

Understanding First Year University Students' Perception of Poster and Television Health Communication Messages on HIV/AIDS

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Declaration

I, **NATASHA NAIDOO** (registration number 204518650) do hereby declare that this dissertation entitled:

UNDERSTANDING FIRST YEAR UNIVERSITY STUDENTS' PERCEPTION OF POSTER AND TELEVISION HEALTH COMMUNICATION MESSAGES ON HIV/AIDS,

Is the result of my own investigation and research and that it has not been submitted in part or in full for any other degree or to any other university.



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“When you are working to combat a disastrous and growing emergency, you should use every tool at your disposal. HIV/AIDS is the worst epidemic humanity has ever faced. It has spread further, faster and with more catastrophic long-term effects than any other disease. Its impact has become a devastating obstacle to development. Broadcast media have tremendous reach and influence, particularly with young people, who represent the future and who are the key to any successful fight against HIV/AIDS. We must seek to engage these powerful organisations as full partners in the fight to halt HIV/AIDS through awareness, prevention and education”

—Kofi Annan, United Nations Secretary-General—

Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ANC	African National Congress
BSE	Breast Self-Examination
ELM	Elaboration Likelihood Model
F	Facilitator
G	Focus Group
HIV	Human Immunodeficiency Virus
HRF	High-Risk Females
HRM	High-Risk Males
ITATT	Tertiary AIDS Task Team
LRF	Low-Risk Females
NUD*IST 5	Non Numerical Unstructured Data Indexing Searching and Theory Building 5
PHM	Persuasive Health Message
PMT	Protection Motivation Theory
RHRU	University of Witwatersrand Reproductive Health Research Unit
SES	Socio-Economic Status
TRA	Theory of Reasoned Action
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organisation

Chapter 1

Introduction and Theoretical Framework

Introduction

The realities of today's global HIV/AIDS epidemic are worse than even the worse-case predictions of 10 years ago. AIDS killed more than 3 million people in 2003 and an estimated 5 million more became infected, bringing the number currently living with the virus to approximately 40 million (UNAIDS, 2004). More than 20 million have already died since the first clinical evidence of the disease was reported in 1981 (UNAIDS, 2004).

South Africa has one of the fastest growing AIDS epidemics in the world. According to South Africa's first ever nationally representative survey of HIV prevalence, in 2004, 11.4% of the country's population of two years and older were living with HIV/AIDS (Human Sciences Research Council, 2002). HIV/AIDS is currently viewed as a major public health concern in South Africa. In the province of KwaZulu-Natal, a survey on the campus of the collaboration university (the former University of Durban-Westville) found 23% of the students were HIV-positive (Smith, 2001). This prevalence statistic is particularly high for a student population considering the fact that a recent study based on a nationally representative sample of youth aged 15-24 years found the HIV prevalence rate to be 10.2%. (RHRU/*loveLife* survey, Pettifor et al. 2004).

Like their counterparts around the world campus administrators have, as part of their intervention strategy, taken recourse to prevention communication campaigns to arrest the diffusion of HIV. However, a common response is one that resides in the question: Why have our communication campaigns not translated into behaviour change? One of the explanations in the AIDS literature for the ineffectiveness of existing preventative initiatives is that these campaigns lack a conceptual base and have not been adequately pre-tested and/or evaluated (Airhihenbuwa, Makinwa & Obregon, 2000).

An effective communication strategy is a critical component of the global efforts in HIV/AIDS prevention and education; therefore they should be grounded in sound theories such that the resulting framework is flexible enough for application in different regional and cultural contexts. Given the emphasis placed on HIV/AIDS prevention and care, mostly because of the absence of

a cure for or vaccination against the disease, employing effective communication strategies becomes pivotal in controlling the pandemic.

However theory and practice are often regarded as polar opposites. Bridging the gap has become an increasing goal to interventionists in the AIDS field. Theories have the capacity to simplify and systematise the development of health education interventions and can make the development of health campaigns easier and less time-consuming than a campaign that starts from scratch without any guiding principles. Choosing a single theory however, from the array of available options that litter the social science literature is a problem since no single theory can explain everything. Models of behaviour change typically used to guide health communication campaigns are informed by well known theories such as the health belief model, the theory of reasoned action, social learning theory, diffusion of innovation and social marketing (Glanz & Rimer, 1995). Recently in non-western settings, culture has been advocated as the central organising concept in developing programmes of HIV education and assessing outcomes (Michael-Johnson & Bowen, 1992). Some scholars view culture as what society evolves from in the process of development. According to Escobar (1995), “traditional cultures” do not have to succumb to notions of “development” and “modernity” but engages them in a constant relationship whereby the resulting hybrid communities can emerge with possibilities for improving conditions of life, whether it is HIV/AIDS prevention or community development.

The framework chosen for a campaign should consist of a combination of successful and well-tested theories, with respect to the campaign under consideration (Maibach & Parrot 1995). A framework differs from a theory in that, it does not attempt to explain human behaviour, it simply outlines what one should do, to develop the most effective and persuasive campaign possible (Maibach & Parrot, 1995). Such a framework pools the best available knowledge about a multitude of factors into a simple guide for campaign development. The current work argues for an integrated framework using the Persuasive Health Message (PHM) approach (Witte, 1992a) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) contextual approach (Airhihenbuwa et al., 2000) as a communication framework for HIV/AIDS prevention, support and care.

Using the Persuasive Health Message Framework

Researchers and practitioners alike have argued that messages must be culturally, demographically and geographically appropriate if they are to influence the audience as intended (Atkin & Freimuth, 1989; Fishbein & Ajzen, 1981; Flora & Thoreson, 1988 & Yun, Govender &

Mody, 2001). The Persuasive Health Message (PHM) Framework comprises of elements from the theory of reasoned action (Fishbein & Ajzen, 1975), the elaboration likelihood model (Petty & Cacioppo, 1986) and the protection motivation theory (Rogers, 1983), and offers an integrated approach towards generating effective health campaigns.

The **Theory of Reasoned Action** (TRA) is based on the premise that humans are rational and that the behaviours being explored are under volitional control, the theory provides a construct that links individual beliefs, attitudes, intentions, and behaviour (Fishbein, Middlestadt & Hitchcock, 1994). The theory variables and their definitions, as described by Fishbein et al. (1994), include behaviour, intention, attitude and norms. A specific *behaviour* is defined by a combination of four components: action, target, context, and time (e.g., implementing a sexual HIV/AIDS risk reduction strategy (action) by using condoms with commercial sex workers (target) in brothels (context) every time (time)). *Intention* is seen as the main influence on behaviour. Intent to perform a behaviour is the best predictor that a desired behaviour will actually occur. Both attitude and norms influence one's intention to perform a behaviour. *Attitude* refers to a person's positive or negative feelings toward performing the defined behaviour. Attitude consists of behavioural beliefs, which are a combination of a person's beliefs regarding the outcomes of a defined behaviour and the person's evaluation of potential outcomes. These beliefs will differ from population to population. For instance, married heterosexuals may consider introducing condoms into their relationship an admission of infidelity, while for homosexual males in high prevalence areas it may be viewed as a sign of trust and caring. A *norm* is a person's perception of other people's opinions regarding the defined behaviour. Norms consist of normative beliefs, which are a combination of a person's beliefs regarding other people's views of a behaviour and the person's willingness to conform to those views. As with behavioural beliefs, normative beliefs regarding other people's opinions and the evaluation of those opinions will vary from population to population.

The TRA provides a framework for linking each of the above variables together. Essentially, the behavioural and normative beliefs referred to as 'cognitive structures' influence individual attitudes and subjective norms, respectively. In turn, attitudes and norms shape a person's intention to perform a behaviour. A person's intention remains the best indicator that the desired behaviour will occur. Overall, the TRA model supports a linear process in which changes in an individual's behavioural and normative beliefs will ultimately affect the individual's actual behaviour.

The attitude and norm variables, and their underlying cognitive structures, often exert different degrees of influence over a person's intention. For example, results from a study of northern Thai males revealed that men's perceptions of peer norms were the best predictor of condom use (Van Landingham, Suprasert, Grandjean & Sittitjai, 1995). Yet in a study of college females in the United States, attitudinal beliefs exerted greater influence on the intent to use condoms by sexually inexperienced females (Middlestadt & Fishbein, 1990). In order to develop appropriate interventions for a specific population and behaviour, it is important to determine which variable and its corresponding cognitive structures exert the greatest influence on the study population (Fishbein et al., 1994).

TRA like all theories have limitations, and these include the inability, due to its individualistic approach, to consider the role of environmental and structural issues and the linearity of the theory components (Kippax & Crawford, 1993). Individuals may first change their behaviour and then their beliefs/attitudes about it. For example, studies on the impact of seatbelt laws in the United States revealed that people often changed their negative attitudes about the use of seatbelts as they grew accustomed to the new behaviour (Kippax and Crawford, 1993).

The **Elaboration Likelihood Model** (ELM) of persuasion was developed by researchers in the field of social psychology to explain the different ways of persuading an audience. The ELM posits that there is a continuum of approaches to persuasion which is anchored on one end by the Central Route and on the other end by the Peripheral Route. To determine which approach is appropriate, you need to assess the ability, motivation, and opportunity of an audience to "elaborate" on what it hears.

Elaboration is a cognitive process in which a person actively thinks about the information being presented. The likelihood that someone will think about (elaborate on) the ideas depends on three conditions, ability, motivation and opportunity. *Ability* refers to an audience's mental capability to process information. It also refers to whether the audience has the requisite knowledge or experience (even a bright English major is unlikely to be able to process information presented in a graduate physics class). *Motivation* refers to the audience's willingness to put forth the effort to process the information. *Opportunity* refers to the audience's control over the situation (e.g. were there any distractions?).

The central route is appropriate when ability, motivation and opportunity to process information (to elaborate) are high; the central route is the "best" route to persuasion. In this situation, an

individual will, listen to the arguments and reasoning that are presented, make the cognitive effort to retrieve information from her/his existing schema and evaluate the quality of the arguments which are presented in light of what she/he already knows and believes. The success of the persuasion is thought to rest on the quality of the arguments that are presented. The peripheral route on the other hand is appropriate if ability, and/or motivation, and/or opportunity to process information (to elaborate) are low, then the peripheral route is the "best" route. In this situation, an individual is simply not willing (e.g. a perception that the issue is of little personal relevance or importance), or able, to make the cognitive effort necessary to retrieve internally stored information which would allow assessment of the quality of the arguments being presented. Thus, the persuader attempts to use peripheral cues (cues outside the inherent meaning of the object of persuasion) to influence the individual. These cues may be celebrity endorsers, symbols or images which have positive affective associations for the individual music, humour, etc. Even the sheer number of arguments may become a cue. However this model, like the theory of reasoned action is a highly individualistic model, and does not take into account environmental factors with respect to processing of messages.

The **Protection Motivation Theory (PMT)** was introduced by Rogers in 1975 and has been widely adopted as a framework for the prediction of and intervention in health-related behaviour. The PMT proposes that the intention to protect oneself depend on one's coping appraisal and threat appraisal. Coping appraisal is a product of perceived self-efficacy and perceived response efficacy. Perceived self-efficacy is the level of confidence in one's ability to undertake the recommended preventative behaviour (e.g. I am confident that I am able to use a condom correctly). Perceived response efficacy refers to efficacy of the recommended behaviour (e.g. using a condom would prevent HIV/AIDS). Threat appraisal is a product of perceived severity of threatened event (e.g. HIV/AIDS causes death), perceived vulnerability (perceived probability of acquiring HIV/AIDS) and fear.

According to the PMT, there are two sources of information, environmental (e.g. verbal persuasion, observational learning) and intrapersonal (e.g. prior experience).

This information elicits either an 'adaptive' coping response (i.e. the intention to improve one's health) or a 'maladaptive' coping response (e.g. avoidance, denial).

Rippetoe and Rogers (1987) gave women information about breast cancer and examined the effect of this information on the components of the PMT and their relationship to the women's intentions to practise breast self-examination (BSE). The results showed that the best predictors

of intentions to practise BSE were response effectiveness (believing that BSE would detect the early signs of cancer), severity (believing that breast cancer is dangerous and difficult to treat in its advanced stages) and self-efficacy (belief in one's ability to carry out BSE effectively). In a further study, the effects of persuasive appeals for increasing exercise on intentions to exercise were evaluated using the components of the PMT. The results showed that vulnerability (ill health would result from lack of exercise) and self-efficacy (believing in one's ability to exercise effectively) predicted exercise intentions but that none of the variables were related to self-reports of *actual* behaviour. From the research above it is clear that the threat and coping appraisal components of PMT are useful in the prediction of health-related intentions. The model is useful in predicting concurrent behaviour but of less utility in predicting future behaviour. Single theories can be effective but used individually have limitations, however if the successful parts of these are combined in a framework, a more holistic approach to AIDS prevention campaigns can be achieved. Therefore the persuasive health message framework which incorporates the above mentioned models is a more compelling approach because individual, as well as cultural, demographic and geographical influences are taken into consideration.

The PHM states that two separate factors, *constant* and *transient* factors, must be addressed prior to the development of campaign messages. The constant components of the framework structure the content and features of a persuasive health message and should contain: a threat message, an efficacy message, various cues, and audience profile (the persuasive health message should be targeted towards a specific audience, regardless of the topic, type of message or environment).

The available evidence from fear appeal research suggests that when individuals perceive high levels of *threat* and high levels of *efficacy*, then they are motivated to protect themselves against the threat (Witte, 1992b; 1992c). Thus to motivate audiences into action, a persuasive message should convince individuals that (a) they are susceptible to a severe threat and that (b) adopting a feasible and recommended response would effectively avert the threat. Specifically, perceptions of threat must be sufficiently balanced by strong response and self-efficacy perceptions. That is the recommended response must be perceived by the audience as efficacious enough to eliminate or substantially reduce the threat before individuals will change their behaviours (Rogers, 1975; 1983; Witte, 1992b; 1992c). If a threat is perceived as too high, such that individuals believe that no response would effectively deter it, the message would backfire. For example, 'I can't do anything to prevent AIDS', such a statement could occur when the perceived threat is high and the perceived efficacy is low, people then become frightened and defensive motivation is

elicited, resulting in maladaptive responses such as denial, or defence avoidance (Witte, 1992b; 1992c).

The *cues* constant component refers to those variables that can influence the persuasive process in an indirect manner; people can be persuaded by peripheral cues such as credibility or attractiveness of the source or by the arguments or content of the message (Petty & Cacioppo, 1986). People process a message peripherally when they have little or no interest, ability, and or motivation to evaluate the message. In contrast when people believe a topic to be relevant to them and important, they process the message centrally, by carefully listening to and evaluating the content of the message (Petty & Cacioppo, 1986). There are two variables that act as cues, namely source and message variables. The variables which are related to the source of the message, other than the credibility; attractiveness; similarity and power, such as manner in which a message is organised; the type of appeal given (emotional or logical); the number of repetitions in a message; the vividness of language used and more, can all influence the persuasive process (McGuire, 1984). Although source and message variables can be thoughtfully considered in a certain manner, and thus tend to be processed peripherally.

The final constant component is the *audience profile*. The audience profile is an important constant component because it makes the message 'fit' the audience. This entails including information about demographics, psychographics, customs and values of the target audience, in order to make the message 'fit'.

The parts of a message that change given different populations and message goals are the transient components of the PHM framework. Transients or changeable elements of a campaign, such as salient beliefs (one's primary beliefs on a topic or issue), salient referents, culture, environment and message goals, determine the actual message content and features of the constant components. The transient components of a persuasive health message encompasses three areas.

Firstly, information relevant to the *threat* and *efficacy* of the recommended response must be determined, and the goals of the message must be stated clearly. Salient beliefs about the threat and efficacy of the recommended response need to be determined. Salient referents and salient referents' beliefs about the targeted audience member's risk of experiencing the threat, the severity of the threat, the efficacy of the recommended response in averting the threat, and the target audience member's ability to perform the recommended response, must be gathered.

Secondly, the culture/environment and preferences are used to develop cues and the audience profile. Source and message preference will aid in the production of cues; for example, 'who would you want to hear about sex from?' The audience profile is developed from cultural (demographics and psychographics) and environmental (potential barriers, lack of services) information. In addition, channel (for example, radio and television) preferences should be determined to achieve maximum reach of the message (these are not cues, but they can be part of the audience profile). Fishbein and Ajzen (1975; 1981) argue in their theory of reasoned action that the only way to effectively induce behaviour change in a persuasive message is to change the underlying set of salient beliefs that are causing a specific behaviour. In addition, the theory of reasoned action also suggest that the salient referents be determined (for example individuals who influence how the individual in question behaves), and beliefs about what the targeted audience thinks salient referents think about the advocated behaviour change to be assessed.

Thirdly, to maximise the odds of achieving behaviour change the *whole set* of salient beliefs toward an advocated behaviour must be uncovered, and salient beliefs that inhibit the behaviour must be countered while salient beliefs that encourage the behaviour must be supported (Fishbein & Ajzen, 1975; 1981). The message can only be developed once the transient information for each of the constant components has been determined.

The integration of the 'transient' information into the 'constant' components of the framework serves an important function. Firstly, the targeting of an audience's specific salient beliefs about the threat and efficacy of the recommended response increases in involvement and in personal relevancy of the message. Increased involvement in a message leads to central processing of the message, which is desirable because it leads to lasting and stable attitude change (Petty & Cacioppo, 1986).

As many cues as possible should be addressed in the persuasive mass media messages, because people who are unable or unmotivated to process the health communication centrally can still be persuaded by appropriate cues via the peripheral route. Transient cultural, environmental and demographic factors influence the selection of which cues to emphasise. Basically, by developing a persuasive health message according to this framework should enhance the likelihood of developing messages that influence both audience members who care about the topic and process the message peripherally.

Using the Persuasive Health Framework to Develop a Safe Sexual Behaviour Campaign

Developing persuasive messages with the framework requires a three-step process. In *step 1*, salient beliefs and salient referents must be determined and the precise campaign behavioural goal must be specified. It is important to note that, not only must the threat be specified (HIV/AIDS transmission) but more importantly, the specific behaviour (recommended response) that will be advocated to prevent or avert the threat (for example, condom use).

In any campaign the recommended response is the immediate goal or focus of the campaign (namely, safe sexual practise through condom use), with the belief that the ultimate goal (HIV/AIDS prevention) can be achieved through adoption of this recommended response (namely, prevent HIV/AIDS by advocating the consistent and proper use of condoms).

There are two ways of determining salient beliefs and salient referents, either existing research may be used or original research can be conducted. The target audience should be queried about their perceived susceptibility to the threat as well as the perceived severity of the threat. Next, the target audience's salient beliefs about the effectiveness of the recommended response in averting the threat (namely, response efficacy) and their perceived ability to use or not use the recommended response (namely, self-efficacy and barriers to self-efficacy), need to be determined. Barriers to self-efficacy are important to determine because these act as obstacles to adoption of the recommended response. Thus, if a target audience member believes that condoms reduce pleasure and decrease virility, this belief acts as a barrier to his or her perceived ability to use condoms. It is therefore important to uncover these sensitive beliefs so that the persuasive campaign can address these issues directly. Thirdly, salient referents must be solicited. The individuals or groups that have the most influence on the targeted audience with reference to the specified threat and the recommended response should be determined. The targeted audience's beliefs about what salient references think are important to uncover. Ideally, Ajzen & Fishbein's (1980) techniques for gathering salient beliefs and referents should be used.

In *step 2*, the audience profile is developed, and information for the cues is gathered. The target audience must be clearly identified. Demographic information available from census records and data from survey research can be used to create a profile. In addition, it is useful to gather data directly from a sample of the targeted audience regarding their cultural values, perceived barriers, and health-related customs to flesh out the profile. Channel, message, and source preferences must also be determined from the target audience (for example, whom would you prefer to get HIV/AIDS information from?).

In *Step 3*, the persuasive message is constructed. There are at least three types of messages that can be made in the persuasive message. It is far easier to introduce, reinforce or build on existing beliefs in a campaign than it is to try to change existing and entrenched attitudes (Atkin, 1993). The best campaigns are those that are framed to fit within acceptable beliefs, attitudes, and behaviours (namely, reinforcement). It is therefore helpful to frame the recommended response as already fitting the target audience's current belief and behavioural system.

It is important to note, that with any topic great cultural sensitivity must be used in formulating and asking questions, especially those of a sensitive nature (for example, sexual behaviours). Interviewers must ask questions using appropriate language (such as, appropriate colloquialisms or slang) and it is best to match the gender, age, and ethnicity of interviewers with members of the target population. By considering these issues up front, the chances of successful health campaigns are increased dramatically.

From a developmental point of view, with respect to the transition from school to university, individuals are vulnerable to risky behaviours affecting their health. According to Austin (1995), adolescents welcome health information they perceive as substantive, provided the information is presented in a relevant, comprehensive and realistic form. Unfortunately too many campaigns geared towards young people offer only simplistic, short-term assistance that leaves adolescents seeking effective solutions to difficult problems to lose hope of finding real help. A common mistake in campaign design is to assume that portraying a behaviour as bad or unhealthy (such as unprotected sex) will cause adolescents to reject it. This outlook fails to recognise that some of the appeal of certain behaviours may lie in their forbiddance (McGuire, 1989). In general, health message designers need to do more listening to adolescents and less time preaching to them.

According to Austin (1995), adolescents respond best when they are involved in their own decision making, they respect rules they have a part in making and get more out of programmes they have had a part in producing. Thus instead of viewing adolescents only as the campaign target, planners should view them also as one of the most potent resources. The focus of adolescents is achieving independence by forming an identity, developing a positive body image, developing an inner conscience, defining sex roles and learning about cross-sex relationships, preparing for future family and civic roles, and developing more sophisticated problem-solving capabilities (Christenson & Roberts, 1990; Kohlberg, 1976). In the meantime, they still realise that ultimately teachers, counsellors, parents, and other adults are still in charge. To avoid seeming dependent or controlled by adults, they tend to reject explicit acceptance or approval of

adult- sponsored interests (Baumrind, 1985). Now beyond simple physical rewards and punishments but not yet fully able to reward themselves from within, adolescents seek social rewards and strive to avoid social threats (Pfau & Van Bockern, 1993; Schoenbachler, 1993)

De Vries Program Matrix

Health education and promotion is considered an important and growing field for both researchers and practitioners. A feature of health education and promotion is that various theoretical models (e.g. the protection motivation theory and the theory of reasoned action) are utilised. According to de Vries (1991) a successful health education and promotion campaign involves three core elements, i.e. the ABC planning model, attitude-social influence efficacy model (ASE Model) and behaviour change (Program Matrix). The ABC planning model refers to analysis of the problem, behaviour intention and continuation (e.g. supportive health promotion policies). The ASE Model refers to the psychosocial determinants of health behaviours. The Program Matrix involves application of the ABC and ASE models to achieve behaviour change. The Program matrix is a framework that can be used to achieve behaviour change at individual, environmental and structural levels. Communication variables within the Program Matrix are similar to those of the PHM framework, making the Program Matrix a useful tool to assess the variables of the PHM framework.

Aim

To understand university students' perceptions of poster and television health communication messages on HIV/AIDS with a notion of developing an HIV/AIDS communication framework for them.

Objectives

- To identify factors that influence university students' perception of poster and television health communication messages on HIV/AIDS.
- To develop an HIV/AIDS communication framework for university students.

Chapter 2

Literature Review

Introduction

HIV/AIDS throws a 'bright searchlight' into the complexities, contradictions, divisions and needs of the modern world. This is glaringly evident in South Africa which has the largest number of people living with HIV/AIDS compared to any country in the world (UNAIDS, 2000). As a result HIV/AIDS is currently viewed as a major public health concern in South Africa.

In the absence of a cure or vaccine prevention is the only avenue to curtail the spread of HIV/AIDS. A key lesson from medical history is that preventing disease is usually less costly and more effective than treating and curing disease. This may sound simple enough, however HIV/AIDS prevention strategies are complicated by the fact that there is no single underlying cause for its continued spread in South Africa and around the world. Therefore HIV/AIDS prevention strategies require multi-method and multi-channel interventions guided by prior theory and research in a variety of disciplines, of which communication is of primary importance.

The Role of Mass Media Communication

Media is a powerful communication tool that can be mobilised against HIV/AIDS. Media exists to provide information and education (as well as entertainment) to populations world-wide therefore its role in confronting the HIV/AIDS epidemic cannot be overestimated. The 1998 London Declaration made by the World Summit of Ministers of Health stated that, "In the absence of a vaccine or cure for AIDS, the single most important component of national HIV/AIDS programmes is information and education" (WHO, 1998). In all studies across the globe, the most frequently reported source of information on HIV/AIDS is the conventional mass media (i.e. television, newspaper, radio) as compared to other sources of information such as targeted educational campaigns or interpersonal sources such as health practitioners or peers. This is as true for adults in Bombay, France and Norway as it is for students in America and India (Chatterjee, 1999). This is also true for people living with AIDS and for health workers as it is for the population at large (Shepperson, 2001).

The critical role of the media for conveying information about HIV/AIDS, as compared to other diseases, can in part be attributed to the persistence of strong social taboos on the discussion of

sex-related topics which results in a relative lack of discussion about HIV/AIDS within those social networks which generally operate to convey health and other information (Bedagkar, Salunka, Bhatlavande, & Mugade, 1994). The media has played a pivotal role in HIV/AIDS prevention in South Africa. While South Africa has been criticised for the slowness of the response to the epidemic, a high level of awareness exists among the general population (Harrison, Smit & Myer, 2000). In addition the mass media have published HIV/AIDS through television programmes such as *Soul City*, a weekly drama that covers a range of health issues, thus disseminating basic information about the epidemic and its consequences (Harrison et.al, 2000). Radio has also been an important medium for HIV/AIDS education, particularly through community radio stations such as radio Zibonele in the Western Cape of South Africa. The relative accessibility of television, radio or newspapers as the main source of media information differs by location as well as by population and gender groups. Approximately 92% of South Africans have access to radio, 76% to television and 55% to newspapers (Galloway, 1995). The country is therefore ideally suited to use media as a tool for health promotion and development, especially since high-risk populations often have little access to formal education. However, further studies conducted in the Western Cape of South Africa and Algoa respectively, revealed that television was the leading source of HIV/AIDS information among adolescents (Naidoo, 1994 & Mati, 1996).

Perhaps the most powerful role of the media is in defining the challenge of HIV/AIDS for the general population, especially given that the way a problem is defined determines the way people try to solve it (Roth & Hogan, 2001). In this respect, media audiences are especially dependent on the media as information sources and for guidelines about how to feel and how to react (Moeller, 1999).

In any event, while there can be little doubt that any disease is best managed in a context of awareness, it cannot be assumed that communicating accurate and comprehensive information about HIV/AIDS will necessarily impact on infection trends. Some studies argue for a direct link between HIV/AIDS communication and attitudinal or even behavioural change (Hirose, Ishizuka, Tsuchida, & Sawazaki, 1996). For example, one of the most conclusive studies focusing on behavioural change shows that HIV testing rates increased by approximately 29% following extensive mass media coverage of Magic Johnson's HIV/AIDS diagnosis. However, this finding regarding the impact of media can be attributed to the fact that celebrity self-disclosure is particularly effective as it affects perceptions through mechanisms similar to those

involved in personally knowing someone infected with HIV/AIDS (Kalichamn, Sarwer, Hunter, & Russel, 1993).

A more considerable body of research has demonstrated that whilst information provision is a first step, it has limited impact on individual behaviour change (Stein, 2001). This may in part be due to the tendency to tune out information not in line with people's existing beliefs (Stein, 2001). Some therefore maintain that the use of specific mass media campaigns in health promotion is expensive, largely cosmetic and has little proven effect on health behaviour (Wallack, Dorfman, Jernigan, & Themba, 1993). It is generally agreed that the most effective way of motivating individual behaviour change appears to be interpersonal communication, including interactive face-to-face educational and counselling, where "messages are tailored to the specific needs of individuals (Wellings & Field, 1996).

While the media has therefore played a greater role in health promotion and education with regard to HIV/AIDS than with regard to any other health issue, its impact is generally accepted to be varied and in no way a substitute for specialised education and targeted interventions (Stein, 2001). This is in line with the study done by Davis, Noel, Chan & Wing (1998), which found that educational programmes are the key to HIV/AIDS prevention among Chinese adolescents. Findings revealed that over 80% of Chinese adolescents had rarely or never discussed HIV/AIDS with family or teacher, and the primary source of HIV/AIDS information was media sources such as television and newspapers. Davis et.al, (1998) asserted that these sources are generally less comprehensive and potentially less reliable and as a result may contribute to misinformation and misconceptions about HIV/AIDS. Results showed that 15% of participants believed that only intra-venous drug users, prostitutes and homosexuals get HIV/AIDS. The study proved that media sources should devise messages 'targeted' at Chinese adolescents which present HIV/AIDS information that reflects real life situations that they can identify with. Results of the Davis et.al, (1998) study demonstrated that it is unrealistic to assume that HIV/AIDS campaigns targeting the general adult population will have the same impact and effectiveness for adolescents, rather HIV/AIDS campaigns should be designed to target adolescent populations and include culturally relevant and appropriate examples.

University Students at Risk

Adolescents constitute a particularly important and challenging target for HIV/AIDS prevention interventions. They are particularly vulnerable to HIV/AIDS because adolescence is a period characterised by the development of identity, particularly sexual identity. Adolescence has

sometimes been conceptualised as a time of unfettered identity negotiation. Youths are said to "try on" various identities, convey various self-conceptions to others, and receive moderating feedback on these conceptions (Cantor & Zirkel, 1990). In this way youths synthesise childhood identities with what they know of their skills and abilities and construct adult selves that are at once plausible and at least reasonably satisfying (Cantor, Norem, Niedenthal, Langston & Brower, 1987). Several factors increase the probability of HIV/AIDS-risky behaviour by adolescents, "a sense of invulnerability, sexual exploration and experimentation, dysfunctional beliefs and attitudes towards health care services and reliance on peer networks rather than adult sources of information" (Rotheram-Borus & Koopman, 1991).

While peer influence has little impact, relative to parents, on young children, there is a shift at adolescence. During late adolescence influences outside the family take on increasing significance (Dawes & Donald, 1999). Peer influence and peer pressure is often cited as one of the most influential factors affecting adolescent sexual decisions. For 'first time' university students living away from home, in particular, this transitional phase is marked by a reduction in parental supervision and the experience of being initiated into a new social context. This period is characterised by exposure to risk enabling environments where deviant behaviours are encouraged. Moore & Rosenthal (1993) argue that programmes designed to reduce sexual risk must be targeted at specific groups and focus on the needs and resources of such groups. In the context of this research, efforts to persuade adolescents to use condoms need to take account of gender, developmental status and social context (students living at university residence).

University students are considered to be a high-risk group for acquiring HIV/AIDS and therefore deserve increased attention in evaluating HIV/AIDS prevention campaigns (Brown 1991).

University students exhibit 'high transmission' behaviours such as experimentation with sex, alcohol, drugs or a combination of these behaviours (Brown, 1991). Contrary to the Davis et.al, (1998) study, Brown (1991) found that university students are well informed about HIV/AIDS transmission; however they exhibit a limited fear of contracting HIV/AIDS. A number of studies have indicated that having a high degree of HIV/AIDS knowledge does not result in safer sex practices (Baldwin & Baldwin, 1988; Carroll, 1988; Edgar, Freimuth & Hammond, 1988). The problem is that university students fail to accurately assess their personal risk of contracting HIV/AIDS (Brown, 1991). There are a number of reasons why university students with a high degree of knowledge about HIV/AIDS still underestimate their personal risk. According to Brown (1991), these include a) young adults' illusions of invulnerability, b) the long incubation period for AIDS, c) the social pressures at university to experiment with alcohol, drugs and sex,

d) students' proclivity to underestimate the risky sexual behaviour of their sexual partners and e) the growing problem of acquaintance rape on university campuses.

More recently, a study conducted by Kelly (2000) found that South African youths have good access to accurate HIV/AIDS information and that they are regularly exposed to HIV/AIDS media from a range of different sources. This study was conducted with 618 respondents across six sentinel sites in South Africa and focused on contextualising factors that influence youth respondents to HIV/AIDS within these specific sites. Kelly's (2000), findings run contrary to much previous research that suggests that there has been negligible positive response on the part of South African youth to the HIV/AIDS epidemic. Results of this study showed a generally high perception of vulnerability to HIV infection by youth, although with varying levels of preventive response to such awareness. In sites where such perception was not translated into pervasive preventive behaviour there were higher levels of 'worry' about HIV infection and more active attempts to dispel the perception of risk, for example, through cultivation of attitudes of bravado or indifference.

Kelly (2000) found that there was a higher level of condom usage in the last sexual encounter than had been previously reported, suggesting that the message about condom use has had a significant effect. The average 'ever used a condom' indicator across all six sites is 70% (range 40% - 86%) of the 71% of respondents who have had sex before. Kelly also found that there was a higher than expected rate of condom usage in most sites. There was also a cohort of those who sometimes use condoms and who plan to use condoms and those who have accepted the idea of using condoms but who are not regular users. This suggested that promotion of condoms should aim at establishing patterns of more consistent condom use and maintenance of condom use as a social norm amongst non-cohabiting, sexually active youth.

Socio-Cultural Influences on University Students

In the past decade, much of the research on adolescent development has focused on the transitions that define and shape the experiences of adolescents. Historically, the period of adolescence was referred to as the transition from childhood to adulthood, suggesting the experience of a single (albeit potentially lengthy) transition period, the exit from which depended on the political economy of the era (Modell & Goodman, 1990). Lewin, (1939) and Bronfenbrenner, (1977) were perhaps the first to note that the changes of adolescence are inherently defined by an individual's social context and the roles and expectations for behaviour based on an individual's identification or membership in a social group.

The analysis of the social constructions of the disease is crucial for the formulation of legitimate prevention programmes suited to local conditions, to make them truly *place sensitive* interventions (Webb, 1997). HIV/AIDS is a socially constructed problem, and this can be explored particularly in the context of making decisions about adoption of preventive health behaviour. The centrality of the family and community rather than the individual in decision making must be taken into account. That is, the focus must be on the social/cultural context too, not only on the individual. Individual beliefs do not necessarily explain the cultural context even though certain beliefs may be part of the culture.

Culture refers to a collective consciousness of a people often shaped by a shared history, language, and psychology (Airhihenbuwa, Makinwa and Obregon, 2000). According to Webb, (1997), it is difficult to place culture into the concept of 'high sexual behaviour' as culture is an aspatial structure in itself, influencing, but not determining sexual behaviour. He states that culture is often used as a tool by individuals, who can use it as an excuse for behaviour, which may be perceived by some as amoral. Many individuals allude to cultural heritage, without any sound knowledge of that heritage, leading to blatant contradiction. The notion of culture is often used when required as an unavoidable cause of a particular behaviour, and in doing so the culture can be debased and misinterpreted. Therefore decisions about HIV/AIDS prevention are more often than not based on 'cultural norms' that mediate individual decisions.

According to Holtgrave, Qualls, Curran, Valdiserri, Guinan and Parra (1995) 'cultural competency' is one of the major characteristics of successful campaigns. They assert that to be successful, HIV/AIDS prevention messages must be tailored to the audience and its needs. Messages, at the very least, must be: a) sensitive to the particular culture of the audience, broadly defined to include age, educational level, sex, geography, race-ethnicity, sexual orientation, values, beliefs and norms, and other factors; b) appropriate to the developmental status of the audience, for instance, messages designed for high-school students are likely to be rejected by university students; and c) linguistically specific, which goes beyond using the same language as the audience (Holtgrave et.al, 1995).

Airhihenbuwa, et.al, (2000), also emphasised cultural sensitivity as central to health communication, and health promotion. With new challenges such as false sense of security generated by the prospect of a cure and hope of vaccine in the global efforts to control HIV/AIDS, it becomes even more critical to pay serious attention to contextual rather than individual theories and models that inform HIV/AIDS prevention messages (Airhihenbuwa, et al.

2000). It is pivotal to understand the centrality of cultural contexts, rather than simply individual beliefs (Airhihenbuwa, et al. 2000). In planning communication strategies for HIV/AIDS prevention in the South African context, Airhihenbuwa, et.al, (2000) advocated message segmentation as crucial to reaching a population with such diverse modes of producing and acquiring information and knowledge.

