

COMMUNICATING BEYOND AIDS AWARENESS

A manual for South Africa



AIDS HELPLINE
☎ 0800-012-322

By Warren Parker, Lynn Dalrymple and Emma Durden

HIV/AIDS and STD Directorate
Department of Health
Beyond Awareness Campaign

COMMUNICATING BEYOND AIDS AWARENESS

A manual for South Africa

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COMMUNICATING BEYOND AIDS AWARENESS
A manual for South Africa

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This manual provides an overview of communications with a special emphasis on the HIV/AIDS epidemic in South Africa. It is part of a broader effort to encourage deeper involvement in action around HIV/AIDS and to create effective, long-term solutions to the epidemic.

Over the period 1997 to 2000 the HIV/AIDS Directorate of the Department of Health commissioned a Beyond Awareness communications campaign that included a range of activities that were dedicated to forming a solid foundation for AIDS action.

The overall emphasis of this manual involves the understanding that for social change to take place, a carefully planned integrated approach must be taken. If we are to inspire a social movement where people feel passionately about health, human rights and self-empowerment, there needs to be an environment that supports this consciousness. There is a need to provide a framework of support for social action, where individuals and communities are in a position to mobilise around issues that affect their lives.

Social action provides opportunities for personal and community enrichment. The challenge for health workers, health and social planners, activists and teachers, amongst others, is to provide the tools for social action – and many of those tools involve media and communication.

This manual includes an overview of the issues, along with case-studies and examples that are relevant at national, provincial and local level. In general there is an emphasis on prevention, although similar principles and approaches can be applied in the provision of care and support. As the HIV/AIDS epidemic advances, care and support issues become far more urgent and programmes and strategies need to ensure increasing emphasis on these aspects.

We have included many examples and experiences from South Africa that are relevant to the South African context. Much of this information however, is equally relevant in other countries as well.

We trust that this information will help to enrich understanding of the way forward.

Warren Parker, Lynn Dalrymple, Emma Durden
January 2000

Note: This manual includes a number of different ways of accessing content, and readers should not feel that the information has to be read from cover to cover. Instead, a number of approaches can be used including:

- ▼ reading key points from the text which are highlighted alongside the main text, and accessing the main text for more detailed information
- ▼ reviewing summaries of key points at the end of each chapter
- ▼ reading case studies and examples that highlight experiences in the field

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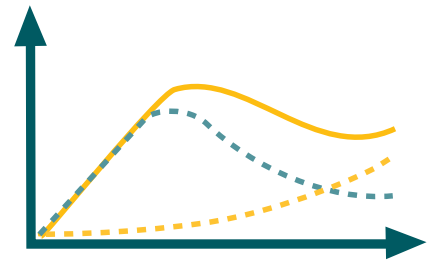
The multi-city mural project (page 61) – APT Artworks, PO Box 93562, Yeoville, 2143.
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NGO Toolbox (page 66) – Beyond Awareness Campaign, HIV/AIDS and STD Directorate, Department of Health. Tel: (011) 482-6737 Fax: (011) 482-2099

Act Alive (page 69) – Dramaide, c/o University of Zululand, KwaDlangezwa, 3886.
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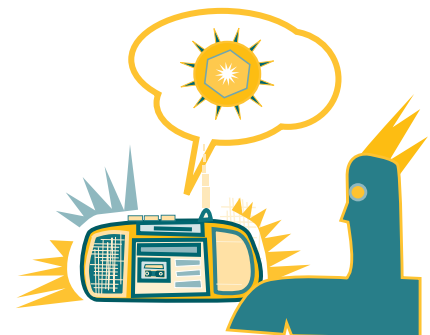
Partnership Against AIDS (page 70) – HIV/AIDS and STD Directorate, Department of Health. Tel: (012) 312-0133, Fax: (012) 326-2891

Evaluating Ulwazi Radio Project (page 86) – Ulwazi Educational Radio Project, PO Box 32402, Braamfontein, 2017. Tel: (011) 403-6519 Fax: (011) 403-1841, and
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CHAPTER ONE

SETTING THE SCENE

HIV/AIDS has given rise to tremendous social challenges and individuals and organisations worldwide have mobilised to meet these challenges. There have been many innovations, many startling successes, many costly failures, and many lessons learned along the way.

As the disease has advanced over time it has become possible to understand its complexity, but also to begin to understand what needs to be done to minimise its impact on societies, communities and individuals.

Sub-Saharan Africa's share of the global HIV infections remains high – in December 1997 the levels stood at over 20.8 million – some 68% of the international total of 30.6 million. The region's children are also the most affected with an estimated 7.8 million orphans, representing some 95% of the world total. Infection levels in Asia are also rising rapidly.

Sub-Saharan Africa's share of the global HIV infections remains high – in December 1997 the levels stood at over 20.8 million – some 68% of the international total of 30.6 million.



So what have we learned?

The global epidemic is constantly changing and we are regularly identifying new 'lessons' and trends.

▼ **At the medical level**, there is a strong connection between sexually transmitted disease (STD) infection and HIV infection. Approaches that focus on reducing STD infection have shown important benefits for reducing HIV infections. Other medical findings show that:

- Vertical (mother to child) transmission can be reduced through various drug therapies, caesarian deliveries and bottle feeding of young children. Bottle feeding however, has to be weighed against the costs of milk formula, and difficulties in maintaining hygiene in resource-poor environments.
- Good nutrition and stress reduction has also been shown to improve longevity of HIV-positive individuals.
- Drugs, particularly combinations of drugs, can reduce the levels of HIV in the body, and contribute to longevity. Intensive drug therapies however, are often too costly to implement in poor countries. Research into vaccines and cures is ongoing.

▼ **At the societal level**, research has shown that the disease tends to attack disadvantaged communities sooner and more severely than in other communities. This trend is linked to a number of social factors that contribute to HIV infection including lack of access to health and social services, poverty, labour migration, rapid urbanisation, unemployment, poor education, illiteracy, an inferior social position of women, diversities in language and culture, crime, political instability and war. In South Africa there is growing concern around the

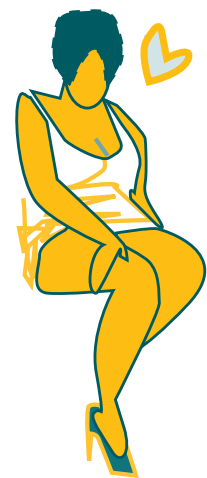
high prevalence of rape and sexual harassment, where women are subjected to violent sexual assaults that expose them to HIV, other STDs and pregnancy.

High risk groups such as intravenous drug users, commercial sex workers, migrant workers and truckers continue to show high infection rates.

HIV/AIDS also makes an impact on the socio-economic environment. The disease often affects economically active individuals and those with dependants, which results in changes in patterns of employment and economic activity. It also reduces average life expectancies and results in higher proportions of orphaned children. HIV infection places an additional burden on under-resourced health services, and results in the need to look into home-based care and other networks of care and support for people who have developed AIDS.

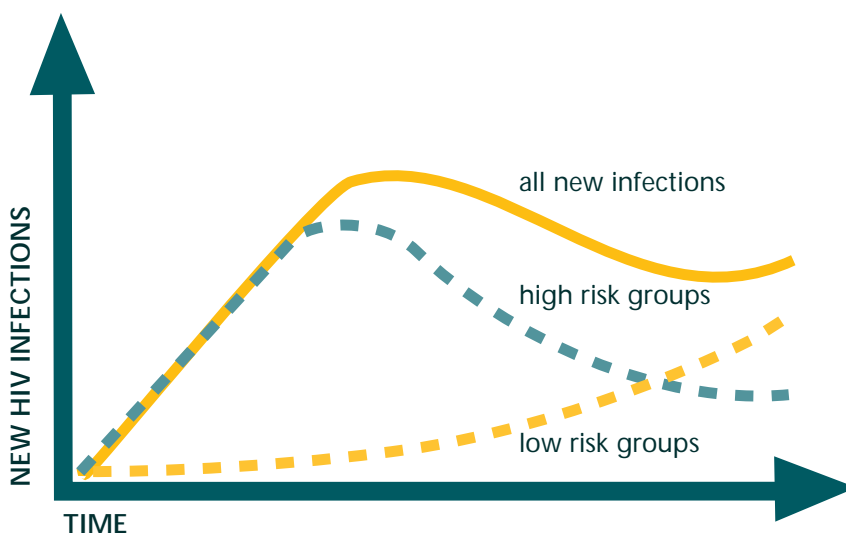
- ▼ **At the behavioural level**, it is well understood that personal choice is not always the main reason that a person becomes HIV-positive. Human behaviour is shaped by interpersonal, cultural, social and economic factors. Tackling HIV/AIDS therefore needs an approach that recognises all of these factors. We need to understand both individual behaviour as well as the complex social factors that lead to HIV infection and need to develop strategies that are holistic and integrated.

In South Africa there is growing concern around the high prevalence of rape and sexual harassment, where women are subjected to violent sexual assaults that expose them to HIV, other STDs and pregnancy.



What are the worldwide trends?

Infection trends are interesting to analyse and provide good insights into how the disease progresses over time. The graph below shows the trends for high risk and low risk groups.



New cases of HIV infection over time

The drop in levels of infection is often linked to a period where people are visibly dying from the disease, as this acts as a strong motivator for rapid social change.

What the graph shows is that HIV infection has a peak, after which infection levels drop off. The graph can be applied to national statistics, or to levels of infection in particular communities or sectors. The drop in levels of infection is often linked to a period where people are visibly dying from the disease, as this acts as a strong motivator for rapid social change. As time goes by this motivating factor becomes reduced, and there may be further periods where HIV infections increase and decrease again.

What is also shown is that when HIV enters a community, people in high risk groups within that community tend to get infected very quickly – for example, sexually active people within disadvantaged communities, or people whose work places them at higher risk, such as sex workers, truck drivers and migrant workers. Amongst high risk groups the percentage of infection is often very high – for example 80-90% infection levels amongst groups of sex workers are not unusual. New HIV infections within high risk groups therefore decrease over time because of the very high initial infection rates.

Infection levels of the lower risk groups rise much more slowly as a result of lower risk sexual activities – but the infection rates do increase over time. Lower-risk groups are often de-emphasised or ignored as targets of HIV/AIDS campaigns, and this may have longer-term consequences for these groups.



case study

Not simply a matter of choice

Preventing HIV infection is often not a matter of personal choice.

Migrant labour is a cornerstone of the South African economy, yet the social dynamics of migrant labour are at the root of high HIV infection rates of migrant labourers.

Working on the mines, for example, separates men from their families for many months of the year.

Mineworkers stay in single sex hostels and work in dangerous conditions. Social activities are limited and many miners drink alcohol, smoke dagga and have sex with commercial

sexworkers or 'girlfriends'.

Research has shown that condom use in such situations is less likely, and thus STD and HIV infection rates amongst mineworkers is high. This infection in turn impacts on the wives and partners of miners, who become infected when their menfolk return.

There are many other examples of similar situations where prevention is complex. Many communities do not have sufficient facilities to treat STD infection, condoms are not uniformly available, and crimes like rape and sexual abuse are widespread.

The challenge remains to identify the factors that contribute to HIV infection, to understand infection trends, and to apply integrated, realistic and holistic responses to the epidemic.

There are a number of examples of countries, communities and sectors where new HIV infection rates have peaked. In the gay community in the United States, for example, through a combination of interventions and social mobilisation, infection rates were very quickly reduced. Amongst injecting drug users in some European countries, the introduction of free needle schemes combined with other interventions reduced infection rates. Trends towards lower infection rates are also being seen at country level – for example, in Uganda, and also in countries in North America and Western Europe.

