in HIV/AIDS communication campaigns

The principles that guide HIV/AIDS participatory communication methodologies can be located within the theoretical framework of Paulo Freire (1990). In his writing, *The Pedagogy of the Oppressed*, Paulo Freire (1990) advocates a shift in the power process from the teacher to the student in a classroom situation. This idea can then be used in communication campaign theory where the recipients of the message in the communication campaign share their ideas during campaign planning and implementation. Freire proposes that the teacher should invite students to “think critically, about subject matter, doctrines, the learning process itself, and their society” (Shor, 1993: 25). Similarly, this method of ‘problem posing’ can be applied to communication campaigns. Just as a teacher in classroom situation poses problems derived from student life, social issues, and academic subjects, in a mutually

created dialogue, so too must a change agent (communication planner) involve the recipients in the communication process in a mutually created dialogue. This would ensure that the recipients of the message are part of the construction of the message and would ensure that the underlying contexts of the recipients have been acknowledged.

Freire's theoretical discourse is structured around the principles of multiplicity. He maintains that there is no universal path to development. That is, development must be conceived of as an integral, multidimensional, and dialectic process, which can differ from one society to another (Aronowitz, 1993: 38). Implicit in this is that there are many ways of development. Similarly, this idea can be applied to the communication process. The sender should not solely construct the communication message. The construction of the message should instead be a dialogical process involving the sender and the receiver of the message. The roles of the communicator and recipient in the communication process therefore become inter-changeable and have no boundaries. This therefore alleviates individuality and linearity and creates a central space for culture because of the active participation of both the communicator and of the recipient. This serves as an important vehicle for bringing about community participation. Previous research by Parker (1994), Dalrymple and Preston-Whyte (1995) and Tomaselli (1984) have documented the benefits of using participatory methodologies in HIV/AIDS communication.

Parker's (1994) research incorporates the perspectives of intended readers of texts in the development of communication messages. After a sequence of focus sessions, the intended readers developed indigenous signs that were deeply relevant to the readers' own context. The process of promoting 'indigenous messages' enables participants (who are also the recipients of the message) to incorporate their own lived experience and consciousness into the task at hand – that of HIV/AIDS awareness. Parker maintains that this methodology allows for the development of images and slogans that were unlikely to have emerged utilising conventional linear (top down) approaches to health media development. In Parker's (1994: 132) evaluation of the project he maintains:

What was particularly significant (and extraordinary) was that the participants had made rapid shifts in terms of the assessment of their perception of their own risk to AIDS. In the case of male participants most indicated directly that their knowledge of HIV/AIDS had increased sufficiently to motivate commitment to condom use.

Parker further argues that normally HIV/AIDS information production is conceptualised by health professionals and media professionals and the perspectives of the target audience are seldom directly assessed, thereby ignoring the cultural contexts of the recipients of the message.

DramAidE's approach of using participatory drama and other interactive educational methodologies to control the spread of HIV/AIDS also takes cognisance of community participation. In the study entitled *The Use of Drama for AIDS and Lifestyle Education in KwaZulu Natal: South Africa*, Dalrymple (1995: 259) maintains that:

Communication is a complex process that works within an elaborate/intricate network of intentions, interpretations, social relationships, power structures, standards and values. For HIV/AIDS campaigns to be effective, the complex social context in which individuals make choices regarding their health related activities needs to be acknowledged.

Dalrymple's and Preston-Whyte's (1995: 259) evaluation of DramAidE's project is that "the thrust towards social change means that the research must be action orientated and community participation is essential if educational programmes are to make an impact". Preston-Whyte's (1995: 3) evaluation of the project indicates:

The level of knowledge about HIV/AIDS, and also an emotional response of the pupils to the research and intervention process was potentially positive during their assessment of the programme: they suggest that it has had a significant impact on those it has touched – and this includes not only pupils, but their teachers and the wider communities in which they live.

Tomaselli and Tomaselli's (1984:109) study on participatory processes in health education documents the benefits of allowing target audiences to participate in the process of developing posters for the promotion of breastfeeding. Parker (1994: 37) notes that the approach of the Tomasellis and their students is consistent with the move away from the communication models of, amongst others, Shannon and Weaver, who employ a linear communication-message-receiver (C-M-R) approach to communication. Instead, the approach assumes that communication is not necessarily linear, but is a deeper, multifaceted process, where messages are shaped by subjective responses. The posters were distributed and integrated into post-distribution evaluations that analysed interpretation of the messages and demonstrated high levels of comprehension. While it is unclear how rigorous this research was,

respondents in one area indicated that they would change to breastfeeding (Tomaselli and Tomaselli 1988:109).

Based on the above, it follows that successful interventions have taken cognisance of the deeper cultural and societal processes that underlie communities. One of the critical aspects of these campaigns has been the participation of the target audiences in these campaigns. This study therefore supports these participatory interventions, and maintains that incorporating the target audience in the planning and implementation phases of HIV/AIDS communication campaigns will help to alleviate linearity and thus will acknowledge various cultural perspectives. It demonstrates this by evaluating an HIV/AIDS awareness campaign targeted at young adults.

The next chapter demonstrates this suggestion by using Paulo Freire's (1990) principles of participatory communication by incorporating the recipients in the planning, message construction, implementation and evaluation phases of HIV/AIDS communication campaigns.

CHAPTER THREE

3. BACKGROUND TO THE ML SULTAN TECHNIKON'S HIV/AIDS AWARENESS CAMPAIGN

3.1 Introduction

This chapter provides a background to the ML Sultan Technikon's HIV/AIDS awareness campaign. The campaign is discussed in terms of the way in which it adheres to participatory communication principles. It explains the initiation of the campaign and provides a summary of the campaign. It further documents the aims and outcomes of the campaign and thereafter outlines the structure of the campaign.

3.2 Formulation of ML Sultan Technikon's HIV/AIDS awareness campaign

In October 1999, delegates from South African Universities and Technikons met with the Department of Health and Education at the Kopanong Conference Centre in Benoni, South Africa. This conference was a result of the national government's call for partnerships against HIV/AIDS and was convened by 'The Beyond Awareness Campaign' of the Department of Health. Members of the conference included Minister Kader Asmal and other key stakeholders in the field of education. It was agreed that tertiary education institutions had a key role to play in combating the HIV/AIDS pandemic. The ML Sultan Technikon, a tertiary institution located in KwaZulu Natal, had a student complement of 8500 with the majority of the students being either black or Indian. (ML Sultan Prospectus, 2000:1). The majority of the students belonged to the age group 15 to 24, categorised as the 'high-risk' group by the Medical Research Council of South Africa

(<http://www.mrc.ac.za/urbanbulletin/june2000impending.htm:200215/11>). This situation posed a threat to the institution and it was therefore imperative to implement initiatives to combat the rapid spread of this pandemic.

The Life Skills Counsellor at the ML Sultan Technikon participated in this conference. Subsequently, a HIV/AIDS management plan for the ML Sultan Technikon was formulated. This plan was based on the principles of participatory communication. It was formulated by Ms Ray Bhagwan (Life Skills Counsellor) and Mr Amar Singh (Director of Student Counselling). Singh and Bhagwan (1999: 1) maintain that:

The fact that the highest incidence of HIV infection occurs within the 15 to 24 year age group clearly poses a direct threat to us as a tertiary institution since our students fall within this group. It is therefore imperative to engage all the Technikon's stakeholders in implementing innovative initiatives to combat the rapid spread of the epidemic. A comprehensive plan detailing initiatives to protect our students and staff is proposed.

They further maintained that the impact on the Technikon through student infection would result in:

- The supply of graduates with a limited life-span.
- A devastating effect on the National Loan Scheme and other methods of financing students.
- A drain on the tertiary institution's finances in providing a support structure for people with HIV/AIDS.
- A serious effect on pass rates, thereby affecting subsidy income.
- An impact on the Technikon's human resources to provide medical and psychological support.
- Discrimination that could result in the job prospects of the students being adversely affected.

The objectives of the plan were to:

- Bring about positive behavioural change in the Technikon community with regard to sexual practices.
- Minimise and prevent the number of HIV/AIDS infections.
- Provide support for those already infected.
- Manage and reduce discrimination towards those infected by providing information.