The limitation of focusing on the individual at the exclusion of the context has long been a concern for leading research organisations. The Institute of Medicine (1994) in the United States raised this concern in its report on the future of preventive intervention research. Increasingly, researchers (Kelly, 1999; McKinlay & Marceau, 1999) are questioning the serious methodological limitations of focusing on individuals to change behaviour without adequate attention to social and physical environmental factors that shape individual role expectations and thus their health behaviour. The focus on context not only addresses the physical and social environment, it also recognises the importance of bringing projects to scale rather than perpetuating pilot projects only that focus on individual behaviour.

Health Communication Campaigns

In response to this growing concern, in 1997 the UNAIDS, initiated a project to examine the application of existing communication theories/models to HIV/AIDS prevention and care in regions of Africa, Asia, Latin America, and Caribbean. Over the past two years, 103 leading researchers and practitioners participated in consultative workshops to develop a more appropriate communication framework which moved from a focus on the individual to a focus on five domains of 'contexts' that influence behaviours: government policy, socio-economic status (SES), culture, gender relations and spirituality (Airhihenbuwa et al., 2000). The individual has been acknowledged as a crucial part of the context, and that the new framework should recognise the role of the individual even though it is focusing on the context. Therefore by combining the persuasive health message framework and this new framework, a more holistic view of HIV/AIDS communication can be achieved, one which is able to focus on individual needs with emphasis on the context of the individual.

Empirical evidence related to mass media suggests that the variety of HIV/AIDS campaign strategies around the world is indicative of the fervency and creativity that abounds in efforts to stop the AIDS pandemic (Myre & Flora, 2000). Although great progress has been achieved, findings from their review suggest that conceptual and methodological rigor in reporting fundamental communication components can be improved (Myre & Flora, 2000). Most

campaigns designate a target audience, but many campaigns have not addressed those at highest risk within a particular society. With regard to channel selection, empirical evidence demonstrates that conventional and single medium campaigns have progressed to utilising non-traditional communication modalities and multiple channels if resources permit. Similarly, message design has benefited from an outpouring of creativity despite the challenge associated with communicating private and taboo subjects. Message design and campaign themes are, typically, awarded only limited discussion thereby hindering dissemination. Moreover, assessing campaign effectiveness has been seriously hampered by insensitive and unstandardised measures.

HIV/AIDS prevention has resulted in an impressive outpouring of innovative media ideas, and communication research, yet there continues to be a dearth of systematically analysed mass media campaigns. Accurate assessments of HIV/AIDS campaigns are necessary to modify existing campaigns and to build effective new campaigns. Because little evaluation data is available publicly, campaigns will continue to have poor estimates of their ability to impact knowledge, attitudes, and behaviours (Myre and Flora, 2000). For us to learn about campaigns we need to continually examine data on communication components and relationships and to establish a more systematic method of evaluating campaigns. The De Vries Program Matrix¹ (De Vries, 1991) is a method of helping to develop new programmes or campaigns as well as evaluate existing programmes or campaigns to assess whether they address all relevant issues. The application of the De Vries Program Matrix to existing materials may help to decide whether a new programme is needed and whether additional materials may be needed.

HIV/AIDS campaigns originated in an atmosphere of public health urgency and uncontained levels of fear and distrust (Mbali, 2002). For the most part, HIV/AIDS campaigns have only just begun to systematically use communication and behavioural science literature on behaviour change, community level theories, and strategic development of campaigns that encompasses message design and channel selection (Myre & Flora, 2000). Relatively recent developments in health communication research, such as emphasising community involvement, institutionalisation, and policy advocacy, have yet to be fully incorporated into HIV/AIDS prevention, treatment, and policy. In addition, persuasive HIV preventive campaigns need to collaborate with interventions aimed at changing structural and environmental conditions (Myre & Flora, 2000).

¹ De Vries Program Matrix: refer to page 15

With respect to media campaigns in South Africa, most have focused on knowledge of HIV/AIDS and specific risks which must precede behaviour change (Harrison et. al, 2000). An example of this is the Department of Health's Beyond Awareness Campaign, which addresses HIV/AIDS and its prevention through popular media, widespread promotion of condoms, encouraging open dialogue on the disease and sponsoring HIV/AIDS activities (Parker, Dalrymple & Durden, 2000). Other notable HIV/AIDS prevention campaigns in South Africa included youth magazines such as, *Laduma*, produced in comic book form, and *Sex News* (Harrison, Jackson, Ntuli, Lurie, Wilkinson & Abdool Karim, 1999), published in English and Zulu and using pre-tested language familiar to young people. More recently, *Love Life*, a national youth sexual health initiative, has started a mass media campaign using billboards, newspaper advertisements, radio and other outlets to address sexual health issues, as well as underlying causes of HIV/AIDS, including gender issues and sexual coercion (National Adolescent Sexual Health Initiative, 1999). However, according to Harrison et.al, 2000, while important as part of the general effort to raise awareness of HIV/AIDS, none of these campaigns have been evaluated for their impact on individual or communities.

Chapter 3

Methodology

1. Introduction

This chapter begins with an overview of the research methodology employed by the study. Thereafter, I provide a rationale for the qualitative methods used, i.e. research design, participants, data collection and analysis. Ethical considerations for this study are also provided.

2. Research Design

2.1 Qualitative Research

A qualitative methodological approach was chosen for this study to allow for an in-depth understanding of students' perception of poster and television health communication messages (with respect to HIV/AIDS). The approach taken is one where the researcher believes that peoples' subjective experiences are real and to be taken seriously (ontology) and that their experiences can be understood by interacting with them and listening to what they have to say (epistemology). Qualitative research lays down its claim to acceptance by arguing for the importance of understanding the meaning of experience, action and events as these are interpreted through the eyes of participants, researchers and sub-cultures, and for a sensitivity to the complexities of behaviour and meaning in the contexts where they typically or 'naturally' occur (Richardson, 1996). Qualitative research is seen as modes of systematic inquiry concerned with human thoughts, behaviours, negotiations and institutions under different sets of historical and environmental circumstances (Benoliel, 1984).

The choice of qualitative research over quantitative research stems from the ability of qualitative research to understand human behaviour from a framework within which subjects interpret their thoughts, feelings, and actions. Quantitative research uses methods adopted from the physical sciences that are designed to ensure objectivity, generalisability and reliability. The researcher is considered external to the actual research, and results are expected to be replicable no matter who conducts the research. The quantitative approach decontextualises human behaviour in a way that removes the event from its real world setting and ignores the effects of variables that have not been included in the model. With qualitative methods we seek to discover knowledge and develop or reformulate theory from the authentic source, we are looking at the whole with

the context. According to Brink & Wood, (1998) the interest in qualitative methods is directed toward discovery or uncovering new insights, meanings and understandings. Qualitative research is often serendipitous, often leads to wonderment and requires from the researcher an ability to remain flexible (Brink & Wood, 1998).

Qualitative methods are inherently inductive, they seek to discover rather than test explanatory theories, and they are naturalistic, favouring in vivo observation and interviewing of respondents over the decontextualising approach of traditional scientific enquiry (Padget, 1998). As such they imply a degree of 'closeness' with respect to researcher and respondent, and an absence of 'controlled conditions' that stand in contrast to the distance and control of scientific studies, therefore qualitative research favours a 'closed system' approach where every effort is made to neutralise the effects of the observational context (including the observer) (Padget, 1998).

2.1.1 Generalisability

Compared to quantitative research, a general critique of qualitative research is the small sample size which influences the generalisability of findings. Morse (1997) argues that theory derived from qualitative research is different from theory derived from quantitative research. She argues that qualitatively derived theory has been 'tested' in the process of development and is therefore more representative of reality and involves less conjecture than quantitatively derived theory. As a result, qualitatively derived theory may move directly towards implementation and in doing so does not test theory per se but components of theory. Morse (1997) suggests that this has important ramifications for the evaluation of qualitative research and its role in knowledge development. While it was previously considered that qualitative research was so context bound that it was not generalisable, it is now evident that qualitative research is generalisable according to its level of abstractness (Morse, 1997).

Morse (1997) emphasises that the aim of a qualitative researcher is ultimately to make links, or help the reader make links, between what he or she has observed in one situation and what is occurring in other situations. Qualitative researchers investigate naturally occurring phenomena and describe, theorise and analyse them contextually in the 'real world' rather than in controlled situations, thereby yielding important findings for practice. Realities or meanings come about as people go about their daily lives, interpreting things or events that happen to them. Through interacting with others, meanings or realities are modified to enable a person to cope with his or her world. As persons constantly interact with others, meanings are continuously modified and

shared and individual behaviour is aligned with that of others as well as groups. Thus people in interaction are forming and transforming their lines of action in terms of those of others.

2.1.2 Applicability

According to Morse (1997), qualitative methods should be used when there is little known about a domain, when the investigator suspects that the present knowledge or theories may be biased or when the research question pertains to understanding or describing a particular phenomenon or event about which little is known. According to Brink & Woods, (1998) qualitative designs are appropriate:

1. When virtually nothing seems known about a topic or phenomenon;
2. When what seems to be known or believed somehow does not seem accurate (intuiting), prompting:
 - a) hunches about inconsistencies,
 - b) hunches that time has changed what is believed,
 - c) hunches about biases,
 - d) hunches about ineffective approaches;
3. When feelings arise such as:
 - a) 'something doesn't ring true'
 - b) 'that's not real life'
 - c) 'something's going on here and I'm not quite sure what it is'; and
4. When the researcher wonders what it would feel like to experience something he or she knows nothing about.

Morse, (1997) takes the view that researchers who conduct qualitative research in health sciences should understand that the state of knowledge development is such that research results may well find their way into clinical applications regardless of the researcher's explicit assumption about their origins. This factor inherently alters a health science researcher's disciplinary responsibility in such a way that it extends beyond the reach of traditional evaluative criteria and into the domain of how findings might reasonably be interpreted or even used (Morse, 1997). Thus, a critique of qualitative research within the health sciences properly extends beyond the mere consideration of adherence to the methodical rules to an examination of the much more complex question of what meaning can be made of research findings.

Morse, (1997) emphasises that when doing qualitative research in sensitive areas such as communicable diseases, one must account for the possible uses of the findings even before one knows what they will include. Qualitative health researchers therefore cannot put forward their findings with the comfortable assurance that no one will apply them to practice before they become scientifically ‘proven’; researchers in this field are obliged to consider their findings ‘as if’ they might indeed be applied in practice (Morse, 1997).

2.2 Ethnography

This study encompasses an ethnographic inquiry. Traditionally ethnography has been seen as a qualitative mechanism used to study cultures; however it has been integrated into various other fields, including health. Its approach has been found useful as a method to examine and describe social processes (Hammersley & Atkinson, 1995), and in this study, the social process of health communication. According to Hammersley and Atkinson, (1995), in many respects ethnography is the most basic form of social research, not only does it have a very long history, but it also bears a close resemblance to the routine ways in which people make sense of the world in everyday life.

For Richardson, (1996) ethnography is the comparative, descriptive analysis of the everyday, of what is taken for granted. In this regard, ethnography deals with developing an understanding of shared systems of meaning in societies that share similar social and cultural characteristics and can be applied to the study of any isolated group who have something in common (Peterson, 1999). Peterson (1999) also makes reference to distinct features of ethnography which are characterised by: ‘(1) its holistic and contextual nature, (2) reflexivity, (3) the use of emic and etic data, and (4) its value in relation to the development of theory’. In the first instance (i.e. holistic and contextual nature), data needs to be interpreted within an understanding of the context within which observations and interviews take place. A contextual understanding of human behaviour therefore demands that the researcher moves beyond description to understanding why the behaviour takes place under what circumstances (Peterson, 1999).

The primary method of data gathering is still participant observation. An understanding of the validity of other people’s description of the world and of how these descriptions are historically constituted throws into question your own taken for granted assumptions and thus prompts their ethnographic analysis (Richardson, 1996). Richardson (1996) goes on to point out that

ethnography is directed towards the analysis of contemporary collective processes as these manifest in the day to day relations between particular persons.

A second feature of ethnography, reflexivity, deals with the role the researcher plays in the research process and when interpreting the data and this together informs the effect the researcher has on the social phenomenon being studied, (i.e. we are part of the social world we study, (Hammersley & Atkinson, 1995). Richardson (1996) emphasises that an understanding of the validity of other people's descriptions of the world and how these descriptions are historically constituted, throws into questions one's own taken for granted assumptions and thus prompts their ethnographic analysis. The emphasis on the quality of the field data, using this method, allows for reanalysis in the light of new field data or a different theoretical position. Thus, the comparative thrust of ethnography resides in the way that both data analysis is inevitably made to play reflexively against the analyst's own understandings.

Thirdly, Peterson, (1999) argues that using emic and etic data (insider and outsider perspective of reality), is vital in the process of analysis since the emic perspective takes into account participants views of situations, whilst the etic perspective addresses the researcher's interpretation of this reality. Finally, the role of emergent data, apart from relying on theory and literature, allows the researcher to refute or develop new hypotheses where necessary (Petersen, 1999).

Ethnography provides a medium of analysis in which collective relations between people at large inform what particular persons, considered as historically located subjects, do and say (Richardson, 1996). The idea is that everyone, everywhere, including ourselves, forms the locus of the relations in which we engage with others and in which others engage in us. The challenge of this approach is to know as much as possible about the people whose ideas and behaviour are the objects of analysis. This can be facilitated through interviews or focus group interviews. Richardson (1996) points out that ethnographic analysis is self-consciously historical and comparative, recognising that continuity and change are aspects of a single phenomenon, with ideas being transformed in the very process of their constitution. To understand what people are doing you have to analyse how they come to be doing it, and to understand the 'how' you have also to analyse the 'what'.

2.3 *Participants*

Participants for this study were a sample of first year resident students from the former University of Durban Westville². University students, in general, are considered an at-risk population group given that many of them are at the debut of their sexual lives and fall within the most vulnerable age group (15 - 24 years) in terms of HIV prevalence in South Africa (Whiteside & Sunter, 2000). This is supported by the largest survey ever of South African youth, conducted by the University of Witwatersrand's Reproductive Health Research Unit (RHRU/*loveLife* survey, Pettifor et al. 2004). The study found that 10.2 percent of youth (15 – 24 years) in South Africa are HIV positive, of which 77 percent are women (Pettifor et al. 2004). The former University of Durban-Westville, in particular, draws its student population primarily from black and Indian working-class townships in KwaZulu-Natal, the province with the highest HIV infection prevalence rates in the country (Department of Health, 2005). Therefore students at the former University of Durban-Westville were considered a high-risk population for HIV/AIDS transmission.

According to Brown (1991), university students exhibit 'high transmission' behaviours such as experimentation with sex, alcohol, drugs or a combination of these behaviours which cause them to fall in the high-risk group for acquiring HIV/AIDS and therefore deserve increased attention when developing HIV/AIDS prevention campaigns. Peer influence and peer pressure is also cited as one of the most influential factors affecting adolescent sexual decisions. For 'first time' university students living away from home, in particular, this transitional phase is marked by a reduction in parental supervision and the experience of being initiated into a new social context. This period is characterised by exposure to risk enabling environments where deviant behaviours are encouraged. For these reasons, first year university students were chosen as the target group for this study. This study was undertaken in 2002. Participants for this study were a sample of first year resident students from the former University of Durban Westville³.

In qualitative research the predominant method of sampling is non-probability sampling. Within this method of sampling the probability that a given event will be included in the sample cannot be specified. The advantage of non-probability sampling is that they are less complicated and

² The current study was conducted prior to the merging of the University of Durban-Westville with the University of Natal; therefore the merged university is not used as a reference. The merged university is called the University of KwaZulu-Natal, established in 2004.

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more economical than probability sampling (Hysamen, 1994). The specific type of non-probability sampling that was used in this study was purposive sampling. In purposeful sampling, the researcher relies on his or her experience, ingenuity and or previous research findings to deliberately obtain participants in such a manner that the sample obtained may be regarded as ‘representative’ of the relevant population (Huysamen, 1994). The target audience for the current study was first year university students from the residence on campus. To obtain a ‘representative’ sample, participants were chosen from the 300s Module⁴ on campus. Permission was obtained from the lecturer to speak to students about participating in this study. Students were briefed about the study, informed about eligibility (first year resident students) and asked to volunteer their participation. Contact details were obtained from students and they were telephoned to inform them about the focus groups (date, time and venue).

Volunteer participants were approached individually to fill in the risk profile form (annexure 3). Volunteers were informed of the reason for the questionnaire and assured that only the researcher would have access to their answers. Once information on participants was analysed, they were divided into groups according to their risk profile. All students who volunteered and completed the risk profile form were enrolled in the study. There were more high risk female participants who volunteered compared to low risk participants. To understand the perceptions of these ‘high risk’ students with respect to mediums of health communication (for HIV/AIDS), is crucial to the development of an effective HIV/AIDS communication campaign for students.

Focus groups were held with first year students approximately two to six months after students were registered for the 2002 academic year. In purposive sampling, we sample with a purpose in mind, usually one or more specific predetermined groups (Trochim, 2002). This is true for the current study, because first year residential students formed the predetermined group. The study was conducted using eight focus groups (including two pilot studies). Each focus group consisted of six to eight first year residential students whose age ranged from eighteen to twenty one years (Table 1 illustrates the number of groups interviewed in terms of risk profile and gender). Among the groups interviewed, a few students appeared to know each other; however majority of students did not appear to be familiar with each other.

	Males (18-21 years)	Females (18-21 years)
High Risk	2 groups	3 groups
Low Risk	0 groups	1 group

Table 1: Groups interviewed in terms of risk profile and gender

⁴ A course offered at the university which is compulsory for all first year students to attend.

3. Data Collection

3.1 Focus Groups: Justification

In order to gain an understanding of participants' perceptions of mediums of health communication (with respect to HIV/AIDS), focus groups were used as a tool to collect data. According to Kreuger (1994), focus groups are a good tool at the preliminary or exploratory stages of a study. Focus groups have the ability to produce qualitative data that provides insights into participants' attitudes, feelings, beliefs, experiences, perceptions and opinions. Focus groups also allow the researcher to employ the use of participant observation during the discussion, which will be informative during the analysis of data.

One of the unique elements of focus groups is that there is no pressure by the moderator to have the group reach consensus. Instead attention is placed on understanding the thought processes of participants as they consider the issues under discussion (Kreuger, 1994). The usefulness of focus group discussions surfaces in its ability to yield in-depth information and this enables the researcher to 'get in tune' with the respondents and discover how people construct reality from an ethnographic standpoint.

Kreuger, (1994) suggests that focus groups, have high 'face validity', which is due in large part to the believability of comments from participants. People open up in focus groups and share insights that may not be available from individual interviews, questionnaires, or data sources. Focus groups offer a unique advantage in qualitative research, since this method of yielding data acknowledges that people are influenced by the comments of people around them, and by using such a method these people are placed in natural, real-life situations as opposed to experimental situations, typical of quantitative studies, (Morgan & Kreuger, 1996). The dynamic nature of this group interaction is impossible to capture in a one-on-one interview situation, and goes to the heart of understanding the relational construction of reality that is a central feature of ethnographic research.

The format of focus group interviews allows the moderator to probe, and this flexibility to explore unanticipated issues is not possible within more structured questioning procedures. Another advantage is that focus groups enable the researcher to increase the sample size of qualitative studies without dramatic increases in resources or time required of the interviewer.

Focus groups however, like other tools for data collection have limitations. Firstly, the fact that focus groups are driven by researcher's interests can be a source of weakness (Morgan, 1997). Research creates and directs the group; this makes them distinctly less naturalistic than, for example participant observation, so there is always some residual uncertainty about the accuracy of what the participants say. The concern is that the moderator, in maintaining the interview focus will influence what the participants say. However the problem is hardly unique to focus groups because the researcher influences all but the most unobtrusive social science methods (Morgan, 1997).

A second limitation is that the group too may influence the nature of the data produced (Morgan, 1997). In social psychology, the question of how interacting in a group influences what each individual will contribute to the group is a classic issue. The concern for focus groups include both a tendency toward conformability where some participants withhold things that they might say in private, and a tendency toward 'polarisation', where some participants express more extreme views in a group than in private (Morgan, 1997). Therefore focus groups require carefully trained moderators, using techniques such as pauses, probes, and rapport building to ensure a high 'validity' of responses.

Finally, focus groups must be conducted in an environment conducive to conversation. These factors often present with logistical problems and may require the provision of incentives to facilitate participation. Given that the participants were students, logistical problems were foreseen; therefore focus group incentives took the form of refreshments provided at the end of each group, as well as a certificate acknowledging their participation in the focus groups. Benefits to participants could also be attributed as an incentive, for example, participants were given the opportunity to be involved in decision making and to be valued as experts, as well as given the opportunity to work collaboratively with researchers for their benefit.

3.2 *Procedure*

3.2.1 *Instrument Development*

A reading of the theoretical framework and the literature review suggested the following themes in understanding the perceptions of first year students toward health communication material on HIV/AIDS:

- Appeal of health communication material
- Comprehension of the health communication material

- Attitudes towards health communication material
- Behaviour intention/change with respect to the health communication material

Instrument development was guided by the De Vries Program Matrix (De Vries, 1991) and pilot focus groups (annexure 4). The PHM framework states that a persuasive health message should contain a *threat* message, an *efficacy* message, various *cues*, and should be targeted towards a specific audience. In order to develop persuasive health messages on HIV/AIDS, the data collection instrument needed to assess students' perceptions of HIV/AIDS posters and television advertisements relating to the components of the PHM framework. The De Vries program matrix was the tool used to develop the data collection instrument (annexure 4) as it contained the essential communication variables (e.g. message, channel, source, attention, attitudes, self efficacy, comprehension and behaviour) one needs to consider when developing a health communication campaign. According to De Vries, (1991) variables must be considered as continuous. The program matrix was then used to develop the pilot focus group discussion guides (annexure 4) which assessed students' perceptions of HIV/AIDS posters and television advertisements. The pilot focus group discussion guides were then piloted with two groups of students (poster and television advertisement groups). Data from the pilot focus groups were analysed and modified to develop the final data collection instruments. Data from the pilot focus groups were not used in the analysis of results. Two 90-minute focus group interview guides (annexure 5) were developed.

3.2.2 Implementation

Eight focus group discussions were held (annexure 7) at the former University of Durban-Westville. Two of these were pilot groups. Separate focus groups were held for male and females (three male and three female). This was done to accommodate gender differences that exist between males and females with respect to HIV/AIDS and sexuality. Individuals are more likely to be open and speak freely about sexual experiences to members of their own sex. Focus groups were further divided into 'high risk' and 'low risk' groups with respect to the acquisition of HIV/AIDS and sexual behaviour. Students were asked questions concerning their sexual behaviour and their perceived susceptibility to HIV/AIDS (annexure 3). Responses to these questions were used to screen students into high or low risk groups. Three groups were differentiated, low-risk females (LRF), high-risk females (HRF) and high-risk males (HRM). No low-risk male groups were identified from the sample.

HIV/AIDS awareness and prevention posters in and around the campus at the time of data collection were selected for discussion. Each 'poster' focus group discussion involved discussions around three posters to allow sufficient time to discuss each poster. Three posters with three different HIV prevention messages were chosen for each focus group (e.g. a poster conveying fear, a poster with a positive message and a political poster). Similarly, television advertisements selected were those HIV/AIDS awareness and prevention television advertisements being aired at the time of data collection. At the time of data collection there were a limited number of HIV/AIDS awareness and prevention advertisements being aired.

Focus groups were audiotaped, and all were facilitated by the researcher. At the beginning of the discussions, rapport was established to provide an atmosphere conducive to conversation. Thereafter open-ended questions were posed to participants for discussion. During the discussions the researcher took notes about the dynamics of the group, including general observations. Pilot groups were run in order to structure the questions appropriately, and to identify the critical issues to probe. Pilot groups also assisted in the final choice of posters and television advertisements.

3.3 Method of Data Analysis

3.3.1 Process of Data Analysis

Tape recordings of the focus groups were transcribed verbatim, and the transcriptions were analysed using thematic analysis in order to identify commonalities and variances among the responses of participants. Comparative analyses were made across the variable gender.

Thematic analysis is a way of seeing (Boyatzis, 1998). Often, what one sees through thematic analysis does not appear to others, even if they are observing the same information, events, or situations. To others, if they agree with the insight, the insight appears almost magical, if they are empowered by the insight, it appears visionary and if they disagree with the insight, it appears delusionary (Boyatzis, 1998). According to Boyatzis, (1998) thematic analysis moves the researcher through three phases of inquiry:

- Making observations and coming to the insights 'intuitively' (observation precedes understanding),
- Perceiving a pattern, or theme (recognising an important moment (seeing) precedes encoding it (seeing it as something),
- Encoding the pattern.

Thematic analysis is a subjective process, where the researcher makes sense of the data from his/her own perspective. It also allows the researcher to extract themes from seemingly random data (pattern recognition) (Boyatzis, 1998).

Thematic analysis is a process that can be used with nearly all qualitative methods. It is a process for encoding qualitative information. Encoding requires an 'explicit code' (e.g. a complex model with themes). Themes may be initially generated deductively from theory and prior research (Boyatzis, 1998). Thematic analysis was used to make sense of the data gathered from the focus groups, where the explanations given during the focus groups were related to different pre-existing themes from the Program Matrix. The use of pre-existing themes to structure the analysis gives a researcher a technique for dealing with the very large amounts of data which can emerge when conducting focus groups, and reducing these to manageable proportions (Hayes, 1997). Using theoretically informed themes for analysis also allowed the researcher to deal with the question of reflexivity, which arose from the focus groups.

3.3.2 Software Used

A qualitative software package Non Numerical Unstructured Data Indexing Searching and Theory Building 5 (NUD*IST 5) was used to categorise the transcribed data into their various themes. NUD*IST 5 is a qualitative software package that has been specifically formulated to handle the techniques required by qualitative methods of research, to facilitate the management and analysis of qualitative data.

The data was categorised into their various pre-determined themes, from which analysis followed. Categorising involved the sifting of data directly from transcriptions into their various themes. NUD*IST 5 allows the researcher to sort the 'seemingly random' data into themes in a very efficient and accurate manner.

3.4 Ethical Considerations

Ethical clearance for the study was obtained from the former University of Durban-Westville's Ethics Committee. Ethical considerations for focus groups are the same as for most other methods of social research (Gibbs, 1997). For example, when selecting and involving participants, researchers must ensure that full information about the purpose and uses of participants' contributions is given (students were fully informed about the nature of the study). Being honest and keeping participants informed about the expectations of the group and topic,

and not pressurising participants to speak was practised. A particular ethical issue to consider in the case of focus groups is the handling of sensitive material and confidentiality given that there will always be more than one participant in the group (students were assured about the anonymity of their individual responses). Participants were also encouraged to keep confidential what they heard during the meeting with respect to disclosure of information about particular participants. All participants signed an informed consent (annexure 6) containing relevant information about the study before participating in the study. Participants were appraised about their right to withdraw from the study at any point verbally and within the informed consent. Participants were also informed that they will be given feedback about the results of the study.

4. Definition of terms

<i>ABC's:</i>	Abstain, B e faithful, C ondomise
<i>Audience segmentation:</i>	Audience segmentation encompasses information about demographics, psychographics, customs, values and lifestyles of the target audience in order to 'make the message fit the target audience'
<i>Behaviour intention:</i>	Students' intention' to change risky sexual behaviour
<i>Central processing:</i>	When people believe a topic to be relevant and important to them, they process the message centrally by carefully listening and evaluating the content of the message.
<i>Channel:</i>	Channel referred to the medium used for conveying HIV/AIDS messages.
<i>Cues:</i>	Those variables that can influence the persuasive process in an indirect manner for example bright colours and music.
<i>Epidemic:</i>	A widespread outbreak of an infectious disease where many people are infected at the same time.
<i>Fear appeals:</i>	Persuasive messages that emphasize the harmful physical or social consequences of failing to comply with the recommendations of the message.
<i>Framework:</i>	Outlines what one should do to develop and effective persuasive communication campaign.

<i>Health communication:</i>	Health communication is concerned with the use of persuasion to implement strategies that promote good health and prevent disease. The World Health Organization (WHO) defines health communication as a key strategy to inform the public about health concerns and to maintain important health issues on the public agenda.
<i>High-risk students:</i>	Students who were at high-risk for acquiring HIV
<i>Induced emotion:</i>	The emotion induced by an HIV/AIDS message.
<i>Loveliflife:</i>	A South African national HIV prevention programme for youth
<i>Low-risk students:</i>	Students who were at low-risk for acquiring HIV.
<i>Media:</i>	The print (newspaper, magazines, etc.) and electronic (radio and television) communication devices used for advertising.
<i>Message:</i>	Information which is sent from a source to a receiver.
<i>Peripheral processing:</i>	When individuals have little interest, ability and/or motivation to evaluate a message they process it peripherally via peripheral cues.
<i>Positive affect:</i>	Messages that foster good feelings and the use of less elaborate or more heuristic strategies.
<i>Public health:</i>	The science and practice of protecting and improving the health of a community, as by preventive medicine, health education, control of communicable diseases, application of sanitary measures, and monitoring of environmental hazards.
<i>Source:</i>	The person(s) or group(s) presenting the persuasive appeal.
<i>300S module:</i>	A compulsory module offered to students at the former University of Durban-Westville, which focuses on HIV/AIDS awareness and prevention.
<i>Working-class:</i>	People who are engaged in manual labour, or are dependent upon it for support – e.g. labourers and operatives.

Chapter 4

Analysis and Discussion of Results

The program matrix (DeVries, 1991) was adopted and utilized as the data collection instrument to tap into the various factors that influence students' attraction to HIV/AIDS posters and television advertisements. Both positive and negative influences were analysed in terms of the factors that make students attend to or disregard HIV/AIDS messages. The focus was to ascertain what makes HIV/AIDS messages, conveyed by posters or advertisements appealing to students.

Using thematic analysis to explore the 'appealing factors', three primary factors emerged (see Figure 1, Pg 68):

1. Personal Factors
2. Message Factors
3. Channel Factors

In addition to these factors, audience segmentation and the implications of the primary factors for behaviour change were also found to impact on students' attraction to HIV/AIDS posters and television advertisements (see figure 1, Pg 68).

1. Personal Factors

When students encountered poster and television health communication messages, their perception of these messages were dependent on personal factors related to message processing and message comprehension.

1.1 Message Processing

Results demonstrated that the appeal of an HIV/AIDS message was determined to a large extent by certain personal factors of the target audience. The crucial influences being the target audience's level of processing HIV/AIDS messages and peripheral cues⁵ that attracted students' attention. Levels of processing HIV/AIDS messages differed across the groups interviewed.

⁵ Those variables that can influence the persuasive process in an indirect manner (Petty & Cacioppo, 1986) for example bright colours and music.

According to the Elaboration Likelihood Model (ELM) described within the Persuasive Health Message Framework (PHMF) a persuasive message can be processed along a continuum of routes, i.e. central route (central processing) or peripheral route (peripheral processing) (Petty & Cacioppo, 1986). The continuum consists of central processing on one end and peripheral processing on the other. When people believe a topic to be relevant and important to them, they process the message centrally by carefully listening and evaluating the content of the message (Petty & Cacioppo, 1986). People process a message peripherally when they have little interest, ability and/or motivation to evaluate the message.

To assess whether a target audience should be persuaded centrally or peripherally, there are three conditions to consider. These are the target audience's ability, motivation and opportunity to process information. When these conditions are high the target audience can be persuaded to centrally process messages and when one or more of these conditions are low the target audience needs to be persuaded to peripherally process messages. Central processing involves cognitive effort to evaluate the message conveyed. Peripheral processing involves persuasion via peripheral cues (e.g. source attractiveness, brief messages) that enhance the message and attracts attention.

Results showed certain peripheral cues that appealed to all students, irrespective of their level of processing HIV/AIDS messages. These included visually attractive⁶, clear⁷, catchy⁸ and straight to the point⁹ peripheral cues. However students' level of processing the HIV/AIDS message differed. For example, low-risk females (LRF) and high-risk males (HRM) students (poster group) found HIV/AIDS messages important and relevant to them, therefore they processed HIV/AIDS messages centrally. The peripheral cues (e.g. the straight to the point nature of the Tombstone Poster (annexure, 1.2) served as a catalyst; to gain the attention of HRM and LRF students in order for them to centrally process the message conveyed. However, HIV/AIDS messages were of little or no interest or relevance to high-risk females (HRF) students (both groups) and HRM students (advertisement groups) therefore they processed HIV/AIDS messages peripherally. These students were attracted to the peripheral cues but did not evaluate the message.

⁶ Visual attractiveness of the image and text of the message.

⁷ Whether the message evoked in students (the receiver) the intended meaning of the sender (clarity of message) (Covello, 1999).

⁸ The ability of the message to remain with the target audience after exposure to it.

⁹ The ability of the message to avoid 'beating around the bush'.

LRF students were attracted to the Heroes poster (annexure 1.5). Specifically, visually attractive (bright colours), clear (men living positively) and straight to the point nature of the poster. They noted that ‘dull and gloomy’ posters, with excessive wording, were boring and caused students to lose sight of the focus of the messages. However when a message was brief and straight to the point they had a desire to read more about it and to compile questions around the message. This implied that short and straight to the point posters induced curiosity and students wanted to know more about the message, and thought about questions related to it. For example ‘Heroes not Victims’, LRF students wanted to know why they are heroes and not victims. Or what has happened to them? The desire to read more about this poster was brought on by LRF students central processing of HIV/AIDS messages, as well as the attractive peripheral cues (bright colours and clear messages). A high degree of cognitive work was evident from LRF student’s desire to read more about the message and compile questions around it. The increased amount of ‘thought’ is synonymous with central processing of messages.

“When the poster is alive even that person who has to read it will have that interest of wanting to read more about it...It’s clear and brief and to the point, they just said what they had to say in a very good way” (LRF – 3rd G)

In line with LRF students, HRM students felt that peripheral cues like those of the Tombstone Poster (annexure 1.2) would be most appealing and eye-catching in a campus environment as a result of its short, visually attractive and catchy message. In addition, LRF and HRM students asserted that HIV/AIDS posters should also be big with a ‘catchy’ message (one that students can recall easily) such as ‘AIDS is a Death Wish’.

“If it’s having different colours, ja different colours, and its big, like this one (Tombstone Poster), this one I like it. It’s written in a different way, ja this colour can clearly attract you, can attract you easily, the message is clear, it is short, it is simple, just because you realise that no AIDS is death...Maybe something catchy, something that stays in your mind, like a good statement, like that one, ‘do you have a death wish” (HRM – 2nd G)

Contrary to LRF students however, HRM students rejected the Heroes Poster (annexure 1.5) completely. They felt that positive messages were not appropriate for a campus environment. Posters that target students need to depict ‘death and HIV/AIDS’. HRM students felt that a positive poster would condone this serious disease. When they thought of HIV/AIDS they thought of death, therefore HIV/AIDS posters needed to be associated with fear. Only fear poster

attracted the attention of HRM students and prompted central processing of HIV/AIDS messages.

With respect to television advertisements, HRF and HRM students found HIV/AIDS messages of little or no interest to them. They asserted that advertisements were not the reason they watched television. HRF and HRM students watched television intending to view their favourite programmes or movies, and advertisements were an interruption. Therefore television advertisements conveying HIV/AIDS messages would have to appeal to HRF and HRM students via the peripheral route. As mentioned above, peripheral processing occurs when individuals have little interest, ability and/or motivation to evaluate the message (Petty & Cacioppo, 1986). Advertisements would therefore need to encompass certain peripheral cues, which would gain the attention of HRF and HRM students for peripheral processing.

For television advertisements to attract the attention of students, they would need to display visually attractive, straight to the point and catchy HIV/AIDS messages. These peripheral cues were found to be effective in attracting students' attention. HRF and HRM students likened a visually appealing advertisement to the Lover's Plus¹⁰ advertisement. They were attracted to the music and bright colours, which reminded them of a night-club.

"If you are having the advert in a night club or bash, the music and the lights and the bright colours will attract you. Ja like the lovers plus, you see they don't have to talk to convey the message, you can have some actions" (HRF – 5th G)

Straight to the point messages served as a peripheral cue to attract students' attention because they found that long advertisements drag on and they lose concentration. Advertisements are an interruption of an important/relevant programme/movie students' watch; therefore if they are too long, concentration is lost resulting in decreased appeal of the message. Short advertisements offer reduced interruption to programmes or movies viewed by students and are therefore could be more effective as a peripheral cue to gain their attention.