In South Africa, the Department of Health measures infection rates amongst pregnant women attending antenatal clinics, and then uses this information to calculate levels for all groups. By the end of 1996 it was estimated that 2.4 million adults were infected, and that 156 000 babies born since 1990 had been infected with HIV. In some provinces infection rates are increasing rapidly, while in others the levels of new infections show a lower percentage increase each year.

There are a number of examples of countries, communities and sectors where new HIV infection rates have peaked.

HIV/AIDS AND BEHAVIOUR CHANGE

One of the main goals of HIV prevention has been to promote behaviour change from high risk to low risk sexual activities – for example, having fewer sexual partners, or using condoms during every act of sexual intercourse.

case study

Community mobilisation – The gay community in the United States

During the early 1980s the gay community in a number of cities in the United States experienced a harsh and frightening phenomenon. Gay men began developing unusual cancers and lung infections that often lead to death.

There were high levels of promiscuity and anonymous casual sex was common in gym-like establishments called bathhouses.

As people began dying, and as understanding of HIV and AIDS developed, gay men began mobilising. They set up counselling groups to deal with safer sex, death and dying; distributed condoms; shut down the bathhouses; developed vibrant

media; and took to the streets to protest for greater government commitment to the epidemic.

During this time people continued to become infected, but over time the cumulative effects of the interventions began to show positive results, and the number of new infections dropped significantly. As levels of activism have decreased, there have been increases in infection rates, but these have been quickly countered by new activism.

The approaches taken give good insight into ways that any community can mobilise around the epidemic.



Early approaches assumed that all that people needed was to know about HIV, how it was spread and what the results of infection were, and they would take concrete steps to change their behaviour. But, as Jonathan Mann noted:

“To achieve behaviour change, earliest efforts in HIV prevention provided information about the dangers of AIDS along with recommendations for safe behaviour. This was the era of eager confidence – that when people learned about AIDS and knew what we knew, they would generally ‘take steps’ and ‘do the right thing’. This approach helped alert people but – not surprisingly – was insufficient to promote or sustain behaviour change.”

Clearly, the prevention of HIV infection is about developing a range of strategies and interventions that support behaviour change.

Clearly, the prevention of HIV infection is about developing a range of strategies and interventions that support behaviour change. The goal can never be absolute eradication of HIV infection because the factors that lead to HIV infection are often beyond an individual's control – we cannot change poverty, illiteracy, urbanisation, culture, gender relations and other factors overnight. There is a need, therefore, to accept that a varying percentage of people will inevitably become infected. Behaviour change and social change are long-term processes that take place over years of diverse strategies and interventions, and change cannot take place over short periods.

The goal is to lower the rates of infection as quickly as possible, but this takes time. Effective intervention means that activities need to be planned over the longer term, and that there has to be careful consideration of the provision of resources and of communication messages.

AN INTEGRATED APPROACH TO HIV/AIDS MANAGEMENT

HIV/AIDS is not just about prevention – it is about creating and applying a series of interventions that are co-ordinated and that bring together prevention, care and support activities. Managing the epidemic is a process that involves:

- ▼ Research
- ▼ Setting clear goals, objectives and outputs
- ▼ Developing strategies
- ▼ Developing and/or refining resources
- ▼ Providing communication support
- ▼ Evaluating activities
- ▼ Refining goals, objectives and outputs

The integrated strategy wheel on the following page shows how each of these steps is related.



Research

Research involves finding out information about the situation at hand – for example, what is the extent of HIV infections, what are the trends for various social groups, or what activities are linked to HIV infection. Information is also required about lessons learned worldwide, especially in similar contexts.

Existing resources and resource needs also need to be analysed – for example:

- ▼ How many clinics are there?
- ▼ How many health workers are there?
- ▼ Are health workers sufficiently trained?
- ▼ Can free condoms be made available?
- ▼ What is the reach of the condom social marketing programme?



Setting goals, objectives and outputs

Clear goals and objectives for HIV/AIDS activities are obviously crucial to planning a way forward and measuring success over time. Quite often however, these are poorly stated and poorly assessed.

Goals and objectives are simple statements that show what is to be achieved through a particular activity. Goals are general statements – for example: “To reduce the numbers of new HIV infections,” whereas objectives are much more concise, specific and attainable – for example: “To increase free condom distribution at clinics in Gauteng by 30% within a twelve month period.”

Objectives are not always easy to set because the current situation may not always be measurable – for example, there is a need to know current levels of condom distribution before there could be measurement of any increases.

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Even if the current situation is not easily measurable, it is important to think through and state objectives, and also to focus on indicators. The term 'indicators' refers to ways of measuring whether objectives have been attained – so, for example, the number of condoms distributed would be an indicator.

Measuring anything requires research, and planners need to look at ways to measure and analyse various aspects of the epidemic. It may be possible to implement internal systems for measurement – for example, recording systems for condom distribution.

Developing strategies

Strategies are the practical expression of goals and objectives and involve the steps to be taken to achieve the desired results.

Achieving the objective of increased condom distribution would require a number of steps including:

- ▼ Ensuring sufficient stock levels
- ▼ Identifying appropriate distribution sites



case study

What is social marketing?

Social marketing has various definitions. These relate mainly to the idea of using conventional commercial marketing techniques to achieve social benefits. This can include the promotion of certain ideas and can include the promotion of actual products.

In South Africa, social marketing techniques are applied to the promotion of *Lovers Plus* condoms by the Society for Family Health (SFH). SFH has set out to reach lower-income consumers by using donor subsidies to reduce the retail price of *Lovers Plus* to a

third of that of commercial brands.

The condoms are sold in conventional outlets such as pharmacies, cafes and supermarkets, but are also sold in spazas, shebeens, and taverns.

Socially marketed condoms fill a valuable niche between free condoms and commercial brands. Free condoms are available mainly through clinics and are thus not readily accessible, while commercial brands are prohibitively expensive to lower-income consumers.

SFH is working towards a 'five-minute rule' which sets out to ensure that condoms are available within five minutes of when or where they are needed.

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

- ▼ Ensuring that there is sufficient logistical support for stocking distribution sites, and measuring distribution levels
- ▼ Developing policy guidelines for staff at distribution sites
- ▼ Providing training to staff who can in turn train and counsel potential users
- ▼ Networking with other organisations and individuals in the field that can support distribution, counselling, etc.
- ▼ Networking with condom social marketing programmes and commercial distributors
- ▼ Providing informational leaflets, posters and other media
- ▼ Promoting condoms through participatory and dialogue-oriented methods
- ▼ Promoting condoms in the mass media
- ▼ Providing resource equipment such as condom distribution boxes and condom demonstrators

Each step in the strategy involves financial and other resources and requires the support of a committed team of people to carry forward the tasks timeously. Strategies therefore benefit from the development of detailed written strategy documents that include clearly defined tasks, budgets, persons/agencies responsible, details of outputs, and timelines.

Each step in the strategy involves financial and other resources and requires the support of a committed team of people to carry forward the tasks timeously.

Developing and refining resources

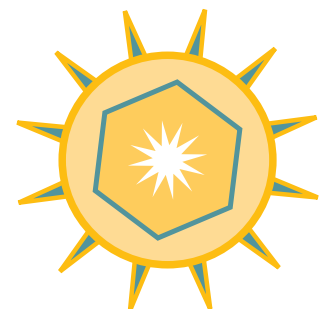
In most contexts, there are existing resources that can be accessed – for example existing condom supplies, clinic infrastructures and the like. In some cases however, there may be a need to develop additional infrastructure and resources. The primary concern is to ensure that promotional activities have sufficient back-up.

Providing communication support

HIV/AIDS is a largely invisible disease that can only become real in people's minds if they can connect real things to the disease. Every HIV/AIDS intervention therefore, needs to be promoted and publicised in some way, so as to awaken the notion that HIV/AIDS is real.

Making HIV/AIDS real does not necessarily mean a greater visibility of HIV-positive individuals – instead, seeing condoms promoted in clinics, or having HIV/AIDS referred to in the mass media, or seeing the red ribbon logo connected to various activities all help to bring the disease into the foreground of people's awareness.

It is important to be cautious about communication activities that are not linked to resources on the ground. There are many examples of HIV/AIDS communications activities that have been



undertaken to achieve political rather than practical goals, or to fulfil the requirements set out by donor or other agencies, or to spend unspent budgets within set deadlines.

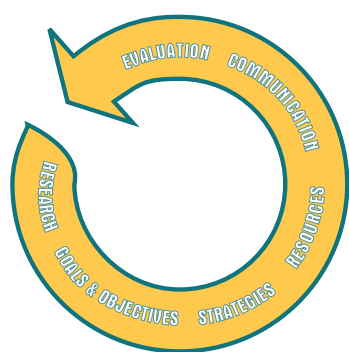
Every activity needs to have some way of evaluating its success or failure, and of exposing the lessons learned.

Evaluation

Every activity needs to have some way of evaluating its success or failure and of exposing the lessons learned. HIV/AIDS is a dynamic disease and it requires a dynamic response. Evaluation helps to understand what has been achieved, and contributes that planning future strategies.

Approaches include various methods of quantitative and qualitative research. Quantitative research refers to approaches to show overall trends by analysing information and numbers. Typical approaches include questionnaires and surveys. Qualitative research looks more closely at the individual, and looks at in-depth information. Typical approaches include focus groups and in-depth interviews.

Goals and objectives must recognise that dealing with HIV/AIDS requires a medium-to-long-term approach that sees interventions being implemented over a number of years, with strategies taking into account shifts and changes in the epidemic. They obviously need to be based on the best available research within a country or context, as well as analysis of international trends.



DEVELOPING INTEGRATED STRATEGIES

The integrated strategy wheel shows the cycle of activities needed for managing the epidemic. The strategy wheel is relevant whether one is working at national, provincial, regional or community level.

In most cases, multiple strategies will need to be adopted, each of which can run parallel to the other. Here are some examples of such strategies.

Prevention strategies

Prevention strategies in an African context have generally focused on three main areas – promotion of general HIV/AIDS awareness, condom promotion and the management of STDs. There has also been an emphasis on high risk groups – for example sex workers and truck drivers. Prevention strategies usually have education as their main activity. Strategies include, for example:

- ▼ Use of a wide range of conventional media (TV, radio, print, and outdoor media) popular and small media (theatre, drama, posters, leaflets, booklets, and utility items) to promote general knowledge and awareness.

- ▼ Promotion of condoms and distribution of free condoms through clinics, hospitals and other venues and social marketing of condoms through commercial networks.
- ▼ Promotion of awareness of STDs and implementation of syndromic approaches to treatment of STDs.
- ▼ Introduction of lifeskills education for youth in and out of school.
- ▼ Promotion of awareness amongst specific high-risk groups – for example sex workers, truckers, migrant workers.
- ▼ Promotion of social movements that endorse social change and/or safer sexual activity. These may range from condom promotion or abstinence campaigns, to links with political or other social movements that focus on issues of rights, gender and the like.



Each of the strategies should be framed by clear objectives – for example, to change levels of awareness, or to challenge particular myths. Objectives can then be reviewed in the evaluation component.

Objectives should be realistic and it should be stressed that, given the complex social and economic consequences of each individual HIV infection, the prevention or delay of even one infection can be considered to be a considerable victory.

Evaluation of general awareness is usually accomplished through Knowledge, Attitude and Practice (KAP) surveys, but rapid assessment of progress can also be accomplished through the use of focus groups and interviews with representatives of the target audiences.

Objectives should be realistic and it should be stressed that, given the complex social and economic consequences of each individual HIV infection, the prevention or delay of even one infection can be considered to be a considerable victory.