The objectives of the plan were founded on the principles of participatory communication. A multicultural class of students would be selected to participate in the campaign by actually planning the campaign in a way that was relevant to the way they conceptualised ideas, and applicable to the various cultural contexts within which they lived. The products generated from the representational students' participation would then be used within the wider Technikon community to raise awareness around four HIV/AIDS related issues:

- Preventative/Educational Services
- Counselling Services
- Health Care Services
- Developmental Services

This study focuses on the preventative/educational service. This service focused on creating awareness through education. The objective of this case study is to therefore ascertain whether acknowledging cultural contexts through participatory communication promotes behavioural change. This study acknowledges that awareness does not necessarily lead to long term behavioural change, but tries to demonstrate that acknowledging cultural contexts through participatory communication could serve as an effective intervention in the fight against HIV/AIDS. The awareness/educational service was planned as awareness campaigns containing the following interventions/activities:

Services	Nature of intervention	Type of activity
Preventative/educational service	1. Awareness campaigns	1.1 Poster/pamphlet distribution 1.2 Education fairs 1.3 Float procession 1.4 HIV/AIDS advice desk 1.5 HIV/AIDS awareness concert
	2. Workshops/life skills	2.1 Role-play, small group discussion – to provide accurate information about the disease and to facilitate the acquisition of skills to negotiate situations that involve risky sex practices. 2.2 Development of murals, posters, quilts, etc.
	3. Workshops: prevention of harassment and discrimination.	3.1 Poster development, small group discussions.
	4. Peer counselling	4.1 Training students to deliver HIV information.
	Condom distribution	4.1 Students to distribute condoms

(Singh and Bhagwan, 1999: 8)

3.3 The inclusion of *participation* during the ML Sultan Technikon's HIV/AIDS communication Campaign

The nature of the ML Sultan Technikon's HIV/AIDS awareness campaign located itself within the theoretical framework of social marketing, which was then adapted and modified to include participatory aspects. The first component of social marketing, *the product*, can be described as the educational service being offered by the Student Counselling Centre. The second, being *price* can be categorised as the time and energy put into this effort by the planners of the campaign. *Place* is the third component of social marketing and in this study refers to the place where the service is available, in this instance at the Student Counselling Centre in the Technikon. *Promotion* would then refer to the various promotional activities planned. The last component in social marketing, *positioning*, refers to the students' perceptions of HIV/AIDS.

Locating this campaign within a pure social marketing approach and ignoring the theory's limitations would be iniquitous. Social marketing implies a 'top-down' approach, whereby communication activities are formulated by a group/person who is detached from the recipients of the message. This implies a failure to acknowledge that communication is not linear, but is a deeper, multifaceted process, that needs to acknowledge cultural contexts. Based on this limitation of social marketing, it was decided to include *participation* as a further component of the theory. This component was included in the *promotion* phase of social marketing, where a selected class of students was allowed to participate during the planning, implementation and evaluation phase of the campaign. Although the *promotion* phase of social marketing does not specifically preclude participatory communication, it does not specifically suggest that participatory communication should be part of it. The *promotion* phase therefore served as an area in which to modify the social marketing theory and steer it towards a more participatory approach.

Participation by various cultural representatives of the target audience meant that the campaign would be shaped in a way that would be relevant to audiences conceptualisation of ideas, applicable to the cultural context within which they live. Furthermore, Singh and Bhagwan (1999: 14) maintain that commitment and inclusivity was important for the plan to succeed. Implicit in their belief is the notion of participation. They further believe that for educational programmes to be successful they should start where people are, with their existing knowledge, beliefs, fears, hopes, attitudes and practices. It should also take into account the socio-economic and cultural context of people's lives and should therefore

help people express their feeling and describe their own experiences. This would assist in helping people to identify, understand and articulate their own problems and to explore opportunities for change and development. This means not taking responsibility away from people by telling them what to do, but allowing them to make their own decisions..

Based on the above, it was decided to include a multicultural class of students to participate in the campaign. Therefore, approximately sixty first year Public Relations Management (PRM) students were invited to serve as a sample. These students were excited to participate in the campaign on the basis that they would learn about HIV/AIDS and would assist in the development of the campaign for the Technikon.

An interview with the Life Skills Counsellor (appendix one) revealed that the objective of the campaign was to educate students and to create awareness around HIV/AIDS related issues. Its primary goal was to inform the students how the virus is transmitted and to create awareness of community resources in relation to testing and support structures. The awareness campaign was to be planned and managed by the first year public relations students. The management of the campaign would be the most crucial and important part of the campaign. The Life Skills Counsellor believed that it was important for the first year students to get involved in the detailed planning of the campaign so that the implementation of the campaign would be easy. The PRM class would be a representation of the multicultural student complement and therefore participation by these students would ensure that the campaign would be multicultural. These students would work together to enable them to interact and learn about other cultures. They would also plan, implement and evaluate the campaign. The Life Skills Counsellor confirmed that students would be part of the communication process because they would actually produce the messages in the form of posters, leaflets and flyers. Students would develop themes, which would then be used to develop various plays and poems and a concert. It emerged that the use of drama and audio-visual aids would be more effective compared to the traditional one-on-one approach. The Counsellor added that using a guest speaker to address students about AIDS would be ineffective. Instead, the active participation of students using drama, poetry, song, art exhibitions, dance and rap would be more effective. Other examples of effective student involvement identified by the administrator included an art exhibition, where students would actively be involved in the creation of art in the form of posters, murals and pamphlets. The development and building of the float procession structures, distribution of condoms, the construction of

AIDS symbols/signs/slogans and other acts (like a whole group of people holding hands to represent a family) by the students would also mean an effective form of communication.

The Life Skills Counsellor believed that by pursuing the aforementioned strategies the objectives of the campaign would be achieved. It would not only create awareness of the virus by informing students what it is and how it is transmitted, but it would also inform students of the statistics in KwaZulu Natal and the implications of these statistics. It would further help students identify the best ways to prevent the spread of the disease and would inform them of where to get tested for HIV/AIDS, and where to get support and counselling for themselves and loved ones affected with the disease.

An analysis of the above interview reveals that the Life Skills Counsellor believed that the success of the campaign would be a result of the students' participation in the campaign. Activities such as drama, music, plays, dance and rap are activities enjoyed by students. Because the students (the recipients) would be allowed to provide input into the campaign they would think of activities that interested them. It can be concluded that these activities were effective as they were interesting and were activities that the students wanted to be party to. This method of participation ensured that students' interest levels were maintained. Participation also ensured close interaction between fellow students from different cultural backgrounds. This can assist in working with different cultural groups and can also assist in breaking down cultural barriers. In the final analysis it can then be concluded that participation, to an extent, ensures that cultural contexts are included in communication campaigns. Furthermore, participation also empowers individuals because it enables the recipients of the message to organise themselves around issues that they can understand and appreciate, which enables them to develop a sense of pride and belonging.

To gauge whether this participatory method was successful, a questionnaire was administered amongst these students prior to them participating in the campaign and another was administered after their involvement in the campaign. The actual process was planned as five stages:

- 1. Questionnaire to determine the current levels of HIV/AIDS knowledge**

Before initiating the first stage of the process a questionnaire was administered to gauge the levels of HIV/AIDS knowledge.

2. Participatory meeting between the Life Skills Counsellor and PRM students

In this phase the students and the Life Skills Counsellor participated in an interactive meeting. The meeting was made up of a dialogical discussion between the students and the Life Skills Counsellor. They discussed issues about what HIV/AIDS is, how it is spread, ways to prevent contracting HIV/AIDS, and information regarding the support services available for students infected with the HIV/AIDS virus. These sessions took place over several weeks and used focus group sessions, role playing and other activities to develop participants' understanding of HIV/AIDS and the development of campaigns.

3. A session with the first year PRM students to brainstorm ideas about the planning and implementation of the campaign

At this meeting students were asked to brainstorm ideas regarding the format of HIV/AIDS education campaigns. Thereafter, participants worked in unsupervised focus groups to develop a series of activities and messages based on experiences applicable to the cultural context within which they live. They were further encouraged to tackle some of the HIV/AIDS issues that they faced in their communities.