"Brief it definitely has to brief, cause when it tends to drag on you lose concentration, it has to be short, if it takes for ever then ay you get bored, you need to say wow, that was a nice advert, Ja, when the advert is too long you end up getting confused about what the actual idea is, it's better if the message is clear and brief. Also we watch TV to see our programmes and movies

¹⁰ A funky advertisement on television promoting the use of Lover's Plus condoms and safe sex.

and what not, we don't want to see adverts, therefore they need to be short and to the point to gain our attention” (HRF – 5th G)

The disinterest HRF and HRM students exhibited toward television advertisements prompted them to favour advertisements with ‘catchy’ messages, which favoured easy recall. In this regard both groups advocated the caption or essence of a message to be powerful enough to remain in their minds once they have viewed the advertisement. The message conveyed needs to be as memorable as the programme or movie they have watched. Advertisements are an interruption of students’ television viewing; therefore more often than not they are forgotten immediately after viewing. However if the message is catchy it is more likely to be remembered by students at a later stage, making a catchy message an effective peripheral cue to persuade students to process and recall messages.

In keeping with the disinterest of certain groups toward HIV/AIDS messages, HRF students found HIV/AIDS posters of little interest and irrelevance to them as they felt that they knew all they needed to know about HIV/AIDS. According to Maibach & Parrott, (1995), when individuals feel they know all they need to know about a topic, health communication material (e.g. posters) would not attract their attention. This could be an indication of over-exposure to HIV/AIDS messages, inferred from statements such as:

“They are everywhere, everywhere ja, we know all about it. AIDS posters are everywhere, we just walk pass...It does not attract me, like I said when you say AIDS, we just walk away, we heard so much about it”. (HRF – 1st G)

The lack of motivation induced by over-exposure to HIV/AIDS messages resulted in HRF students being persuaded to attend to HIV/AIDS messages via the peripheral route of processing information. Therefore clear, visually attractive and straight to the point messages served as effective peripheral cues to prompt HRF students to attend to HIV/AIDS messages.

HRF students were of the opinion that being a student placed one at an unfavourable disposition with respect to time. They mentioned that they were always in a hurry to either attend lectures or meet with friends; therefore they ignored posters, as they had no time to stop and read about HIV/AIDS. This was particularly evident if the poster was ‘boring’ and ‘unappealing’ as a result of long unclear and dull messages. To attract the attention of HRF students, posters needed to emphasise straight to the point and colourful (visually attractive) messages.

Another characteristic of poster messages that appealed to all students was an image that ‘spoke for itself’. Like HRM students, HRF students were most attracted by the Tombstone Poster’s (annexure 1.2) message (do you have a death wish?) as the message was simple and ‘it spoke for itself’. Just by viewing the image on the poster HRF students were able to identify the message conveyed, reiterating HRF students’ lack of time and interest to attend to HIV/AIDS messages. The Tombstone Poster was appealing because the image captured the essence of the message conveyed, allowing less time and cognitive effort to attend to the message.

“When you are on campus you don't have time to stop and read every poster... so if the poster was just straight to the point to, AIDS kills nothing more... it's (Tombstone Poster) straight forward, it's a death wish you won't be ignorant to read it or think about it, if you are not reading the words you can tell what it is about, people are lazy to read, so by just looking at the picture you can tell, it's brief” (HRF – 1st G)

Students also preferred advertisements that ‘spoke for itself’, advertisements that depicted action and a few words. The component of ‘action’ encompassed an additional message cue, exclusive to television advertisements. HRF and HRM students found advertisements that conveyed HIV/AIDS messages with both action and words (like the parent-child advertisement (annexure 2.2)) more appealing than just words (like the Desmond Tutu advertisement (annexure 2.1)). Students mentioned that advertisements have the ability to stimulate both visual and audio attention, unlike posters that stimulate only visual attention.

Students mentioned that both the Parent-Child and the Desmond Tutu advertisement convey the same message with different approaches; however they were attracted by the Parent-Child advertisement. This advertisement was more eye-catching as it combined action with words to convey the message. With an advertisement of this nature students were able to grasp the message conveyed just by observing the actions of the father (giving his son a condom), and the expression on both their faces. Students mentioned that it is easier to concentrate when they are able to follow the actions of an advertisement, than trying to listen. According to students viewing action within advertisements required less cognitive work and was more appealing than trying to listen to the words.

According to Petty & Cacioppo, (1986) because processing a message takes much cognitive work, messages are processed centrally only when people are motivated to attend to them. HRF and HRM students’ lacked motivation to attend to HIV/AIDS advertisements. Therefore

including a combination of action and words could prompt attention to and peripheral processing of HIV/AIDS messages due to the decreased amount of cognitive work required to process the message.

“ Both adverts send the message, but the second one (parent-child advertisement) is more powerful than the first one (Desmond Tutu advertisement) because it shows action, than the first one... he's just giving his son a condom, he's not saying anything before he gives the son a condom you see, that's why you are curious, you want to see what is going to happen, you pay more attention (HRF – 5th G)... the first one is a boring to listen to, you won't concentrate, it's easy to watch the one that has action, so you are able to see what is happening, it is easy to follow something if you see it, than trying to hear and understand something (HRM – 6th G)”

Motivation to attend to a message is one of the conditions for central processing; therefore even though HRF students (poster groups) and HRF and HRM students (television advertisements groups) had the ability and opportunity to attend to HIV/AIDS messages, they lacked motivation, and this resulted in peripheral processing of HIV/AIDS messages. Therefore peripheral cues such as visually attractive, straight to the point and catchy messages ‘lured’ students to attend to HIV/AIDS messages. On the other hand LRF and HRM students (poster groups) found HIV/AIDS messages interesting and relevant (motivation to process HIV/AIDS messages) and processed HIV/AIDS messages centrally. This was dependent on the message encompassing peripheral cues which acted as a catalyst to gain their attention for central processing.

1.2 Message Comprehension

Comprehension of messages referred to students’ ability to understand the HIV/AIDS message conveyed on a poster or television advertisement. Being university students placed participants at a favourable position to understanding majority of the HIV/AIDS messages discussed. However there were certain message constructs that influenced understanding of the HIV/AIDS messages.

Comprehension of messages was analysed in terms of message constructs. Message constructs referred to the practical and organisational factors of the message. In terms of message constructs, clarity and order of messages impacted the greatest on students’ understanding of HIV/AIDS messages. The influence of clarity was highlighted within the HIV/AIDS posters and

the influence of message structure was highlighted within the HIV/AIDS television advertisements.

a) Posters

Message clarity refers to whether the target audience was able to understand the message intended for them. Is the intended message sent the same as the message received by the target audience?

HRF students were not in favour of the Trust Nobody Poster (annexure 1.4), as they did not easily understand it. This could be explained in terms of 'message clarity'. According to Covello, (1999) message clarity is reflected in messages that evoke in the receiver (target audience), the intended meaning of the sender. Clarity is enhanced by the use of language and graphics whose meaning is understood by the target audience (Covello, 1999).

HRF students could not identify a clear message within the Trust Nobody Poster. They found it 'technically complex,' as it required a great deal of concentration to understand the intended message conveyed by the sender. Technically complex messages are those that are not easily understood by 'non-experts'¹¹, (Covello, 1999). The 'excessive creativity'¹² (which made it technically complex) employed within the Trust Nobody Poster, diminished the clarity of the message and made it difficult for students to understand.

"The first poster is too deep, it's too, you need to stop and think about it, the other is light, it says hey AIDS is a death wish. The first one you have to understand why these people don't have heads, and the 1, 2, 3 or 4 I don't know what, I don't understand what it means. If you stop to look at it you can understand it, it got to a deeper message, it is not very clear; you have to think about it, it's hard to understand" (HRF – 1st G)

Evaluations of some of the billboards of the LoveLife¹³ campaign revealed similar results with respect to technically complex messages. Evaluations found that respondents were able to recognise the billboards but not necessarily decipher the message (Kelly, Parker & Oyosi, 2001). Some of the billboards were seen as confusing and not easily decipherable due to the technical complexity of the messages.

¹¹ Individuals not familiar with the language or graphics within a message

¹² Messages that employ innovative ideas that the target audience does not identify with

¹³ South Africa's national HIV prevention program for youth.

b) Advertisements

Message order referred to the 'organisational' dimension of television advertisements. In what ways do the dynamics of an advertisement influence understanding of the message conveyed? For example, did the order of a message influence students' understanding of the message conveyed?

HRF and HRM students found that advertisements like the Parent-Child advertisement (annexure 2.2) encouraged a greater understanding of the message conveyed, primarily due to the action dimension employed within the advertisement. Visual stimulation was found to be the main reason students viewed television. Students like most other individuals viewed television for entertainment, to view programmes or movies (individuals acting out a story). Therefore an advertisement like the Parent-Child advertisement, provided students with the action component, so they could follow the 'story' and be more susceptible to the message conveyed.

The words or slogan at the end of the Parent-Child advertisement further prompted a greater understanding of the message conveyed, by reinforcing the actions of the advertisement. This advertisement stimulated two senses to promote understanding of the message conveyed (i.e. visual and audio) increasing the amount of cognitive work. Increased cognitive work is synonymous with central processing of messages which could have favoured a better understanding of the message conveyed.

Message order was also found to be an effective organisational dimension of the Parent-Child advertisement, which encouraged maximum comprehension of the message conveyed. Research indicates that the order and organisation of risk messages could be as important as the message content and effective organisation can significantly improve message comprehension (Covello, 1999). The two senses (i.e. visual and audio) stimulated in the Parent-Child advertisement proved more effective by the order in which the message was conveyed. Firstly it appealed to students by sparking curiosity around the father giving his son a condom (action) and secondly by reinforcing this message with a powerful slogan (words).

“ Both adverts send the message, but the second one (parent-child advertisement) is more powerful than the first one (Desmond Tutu advertisement) because it shows action... with action and words we can understand the message better, sometimes like the Metro advert¹⁴, words are

¹⁴ An advertisement on television that depicted a male relating his sexual encounters with various women as if he were a serial killer.

not enough to understand a message, that why I like the second advert (Parent-Child advertisement)'' (HRF – 5th G)

2. Message Factors

Message factors refer to those factors of the HIV/AIDS message itself that impact on students' attraction to it. Factors included, Message Relevance, Believable Source and Induced Emotion.

2.1 Message Relevance

Message relevance explored those elements of a poster or television advertisement that made it relevant to students. If students found HIV/AIDS messages irrelevant, they were not easily attracted to it and did not make an attempt to understand the message conveyed.

Students asserted that they were attracted to messages concerning events and issues of interest and importance to them. Messages they could identify with. Of these events, 'bashes' seem to be 'the cherry on the top'; bashes are events central to students' way of life on campus and were found to be very relevant to students. According to the Tertiary AIDS Task Team (ITATT) (2002), 'Young people frequent nightclubs and regard them as cool'. If students felt that a particular poster or advertisement resembled a bash they found it appealing. For example, LRF students were attracted to the 'positive appeal' (bright colours) of the Heroes Poster (annexure 1.5), and were also enticed by the poster's resemblance to an advertisement for a bash. LRF students mentioned that the designers of bash posters know exactly how to design posters that attract students' attention.

LRF students described the manner in which bash posters conveyed their message as 'funky'. Funky was a word used to denote feelings of being cool. Students are always trying hard to 'fit in' with the popular way of life on campus (that which is 'cool') and not missing out on anything. Therefore posters advertising bashes are designed in a certain way, with bright colours and 'funky images' to attract the attention of students and induce a 'feeling of being cool'.

“...Those people who do the posters for the bash; they know how to put the colours and everything, the right words to make everybody pay attention... People love those funky images, like you want to fit in, you want to have that information of whatever happens, so maybe when you see this thing or maybe it’s a bash, you know the colours, they attract you” (LRF – 3rd G)

The general consensus from students was the need to ‘be cool’ and ‘fit in’, therefore designing HIV/AIDS messages in association with events and issues that depict general campus life, appealed to all students. An AIDS Awareness Campaign conducted by the ITATT in 2002 also advocated the need for making AIDS awareness issues more relevant to tertiary students through their environment. The ITATT acknowledged that students are overexposed to HIV/AIDS messages, but they felt that this did not mean that they should stop awareness; it meant that they needed to do it differently. An example of how the ITATT approached students differently was the launch of a ‘rap’¹⁵ compact disc that was aimed at nightclubs to promote HIV/AIDS awareness.

HRM students opted for HIV/AIDS messages to form part of the poster advertising the bash. The appeal of such an HIV/AIDS message would not just stem from associating the HIV/AIDS message with a bash poster, it would stem from the message being part of the bash advertisement (e.g. ‘there is a bash don’t forget your condoms’). In this way the HIV/AIDS message would be contextualised as part of a cool and funky activity on campus. To cement this attitude LRF students mentioned that HIV/AIDS messages could be placed anywhere on a poster advertising a bash (even right at the end) and they would have read it, as the entire poster would be relevant to them.

“Ja because when we read about bash we also read about AIDS, like you can say there’s a bash, so don’t forget your condoms” (HRM – 2nd G)

Students favoured a poster with relevance to campus life, as opposed to a poster with an isolated HIV/AIDS message. For LRF and HRM students (poster groups), message relevance increased message appeal by strengthening the active processing (central processing) of the message (as HIV/AIDS messages are of interest and important to LRF and HRM students). Instead of attending to HIV/AIDS messages in isolation, if they formed part of a bash poster, students would be able to associate it with campus life. This promoted increased central processing of the HIV/AIDS message.

¹⁵ A form of music in which a person swiftly rhymes poetry over a beat.

As a result of over-exposure to HIV/AIDS messages (as mentioned earlier), HIV/AIDS messages did not automatically appeal to HRF students (poster group). However enticing them by adding a 'relevant' component to the HIV/AIDS message such as an event (bash) of interest to them was an effective way to attract their attention. HRF students were especially attracted to issues and events that were perceived as 'cool' and 'funky', therefore posters resembling a bash would appeal to them and their need to 'fit in' and be 'cool'.

Unlike LRF and HRM students (poster groups), message relevance formed part of HRF students' peripheral processing (due to their lack of interest toward HIV/AIDS messages). The relevant component (e.g. Bash) served as a peripheral cue to entice HRF students to attend to HIV/AIDS messages.

"...Last week there was a bash, and we read the poster... The problem is just that these posters are only about AIDS, it's not that they don't help, sometimes they help... Ja, a poster will help but we need other things as well to make us read it (HRF – 1st G)... Ja, bash posters attract your attention, so if you add HIV awareness to them people will read it (HRM – 2nd G)"

Similar to the HRF students (poster group), HRF and HRM students (television advertisement groups) also strongly advocated that television advertisements need to be relevant to their lives and environment to attract their attention. HIV/AIDS messages on television advertisements interrupted their intended television viewing, however, if the HIV/AIDS advertisements depicted funky images like the Lover's Plus advertisement, which reminded them of a night-club or a Bash, they would pay attention.

HIV/AIDS messages conveyed by television advertisements, like posters need to include a desirable component, (i.e. issues or events of interest to students) in order to entice them into paying attention to advertisements that 'normally' interrupt programmes or movies being viewed. Bashes or night-clubs are events HRF and HRM students find desirable enough to compete for attention with programmes or movies they view. A study conducted by Dring & Hope (2001) measuring the impact of alcohol advertising on adolescents revealed that adolescents are attracted to music and visual appeal. Results from this study supported results from the current study that desirable lifestyles and images appealed to adolescents. Dring & Hope (2001) noted that most adolescents like to have fun and party and the depiction of party scenes was particularly appealing and one which most adolescents personally identified with and found to be realistic. Introducing message relevance in this manner produces an effective

peripheral cue to entice students into paying attention to television advertisements that would 'normally' interrupt their viewing.

"You need to use a nice vibe, like the Lovers Plus advert, it is nice and colourful and nice to watch, it's like a bash. It's real it's how night clubs are so we want to watch it and see what is happening, it makes us feel like we are at the night-club" (HRM – 6th G)

2.2 The 'Believable' Source

This sub-theme referred to whether the individual chosen to convey the HIV/AIDS message on posters or advertisements attracted the attention of students. According to Petty & Wegener (1998), source variables can be defined as aspects of the person(s) or group(s) presenting the persuasive appeal and such factors pertain to source popularity, similarity or expertise to recipients. Specifically, could students believe or trust the individual conveying the message? And what were the factors that influenced this decision?

Research on source variables has highlighted its impact on persuasion (Devos-Comby & Salovey, 2002). For HRF students' (poster group) celebrities played the most persuasive role in message appeal as they were most effective as peripheral cues. Covello, (1999) stated that source attractiveness (celebrity) plays a key role in the effectiveness of a risk communication. To gain the attention of HRF students, the source on the poster conveying the message had to be a celebrity. One student mentioned that she once stopped to view a poster with Rinaldo as its source (HIV/AIDS poster). She emphasised that she stopped because she was attracted to Rinaldo and not to 'AIDS'. Nevertheless she remembered that the poster was conveying a message about HIV/AIDS. This once again highlighted HRF students' need to be 'lured' into attending to HIV/AIDS posters.

HRF students also felt the need to identify with the individual on the poster conveying the message. As mentioned prior, students want to 'be cool' and 'fit in', and popular celebrities are individuals that students viewed as 'being cool'. HRF students identified with popular celebrities because they felt that by identifying with an individual who is 'cool', it offered them a sense of 'being cool' as well. According to Covello, (1999) through identification with a source perceived to be attractive (either physically or psychologically) individuals strengthen their sense of self, social position or role relationships. Identification, in turn, leads to greater trust and a

greater willingness to accept a message offered by the celebrity source. Therefore HRF students were in favour of and would attend to a poster that has a celebrity as its source.

“To me its just paper until somebody important is on it” (HRF – 1st G)

However, according to Covello, (1999) celebrities are also least effective when they themselves compete with the message for attention. This was evident from the above statements from HRF students (poster group). These students attended to the source of the message more than they attended to the HIV/AIDS message. More cognitive effort went into processing the source than the HIV/AIDS message itself.

In contrast to HRF (poster groups), the other groups interviewed displayed a general negative attitude toward celebrities as credible sources to convey HIV/AIDS messages. HRM students (poster groups) felt that celebrities have ulterior motives to appear on posters. They emphasised that celebrities appear on posters primarily for financial rewards, and not because they believe in the HIV/AIDS messages they convey. As a result HRM students (poster groups) did not trust and were not very attracted by HIV/AIDS messages with a celebrity as the source. However HRM students (poster groups) and HRF and HRM students (television advertisement groups) mentioned that there are some celebrities who would gain their attention, like those they thought of as role models and those they trusted and respected and who respected themselves. Therefore only certain celebrities served as catalysts to gain the attention of these students to centrally process HIV/AIDS messages.

“We have to put those celebrities who are the best and those who are well respected and those who have respect for themselves, you can't take Brenda and put her on a poster, we need a celebrity like Yvonne Chaka Chaka” (HRM – 2nd G)

LRF students mistrusted celebrities as sources conveying HIV/AIDS messages as they felt that the life of a celebrity is an ‘open book’¹⁶. Celebrities have ‘history’, the messages they convey are not ‘absolute’, their backgrounds play a major role in influencing the message they convey. As a result, students analyse both the message and the context of the source when attending to and understanding the HIV/AIDS message. LRF students emphasised that more often than not celebrities lead ‘double lives’¹⁷ and are not credible sources. Celebrities may advocate ‘safe

¹⁶ Students were aware of the manner in which celebrities conducted themselves at all times

¹⁷ Inconsistencies in the public versus private lives of celebrities.

sexual practices' on posters and advertisements but these messages are not consistent with what is written about them in magazines and newspapers. LRF students read posters with the celebrity's history in mind therefore if he/she contradicted¹⁸ himself/herself, the poster would not be taken seriously, as the source would lack credibility. A study done by Hawkins, Lishner, D. & Catalano, R.F.J. (1985) outlined that celebrities do not always make the most credible sources of health messages. Hawkins et al., (1985) recommended using local sports heroes and popular drug free celebrities, but he noted that this can backfire: adolescence reported that celebrities' motives are suspect (money orientated), rock stars are hypocritical (lead double lives) and too many athletes have messed up (fall prey to drugs).

"No, I don't think celebrities have any effect, especially the continual presenters because at the end of the day we read of things about them in books and magazines, they'll tell you oh this one is involved with this one and this one is involved with this one, and then you think are they practising safe sex, what messages are they giving to us you see things like that" (LRF – 3rd G)

Throughout the discussions about celebrities as the source of HIV /AIDS messages in both posters and television advertisements, it was noted that students' attention is diverted from the HIV/AIDS message to the source conveying the message. While trying to assess the credibility of the source (celebrity), message processing is diverted to source processing, which monopolises the time spent processing the HIV/AIDS message, thereby possibly diluting the effect of the HIV/AIDS message.

Both HRF (television advertisement group) and LRF students (poster group) favoured the use of sources similar to themselves as sources to convey HIV/AIDS messages within a campus environment. They felt that celebrities could not depict the reality of a serious disease such as HIV/AIDS. They mentioned that HIV/AIDS is most prevalent among the poor as well as students on campus, and therefore they need to see these individuals as sources (not 'celebrities from Santon¹⁹'). HIV/AIDS messages need to be associated with sources that make the disease real and appealing to students rather than using sources like celebrities who do not represent the target audience. In addition students would not be aware of the lives of unknown sources, therefore HIV/AIDS messages would be analysed and judged in terms of the message conveyed and not primarily in terms of the source conveying the message.

¹⁸ The way a celebrity lived versus the message he/she conveyed.

¹⁹ A wealthy area in Gauteng where many celebrities reside.

“ Teenagers, other young people, and it shouldn't only be those celebrities and stuff, it should be ordinary people, because it's like ah, celebrities, why celebrities, it all about celebrities, we don't live in Santon, we live in, Kwa-Mashu you know we want someone from Kwa-Mashu, an ordinary person talking on TV saying I'm young as well as I'm sexually active but I use a condom, this will send a powerful message to us” (HRF – 5th G)

LRF students also motivated for the use of unknown men as sources to convey HIV/AIDS messages at the former University of Durban-Westville. LRF students were adamant that men are the ones who spread the disease (e.g. raping women, adultery); therefore they should be targeted as sources to convey HIV/AIDS messages. In addition, LRF students mentioned that compared to woman, men find it difficult to talk about issues related to their sex life. By targeting men as sources to convey HIV/AIDS messages, LRF students felt it would provide them with the initiative to model the behaviour of ‘other men’ and possibly understand the need for safe sexual practices.

“I can say like this month this celebrity is going with Joe ne this month, next month another story comes, she is no longer with Joe she's with Glen Louis, actually they say you should have one partner, so what's happening to all those men she's changing but she is a celebrity... And they don't have to show all these people with the make-up, no they just have to show normal people, most of the posters they use models you see, we just need normal people.” (LRF – 3rd G)

Political sources did not gain the attention of HRM and LRF (poster groups) students either. When HRM students were asked if Thabo Mbeki would appeal to them, there was a general consensus that he would not. Their reason was a political one. HRM students felt that if people did not support the African National Congress (ANC) they would not pay attention to a poster with Thabo Mbeki as its source. There would be a ‘conflict of interest’, even if a student was interested to learn about HIV/AIDS, if they did not support the ANC they would ignore the poster. This could have been the reason students ignored the poster of Thabo Mbeki on campus, as HRM students mentioned that they just walked pass the poster, and at the residence students ripped these posters from the walls.

LRF students were also disillusioned with using Thabo Mbeki as the source of an HIV/AIDS poster because they were of the opinion that his controversial viewpoint he held concerning HIV and AIDS (Thabo Mbeki made a statement to the effect that people should be more open-minded to the possibility that HIV does not cause AIDS, a view not currently held by the president) was

not factual. A poster conveying an HIV/AIDS message with Thabo Mbeki, as its source would not gain the attention of LRF students because they strongly believed that everyone knows HIV causes AIDS. This finding supports public health discourse surrounding Thabo Mbeki's previous stance concerning HIV and AIDS. According to Mbali (2002) Thabo Mbeki's 'unscientific' views around the 'true' cause of AIDS did a disservice to scientific research and education, and on a broader scale South African society and had the potential to drastically alienate groups (doctors, medical researchers, and AIDS activists) that are key allies in the government's fight against AIDS.

"Even if people want to listen to the message that he is trying to give, maybe they won't because they do not support his ANC, so immediately if they see Thabo Mbeki they will not pay attention... some people are saying that HIV doesn't cause AIDS, our present is saying this, so HIV doesn't exist and this is a well educated person and he holds a high position in South Africa" (LRF – 3rd G)

Similarly, the Desmond Tutu advertisement (annexure 2.1) did not attract the attention of HRF and HRM students as they were not attracted to the source conveying the message. Desmond Tutu as a source was 'too old' and 'not sexually active' therefore students could not identify with him. Similar to previous groups (from poster analysis), HRF and HRM students felt that television advertisements need to incorporate sources of a similar age to themselves to attract attention and 'get the message across'. As mentioned during poster analysis, identification with the source of a message is crucial to the appeal of the message. If students cannot identify with the source of a message, they might not trust or be willing to accept a message offered by such a source (Covello, 1999).

On the other hand students mentioned that Desmond Tutu as a source would appeal to parents who share his religious beliefs and values. HRF and HRM students mentioned that Desmond Tutu is a respected religious leader in society therefore parents would adhere to what he has to say. Most parents conform to cultural norms and values as culture and religion are central to their lives therefore it is likely that most parents would pay attention to a source such as the Archbishop Desmond Tutu.

"But I think the advert (Desmond Tutu) is trying to make our parents aware that you don't have to be afraid of talking to your children you see, so you have to talk to them. It's more directed to the parent saying love them enough to talk to them, and most of our parents are Christian and

Desmond Tutu is a respected religious leader in society, and if he says this is correct, so will parents think it is the right way to go.” (HRF – 5th G)

To aptly depict the reality of HIV/AIDS, all students felt that sources should be those individuals suffering from the latter stages of the disease, especially ‘unknowns’ like themselves, individuals they could identify with. Students believed that advertisements with sources in the latter stages of the disease would portray the deadly nature of HIV/AIDS and this would attract their attention.

HRM students (poster groups) needed to be convinced that the source has the disease (credibility), and a source exhibiting visible symptoms would convince them. If individuals look healthy (Heroes Poster (annexure 1.5) or Magic Johnson) HRM students did not trust that they were in fact HIV-positive. The more deadly the disease is portrayed the more effective the source would be in increasing fear appeals²⁰ (Maibach & Parrott, 1995). Within this context, fear appeals could further be explained by ‘visibility of the appeal’. Visible information is emotionally interesting (Maibach & Parrott, 1995). It provokes clear images and makes content seem physically, psychologically and temporally close to the person who experiences the information, and is more likely to keep a person’s attention, to be recalled at a later time and to be persuasive (Maibach & Parrott 1995).

“ I don't think that people who look healthy make us aware of AIDS, like magic Johnson was having HIV, and you see him, you won't believe it, he looks healthy, he can't have AIDS... we need posters of people who are in hospital beds” ... “If you see a person who is very sick, you start thinking if I am not careful, if I don't use a condom something I will end up like that, it makes us understand why it is important to use a condom” (HRM – 2nd G)

HRM and LRF students (poster groups) favoured Nkosi Johnson²¹, they mentioned that they would attend to what an innocent child has to say about experiences with such a serious disease. LRF students would attend to posters with a source like Nkosi Johnson because they would be attracted to the courage and bravery displayed by a child talking about such a serious disease. In addition, LRF students also reiterated what HRM students mentioned. They would be attracted to an HIV/AIDS poster with an individual in the latter stage of the disease, as this source would serve as a potent reminder of the consequences of HIV/AIDS.

²⁰ Fear appeals are explained within section on induced emotion.

²¹ A child who spoke out about his experiences with HIV/AIDS.

“So if someone like that (Nkosi Johnson) is on a poster you will pay attention...Ja, we will cause you know like when a kid is saying something they listen attentively, like what does this kid have to say, he’s so intelligent, brilliant you know, like you get the message” (LRF – 3rd G)

HIV/AIDS messages conveyed by sources (their age) in the latter stages of the disease also allowed students to personalise the disease. Within this context, personalisation could be explained in terms of empathy. Empathy is an understanding and identification with another’s situation, feelings and motives (Abdian & Arvidson, 2000). An empathetic individual has an affection for another in and is affected by what the other is affected by (Abdian & Arvidson, 2000). Empathy for the source conveying the HIV/AIDS message would promote a greater interest in the message conveyed and allow students to experience (from an emotional point of view) what the source is experiencing. Dramatic presentations²² encourage identification and empathy with the portrayed victim (Snyder & Rouse, 1995).

In terms of the three conditions²³ for centrally processing messages, HRM and LRF students (poster groups) exhibited a high degree of all three. They were able, motivated and had the opportunity to centrally process the HIV/AIDS messages. However, the credibility of source was found to be an obstacle to centrally processing messages. If the source was a celebrity, or a political person HRM and LRF did not favour or follow (political party), they would not be attracted to the message, and central processing would be compromised.

HRF (poster group) and HRM (television advertisement groups) students, processed messages peripherally as HIV/AIDS posters or advertisements were not of great importance to them. The motivation for central processing of information was absent. However if posters or advertisements encompassed certain peripheral cues (e.g. credible celebrities, unknown individuals like themselves and individuals in the latter stages of the disease), messages would appeal to students via peripheral cues. Evidence from psychological literature indicates that source effects are good peripheral cues in conditions of low message scrutiny, that is, when people are less motivated or able to process the message content carefully (Petty & Wegener, 1998).

²² Visible sources, such as those individuals experiencing the latter stages of HIV/AIDS.

²³ Ability, motivation and opportunity to process messages.

2.3 Induced Emotion

This sub theme referred to the emotional characteristics of an HIV/AIDS message. It tapped into students' feelings about the type of HIV/AIDS messages that are suitable for a campus environment. How do you feel when you view a particular HIV/AIDS message? Which emotional appeals are most appropriate for a campus environment?

HRF, HRM and LRF students (poster groups) admitted that the Heroes Poster (annexure 1.5) was appealing to them as a result of its peripheral cues (bright colours) and it encouraged a feeling of being positive about life. It sparked a positive emotion in students. There is strong evidence to suggest that positive affect within messages can lead to positive feelings within the target audience, that, in turn makes them easier to persuade (Maibach & Parrott, 1995). Positive messages foster good feelings and the use of less elaborate or more heuristic strategies (e.g. pleasant music and bright colours) (Maibach & Parrott, 1995).

"It portrays a positive message, the posters shows these men are all HIV positive, they are living positively with AIDS, it shows they are eating healthy food, to keep them healthy, ja they enjoy life. It makes you feel positive" (HRM – 4th G)

On the other hand, there is also evidence that positive affect engenders feelings of ease or comfort, and does not activate feelings of self-protection. Positive affect informs the target audience that the current situation is non-threatening and a high degree of processing is not necessary (Maibach & Parrott, 1995). Positive messages trigger peripheral processing, which results when the individual spends little time trying to evaluate a message (Maibach & Parrott, 1995). Therefore a positive poster like the Heroes Poster (annexure 1.5) does not activate feelings of self-protection or elicit a high degree of message processing.

The above could account for HRF, HRM and LRF students' assertions that the Heroes poster was not effective in understanding the seriousness of HIV/AIDS at the former University of Durban-Westville. Even though LRF students favoured the positive nature of the Heroes Poster, they did not find it appropriate for students on campus. LRF and HRM students expressed that the Heroes Poster was an excellent one, but it was directed towards individuals who already have the disease. They felt that positive posters would be ineffective at the former University of Durban-Westville as the majority of students did not have HIV/AIDS. However this type of reasoning by students is challenged by the study conducted by Smith (2001) who found that

approximately one in four students at the former University of Durban-Westville was infected with HIV, which was significantly higher than the national prevalence of approximately one in ten people in South Africa infected with HIV (Human Sciences Research Council, 2002). The former finding is not surprising because previous local research has indicated that youth have low perceptions of personal vulnerability to contracting HIV (Eaton, Flisher & Aaron 2003).

LRF and HRM students were of the opinion that students who are negative would not pay attention to a poster that conveyed a message about living positively with HIV/AIDS. The message would not apply to them; and consequently not attract their attention. The only way that one could attract their attention would be to scare them. They felt that fear posters should target HIV negative students to inform them of the consequences of risky sexual behaviour (thereby possibly preventing them from acquiring the disease). HRM students felt that it was 'hopeless' to target students who have already acquired the disease because it is incurable. Fear appeals were found to be ideal for a campus environment.

"We don't need to scare those people who are HIV-positive, there is nothing we can do about them... We need to save those people who are not affected by the disease at this time, they also know that they are dying we need to save those that are not HIV positive" (HRM – 4th G)

HRM students felt that positive posters (depicting individuals laughing) would not be effective as it treats HIV/AIDS 'lightly', diluting the seriousness of the disease. Depicting a fatal disease such HIV/AIDS with positive images could reinforce the 'wrong emotion' (positive affect) (Maibach & Parrott, 1995).

In contrast to positive messages, negative messages (like the tombstone poster (annexure 1.2)) that appeal to students emotion of fear, could have fostered the use of more elaborate, detail-orientated and analytical processing strategies (central processing), which results in more thoughtful (increase cognitive work) strategies as it informs the target audience that the current situation (HIV/AIDS) is problematic (Maibach & Parrott, 1995). All students interviewed felt that messages conveyed by fear posters (similar to the Tombstone Poster) were more appealing for a campus environment. Many designers of mass media campaigns work on the principle that to gain the attention of individuals and initiate changes in health-threatening habits, one has to 'shake' or shock them by using fear-inducing messages (Devos-Comby & Salovey, 2002) this was evident from students support for fear messages.

“ This one says even though you are HIV positive you can laugh, it makes HIV less serious, you know students will not listen, you need posters like that one (Tombstone Poster)...See that one (Tombstone Poster) over there has a message, whether you are HIV or not, it does have a strong message.” (HRM – 4th G)

Results demonstrated that fear appeals can be very effective in persuading students to pay attention to HIV/AIDS messages. Research indicates that two conditions need to be satisfied for effective fear appeals. Firstly, the threat must be credible, so that students take the danger as real to them, and secondly the action recommendation to deter the threat must be perceived by the students as feasible and easy to carry out (Witte, 1994; Walton, 1996). In contrast to this, results from this study did not clearly indicate students’ advocacy for an efficacy message within the fear appeal. However, this could have been the result of students existing knowledge and awareness regarding preventative measures against the transmission of HIV/AIDS therefore they took the efficacy component of fear appeals for granted. This was inferred from students’ statements such as:

“It’s obvious, the last one (Tombstone Poster), because it is straight to the point and the message is clear, and it also tells you if you don’t use a condom you will get AIDS and you will die” (LRF – 3rd G)

According to fear appeal research, the efficacy message of a fear appeal is just as important as the threat itself, and HIV/AIDS messages encompassing fear appeals must include an efficacy message for students to attend to and evaluate the message effectively (Witte & Allen, 2000; Johnson & La Tour, 1991). According to Witte (1992c), in conditions of high fear, the extent to which the danger control operates depends on the efficacy of the recommendation. If the message contains an effective method of avoiding the negative outcome, the target audience will be motivated to comply with it. However, if the message does not spell out the means to avoid the undesirable consequences, the target audience will be motivated to control their fear by engaging in emotion regulation, such as denial (e.g. ‘I am not at risk of getting HIV, it won’t happen to me’), defence avoidance (e.g. ‘This is just too scary, I’m just not going to think about it’) or reactance (e.g. ‘They’re just trying to manipulate me, I’m just going to ignore them’) (Witte, 1992c).

HIV prevention messages that lack an effective efficacy message could also provide an explanation of why well-informed university students fail to accurately assess their personal risk.

A study conducted by Brown (1991) showed that university students with a high degree of knowledge about HIV/AIDS still underestimate their personal risk. The lack of an effective self efficacy message may produce emotions associated with denial, defence avoidance behaviour or reactance behaviour. Therefore having good access to accurate HIV/AIDS information and regular exposure to HIV/AIDS media from a range of different sources, is a necessary but insufficient strategy to counter risky sexual behaviour (Kelly, 2000).

With respect to the emotional component of HIV/AIDS messages, results revealed that students advocated fear appeals as more appropriate than positive appeals for a campus environment. However, empirical evidence cited above also advocates that effective fear appeals are those that have an equally effective efficacy message.

3. Channel Factors

Channel factors referred to the medium used for conveying HIV/AIDS messages and its influence on students' attraction to it. What channel is the best way to attract students to health messages about HIV/AIDS? What are the channels most accessible to students?