Support strategies

Communication for prevention can only be effective if it has a support component. Promoting condoms, for example, is pointless if people cannot easily access them.

Support strategies are not necessarily only related to prevention – they also include strategies that focus on people infected and/or affected by HIV/AIDS.

Support strategies usually involve some level of direct interaction with the target audience. They offer a practical framework of support to prevention objectives. Examples include:

- ▼ Identification of existing resources – for example, clinics, hospitals, specialist services within government, specialist NGOs and other organisations, financial resources, etc.
- ▼ Identification of resource gaps – for example, condom supply, funding, care of orphans, TB treatment.
- ▼ Provision of condom distribution networks, condoms and systems of access within clinics and other venues.

- ▼ Provision of treatment facilities for STDs and HIV/AIDS related infections.
- ▼ Provision and promotion of specialised care facilities, systems of home-based care, and care of orphans.

Support strategies rely on existing resources, policies and guidelines, and require budget commitments over several years to maintain. Planners may need to review:

- ▼ Development of policies and guidelines – for example, condom distribution guidelines, STD treatment guidelines, PWA policy, gender policy, language policy, etc.
- ▼ Development and implementation of legislation, especially around issues of HIV testing, employment and rights.
- ▼ Budgeting and strategic development of an expanded resource base – for example, new clinics, specialised HIV/AIDS centres, increased condom supply, increased supply of STD drug therapies, and the like.

Evaluation of support strategies generally involves measuring changes in numbers – for example, number of condoms distributed, number of visits to STD clinics or new services introduced.



Mass media such as radio, television, print and outdoor media are able to provide information that is awareness oriented.

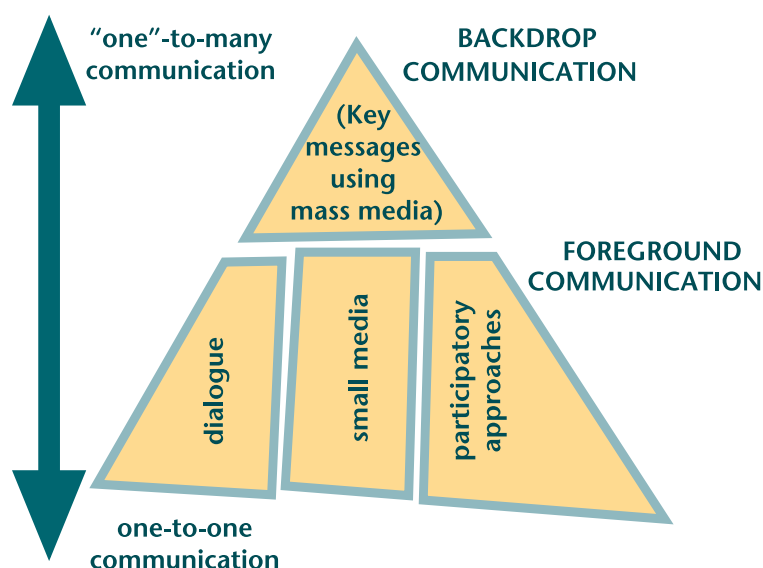
Communication backdrop and mass media

Every HIV/AIDS intervention needs to be supported by communication activities. Each intervention has various audiences, and thought has to be given to key messages, and to ways of conveying those messages to each audience. For example, the objective of increasing free condom distribution at clinics has to be built on effective communication of policies and guidelines to the health workers involved in implementation. This can be supported by small media such as posters and leaflets, condom distribution boxes and general advertising campaigns that promote free condoms.

Mass media such as radio, television, print and outdoor media are able to provide information that is awareness oriented – for example, key messages about various aspects of the epidemic. On their own however, such media cannot bring about behaviour change – these media mainly provide a communication backdrop.

An integrated communication strategy has to consider the range of media options available, including approaches that involve small media, dialogue and participation. It is these latter approaches that contribute more favourably to behaviour change through supporting activities at grassroots level.

Mass media communication is by its nature, simplified and often simplistic. It does however contribute to maintaining a general awareness about HIV/AIDS and allows people to



This diagram shows how mass media allow for backdrop communication through promoting simple key messages. Dialogue, participation and small media provide additional support in a direct way. This is foreground communication.

internalise key messages over time. It helps to reinforce the impact of other activities and resources that are closer to the ground. Approaches include:

- ▼ Development and promotion of logos, jingles and other devices to link AIDS communication.
- ▼ Provision of television and radio commercials or public service announcements.
- ▼ Provision of newspaper and magazine advertisements.
- ▼ Provision of billboards, murals, taxi and other outdoor advertising.
- ▼ Provision of television, radio and print media information, incorporating press releases and formalised public relations strategies.



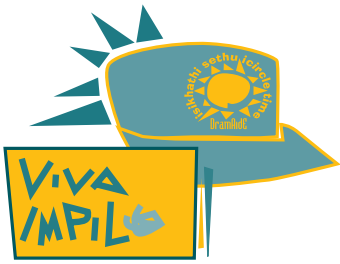
Communications activities that provide a backdrop are often very expensive. Specialised assistance can be provided by advertising and public relations agencies. Evaluation can be through quantitative surveys and focus groups.

Communications activities that provide a backdrop are often very expensive.

Small media

Small media include:

- ▼ Print media, such as stickers, posters, leaflets, booklets and flipcharts
- ▼ Audio media such as audio-tapes or compact discs
- ▼ Audio-visual media such as videos and slide-tape shows
- ▼ Visual media such as slides, photographs, displays, murals, signs and graffiti
- ▼ Utility items such as t-shirts, caps, peaks, badges, pens, rulers and key-rings



A limitation of small media is the process of distribution... Small media tend to be produced outside of conventional distribution channels, and it is often necessary to develop a detailed distribution strategy for each product.

- ▼ Interactive media such as the internet and other computer-based media.

Small media can sometimes be used to imitate mass media – for example, billboards and murals can be used in similar ways; audio tapes can be used to imitate radio programming.

Small media tend to be produced with specific audiences in mind, and distribution systems are often less formalised.

Small media are particularly useful in support of dialogue and participatory activities – for example, people can be given leaflets during events, or following counselling sessions.

Small media are dynamic because their relatively low cost and simpler technology allow for greater control over content and meaning. Language can be specifically tailored to particular audiences and local language and symbolism can be catered for.

A limitation of small media however, is the process of distribution. Most mass media incorporate established distribution systems and are able to provide access to well-defined audiences. Small media tend to be produced outside of conventional distribution channels, and it is often necessary to develop a detailed distribution strategy for each product.

Dialogue-oriented strategies

Research suggests that in spite of good levels of knowledge and awareness of HIV/AIDS issues, individuals still have specific questions related to their own situation that remain unanswered. Often information is conveyed poorly in terms of language or conceptualisation, and this contributes to the perpetuation of myths. Strategies that overcome some of these problems include:

- ▼ Provision and promotion of counselling services
- ▼ Provision and promotion of telephone helplines that offer multilingual counselling and information
- ▼ Provision and promotion of radio and television panel discussions, write-in and call-in shows
- ▼ Provision of television and radio dramas that facilitate discussion
- ▼ Provision and promotion of drama, theatre, workshops and events that incorporate dialogue at community level



Dialogue-oriented strategies can work at an individual level, for example an individual phoning a helpline or contacting a counselling centre – and at a group level, for example, people discussing what happened in a television drama. Strategies can be evaluated by assessing the number of callers to helplines or talkshows, access to counselling services, or qualitative approaches such as interviews with users.

Participatory strategies

Much HIV/AIDS communication tends to be directed at people without deep research into their needs and without reflecting on their unique perspectives. Participatory approaches allow representatives of target audiences to be drawn into the message-making process, and can include participation in additional awareness and action activities. Individuals drawn into participatory communication activities often make marked changes to their own behaviour, and become catalysts for change at community level. Strategies include:

- ▼ Media product development including, for example, development of posters, murals, radio messages
- ▼ Marches, parades and events
- ▼ Participatory theatre and performance at community level
- ▼ Songs, poetry and other folk media
- ▼ Consultation and participatory implementation of activities at community level
- ▼ Peer counselling
- ▼ Development of clubs and special interest groups.

Participatory approaches offer excellent opportunities for overcoming language and cultural barriers, since members of the target audience become active communicators amongst their peers. Such activities can be supported by small utility media such as caps, t-shirts, badges and other items that allow individuals to show their support for particular HIV/AIDS messages or to show their membership of HIV/AIDS support groups. Evaluation of strategies is usually conducted using qualitative research techniques.

ISSUES TO CONSIDER

It is possible to apply an integrated HIV/AIDS strategy at national, provincial, regional or local level. Every situation requires active research, clear goals and objectives and includes consideration of resources that will support activities. Each level of strategy and intervention requires a related strategy for communication and evaluation.

A number of issues should also be considered with regard to communication including language, literacy and culture; urban and rural contexts and gender. These are discussed in greater detail in subsequent chapters.

Language, literacy and culture

There are eleven official languages in South Africa – English, Afrikaans, Zulu, Sotho, Xhosa, Tswana, Pedi, Ndebele, Siswati,

Participatory approaches allow representatives of target audiences to be drawn into the message-making process, and can include participation in subsequent awareness and action activities.

In practice, speakers of the less predominant languages have tended to become marginalised from the mainstream of HIV/AIDS information.



Venda and Tsonga. In addition, a range of other languages are spoken by immigrants and migrant workers.

HIV/AIDS messages and materials are seldom available in all official languages, and often it is assumed that people can understand at least one of the dominant languages – English, Afrikaans, Zulu, Xhosa, Tswana or Sotho.

Ideally people should have the opportunity to receive information in their first language, and furthermore, they should be able to engage in dialogue in the language of their choice. In practice however, speakers of the less predominant languages have tended to become marginalised from the mainstream of HIV/AIDS information.

Literacy levels of the target audience need to be considered. This applies not only to the ability to read text, but also to interpret visual information such as photographs, graphics and symbols. Cultural codes are often different so, for example, hand gestures, styles of dress, and colours may have different meanings in different cultures and contexts.

Urban and rural contexts

The contexts within which people live dramatically influence their vulnerability to HIV infection, and their ability to cope with AIDS. Over and above access to basic resources however, there are also disparities in terms of access to information, and rural communities are often at a greater disadvantage because of lack of understanding of their systems of communication.

Whilst mass media do reach into rural communities, these approaches to communication do not necessarily integrate efficiently into traditional communication systems. Traditional leaders and structures can exert strong influences on community perceptions and can be effectively integrated into campaigns. Localised song, dance, drama and poetry can also be used to support mass media communication. These latter approaches are discussed in detail in Chapter Four.

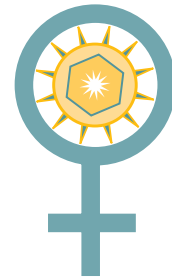
Gender

HIV/AIDS affects the sexes differently and in many countries more women than men are infected and affected by the disease. This is due to a number of factors including:

- ▼ Physiological factors such as the greater surface area of the vagina and the penetrative nature of sexual intercourse which results in greater contact with HIV. Sexually transmitted diseases are also harder to detect in women, and consequently a greater percentage of women have untreated STDs.
- ▼ The fact that younger women are more exposed to vaginal trauma because of the smaller size of their genital tracts and

factors such as tearing of the hymen during onset of sexual activity.