4. The message construction and implementation of the campaign by the first year PR students

This stage consisted of the students implementing the campaign they had planned. They had to formulate the messages for the campaign and also disseminate these messages to the greater Technikon community. This participatory method saw the students acting as both communicators and recipients. The students who were the recipients of the message were also the communicators. As communicators, the students themselves had to formulate messages on HIV/AIDS prevention, which meant that they formulated messages according to personal relevance and cultural contexts. Furthermore, students' roles become interchangeable and this provided a platform for them to express themselves freely based on their personal, cultural, social, political and economic contexts.

5. Evaluation of the programme

The last stage, after the implementation of the campaign, consisted of the PRM students participating in the evaluation of the campaign. These students were required to complete a questionnaire to gauge the success of this participatory method of education.

Students' participation in the campaign meant that they organised themselves around issues that they could understand and appreciate. It also gave them a sense of pride. Furthermore, they realised their potential for changing their circumstances and improving their own lives. These activities are a true reflection of their contexts and therefore help to establish the reality of AIDS.

This chapter has briefly outlined the initiation of the HIV/AIDS Awareness Campaign at the ML Sultan Technikon. It further deliberated on the various stages of the campaign. The next chapter discusses the research methodology employed to evaluate the programme, explains the findings of the evaluation and concludes with recommendations based on the findings.

CHAPTER FOUR

4. RESEARCH METHODOLOGY, FINDINGS AND RECOMMENDATIONS

4.1 Introduction

This chapter provides an insight into the research methodology employed during the evaluation of the participatory HIV/AIDS awareness campaign at the ML Sultan Technikon. It also provides the findings of the results and further provides recommendations.

4.2 Research methodology

The research methodology employed to evaluate the participatory HIV/AIDS awareness campaign consisted of two sets of questionnaires and a semi-structured interview. Initially, focus groups were set up to obtain feedback from students. However, students were not prepared to talk openly because the researcher lectured to them in two of their major subjects, hence the familiarity with the researcher. Many respondents were unwilling to answer certain questions that embarrassed them or which had a negative impact on their status or ego. The alternative was to use a printed questionnaire. A questionnaire according to Malhotra (1996: 318) is a schedule, interview form, or measuring instrument that is a formalised set of questions for obtaining information from respondents. He suggests that a questionnaire has three specific objectives. Firstly, it must translate the information needed into a set of specific questions that the respondents can and will answer. Secondly, it must uplift, motivate and encourage the respondent to become involved and to co-operate. Thirdly, the questionnaire should minimise response error- it should be easy to answer and should not be ambiguous.

With the objective of gaining maximum information and bearing in mind the sensitivity of the topic, it was decided that two sets of questionnaires with mostly open-ended questions would be administered. The first questionnaire would be administered prior to the planning of the campaign to gauge the PRM students' existing knowledge levels about HIV/AIDS. Another would be administered after the implementation of the campaign to gauge what was learnt by them from their active participation in the campaign. Furthermore, students did not have to indicate their names on the questionnaire. They were also allowed to place their responses in a box, instead of handing it to the researcher.

4.3 Findings

4.3.1 Results and analysis from the questionnaire prior to the planning of the campaign [annexure 2]

Of the sixty students that participated in the questionnaire, 96% were of the opinion that HIV/AIDS was spread primarily through sexual intercourse. It should be noted that none of the respondents mentioned other means of contracting the virus, such as blood transfusions or mother-to-child infection. The statistics are a further indication that students were aware of the serious nature of HIV/AIDS. All of them knew that if infected they could die.

Most of the students (87%) knew that a blood test could confirm whether one is HIV positive. In response to how they would protect themselves against HIV/AIDS, most (80%) of the students knew that males had to wear a condom during sexual intercourse. Others said that in order to protect themselves, they had to abstain from sex. This is an indication that a few of the students were aware that the best way of protection is through abstinence.

When asked if they used condoms during sex, 60% responded positively, whilst 20% mentioned that they did not engage in sexual relations. It is important to note that the remaining 20% of the respondents said that they did not use condoms during sex because of the following reasons:

- "My boyfriend does not like to use a condom".
- "My boyfriend says that it does 'not feel as nice' with a condom".
- "Sometimes I do not have a condom on me".
- "My boyfriend does not have AIDS so I will not be infected".

These reasons are an indication that females regard their partners' views as important. Furthermore sexual pleasure seem to be of importance. A further problem identified, was the lack of availability of condoms. This needs to be overcome by placing condom dispensers at strategic points within the Technikon. Furthermore, there was evidence that students felt that because their partners were not infected at the time the questionnaire was administered, they had no reason for concern. Regular HIV/AIDS testing needs to be promoted amongst students.

4.3.2 Results and analysis of the questionnaire after planning and implementation of the campaign [annexure 2]

The majority (81%) of the students were aware of the HIV/AIDS awareness campaign. The remaining 19% were not aware because they did not attend lectures regularly and therefore were not aware that the class was participating in the project. Others said they were simply not interested in participating in the programme and therefore did not know what the campaign was about.

The majority (81%) of the class indicated that they came to know of the campaign because of their active participation. They responded by using words such as 'participation', 'helped', 'involved in', 'we ran the campaign', 'I was part of the campaign', 'I was present at the campaign'. It can be said that there was a high rate of awareness about the campaign because of student participation in the campaign. Furthermore, participation also encouraged responsibility. Words such as 'I was part of, we ran the campaign', demonstrates this sense of responsibility and therefore empowerment. The remaining 19% of the students came to know of the campaign from various sources such as friends in the class or because free condoms and pamphlets were handed out or because they saw posters. These sources also created levels of awareness amongst students, (although to a lesser extent).

78% of the respondents mentioned that they learnt something new from the campaign. They indicated they learnt 'how to prevent AIDS' and how to take care of themselves if they were to be infected with AIDS and also 'how AIDS is spread' and they also learnt 'how to recognise its symptoms'. They also said that 'they will not have sex without a condom'. In this group one student said 'the campaign was an eye opener' as he/she learnt about HIV/AIDS from friends in his/her group. As a result the student said that 'this put to rest to the doubts regarding HIV/AIDS symptoms'. These statements are an indication that there was an increase in knowledge levels amongst the students. The evidence of learning by interacting with fellow students is an indication of the positive effects of participation.

Furthermore, responses such as "I learnt how to take care of others suffering from AIDS and there was no need to be prejudiced against people with AIDS" indicate that a communication

campaign that involves the recipients in the planning and implementation has the desired impact.

Many students indicated that they also learnt that 'AIDS infection is on the increase and that it is a killer virus and does not only affect a specific race group, but anyone regardless of sex'. Others said that 'AIDS is not only an African disease, it affects Indians and other race groups and it does not choose its victims'. An analysis of the above indicates that through participation with each other, students were able to tackle and speak about myths (that the HIV/AIDS virus is an African disease) faced by specific cultural groups. This proves that participatory communication campaigns acknowledge cultural context, which leads to a better understanding of issues and therefore an increase in knowledge levels.

When asked how the new knowledge would affect their behaviour, a typical response was 'I will not have sex without a condom as this campaign has taught me to practice safe sex'. This is an indication of increased awareness of the importance of the condom. In addition, some students indicated that they would not have pre-marital sex because, 'in their culture pre-marital sex is forbidden'. This response is an indication of the strength of cultural norms governing many students' sexual behaviour. Furthermore, they are able to identify with their culture and are prepared to follow it. For example some students indicated that they would not be influenced by their friends to have sex because 'youngsters are irresponsible'. Implicit in the link between 'being influenced by friends' and 'irresponsibility' is the impact of peer pressure on students.

All (100%) of the respondents thought that the HIV/AIDS campaign at the Technikon was important. One student wrote that the campaign was justified because "young adults are at such a place where their hormones are running wild". This indicates a need for awareness campaigns so that this age group is aware of the possible threats of the disease. Most of them mentioned that their participation in the campaign was important because active participation meant expressing one's creativity, and creativity promotes fun learning. This indicates that these students were excited to be involved in the campaign. It offered them a chance to learn about HIV/AIDS. Implicit in this finding is that students enjoy using creative ways to express themselves about serious issues, in this instance, HIV/AIDS.