HRM students demonstrated that the presence of HIV/AIDS posters on campus, (despite easy access) is not sufficient in warranting an understanding of the message. They were adamant about more interpersonal channels (e.g. a group discussion) in addition to posters, for a thorough understanding of the HIV/AIDS message. Posters or television advertisements on their own are ineffective to convey messages about HIV/AIDS. They attract attention, but for a greater understanding of the various levels²⁴ of HIV/AIDS prevention more active education is required. As people begin to reflect on key messages in a health communication campaign, specific questions related to their own situations arise (e.g. will I acquire HIV/AIDS if...?), and these have the potential to go unanswered if information is not conveyed in terms (message) and means (channel) that are easily understood (AIDS Brief, 1996).

HRM students advocated for the 300s module²⁵ as an additional channel to HIV/AIDS posters to facilitate a greater understanding of the messages of interest. This more interpersonal channel (educated by a lecturer in 300s module) was sought by students for a greater understanding of

²⁴ Abstinence, monogamy, condomise (ABC's)

²⁵ A compulsory module offered to students at the university, which focuses on HIV/AIDS awareness and prevention

HIV/AIDS messages. The impersonal impact hypothesis (Tyler, & Cook, 1984) states that mass media (e.g. posters) have more impact at the social level than at the personal level, therefore in mass media campaigns, exposure would not significantly change personal risks judgements and personal protection behaviours (condom use). This consolidated students' desire for more interpersonal channels like the 300s module to convey HIV/AIDS messages and impact at a more personal level.

“Ja, posters are easy to understand if you are educated, it is easy to understand it...and if you are telling me there's HIV I won't understand unless you teach me you know, I can understand, like the 300s module, they can teach us about issues on the poster, they can actively teach us, in this way we can understand better” (HRM – 4th G)

HRF and HRM students found that posters as a channel for conveying HIV/AIDS awareness and prevention messages on campus, is not sufficient for students to change their negative attitudes toward HIV/AIDS. Their view was that posters should form part of a 'multi-channel intervention' to HIV/AIDS. For example, channels such as television and radio advertisements, dramas/plays on campus, group discussions and documentaries should be in place to strengthen the message and effect of posters. HRF students demonstrated that posters serve as a reminder that HIV/AIDS exists and one needs to take precautions to prevent acquiring it. However in isolation posters are insufficient as they only exist in 'short-term memory'. Soon after attending to a poster, the message may be forgotten.

“ It is just a reminder that AIDS is there, it's not that we don't know, the Tombstone Poster is a good one but we need more, there should be other things, like adverts, dramas, group discussions to make us use condoms, if I see a poster, I will want to use a condom, but if I don't see the poster, I can forget (HRF – 1st G)

Compared to posters, HRF students found that television advertisements represented an effective channel to convey messages about HIV/AIDS as it stimulated two senses. Television advertisements allowed students to attend both visually and audibly to messages, compared to posters (visual attention only) or radio (audio attention only). (*See message characteristics*) According to Devos-Comby & Salovey (2002), messages conveyed via channels such as advertisements provide visual prompts which increase the impact of peripheral persuasion cues.

“If you see something it catches your eye, you pay attention, it remains at the back of your mind, seeing is believing. You know even if you watch an advert and then you can forget the message, but you can memorise the pictures and the images on the advert, as well as the other way around” (HRF – 5th G)

HRM students also preferred television advertisements to radio as a channel for conveying messages about HIV/AIDS, as they felt that radio messages were boring and they perceived it as a speech. HRM students did not pay attention to individuals conveying HIV/AIDS messages (or other messages) on the radio because they tune into radio stations to listen to music and not speeches.

Both HRM and HRF students felt that television advertisements are an attractive channel to convey HIV/AIDS messages. Everybody loves to watch television and it allows students to see and hear the message. They also reiterated that adverts should increase in frequency during ‘family hours’ to gain maximum exposure. Students felt that television is an important medium to gain knowledge about what is happening in the world.

HRF and HRM students felt that advertisements are a good way to personalise the issues of HIV/AIDS because the messages are conveyed to them in their homes. For this reason they felt that advertisements are a good way to motivate parents to talk to their children. As a medium television advertisements are personalised, in the sense that it comes to you in the privacy of your home. Therefore this would allow all parents to be in an atmosphere that is relaxed and comfortable to accommodate maximum understanding of such advertisements. Advertisements like the parent-child advertisement (annexure 2.2), parents would be able view what to do (action), and have the confidence to want to change behaviour. Parents could take cues from these advertisements to change their behaviour and talk to their children about sex.

In addition, HRF and HRM students felt that advertisements could be a medium to elicit behaviour intention, because they can mimic the behaviour of others. If the source of a television advertisement is one which the target audience identifies with, the target audience will seek to be like them by adopting similar attitudes, beliefs and behaviours (Devos-Comby & Salovey, 2002). Students also advocated repetition of advertisements to reinforce the message conveyed.

“Parents can be encouraged to talk to their children because they see a parent talking to his child, and break the stereotype that sex is just for the elders (to talk about)” (HRF – 5th G)

4. Audience Segmentation

There are times when attractive peripheral cues and message factors of HIV/AIDS messages can be ineffective. Messages need to consider the target audience (audience segmentation) as well.

According to Maibach & Parrott, (1995) audience segmentation is the foundation upon which the success or failure of any public communication effort is built. It enables the campaign planner to allocate particular elements of a campaign (e.g. posters) to react to the specific needs of the target audience. Audience segmentation encompasses information about demographics, psychographics, customs, values and lifestyles of the target audience in order to ‘make the message fit’ (Maibach & Parrott, 1995). Within the context of HIV/AIDS, and in addition to the above information Yun, Govender and Mody (2001) advocated that audience segmentation include considerations of poverty, gender relations and spirituality. According to Yun, et al. (2001), HIV/AIDS is not an equal opportunity disease, it disproportionately favours the poor. Political factors and government policy are also important to consider when segmenting an audience for an HIV/AIDS campaign.

The limitation of focusing on the individual at the exclusion of the context has long been a concern for leading research organisations (Airhenbuwa, Makinwa and Obregon, 2000). Therefore concepts on posters and within advertisements need to be sensitive to the backgrounds of the target groups they are formulated for. This was not the case with respect to the Russian Roulette Poster (annexure 1.3). The Russian Roulette Poster is short and straight to the point, as well as very creative (the concept is original) in terms of an HIV/AIDS prevention message. Nevertheless it was not appealing or to the HRM students. They did not understand the concept of Russian Roulette; therefore the message was not effective in reaching the intended target audience. Students do not always identify popular western-based concepts. The developers of this poster did not employ adequate audience segmentation to target the intended student audience of the former University of Durban-Westville.

Essentially, audience segmentation makes the message fit the audience (context specific). It is vital that any HIV/AIDS message ‘fit’ the target audience for the message to be attractive and

effective in reaching the intended audience. HRF and HRM students highlighted the importance of audience segmentation in terms of the Russian Roulette Poster when developing HIV/AIDS posters. If posters or advertisements are developed containing concepts that are unfamiliar to the target audience, they will not effectively convey the prevention message. The lack of audience segmentation in formulating the Russian Roulette Poster (annexure 1.3) impeded attraction and processing of the HIV/AIDS message and rendered the poster inadequate for the target audience.

“... Especially the second poster (Russian Roulette), it looks like a bioscope or wheel or something, hai, it doesn't attract me... You see if I had time to look at it I never knew it was a gun with a bullet in it... I don't really understand this one (Russian Roulette) it looks like a movie” (HRF – 1st G)

The concept of Russian Roulette was not ‘culturally’ sensitive. Students were not familiar with the ‘western-based’ concept of Russian Roulette. Several researchers have argued for cultural sensitivity in HIV education (McDaniel, Isenberg, Morris & Swift, 1997 and Michal-Johnson & Bowen, 1992). These studies illustrated that cultural targeting, especially when grounded in deep structure, increases the relevance of the message and produces emotional reactions to it.

In terms of the resulting framework (Pg 68), audience segmentation was found to be a critical component across all three primary factors (personal, message and channel factors).

5. Implications for Behaviour Change

Behaviour change is the primary focus of HIV/AIDS prevention, however this was difficult to assess from students perception of HIV/AIDS posters and television advertisements. Therefore results were analysed in terms of students’ ‘intention’ to change risky sexual behaviour due to the influence of certain of posters or television advertisements conveying HIV/AIDS prevention messages.

Despite the Tombstone poster’s ability to induce in HRM and HRF students, the intention to practise safe sexual behaviour (behaviour intention) due to the fear component of the message, it was ‘short lived’. Students’ rationale for this was that the Tombstone Poster served as a reminder to prompt behaviour intention for that day only. Students admitted that once they forgot the poster and the fear (threat) subsided and risky sexual practices resumed. HRM students were of

the opinion that Tombstone Posters placed in their rooms would serve as a constant reminder for behaviour intention, because the message would be reinforced daily. However desensitisation of the message could be a possible occurrence producing a barrier to reinforcement (Paisley 2001).

“...If you see something that scares you ish, you feel small ay, you think about it you think I’m gonna die if I don’t pay attention, you try to do whatever to prevent the fear... Yes it will make a difference to that lady because these posters are scary, she will have a conscience and say ay I will use a condom, for today, but tomorrow she will not be so scared” (HRM – 2nd G)

LRF and HRM students demonstrated a possible explanation for their view of the ‘ineffectiveness’ of positive posters like the Heroes poster (annexure 1.5) for a campus environment. In order to induce the intention to practice safe sexual behaviour among students on campus, LRF and HRM students felt that the message conveyed by the positive poster (Heroes Poster) was not adequate for campus as it could, to a certain degree promote risky sexual behaviour. Students’ risky sexual practices would ‘in a sense’ be condoned if they interpreted the poster in a way that dilutes the seriousness of HIV/AIDS. Students would believe that even if they acquire HIV/AIDS they could still live a positive healthy life. This poster did not promote an image of taking precautions and preventing HIV/AIDS transmission.

“I will say even if I get AIDS I can live with it, I can live life anyway, and I can spread it to others as well” (HRM – 4th G)

In terms of source and behaviour intention, HRF students (poster group) maintained their affinity for celebrities as sources to convey HIV/AIDS messages. However there was a slight shift in opinion, which favoured the use of HIV-positive celebrities as sources. According to Covello, (1999) celebrities are most effective when they themselves change their own attitudes or behaviour according to the message they are advocating. This could be the reason HRF students advocated messages conveyed by celebrities who are HIV-positive, to consider behaviour change. HRF students asserted that they would pay greater attention to, as well as better comprehend, HIV/AIDS messages, if they are conveyed by celebrities speaking from experience (personalisation of the message). In this way HIV/AIDS prevention messages could prompt HRF students to want to change their behaviour and imitate the ‘safe sex’ practices conveyed by a celebrity.

“Like the singer with AIDS, he’s got AIDS and he’s getting the message across, he came to the fore and said he had AIDS, he is making a difference” (HRF – 1st G)

All groups were adamant that the most effective sources to attract students’ attention, facilitate comprehension of HIV/AIDS messages, and induce behaviour intention would be individuals in the latter stages of the disease (individuals exhibiting visible symptoms of the disease). The fear²⁶ component of these messages should aim at luring students into choosing ‘life’ over death. HIV/AIDS messages need to be contextualised as the life threatening disease that it is for them to pay attention. According to Hale and Dillard, (1995), fear appeals are an effective health promotion strategy, and are very useful when depicting harmful physical consequences of non-compliance to certain message recommendations (e.g. if you do not use a condom you will die). Therefore HRF students (advertisement group), HRM and LRF students (advertisement and poster groups) found that sources in the latter stages of the disease would produce fear in students and drive them to want to practise safe sexual behaviour in order to prevent these harmful physical consequences.

“You go to the hospital and get someone who is sick to come and talk about AIDS, that’s the message if someone from there comes to talk to show if you don’t want this to happen to you, you must use a condom” (HRF – 1st G)

²⁶ Fear appeals discussed in detail within the sub-theme of induced emotion

Framework for a University Health Communication Campaign on HIV/AIDS

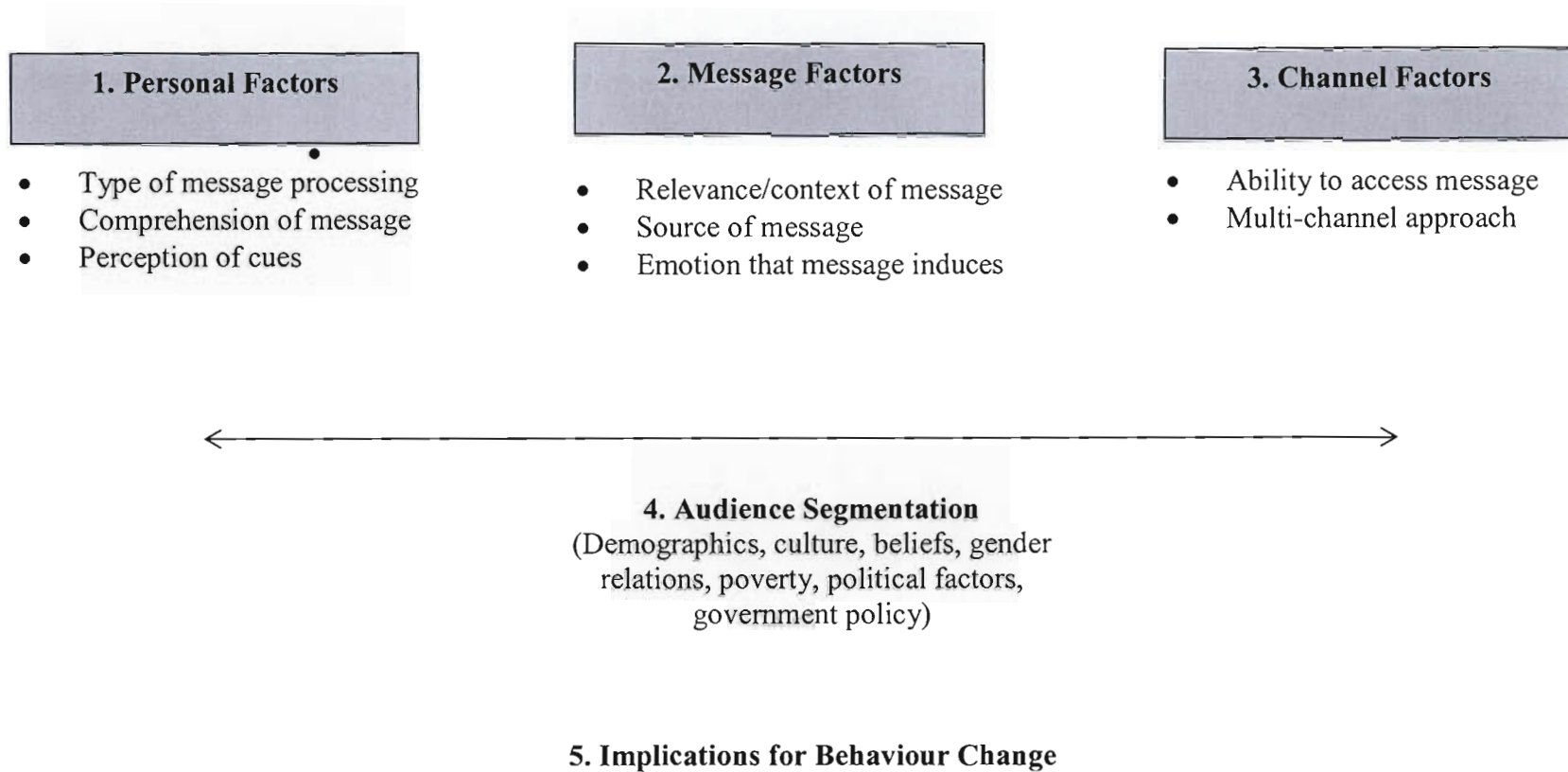


Figure 1

Chapter 5

Conclusion and Recommendations

5.1 Conclusion

This study aimed to gain an understanding of first year students' perception of different channels of HIV/AIDS health communication messages, with the notion of developing an HIV/AIDS communication framework for them. Results indicated that students' perception of HIV/AIDS messages differed within channels and from one channel to another. These differences should be key considerations in tailoring HIV/AIDS communication campaigns to the specific needs of students at the former University of Durban-Westville and other tertiary institutions.

Understanding first year students' perception of HIV/AIDS health communication material by adapting the program matrix (De Vries, 1991) and the Persuasive Health Message Framework demonstrated the various factors that influence message perception. Personal, message and channel factors and audience segmentation were found to be the primary influences on students' perceptions of HIV related health communication messages. In addition there was also evidence for influences of the above primary factors on behaviour intention.

Personal Factors

'Message processing' and 'message comprehension' played crucial roles in influencing students' perceptions of HIV/AIDS health communication messages.

'Message processing' encompassed central and peripheral processing of messages. Central processing was found to be the most effective way of processing HIV/AIDS messages as it encompassed greater cognitive work (increased thought), which allowed a greater understanding of messages and increased chances of recalling messages. However, central processing was reliant on HIV/AIDS messages being important and of interest to students. Some students found HIV/AIDS messages of little or no importance or relevance to them, requiring persuasion via peripheral processing of messages. Peripheral processing required less cognitive work and decreased the chances of message recall. According to Stiff (1994), when central processing occurs, message content is more persuasive than peripheral cues in a message and when peripheral processing is predominant, message content becomes relatively unimportant and peripheral cues are more persuasive.

According to Hofacker (1999), to determine which approach is appropriate, you need to assess the ability, motivation, and opportunity of a target audience to "elaborate" (think about) on what it encounters". Therefore despite the effectiveness of central processing, peripheral processing of HIV/AIDS messages is equally important to reach students, who lack the motivation to attend to HIV/AIDS messages (e.g. HRF students from the poster group and HRM from the television advertisement group).

Certain message cues had the potential to attract the attention of students irrespective of their level of processing HIV/AIDS messages. Message cues included visually attractive, short, straight to the point and catchy messages. These message cues were highlighted in posters such as the Tombstone Poster (annexure 1.2) and the Heroes poster (annexure 1.5) and in advertisements such as the Lover's Plus advertisement. Visually attractive messages were advocated by all students as an initial attention grabber and by some students as similar to messages about issues of interest to them (e.g. bashes). Short and straight to the point messages were favoured by students because of their busy schedules and lack of time to read long complicated messages. Short and straight to the point television advertisements were also favoured as they did not cause a lengthy interruption to the 'real reason' students viewed television (movies, favourite movies etc.). Catchy messages were favoured for their ability to be remembered easily.

The main influence on message comprehension were message clarity and message order. It was shown that the lack of message clarity can form a barrier to understanding the HIV/AIDS message and effective message order can encourage a greater understanding of the HIV/AIDS message conveyed.

Message Factors

Relevance of an HIV/AIDS message to students' lives (message relevance), the credibility of the source (believable source) and the emotion induced by the message (induced emotion) were three factors that impacted the greatest on students' attraction to HIV/AIDS messages.

Relevance

To increase the relevance attached to posters and advertisements, they needed to be contextualized within environments familiar to students like bashes and nightclubs. Familiar environments which allow personalization of the message conveyed make students feel at ease and comfortable, creating an environment conducive to persuasion.

Including a desirable environment when conveying an HIV/AIDS message was an effective way to capture the attention of students, thereby making the message relevant. This was true for both poster and advertisement groups. Students were drawn to posters and advertisements about bashes as they were sources of pleasure and entertainment, and a chance for students to be 'cool' and fit in.

If a poster or advertisement resembled a bash it was an automatic 'attention grabber'. A good example was the Lover's Plus advertisement. The setting and vibe of the advertisement enticed students to view and remember it. The HIV/AIDS message could form any part of a poster advertising a bash and students would read the entire poster, including the HIV/AIDS message. A study conducted by Dring & Hope (2001) on alcohol advertising supported the above. Their study revealed that alcohol advertisements were by far the favourite among adolescents as a result of 2 factors. Firstly, the devices such as music, animation, celebrities and objects with visual appeal, used within alcohol advertisements appealed to adolescents. Secondly, alcohol advertisements were perceived by adolescents as promoting a desirable lifestyle an image, evident from statements such as: *'You'd want to be like that, going out to clubs and having fun!'*

Contrary to being enticed by 'pleasurable' activities like bashes or nightclubs, fear appeals were also attractive to students. Fear appeals have been used since antiquity by preachers and teachers alike. Today they are still used by doctors, parents, police officers and politicians, all in an effort to get individuals to think or act in a certain way (Witte & Allen, 2000). Results from the current study demonstrated that within a campus environment, fear or negative posters were found to be more relevant compared to positive posters. Students felt that HIV/AIDS messages should entice them to choose 'life' over death. Students value their lives and want to be aware of anything that is a threat to it. The consensus was that there were a greater number of students who were HIV negative than ones who were HIV positive, therefore there is a greater need for prevention. Depicting the consequences of risky sexual behaviour with fear appeals (like the Tomb Stone Poster) can foster the use of more elaborate, detail-orientated and analytical processing strategies, making them more susceptible to central processing (thought provoking) (Maibach & Parrott, 1995). Fear posters and advertisements depicted the reality of HIV/AIDS and this was thought to promote a greater understanding of the seriousness and ramification of HIV/AIDS. Empirical findings also suggest that fear appeals have been very effective as health promotion strategies, (Hale and Dillard, 1993) and strong fear appeals are more persuasive than weak fear appeals (Witte & Allen, 2000).

I must be noted that although fear messages are strong influences for behaviour change they must be accompanied by an efficacy message. Fear appeals motivate both adaptive danger control actions such as message acceptance, and maladaptive fear control actions such as defence avoidance or reactance. According to Witte & Allen (2000), it appears that strong fear appeals and high efficacy messages produce the greatest behaviour change, whereas strong fear appeals with low efficacy messages produce the greatest levels of defence avoidance response. One of the major defence avoidance responses with respect to HIV/AIDS is 'othering'. In South Africa, as in many other countries, there is still a belief among some groups that HIV is a problem of another group. People or groups are set apart from the group that defines itself as normative through "othering" and labelling on the basis of any number of characteristics including physical attributes, socio-economic status, sexual preferences and practices, religious beliefs, race, ethnicity, and association with disease, amongst others (Guma, Henda & Petros, 2003). Therefore despite the strong influence of fear messages over behaviour change, excessive fear appeals without effective efficacy messages can lead to 'othering' of HIV/AIDS.

Source

One of the most researched areas with regard to message source is the use of celebrities. In this area, most research supports the basic tenet that celebrities are more effective than unknowns (Atkin & Bloc, 1983; Khamins, 1989). However results from the present study were contradictory to empirical studies as students generally mistrusted celebrities as sources to convey HIV AIDS messages.

The most effective source for conveying HIV/AIDS messages was 'non celebrities'. Only HRF students were attracted to HIV/AIDS messages conveyed by celebrities. Celebrities enticed students into paying attention. Celebrities were perceived as being cool which complimented HRF students craving to be cool and 'fit in' (being popular). HRF students identified with and were drawn to celebrities who they thought were cool. According to Devos-Combey & Salovey (2002), target audience members who identify with celebrities seek to be like them by adopting similar attitudes, beliefs and behaviours.

Majority of students interviewed favoured sources they trusted and respected over celebrities. Using celebrities as sources to convey HIV/AIDS messages was generally ineffective to gain students attention. Most celebrities were portrayed by students as unreliable and non-credible sources of HIV/AIDS information as they had ulterior motives (financial gains, popularity) for conveying HIV/AIDS messages and they lead double lives (they did not 'practice what they preach'). It was also noted that while trying to assess the credibility of the celebrity conveying

the HIV/AIDS message, students' attention is diverted from the message to analysis of the source.

Political sources like Thabo Mbeki were not favoured either. The general consensus was that politically based HIV/AIDS messages would only attract a particular percentage of the target audience, as only those students affiliated to the political party of the source would pay attention. The negativity toward political posters was evident from the ripping of political posters from campus walls.

Age was also a major influence on message attraction. An advertisement with a source similar in age to students' parents was not attractive to students as they could not identify with the older source. Advertisements required sources that are similar in age to the target audience, for example, sources like Desmond Tutu would attract parents and not students.

Majority of students interviewed felt that the reality of a disease as serious as HIV/AIDS can not be accurately depicted by a celebrity or political source. Students needed to trust the source to trust the message conveyed. A 'non celebrity' (similar to students) experiencing the AIDS stage of the disease was a source that would be sincere about the message they convey and add reality to the message, and this appealed to students.

From a student point of view, HIV/AIDS is a disease most prevalent among disadvantaged people and students; therefore disadvantaged people and students need to be the sources conveying the messages about HIV/AIDS. Students needed to identify with the source of an HIV/AIDS message, to personalise the message. An identifiable and sincere source allowed students to experience the disease from the source's point of view (empathy). This also increased understanding of the message conveyed. An example of an identifiable, sincere and appealing source was Nkosi Johnson. An individual who was clearly struggling with HIV/AIDS. According to Devos-Combey & Salovey (2002), systematic comparisons between sources varying in terms of similarity to target audience, popularity and expertise would help determine the aspects of the source that are most influential.

Emotion

Fear was the advocated emotion for HIV/AIDS messages in the context of a campus environment. Despite the visually attractive message cues of the positive Heroes' Poster (annexure 1.5), it was found to be inappropriate at the former University of Durban-Westville. From the point of view of students, positive messages treat HIV/AIDS too lightly, diluting the

seriousness this fatal disease. Positive affect within messages were found by Maibach and Parrott (1995) to foster feelings of ease and do not activate feelings of self-protection. However negative or fear messages were found to inform the target audience that the current situation is problematic and foster feelings of self-protection (Maibach and Parrott, 1995). The consensus was that fear posters and advertisements like the Tombstone Poster (annexure 1.2) were more suitable for a campus environment as media tools to help prevent HIV/AIDS. There was also a rationale that the number of students who were HIV negative far outweighed the students who were HIV positive, therefore to impact on prevention, HIV/AIDS messages should be targeted at the majority of students. Students were unaware of the high HIV prevalence among students at the former University of Durban-Westville, therefore they felt that it would be ineffective to target students who were HIV positive. This is contrary to the study done by Smith (2001) who found that approximately one in four students at the former University of Durban-Westville were HIV positive. Future HIV/AIDS communication should include raising awareness among students about the high prevalence of HIV among university students and also focus on health communication for HIV positive students to challenge students' incorrect perceptions. For example an HIV/AIDS communication campaign could include the impact of the antiretroviral programme²⁷.

Fear appeals can be very effective in persuading students to pay attention to HIV/AIDS messages. However fear appeals have to be combined with a feasible and easy means of alleviating the fear (efficacy message) for students to be motivated to comply with the prevention message. 'Fear appears to be a great motivator as long as individuals believe they are able to protect themselves' (Witte & Allen 2000). Despite students overwhelming emphasis on fear messages for a campus environment, it is important to be sensitive to students already infected and affected by HIV/AIDS when developing an HIV/AIDS campaign.

Channel Factors

There was an overwhelming preference for television advertisements as compared to posters and other mediums of HIV/AIDS communication. Television advertisements stimulated two senses, visual and audio, compared to posters (visual) or radio (audio). Television advertisements are also much more personalized as they are conveyed to individuals in their homes. Homes provide an atmosphere that is relaxed, comfortable and therefore conducive to persuasion, allowing maximum understanding of HIV/AIDS messages. Advertisements also allow behaviours viewed

²⁷ Antiretroviral programme: The South African Government's commitment to provide eligible HIV positive people with treatment for AIDS to help them live longer healthier lives.

to be mimicked by students. For example mimicking behaviour viewed on the Lover's Plus advertisement could prompt students to use condoms and prevent risky sexual behaviour.

Interpersonal channels of health communication were favoured to enhance understanding and behaviour change. Posters and television advertisements attract attention, prompt awareness and improve knowledge of HIV/AIDS, but on their own they were shown to be ineffective in changing risky behaviours. Studies conducted by Meekers (1998); Magnani, Robinson and Seiber (2000) and Agha (2002) found that generally mass media resulted in changes of knowledge but less in behaviour. Interpersonal and multi-channel approaches to convey HIV/AIDS messages were advocated. For example, they advocated the 300S module as an additional channel to HIV/AIDS posters to facilitate a greater understanding of messages by providing an interactive channel to discuss issues around HIV/AIDS. The interactive nature of interpersonal communication is likely necessary to motivate people to actually modify their behaviour and enhance perceptions of self-efficacy to achieve healthy behaviour change (The Health Communication Unit, 1999).

Overall, the finding was that posters or television advertisements in isolation are ineffective to convey messages about HIV/AIDS. Multi-channel interventions such as television and radio advertisements, dramas/plays and interactive group discussions (like the 300S module) should also be in place to strengthen the messages conveyed by posters or television advertisements, because posters or television advertisements can only be effective in a health promoting context. Without reinforcement of messages by other channels, messages conveyed may be ineffective.

Audience Segmentation

Audience segmentation is a vital aspect of any health communication campaign. Knowing the needs of the target audience and best means of reaching that audience are crucial in achieving the goal of raising awareness and ultimately changing attitudes and behaviours (Romocki, Gilbert and Flanagan, 2005). For example the lack of audience segmentation in formulation of the Russian Roulette poster posed a barrier to the efficacy of the HIV/AIDS message, despite the attractive message cues. Students were unfamiliar with the western-based concept of Russian Roulette therefore they could not understand the comparison between unsafe sex and Russian Roulette. The importance of audience segmentation cannot be stressed enough, without it, we try to reach 'everyone' in the general population but are less effective with the group(s) we really want to reach (The health Communication Unit, 1999).

The foundation of a successful HIV/AIDS campaign for a campus environment is successful audience segmentation. Close attention must be paid to factors such as demographics, psychographics, culture, lifestyles and gender relations. In addition, equally important factors to consider when segmenting an audience for a health campaign on HIV/AIDS are poverty, political factors and government policy. A good way to ensure that an HIV/AIDS campaign is reaching its target audience in terms of the above factors is to involve members of the target audience in planning and development of the campaign. The most successful campaigns know their target audience and involve them in developing the campaign (Finger, 2003).

Implications for behaviour change

Students perceived fear as an effective strategy to promote behaviour change. However results from the current study indicate that effective fear messages must be applied within an effective framework taking into consideration the factors such as attractive message cues, a relevant source, appropriate channels and an efficacy message, to promote change behaviour. The fear messages currently available in and around campus did not seem to be effective, and this could have contributed to students' engagement in high-risk behaviour. Effective fear appeals within an HIV/AIDS message could produce fear and anxiety about the devastating outcome of risky sexual behaviour and prompt students to comply with the message recommendations to alleviate the fear, producing intent to change their risky sexual behaviour.

The use of fear as a motivational strategy to reduce increasing levels of sexual risk behaviour needs to be considered in terms of students levels of personal vulnerability to contracting HIV. The literature in this regard indicates that South African youth have low levels of personal vulnerability of contracting HIV/AIDS (Eaton et al. 2003). Therefore messages that employ the construct of fear effectively need to be very clear in recommending appropriate behaviour strategies to contain levels of fear in the targeted audience.

Student risk profile and gender differences

The attraction factors advocated by students in this study, especially the high-risk groups, should be important considerations for future HIV/AIDS communication campaigns. A marked outcome of the present study was that majority of students (including all male students) interviewed were high risk for acquiring HIV, despite being aware of the threat of HIV. The reasons for the continued spread of HIV and students engagement in high risk behaviour are complex, with no single underlying cause. Therefore even though high risk groups may have

been fully aware of the threat of risky sexual behaviour (e.g. *'unsafe sex leads to death'*), knowing the facts was not an exclusive criterion for behaviour change. Some students indicated that they know the consequences of unsafe sex but they sometimes do not care. (e.g. *'I love this lady, I don't care whether she is positive or negative but I have to do it the way I please'*). This is probably related to the compulsion to have 'flesh to flesh'²⁸ sex, which is seen as more desirable than using a condom (Walker, Reid & Cornell, 2004). Research also indicates that the demand for 'flesh to flesh' sex is associated with dominant masculinity (Campbell, 2003), where sexual competence is seen as a central part of masculinity.

Comparing female students' perceptions across risk profiles revealed that HRF students differed to a significant extent in terms of their level of processing HIV/AIDS messages. LRF students processed HIV/AIDS messages centrally whereas HRF students felt overexposed to HIV/AIDS messages and thus processed HIV/AIDS messages peripherally and were only attracted to the peripheral cues of HIV/AIDS messages. Therefore peripheral cues should be essential to any HIV/AIDS communication campaign for students as they serve as a catalyst for central processing, and promote peripheral processing of HIV/AIDS messages.

Compared to all groups interviewed, HRF students (poster group) were the only group that advocated the use of celebrities as sources to convey HIV/AIDS messages. Generalisability of this result was limited due to only one group of HRF students sharing this view. Other groups found that celebrities as sources were not effective as they could not be trusted and they competed for attention with the HIV/AIDS message conveyed.

Concluding statement

Adolescence is a developmental period associated with sexuality as well as risk taking. Given these considerations, HIV/AIDS prevention interventions need to be compulsory components of health communication campaigns at universities. These campaigns should be grounded in a sound theoretical framework with close attention to factors discussed in the present study and tailored for specific settings by using members of the target audience in the planning, development and implementation of the campaign.

²⁸ Flesh to Flesh: sex without a condom.

5.2 Recommendations

The following are recommendations for planning and implementing an HIV/AIDS communication campaign in a university environment:

Evidence-based campaigns

- The approach adopted should be grounded in sound theory and research across a variety of disciplines, of which health communication is of primary importance.
- Additional research is required for HIV/AIDS health communication campaigns at universities. There are numerous campaigns executed within universities each year; however few are grounded in sound theory with prior research, leading to tailored campaigns for specific universities.
- Additional research is required in order to develop appropriate sexual risk profiles for targeted audiences.
- Additional HIV prevalence research at universities and other tertiary institutions is required in order to monitor the efficacy of behavioural change programmes.

Target audience

- Audience segmentation is a vital component of any HIV/AIDS campaign. It is vital to ensure that the target audience is segmented with respect to the following: culture, demographics, psychographics, lifestyles and gender relations of the target audience. Poverty, political factors and government policy are also important to consider. The lack of audience segmentation has been identified as one of the barriers in moving from HIV/AIDS awareness to behaviour change.
- Involve members of the target audience in planning, development and implementation of HIV/AIDS campaigns.

Message appeals

- Use a multi-channel approach that encompasses a strong interpersonal element (compulsory HIV/AIDS prevention and education course at university). Multi-channel approaches serve to reinforce HIV/AIDS prevention messages and allow for greater coverage of the target audience.
- Use messages with peripheral cues such as bright colours, music, concise messages and catchy phrases to attract the attention of all students (irrespective of their route of processing), similar to advertisements for bashes.
- Fear appeals are more effective than positive appeals at universities. However, messages that employ fear appeals need to be very clear in recommending appropriate behaviour change strategies. It is also important to include positive messages in any HIV/AIDS campaign to be sensitive to those students who are living with HIV/AIDS.
- Celebrities should be carefully considered before they are used as sources to convey HIV/AIDS messages to students. They must be people that are trusted and respected by students and not divert attention from the message to themselves.
- Political posters should be avoided within a university environment. Politically neutral messages are favoured by students.
- Message constructs such as message clarity and message order should be considered in terms of the target audience's understanding of and familiarity with concepts employed within the HIV/AIDS message.