- ▼ The lack of access to female controlled barrier methods.
- ▼ The prevalence of sexual abuse and rape which is perpetuated by under-resourced policing and justice systems. Men are also known to seek sex with 'virgins' who are unlikely to be infected with HIV. There are also other myths such as "having sex with a virgin cures AIDS".
- ▼ The economic dependence of women on men, and the exchange of sexual favours for economic and other support.
- ▼ The association of migrant labour with increased vulnerability to HIV infection – a process that in turn increases the vulnerability of partners of migrant workers.
- ▼ Sexual practices such as receptive anal intercourse and the use of vaginal drying agents.



Under-resourced health and social systems place a greater burden on women. HIV-positive women who are pregnant or who are nursing young children need access to information and resources. Female family members are also the most likely care providers for children who have lost one or both parents to the epidemic. HIV/AIDS prevention and support strategies need to recognise aspects of gender vulnerability, and to address the provision of economic and social support systems.

case study

Mercy's story

Mercy Makhalemele was pregnant when she was diagnosed HIV-positive. She and her husband separated when she informed him of her diagnosis. Not long after reconciling, he became ill and died.

She not only lost her husband but also her baby daughter Victoria, who died aged two. Her son, Thabang, is healthy and lives with her parents, but fears for the day when he will be left an orphan.

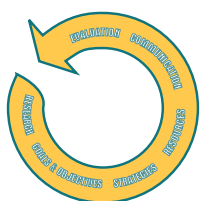
When she told her family, they did not understand the issues and her mother was afraid to touch her. But Mercy emphasises that this response is the norm amongst people who are ignorant of the disease, it is not a sign of rejection.

Five years after diagnosis Mercy is still

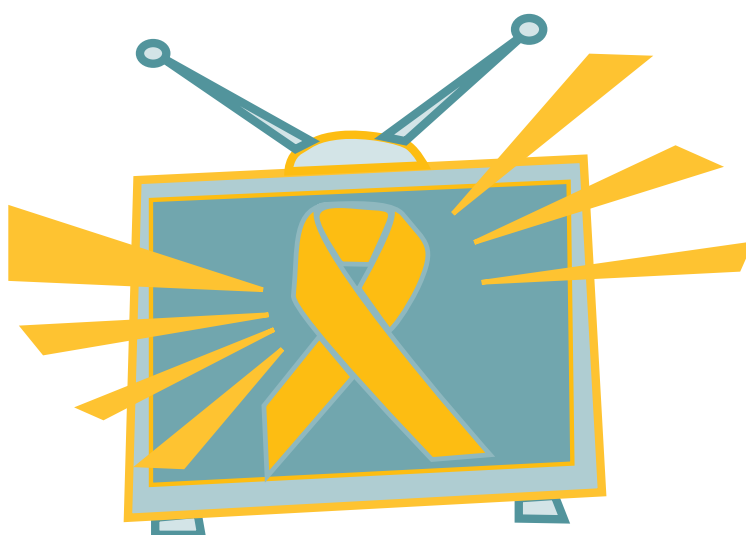


healthy and very involved in AIDS awareness initiatives. She can't explain why she hasn't fallen ill yet, but to outside observers it is because of her incredibly positive attitude. She has done voluntary work for three years and she says "I can't stop work now. It has helped me, changed me. I have learned a lot through this experience, but it wasn't easy."

KEY POINTS IN THIS CHAPTER



- ▼ HIV/AIDS is not only a health or a medical problem, but is also a social problem that has broad implications for the whole of society. As a result, action needs to be taken around dealing with the disease within the context of all its consequences.
- ▼ Preventing HIV/AIDS is not simply a matter of personal choice. The contexts within which infection occurs are complex. Factors such as poverty, illiteracy, urbanisation, gender relations and the like cannot be changed overnight.
- ▼ The challenge for each society is to identify factors that contribute to HIV infection, and the implications of such infection. Both short-term and long-term integrated responses need to be developed.
- ▼ An integrated strategy should include research, setting of goals, objectives and outputs, development of strategies, developing and refining resources, providing communication support and evaluating activities.
- ▼ Prevention strategies are usually communication oriented. These strategies require clear objectives and should include an evaluation component
- ▼ Support strategies involve direct interaction and can be used to provide back-up to communication for prevention.
- ▼ A communication backdrop using the mass media allows for awareness of key messages.
- ▼ Small media provide opportunities for more direct interaction with audiences, but require careful planning around distribution.
- ▼ Dialogue-oriented strategies allow people to express their needs and to understand the issues affecting them more clearly.
- ▼ Participatory strategies allow audiences to be drawn into the message-making process, and offer potential for behaviour change.
- ▼ Language, literacy and culture influence the way people access and understand communication messages.
- ▼ Urban and rural communities have different systems of communication.
- ▼ HIV/AIDS affects men and women differently, and women are more vulnerable to infection and to the consequences of the epidemic.



CHAPTER TWO

UNDERSTANDING COMMUNICATION

Communication is part and parcel of our every day lives, and because of this, it seems relatively easy to understand. We are constantly receiving information from others, both interpersonally, and through various media.

A common understanding of communication is that it is a process whereby a communicator intentionally communicates a message to a receiver. If we were to draw a model of this understanding it might look something like this:



The communicator sends a message to a receiver, and the receiver responds. This way of modelling communication – often referred to as Communicator-Message-Receiver or CMR – seems fairly logical and common sense, and most people conceptualise communications in this way.

As we reflect on the communication process however, this model seems to be somewhat limited. Communication is seldom a two way process – a large proportion of the messages we receive are through television, radio, print and outdoor media which tend to move in one direction only.

Messages using mass media are seldom received uniformly and each person responds differently to the message. Some messages work in a propagandistic way – for example, advertising – which uses imagery, symbols, logos, jingles and repetition to create awareness of products and brands in peoples' minds. Other messages work more passively – for example, entertainment programmes – which may bring about emotional and intellectual responses amongst receivers.

The fact that people are able to internalise meaning – for example, product brand names and brand images – demonstrates the successful effects of such communication. However, beneath the messages are a variety of interpretations, and effective communication depends on factors such as common language, common understanding of imagery, ability to understand the way messages are delivered, and so on.

In essence, the communicator and receiver need to have an ability to share meaning.

Constructing meaning

One problem with the CMR model is that it implies that the communicator and receiver are easily identifiable individuals. If

As we reflect on the communication process however, the model seems to be somewhat limited. Communication is seldom a two way process – a large proportion of the messages we receive are through television, radio, print and outdoor media which tend to move in one direction only.

we think of one-to-one (interpersonal) communication – communication between two people – the CMR model is useful in visualising the process. However, most communication that uses media forms such as television, radio print and outdoor media uses messages that are developed by ‘teams’ of communicators – for example, a newspaper article is the product of a journalist, a sub-editor, an editor, and a layout artist, all of whom work collaboratively to create meaning.

When messages are created, the way they are expressed is based on an understanding of the receiver’s ability to interpret the message. In the case of interpersonal communication it is possible to deal with misunderstanding, because the receiver has the opportunity to ask for clarification and the communicator and receiver can construct meaning through their interaction. In the case of mass media however, communicators have to develop an understanding of mass audiences. In such instances, audiences are usually grouped according to various characteristics – for example, language, age, culture, economic class, educational level and so on. Understanding of these audiences is usually built up over time through research and experience.

It is interesting to begin thinking about communication from the receiver’s point of view. Whilst the communicator might create the *message*, it is the receiver who creates *meaning*. Messages do not enter peoples’ heads exactly as the communicator desires – messages are interpreted and analysed intellectually and meaning is constructed by the receiver. What we understand and how we understand is a product of a long history of experiences and intellectual development and meaning can change over time.

Both communicators and receivers are subject to varying influences, and it is *impossible* to generate shared meaning in the absolute sense. What the diagram below shows is that both the communicator(s) and receiver(s) are products of a range of influences including, for example – age, religion, education, gender, language, culture and so on. These diverse factors colour each person’s understanding of the world they live in and determines how each communicates and receives information. This influences the process of constructing and interpreting meaning.

In the case of interpersonal communication it is possible to deal with misunderstanding, because the receiver has the opportunity to ask for clarification and the communicator and receiver can construct meaning through their interaction.



Goals and objectives for health communication can only be set if there is a realistic understanding of the complex factors that influence health in the first place.



Messages and meaning

Although meaning can never be conveyed absolutely, it is possible to build up meaning over time – either through interaction at the interpersonal level – or through the use of a combination of multimedia and interactive approaches when dealing with larger audiences. Goals and objectives for health communication can only be set if there is a realistic understanding of the complex factors that influence health in the first place.

The role of communication in influencing health therefore, requires an integrated approach that includes a clear understanding of people's contexts, and the various preventative and support strategies required to promote and improve health.

Understanding the audience

Whether one works at national, provincial, regional or community level, it is necessary to have a clear understanding of various audiences. In the case of HIV/AIDS communication, the following information would contribute to the development of sound communication strategies:

- ▼ **Population** – What is the size and distribution of the target population? Where are they located geographically? What is their age and sex distribution?
- ▼ **Language** – What languages are spoken – home language as well as second and/or third languages?
- ▼ **Literacy and education** – What are the literacy levels? What are the educational levels?
- ▼ **Socio-cultural factors** – What are the levels of knowledge and awareness of HIV and related issues? What are the myths? What are the beliefs and needs? How does gender influence infection? What are the power relationships between people? Who are the community leaders?
- ▼ **Economic indicators** – What activities are people engaged in? What/where are the major workplaces? How many people are unemployed or informally employed? What are the conditions that people live in – for example, housing, water, sanitation?
- ▼ **Health indicators** – What health problems affect people? What are the priority health problems?
- ▼ **Infection trends** – What are the infection trends of STDs and HIV? Which high risk groups can be identified? What are the trends amongst low risk groups?
- ▼ **Health infrastructure** – How many clinics and other health facilities are there? What services do they provide? Are STDs managed appropriately – for example, drugs available, syndromic management? Are free condoms available? Are socially marketed and commercial brands available? What resources are available for care and treatment of people with HIV/AIDS?

- ▼ **Organisational/social infrastructure** – Which NGOs, government departments, and other social formations are involved in HIV/AIDS management? Which institutions can become involved – for example, schools, religious formations, police, prisons, civic associations, workplaces, unions, etc.? Which community leaders and other resource persons can become involved? Which organisations/agencies can provide specialised skills – for example, consultants, NGOs, specialist agencies, etc?
- ▼ **Communications infrastructure** – What mediums do people have access to – for example, radio, community radio, television, newspapers, community newspapers, magazines, outdoor media, etc? What media are popular – for example, specific radio programmes, magazines, etc. Where do people gather – for example, sports events, commuter sites, social events, shopping centres, shebeens, etc?
- ▼ **Policies** – What policies are relevant to HIV/AIDS management – for example, pre-employment testing, syndromic management of STDs, free condom distribution guidelines, counselling guidelines, etc? Are new policies and guidelines needed?
- ▼ **Barriers to effective implementation** – What are the barriers to effective implementation – for example, lack of staff, lack of funds, lack of training, lack of support agencies, under-resourced clinic services, political strife, crime, etc?



Information is not always easy to access and statistics for disadvantaged communities are seldom available, but data can be built up over time.

Information does not necessarily have to be statistical – it is possible to answer many questions through qualitative research (the use of interviews and focus groups), or through less formalised ‘dipstick’ research that sets out to answer one or two basic questions.

The key is to know the audience and understand their context. It is only through this knowledge that realistic objectives can be set and realistic interventions applied.

Information is not always easy to access and statistics for disadvantaged communities are seldom available, but data can be built up over time.

DEVELOPING COMMUNICATION STRATEGIES

In Chapter One it was shown that HIV infection is largely influenced by the contexts within which people live. Bringing about behaviour change, or providing a framework of support for existing appropriate behaviours, requires effective communication and the provision of resources.