Some of the students were very excited to be involved in the campaign because they felt that all students should participate in the planning of these campaigns and events involving AIDS. They believed that there should be more exciting and novel ways to enlighten themselves about AIDS rather than having people give talks/speeches. They maintained that the Technikon should run fetes, fun-runs, plays and floats. They also felt that they should help with fundraising activities for victims who cannot afford treatment and become involved in the planning of peer group discussions. Some of them felt that they should be given the task of making such campaigns interesting and creative by brainstorming and coming up with activities that educate in an inspirational and interesting manner. For example, one student wrote that the multi-cultural dance in which he/she was involved not only gave him/her a chance to express his/her beliefs/views about HIV/AIDS, but also gave his/her black friend a chance to co-dance with him/her. What is important in these statements is that students want to be part of HIV/AIDS awareness campaigns. Furthermore, students believe that because of their participation, they have come up with activities and messages that are relevant to their context and are of interest to them. These findings further indicate that participation, to an extent, empowers students and it gives them a chance to include their cultural contexts in the campaign.

A further finding indicates that the rest of the Technikon community also wanted to be part of the campaign. Some of the respondents indicated that everyone ought to be involved so they feel as though it is really important and that their efforts are a contributing factor. They further asserted that all faculties should be included, possibly via their communication course, so that involvement becomes compulsory. Further evidence of wanting to be part of the campaign was indicated by one student who said that: "my friends studying other courses wanted to so much be part of the planning process. As a result three of them asked to help with the planning of the campaign and they really enjoyed themselves".

In the final analysis it can be noted that there was an increase in the knowledge levels about HIV/AIDS amongst the participants in the campaign. Before the campaign some of the students indicated that they engaged in sexual intercourse without a condom. However, after the campaign 90% of them said that they would not engage in sexual intercourse without a condom. They also learnt that HIV/AIDS is a killer disease and it affects anyone and not only a specific race group. This proves that participatory communication campaigns not only

acknowledge cultural contexts, but also help to influence positive sexual behaviour, thereby leading to an increase in knowledge levels.

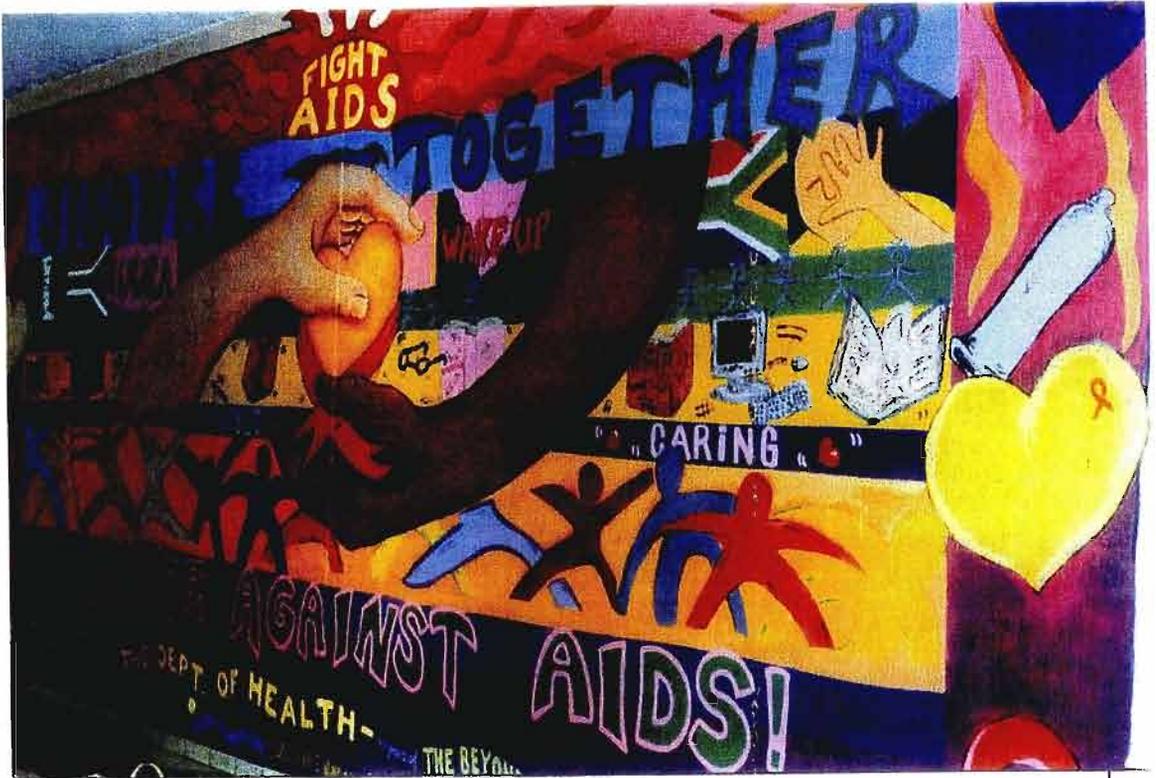
4.3.3 Photographs

In addition to the two questionnaires and the semi-structured interview, the researcher captured on film some of the messages compiled and disseminated by the students during the campaign. They used various mediums to transmit their messages including posters, flyers, a float procession, murals and pamphlets. What follows is a summary of some of the messages formulated by the students and photographs showing students promoting their messages.

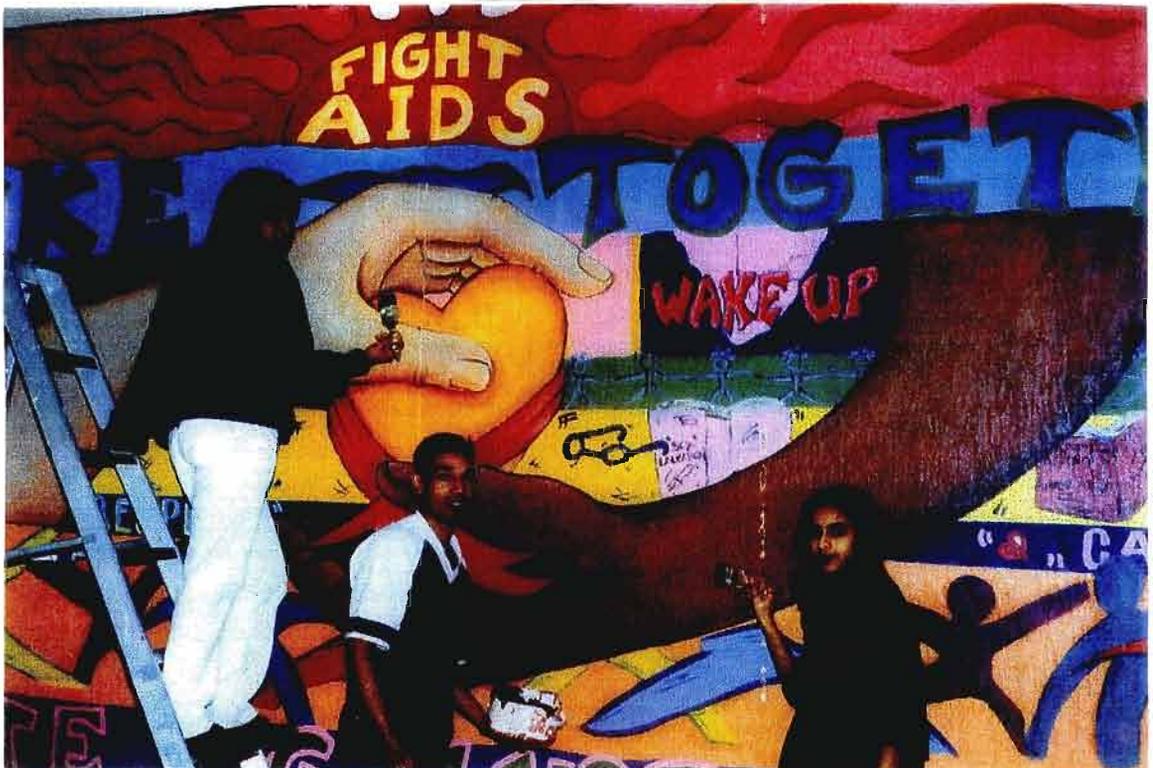
- No condoms, no sex
- Bring back basic human values to our society such as truth, non-violence, love and peace
- AIDS - people's killer
- Respect , love and care for the HIV positive person
- Viva AIDS education
- Protect your family
- Prevention is cure
- Crush AIDS
- We are the future [T-shirts worn by the students]
- ML Sultan supports AIDS awareness
- Prevention through education
- Together we stand, youth united against AIDS
- Condomise – fight AIDS
- Beyond Awareness
- Let's fight AIDS together
- Secure your future, use a condom
- Knowledge is power
- MLST in memory of all those students lost to AIDS thinking of you [quilts]
- To all the children lost to AIDS [quilts]

Photographs showing students' contributions appear on the ensuing pages. Thereafter the recommendations and conclusions of the study are documented.