References

- Abdian, G. & Arvidson, P.S. (2000). *The character encyclopedia: A comprehensive character reference guide*. Axios Corp.: Seattle.
- Agha S. A quasi-experimental study to assess the impact of four adolescent sexual health interventions in sub-Saharan Africa. *Int Fam Plann Perspect* 2002; 28(2):67-70, 113-18.
- *AIDS Brief for sectoral planners and managers*. Media Sector. Funded by UNAIDS (1996).
- Airhihenbuwa, C.O. Makinwa, B. & Obregon, R. (2000). Towards a new communications framework for HIV/AIDS. *Journal of Health Communication*, 5, pp101-111.
- Airhihenbuwa, C.O. & Obregon, R. (2000). A critical assessment of theories/models used in health communication for HIV/AIDS. *Journal of Health Communication*, 5, pp5-15.
- Ajzen, I. & Fishbein, M. (1980). Understanding attitudes and predicting social behavior. In E. Maibach & R.L Parrot (Eds.), *Designing health messages*. pp145-164. London: Sage Publications.
- Atkin, C.K. (1993). Perspectives on health campaigns persuasion strategies. Paper presented at the annual meeting of the Speech Communication Association, Miami. In E. Maibach & R.L Parrot (Eds.), *Designing health messages*.pp145-164. London: Sage Publications.
- Atkin, C. & Block, M. (1983). Effectiveness of Celebrity Endorsers. *Journal of Advertising Research*, 23. pp57-61.
- Atkin, C.K. & Freimuth V. (1989). Formative evaluation research in campaign design. In R.E. Rice & C.K. Atkin (Eds.), *Public communication campaigns* (2nd ed.) pp131-150. Newbury Park, CA: Sage.
- Austin, E.W. (1995). Developmental considerations in designing health messages. In E. Maibach & R.L. Parrot (Eds.), *Designing health messages*. Pp114-141. London: Sage Publications.
- Baldwin, J.D. & Baldwin, J.I. (1988). Factors affecting AIDS-related sexual risk-taking behavior among college students, *Journal of Sex Research*, 25, 2, pp181-196.
- Baumrind, D. (1985). Familial antecedents of adolescent drug use: A developmental perspective. Cited in E. Maibach & R.L Parrot (Eds.), *Designing health messages*. London: Sage Publications.
- Bedagkar, M.V., Salunka, S.,Bhatlavande, P.V., Mugade,R. (1994). Sources of Information among college students of a district in India and its implications, *International Conference on AIDS*, 10(2) pp341
- Benoliel, J. (1984). Advancing nursing science: Qualitative approaches. *Western Journal of Nursing Research*, 7(1), pp1-8. Boyatzis R.E. (1998). *Transforming Qualitative Information: Thematic analysis & code development*. Sage, Thousand Oaks

- Brink, P.J. & Wood, M.J. (1998). *Qualitative research in nursing*, pp397-427. Addison-Westley Publishing Co.
- Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. Cited in J.A. Graber, & J. Brooks-Gunn, *Transitions and Turning Points: Navigating the Passage From Childhood Through Adolescence. Developmental Psychology*, (1996), 32(4), pp768-776.
- Brown, W.J. (1991). An AIDS Prevention Campaign: Effect on Attitudes, Beliefs and Communication Behavior. *American Behavioural Scientist*, pp666-678. Sage Publications, Inc.
- Campbell, C. 2003. *Letting Them Die: why HIV/AIDS Intervention Programmes Fail*. South Africa: Double Storey Books.
- Cantor, N., Norem, J. K., Niedenthal, P. M., Langston, C. A., & Brower, A. M. (1987). Life tasks, self-concept ideals, and cognitive strategies in a life transition. *Journal of Personality and Social Psychology*, 53, pp1178-1191.
- Cantor, N., & Zirkel, S. (1990). Personality, cognition, and purposive behavior. In LA Pervin (Eds.), *Handbook of personality: theory and research*, pp135-64. New York: Guilford.
- Carroll, L.(1988). Concern of AIDS and the Sexual Behavior of College Students, *Journal of Marriage and Family*, 50, pp405-411.
- Chatterjee, N. (1999) *AIDS-related information exposure in the mass media and discussion within social networks among married women in Bombay, India*. *AIDS Care*, 11(4), pp443-446.
- Christiansen, B.A. & Roberts, D.F. (1990). *Popular music in early adolescence*. Washington DC: Carnegie Council on Adolescent Development.
- Covello, V.T. (1999). Risk communication, children's health and environmental Tobacco Smoke. *Centre for Risk Communication, WHO, Background Paper*.
- Davis, C., Noel, M.B., Chan, S.F. & Wing, L.S. (1998). Knowledge, attitudes and behaviours related to HIV and AIDS among Chinese adolescents in Hong Kong. *Journal of Adolescence*, 21(6), pp657-665.
- De Vries, H. (1997). *ABC's of health and planning. A brief reader for the summer course* (3rd Ed). Department of Health Education, University of Maastricht, Netherlands.
- Department of Health (2005). *National HIV and Syphilis Antenatal sero-prevalence survey in South Africa, 2004*. National Department of Health: Pretoria.
- Devos-Comby, L. & Salovey, P. (2002). Applying persuasion strategies to alter HIV-relevant thoughts and behavior. *Review of General Psychology*, 6(3), pp287-304.
- Dring, C. & Hope A. (2001). The impact of alcohol advertising on teenagers in Ireland. *Department of Health and Children (Ireland): Health Promotion Unit*.

- Donald, D. Dawes A. and Louw J. (1999). *Addressing Childhood Adversity*. South Africa: David Philip Publishers.
- Douglas, N.W. (1996). Practical reasoning and the structure of fear appeal arguments. *Philosophy and Rhetoric*, 29(4), pp301-313.
- Edgar, F., Freimuth, V., and Hammond, S. (1988). Communicating the AIDS risk to college students: The Problem of Motivating Change, *Health Education Research*, 3, pp59-65.
- Eaton, L., Flisher, A.J. & Aaron, L.E. (2003). Unsafe sexual behaviour in South African youth. *Social Science & Medicine*, 5, 149-165.
- Escobar, A. (1995). *Encountering Development: The making and unmaking of the third world*. Princeton, NJ: Princeton University Press.
- Finger, W (2003). HIV Prevention for Young People in Developing Countries: Report of a Technical Meeting. *Family Health International, YouthNet Program*. Washington, DC
- Fishbein & Ajzen, (1975). Belief, attitude, intention and behaviour. An introduction to theory and research. Reading, MA: Addison-Wesley. In E. Maibach & R.L Parrot (Eds), *Designing health messages*. London: Sage Publications.
- Fishbein, M. & Ajzen, I. (1981). Acceptance, yielding and impact: Cognitive processes in persuasion. In R.E. Petty, T.M. Ostrom & T.C. Brook (Eds.), *Cognitive responses in persuasion* pp339-359. Hillsdale, NJ: Lawrence Erlbaum.
- Fishbein, M., Middlestadt, S. E., & Hitchcock, P. (1994). Using Information to Change Sexually Transmitted Disease **Related** Behaviors: An Analysis Based on the Theory of Reasoned Action. In R. J. DiClemente & J. L. Peterson (Eds.), *Preventing AIDS: Theories and Methods of Behavioral Interventions*, pp. 61-77. New York: Plenum Press.
- Flora J.A. & Thoreson, C.E. (1988). Reducing the risk of AIDS in adolescents. *American Psychologist*, 43, pp965-970.
- Galloway, M. (2001). Telling the story of the Century: How are journalists coping with reporting on HIV/AIDS in South Africa. M Phil thesis, University of Stellenbosch. Cited in J. Stein, *A Literature Review*. Centre for AIDS Development, Research and Evaluation, Johannesburg, South Africa.
- Gibbs, A. (1997). Focus groups. *Social Research Update*. [On-line], Issue Nineteen. University of Surrey. Available: <http://www.soc.surrey.ac.uk/sru/SRU19.html>.
- Glanz, K. & Rimer, G.K. 1995. **Theory at a Glance**. *A guide for health promotion practice*. Washington, DC: U.S. Department of Health and Human Services, PHS, NIH.
- Guma, M., Henda, N. & Petros, G. (2003) *Disparities in attitudes towards people living with HIV/AIDS (PLWA): a nationwide study*. Human Sciences Research Council, Cape Town, South Africa.
- Hale, J.H. & Dillard, J.P. (1995). Fear appeals in health promotion campaigns. In E. Maibach & R.L. Parrot (Eds), *Designing health messages*. London: Sage Publications.

- Hammersley, M. & Atkinson, P. (1995). *Ethnography: Principles in Practice (2nd Ed)*. New York: Routledge.
- Harrison, A., Jackson, E., Ntuli, N., Lurie, M., Wilkinson, D & Abdool Karim, S.S. (1999). *Increased knowledge of sexually transmitted diseases in rural South Africa: Results of a community based education programme*. South African Medical Research Council (HIV/AIDS/STDs). Unpublished report.
- Harrison, A., Smit, J. & Myer, L. (2000). Prevention of HIV/AIDS in South Africa: A review of behaviour change interventions, evidence and options for the future. *South African Journal of Science*, 96, pp285-90.
- Hawkins, J.D., Lishner, D. & Catalano R.F.J. (1985). The development of children's health orientations and behaviors: Lessons for substance use prevention. Cited in E. Maibach & R.L Parrot (Eds), *Designing health messages*. London: Sage Publications.
- Hayes, N. (1997). *Doing qualitative analysis in psychology*. Mahwah, NJ: Lawrence Erlbaum.
- Hirose, H., Ishizuka, T., Tsuchida, S. & Sawazaki, Y. (1996) The exposure effect of AIDS communication from mass media on citizens of Tokyo metropolis. *International Conference on AIDS*, 11(1), pp195.
- Hofacker, C. F. (2001). *Internet Marketing*. New York: Wiley.
- Holtgrave, D.R., Qualls, N.L., Curran, J.W., Valdiserri, R.O., Guinan, M.E. & Parra, W.C. (1995). An Overview of the Effectiveness and Efficiency of HIV Prevention Programs. *Public Health Reports*, 110, pp134-146.
- Human Sciences Research Council (2002). First nationally representative survey results of HIV prevalence. HSRC, Cape Town.
- Institute of Medicine. (1994). Reducing risks for mental disorders: Frontier for preventive intervention research. In P.J. Mrazek & R.J. Haggerty (Eds). *Reducing risks for mental disorders: Frontiers for preventive intervention research*. Washington, DC: National Academy Press.
- Inter Tertiary AIDS Task Team (ITATT), 2002. Eastern Cape.
- Huysamen, G.K. (1994). *Methodology for the social and behavioural sciences*. International Thomson Publishing Inc.
- Johnson, K. & LaTour, M.S. (1991). AIDS prevention and college students: Male and female responses to 'fear provoking' messages. *Health Marketing Quarterly*, 8, pp139-153.
- Kalichman, S.C., Sarwer, D.B., Hunter, T.L. & Russel, R.L. (1993). Earvin "Magic" Johnson's HIV serostatus disclosure: Effects on mens perceptions of AIDS. Cited in J. Stein, *A Literature Review*. Centre for AIDS Development, Research and Evaluation, Johannesburg, South Africa.
- Kamins, M. A. (1989). Celebrity and Non Celebrity Advertising in a Two-Sided Context. *Journal of Advertising Research*, 29, pp34-42.

- Kelly, J.A. (1999). Community-level interventions are needed to prevent new HIV infections. Cited in, C.O. Airhihenbuwa, B. Makinwa & R. Obregon. Towards a new communications framework for HIV/AIDS. *Journal of Health Communication* (2000), 5, pp101-111.
- Kelly, K. (2000). Communicating for Action: A Contextual Evaluation of Youth Responses to HIV/AIDS. Centre for AIDS Development, Research and Evaluation, Johannesburg, South Africa.
- Kelly, K., Parker, W. & Oyosi, S. (2001). *Pathways to action HIV/AIDS prevention, children and young people in South Africa: A literature review*. Centre for AIDS Development, Research and Evaluation (Cadre). www.cadre.org.za
- Kippax, S. & Crawford, J. (1993). Flaws in the theory of reasoned action. I D.J. Terry, C. Gallois & M. McCamish (Eds). *The theory of reasoned action: Its application to AIDS preventive behaviour*, pp253-269. New York: Pergamon Press.
- Kohlberg, L. (1976). Moral stages and moralization: The cognitive-developmental approach. In T. Lickona (Ed.), *Moral development and behaviour: Theory, research and social issues*, pp31-35. New York: Holt, Rinehart & Winston.
- Krueger, R. (1994). Focus groups: A practical guide for applied research. Thousand Oaks: Sage.
- Lewin, K. (1939). The field theory approach to adolescence. Cited in J.A. Graber, & J. Brooks-Gunn, (1996), *Transitions and Turning Points: Navigating the Passage From Childhood Through Adolescence*. *Developmental Psychology*, (1996), 32(4), pp768-776.
- Magnani R, Gaffikin L, & Espinoza V. *Evaluation of 'Juventud Es Salud': An Adolescent and Sexual Health Peer Education Program Implemented in Six Departments in Peru*. Washington, DC: FOCUS on Young Adults, 2000.
- Maibach, E. & Parrot R.L. (Eds) (1995). Designing health messages. *Approaches form communication theory and public health practice*. London: Sage Publications.
- Mati, L.J. (1996). *Acquired immune deficiency syndrome: knowledge, attitudes and sexual practices among rural matriculants in Algoa region*. MA thesis, University of Port Elizabeth, pp51-110.
- Mbali, M (2002). *Mbeki's denialism and the ghosts of apartheid and colonialism for post-apartheid AIDS policy-making*. Paper presented at the Public Health Journal Club Seminar, University of Natal, Durban.
- McDaniel, J. S., Isenberg, D. J., Morris, D. G., & Swift, R. Y. (1997). Delivering culturally sensitive AIDS education in rural communities. In D. C. Umeh (Ed.), *Confronting the AIDS epidemic: Cross-cultural perspectives on HIV/AIDS education*, pp169–179. Chukwuma, Africa: Africa World Press.
- McGuire, W.J. (1984). Public communication campaigns as a strategy for inducing health-promoting behaviour change. *Preventive Medicine*, 13, pp299-319.

- McGuire, W.J. (1989). Theoretical foundations of campaigns. In R.E. Rice & C.K. Atkin (Eds.), *Public communication campaigns* (2nd ed.) pp131-150. Newbury Park, CA: Sage.
- McKinaly, J.B & Marceau, L.D. (1999). A tale of 3 tales. Cited in, C.O. Airhihenbuwa, B. Makinwa & R. Obregon. Towards a new communications framework for HIV/AIDS. *Journal of Health Communication* (2000), 5, pp101-111.
- Meekers D. *The Effectiveness of Targeted Social Marketing to Promote Adolescent Reproductive Health: The Case of Soweto, South Africa. Working Paper No. 16.* Washington, DC: Population Services International, 1998.
- Michael-Johnson, P. & Bowen, S.P. (1992). The place of culture in HIV education. In T. Edgar, M. Fitzpatrick, & V. Freimuth (Eds), *AIDS: A communication perspective*, pp147-172. Mahwah
- Middlestadt, S. & Fishbein, M (1990). *Factors influencing experienced and inexperienced college women's intentions to tell their partners to use condoms.* Paper presented at the Sixth International Conference on AIDS. San Francisco, CA June.
- Millstein, S. G., Petersen, A. C. & Nightingale, E. O. (1993). *Promoting the health of adolescents: New directions for the twenty-first century.* New York: Oxford University Press.
- Moeller, S.D. (1999). *Compassion fatigue – how the media sell disease, famine, war and death.* London: Routledge.
- Morgan, D. & Krueger, R. (1996) *The Focus Group Kit.* Thousand Oaks, Ca: Sage.
- Morgan D.L. (1997). *Focus groups as qualitative research (2nd Ed).* London: Sage.
- Moore, S.M., & Rosenthal, D. (1998). Contemporary youths' negotiations of romance, love, sex, and sexual disease. In de Munck, V.C. (Ed.), *Romantic love and sexual behaviour. Perspectives from the social sciences.* pp233-247. London: Praeger.
- Morse, J.M. (1997). *Completing a qualitative project: Details and dialogue.* Thousand Oaks: Sage.
- Myra, S. & Flora, J.A. (2000). HIV/AIDS Communication Campaigns: Progress and Prospects. *Journal of Health Communication*, 5(2), pp17-29.
- Naidoo, S. (1994). *Acquired Immune Deficiency Syndrome: Knowledge, attitudes and sexual activity among black adolescents.* MA thesis, University of Port Elizabeth, pp64.
- National Adolescent Sexual Health Initiative, (1999). *Love Life, South Africa*
- Padgett, D. (1998). *Qualitative methods in social work research.* Thousand Oak: Sage.
- Paisley, J. (2001) 'Public communication campaigns: The American experience'. In R.E. Rice and C.K. Atkin (eds.), *Public communication campaigns.* London, Sage.
- Parker W, Dalrymple L & Durden E (2000). *Communicating beyond awareness: A manual for South Africa,* Department of Health, Pretoria.

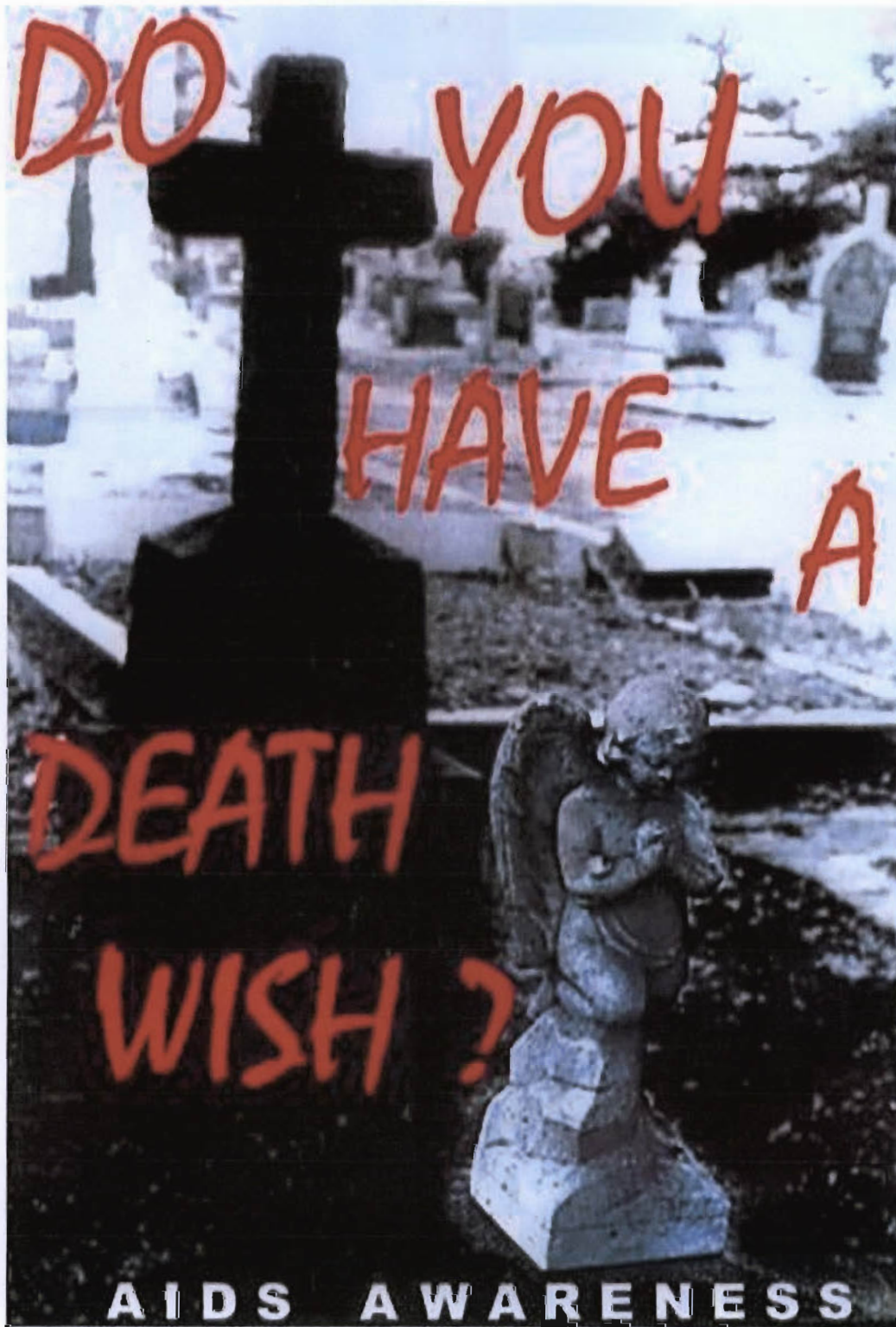
- Peterson, J. (1999). *Maps of Meaning: The Architecture of Belief*. New York:, Routledge.
- Pettifor, A.E., Rees, H.V., Steffonson, A., Hlongwa-Madlkizela, L., McPhall, C., Vermaak, K. & Kleinshmidt, I. (2004). *HIV & sexual behaviour among young south africans: Anational survey of 15-24 year olds*. Johannesburg: Reproductive Health Research Unit – University of Witwatersrand.
- Petty, R.E. & Cacioppo, J.T. (1986). *Communication and persuasion: Central and peripheral routes to attitude change*. New York: Springer.
- Petty, R. E., & Wegener, D. T. (1998). Attitude change: Multiple roles for persuasion variables. In D. Gilbert, S. Fiske, & G. Lindzey (Eds.), *The handbook of social psychology*, 4th ed., 1, pp323-390. New York: McGraw-Hill.
- Pfau, M. & Van Bockern, S. (1993). The persistence of inoculation in conferring resistance to smoking initiation among adolescents: The second year. Paper presented at the *International Communication Association Annual Conference*, Washington DC.
- Richardson, T.E. (1996). *Handbook of qualitative research methods*. London: British Psychological Society Books.
- Rippetoe, P.A., & Rogers, R.W. (1987). Effects of components of protection-motivation theory on adaptive and maladaptive coping with a health threat. *Journal of Personality and Social Psychology*, 52, pp596-604.
- Rogers, R.W. (1975). A protection motivation theory of fear appeals and attitude change. *Journal of psychology*, 91 pp93-114.
- Rogers, R.W. (1983). Cognitive and physiological processes in fear appeals and attitude change. A revised theory of protection motivation. In J. Cacioppo & R. Petty (Eds), *Social psychophysiology*, pp153-176. New York Guilford.
- Roth, N.L. & Hogan, K. (eds) (2001). *Gendered epidemic: representations of women in the age of AIDS*. New York: Routledge.
- Rotheram-Borus, M.J., & Koopman, C. (1991). AIDS and adolescents. *Journal of Primary Prevention*, 12, pp65-82.
- Schoenbachler, D. (1993). The effectiveness of varying levels of physically and socially threatening fear appeals in anti-drug public service announcements. Paper presented at the *International Communication Association Annual Conference*, Washington DC.
- Shepperson, A. (2001). *HIV/AIDS reporting in South Africa: an analysis of the response of the press*, Beyond Awareness Campaign, Department of Health, South Africa
- Smith A. (2001). Petersen I, Bhagwanjee AM and Makhaba L (2001). Understanding HIV transmission dynamics in a university student population in South Africa: A qualitative systemic approach. *Journal of Psychology in Africa*, 11(2), pp144-164
- Snyder, L.B. & Rouse, R. (1995). The media can have more than an impersonal impact: The case of AIDS risk perceptions and behavior. *Health Communication*, 7, pp125-145.

- Stein, J. (2001). *A Literature Review*. Centre for AIDS Development, Research and Evaluation, Johannesburg, South Africa.
- Stiff, J.B. (1994). *Persuasive communication*. New York: Guilford Press.
- The Health Communication Unit (1999). *Overview of health communication campaigns*. Centre for Health promotion: University of Toronto
- Trochim, W.M.K. (2002). *The research methods knowledge base* (2nd Ed). [On-Line], <http://www.trochim.human.cornel.edu/kb/index.htm>
- Tyler, T. R. & Cook, F. L. (1984). The Mass Media and Judgments of Risk: Distinguishing Impact on Personal and Societal Level Judgments. *Journal of Personality and Social Psychology*, 47, 4, pp693-708.
- UNAIDS, (1997). *Joint United Nations Programme on HIV/AIDS*. UNAIDS, Geneva
- UNAIDS (2000). *Report on the global HIV/AIDS epidemic*. UNAIDS, Geneva.
- UNAIDS (2004). *The media and HIV/AIDS: Making a Difference*. Global Media AIDS Initiative, UNAIDS, Geneva.
- Vanlandingham, M. J., Suprasert, S., Grandjean, N., Sittitrai, W. (1995). Two views of risky sexual practices among northern Thai males: The health belief model and the theory of reasoned action. *Journal of Health and Social Behavior*, 36, pp195-212.
- Walker, L., Reid, G. & Cornell, M. 2004. *Waiting to Happen: HIV/AIDS in South Africa - the bigger picture*. Cape Town: Double Storey Books
- Wallack, L., Dorfman, L., Jernigan, D. & Themba, M. (1993). *Media advocacy and public health – power for prevention*. United Kingdom: Sage Publications.
- Webb, D. 1997. *Adolescence, sex and fear. Reproductive health and young people in urban Zambia*. Lusaka: Central Board of Health/UNICEF.
- Wellings, K. & Field, B. (1996). *Stopping AIDS: HIV/AIDS Public Education and the Mass Media in Europe*. Longman, London and New York.
- Whiteside, A. & Sunter, C. 2000. *AIDS: The Challenge for South Africa*. Tafelberg: Human & Rosseau.
- Witte, K. (1992a). Preventing AIDS through persuasive communication. A framework for constructing effective, culturally-specific, preventive health messages. *International and Intercultural Communication Annual*, 16, 67-86. In E. Maibach & R.L Parrot (Eds), *Designing health messages*. pp145-164. London: Sage Publications.
- Witte, K. (1992b). Putting the fear back into fear appeals. Reconciling the literature. *Communication Monographs*, 59, pp329-349.
- Witte, K. (1992c). The role of threat and efficacy in AIDS prevention. *International Quarterly of Community Health Education*, 12, pp225-249.

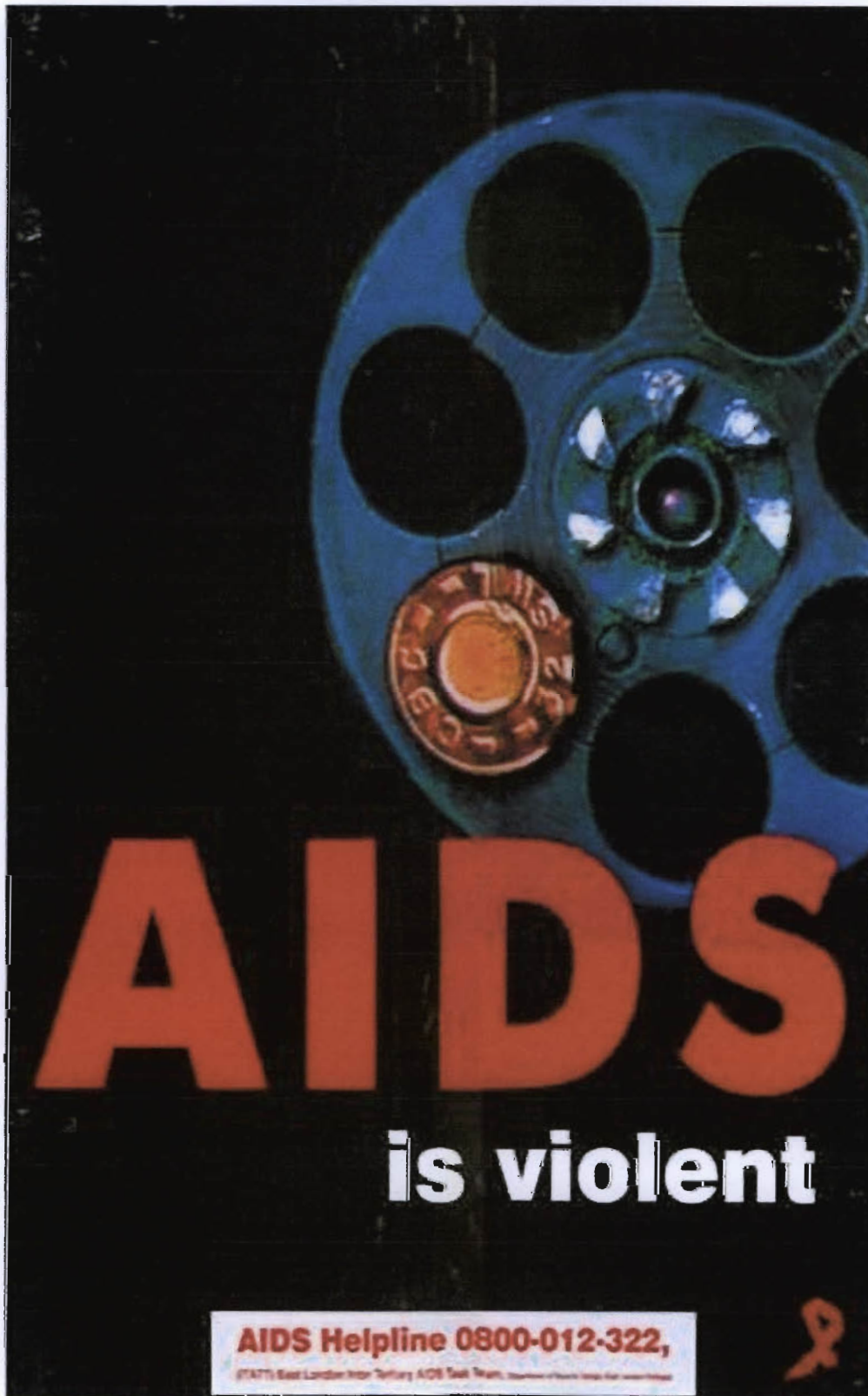
- Witte, K. (1994). Fear Control and Danger Control: A Test of the Extended Parallel Process Model (EPPM), *Communication Monographs*, 61, pp113-34.
- Witte K, Allen M. (2000). A meta-analysis of fear appeals: implications for effective public health campaigns. *Health Education and Behavior*, 27, pp591-615.
- World Health Organisation (WHO) (1998) AIDS prevention and Control – *World Summit of Ministers of Health on Programmes for AIDS Prevention*, Pergamon Press, Oxford.
- YUN, H., Govender, K & Mody, B. (2001). Factoring poverty and culture into HIV/AIDS campaigns: Empirical support for audience segmentation. *Gazette*, 63(1), pp73-95.

Annexures

Annexure 1.2
Tombstone Poster



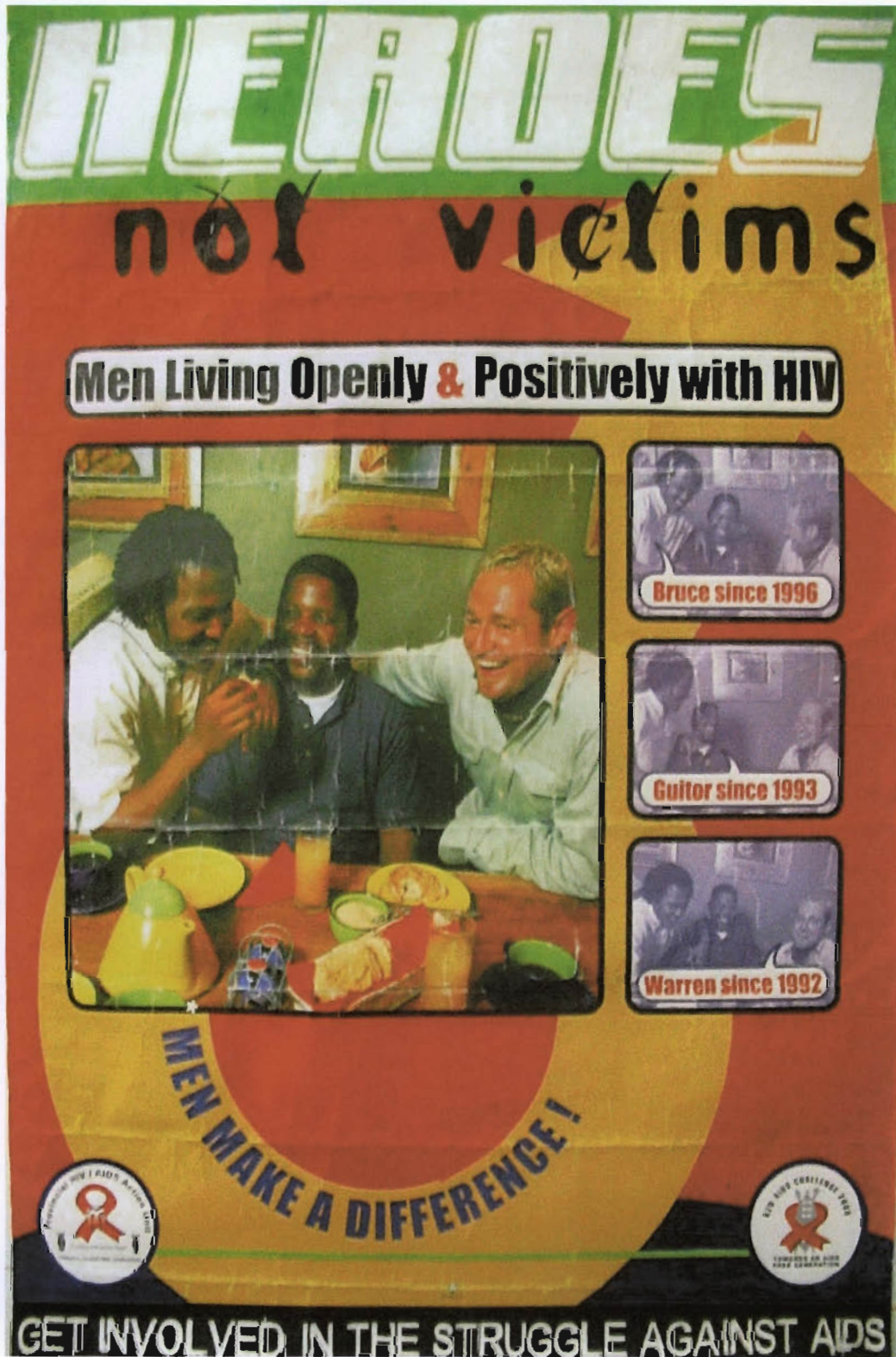
Annexure 1.3
Russian Roulette Poster



Annexure 1.4
Trust Nobody Poster



Annexure 1.5
Heroes Poster



Annexure 2

Advertisement Transcriptions

Annexure 2.1

Desmond Tutu Advertisement

Setting

The Archbishop Desmond Tutu is seated on a large leather couch against a cream wall.

Action

Archbishop Desmond Tutu is educating parents about talking to their children about sex. He says, in a very calm and confident tone of voice, ‘Sex is one of the most wonderful gifts that God has given us. (Pause) It isn’t shameful. (Pause) Is it not better for us to arm our children by giving them the facts? (Pause) Love them enough to talk to them about sex!’

The advertisement is part of the ‘Love Life’ campaign.

LoveLife (2000c). Love them enough to talk about sex, LoveLife, Johannesburg

Love Life, South Africa’s national HIV prevention program for youth, was launched in September 1999, by a consortium of leading South African public health organisations in partnership with a coalition of more than 100 community-based organisations, the South African government, major South African media groups and private foundations.

loveLife combines a highly visible sustained national multi-media HIV education and awareness campaign with countrywide adolescent friendly service development in government clinics, and a national network of outreach and support programs for youth.

loveLife is a comprehensive, evidence-based approach to youth behaviour change that implements, on an unprecedented scale, the international experience of the past 20 years – combining well-established public health techniques with innovative marketing approaches to promote sexual responsibility and healthy living to young people.

Annexure 2.2

Parent-Child Advertisement

Setting

A father and his son are seated next to each other in their lounge area. The focus is on them so there is not much of a background. The son is about 12 years old.

Action

The father smiles and takes out a condom. The wrapping resembles the condoms one would obtain from any health facility. The son looks uncomfortable. The father then offers the condom to his son and continues to smile. The son a bit apprehensive and still uncomfortable looks at his father and takes the condom. He then looks at it. He looks up and pauses for a second. The focus is now on the father and he then says 'Loving your child means, teaching him'. The focus then moves to the child who is opening the wrapping.

The advertisement is part of the 'Love Life' campaign.

LoveLife (2000c). Love them enough to talk about sex, LoveLife, Johannesburg

Love Life, South Africa's national HIV prevention program for youth, was launched in September 1999, by a consortium of leading South African public health organisations in partnership with a coalition of more than 100 community-based organisations, the South African government, major South African media groups and private foundations.

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Annexure 3

Assessing the risk profile of students

The following questions were asked to screen students' in terms of their risk profile. Students were informed of the importance of being honest and ensured of the confidentiality of their responses.

1. *Are you sexually active?*

Yes

No (Skip to question 3)

2. *Do you use condoms when you have sex?*

Yes

No (skip to question 3)

If yes, how often?

- Every time I have sex
- Most of the time
- Sometimes

3. *Do you think you are at risk for getting HIV/AIDS?*

Yes

No

If yes/no. Why?

- If students answered no to the first question they fell into the 'low risk' group.
- If students answered yes to the first question and chose the option 'every time I have sex' for the second question they fell into the 'low risk' group.
- If students answered yes to the first question and chose the option 'most of the time' for the second question they fell into the 'high risk' group.
- If students answered yes to the first question and chose the option 'sometimes' for the second question they fell into the 'high risk' group.
- The third question was asked to assess students' perceived susceptibility to HIV/AIDS.

Annexure 4

4.1 Pilot Focus Group Discussion Guide - Posters

Students were asked a few susceptibility and sexual activity questions at the beginning of each session to distinguish high risk (HR) from low risk (LR) students.