Requirements include:

- ▼ **Awareness** – people need to be aware that there is an alternative to the situation within which they find themselves.



- ▼ **Motivation** – people need to be inspired – they need impetus to change things in their lives that are unsatisfactory, and they need to feel that there are benefits to their own involvement in the change process.
- ▼ **Ability** – realistic goals need to be set, and tangible and practical actions need to be put forward.
- ▼ **Environment** – a climate for change needs to be created. This means provision of resources, and a framework of acceptance for change.

The following sections and chapters show how communication can be used to support these elements.

For HIV/AIDS communication activities to be effective it is necessary to create a sense that the epidemic is real, and that it is important to mobilise around the disease.

CREATING A MASS MEDIA BACKDROP

For HIV/AIDS communication activities to be effective, it is necessary to create a sense that the epidemic is real and that it is important to mobilise around the disease.

A communications backdrop uses mass media to create ‘top of mind awareness’ and help those working on the ground to legitimise their activities.

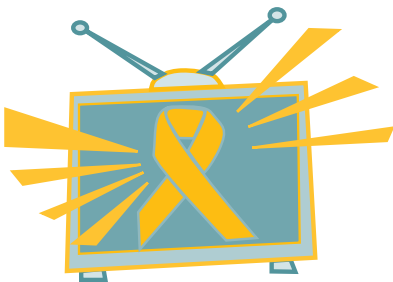
Logos and symbols

Logos and symbols offer a way to create unity between a wide range of communication messages, allowing the target audience to build up interpretations and meaning over time. Logos are often meaningless within themselves, but gain meaning when they are associated with other messages.

The red ribbon has come to symbolise the international struggle around HIV/AIDS, but this meaning has only developed through continued association with other HIV/AIDS messages. Through this association, the red ribbon has become a ‘trigger’ or reminder that links to an individual’s deeper perceptions and understandings of HIV/AIDS.

A similar approach is taken in product marketing – most products start out with meaningless names like Coca-Cola, or Nike or Colgate, or meaningless logos such as the Nike flash/swoosh and the Colgate stripe. As these products are marketed and manipulated through advertising, and their logos repeatedly displayed, a deeper, more complex perception of the product emerges. They build meaning around themselves, and over time simply mentioning or seeing the logo conjures up perceptions such as utility, quality or class associated with the brand.

The meaning of the brandname and logo is dynamic and relates to the product’s performance in the marketplace. In a similar way messages about AIDS can be linked by using the red ribbon – people can show their concern and solidarity by wearing



a red ribbon, and even the colour red can become associated at a subconscious level with HIV/AIDS issues. The logo thus carries with it the complex combined meanings of all its positive and negative connotations, and can elicit both an intellectual and an emotional response.

Other repetitive and symbolic approaches can be used to develop meaning in a similar way – for example, using jingles or songs, gestures, or actions such as lighting a candle to remember those who have died.

Simplicity and repetition is the key to the success of logos and symbols. Making logos too complex (or meaningful), for example, may result in adverse cultural interpretations. It may also be necessary to use the logos or other symbols differently for different target audiences.

Simplicity and repetition is the key to the success of logos and symbols.

case study

The South African HIV/AIDS logo

In 1991 an advertising agency was commissioned to develop an HIV/AIDS advertising campaign for the Department of Health.

The process was particularly difficult because it involved working within the then 'apartheid' government, and within a context of previous campaigns that had been criticised and discredited by various HIV/AIDS activists.



There were several elements to the campaign including the development of a logo which incorporated a yellow hand and the slogan – “AIDS, don't let

it happen.”

In essence, any image can become established as a logo, through repetition and linking with more detailed information. The yellow hand was criticised on a number of fronts – particularly for its poor connection with other HIV/AIDS icons, and for what it represented politically.

In 1995 the potential for a new logo was reviewed and it was decided to incorporate the internationally recognised red ribbon into the logo and to apply the slogan “A new struggle”.

The slogan was an attempt to capture the impetus of the popular activism that had given rise to the change in government.

This logo was used extensively on advertising material, but was limited by the fact that it had never been properly launched, and was seldom contextualised.

In 1997, as part of a further national campaign initiated by the Department of Health, the logo was once more revised, and a more pragmatic approach was adopted.

The red ribbon part of the logo was retained to ensure the benefits of any previous repetition, but the slogan was replaced with the words “AIDS Helpline” together with the national tollfree helpline number.

The logo was also launched publicly and distributed to representatives of the mass media and to HIV/AIDS communicators.

This approach allowed for widespread publicity of the national helpline number and promoted the notion of dialogue.



Accessing the mass media

It is difficult for individuals to interpret complex messages delivered via the mass media. Mass media are effective for raising awareness and improving knowledge, but mass media campaigns need to be supported by other communications activities and provision of resources on the ground. The main benefit of mass media is that they incorporate a delivery/distribution system that allows information to reach specific audiences.

Mass media are best suited to the delivery of simplified key messages in support of more direct activities. Utilising mass media is, however, an expensive process that is dominated by commercial interests, and expertise in promoting commercial products.

Mass media products such as television channels, radio stations, newspapers, magazines and billboards are developed in such a way as to provide access to well-defined audiences. For example, the television soap opera 'The Bold and the Beautiful' attracts a particular kind of viewer. Research is used to analyse the size of the viewing audience and a profile of the audience is developed – for example analysis of age range, gender, educational level, economic level and so on.

This information is of particular interest to advertisers who are able to buy advertising space that effectively reaches specific audiences. Revenue raised through advertising contributes to cost recovery and profit.

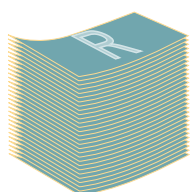
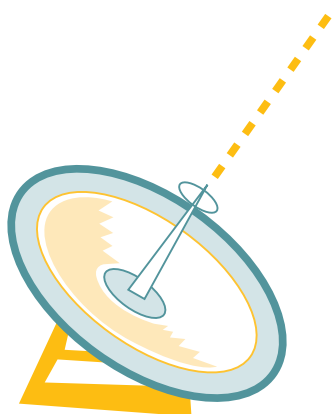
Communication through mass media is achieved through a range of approaches including the use of advertising spots, public service announcements, press releases, comment on talk shows and panel discussions, interviews, and development of programming material or articles.

Television

Television is a costly medium that is capable of delivering audio-visual information nationally. In South Africa, television channel options are confined to three multilingual channels of the South African Broadcast Corporation (SABC) and M-Net, an English language entertainment channel.

Because of its national reach, complexity and cost, television is best suited to national HIV/AIDS communication activities, although provincial and local activities can use the medium sporadically. A multilingual approach is difficult to employ because of cost factors. Options for access include:

- ▼ **Commercial advertising:** The most efficient way of reaching well-defined television audiences is through paid-for advertising. This approach is widely used for promotion of commercial products, and can be used to promote issues related to HIV/AIDS. Costs are extremely high however, and



messages need to be limited to achieving single objectives – for example, popularising a national helpline, or promoting the idea of access to free condoms.

Television commercials are typically 30-seconds long, and rely on carefully timed and targeted repetitions to ensure that their message is effectively communicated and remembered. Production of a 30-second television advertisement costs several hundred thousand rands, and an expenditure of at least R1-million is required to achieve sufficient repetitions of the advertisement. Expertise of advertising agencies is required for production and placement.

▼ **Public service advertising:** Public service advertising or PSAs is a term used to describe free advertising that is provided to serve non-commercial interest groups. Potential advertisers need to meet various criteria before PSA status is granted. The advantage of PSAs is that advertisements are broadcast for free. However, the disadvantage is that advertisers have no control over broadcast times, and the broadcaster is not obliged to air the advertisements, even if PSA status is granted. Advertisers may thus spend considerable amounts on production without being guaranteed access to large viewing audiences. PSAs are seldom aired during popular prime-time programmes.

▼ **Interviews:** HIV/AIDS is a topical issue and people working in the field are often used to provide insight into the epidemic. High viewership programmes such as the news provide an opportunity for communication and this can be brought about through use of media conferences, and media releases. Producers might also seek out experts in the field to comment on specific topical issues – for example, World AIDS Day, or innovations in treatment and care.

▼ **Talk shows and panel discussions:** Talk shows and panel discussions can be used to provide detailed information and debate around the epidemic.

▼ **Magazine programmes and documentaries:** These programmes range from short 3-5 minute inserts to multi-hour programmes. They are an ideal opportunity to provide in-depth and personalised information and can be used to highlight successes and innovations.

▼ **Programme production:** Television is able to provide complex information in an entertaining audio-visual format to large audiences. It was this factor that led to the development of *Soul City*, a regular 13-part drama series that focusses on health and social issues. The use of the drama format drew millions of viewers, and research has shown high levels of recall and commitment to behaviour change. *Soul City* also make use of radio and print media.

The advantage of PSAs is that advertisements are broadcast for free. However, the disadvantage is that advertisers have no control over broadcast times.



case study

Soul City

Soul City is a project of the Institute of Urban Primary Health Care, a South African non-governmental organisation.

In 1992 it initiated a mass media project with the aim to impact positively on health and development through different media. The project was different in that instead of responding to one particular issue (such as HIV/AIDS) and developing a specific 'once off' media intervention around it, *Soul City* has been used to confront a variety of issues on an ongoing basis. These have included mother and child health issues, HIV/AIDS, tobacco, tuberculosis, land, housing, violence, alcohol, and energy.

Research and development

Soul City involves many key role players and consults widely with the target audience throughout the process of message and material development.

Television

Drama captures people's imaginations like no other television genre. *Soul City* has a prime time slot on SABC 1 and is produced in a series of 13 half-hour episodes. Using an entertaining approach, *Soul City* has attracted a large and loyal audience and has gained top audience ratings.

Radio

Along with *Soul City* television, a daily 15-minute, 60-part radio drama is broadcast which has the same messages, but follows a different story with different characters and is aimed at a rural population. It is aired on ten of the country's radio stations with a potential reach of 12 million listeners.

Newspaper

While the electronic media effectively conveys broad messages, it is not possible to deal with specifics and maintain audience interest. Therefore *Soul City* uses newspapers to



Soul City actors look skyward as a helicopter drops condoms in a scene from *Soul City*.

provide detailed information which supplements health messages explored in the electronic media.

The print component comprises 36-page colour booklets illustrated with characters from the television series. The booklets are serialised through newspapers in the same three months that the TV and radio series are broadcast. The complete booklet is inserted in the newspapers at the end of the period of serialisation.

Lifeskills and education package

Mass media should be backed by face-to-face communication and a lifeskills package has been produced for use in schools. The package consists of a comic which tells a youth story (similar to the television story) and which has exercises for comprehension at the end of each chapter. The comic is accompanied by a facilitators guide.

Public relations and advertising strategy

The four media components are linked by a carefully thought out public relations strategy that popularises the various aspects of *Soul City*.

Evaluation

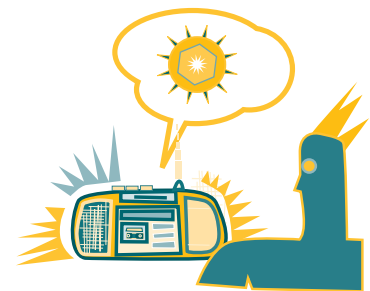
Evaluation has shown a very wide reach for the various media products. It has also shown that people do learn from the series and attitudes do change, and there is also self reported behaviour change in some areas.