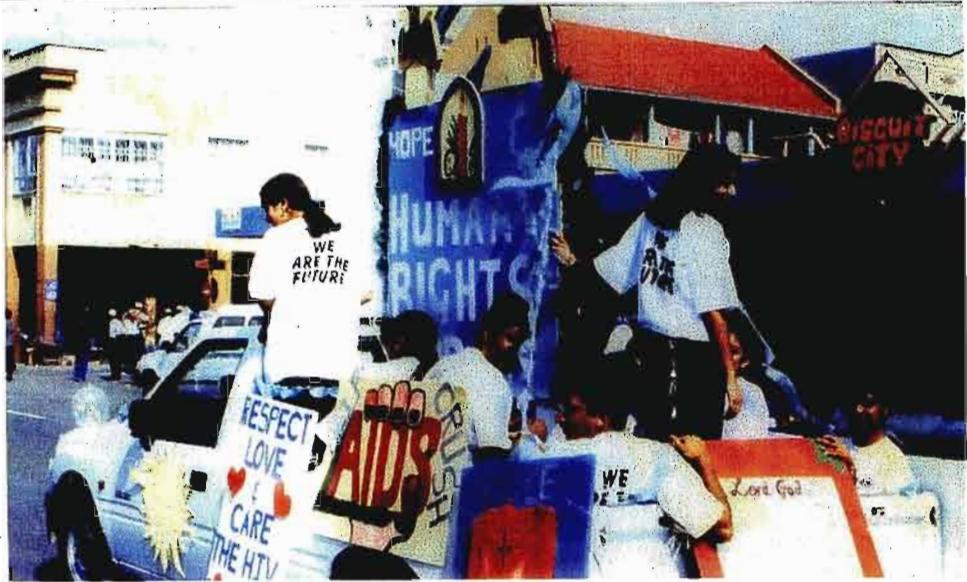
Photographs of the students participating in the campaign



Mural put together by the PRM students



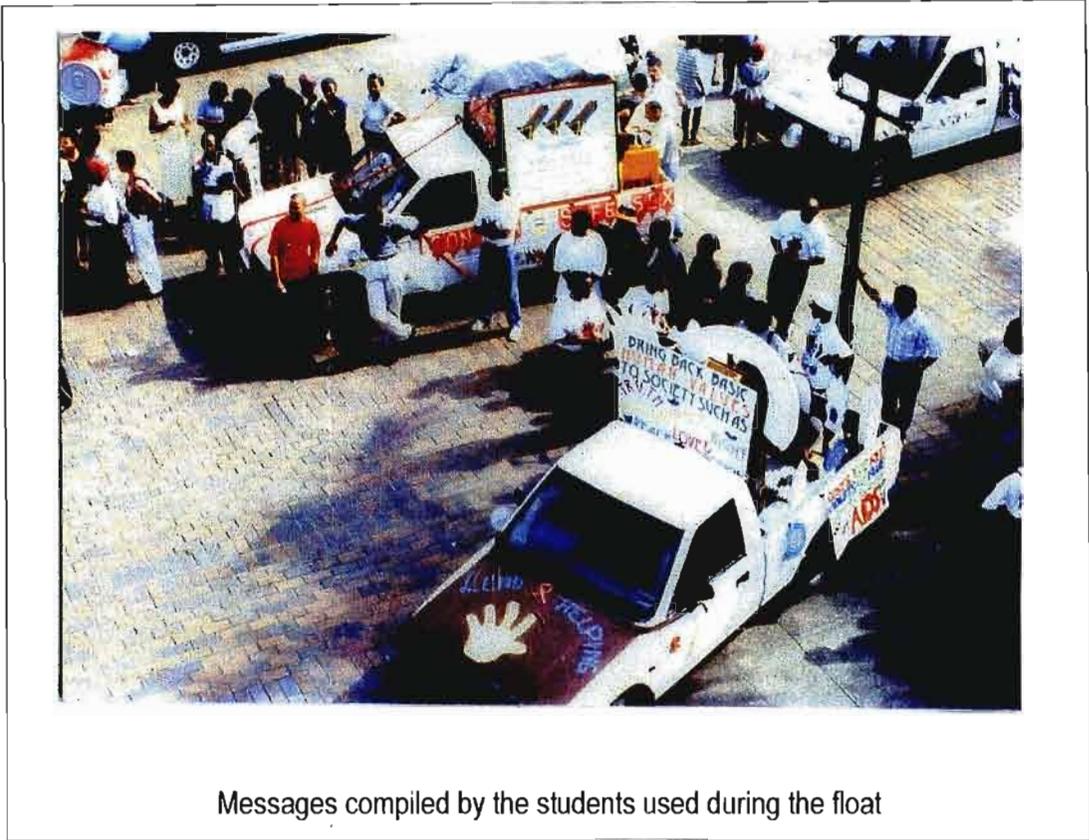
Students actively involved in constructing messages for the mural



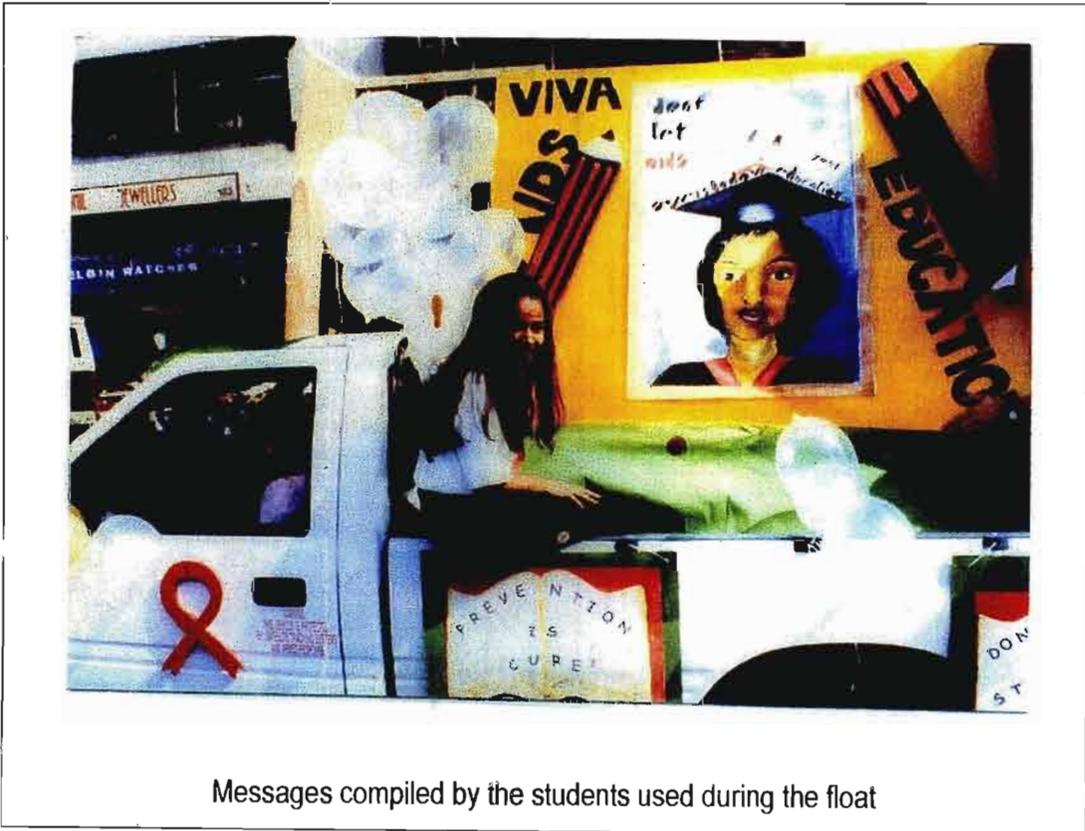
Messages compiled by the students used during the float