Phase	Message	Channel	Source
Attention	<ul style="list-style-type: none"> • If you were walking on campus and you saw this poster, would it make you stop and look at it? • Why? • Attractive / Brief 	<ul style="list-style-type: none"> • Do you think a poster is a good way to gain your attention? • Why? • Exposure / Mobility / Impact (dynamic) 	<ul style="list-style-type: none"> • Seeing these people in the poster do they gain your attention? • Identification
Comprehension	<ul style="list-style-type: none"> • What do you understand about this message? • Is the message clear? • Does it have clear conclusions? • Emotional! Fear / Anger 	<ul style="list-style-type: none"> • Do you think these posters help us understand the message that is being sent? • Do you think that the same message could be sent in a different way? • Do you think that it is easy to understand A message in a poster? 	<ul style="list-style-type: none"> • Do these people make a difference to how you understand this poster? • Credibility, role modelling, inhibit!
Attitude	<ul style="list-style-type: none"> • Do you agree or disagree with this message? • How does this message make you feel? • Fear / Threatened • Why? 	<ul style="list-style-type: none"> • Do you agree or disagree with this way (poster) of getting this message across? • Do you think that this poster is effective to get this message across? • Why? 	<ul style="list-style-type: none"> • Do you agree or disagree with this source to get this message across? • Why? • What other source could be used?
Social Influence	<ul style="list-style-type: none"> • Who are your close friends? • What would your friends think of this poster? • Would they like it, would they pay attention to it, understand it, agree / disagree? 	<ul style="list-style-type: none"> • Would they pay attention to the message in this channel or would another be more suitable? • E.g. TV radio • Why? 	<ul style="list-style-type: none"> • Do you think your friends would pay attention to this source, or would they pay more attention if it were other people? • Why?
Self Efficacy	<ul style="list-style-type: none"> • After seeing this message would you have the confidence to use a condom, practice monogamy or abstinence? • Would this message give you the confidence to change behaviour ABC 	<ul style="list-style-type: none"> • Do you think that this poster is a good way to give students confidence to change, to use condoms / practice monogamy or abstain from sex? • Why, what other ways of sending messages could give students confidence? 	<ul style="list-style-type: none"> • Does this source give you confidence to change your behaviour ABC? •
Behaviour Change	<ul style="list-style-type: none"> • Do you think this message would make people change their behaviour ABC? • Why? • How do you think this message should be said to make people change their behaviour ABC? 	<ul style="list-style-type: none"> • Is this an effective channel to make people change behaviour ABC? • Why? • Which channel do you think would be more effective, what other channels could we use, beside posters? 	<ul style="list-style-type: none"> • Is this source a strong enough one to make you change your behaviour ABC? • Why? • Which other source would be better?

4.2 Pilot Focus Group Discussion Guide – Advertisements

Students were asked a few susceptibility and sexual activity questions at the beginning of each session to distinguish high risk (HR) from low risk (LR) students.

Phase	Message	Channel	Source
Attention	<ul style="list-style-type: none"> • If you were watching TV and this advert came on, would it gain your attention? • Why? • Attractive / Brief 	<ul style="list-style-type: none"> • Do you think an advert is a good way to gain your attention? • Why? • Exposure / Mobility / Impact (dynamic) 	<ul style="list-style-type: none"> • Do these people in the advert gain your attention? • Identification
Comprehension	<ul style="list-style-type: none"> • What do you understand about the message being sent? • Is the message clear? • Does it have clear conclusions? • Emotional! Fear / Anger 	<ul style="list-style-type: none"> • Do you think an advert can help us understand the message that is being sent? • Do you think that the same message could be sent in a different way? • Do you think that it is easy to understand A message in an advert? 	<ul style="list-style-type: none"> • Do these people make a difference to how you understand this advert? • Credibility, role modelling, inhibit!
Attitude	<ul style="list-style-type: none"> • Do you agree or disagree with this message? • How does this message make you feel? • Fear / Threatened / happy / sad • Why? 	<ul style="list-style-type: none"> • Do you agree or disagree with an advert as a way of getting this message across? • Do you think that this advert is effective to get this message across? • Why? 	<ul style="list-style-type: none"> • Do you agree or disagree with the people who are used for the advert to get this message across? • Why? • What other source could be used?
Social Influence	<ul style="list-style-type: none"> • Who are your close friends? • What would your friends think of this advert? • Would they like it, would they pay attention to it, understand it, agree / disagree? 	<ul style="list-style-type: none"> • Would they pay attention to the message in this medium or would another be more suitable? • E.g. poster / radio • Why? 	<ul style="list-style-type: none"> • Do you think your friends would pay attention the people in the advert, or would they pay more attention if it were other people? • Why?
Self Efficacy	<ul style="list-style-type: none"> • After seeing this message would you have the confidence to use a condom, practice monogamy or abstinence, or be able to ask your parents about sex? • Would this message give you the confidence to change behaviour ABC 	<ul style="list-style-type: none"> • Do you think that this advert is a good way to give students confidence to change, to use condoms / practice monogamy or abstain from sex or to ask for help? • Why, what other ways of sending messages could give students confidence? 	<ul style="list-style-type: none"> • Do the people in the advert give you confidence to change your behaviour ABC?
Behaviour Change	<ul style="list-style-type: none"> • Do you think this advert would make people change their behaviour- ABC? • Why? • How do you think this message should be said to make people change their behaviour ABC? 	<ul style="list-style-type: none"> • Is this an effective medium to make people change behaviour ABC? • Why? • Which medium do you think would be more effective, what other mediums could we use, beside adverts? 	<ul style="list-style-type: none"> • Is this person good enough, to make you change your behaviour ABC? • Is he a person you would listen to? • Why? • Which other people would you listen to, and practice what they are saying?

Annexure 5

5.1 Focus Group Discussion Guide – Poster Groups

Interview Venue	
Name of interviewer	
Date of interview	
Start of interview time, e.g. 6:45pm	
Duration of interview	
Number of participants	
Risk profile of participants	

Writing in italics is communicated to participants!

Thank you again for agreeing to be in this study. To start, I will briefly explain the study and its purpose. Remember, you do not have to answer any questions that you don't want to, and you may withdraw at any time if you don't want to continue with the focus group.

(Facilitator briefly explains the study to the group)

Do you have any questions before I continue?

Icebreaker

I think we should start by each of us sharing with the group our favourite food. I will start.

Posters

Now let us have a look at the posters on the wall!

(Students were given a few minutes to view the posters)

Message

Explain to students what is meant by message.

1. *If I mentioned HIV/ADS, what's the first thing that comes to mind?*
2. *If you were walking on campus and you saw this poster, would it make you stop and look at it? Why yes/no?*
3. *What do you understand about this message?*
4. *Do you agree or disagree with this message? Why yes/no?*
5. *How does this message make you feel? Probe for emotion induced*
6. *What would your friends think of this poster? Probe for attention and understanding.*
7. *After seeing this message would you have the confidence to use a condom, practice monogamy or abstinence? Probe for intention to change behaviour*
8. *How do you think this message should be said to make people want to change their behaviour? Probe for cues.*

Channel

Explain to students what is meant by channel.

9. *Do you think a poster is a good way to gain your attention? Why yes/no? Probe for attractive channels.*
10. *How do you feel about posters as a channel to convey messages about HIV/AIDS? Probe for understanding messages conveyed by posters.*
11. *How do you feel about posters is a way to give students confidence to practice safe sex? Probe for students feelings in terms of condom use, monogamy and abstinence?*
12. *Which channel/s do you think is effective, to promote behaviour change? Why?*

Source

Explain to students what is meant by source.

13. *Seeing these people in the poster, do they gain your attention? Why yes/no?*
14. *Do these people make a difference to how you understand this poster? Why yes/no?*
15. *How do you feel about this source conveying a message about HIV/AIDS? Probe for sources that would be effective in conveying messages about HIV/AIDS.*
16. *Would this source be effective in making you want to change behaviour? Why yes/no? Probe for effective sources.*

5.2 Focus group discussion Guide – Advertisement groups

Interview Venue	
Name of interviewer	
Date of interview	
Start of interview time, e.g. 6:45pm	
Duration of interview	
Number of participants	
Risk profile of participants	

Writing in italics is communicated to participants!

Thank you again for agreeing to be in this study. To start, I will briefly explain the study and its purpose. Remember, you do not have to answer any questions that you don't want to, and you may withdraw at any time if you don't want to continue with the focus group.

(Facilitator briefly explains the study to the group)

Do you have any questions before I continue?

Icebreaker

I think we should start by each of us sharing with the group our favourite food. I will start.

Advertisements

Now let us have a look at the advertisements!

(Each advertisement was shown twice to students)

Message

Explain to students what is meant by message.

1. *If I mentioned HIV/ADS, what's the first thing that comes to mind?*
2. *If you were watching TV and this advert came on, would it gain your attention? Why yes/no?*
3. *What do you understand about the message conveyed by the advert?*
4. *Do you agree or disagree with this message? Why yes/no?*
5. *How does this message make you feel? Probe for emotion induced*
6. *What would your friends think of this advert? Probe for attention and understanding.*
7. *After seeing this message would you have the confidence to use a condom, practice monogamy or abstinence? Probe for intention to change behaviour*
8. *How do you think this message should be said to make people want to change their behaviour? Probe for cues.*

Channel

Explain to students what is meant by channel.

9. *Do you think an advertisement is a good way to gain your attention? Why yes/no? Probe for attractive channels.*
10. *How do you feel about advertisements as a channel to convey messages about HIV/AIDS? Probe for understanding messages conveyed by posters.*
11. *How do you feel about advertisements as a way to give students confidence to practice safe sex? Probe for students feelings in terms of condom use, monogamy and abstinence?*
12. *Which channel/s do you think is effective, to promote behaviour change? Why?*

Source

Explain to students what is meant by source.

13. *Seeing these people in the adverts, do they gain your attention? Why yes/no?*
14. *Do these people make a difference to how you understand these advert? Why yes/no?*
15. *How do you feel about this source conveying a message about HIV/AIDS? Probe for sources that would be effective in conveying messages about HIV/AIDS.*
16. *Would this source be effective in making you want to change behaviour? Why yes/no? Probe for effective sources.*

Annexure 6

Informed Consent

Informed Consent for Participation in Focus Groups

To be administered verbally

Hello, my name is Natasha Naidoo. I am a student at the University of KZN and am currently doing my Masters in Public Health. Part requirement for a Masters in Public health is a mini dissertation. My topic of research is 'Understanding first year university students' perception of poster and television health communication messages on HIV/AIDS'.

I am asking you to be part of this research which will be used to inform future HIV/AIDS campaigns on campus. Today we are going to have a discussion or focus group on what you think about the following posters (or advertisements). The information you share with me will help to improve HIV/AIDS campaigns on this campus and possibly others.

Cost

There is no risk or cost to you if you participate in this focus group. We only need for you to spend a little time discussing a few questions around these posters (or advertisements).

Benefits

The benefit of being in this project is that you will be helping us to determine how best to communicate with students about HIV/AIDS.

Confidentiality

All the information you share with me today will be kept confidential. Your names will not be referred to in the study. Your name will never be in any papers or speeches about this study. It is also important for all of you to keep confidential what you hear during the focus group from your colleagues.

Voluntary Participation

Participation in this focus group is voluntary and if at any time during the focus group you feel you want to withdraw, it is your right to do so and you will not be treated differently if you do.

As you can also see, I have a Dictaphone and will appreciate it if I can tape this focus group. The reason for this is that I do not want to miss out on anything you have to say, so it is easier for me to tape the focus group than to take down notes. Do any of you object to the Dictaphone? (If any objections the session will not be taped).

Are there any questions before we begin?

Okay, thank you for agreeing to be part of this focus group!

Signature of participant

Date

(Each participant was given a copy of the informed consent)

Annexure 7

Focus Group Transcriptions

++++
+++ ON-LINE DOCUMENT: First focus group
first year female students who are all high risk
tombstone
gun -rr
trust nobody
++++
[First focus group : 1 - 286]

F: What comes to mind, when I say HIV/AIDS? What do your'll think about?

G: Sex, children dying of AIDS. uncurrable disease, there is also unsafe sex.

F: Right.

G: Uncurrable disease.

F: Okay.

G: There is also unsafe sex.

F: Okay, so you believe that the result of unsafe sex leads to death.

G: Yes.

F: Do you think that your'll can get HIV/AIDS?

G: Yes, No I don't think I can get it.

F: Okay so you don't think that you can get HIV/AIDS, could you explain please?

G: I'm playing it safe,

Sure, but you can get AIDS even if you playing it safe, you can get AIDS if you get raped.

But it's a 0.1% chance that I could get AIDS.

F: Okay you are saying that you can't get AIDS if you practice safe sex, and you are saying that it can happen anyway if you get raped.

G: Ya or car accident and blood transfusion.

F: Okay, so have you seen those posters (point) on campus?

G: No we haven't seen it.

F: Have you seen any posters on campus?

G: Yes we've seen some posters but not these ones.

F: Which ones have you seen?

G: The ones with the condom, the one that says put one on.

F: Where were these posters?

G: In the cafeteria.

F: Okay then can we just have a look at these posters for a moment.

Okay , if you were walking on campus and you saw these posters would you stop and look at it?

G: No.

F: Why not?

G: They are everywhere, everywhere ja, we all know about it, AIDS posters are everywhere we just walk pass.

F: □ Lets take this poster (1) does it attract your attention?

G: □ No, No No.

F: □ Why?

G: □ Because we are tired of hearing about AIDS.

F: □ Does the message attract your attention?

G: □ No, it does not attract me, like I said when you say the AIDS, we just walk away, we heard so much about it.

F: □ So do posters appeal to you?

G: □ There are posters that appeal to us, but not the AIDS ones, no matter how appealing it looks, but not AIDS posters, but sometimes it depends on who is on the poster, there is another AIDS poster with Rinaldo, I once stopped and looked at it.

□ With Rinaldo, not with AIDS.

F: □ So you are saying that it depends on who the source on the poster is, who is conveying the message. So you don't think that these posters are a good way of getting peoples' attention wrt AIDS?

G: □ People are ignorant, they are ignoring the posters, they can't stop and read they don't have time, unless you stop them but you can't or organise a meeting or something and just tell them about ADIS, like the workshop. Posters are a good way but they have to make them more appealing.

Ja more appealing.

F: □ Okay for example how would we make them more appealing?

G: □ Put more celebrities on them.

F: □ Okay, what other ways beside celebrities could we make them more appealing, for example you think if the poster was neon it will gain more attention?

G: □ How, but AIDS, we know about AIDS so I think it's quite disagreeing looking at posters, but you know that AIDS kills and still people are not using condoms.

F: □ So how do you think we can get the message across?

G: □ As far as I know almost everything has been done to get the message across, it's just that people won't get the message, it's not that people don't know, they know they just won't do anything. And I think that teaching the young generation might help but with us there is no chance.

F: □ Is the message on the posters easy to understand?

G: □ The first poster is too deep, it's too, you need to stop and think about it, the other is light, it says hey AIDS is a death wish. The first one you have to understand why these people don't have heads, and the 1,2,3 or 4 I don't know what, I don't understand what it means. If you stop to look at it you can understand it, it's got a deeper message, it is not very clear, you have to think about it, it's hard to understand.

F: □ What kind of emotion do you feel when you see these posters?

G: □ Nothing.

□ Scary.

F: □ Why do you feel scared?

G: □ Hai, because maybe I have HIV positive, I don't know, so I don't know

if I will come back tomorrow, so if I look at that those ay I just get fright.

F: Why don't you get afraid?

G: I just look at it and ignore it.

It's ignorance.

F: wrt posters, and if we are trying to get a message across, is a poster a good way?

G: Not at all, there's HIV/AIDS.

No but sometimes it does, because last week there was a bash, and we read the poster, and you heard that there was going to be a bash or something, then you go and take it. The problem is just that these posters are only about AIDS, it's not that they don't help sometimes they help it all depends on the matter on it.

F: So you saying that you will read the poster if it says AIDS, but only if it's going to be a

□ Bash that you are going to.

G: Ja , Ja a poster will help but we need other things as well to make us read it, like this

□ Bash.

F: So the message that AIDS is violent, that it is a death wish, do you think it should be sent in another way?

G: I don't think we have to scare people here, because the minute people are scared it doesn't mean that they are gonna stay away from unsafe sex or something, it means they just gonna not talk about it, they give it to themselves and not talk about it.

F: So you don't think that we should make people afraid and expect them to use condoms?

G: I just think that we must just let them die, because it is their problem they don't want to use the condom. No matter how you try to warn them about this disease no, I mean they have spent a lot of money to make people aware of this.

F: Don't you think you need to help people?

G: But people know that they are suppose to use a condom but they don't prefer a condom they prefer not to use anything.

F: Okay so if we are not going to get the message across using a condom, how else can we?

G: If you are gonna say every time you use a condom we are gonna pay you.

□ Ja Ja,

□ No it won't work I mean where will the money come from?

□ Like if you use a condo you will get 1000 rand, but how sure are we that people will use it, there is no way of knowing if they did use the condom or not that's the problem.

F: My next question has to do with what you said, okay, how do the people conveying the message make a difference, like if our president was conveying the message would you stop and read, and try to understand it?

G: The thing is they need to use like singers, and young people like us. If we see the president we are not interested.

F: Do you'll agree or disagree with this message?

G: We agree with the message cause we know that AIDS kills.

We know that we are going to die, I mean you know that AIDS kills but still people are just ignorant, they don't believe that they are dying.

They know because many people are dying of AIDS.

You see sometimes you just don't think it will happen to you, you see.

Ja you just don't think it will happen to you, you just don't think anyone can get it er er I just won't get it.

F: Why do you feel like that?

G: Because if you still look okay, if you don't see, you just think ay I'm not gonna get it, if I don't have it already er er then there's no way I can Have it.

F: Then how does this message make you feel, how do you feel about it?

G: To me it's just paper until somebody important is on it.

But what if that somebody himself has AIDS, how is that gonna help you?

At least he's getting the message across, like the singer, there's a singer with AIDS, Ringo, he's got AIDS and he's getting the message across.

But do people listen to him?

I think they do because he came to the fore and said he had AIDS.

I thought maybe he's getting paid for that.

This is what I mean by denial, they are denying that Ringo has AIDS.

Oh no he's getting paid for that.

F: Okay so you said that you agreed with the message but what is wrong?

G: It is the way it is put to the public, it does not attract us, especially the second poster (gun), it looks like a bioscope or wheel or something, hai it doesn't attract me.

F: Oh you don't know what it is. It is a gun, with a bullet in the chamber.

G: Ohhhhhh,

You see if I had time to look at it I never knew it was a gun with a bullet in it.

Then how will you understand it.

F: Okay have you heard of russian roulette, its when you put a single bullet in the chamber and spin it and shoot, and maybe you will die, and that is the same thing they are trying to say about AIDS, you never know who has it, it could be the first or the last person you sleep with.

G: Ohhhhh okay, okay.

F: So if you saw this poster on campus you will just walk pass?

G: Ja, it took us like 10 minutes just to realise what that poster was saying.

F: So the posters are not easily understood, but you agree with the message, okay why do you agree, why do you agree that it is a good message ?

G: There is no reason to doubt it because we are told much about it, and we have seen so many people dying of this disease.

F: So what do you think is another way, another medium that we can get this message across?

G: Personally I see no other way except the posters but, they have to basically make it more clearer, we still want the posters but more clearer, like the posters on campus, when you are on campus you don't have time to stop and read every poster.

And there's a lot of them out there.

So if the poster was just straight to the point, 'AIDS kills' nothing more, maybe that ja a celebrity on it an just that AIDS kills nothing more.

The bash sometimes helps, all the celebrities they came and talk about these things, ja I think it will help as well, they have to have something to make us want to come.

F: Who are the people you hang out with?

G: (people in the group, no students older).

F: So what will your friends think of these posters?

G: My friends won't even look at it because they've heard it all, there it no need to look at a poster when you've heard it all, they know about AIDS they know it kills, it's just up to them now.

F: Would they agree or disagree with the message?

G: They would agree.

I think they will agree, but they won't do anything about it.

F: Why won't they do anything?

G: No like we say there's ignorance.

F: How do you think we can break through this ignorance, what is wrong with the posters?

G: It is just a reminder that AIDS is there, it's not that we don't know.

F: Does where the poster is stuck make a difference?

G: It does make a difference, like the poster must be in the quad where everyone can see it, not like in a corner or in L Block, we won't see it.

F: So what other ways can we overcome this ignorance?

G: An advert, because in the poster if you don't want to follow it you don't have to. In the advert the picture will follow you, and in the advert even if you don't want to listen you will hear because you can't close your ears and your eyes. In the advert you can see and hear.

F: Do you think your friends will have the same opinion as you wrt who's sending the message in the poster?

G: I think they do, they will want to see a celebrity or they won't look.

F: Okay so after seeing the poster do you think you will have the confidence to use a condom, or I'm going to have one partner or I'm going to abstain?

G: Yes we want to live long. But sometimes they say just this once because they were not prepared. It's a situation like if they were going to have sex they were not prepared to have sex that day and then it comes with all of a sudden they have to do sex and then there is no time for

wearing condom, but in the person's mind there is an idea to use the condom but just for today, she knows and says just this once I'm not using condoms, and maybe that once is the death day.

□ And some narrow-minded people say condoms are not romantic or something, that I don't understand because we just being protected against AIDS.

F:□ Say the person you are talking about, sees this poster during the day, will it make a difference to how she acts that night?

G:□ Yes it will make a difference to that lady because these posters are scary, she will have a conscience and say ay I will have to use a condom, for today, but tomorrow she will not be so scared.

F:□ What other ways of sending message do you think will give students the confidence to use a condom or have one partner or abstain?

G:□ You go to the hospital and get someone who is sick to come and talk about AIDS. That's the message if someone from there comes to talk, to show if you don't want this to happen to you you must use a condom.

F:□ That is an effective way.

G:□ No student will pay attention to someone if they are healthy.

□ Ja ja.

□ If you are coming and say ay I have AIDS, hai it's shocking.

F:□ Do you think that guys have confidence to use a condom, you think they know how to?

G:□ They know how to use it, they just don't want to.

F:□ Maybe they don't want to use it because they don't have the confidence.

G:□ Some just think I don't have AIDS so why use a condom, they just put trust as the main thing in a relationship.

□ Ja ja.

□ We trust each other then because of that trust we think we don't have AIDS.

□ But I don't think about their health because if we never go for a check up, we don't know maybe we have AIDS so why you waist money, have sex with one person, or some guys say ah we'll just not use that thing, if we are going out for a long time, so I trust him, lets do it.

F:□ So this poster that says trust nobody, how do you feel about it?

G:□ Ay, how can you not trust your husband, how can you say ay use condom.

F:□ What other ways can we use to get the message across?

G:□ Maybe legislation, force people to use condoms.

□ But how would you know if this person uses a condom or not?

□ I think we must use those patients, because in the 300s module they once brought a person who was infected with the disease, who was very sick.

F:□ And how did you feel?

G:□ Ay very scared, and I think in our class no one still practised unsafe sex, the way that person was. I felt very nervous, and but that person told us that she was from the rural areas where they are not taught about those things, they only think when you've got AIDS, like you were, all those things of witchdoctors, it's not like something which happens.

□ So you felt scared and used the condom.

Q: I'm only prepared to stay away from sex.

F: And the rest of the class, how did they feel?

G: They were very nervous, they talked about that story until we finished that course.

Q: That course made a difference in peoples lives.

F: Of these posters which one would you prefer?

G: The third one, third one.

F: Why the third one?

G: It's straight forward, it's a death wish, you won't be ignorant to read it or think about it. If you not reading the words you can tell what it is about. People are lazy to read, so by just looking at the picture you can tell, it's brief.

F: Will it attract your attention?

G: Yes, the tombstone, you can just see it and get scared. The other posters have too much a heavy message, it's too creative. They are not easily understood.

F: Thank you for being part of the discussion.

+++++ ON-LINE DOCUMENT: Second Focus Group
First year male students who are all high risk individuals.
Trust Nobody Poster (1)
Gun Russian Roullette Poster (2)
Tombstone Poster (3)
+++++
[Second Focus Group : 1 - 492]

F: What do you'll think about if I say HIV/AIDS, what comes to mind?

G: It is a disease that kills

I think about HIV leads to AIDS, it goes hand in hand

A disease that cannot be cured

A disease that kills but it can be cured

F: Do you think you'll can get HIV/AIDS?

G: Yes it is possible, you can't run away from it

But you can protect yourself from it

You can try to protect yourself from it

F: So how can you protect yourself from it?

G: By using condom and abstaining from sex

But for how long are you gonna abstain, for how long are you gonna protect yourself, for the rest of your life

No maybe until you are going to find a person and you are gonna take her to the clinic and have some tests

But that's not 100%

What if, what if, we have to look on both scenarios, what if the one you take is HIV positive

No we are going for the test, and if I find she is negative then we do it

F: That's very interesting. So how many of you are sexually active?

G: All of us

F: And then do you always use condoms?

G: Ja Ja, we always use condoms

Hai hai you lie

Not always

I once use without, but now I'm using it

F: So okay, have you'll seen any of these posters on campus?

G: No, except when you showed us this one (2) in class

F: If you had to be walking on campus and you see one of these posters will it attract your attention?

G: Of course, especially that one (2)

F: Okay Why?

G: There are different kinds of people, like look at that 'trust nobody'

For me I think it is the second one, if I look at the second picture I

can see eh a bullet and, it shows that AIDS is a killer, it's a number one killer especially in KZN

F:□ Are but this one (2) doesn't appeal to me

F:□ Why?

G:□ Hai it just does not appeal to me, but this one (1) and this one (3) appeals to me, like I don't really understand this one (2), it looks like a movie.

F:□ Okay, so to get this message across, do you think posters are a good way?

G:□ Ya I think that's the best way to make others to make everybody to be aware that AIDS is a killer in KZN and everywhere.

F:□ What about the posters grab your attention?

G:□ If it's having different colours

□ Ja different colours JA, and it's big

□ Like this one (3), this one, I like it

F:□ You like it, why?

G:□ It's written in a different way, ja this colour can clearly attract you, can attract you easily, the message is clear, it is short

□ It is simple

F:□ Simple, how?

G:□ It is simple just because you can realise that no AIDS is death.

F:□ Other ways that would attract your attention besides posters?

G:□ Like workshops, adverts, television

F:□ Would it make a difference to you who's on the poster, who is giving you the message?

G:□ Sometimes

F:□ Okay, like who would you stop to look at?

G:□ Someone who is HIV positive, or a celebrity

F:□ Which celebrities?

G:□ Especially like Romeo, you know Romeo, the musician

Ja Ja

F:□ Do you understand the message being sent in these posters?

G:□ Ja

□ Not the middle one

F:□ Okay what do you understand about the first one?

G:□ Really trust know one, there are different kinds of people

□ The poster is somehow biased, the are only men

F:□ Okay but you are able to understand it.

G:□ Ja, the poster is saying, the faces are missing so it suppose to say that you cannot see someone who is HIV positive, you never know who it could be, so you have to trust nobody

□ If they read the message they will understand it, but sometimes it will be difficult for them to understand, maybe they didn't get more education about AIDS and everything like that, HIV, that's why people won't understand

□ Ja and we need these posters and because you know a student who's studying at rural areas, they don't know anything about AIDS, I didn't know anything about AIDS until I come here

□ That's where the problem lies, especially those places like farmers, they insist on that AIDS is not there

□ Because they are not taught about AIDS

□ That's why people are dying now because they are not protected, they do not get enough education, what they believe is that when you must fall involve, sex follows after that and then it's a curriculum for love

□ And they think that they can cure AIDS through witchdoctors, because they write big posters that say that if you have HIV come here we gonna help you, you know those things especially in Durban Station.

F: □ So, do you think it is easy to understand a message on a poster

G: □ Ja if you are educated, it is easy to understand it.

F: □ Can you think of any other ways that a message would be easy to understand?

G: □ Posters are stuck in one place, so if you put it in transit, maybe it would be understood

F: □ Okay what do mean by transit?

G: □ Like by putting posters on the buses, outside, ja and students can see it when they take the bus and when it goes past.

F: □ Okay, that's a good point, okay, when you look at these posters, do you agree or disagree with the message on them?

G: □ Ja, I agree

□ This one I don't agree with (2), because I don't like it, it doesn't appeal to me?

F: □ Okay why doesn't it appeal to you?

G: □ I think it suppose to be like a movie or something like that, it is not easily understandable

□ What I think that poster, it does make sense, because AIDS is violent, especially the student, people our age they are, they does understand AIDS, and they must take care of it, and it's violent because it is the most killer especially in the young peoples like us, and the high % on teenagers

□ I think they know about AIDS but they don't understand what is AIDS because if they do, I think everyone would be using a condom, I think they don't understand but they do know that there is a virus called HIV

□ I think some of them are saying AIDS is out there but I won't get it

□ But I don't understand this, we all know that AIDS kills, like we all know the consequences of having unprotected sex but there is a stage that we don't care, most of us just ignore it, we are well aware of it

F: □ What stage is that?

G: □ No like I mean at times you don't care whether you get it or you don't get it

F: At what times?

G: I mean times like you see this lady, I love this lady, I don't care whether is positive or negative but I have to do it the way I please

F: Why do you have to do it?

G: Maybe you love her too much.

F: Do your friends, like peer pressure have anything to do with it?

G: Not that much, ay some boys have that attitude of staying ish that girl is beautiful, if I can get her I don't think that I will use a condom, no matter she can kill him, no it doesn't matter

Ja Ja that's real, maybe if you get like a girl that you really love, even if I get HIV positive I don't care , as long as I get that/her, we are well aware of it, but it's something , in situations we can't do anything, like use a condom

F: Okay but taking what you said into account, when you see these posters, how do you feel?

G: Scared

F: Why scared?

G: Because I can realise no AIDS, it's a killer, no

Me not that much, you know everyone can get it, at the age of 50 60, you can get it

F: But will these posters make a difference, if you read it?

G: AT this stage like, not much difference because I well understand it

F: For you, what will make a difference, if the posters don't make a difference?

G: Maybe if I can go to test and see I'm negative, ja

Others they don't like going there because they are afraid, to find out if I am positive

No one likes to go there (test)

Me neither, I don't want to go for the test

F: So you are saying that you rather not know

G: Ja. I'm quite comfortable

Ja because life won't be enjoyable if you know that you gonna die

Ja like in TV's and radios every second, AIDS AIDS, that will be killing much more

These poster remind them about AIDS

Ja they will realise that no I am going to die

F: wrt people's attitudes, do you think posters are a good way to get the message across

G: Ja I think that they are a good way to pass the message to them, because they are going to be aware, if you can realise that the poster on that side (3), eh it's as if it is written in blood, it's what makes everybody scared, if I come into contact with somebody ish, then everything will be dead, it will go according to the graveyard

Ja I like this poster (3), I wish I can have it

F: How do you'll feel about radio or TV trying to get the message across?

G: Ja , Ja I think it is good to us who don't know if we are HIV positive, because that it notifies us that we shouldn't do this and that, do this and this, use a condom, protect yourself, but I don't know how does it feel to those who are HIV positive

□ For me I don't think that televisions and radios are, they don't teach us anything about AIDS you know because the adverts just show maybe it's just 30 seconds or one minute, you know they just tell us they don't teach you know, if we have a programme, maybe for 30 minutes to talk about AIDS, I think people can learn much about AIDS

□ Sometimes they do

□ When they do maybe I'm not watching TV

□ No adverts they don't teach they tell us there's HIV there's HIV, and if you are telling me that there's HIV I won't understand unless you teach me you know, I can understand it

F: For example the trust advert, have you seen it

G: No the lovers plus ad

□ No I didn't understand it, it was an advert for you know the people in the club, you know what happen in the club, they take ladies you know

□ But some of these adverts, like that metro advert, that one is appealing to me

F: What advert?

G: □ About this guy sitting on the bed and speaking of all the girls his been with, he's speaking like a serial killer

F: So do you'll think that messages that scare you get to you

G: Ja like that one (metro)

□ But lovers plus, no I don't think they talk about AIDS, they advertise lovers plus, it's for money

F: Compare these scary posters to a normal poster, which one will appeal to you?

G: The scary one, because if you see something that scares you, ish you feel small ay, you think about it, why, they normal one is okay, this thing is normal, it's going according to plan, it's always right, that's what I think

F: Okay, what would your friends think about these posters?

G: Ish, I don't think anyone can pay attention to these posters, they will just look at it, you know read it, but no they don't understand anything, they just read don't memorise or read and just go

F: So you are saying that it will grab their attention but they won't understand it

G: □ they won't understand, they won't even memorise you know, like if you ask them 5 minute later what did that poster say, they won't tell you what it said, where we are ignorant

F: How will they feel when they see these posters?

G: Maybe they will come maybe if it is hang out, any person they just read AIDS is a violent, no then they pass or they will just touch and say AIDS is a violence then they pass, maybe you talk about AIDS you know then some disagree and say say hai there's nothing like that AIDS, it will be like that it will be the end of the subject, they don't take notice, but some they read, not all

F: You were saying something

G: Ja, my friends they would want to read, they would want to find out what happened to the heads

F: So the poster will attract their attention, but wrt how they feel about it

G: Ja as he said they will be ignorant about because nobody doesn't know about it, AIDS is all over

This one (3) they can't ignore it, like if I'm going with this guy and I'm saying I don't use condoms, like this will be a warning, ja this will be a warning that you have to stop doing sex without a condom

F: Okay so if you are planning to have sex tonight and you see this poster, how would you feel?

G: I will stop

I will stop

F: Oh you won't have sex

G: Maybe we will have to use condom, can't stop

I'll stop because as we say condom it not 100% safe sex

Ja but my question is still the same, like you'll be abstaining in that way

Ja, Ja

Until when? You can't abstain for the rest of your life

F: Say you promised this girl sex, how would the poster make a difference?

G: If we see this poster (3), we would want to play it safe

F: What do you mean by playing it safe?

G: Use a condom only

F: What about having only one girlfriend?

G: You can't trust her, you know why, it's the biggest mistake you will ever do to trust again

Ja Ja

As this poster is saying trust nobody, you can't trust her, just because she will sleep with me today, maybe tomorrow it's another guy, or something like that and I don't know where I'm going to get HIV/AIDS

Oh so you sleep around

No, I don't mean that

Because I cannot trust one girlfriend

Ja you cannot trust one girlfriend especially we guys eh let me take for instance you trust somebody like a girlfriend and then they sleep around with other guys and then she won't tell you that she was sleeping around then you really trust her and you come eh play sex and have sex with her without using any protection

You need to ask her have you been giving sex

No she'll lie

No she won't lie, you see when she's lying

How will you see it? No you can't

You lie to her and say I'm gonna hear it

She will lie that's the real fact

F: So can't you just choose one girlfriend and have an agreement with her to be faithful to each other

G: Ja but sometimes you can't realise easily, that she is doing something wrong on the other side, maybe if you playing sex somehow and you are going to be scared, unsafe, and that's where the problem lies, and maybe you are going to realise later after a week no this one wasn't concentrating on me or something like that ja

So you want to have 2 or more girlfriends

No

Obvious we have to have more than one girlfriend

F: Why is it obvious?

G: You can't choose the best one from one, you have to choose the best one from like few or many

F: So if you have few or many girlfriends do you use condoms with all of them

G: Ja (laughing)

No

F: Then how will you know which one is safe?

G: Somehow someway you have to find out about her background

What if she lies about her background?

What if you know

How will you know, you are not staying with her 24 hours a day

In that case then I won't know

You don't know what she's doing now as you are sitting here

So it's the same even if she was one you can't trust her

But guys to eliminate AIDS I think you suppose to have only one sleeping partner

Which is 99% impossible

What if you choose the one who has AIDS

The best thing to do is always use a condom

F: So do you think these posters will give you the confidence to use a condom or to have one girlfriend?

G: JA to use a condom, ja

F: What other ways besides these poster will give students the confidence to use a condom?

G: Maybe movies about AIDS, during college lectures

I think they are providing these movies on campus

No but they are putting these small posters and we can't see, you know you see the poster maybe 2 days after, or like me I was interested to go and watch that AIDS film but I saw it 2 or 3 days later, I think they need to put big posters so that you'd see

F:□ Speaking about that, how was the 300s module?

G:□ Ja it helps, makes everyone especially students in class to be aware that this is the right thing and this is the wrong thing

□ No to me I don't think so, it seems to me that these AIDS awareness are concentrating on those who have like awareness, like everyone here on this campus is well aware of AIDS

□ Not everyone is aware of AIDS

□ Are you aware, and you , and you , and you, and also you

□ What about people coming from rural area's who don't know anything about AIDS

F:□ You said that you were not aware, so when you did come to campus what made you aware?