Radio

Radio is an effective medium for reaching diverse audiences. The SABC controls some 16 stations including eleven single-language stations with daily national listenership ranging from 200 000 to 3.5 million. The multilingual nature of the stations, and the relatively low cost of radio production provide potential for use of all official languages. There are also over 80 independent community radio stations that reach well defined geographic and special interest audiences. Options for access include:

- ▼ **Commercial advertising:** This has the benefits of targeted access to specific audiences, but is limited to the communication of one or two key ideas, because it is difficult for audiences to remember complex audio information. Radio advertisements are fairly cheap to produce, but a high flighting frequency is required and this can be expensive. Community stations do accept paid-for advertisements, and flighting is cheaper because of the smaller audiences, and the fact that these stations are run as non-profit enterprises. Community stations may also be open to offering reduced rates for health advertising.
- ▼ **Public service advertising:** PSAs can also be placed on SABC and community radio stations. Some station managers may be open to assisting in increasing the frequency of PSAs during special campaign periods such as World AIDS Day or National Condom Week.
- ▼ **Interviews and panel discussions:** Producers often seek out people in the HIV/AIDS field to participate in news and other programmes.
- ▼ **Talk shows:** Radio talkshows provide an interesting opportunity for interaction with the audience if a call-in or write-in format is used. Listeners have the opportunity to ask questions in their own words, or comment on issues that directly affect them. Talkshows provide insight into the public's understanding of issues, and can be used to generate impetus around specific issues.
- ▼ **Magazine programmes and documentaries:** These programmes range from short inserts of one or two minutes to longer, more in-depth programmes.
- ▼ **Music:** Many radio stations have an entertainment format which lends itself to the possibilities for songs with health messaging. This approach is used successfully in many African countries, but depends on motivation by popular artists.

The multilingual stations, and the relatively low cost of radio production provide potential for use of all official languages.



Print

Print media provide access to literate audiences and have a smaller reach than broadcast media. However, print media is



Health workers have facilitated accurate and appropriate HIV/AIDS reporting through developing collaborative relationships with journalists and editors.

durable, and can be accessed repeatedly over long periods of time. This is in contrast to the broadcast medium, where people have to be listening/watching at a particular time. Print media are available only in a few languages. Options for access include:

▼ **Newspapers:** There are a number of regional daily newspapers, national weeklies and community newspapers. Most use a news format which requires information to have a specific point of interest.

HIV/AIDS articles typically focus on events, statistics, legal aspects, funding, treatment and the like. Most newspapers provide a more in depth approach around focal points such as World AIDS Day and national condom week. Newspapers can also carry supplements and special features, and can be used for advertising events and other information.

Print media can be 'accessed' through the news value of events, media conferences, and media releases. Health workers have also facilitated accurate and appropriate HIV/AIDS reporting through developing collaborative relationships with journalists and editors.

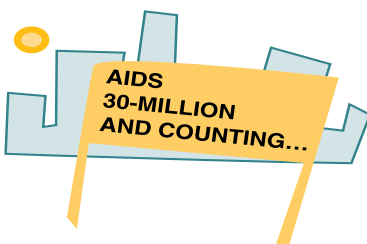
▼ **Magazines:** Magazines tend to focus on providing specific types of information along themes that draw readers – for example, fashion, motor vehicles, outdoor activities and computers. Magazine articles that focus on HIV/AIDS provide in-depth information and can often include useful resource information such as contact telephone numbers and addresses. Supplements and advertising space can also be utilised.

Outdoor media

Outdoor media works by providing strong and simple visual messages to mobile audiences. Billboards have historically been the main medium to utilise this approach, but other outdoor media include signage on taxis, busses and trains, mobile billboards, murals and airborne messages on balloons or towed by aircraft. The key to effective use of outdoor media is placement – the message needs to have a strong visual impact and hold the attention of the audience. A multilingual approach is seldom practical. Options for access include:

▼ **Billboards:** These can be effectively used in strategic areas, but it is often difficult for health communicators to access prime sites, as these are usually used by, or reserved for, commercial advertisers. The medium is also expensive if used countrywide, and messages are limited to very short catchy slogans and visually stimulating images.

▼ **Taxis, busses and trains:** Minibus-taxis, busses and trains, move millions of commuters each day. Messaging on commuter vehicles is an efficient way of reaching people and can be linked to other activities at commuter sites.



DEVELOPING CONTENT FOR MASS MEDIA

Communication activities have a number of elements:

- ▼ **Message making** – where information is conceptualised and structured
- ▼ **Channel assessment** – where a choice is made about how a message is to be delivered
- ▼ **Message delivery** – where the message reaches the intended audiences
- ▼ **Feedback** – where the effectiveness of the message is assessed.



Message making obviously presents the greatest challenge for HIV/AIDS communicators and it is often an area where expertise should be sought.

case study

The national HIV/AIDS taxi campaign

Effective outdoor media should be highly visible to mobile audiences.

Apartheid-era planning situated 'non-white' townships considerable distances from cities and workplaces and gave rise to the mini-bus taxi industry which serves millions of commuters each day.

Taxi ranks, bus ranks and train stations offer an obvious venue for advertising, as do the vehicles that use these sites. A South African advertising agency has developed an innovative approach to advertising through the use of the surface area of minibus taxis for outdoor advertising. Options include use of side panels, rooftop displays, rear screen displays, and coverage of the entire vehicle. Messages can be supplemented with audio advertising which is interspersed with popular music on cassette tapes. Kiosks are also available at taxi ranks for distribution of leaflets, and other media activities.

The taxis provided an interesting opportunity for HIV/AIDS communication and a two-pronged strategy was adopted for a campaign in 1995/6. The approach combined dissemination of AIDS information with condom distribution and involved



several hundred taxis throughout the country.

The campaign included the display of a simple condom icon against a multi-coloured background reminiscent of the national flag and provided condoms via special dispensers inside the taxis. A brief condom promotion message was included on the music tape.

Taxi drivers were trained in HIV/AIDS issues to allow them to talk with passengers about AIDS and to promote condoms.

Although conceived mainly as a promotional activity, millions of condoms were distributed during the campaign period, and research showed considerable support for the approach amongst commuters.

Mass media should be used largely to provide a backdrop to HIV/AIDS activities on the ground, to reiterate key messages and concepts.



The discussion of communication earlier in this chapter outlines the complexity of the communication process, and the fact that meaning is largely constructed in the minds of the audience. Effective communication therefore, requires a close understanding of the target audience and an ability to test message comprehension. Mass media audiences are diverse, and therefore it is impossible to provide detailed information that will be understood by all. Messages need to be simple and simplified, packaged in an easily understandable form, and repeated so as to ensure that they are received and understood.

Mass media should be used largely to provide backdrop communication to HIV/AIDS activities on the ground, to reiterate key messages and concepts, and to achieve clearly articulated and achievable objectives. Objectives may be varied and can include:

- ▼ **Promoting key messages and breaking down myths** – Mass media are ideal for promoting key messages – for example, “use condoms every time you have sex”, “treat STDs immediately” or “don’t discriminate against people with HIV/AIDS”.
- ▼ **Linking people to resources** – for example, helplines, free condoms and STD clinic services. Obviously the first step is ensuring that the resources are functioning efficiently, and that staff are trained to deal with the public sensitively, and that the resources can cope with increased demand. An effort should be made to assess current use levels which can then be used to compare with use levels during and after the campaign.
- ▼ **Promoting new information** – for example changes in the law, or new forms of treatment.
- ▼ **Promoting events** – such as remembrance days, or concerts or activities such as marches or quiltmaking.

Expertise

Mass media communication is a very expensive process, and poorly conceived campaigns can waste precious resources, and even disrupt or negate other HIV/AIDS activities if used incorrectly. The necessary expertise may be available in-house – for example, many government departments and non-governmental organisations have specialised communications staff. It is usually beneficial however, to draw on outside expertise as well. Resources include:

- ▼ **Advertising agencies:** Agencies are usually more experienced with commercial products and brand promotion, but provide access to creative departments who can provide high quality concepts, slogans and artwork. They also have access to extensive research on media consumption patterns and target audiences. Initial concepts may however be out of touch with health promotion concepts and stress should be placed on the

testing of messages and concepts. Advertising agencies also tend to place emphasis on paid-for advertising, as their profits are drawn mainly from commissions on placements.

- ▼ **Public relations agencies:** Such agencies focus on more cost effective ways of accessing media such as holding media briefings, running events, and developing utility media. These agencies provide insight into the 'newsworthiness' of various activities and help to maintain a presence in the news media. There is however, less control over the exact messages conveyed – since these may be edited by the media producers – and the placement or prioritising of such information.
- ▼ **In-house producers:** Many media producers offer in-house media services that can provide conceptual and production services for advertisers. Whilst services are not as comprehensive as those of an advertising agency, this is a cost-effective approach.
- ▼ **Consultants, researchers and other experts:** Individual specialists can help to frame objectives, develop messages and set up systems of evaluation. Use can also be made of consultative workshops where representatives of government, non-governmental agencies and people in the field can contribute ideas to a campaign.

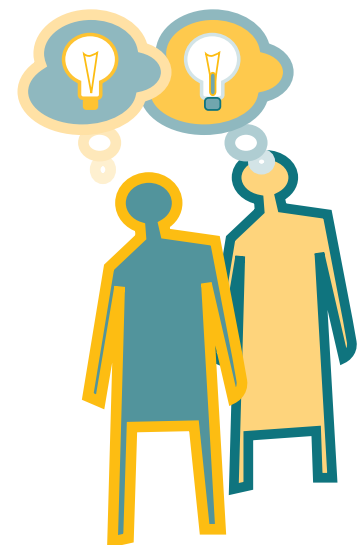
A low cost way of accessing a range of ideas and concepts is to put a communication objective out to tender, or to hold a briefing session for interested parties. Tender and briefing information should be clearly thought out, and should indicate objectives and budgets.

Most service providers are more familiar with the commercial environment, and may not understand health issues clearly. The primary communications task during the message development stage is to build up a team who clearly understand the issues at hand. The key to success is to ensure that messages and strategies are evaluated before they are implemented, and that thought is given to evaluation during and after the campaign.

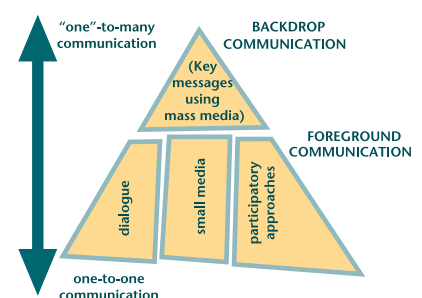
Coherence

Mass media campaigns require coherence. People need to know who is communicating with them, and this is achieved through adopting a coherent style and approach throughout the various campaign elements. As far as possible, communications activities should be linked through common items such as logos or jingles, and can be further linked through visual style, use of typography and so on.

The target audiences should be very clearly defined, and media choices should be made based on the most cost effective approaches of reaching that audience. It is useful to quantify objectives so that there is a clear goal in mind – for example,



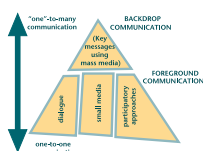
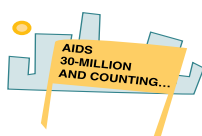
The primary communications task during the message development stage is to build up a team who clearly understand the issues at hand.



increasing attendance at STD clinics by 25% or getting a certain number of people to attend an event.

Mass media campaigns work at the mass level – they interact with people indirectly. Strategic thought must be given to how such campaigns interface with, and support, activities on the ground and how they can be linked to small media products.