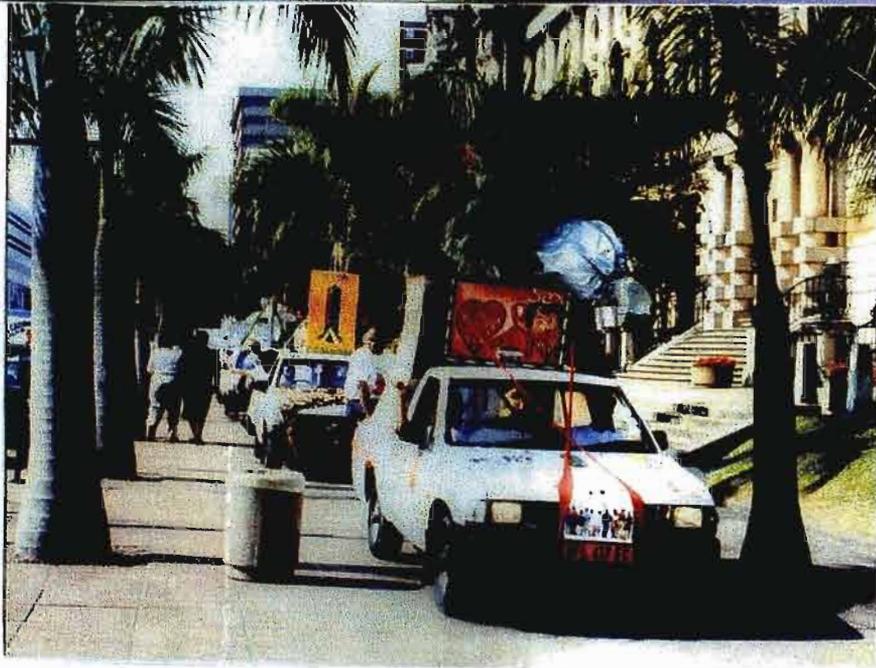
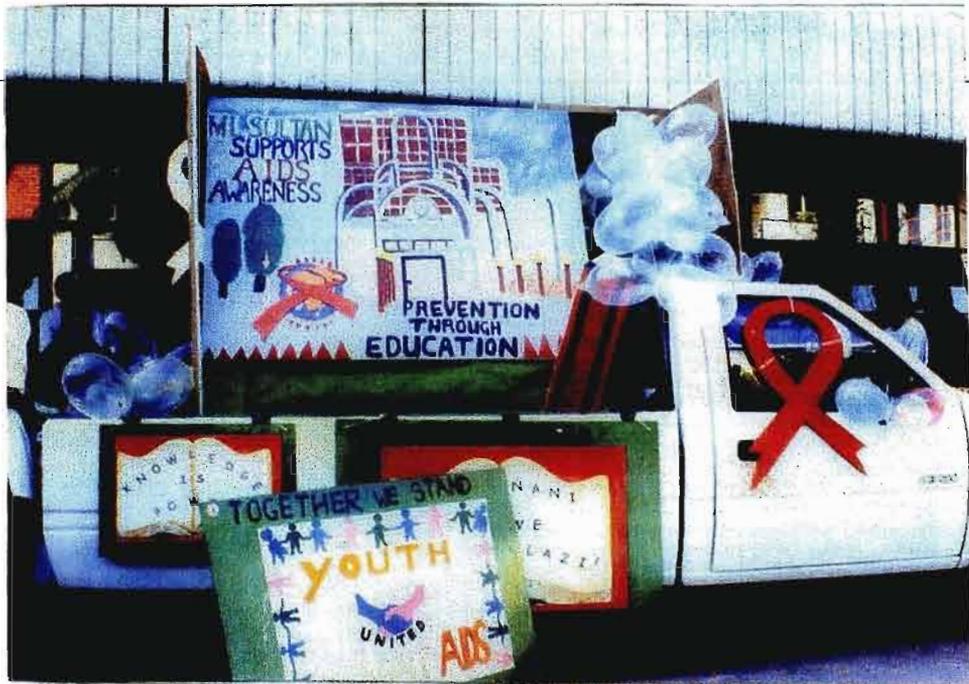
Messages compiled by the students used during the float



Messages compiled by the students used during the float



Messages compiled by the students used during the float



Messages compiled by the students used during the float



"Simunye we are One". "Lets fight AIDs together"



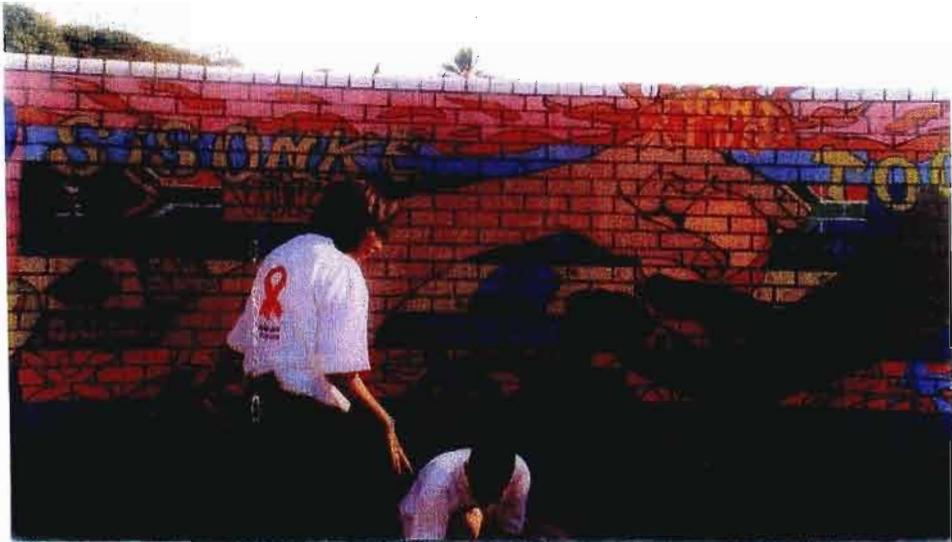
"Respect Love and care for the HIV+"



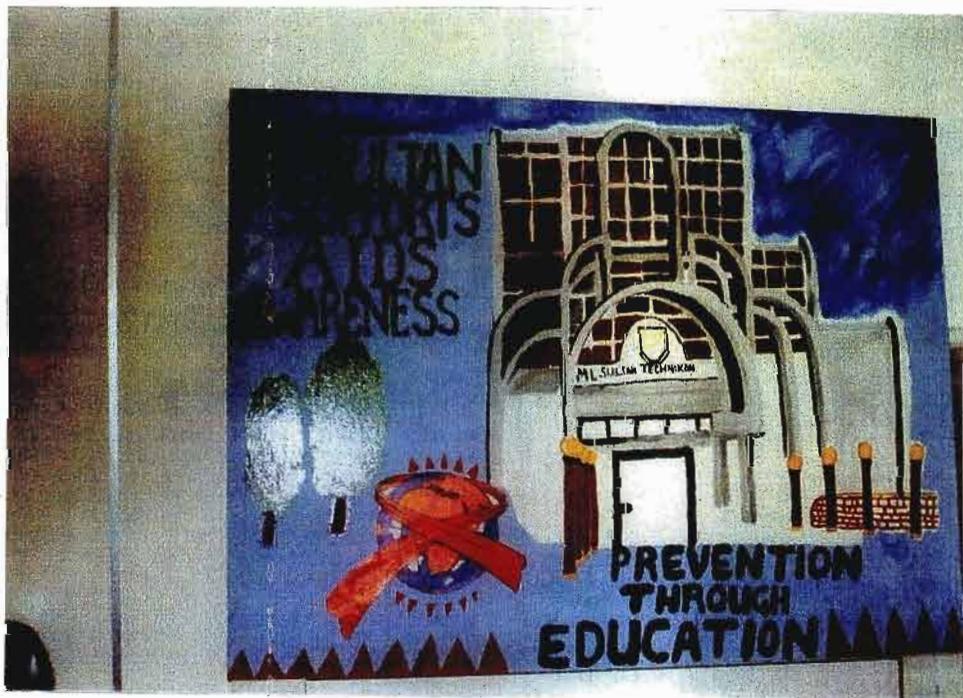
Display boards used to display poster messages constructed by the students
'I have AIDS please hug me I can't make you sick'