G:□ You know posters and I heard some people talking about AIDS and I ask questions, even in UDW 300s I asked questions about AIDS

□ No those are silly questions

□ No they are not silly

□ No this guy is well aware

F:□ Tell me about the posters you saw

G:□ No posters in Durban in town, like that one with the red telephone

□ You know about Nkosi Johnson, he made me realise that AIDS kills

F:□ How?

G:□ Because you know Nkosi Johnson was the first person I saw dying from AIDS

F:□ Okay the last group I had they said that this lady came in to talk to them, who was really sick because of AIDS, and they said it was very scary, to realise it to actually see someone dying of AIDS, what do you'll think of that

G:□ Ja if they can also put posters like that ja

□ Ja, those posters are scary, you know I saw people who are suffering from AIDS and I said if I can realise that I am having AIDS I cannot wait until I come to that age I can shorten my life

F:□ But you know if you have HIV you can still life a 'normal' life

G:□ But you won't enjoy your life, no you can't, because HIV is the positive step, to AIDS is it not like that?

□ If you are HIV positive, you know where you are going, you going to die

And most of the people they just discriminate against you, like you won't get insurance you know

Ja, if I can know I'm HIV positive, I can't tell anyone

And them when you wake up you just hear about that AIDS everyday

AIDS, AIDS everyday

That gun it's gonna kill you

Ja these things can really drown you if you are HIV positive

F: Okay so you are saying, that for people who are HIV positive these posters are negative

for them

G: Ja I really think so

F: So then other posters might be more appealing

G: Ja like the one that says my friend with AIDS is still my friend

Ja I really love it

I've got that poster in my room

Like if they can be posters that are saying if you are HIV positive go to the clinic and go and get some treatment or psychologist

F: Okay but for those of us who are negative

G: Ja these posters do apply. Look at that one, do you have a death wish, ish

This one is very scary

Ja

F: Back to the issue of putting people who are dying from AIDS on posters to make you want to use condoms or have one partner, to prevent you from getting AIDS, how do you'll feel about that

G: Ja it's good, because we see a person and realise that one day I'm going to be like this,

If I carry on like this,

Maybe we can take the posters of people who have AIDS who are in the hospital bed not the ones who are living with HIV who's just like me

F: Why not like you?

G: because the people might just see me someone healthy in the poster and read about AIDS and say no and not believe it, but if they see someone who is really sick they will realise that one day you know they'll be sick like this

I once saw one poster with these guys having HIV, and ay how that one really made an impact on my life, ay he looks health, his feet his body and everything but he was HIV positive, ay I couldn't believe it

F: So you are saying that even if people look health, if they say I got HIV, it will make an impact?

G: Ja even health people

F: What kind of impact?

G: Ay you want to use the condom

I don't think that people who look health make us aware of AIDS, like Magic Johnson was having HIV and later they say that, they were advertising about him but later they say that Magic Johnson doesn't have AIDS

F: Okay if people look healthy then you won't take the poster seriously

G: Ja, we won't take it seriously

We will think no he's getting money out of it or something like that, he want to famous

If you can see the poster of Magic Johnson you will see that Magic Johnson doesn't have AIDS, and in the end it comes out that Magic Johnson doesn't have AIDS, we won't believe it, we need posters of people who are in hospital beds

F: So if someone is coming to talk to you as well about AIDS, will you listen to someone who looks healthy or is sick?

G: Someone who is sick

They one I will listen to attentively is the one who is sick. Because if this person comes to me (guy next to him) and say I'm HIV positive I will think that he is joking, but if someone is really sick we can see it, this is serious

We can feel something

Ja, we can feel something

We can sympathise with him/her

But I think the posters we need are the ones that shows us or tells us if you HIV positive go to the clinic or something so you can care for yourself

F: So you are saying that you want posters that scare you and prevent you from getting HIV/AIDS, and if you have it, it can help you as well

G: Ja they will encourage you to get help

I don't think there should be posters for you if you already got HIV I don't think you can live you have to end it, you can't go to the psychologist, because they won't change anything because you are going to die

F: Is it not important how you feel about yourself even if you have HIV?

G: no you can go to the psychologist but maybe when you come out maybe you will see a poster or maybe you will hear the radio, or see an advert on television

And you will be sad

F: So we need to make posters for those who have AIDS and those who don't. So do you think that these posters can change whether you are going to use a condom or just have one girlfriend?

G: No they won't change that you have one girlfriend

But they will change me to use a condom, I will have to insist, your girlfriend doesn't have to insist

F: Lets talk about exposure to posters, where do you'll think the posters should be?

G: Around the campus, the quad, the cafeteria, lecture theatres and res

Each and every room

Ja each and every room should have these, each and every corridor

We need to put as many posters as we can, ja this guy is right we need to put in each and ever room, because that's where it gets spread

That's why I am having that poster my friend with AIDS is still my friend, in my room

I love it

F: Who should be on the posters, sending the messages?

G: Some celebrities

□ Romeo Kumalo

□ Mandoza

F: Who won't gain your attention?

G: We have to put those celebrities who are the best and those who are well respected, and those who have respect for themselves, like you can't take Brenda and put her on the poster

□ We need celebrities like Yvone Chakka Chakka

F: How do you'll feel about HIV/AIDS messages being everywhere?

G: It's good

F: Do you think it will gain your attention more if there is a bash involved

G: In the bash maybe when you buy a drink you can give a condom

F: The poster that is advertising the bash if it has messages about AIDS all over it will you pay attention?

G: Ja, because when we read about bash we also read about AIDS

□ Like they can say that there is a bash and don't forget your condoms

□ After the bash things happen after the bash don't forget, go pas the gate and take one

□ Ja because most of the students get AIDS like that

Ja especially bash just because they get drunk, and sometimes they don't even have condoms in their rooms

□ We come to the bash with aim of buying drinks to the girls, when they are drunk you say I'm gonna take them to our rooms

□ Or have it right there

F: So which ones do you like best of these posters?

G: The last one

□ I just want to understand this one, with one bullet and seven holes

F: It's the revolver with all but one chamber empty, so you spin the barrel and you never know if you are going to get shot, it could be the first person you sleep with who has HIV or the last, it's a chance you take

G: I don't like it

F: So why do you'll like this one (3)?

G: The message is clear, the picture is clear

□ It's clear because we see the grave

F: So what does the grave say to you?

G: If I don't use condom I'll be lying there

□ It's the same as this one, this one I think it says if you are not using condoms you are playing games with your life (2)

□ This one is good (1) but at some point I need someone I can trust,

that's why I don't like it, I am looking for the one I can trust, so that one doesn't appeal to me that much, but for the time being while I'm looking fir the one, I should use condoms (3)

□ That poster if you don't know any thing about russian roulette you won't understand it.

□ So that one should be everywhere (3)

That one is also good (1), because people have been known to say that I trust that girl, we have been together for a long time

F:□ So the third one is most appealing and the first on is okay

G:□ However it is also important to have AIDS awareness on the poster, like the third one, if there was no AIDS awareness at the bottom it would look like an advert for a movie or something

□ But this is the one we need to see on campus, could maybe add a coffin

F:□ Okay, thank you.

+++++ ON-LINE DOCUMENT: Third Focus Group
First year female students who are all low risk individuals.
Heroes Poster (1)
Reaching Out Poster (2)
+++++ [Third Focus Group : 1 - 456]

F: If I had to say HIV/AIDS, what comes to mind?

G: Condoms

F: Why condoms?

G: Because that's the only prevention

If you want to do it, put it on

F: Do your'll think your'll can get HIV/AIDS?

G: Ja, ja, ja

F: How many of you are sexually active?

G: No, no, no

F: If your'll were would your'll use condoms?

G: Yes, if it affects my health then it's obvious, then you take a stand and say it's my future

Plus condoms will help in pregnancy prevention as well

F: Have you seen these posters on campus

G: Yes I've seen the first one

Yes the first one

F: So if you were walking on campus would you stop and look at these?

G: Ya you know the colours

And when you see heroes you want to know what it's all about, but other one I can even

Pass it

F: So you like the colours in this one

G: Ja, the colours and the words, just like they say heroes not victims, people living positive with AIDS

F: So why does heroes attract you?

G: Since we've got heroes of our own ways of our own, like I can say like role-models, heroes are like role-models, so you want to see what actually is this about, maybe it's about my hero and then you get attracted and then you get the information

F: Do your'll think posters are a good way to attract your attention?

G: Ja, but they should be funky, the colours should be bright

When they are dark like that you just pass, but if they are so attractive you think maybe it's a bash, you want to see

Most people love nasty things, when something looks nasty in a way, even if it explains something serious, it gives this image of being nasty

F: What do you mean by nasty?

G: □ Like funky, people love those funky images, like you want to fit in, you want to have that information of whatever happens, so maybe when you see this they think oh maybe it's a bash or maybe they are advertising something, and then you know the colours, they attract you

F: □ So if a poster is advertising a bash, you definitely be interested

G: □ oooh, yes

F: □ So if we want to get AIDS messages across we can put it on a bash poster

G: □ Ja, or maybe you can talk to those people who do the posters for bash because they know how to put the colours everything, the right words to make everybody pay attention

□ Like the fresher's ball ne one thing they can do if they put that fresher's ball posters, at the end or at the beginning, they can say something about AIDS because one way or the other you will want to read the whole thing

□ The other poster is like reaching out because no one is untouched by AIDS, the message it doesn't really attract you, the first words reaching out, cause that is the first thing you'll look at, like even the images, it's like quiet and it's like someone is dead or something

□ You'll just see that and then you'll say no thanks and just walk pass

□ But then when the poster is alive even that person who has to read it will have that interest of wanting to read more about it

□ Actually I can say this poster is like (2) saying when you have AIDS you'll die

And nowadays we have to think differently because we have to accept that we have AIDS ne but we can live with the disease you see, so posters like these (1) they are more attractive and you see these people are healthy, this one is saying to us, see the years there, you can live with AIDS for longer than you thought and still be healthy, and then that one says (2) AIDS, you die, so that not suppose to be like that

F: □ Does it matter which people are on the posters

G: □ Ja it does

F: □ Who would you prefer to be on the posters?

G: □ I prefer everyone like who's blacks, Indians, whites, colours, everything

□ You know like when we all are united we can conquer anything

□ People on the posters must be healthy to show that you can live positively with AIDS

□ Not like the sick people who are thin and everything you get scared and you don't loo

□ And they don't have to show all these people with the make-up, no they just have to show normal people, most of the posters they use models you see, we just need normal people

F: □ What about celebrities?

G: □ No, I don't think celebrities have any effect especially the continual presenters because at the end of the day we read things about them in the books, they'll tell you oh this one is involved with this on and this on is involved with this one, and then you just think are they practising safe sex, what message are they giving to us you see things like that

□ It's like there was this story about this girl in Yizo Yizo who fell pregnant and she couldn't play her part in the second season and then

people were writing article saying that she always played a role of being a good person, she's decent but right now she has a child at the age of 22 which message was she spreading all along because she always says use a condom but she doesn't use a condom, then she said I'm old enough to have a baby, then from that day they said she shouldn't practise like she shouldn't do all these sex things, because when you say something you must practise what you preach

□ I can say like this month this celebrity is going out with Joe ne this month, next month another story comes us, she is no longer with Joe she's with Glen Louis, actually they say you should have one sexual partner, so what's happening to all those men she's changing but she's a celebrity

□ Even the way they live outside the limelight should be positive

F: □ Do your'll understand the messages in these two posters?

G: □ The first one I do, it says heroes, heroes ne, they are not victims of AIDS, because they accepted that they are HIV positive, and you can see that they are eating healthy foods they are taking care of themselves you know, and even the support they got like Warren the first one who got HIV positive, his friends stuck with him

□ And he still is healthy

F: □ So what about the message attracts you?

G: □ It's clear and brief, like brief and to the point, they just said what they had to say in a very good way

□ Like they are saying men living openly with HIV/AIDS, because they have accepted it, and that's the biggest struggle

F: □ What about the size of the poster

G: □ It's good, they are like bash posters, big

F: □ So any other way that will attract your attention and make you understand the message besides posters

G: □ You know like if we can get youth to participate in HIV dramas and I think what we can do at varsity, we got reses ne, like involve these reses they can participate and have competitions like who comes out with the best thought of HIV/AIDS, we'll all be interested, we will want to see which res is going to win, who will be the best actress, who's going to act there at the end of the day, we'll get the message from

F: □ How about TV radio

G: □ You know nowadays when they talk about AIDS in the TV, oh we know that and we change it

□ They should find like a new interesting way to spread the message, like now there's too much English and most people don't understand English

□ Like posters are good but they need to be put all over, like I stay at DH, and like there's no posters on HIV/AIDS, only posters for the bash

F: □ So where else can we put posters?

G: □ Maybe on the corridors

□ You know like we've got doors and I just put my posters, and even if they steel it I know like they got the message, and this is interesting that's why they steel it

F: □ How does the poster make you feel?

G: □ The first one, makes you feel positive about life and more willing to face this HIV/AIDS crises, but then the second one, just looking at the picture without reading the words written just gives you a sense of fear, like this AIDS thing is just taking the world by storm it's just killing

everyone, but then when you read the words, just reaching out because no one is untouched by AIDS, to someone who can read it it isn't clear, like the message it isn't clear, but then the first one it just tells us what's happening, they are heroes they are not victims because they are living openly while they are HIV positive

F:□ But when we are trying to make people want to use condoms, do you think we should scare?

G:□ Ja when you are trying to say that use a condom because that might happen to you, if the poster (2) was saying that then ja it will be a good poster, because people will be scared they will die if they don't use it,

□ Or even fear because we see in this picture someone dying, so we can say if we put a condom on we can escape by using a condom

□ Because when we see reaching out, reaching out for what

But then the picture on it's own it can appeal to a person, it sends, when you interpret a different message to a person but when you read the message that they wrote it gives a different interpretation to the person

F:□ So you are saying the picture is okay

G:□ The picture is okay, if you were maybe saying use a condom to prevent that, then it will be more appealing

□ Or maybe like you are saying the picture was put up to say everyone can get AIDS, why don't you like use males and females from different cultures and say who do you think got AIDS? Or maybe you can say anyone can get AIDS with those different people

F:□ So you are saying that you want a poster that you will just glance at and get the message

G:□ Not something like just get the message, but you can attract someone from afar

□ And something I can steal and put it in my room

□ You know that can attract you (2), it's very nice, but after reading the message you just go ah it's so boring

F:□ So wrt understanding messages, will celebrities make a difference?

G:□ It will make a difference, it depends on who you like in the celebrities

□ Ja, you get different people, but I don't think celebrities will be appealing because we know them, and we read about them

□ Like if you had a poster showing Brenda Fassie on the posters with AIDS, it doesn't make sense, Brenda Fassie practising safe sex

□ And we know we never saw Brenda Fassie with a steady boyfriend

□ So if we just use normal people it's better because there's nothing that you know about that person so can't agree or disagree with that poster because of the person on it

F:□ So your'll agree with this message?

G:□ Ja

F:□ So we spoke about the credibility of people when using them for posters

G:□ No I think posters should sometime show the youth people, not then these are like 30 or so, they should show from 18 or so

□ No from 14, because from 14 they are sexually active and you get like so scared

□ It doesn't just affect those people, like he found out when he was a teenager maybe and right now is the time that he shows up and says ja I'm positive and living happily with AIDS, whereas he didn't get it when he was this age he got maybe when he was 20 or 22, quite young

□ Ja when he was still in demand you know

F:□ Okay how about the fact that it says men make a difference?

G:□ Okay it's like this, you know men, like men are not so open compared to women, so if men can Talk about their HIV status that's the difference, now men are the ones who are raping they are the ones who are spreading everything, so us who can just sit and sob and say to hell, but for men

□ It's difficult for them to accept that once they find out that they are HIV positive the first thing that comes into mind is I must spread this I can't die on my own, but ladies because we are soft hearted we just say ah it's okay, and we try to live with it

□ And men they have this ego that ay go to a shrink, no ways, to tell him my problems, no

No it's very rare to find a man like accepting things that there is a disease, maybe that's why they decided to use men

□

F:□ What would your friends think of these posters?

G:□ I think they'll feel the same thing, because it is a positive message dealing with HIV/AIDS

Actually, you know I have a friend who doesn't believe that HIV / AIDS is here

□ And you know we try to tell him whether you like it or not it' there

□ People like that they only believe when it happens to them, you see

Actually I can say he's got this view AIDS you get it you just die, you know, and you must want to see somebody dying of AIDS

□ Then he'll believe

□ And like some people they think like HIV it's witchcraft

□ And other people they also believe that this is white man's thing they want to kill black people and all those things

F:□ Guys like that these posters may not appeal to them, so what do you think will appeal to them?

G:□ Are they will be saying like are men living positively with HIV are there's no such thing

That's the only thing they'll say there's no such thing as HIV or AIDS you know

□ Some people are so ignorant, they are cause if you tell them about AIDS, they'll tell you like well anyway someday all of us will be like death, then this is just one way you gonna do it

F:□ What type of posters do you think we need for people like that who just don't want to believe?

G:□ There's nothing you can do for them, you know if a person tells himself this is what I believe, the only thing I see changing, is like I had a cousin who died of HIV and before he died he told us I'm HIV positive and ay it's killing me, then you will believe it

You see men have the power you can believe it's 50 50 but men still got the power, like when it comes to the relationships the guys still have the power, like I'm wanting to use condoms because I don't want to get HIV or pregnant, then it's like you don't trust me, they use that word trust, and maybe you don't love me,

And others want to keep the guy so they agree to everything so they say no condoms okay, it's fine

F: So you don't think posters can make people change their minds?

G: Actually people can only be changed by their partners

So we need to direct the posters at guys

G: Ja mostly there's women who got the message so mostly it's guys who haven't got the message

Like if you have a bash you go together you sleep, condom won't even come into your mind, it won't,

Even if it comes to your mind you won't put it on correctly, you see, cause you are drunk you don't have focus or maybe you will think it's wasting your time

F: What do you'll think of your boyfriends having a lot of other girlfriends

G: If I don't know I don't care, as long as we condomise, whether he sleeps with them with condoms or whatever, it will affect him later you see, the only thing, even if he has 30, as long as I don't know them and they don't come banging on my door telling me to leave their boyfriend and I condomise, or maybe I know that my boyfriend is having many girlfriends then that might be worrying because I think like what if we are having sex and the condom busts

I believe that a girl will understand that it is not possible for a boy to have one girlfriend, like I may have a boyfriend and it might be hers too but we don't know, sometimes it's easy for girls to accept that

F: So if you see these posters, do you think they will give you the confidence to want to use a condom?

G: Yes, it's encouraging because we don't want to get HIV and one thing that encourages us is our dreams, you know what we want to achieve in life, I want to achieve a degree because I'm am here you know, but it will be useless if I achieve my degree having HIV because I will die soon that's the best way is condomise

And others think that if they get AIDS and they see this poster they say oh I can live openly and positively with AIDS and they say if I get AIDS I won't die, they don't think about using condoms, others got that mind, if people can live with AIDS so can I

That's why like that poster (1) like what she is saying, if you don't like go into details about the message that they are spreading you can say even if I get HIV I can Still live healthy, so to some people it doesn't give them that image like to take precautions and abstain

F: So you think that's a negative of the poster

G: Ja it's positive to those having AIDS, but then not to a person who doesn't have and who doesn't have the understanding of what HIV/AIDS is all about

F: So for a person who doesn't have it what other types of posters will appeal to them?

G: Even a picture like that (2) with a different message

That one can appeal to them with a different message

□ But then to a person who is positive it will be a different message, like you are dying

F:□ So you think we should have a mixture of posters?

G:□ Ja, to that poster (1) they could have added like something like you can use a condom to prevent HIV, because it's talking about those who are positive only, it doesn't talk about those who are negative, then if they had a sentence or something saying use a condom then you don't have to face that position of being positive and trying to live healthy, cause trying to live healthy with HIV is another story, it's difficult

□ No there's like this advert which says I could have prevented myself from getting AIDS if I used a condom, he regrets cause he is HIV positive, now for you to prevent being in his position you have to condomise, that's a nice way, if you can find a way to put it in a poster

□ Which advert is that?

G:□ This guy is talking about all his girlfriends, it's like he killed all of them

F:□ oh the metro advert, the serial killer

G:□ But at the end he says like I would have stopped it by using condom

□ Even postcards, we like reading, we like postcards allot, like those ones they have in the café cause if we put them today around this time, 10 pass 12 I'm telling you around 1 o'clock it'll all be gone

□ And we like post cards

□ Ja we like postcards

□ Even at the residence there are places you can just put the postcards where people can just take them, and with that post card you can spread allot of messages, like you can just write what you say like they got positive and they are living with AIDS but they could have prevented by using a condom

□ Like one postcard can make a difference, it can send allot of messages

□ Even that one (2) you can say if you use a condom you won't find yourself in that state

F:□ So that one you are saying

G:□ The message is wrong the picture is okay but the message is wrong

F:□ What do you'll think of posters that have maybe a tombstone

G:□ ooooooh

F:□ I'm talking about focusing on those people who are negative to prevent them from becoming positive, that says something like do you have a death wish

G:□ No, that's nice because as long as you are scaring the person, you know you show many graves and them maybe you show a teenager, or maybe you show just 3 people and then all my friends died because they didn't listen to me, or maybe a picture like this (1) there are 3 men and then one disappears and then one disappears and there is only 1 and say they all died because of AIDS, so don't die like that condomise

F:□ That would be for people who are negative

G:□ Like that one (2) you like something that contributes to us using condoms, the people we talk to and even peer pressure whether we like it or not it contributes allot, because lets take one like this (2) and I say ooh I don't use a condom ooh I sleep with my boyfriend everywhere and this one says even I don't use a condom, and this if she is using a condom she will feel like ow ne and then she will try to fit in and she

won't use a condom, people like that are usually the one who get HIV

□ And you know usually people who talk too much they don't usually practise what they say, they will say, like I tell you ah I have allot of boyfriends one buys me this and that, and you find they don't even have those boyfriends,

□ Not even one

□ Then the person next to her says ish I wish I could be just like her, have all these boyfriends, then you start having all these boyfriends and get HIV

□ Cause friends an also contribute to what a person becomes

F:□ And friends can also influence you

G:□ Actually I didn't like posters too much but she liked posters, even postcard you know so I ended up reading the messages, now I stick them in my room

F:□ So friends can have a positive and a negative influence

G:□ ja

F:□ So the person on the poster should be a student or someone you can identify with

G:□ J, if it's a student

□ Especially a person who is still a teenagers because if you look at the people dying of AIDS they are 24 or 25 usually there they are not more than 30 usually the people who are dying, and those people are over (1) 30, they are trying to say that you can get AIDS if you like 30 or 35 , but we get AIDS at this stage, we get it now and then we find out later that I'm positive

□ Also some times we are too ignorant, we think we know too much, like you know in America, rich people, wealthy people, they can afford those medicines that give them health, and then if we are at home we think my father can afford these medicines, that's the ignorance

□ Since we are in South Africa we cannot afford these medicines

□ Even in South African the government too is ignorant they are saying they are arguing this thing, some people are saying that HIV doesn't cause AIDS, our president is saying this, that AIDS is just like a collection of illnesses, and he's saying you can get a collection of illnesses from other diseases, not just HIV only, they say HIV doesn't exist and this is a well educated person and he holds a very high position in South Africa

□ If you can put a picture of him and say condomise, and we say hai condomise for what cause HIV doesn't cause AIDS

So since many people don't like Thabo Mbeki, I don't think they will pay attention

And it has been proven scientifically that HIV does cause AIDS so who is he to say it doesn't

F:□ So do your'll think that people like Nkosi Johnson who talk about AIDS make a difference

G:□ Ja because they do because it's a child, just imagine a child telling you about AIDS, and dying of AIDS, it's cause he accepted it

□ And the sad part is that he didn't get it on his own he got it from his parents and like you know

□ You can't blame his parents, you know it happened it happened, but you have to accept it

F: □ So if someone like that is one a poster you will pay attention

G: □ Ja, we will cause you know like when a kid is saying something they listen attentively, it's not like when I stand up and say some thing they just go woo woo woo, then they just sit down, but if someone like that says something, we listen like very

□ Like what does this boy have to say, he's so intelligent, brilliant you know, like you get the message

F: □ Would it help you to changer your behaviour

G: □ Ja it does, whether we like it or not it does

F: □ So will that poster (1) help you change your behaviour, use a condom?

G: □ That one, it is encouraging you to do it without a condom cause you can live positively and healthy without AIDS, but then that one if the message was different, it was going to say, use a condom

□ The messages they got mixed up because this one will (1) appeal to people who are HIV positive okay, this one (2) tells you to condomise, whether you like it or not put it on, if you don't want to die

F: □ So which one is your favourite one?

G: □ I like both, I like that picture (2), the picture is very appealing if the message was different

□ Even that one is very appealing

When you are spreading the HIV means you should try to include both different people like HIV positive or negative in one poster because if they show that one alone, to a person who's negative it will say do it, don't mind even if you get it you will live healthily, but then if, they should have said something like, but then cause AIDS is a very deadly disease use a condom because it isn't 100% proved that you will manage that healthy life, most [people who are dying are very poor people who cannot live healthy

That on (2) talks about putting on the condom because if you don't use it then you will get AIDS and you will get sick and die

And nowadays you can't judge like oh, she looks so thin she's got AIDS

Cause that one (2) it spreads both messages, because if you don't use it you'll die it doesn't talk about living healthy or something, but that one is saying even if you are positive you can live healthily, and it's like saying, showing to you like even if you are positive surely you will be healthy, it doesn't state that part that states that you will die and you cannot be healthy

F: □ So you are saying it's important

G: □ Ja ja it's important

□ Because people will use the point that being healthy it's expensive

□ It's very expensive

□ You might think ah I can afford it but it's not easy, but most of us we don't like eating

□ Veggies you know

□ Ja, we don't eat healthy foods

□ As long as there's eggs bacon whatever, and all those things

□ You also have to exercise and have all the materials which you need to exercise

F: So on campus what do you think we should do?

G: On campus I think there should be groups to talk, you know, actually there's no talking groups or whatever like we can meet with boys ne and we talk about what's happening

F: Okay, wrt posters, what types should we have on campus?

G: No. 1 is very much okay

And also the second one, if it only had the message use a condom, then it will be okay, because we just don't understand the thing

Even if it was a little bit bigger (2), if you put the two posters together, the bigger one will attract you first, we start with the bigger one, then after reading that we will go to the smaller one

Or you can even have these pictures like you know like when you want people to practice safe sex, like one guy drunk, you can even have the ones like castle larger or whatever, or maybe you can say beer + sex, you know beer + sex it's good, desirable, but condom + sex is even more desirable because it can save your life

F: Maybe you can join the messages, the positive and negative ones, or maybe you can put the posters together, so this one will attract us ne (1), and you end up reading that one (2), so you read this one (1) and say if I get AIDS I can live positive, then you read the other one (2) okay, use a condom if I don't want to get AIDS

F: Ant thing else you would like to add about posters

G: It's good to scare people sometimes, if they are scared they will pay more attention, to the posters cause they would not like to end up like that

And even those postcards it can be put around the cafeteria cause we stay there most of the time, even at the library and lectures, and the residence

F: So do you like brief attractive messages?

G: Ja we don't like to read a whole lot of writing

When the message is too long you end up losing the focus, like the information they are sending, but if it is short and straight to the point then when you finish reading it you will have this desire about reading more about the thing they were talking about, which is good because it will leave you with questions then you will start answering the questions on your own

F: Like what type of questions?

G: Like that poster says heroes not victims and men living openly with HIV, they are positive which means they are positive, okay then you think healthily, but provided you have all this and all that, see it starts making your mind work, thinking about AIDS and all that

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+++ ON-LINE DOCUMENT: Fourth Focus Group
Fourth focus group held, which consisted of all male, high risk individuals
Posters
Heroes
Various political people
Tomdstone
++++
[Fourth Focus Group : 1 - 320]

F: So did you'll have a look at the posters.

G: Yes.

F: Did you'll understand them?

G: No.

F: Which one is easy?

G: This one (3), and this one too (1).

F: Okay, if I had to say HIV/AIDS, what comes to your mind?

G: Death sentence, if you think of AIDS, you think like, I've been sentenced to death.

F: Why?

G: Because if you got that disease, there is no cure.

F: Okay, what else comes to mind if I say HIV/AIDS?

G: Sex, condoms, girls.

F: So, do you'll think that you can get HIV/AIDS?

G: It's quite possible, ja there is a great possibility.

Ja we can anyone can get it.

F: How many of you are having sex?

G: All of them.

F: Do you all use condoms?

G: Ja.

Yes (all).

F: So if you were walking on campus which of these posters would grab your attention?

G: The third one, it's eye-catching, because whenever we hear about AIDS we think about death, there's nothing else except death, there is that belief that if I you HIV positive or you got AIDS I mean, you will be lonely, no matter if you living positively or something, I mean things won't be the same.

F: So that one appeals to you (3), okay what about the message appeals to you?

G: It's short and it's straight to the point, it's straight to the point that if you don't play it safe, that is going to happen to you, you will die.

F: Do you'll think that posters are a good way to gain peoples' attention?

G: Sometimes.

F: How, sometimes?

G: I mean having a discussion like this is also better than posters.

□ Sometimes we can read posters like this one (2) and maybe you can't understand it, but if you discuss you know with different people sharing different ideas then you can realise that maybe this is what the poster is saying.

F: Okay so you are saying that sometimes posters are complicated and it's not easy to understand.

G: Ya, because we as people we are different, and we see posters differently to, so I may understand this one (2) but someone else might not.

F: Okay so what don't you like about this one (2)?

G: No, it's not that we don't like it, you know it portrays a positive message that our leaders are out there sending the positive message out there to make people aware, but it's not specific as that one (3), that one is like straight to the point and it says to your mind okay fine, everybody knows that if you got AIDS you gonna die anyway, I mean this one (2) is not straight to the point like that one, and in addition to the issue of posters and all that stuff, I mean ja, HIV posters are all over the world and sometimes we tend to ignore them, ja we might take a glance at it and then it's up to the individual, but something that you see regularly, sometimes you ignore it and say no I know this stuff, unlike when you take it personally and think, if I don't do this, that will happen, or I might even have questions that I might ask you and you might explain it to me by then I might have a clear knowledge.

□ Posters are everywhere, even on TV there's this AIDS thing and all that stuff, so we tend to ignore them at some stage.

F: Okay so you are saying that this message (2) is positive but there's too much of writing.

G: I mean if you have these posters, this one do you have a death wish, ay that will gain your attention, you will read that one.

□ That one (3) simply means AIDS is a killing disease, but that one (2), someone will be lazy to read all those words, someone might ask what are these people positive or what?

□ That one won't attract us we will just walk pass.

F: How about the other poster (1), will it attract you?

G: It portrays a positive message.

□ Thus poster shows this 3 men are all HIV positive, they are living positively with AIDS, they show you they are eating healthy food, to keep them healthy, ja they enjoy life.

□ I think that this poster brings the best message to someone who's HIV positive, like you see them they are happy they are living nicely, and they are HIV positive, if you were thinking of killing yourself, you can get a positive idea to live on.

□ But when that comes to practical realities, it's very difficult, we might see on the posters that people don't hate you if you got AIDS, but when it comes to the real situation, when you faced with the community where people are calling you names.

□ But then another person can think like, I don't know whether these people are HIV positive, because they can take them from the street and say pose for the poster, and pay them, we don't know if they really are HIV positive.

F: What does this poster (1) say to people who are not HIV positive?

G: See that one over there has a message, whether you are HIV positive or not (3), it does have a strong message.

□ This one says even though you are HIV positive you can laugh.

F: So it's a positive message for someone who is HIV positive, but for someone who is negative, how will it affect them?

G: They will say I am not HIV positive, so why should I bother with this poster, they will just walk pass.

F: So how do you feel about using celebrities on posters?

G: I'm against it, because my brother over there mentioned that we might put a celeb there just for the advertising, but he's not HIV positive, he's gonna get money for it. How about putting a person who is very very sick, like Nkosi Johnson.

□ Because when you look at these posters like you tell yourself who are really HIV positive, a lot of them are just afraid to come out to tell people, but then you ask yourself, if they make a poster like that, is the person on that poster really HIV positive, because HIV positive people are afraid to go out and talk about it.

F: So do you think that this poster (1) is targeted at those people who are afraid?

G: It's targeted at those people who are HIV positive, it shows that they don't have to have a negative attitude towards life, you just have to enjoy life, but if you are HIV negative you won't get any message there.

F: For campus, which poster will be more appealing?

G: The last one.

□ I once saw that poster with one bullet, it's a nice poster, it got a nice message.

F: Okay I did a focus group previously with that poster, and students said that they didn't understand it.

□ Okay, what other ways can we get the message across?

G: I once saw this advert on TV, there's this guy who's talking about the girls that he use to date, first it was this girl ay she was so beautiful and all that stuff, and second it was this one and so on but the guy didn't know that he was infected with this disease, you see it does link back to the poster of the gun, cause I mean even if you are not sure, cause I mean guys, to be honest we are not sure whether we are positive or not, and yet we still asking girls out now and again, it's dangerous, it's more dangerous than a gun.

F: So what do you understand about that message?

G: These guys are living openly, positive, like if I'm dating a girl it's better that she knows that I'm HIV positive, so we can use protection.

□ This message is only for people who are HIV positive, they can live openly with HIV.

F: Okay, do you understand that message (2)?

G: It goes with the question you asked about the celebrities, these people they are, okay they are saying that we, they are spreading the awareness of HIV/AIDS but I'm still not sure they might come on TV and on posters and spread the awareness of HIV/AIDS but if I don't like them I'm against it. I will not pay attention. There is also a lot of writing and it is boring to read so I will not, it's not appealing.

F: □ Okay so what do you understand about this one (3)

G: □ It's simple and easy to understand.

□ Gets right to the point.

F: □ Okay how do you feel about the tombstone?

G: □ Makes you feel scared, unlike that one (3) you don't feel scared but when you see this one, you know AIDS is there and it's killing and we must do something, like wear a condom if we don't want to end up in a grave.

□ And this one the one in front it's like a baby's grave and he got the thing from his mother and all that stuff and he didn't know anything about HIV/AIDS □

□ So it's touching and it will gain attention.

F: □ So you have said that you don't want to use celebrities, so what kind of people should we use in posters?

G: □ Those who are affected with AIDS.

□ Ja those who are affected with the virus.

□ People who are affected with AIDS no, what if you are my neighbour and then I see you there saying you are positive, how will I react to you because people are afraid of AIDS they think like, they don't treat people who are HIV positive the same as other people, so I think posters like that one (3), where there are no Celebes will attract you, you will go there and read it and you will get a message at the end of the day you will know AIDS is there and it can kill you.

□ What about those people who are brave enough to come out and face the world and say I am HIV positive and I want you guys to be aware of the thing?

□ But you can but I know there are consequences, people will act differently towards you

□ But if somebody is like brave enough it's okay.

□ Okay say I didn't know you, I use to see you on campus and now you've come out and told the people that you are HIV positive.

□ Say I'm your friend and I just met you and my brother here knows that you are HIV positive he won't just mention it just like that to me, like you know my friend is HIV positive because I will have an attitude towards you, so at some stage it does impact on your life, some people might stop being his friend if they know, some people are like that.

□ If I come out and I want to tell people I'm HIV positive, I must be ready for anything I mean, you must expect people not to like you, some will and some won't.

□ When you tell yourself that now I'm coming out it's like you are taking that burden off you, it's like you are free to anything and everything with your life, but then you also have to consider the consequences of it because some people will act differently.

F: □ When you talk about putting people who are HIV positive on posters, are you talking about people who still look healthy or people who look sick?

G: □ People who are really sick.

□ Who are really sick.

F: □ How will that make you feel?

G: It will simply get the message across that AIDS is killing people, it's out there killing people.

□ Like the posters for Nkosi Johnson, those are good.

□ So people who are very sick, if you see a person who is very sick, you start thinking that if I am not careful, if I don't use a condom or something I will end up like that.

□ But then if that person is positive and he is laughing like that poster, they are not passing the right message.

□ We need to tell people it's killing people.

F: So if you see a person who is sick will it make you want to use a condom?

G: Ja, of course.

□ Why when we talk about AIDS we always talk about sex?

F: Well I think it's because it is the main way that AIDS is spread.

□ So how would your close friends feel about these posters?

G: I mean we are six here and we agree that that one (3) will attract us the most, so if it does I think our friends will feel the same way we do.

F: So on campus which one do you think we should put up?