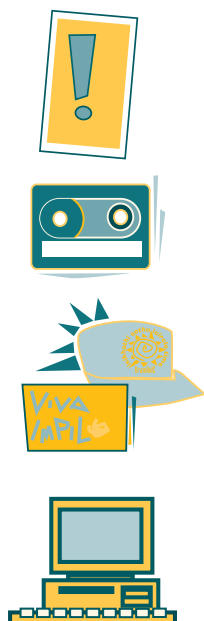
KEY POINTS IN THIS CHAPTER



- ▼ Effective communication involves the sharing of meaning between the communicator and the receiver.
- ▼ Meaning can never be conveyed absolutely.
- ▼ Health communicators need to build up a knowledge base of the various target audiences.
- ▼ Behaviour change requires awareness, motivation, ability and a supportive environment.
- ▼ Mass media can be used to create a backdrop for activities on the ground.
- ▼ Logos, symbols and jingles can be used to create unity between campaign elements.
- ▼ Television is a costly but effective medium that can be used to popularise key messages to national audiences. It is impractical to use television for communicating in all official languages.
- ▼ Radio has a wider reach than television, and production is less costly. Options exist for broadcasting in all official languages.
- ▼ Print media offers reach to literate audiences. There are however only a few publications available in the less spoken official languages.
- ▼ Outdoor media is limited by an ability to deliver strong visual and brief textual messages. Mobile media such as taxis, busses and trains can however be used for wide message dissemination.
- ▼ The development of content includes the processes of message making, channel assessment, message delivery, and feedback.
- ▼ Mass media 'backdrop' objectives can include promoting key messages and breaking down myths, linking people to resources, promoting new information and promoting events.
- ▼ Sources of expertise include advertising agencies, public relations agencies, in-house producers, consultants and researchers.
- ▼ There should be coherence between mass media elements of a campaign.
- ▼ Strategic thought must be given to the interface between mass media campaigns and activities at grassroots level, including coherence with small media products.



CHAPTER THREE



For the most part, small media objectives relate to providing support to other activities –for example, leaflets are useful to support counselling activities.

Small media include a wide range of materials that are relatively easy and cost-effective to produce and that can be used for mass or small audiences. Products include:

- ▼ Print media, such as stickers, posters, leaflets, booklets and flipcharts
- ▼ Audio media such as audio-tapes or compact discs
- ▼ Audio-visual media such as videos and slide-tape shows
- ▼ Visual media such as slides, photographs, displays, murals, signs and graffiti
- ▼ Utility items such as t-shirts, caps, peaks, badges, pens, rulers and key-rings
- ▼ Interactive media such as the internet and other computer-based media.

The majority of HIV/AIDS communication strategies include small media components. This is because small media are versatile, and can effectively reach specific target audiences. Small media also provide useful back-up to dialogue-oriented and participatory activities.

ISSUES TO CONSIDER

As with any communications activity, small media should be produced with clearly stated objectives. For the most part, small media objectives relate to providing support to other activities – for example, leaflets are useful to support counselling activities, and posters can be used to draw attention to particular concepts or services.

Chapter One outlines a number of issues including literacy, language and culture, urban and rural contexts, and gender that need to be considered in media production. Chapter Two outlines a range of issues related to understanding the audience including, for example, population size, language, literacy levels and the like. Such issues need to be well-understood before small media activities can be initiated.

- ▼ **Language and literacy:** Most people prefer to receive information in their first language, and it is therefore necessary to understand the distribution of language amongst the target audience. Many South African languages however, emerge from an oral rather than written tradition, and as a result tend to be fairly cumbersome to read. Most materials are also generally produced in English or Afrikaans first, and then translated into other languages.

Translation of information is a complex process and needs to take into account local variations in language – Zulu spoken in rural KwaZulu-Natal is different from Zulu spoken in urban Gauteng. Professional translators are, however, able to take these nuances into account.

Ideally, information that is translated should be ‘back-translated’ – for example, translated from English to Zulu, and then back from Zulu to English. This approach allows for a clearer understanding of the effectiveness of the translation. Translated materials should also be reviewed by representatives from the target audience to assess clarity and simplicity of the language.

Literacy is an obvious constraint to the reading of the printed word, but the term literacy can also be applied to other learned ways of understanding communication – for example ‘visual literacy’. This refers to the ability of people to interpret visual material – for example, graphics or photographs – as well as certain codes in the presentation of visual material – for example, the compressing of time and other techniques used in film and video-making.

Cultural factors may cloud meaning. In post-apartheid South Africa people are still sensitive to racial portrayal – so for example, portraying a doctor as white and a patient as black may perpetuate and entrench stereotypes.

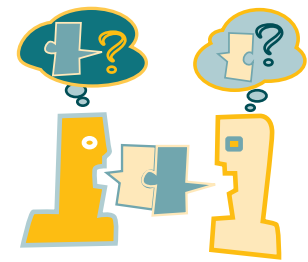
In print materials, graphics and photographs are often used to support textual information, but these portrayals may also cloud meaning. The perceived age, race, attractiveness or dress within graphic and photographic portrayals include secondary meanings that may undermine the intention of the communication.

- ▼ **Production:** The production of mass media products is highly professionalised and typically involves teams of well-trained experts who collaboratively contribute to product development. This is a costly process, but is offset by the ‘big-budget’ nature of mass media, and the need to invest in effective communications that have a very wide reach. In the case of small media however, there is seldom the money or the expertise available to produce high quality uniform sets of materials.

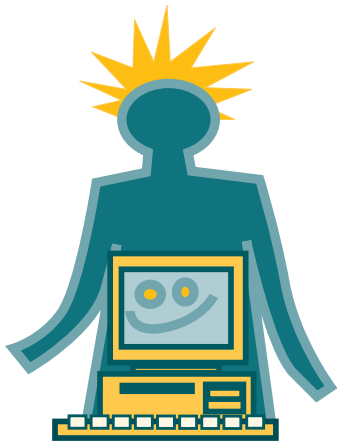
Mass media products tend to work to strict rules – so, for example, newspapers and magazines tend to look similar because there are established rules of typography and design. In the case of small media however, there are greater opportunities for variety, and consequently it is uncommon to find materials that have the same ‘look’.

When people read a particular newspaper they learn how to interpret the way information has been structured – most papers have important news on the first three pages, editorial comment and letters towards the middle, and sports pages at the back. Newspaper articles are written to a particular format and style, and draw readers in through the use of headlines and lead paragraphs.

A review of HIV/AIDS small print media products shows diverse and often incoherent approaches to typography,



Literacy is an obvious constraint to the reading of the printed word, but the term literacy can also be applied to other learned ways of understanding communication –for example ‘visual literacy’.



Review of existing materials is a recommended starting point and it may be possible to find existing materials that meet the needs that have been identified.

design, illustration, language and the like. Consequently, audiences are seldom able to learn the styles of presentation and this undermines effective communication.

Choice of media producer is important, and use can be made of in-house facilities where available, or outside professionals. Caution should, however, be applied when selecting media producers. Technologies for small media production are relatively cheap and this has resulted in many underqualified operators providing services. Service providers should therefore be chosen on the basis of a portfolio of work that reflects their expertise, rather than selecting the 'cheapest offer'.

- ▼ **The production process:** The production of small media products is typically initiated by health workers who set objectives and develop strategies. Because of the versatility of small media, and the relative simplicity of production, new small media products are often commissioned.

In many countries there are centralised clearinghouse facilities that assist in the identification and distribution of existing media products. In South Africa, such facilities are being developed, and there are also a number of resource libraries, government stores and other resource centres that can provide access to materials. A catalogue of small media products available nationally has also been compiled by the Department of Health.

Review of existing materials is a recommended starting point and it may be possible to find existing materials that meet the needs that have been identified. Materials producers such as government and some non-governmental organisations do not produce materials for profit and in these cases requests can be made to buy materials at low cost, or to adapt materials to local needs.

If materials are to be developed from scratch it is crucial that an evaluation process be part of the production process. This can include pre-testing of information with the target audience as well as with potential users – for example, clinic staff or HIV/AIDS workers, evaluation of distribution systems, and evaluation of the product in the field.

- ▼ **Communication entry points and distribution:** Mass media products such as newspapers, magazines, television and radio stations all incorporate highly developed and organised systems of distribution. Small media products on the other hand, often rely on poorly organised or *ad hoc* distribution systems to reach various target audiences.

A key challenge is to develop, evaluate and review available distribution systems to turn them into a viable resource so as to ensure that products reach the intended target audience. In general, small media products should be used to support other activities, as it is unlikely that they will make much impact on

their own. Assessment of communication entry points is a useful exercise for analysing potential.

The household, for example, is a communication entry point for television and radio, but can also be used as an entry point for print materials that are distributed door-to-door, or for the door-to-door sale of utility items. Similarly, it can be an entry point for mailed items.

Places where people gather allow for good general access and can also be used to access specific target audiences. These include:

- ▼ **Taxi ranks, bus ranks and train stations** which provide access to people drawn from well-defined geographic areas and can be used to access specific groups of people – for example, employed people tend to use these sites in the mornings and evenings, youth can be accessed at bus-stops that cater for school-children, etc. These sites also offer excellent locations for murals, billboards and other public media, and can be used sporadically for the presentation of plays and other public events.
- ▼ **Entertainment venues** such as sports stadiums and dance halls can provide access to large, relatively well defined audiences at specific times. Events including, for example, those linked to World AIDS Day, Women's Day, Youth Day or Condom Week can also provide venues for distribution of a range of communications activities including theatre, role plays, parades, leaflets and the like.

Sports stadiums and dance halls can provide access to large, relatively well defined audiences at specific times.

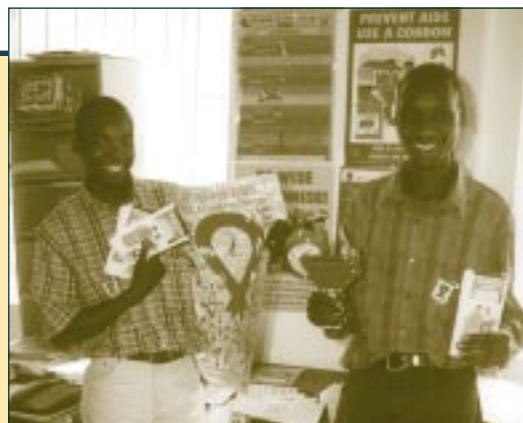
case study

The Action Office – Beyond Awareness HIV/AIDS Campaign

The Beyond Awareness Campaign (BAC) is a communications project of the HIV/AIDS and STD Directorate of the National Department of Health. It focuses on providing and promoting access to communication tools and resources that can be used to assist with prevention, care and support initiatives.

The BAC Action Office distributes educational materials such as leaflets, posters and resource guides free of charge to support activities at provincial, regional and local level.

The Action Office has been operating since January 1999, and distributes an



average of one-million items each month.

The Action Office resources include a range of over 40 items such as multilingual leaflets, posters, resource booklets, training guides and manuals. It also distributes red ribbon pins, branded caps and T-shirts in limited quantities. The contact number is (011) 482-6737 and fax (011) 482-2099.

The Reproductive Health Materials Package

The Reproductive Health Materials Package, a South African health promotion project, was developed to overcome a number of limitations related to the availability of materials in public sector clinics including:

- ▼ Gaps in areas of focus and subject matter
- ▼ Lack of uniformity of materials, particularly differences in design, typography, graphic style, language style and a lack of multilingual materials
- ▼ Production of materials over several years resulting in a lack of uniformity between materials, and between clinical guidelines and information presented
- ▼ Lack of an integrated approach.