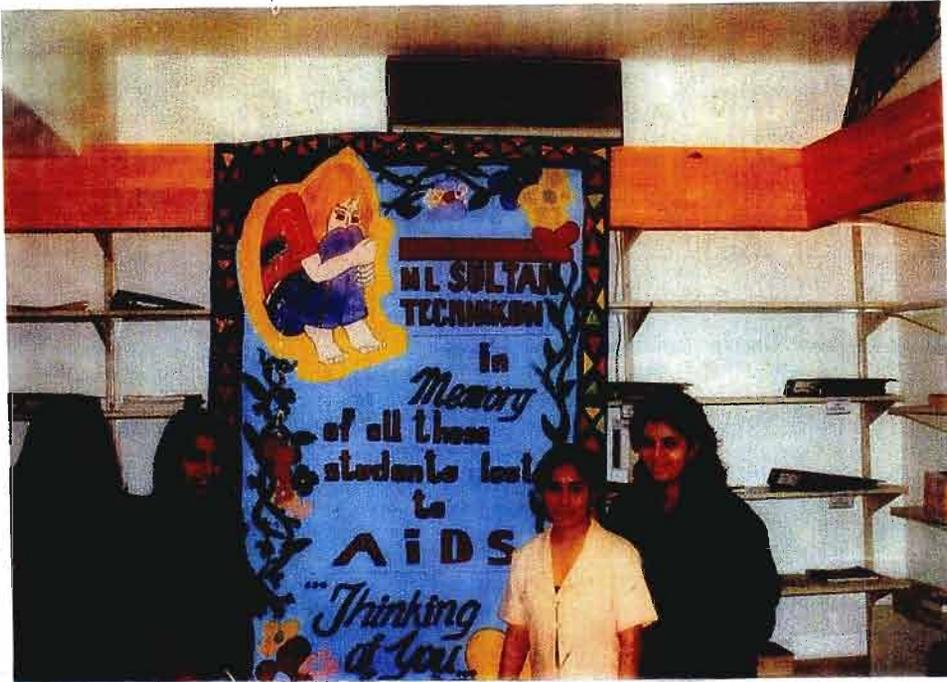
"Other posters used to convey messages about HIV/AIDS"



Students busy painting a mural



A poster to show that the ML Sultan Technikon supports AIDS awareness AIDS education



Seen with PRM students, Ms R. Bhagwan,- Life Skills Counsellor (extreme right)



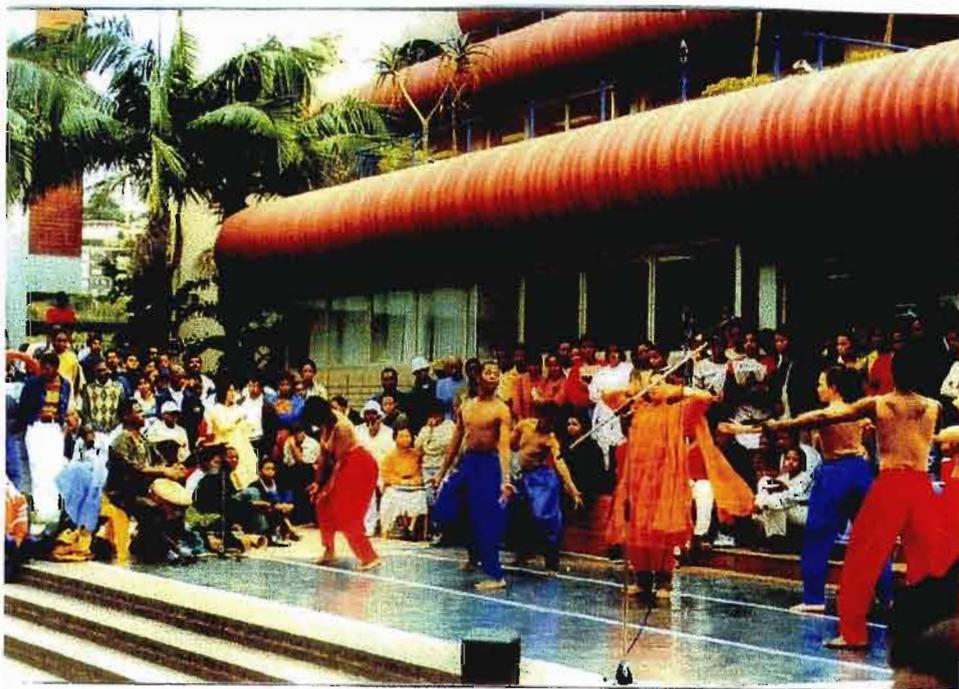
Students at work – constructing posters



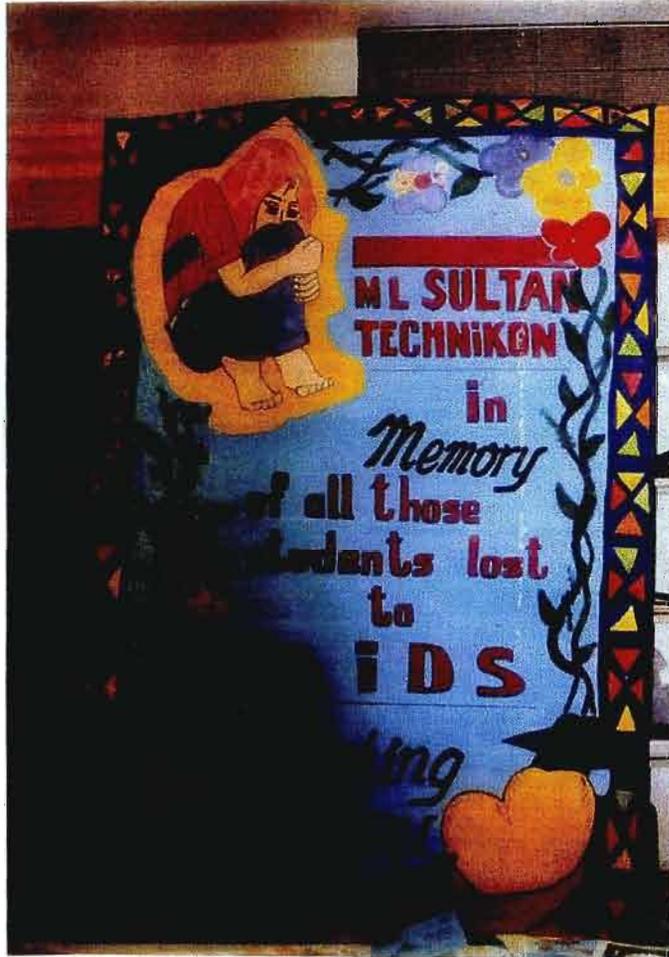
The AIDS quilt



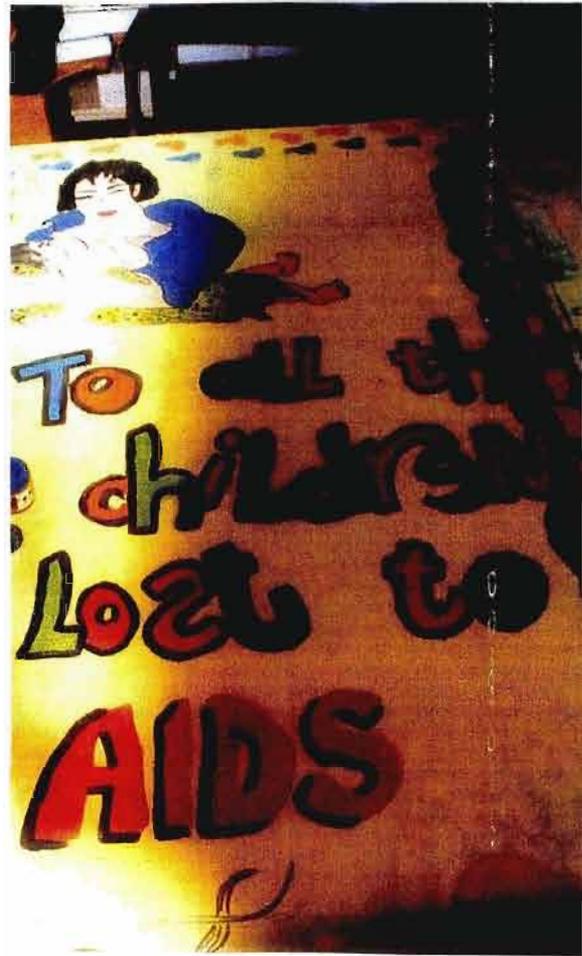
A strong message to "BRING BACK BASIC VALUES"



Activities planned by the students



A poster in memory of friends



A quilt in memory of friends

4.4 Conclusions and Recommendations

The conclusions and recommendations presented in this section are related to the findings in the previous section. The conclusions do not claim to be exhaustive, but are intended to represent information that is most useful for *communication campaigns* during an HIV/AIDS awareness campaign targeted at the youth.