G: The third one.

□ Yes.

F: But how do you think a person who is positive would feel about this one?

G: We don't need to scare those people who are HIV positive, there's nothing we can do about them, we need to save those who are not affected by the disease at this time, they also know that they are dying, we need to save those people who are not HIV positive, those are the ones who need to get the message straight, if you get HIV you will die.

□ But everyone is going to die anyway.

F: But how does HIV change when you are going to die?

G: We all are going to die eventually but if you get HIV it will speed up the process.

□ But that poster (1) says that you can have HIV and still live a healthy life.

But we must have resources, like in the poster they are eating healthy foods, and that is expensive, cause I mean most of us come from disadvantaged backgrounds, and we don't have the resources, and we can't afford to buy these things, healthy foods.

F: If we had to put people in a poster to attract your attention, who would it be, for example if I put Thabo Mbeki in a poster?

G: No, like we know he's been talking about AIDS a lot, but are people listening to the message that he's trying to give, even if people want to listen to the message, maybe they won't because they do not support his ANC, so immediately if they see Thabo Mbeki they will not listen.

□ It's better to put people like Nkosi Johnson, who is with AIDS, then people will pay attention, not Thabo Mbeki.

F: Okay, so how do you'll feel about people with HIV coming to campus to talk to students to make students use condoms or have one partner?

G: I mean at this point so much has been done on posters on TV, now it's up to the individual to use a condom.

□ No but if we see someone sick with AIDS it will be good because it will scare us, we will not want to end up like that so we will use the condom.

□ Maybe it will be okay to have someone come and talk to students on campus so the students can really see what will happen.

F: Okay, so you definitely don't want to see celebrities because they get paid.

G: Ya, you don't really know whether they want to get the message across or whether they will get paid for it, even lecturers, they get paid to teach, so in the 300s class maybe they won't be taken seriously too, maybe it will be better to get somebody to talk to the students, like someone with HIV.

F: Okay so you saying you don't take people seriously when they do things for money

□ So which of these posters would make you want to use a condom?

G: It's obvious, the last one, because it is straight to the point and the message is clear, and it also tells you if you don't use a condom you will get AIDS and you will die.

F: What other ways do you think we can get this message that you must use a condom or have one girlfriend?

G: Workshops, because most people don't have a proper knowledge of HIV/AIDS, so if we have workshops, people can ask questions and it is person to person, so you can understand better for example than in a poster where there is no one to ask questions to.

F: Okay what other ways can you think about?

G: Ja like bash posters, if you advertise the bash then you can talk about HIV, like don't forget your condoms.

□ Ja bash posters attract your attention, so if you add HIV awareness to them people will read it.

□ Like when people are drunk they do anything.

F: What's anything?

G: Like they will just have sex and not think about using a condom.

□ T-shirts are also a good way, cause when people use it they will be everywhere and we can read it.

F: Okay, that's a good idea, so what is it about the bash posters that attract your attention?

G: Just the word bash, it's something exciting.

F: Okay for our posters how do you think they should be?

G: They should be red and black, not yellow and green like that (1).

F: Where do you think we should have our posters so most or all students can see them?

G: Residence, outside lecture rooms, in the quad and the cafe.

F: Do you think having a poster in your room is a good idea?

G: Ja it can be a good idea, like maybe you are in your room and you are ready to have sex, and you see this poster, you will get the message that you must now use the condom or you can end up like that (3), it will also remind you to use it, like if you forget, then you see the poster,

you will remember to use it.

F:□ Which poster is better for your room?

G:□ The third one, because that one (1) will say even if I get AIDS I can live with it, I can live life anyway.

□ And I can spread it to others as well.

F:□ Which poster will give you the confidence to use a condom?

G:□ The one with the tombstone, it will make you use the condom, because nobody wants to die.

F:□ How do you feel about radio and TV as a way of getting people to use condoms?

G:□ If you look at the alcohol ads they are advertising alcohol, they are targeting us, I mean the youth, so I think that will do for HIV awareness too, like coming to the bash you can advertise that you are having a bash and all that stuff but use a condom, because we like having fun and all that stuff, but at the end of the day we must use a condom.

F:□ So you would like the lovers plus advert.

G:□ Yes, it shows that which I am saying, you want to have fun, but you must use a condom, you see those people laughing and having fun but at the end of the day they are playing it safe, they are using a condom because they don't want to die.

F:□ Your favourite poster is this one (3), so do you think we should use the others at all on campus?

G:□ Maybe you can put some but not many, you should put many of the third one. The first two is not attractive to me, I won't read it, but the third one, I will stop and read it.

F:□ Do you have anything else to add about these posters?

G:□ About posters, I mean as a person you can go around putting posters and seeing these posters, but at the end of the day, it is the individual who is the one having sex, I mean you have to be responsible for your own life, your own health.

F:□ What about the messages on posters, how should they be?

G:□ They should be just clear and straight to the point, not all those words, something that shows us straight to the point.

□ Maybe something catchy, something that stays in your mind, like a good statement, like that one, do you have a death wish.

F:□ Okay that's it thank you!

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+++ ON-LINE DOCUMENT: Fifth Focus Group

Fifth focus group held which included all female first year students, all high risk

Tv adverts:

Love life adverts

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[Fifth Focus Group : 1 - 438]

F: Okay what do you think about if I say HIV/AIDS, what comes to mind?

G: Death.

Death.

Sexually transmitted diseases, and a lot of pain and misery, that you are going to die because there is no cure for AIDS.

Incurable disease.

F: Okay do you think you can get HIV/AIDS?

G: Ja it's possible, because if you are involved in sexual activities you do stand the risk of getting HIV/AIDS.

Ja you are sexually active and you don't know what your partner is doing at the time.

Even if you are using a condom you'll find that the condom is not 100% safe, so what even if the condom bursts, so you are at risk even using the condom.

You cannot say that you are 100% safe.

F: How many of you are sexually active?

G: All of us.

F: How many of you always use a condom?

G: I don't always always.

I don't at all, I'm married so we decided, we had tests and we stopped using condoms, after getting married we made a commitment to each other so.

I use it only sometimes because I trust my partner and I'm faithful to him.

F: If you were watching TV which advert would gain your attention?

G: I prefer the second one, it's more eye-catching.

Ja with the condom there, unlike the first one, Tutu is saying sex is the most wonderful thing, we don't know what is the conclusion of what he saying you see, but in the second advert, you see the condom, you see, so you know what's happening.

That look on the boys face like oh please dad what are you talking about now, so it catches your attention the second one.

Ja it's more eye-catching.

F: Which advert sends the message better?

G: No, both advert send the message, but the second one is more powerful than the first one because it shows action, than the first one.

But the thing with the second one, the dad is not saying anything, he's just giving his son a condom, he's not saying anything before he gives the son a condom you see.

That's why you are curious, you want to see what is going to happen, you pay more attention.

I think the first one kind of promotes sex, like sex is the most wonderful thing, so the minute you hear it's the most wonderful thing, you know with teenagers, they will say what, the rest you know he won't concentrate on them.

The first statement sex is the most wonderful thing and he'll say jaa and he'll phone his friends.

Even the priest that is well known is saying sex is the most wonderful thing, so the person will just go on with that because it's been approved by those people at higher places.

The second one, parents can be encouraged to talk to their children because they see a parent talking to his child, and break the stereotype that sex is just for the elders.

It actually gives parents the courage to say he is talking to his son so I can talk to my son, even if they don't know how to talk to their son, after the advert he can say see son you've seen the advert he can just say listen son, we've seen the advert now I think we have to talk.

Ja or call the toll free number that they have on screen.

What that dad is doing on TV so I think I have to talk to you now, so protect yourself use condoms, you know the advert makes it easier both on parents and on children.

You know even those children who don't have parents who are open who can talk to them, no they can learn from this advert, this is what I have to do this is the right way, because you know some parents are very difficult, they don't like give teenagers the attention they want like to talk about sex and pregnancy, growing up, you know some of us grow up without knowing what is happening in our bodies, you know we don't have the kind of parents who will sit down and tell you listen when you reach this stage, this and this is going to happen to you, so you just see things happening without knowing, or maybe the teacher in class will tell you when you reach certain age you will get your period, then you must stop playing with the boys.

So normally you don't learn a lot of things from your parents, but then when you have a parent who will say listen here, I think now you have reached the proper age, your body will have changes, this is what is going to happen to you, and when this happens to you you shouldn't do this and this.

Not like now, parents don't say much and then children learn from their friends, and when they leave home there is peer pressure, the friends who is going to tell them you know you are not man enough if you not gonna hit it with that girl (have sex), the child won't have the courage to like go to the parents and ask mum if I do this is this what's gonna happen afterwards, they just go on because they are being pressurised by their friends, so the advert kind of helps parent/child relationship.

Mostly children just like experiencing a lot, so if you say don't get next to boys

They will do it, they want to see why.

What's going to happen if I get next to boys, I want to get next to a boy and see whats gonna happen.

Like don't drink, what happens if I drink? Let me drink and see whats going to happen, you have to sit down and explain, if you do 1,2,3 this is what is going to happen. So one should go and do whatever it is you told him not to do with the full idea that I know very well if I get next to a boy I might contract AIDS or I might get pregnant, that person will have sex fully knowing that this is what is going to happen.

Take responsibility.

□ Nowadays I don't think that parents should be discouraging their children not to have sex because I think it is kind of impossible these days because children start having sex at around age 11, parents should be saying now listen here I can't stop you from having sex but please use a condom, take precautions because AIDS is out there and it is going to kill you.

□ And I think the second advert it is okay because it shows the relationship between a son and his father is possible it's not only the role of the mother, the upbringing of a child, so even the father has to play a role in their children's life.

F: □ So you are saying that the advert will give parents the confidence to talk to their children about sex and AIDS.

G: □ This is the right way, and it's been exposed on television, so it's nothing to be ashamed of.

□ Even though he didn't say anything to his son, the action says everything, because the condom shows that he wants to talk about sex so I think this advert is the best.

F: □ Do you think television adverts are a good way to get such a message across?

G: □ Perfect way, because you can hear something and see it, whereas take radio, you can only hear it.

□ If you see something it catches your eye, you pay attention, it remains at the back of your mind, seeing is believing.

F: □ TO add on that, what else could we add to an advert to gain your attention?

G: □ I think like adverts like that one (2) using parents and child, sometimes maybe it can be a mother with her daughter or with both children a boy and a girl.

□ Take the whole family there, don't like take one child and talk in the corner and talk to them individually. Be open with the entire issue, be free, so a child could talk freely like mum it's been like this and like that in front of their sisters and stuff, cause sometimes you find even if parents do speak to their children individually you don't find the kids discussing it amongst one another like in the case of a boy and a girl, cause they grow up differently, their bodies tend to reach maturity at different times so the one is gonna tease the other, like your breast it popping up you know, I mean make it a free issue amongst one another in the family.

□ The question is at what age do you think you can talk to your children.

□ The sooner the better, because now they watch days they watch bold so they are gonna be curious, and some children they watch their parents have sex so from the age of five when they go to school they will imitate their parents, so the sooner the better.

□ Parents say don't watch this it is for adults only, so the child will say I am 10 now I am an adult I can watch this, so parents need to talk to their children and make them understand, not just say no don't watch or don't have sex, you must explain why.

F: □ From these adverts, which people do you think should be conveying the message?

G: □ Someone you can say is sexually active, I mean Desmond Tutu, he is old, you don't even think he has sex anymore.

□ Sometimes it crosses your mind that he doesn't even have sex, he is just saying it because he was grabbed in his home and asked to send the message across because he is a well known person.

And he is fidgeting, you can see his hands it's like he is uncomfortable with the subject

You must use like young people for the adverts like teenagers or those actors who are role models, and young guys like around the sexually active group, you see a young person talking to the next young person saying look here sex is okay but be cautious, be responsible, it would have more impact, a young person talking to another young person, conveying the message to other young people, because if it is another young person they will say okay then it means some other people are cautious.

But I think the advert is trying to make other parents aware that you don't have to be afraid of talking to your children you see, so you have to talk to them.

It's more directed to the parent saying love them enough to talk to them, and most of our parents are Christians and Desmond Tutu is a respected religious leader in society, and if he says this is correct our parents are socialised to like conform to the cultural norms and values, so they are gonna accept him and take it like it is, like the bishop said this so I think we should do this, so it's a 50/50 towards the parents I think it is the right way to go.

F: Okay so you are saying that these adverts are targeted at your parents, so how do you feel about that?

G: It's the arch bishop so I think it's more targeted to the stereotypes who think no if you are a Christian you shouldn't even raise the topic of sex to your children, so if a religious leader says it's the right thing to do, to talk about sex you know, it kind of makes it easier for them to do it, cause priests can do it in church you know talk to the young people.

No no no they don't want to do that.

But if the arch bishop is saying it openly in public they can like open up and try and talk about it, and say listen people sex is okay but please be cautious.

We can't really say no that teenagers must abstain.

No that's impossible.

F: So if we are trying to get a message across to teenagers who do you think should be in the adverts?

G: Teenagers, other teenagers, other young people, and it shouldn't only be these celebrities and stuff, it should be ordinary people, because it's like ahhh celebrities, why celebrities, it's all about celebrities, we don't live in Santon, we live in KwaMashu, you know we want someone from KwaMashu, an ordinary person talking on TV saying I'm young as well and I'm sexually active but I use a condom, this will send a powerful message to us.

We are tired of celebrities.

Even if the advert is new, you just see the face, ohh it's Romeo, and you go to the kitchen or whatever.

Cause the other guys I heard them complaining about this advert, because Romeo, all of a sudden he is married and now he thinks he is all goody you know, and know he is broadcasting in the advert that we shouldn't ask our girlfriends for sex, because now he is married he got a wife and now his life is running smoothly, now he got the nerve to tell us that we shouldn't do this and that, so it has a negative impact because we know his history, we know what he did before he got married.

Because like most of the celebrities, everything they do in their private lives we know about it you see, they don't have privacy, they next day you hear so and so is going out with this one, like Vusithwala, you can't have Vusithwala in the adverts saying, ow sex please abstain

use a condom, he doesn't use a condom himself because he's got a baby with Fire Peters, now they broke up and she is involve with somebody else.

Who knows whether he is condomising or not, and he is now in love with an SABC presenter, so you just caught him in an act when he says have safe sex use condom, cause he is not using one himself.

F: Okay, what do you understand about these two adverts?

G: Parents should open up and talk to their children about sex.

F: Do you think that there is any other way that parents can open up and talk to their children?

G: Right now I think that TV is the best medium for parents to open up and talk to their kids

Even workshops and radio is good.

These adverts they come to their homes you know where they are.

And more so around the soapy times when every parent is glued to the television, during family hours.

Posters are also a good way to get a message around.

You know these days typical teenagers, they don't want anything to do with sex condoms, they tired of hearing about it, they think that they've heard it all, oh it's about AIDS, oh it's just a workshop about AIDS.

What can be really powerful, because these days no one can say she doesn't know about sex, AIDS and HIV and condoms, everyone knows about that it is the gospel, its being preached more than the bible these days so everyone knows about it, so I think one thing that can make an impact is having testimonials, invite somebody who is HIV positive, have him or her at the quad, and they will say listen guys I am HIV positive and I have AIDS, I have lived with it and this is real, that could have an impact, because if you just stand there with condoms, guys condomise, have protected sex there is HIV, they will say oh please they've heard this I don't know when, since I was born, talking about AIDS, we've heard enough of it, but if we had someone who stands there and says look here I'm HIV positive or I have full blown AIDS and I have been living with it for ten years, no it will have that powerful impact you know students will be interested to listen, and we will call each other and say guys lets go and listen there is some guy who has AIDS and is talking about it.

Ja but some will go to just see the person.

But they will hear, their intention will be to see the person but you will stand there and listen to what he is saying.

F: Which type of person would gain your attention more, a person who is really sick or someone more healthy?

G: Someone who's dying.

No both, both, and they should be young, our age group, they shouldn't bring an old father saying, I am dying of AIDS and coughing, he should be dying of AIDS, he's tired of living he's too old you know, but a young person like us or maybe two, one who will say I'm HIV positive and I still have 20 years to live, it doesn't mean it is the end of my life, and one who says guys I have been living with HIV for 10 years and now its becoming the end of my life, you know I have full blown AIDS now but maybe I'm taking this and this medication or whatever this is how I live my life, it doesn't mean I don't have sex or something, I do have protected sex, I do have a partner whatever whatever, it will make a difference.

F: Okay so one person will say you can live healthy but another will say use a condom if you don't want this to happen to you.

G: But I think we should look at the more practical and real issues like

most people are not willing to come out and speak.

□ Another change like my brother who we buried about a month ago, and we heard about AIDS it was there, but it never really hit close to home until you see that person, you know, see it step by step, you know you just tell yourself ah AIDS is there okay so what it will catch up to you some day.

□ Ja you don't realise until it happens.

□ You don't realise until it hits close to home, so when my brother had it I was like Jesus Christ this is what happens to these people, it sank in you know, it really sank in, seeing that person from a fit person like me depreciating to nothing, nothing absolutely nothing, well he wasn't an open person when he was still okay, he talked he said guys you knew that AIDS was there but I don't think it really made that impact to you, look at me now and decide what you want out of your lives now, this is real I have AIDS you can see me, I've depreciated to nothing, I am now 8kilos, just like a small baby, this is real it is so shocking, that is when you realise this is real, it is like a wake up call, like someone throwing cold water on you when you are sleeping.

F: □ Did you also know someone who?

G: □ Ja I knew someone who was dying and I had that panicking that I don't want to be like this one, so you will feel the pain so maybe you can do something for yourself like be responsible.

□ And like having posters not only with the words HIV and AIDS condomise, like have pictures or like some people have sores when they have AIDS, have pictures of those sores, show them, cold flowers an all those sorts of things show them on posters, something that is eye-catching, because if you see that.

□ You get disgusted.

□ You'll be like Jesus Christ this is how they become, I don't want to be like that, a real picture has to be shown you know, this is what it is, show it as it is, because if you just put a poster AIDS kills condomise.

□ No you can't be mild about it, you have to hit the spot and convey the message, you have to show what really happens.

F: □ Do you think an advert like that will have an impact?

G: □ Documentaries, no it should be documentaries, maybe once or twice a week, that will show lives of people living with AIDS.

□ On a regular basis.

□ Ja every week you know after soapies have that documentary, showing those people with AIDS you know step by step.

□ Ja make it in different series, and show this is how they become, some have rash, some have sores, you know it will be real, and they should have follow up, like this is how Matilda was in 1998, this is her in 1999, and these are her final days, just how they did to Nkosi Johnson's life.

□ We want to see someone who has full blown AIDS and there is nothing I can do about it, but I have to keep healthy by eating vegetables and exercising, not someone who says I go to the gym and I am on this medication and that medication, we want reality not something we can't afford.

F: □ Okay recently I've been to the department of health, to ask them for the posters like that, posters of the 'death' side of having HIV/AIDS, and they told me that they don't keep these kind of posters, they are only promoting positive ones, how do you feel about that?

G: □ No it's a good thing also, because there should be more targeted towards people who have already contracted the disease.

F: What about on campus?

G: On campus, there should be awareness and adverts that show reality of the disease, to prevent students from getting it.

But maybe there are students who do have the disease but we can't really see them, but the most of the actual students they don't have the disease as yet, that is why we need strong ways to make them not want to get it, like the gruesome part of the disease so they can say, hey I don't want to end up like that, so I must use a condom.

Another thing we have to remember some students who have their freedom for the first time, where they can do anything they like so, we need to warn them.

Especially during the bash.

Ja, and experimenting also, ja like with the hunk who's doing his PhD in engineering

For everyone it's the first time to be alone to be away from home, not to have anyone say, please don't do this and be back at home at this time, here you are free to do anything you like, you can have boys in your room till the next morning, and you can go away for the weekend, and no one is monitoring you, so it's easy to do anything wild you see.

They should have something in the prospective for students, especially first years, like even if you are acquiring your freedom, be careful, so if they do something they will take responsibility for their actions.

And there should be the information there when they come to register.

So they will see that even if you are free take it into consideration that you could put your health at risk if you do things like don't use condoms.

F: So what would your close friends think about these adverts?

G: I think they will have the same views as us.

Maybe you always preaching to them.

They will say the second advert is the best advert.

In my opinion I think that you can't really, know how they feel, it's up to them how they take the whole issue of HIV/AIDS, because you can't really dictate to most people listen this is what you have to do, because it is up to them to make their own decisions, and to be responsible.

F: Are there any other adverts that you've seen on TV that you think are good ones?

G: Ja there is one I saw but it wasn't on TV it was a billboard, it had like people dressed up formally for a funeral, and it had a caption that read, dress up formally for your funeral, it had a double meaning, like you dress up formally for your funeral but if you have casual sex you will end up dead, it's like you have casual sex and you will end up formally in your coffin, that was very powerful for me.

F: Have you seen the metro advert about the guy who talks about his past lovers as if he is a serial killer?

G: Ja, ja, ja.

At first I was confused as to whether he actually killed them, I didn't get the idea of the advert, and then later on it kind of hit me no, he means like he transmitted the disease and that's how he killed them.

For me I don't like that advert, because of the way he talks about his lovers, like oh Tandie she had big boobs, Zola she was so tall and Zandile ah she wasn't as cool but anyway, I don't like the advert.

⌋ He's like bragging and boasting about these girls.

⌋ But at the same time it's making the other guys aware that if you are living your life like this, you too could be a killer.

You should have said no it was Tandi, then Zola and so on you don't have to say you know that one she had such big boobs.

He's describing them because that's what guys go for, they go for a big boobed lady.

F:⌋ So are you saying the advert is sexist?

G:⌋ Ja it's like he's treating these women like objects, they should have done it in a better way.

⌋ Make him feel bad about it like he regrets what he has done.

⌋ It makes women like objects it doesn't give us value as women.

F:⌋ But from a guys point of view maybe the advert gains your attention, but ladies will feel offended.

⌋ So we said that the advert will give parents confidence to talk to their children, but what type of advert will give students, teenagers the confidence to want to use a condom?

G:⌋ I think it should take place in an environment where teenagers are mostly exposed like in night-clubs, bash, school toilets, locked classrooms and on campus res, in an environment where teenagers are most of the time, like create that sort of environment.

F:⌋ So if you are a teenager or on campus and you were watching TV you would pay attention?

G:⌋ Ja it's like I've been there you know so this is what happens there you know.

⌋ And I don't think like adverts should be like a certain gender, like with Tutu they are using male and even the second one they are using male, there's no other advert talking about a mother and her daughter, it's about a father and a son that's the only thing.

⌋ Ja it's still promoting male domination of the females, you got a point here.

F:⌋ But, let's talk about reality, should we be targeting the males?

G:⌋ I think so cause, most like girls are not up to igniting condom use during sexual intercourse, it's actually the guy who says, listen today we are gonna use a condom, even if you do ask your partner to use a condom if he like disapproves, some girls are passive and they go along with the process and they won't stand up for themselves, they won't say no condom no sex, it must be the male who has to be educated about using the condom.

□ No both.

□ Ja both, bit mostly the male, if you are being realistic you will see it is the male, like the male who always initiates, even like sexual intercourse, lets do this baby, and if the baby doesn't want to do it without the condom, he will talk his way into having sex without the condom.

□ But right now we must educate young girls to carry the condoms, you want to have sex with me use a condom.

□ But then he will rape her, that's why I think it is important to that the males have to be taught and they have to understand, because they are stronger.

□ They are stronger but they have an attitude with condoms.

□ You see that's my point, that is why we have to convert them to use condoms, we have to target them.

F: □ Okay lets just talk about what we should put in the adverts, what do you think?

G: □ Brief it definitely has to be brief, cause when it tends to drag on you lose concentration, it has to be short, if it takes forever then ay you get bored.

□ You need to say wow, that was a nice advert.

Ja when the advert is too long you end up getting confused about what the actual idea is, it's better if the message is clear and its brief.

F: □ What about the colour of the advert?

G: □ if you are having the advert in a night-club or a bash, the music and the lights and the bright colours will attract you.

Ja like the lovers plus, you see when they, you see they don't have to talk to convey the message, you can like have some actions, and then have the person who's presenting the advert at the end saying to this use a condom.

Now if you are going to a bash and you see this advert.

Ja everyone's in the mood.

Ja you see what they trying to say, so you do whatever you do nut you will have to condomise.

F: □ So when it comes to wanting to change your behaviour, the people that you would listen to are people of your own age not celebrities.

G: □ Ja we are tired of them, and we don't take them seriously because we know hoe they live their lives.

F: □ Is there anything else that you think we should consider when we are making these adverts?

G: □ The main thing is the advert must be attractive, short and have a clear message, like the second advert, the first one is okay for the parents the target, but for us teenagers and students on campus, the adverts must have people our age.

□ They must also make sure that the adverts are put on the TV when teenagers and students are watching like during family hours from 5pm.

F: □ Okay thank you.

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+++ ON-LINE DOCUMENT: Sixth Focus Group
sixth focus group held which consisted of all high risk male first year students.

TV adverts

Love life

+++++

[Sixth Focus Group : 1 - 326]

F: If I said HIV/AIDS, what's the first think that comes to your mind?

G: Death.

Girls.

Sex.

Drugs.

Incurable disease.

F: Do you think that you can get HIV/AIDS?

G: Yes.

Ja.

Yes we can get it.

F: How do you think we can get it?

G: Through sexual activities, and things like that.

Blood transfusion.

F: Are all of you sexually active?

G: Yes we all are.

F: Do you always use condoms?

G: Ja, I always use condoms.

Ja sometimes.

F: Okay so if you were watching Tv and these adverts came on which one would you pay attention to?

G: The first one.

F: The advert about Desmond Tutu.

G: The man is telling the truth, ja sex is a wonderful thing.

In the second one the boy is still young, he doesn't know anything about condoms, he's father is giving him, ja I think he thought it was a sweet, he opened it in front of his father, and that won't happen, it won't happen normally.

F: So if you were watching TV and both these adverts came one would you pay attention to them?

G: Ja, I would pay attention to the second one.

The second one.

F: Okay, so why won't you pay attention to the first one?

G: The first one the picture is just boring.

It's not interesting because it just has this man talking.

If it was during Generations, we would just wait for generations to come

advertis?

G: Ja I think the second one they have the right person, because he is just a normal person, some one like your father, just normal.

F: Okay so how would you feel if they used a celebrity in the advert?

G: Sometimes I won't believe that because I'll just think that they are using someone who they will just pay to do the advert, I will just listen to someone who is just normal, someone I don't know.

I can't believe the celebrity because, they can tell you that they don't do drugs, and that they use the condom, but you will hear that they do drugs and they are getting girls pregnant, sometimes they just do adverts for the money, and for people to know that they are there, to watch their movies and buy their CD's.

Don't you think that sometimes it could be a good idea to use celebrities, like those people you admire, like the actors from generations, those who people like, like Archie Morocca, who we will pay attention to, those actors we trust and respect.

F: What type of adverts will attract people like us, students on campus?

G: People like soccer players most of whom we are exposed to, so if you can use like Benny McCarthy, so obviously we will pay attention, cause we like that guy and all that stuff

F: So is this provided that he practices what he preaches?

G: Ja but that we don't know and we can't know if he is saying use a condom but he does not use the condom, but as long as he is telling us the right thing to do, we don't care about what he is doing.

F: Okay, so how do the rest of you feel about that, okay why are you smiling?

G: If he says it doesn't matter, they can do their own stuff or something then it would be disappointing for most people who know them, like if Benny says he uses a condom and then one day I see him and I see he's not using the condom, I will feel very disappointed, I will say they lying on the advert, so I will just do my own thing.

But the thing is, he is doing all that for our own good

Whatever he is doing behind the scenes doesn't matter. because he is conveying the message.

Ja, as long as we get the message then it's okay.

F: Okay but hoe believable will it be if someone is not practicing what they are preaching?

G: As I said before it's for our own good you know, so if my brother is saying I will be disappointed if I find out that he is not using a condom, so it means myself too I will stop using a condom, I mean it's my life you see, so I know that not using a condom is not safe, so I will use it anyway.

F: Okay, I acknowledge your point, but most people don't have such a strong will, they might adore Benny McCarthy, so they would say okay if he is not using a condom, why should I?

G: But here a life of someone is at stake so you will have to just use a condom no matter what, if he is using the condom or if he's not using the condom, your life is at stake.

Ja but also if Benny McCarthy is not using a condom, you can say to yourself, that he doesn't want to die, but he's still not using a condom, so maybe it's okay if I don't use the condom, if he doesn't think he will die, so I won't die either.

F: □ With respect to understanding the adverts, which was more easy to understand?

G: □ Both were easy to understand.

F: □ Okay, which one was easier to understand?

G: □ The second one.

□ Ja, the second one.

□ I think the second one is confusing.

F: □ Okay, why do you think so?

G: □ Because when he is giving his son a condom, the son thought he is giving him a sweet, I think he didn't realise he was giving him a condom, because he wouldn't open a condom just in front of his father or mother, I think the boy should be older, to know what a condom is.

□ Also he should ask questions maybe about the condom, or they should explain what it is.

F: □ Okay, how do the rest of you feel about that?

G: □ I think it was clear, it's just that the boy maybe he never thought that the father can give him things like that, like the condom.

□ Maybe if the father is going to tell him how to use it it would be better.

F: □ So you think they should have said something about how to use the condom.

G: □ Ja because it is not complete, especially because the child, he amy not know what to do after he has opened the condom, so maybe if the father explains in the advert what to do.

□ Ja but the message here is that parents should talk to their children about sex, not about how to use condoms, so if this young boy has a problem about using the condom, he can ask his father to explain.

Maybe his father usually bought him some sweets, so when he came back, he gave him sweets, he didn't say here I bought you some chocolates or chips or easter eggs, he just gave the child the condom.

Some people, as I said before, like myself, I'm not expecting at any time, like my father to talk to me about sex and all those things, so if you can come with a condom to me, I won't be a bit resistant, I will just kind of pretend that I know things like that even if I do things like sex, so I think that is what the boy wants to know as far as I'm concerned, so I don't know.

F: □ So you are saying it is good because it is a clear message, but you are saying it's incomplete because the father needs to say something.

□ Okay, so do your'll agree or disagree with the message being sent?

G: □ Myself I agree

□ Ja, I agree too, it's always a good idea for parents to talk to their children about sex, because most often children need to know what to do and what not to do from parents instead of friends.

□ I strongly agree that parents should talk to their children about sex.

The father didn't say anything about condoms but the adverts says love them enough to talk about sex, but he didn't say anything about sex, it was just the condom, the condom just gives you interest in the advert, but we want to know more about what the father is saying to the child.

F: □ So you are saying you need more than just the advert.

Okay but maybe the adverts is about giving parents the confidence to talk to their children about sex, and to find out more about sex and HIV/AIDS so they can talk to their children.

G: But some rural areas they will just sit and say nothing, but they will look at the picture and not get the message, you know especially the townships, if you got the condom they will think maybe you must give it to the child.

Another thing about adverts, they are a little bit tricky, like if you take for example when they advertise for KFC, like they just show you what to buy but they don't show someone eating it (everyone laughs), like the condom we know what to do with it.

Ja.

I think they are saving time because advertising is costly.

But the aim of the adverts is for the children to go to the adult and ask about sex or more for the parent to talk to the children about sex, so the parent will be teaching the child after seeing the advert, because after seeing the advert maybe he'll go and ask, what is that about, the parent trying to explain.

What is that guy giving him, and the parent will say this and this and this, and they are talking about sex, it's like an introduction to sex for the child.

Its like a right of passage for parents and children, for parents to talk to their children about sex and for children to be able to ask their parents about sex.

F: So you are saying, if the parents sees the advert, and the advert is saying love your children enough to talk to them, if the child goes to the parent the parents must now, after seeing the advert be able to talk to their child.

Okay, so what would your friends think about these adverts?

G: I think they will say it's boring because they know it's up to us, if we decide not to use a condom, it's up to you.

F: Why would you say they will find the advert boring?

G: Cause maybe he doesn't like to use a condom, so he will think it's boring.

F: So you are saying that he might look for an excuse not to use a condom, so by saying the advert is boring then he doesn't have to use it.

Ja.

F: Okay anyone else, what would your friends think of the adverts?

Would your friends pay attention to the message?

G: Ja, I think those who are serious about their lives, and those who don't care about their lives won't use the condom, so he will just take this advert and say it's boring, especially if he sees the advert over and over.

F: So after seeing these adverts, do you think parents will have the confidence to talk to their children about sex?

G: Yes I do, some parents will and some won't, those strong headed parents don't think that you should talk to children about sex, and those stupid things, they say it's stupid things, some will approve of talking to children about sex and some won't.

F: Why do you think that parents might not talk to their children?

G: I think it's because they think that they will be ashamed to talk to children about these things, but like I said before some parents are too straight, like traditional, they still want to keep the ways of their tradition, so I mean like in Zulu tradition, they are not suppose to talk to children about things like sex.

F: What about those parents who might listen to the advert, how do you think they would feel?

G: They will see that father giving that young boy a condom and talking about sex, maybe if a father wants to talk to their child about sex he will say see these things. Look at that young boy, and then maybe talk to his child.

F: How do you feel parents will react to this advert?

G: I think it will depend on how the children react, If I'm shy and I can't ask my father about stuff, then I see the advert and I can ask him.

□ Also my father can see the advert and say you see this, and then talk to me about sex and condoms.

F: How do you feel about the people they used in the adverts?

□

G: Another thing is that in these adverts they only use males.

F: How do you feel about using mostly males in adverts?

G: I think that it is the male who always initiates sex, so by targeting them maybe they will use the condom.

□ It's mostly up to the guy whether they use a condom or not so they are targeting us guys.

□ But anyway I think they should use women too because they can also ask or remind the guy about the condom.

F: Okay, do you think that these adverts are strong enough to make parents change their behaviour wrt talking to their children about sex?

G: I think it depends on the parents, if there are those parents who are modernised, it is those parents who are still traditional in their thoughts and action who won't listen.

F: Do you think parents will change their behaviour after seeing the adverts?

G: Ja, I think they will change if they are strong enough.

F: How would parents feel about the first advert?

G: I think that maybe some of them will think that he is betraying them because priests are not suppose to say sex is a wonderful thing.

□ He should say that you should start talking to your children maybe at the age of 16.

F: Okay but consider that he is the arch bishop, is he a strong enough figure to change parents behaviour?

G: Ja, I think he is, so in a way it is a good advert for our parents.

F: Okay so to attract the attention of students, what kind of adverts do you think we should have to promote safe sex?

G: You need to use a nice vibe, like the lovers plus advert, it is nice and colourful and nice to watch, it's like a bash.

□ It's real, it's how night clubs are, so we want to watch it and see what

is happening.

I think they must use the taxi drivers in adverts.

F: Why taxi drivers?

G: It's because they don't use condoms, they are like that, they don't believe in condoms, and they have a lot of women, so if we can see a taxi driver taking out a condom, then we will be interested, and we can change our minds, like they have a lot of women but they use condoms, so we must too.

F: Okay what else should we be putting in our adverts?

G: People our age, girls and guys.

The adverts should be like a night club scene.

F: So if you see an attractive advert will it make you want to use a condom?

G: No, I think there should be a good message too, like why I need to use this condom, because it might save my life or something.

F: Okay do you think the people in the lovers plus advert are like cool?

G: Ja, it's like a bash scene, and we like bashes.

F: Okay which adverts do you think is more appealing to you?

G: The second one, because it is short and attracting, but the first one is clear but it is boring.

I think you must use some females in the adverts too.

F: How would you feel if this advert (2) was a mother and her daughter?

G: No, we won't feel the same, ja because the father is the one who is in charge, so it's better if he is talking.

Maybe if the whole family could be in the advert.

F: How about adverts that show people dying of HIV/AIDS, like Nkosi Johnson?

G: Ja, we will watch, like a guy who is big then he has AIDS, and he becomes sick and weak compared to what he was.

Ja, I think that is a good idea to make people use condoms if they don't want to die.

Think it will take a strong person to come to national television to talk about their situation, maybe posters will also work.

F: So like you said people are getting bored of seeing the same adverts all the time, so something that will attract your attention is needed?

G: I don't think we are bored of seeing adverts, they are bored of seeing the thing of the condoms, I mean everyday you hear it in the radio and in the TV you hear and see them talking about using condoms, so it's like that is the thing that is boring, but the picture and the act is not boring.

Another thing is you need to frighten people, because if you are telling people softly, use a condom, they will not hear you but if you scare them they will listen, if they know and see their lives in danger.

F: Okay thank you!