This study has reviewed and teased out the limitations of the commonly used theories and models of HIV/AIDS communication campaigns. In doing so, it has shown that these models are linear and fail to acknowledge various contexts, one of them being cultural context. However, preventative decisions are strongly located within cultural norms. In order to influence behavioural patterns it is therefore important to acknowledge cultural and social contexts in HIV/AIDS campaigns. This can be achieved by including audience participation during the planning, implementation and evaluation phases. The findings revealed that by using participatory communication and acknowledging cultural contexts, the knowledge levels of the recipients in the HIV/AIDS campaign increased.

Based on the aforementioned findings, it is evident that the ML Sultan Technikon's HIV/AIDS awareness campaign, through the use of participatory communication, managed to capture the attention of the youth, and has increased their knowledge levels on HIV/AIDS. It also influenced beliefs and attitudes about sexuality and responsible behaviour. It is therefore recommended that this project should continue, whilst continually researching and developing new ways of getting students involved in the planning and implementation of the project. This participatory approach allowed students to shape the campaign and the campaign messages in a way that was relevant to their conceptualisation of ideas, and applicable to their cultural context. This process not only empowered students, but also brought to the fore certain cultural myths. These myths were then interrogated and where possible, were corrected. The continuation of this campaign is of utmost importance, as it will attract the attention of new students. The link between HIV/AIDS education and participation should be strengthened and should be spread across all programmes of academia. The interest shown in the planning process by the students from the other departments is an indication that there is an interest in becoming involved in HIV/AIDS communication campaigns at the Technikon.

Furthermore, there is an indication that students want to help others suffering from HIV/AIDS. A learning curve regarding the non- prejudicing of HIV/AIDS sufferers is apparent and is an indication that

students have accepted that HIV/AIDS affects all races. The multicultural group that worked together forced students to become more tolerant and more accepting of each other. Furthermore, through the successful completion of the campaign, students realised their potential for changing their circumstances and thereby improving their own lives. This study recommends that this message is continually reinforced so that the Technikon community is able to develop an internal community support structure to help HIV/AIDS sufferers so that the limited medical and counselling resources are conserved.

The high level of interest shown in the project by the first year PRM students is a result of their active participation in the planning and implementation of the project. The majority of students who participated in the campaign learnt something new from the campaign. Participation also ensured that students organised themselves around issues of interest to them, thereby ensuring that their social contexts were included in their HIV/AIDS awareness intervention. Therefore, participation should be encouraged at all levels in the Technikon. The Technikon should consider introducing competitions with prizes for individuals who have innovative ideas that will help with HIV/AIDS awareness in the Technikon. This would allow each department to have a turn to run awareness campaigns and this would consequently allow the awareness campaigns to run throughout the year. This would also ensure that the message is continually reinforced, which would promote wider learning.

Most of the students are aware of how to protect themselves from contracting HIV/AIDS. However the reward of sexual satisfaction amongst the males is a major contributing factor to youth not using condoms, and females appear to be afraid of asking their partners to wear a condom. It is recommended that other areas of conscientisation should be used to educate youth in this area. Furthermore, the Technikon should ensure that condom dispensers are placed at strategic points so that they are easy to access.

Students displayed enthusiasm in getting involved in the promotion of HIV/AIDS awareness campaigns. They believed that these activities gave them a chance to express their creativity. This study recommends that since creativity allows a sense of freedom, it should be encouraged. This form of expression, for example the mural painting, the quilt, slogans, posters, drawings and pamphlets, promote and encourage debate about issues pertaining to sex. Therefore participation in the planning and implementation of the campaign promotes empowerment and freedom. To a certain extent,

participation also encourages individual contributions towards the combating of the disease, while at the same time promoting learning.

The messages constructed by the students, as extracted from their posters, murals and quilts, is an indication of what students learnt about HIV/AIDS during the campaign. Most of the messages constructed by the students contained the word 'condom'. This implies that there is strong awareness of the importance of using a condom during sex. Some of these messages, as depicted in the photographs, are an indication that there was an increase in awareness of HIV/AIDS and some students indicated that they would not engage in sexual intercourse without condoms – an indication of behavioural change. Furthermore, messages depicted in the photographs are an indication of the sample group's response towards the HIV/AIDS pandemic. The message "bring back basic human values to our society, such as truth, non-violence and peace" highlights an awareness of moral values amongst the group. "These values are strongly emphasised in my culture at home and in church" was a response from one of the students. These core cultural beliefs are important as it is through these cultural beliefs that the students made sense of HIV/AIDS.

In the final analysis, this case study demonstrates that participatory communication planning is the desirable route to pursue in HIV/AIDS communication campaigns, especially amongst youth. This approach re-positions the communication process so that emphasis is also placed on involving the recipient of the message thereby, to an extent, making place for cultural variables. The case further demonstrates that the system of dialogical education allows the youth to "engage in confronting their own lives" (Freire, 1990: 75). This process of participatory communication encourages the youth to take ownership that eventually leads to empowerment and a change in society as far as HIV/AIDS awareness is concerned.

Other areas of research around HIV/AIDS campaigns could include examining the importance of acknowledging other contexts during HIV/AIDS campaigns, for example, gender, economic and political contexts.

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Appendix One: Questionnaire of the semi-structured interview conducted with the Life skills Counsellor

1. What is the current HIV/AIDS statistics at the Technikon?
2. What was the objective of running such a campaign?
3. How was this campaign planned and managed?
4. What role did the first year Public Relations students play in assisting with the campaign?
5. Do you think that this form of campaign planning helps and addresses students problems?
6. What do you think would be good strategies for the Technikon to address the HIV/AIDS issue on campus?

-Ends-

Appendix Two: Questionnaire administered to the first year Public Relations students prior to the planning and implementation of the campaign

Dear student

I am currently completing a short study contributing towards a MA degree. My topic relates to the HIV/AIDS campaign run by the Student Counselling Centre. I am conducting two questionnaires:

- One prior to your participation in the HIV/AIDS awareness campaign and
- One after the planning and implementation of the campaign

I would appreciate your help by completing this first questionnaire.

Please note that you do not have to indicate your name and all responses will be confidential.

Completed questionnaires can be placed in the box provided.

1. Are you aware of how HIV/AIDS is spread?

YES
NO

2. If YES, briefly explain how you think it is spread?

2. What are some of the consequences of becoming infected with HIV/AIDS?

3. How do you diagnose if you are HIV positive?

4. How do you protect yourself from contracting HIV/AIDS?

5. Do you use a condom during sex? If no why?

Thank you for your participation.

Veena Rawjee

Appendix Three: Questionnaire administered to the first year Public Relations students after the planning and implementation of the campaign

Dear student

As you are aware from the previous questionnaire that you answered I am completing a short study contributing towards a MA degree. My topic relates to the HIV/AIDS campaign run by the Student Counselling Centre. I would appreciate your help by completing this second questionnaire. Please tick the appropriate block and answer the questions that follow. Please note that you do not have to indicate your name and all responses will be confidential. Completed questionnaires can be placed in the box provided.

1. Are you aware of the HIV/AIDS awareness campaign at ML Sultan Technikon?

YES
NO

2. If YES how did you come to know of the campaign?

3. Did you gain any new knowledge from it?

YES
NO