Seed funding was provided by a local pharmaceutical company and project activities were undertaken collaboratively. Existing materials were reviewed and this provided insight into criteria for an integrated set of materials. Guidelines for the new materials included:

- ▼ A multilingual approach
- ▼ Production of a unified set of materials including leaflets, a leaflet dispenser, flipcharts and posters
- ▼ A common format including visual uniformity, typography, graphic style and the language style
- ▼ A direct relationship between information presented and existing clinical guidelines
- ▼ An emphasis on women's rights and contraceptive choices
- ▼ An overall emphasis on the relationship between contraceptive methods and HIV/AIDS and STD prevention
- ▼ Emphasis on supplementary contact information – for example helplines and addresses
- ▼ An emphasis on newly introduced methods – for example, emergency contraception
- ▼ An emphasis on newly legalised



approaches – for example, termination of pregnancy (TOP)

- ▼ Provision of guidelines for the use and implementation of the materials.

Materials were extensively researched through literature reviews as well as qualitative workshops with health care providers and client groups.

Integration

The materials form an integrated set – the leaflets, a leaflet display stand, posters, and a flipchart and are available in various languages. The leaflets are printed in two colours, to allow for colour coding. Similar illustrations are included in full colour in the flipchart, and key points drawn from the leaflets are provided for health workers on the back of each flipchart sheet. The posters include colour photographs of South African men and women.

Subjects include not only contraceptive methods, but also information on HIV/AIDS, STDs, rape, termination of pregnancy, reproductive rights, and long-term health issues such as cervical screening, breast examination, prostate cancer, and the like.

▼ **Shebeens and taverns** are useful sites for displaying posters, distributing leaflets and for interactive activities with individuals and small groups at these venues. Similarly, shopping centres and other commercial gathering places can be used.

▼ **Health centres** such as clinics, AIDS centres, hospitals are obvious venues for health materials, and such materials can directly support interaction between health providers and clients.

▼ **Educational institutions** are a common venue for materials, and small media are often part of lifeskills programmes that are integrated into the school or tertiary institution curriculum.

▼ **Workplaces**, large or small, can provide venues for materials distribution, and this can often be integrated with other activities at the workplace, or integrated into distribution systems such as payslips, monthly statements and the like. Organisations with large mailing infrastructures such as electricity and telephone service providers may be open to including health materials in their mail distribution.

Distribution systems provide access to media products and should be tailored to provide the most efficient and cost-effective access to defined target groups. An effort should be made to reduce wastage, and to ensure that items that are displayed, are displayed in the best possible way. It is common, for example, to see posters poorly positioned, or held onto walls with pieces of tape or stickers. This can be circumvented by including brief guidelines with the posters, as well as providing the necessary materials to facilitate effective display.

Health centres such as clinics, AIDS centres and hospitals are obvious venues for health materials, and such materials can directly support interaction between health providers and clients.

Print materials

Print materials such as leaflets, booklets, posters and stickers provide a useful supplement to direct dialogue-oriented and participatory strategies.

Leaflets and booklets depend on relatively high levels of literacy, and should incorporate design that includes legible and readable type as well as graphics and other visuals to make the information more accessible.

Posters are best suited to conveying simple key messages – ideally a single concept supported by a strong visual image. Posters with complex information such as how to use a condom, or how HIV-infection happens, can be used in situations where people have time to read them such as clinics, schools, workplaces and the like.

Stickers are generally too small for detailed information or illustration, but can include strong simple slogans and graphics. Vehicles such as taxis as well as other sites can be used to display



Unit costs of print items do become less the longer the print run, but this is not necessarily an advantage if the distribution systems cannot handle the extra load, or if storage facilities are not available.

stickers. Careful consideration should be given to the quantities of print media required, the longevity of products, and the availability of storage space.

Unit costs of print items do become less the longer the print run, but this is not necessarily an advantage if the distribution systems cannot handle the extra load, or if storage facilities are not available. Special care should be taken with materials that are based around particular days – for example materials dated World AIDS Day '97 are of less value after the day.

Audio and audio-visual media

Audio media such as audio tapes and CDs, and audio-visual media such as slide-tape and video programmes can be used to imitate their mass media counterparts.

These media are best suited to interactive situations where people can hear or view the information and ask questions afterwards. Such media can also be used more passively – for example, the playing of video material in clinic waiting rooms and the like. Production of these materials still requires access to professional support and technical equipment, although considerable savings can be made in video production that is not intended for broadcast. Multilingual approaches are harder, as access is required not only to translation services, but to script-readers with appropriate voices.

Recordings can also be made of songs relevant to HIV/AIDS which can be used at events or as part of other community activities.

Visual media

Visual media such as slides, photographs, murals, signs and displays can be used in a variety of situations. Slides and photographs lend themselves to interactive events such as workshops, where the visual material can be used to support discussion. Murals are most effective when situated in high density areas, and creative use can be made of strong images, words and slogans. Murals also provide a useful backdrop to other activities such as press conferences and street theatre.

Careful thought must be given to visual portrayals, particularly issues of race, gender and the like. It is also preferable to use skilled artists for media such as murals, given that these are long-term products, and unattractive artwork may undermine the message.

Utility media

Utility items such as t-shirts, caps, peaks, badges, rulers and key-rings provide opportunities for repetitive messaging with the added advantage of implying a personal endorsement by the user



or wearer. Such media can often give rise to dialogue and can also be used to support public activities such as drama, parades and events.

Costs of individual media items can however be prohibitive – t-shirts, for example, can cost from R30-R50 each, although smaller items such as badges can cost as little as R1 per item. Utility items have an inherent value and therefore are relatively easy to distribute provided the intended target audience is clearly identified.



Interactive media

Interactive media such as the internet and other computer-based media offer growing options for communication. The internet provides a vast resource base of information – both serious and trivial.

Numerous organisations and individuals provide HIV/AIDS information on the internet, and it is relatively easy to access key policy documents and research findings – for example, policies and guidelines recommended by the World Health Organisation, or key research on condoms.

Access is provided through a personal computer, modem, and rental of access through a local service provider. Additional costs are for telephone call charges (charged at local call rates) during the time information is being accessed.

South African HIV/AIDS organisations are increasingly making use of the internet to access information and to provide information about themselves – a process that readily supports networking.

Electronic mail (e-mail) services are also provided through internet service providers and allow quick communication between individuals anywhere in the world.

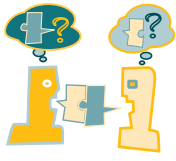
Small media development

Effective production of small media requires access to a range of specialised service providers and technology. Teams and relationships need to be built up over time and attention must be given to budgets and access to money within specific timeframes.

Service providers generally price their services according to the level of skill they provide and the technology they have access to. It is best to review products that the various providers have produced, rather than to make decisions based on the best price.

Very few service providers have a clear idea of health issues, so if you are commissioning the development of 'information' it is useful to incorporate systems of evaluation, including review by experts, intended audience and HIV/AIDS workers.

Effective production of small media requires access to a range of specialised service providers and technology. Teams and relationships need to be built up over time and attention must be given to budgets and access to money within specific timeframes.



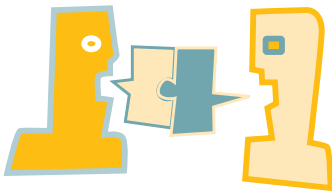
KEY POINTS IN THIS CHAPTER

- ▼ Small media are useful for providing back-up to dialogue oriented and participatory activities.
- ▼ Language and literacy issues must be considered, and materials should be evaluated during production.
- ▼ An effort should be made to ensure that materials are coherent and consistent.
- ▼ Service providers should be chosen on the basis of a portfolio of work that reflects their expertise, and not simply because they are the cheapest.
- ▼ Existing materials should be reviewed and considered before embarking on the development of new material.
- ▼ Distribution systems need to be developed and maintained for small media products.
- ▼ People can be accessed at a wide range of communication entry points including transport venues, entertainment venues, commercial enterprises, health centres, educational institutions and workplaces.



CHAPTER FOUR

Mass media and small media provide opportunities for mediated depersonalised communication – that is communicators and receivers are separated from each other by the media forms. These types of communication do not allow for interaction between communicators and receivers and thus the potential for exploring and refining meaning is lost.



DIALOGUE-ORIENTED APPROACHES

Dialogue-oriented approaches overcome a number of difficulties associated with mass and small media. The main advantage is that language can be tailored more closely to the needs of the audience, and there is an opportunity for 'receivers' to ask questions that are directly related to their own context. Strategies include:

- ▼ counselling services
- ▼ telephone helplines
- ▼ community theatre
- ▼ events
- ▼ folk media
- ▼ workshops

The aim of dialogue-oriented strategies is to increase opportunities for closer interaction between counsellors and the general public in order to help people solve their personal health and relationship problems.

Counselling services

The aim of dialogue-oriented strategies is to increase opportunities for closer interaction between counsellors and the general public in order to help people solve their personal health and relationship problems.

Counselling is an obvious example of one-on-one dialogue, where clients have a safe environment in which to confront problematic issues affecting their lives. In a counselling situation they have the advantage of access to a trained professional who helps guide them towards solving problems.

Use of such services usually depends on promotion through other media forms.

Telephone helplines

Telephone helplines and write-in services offer the opportunity of direct interaction that is anonymous. This anonymity can allow for greater ease in discussing intimate matters.

Helplines are obviously more appropriate for audiences that can access telephones and situations where they can talk privately with a counsellor. South Africa has a national tollfree helpline that is sponsored by the Department of Health and run by Life Line, a local non-governmental organisation.

Write-in services provide an alternative for those who do not

have ready access to telephones. However, interaction depends on an ability to write, and to articulate questions and problems effectively. Interaction is anonymous, indirect and cumbersome and the approach cannot strictly speaking, be understood as dialogue.

Radio talk and call-in shows

Research has shown that interactive radio programmes can assist people to develop a community consciousness, obtain a better understanding of current issues and become more amenable to accepting changes that involve a shift in traditional attitudes.

Interactive programmes and the development of radio listening groups can become important communication channels, especially for rural people.

Call-in shows where listeners can voice their opinions allow for dialogue and debate at a public level, and can be used to address pressing community perspectives on issues.

The advantage of radio talk and call-in shows is that they have the capacity to reach large audiences while still allowing for some dialogue. This brings a more personal dimension into the communication experience and helps to break down barriers and dispel myths that have developed around HIV/AIDS issues.

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case study

The National AIDS Helpline

South Africa's national tollfree AIDS helpline – 0800-0123-22 – was established in 1992 by the Department of Health as part of the response to the HIV/AIDS epidemic.

The multilingual, 24-hour service is managed by Life Line, a non-governmental organisation involved in telephone counselling.

The AIDS Helpline allows for dialogue between individuals and informed counsellors which has a positive impact, both in terms of HIV prevention, and support to HIV positive individuals.

It is staffed by volunteer counsellors and provides a 24-hour, tollfree, multilingual, confidential information counselling and referral service to the general public.

The number is widely promoted and this contributes to tens of thousands of calls to



the helpline each month. Callers to the helpline can receive basic information, in-depth counselling and referral to appropriate services.

The limitations of this approach are that such programmes might raise awareness and answer some questions but these are usually one-off fairly impersonal experiences with very little follow-up.

Community Theatre

Community Theatre includes a range of theatre-based activities in which the main focus is to facilitate community involvement and dialogue around issues relevant at community level.

Community Theatre usually needs sponsorship, in contrast to 'Commercial Theatre' where the interest is in achieving independence through ticket sales.

Community Theatre usually needs sponsorship, in contrast to 'Commercial Theatre' where the interest is in achieving independence through ticket sales. Community Theatre should also not be confused with 'big media drama' that tends to be top-down and is not orientated towards audience participation.

It is important to integrate the objectives of a community theatre project with other strategies. For example, if one of the objectives of developing and presenting a play is to promote increased condom usage, or correct and more consistent use, then condoms should be readily available.

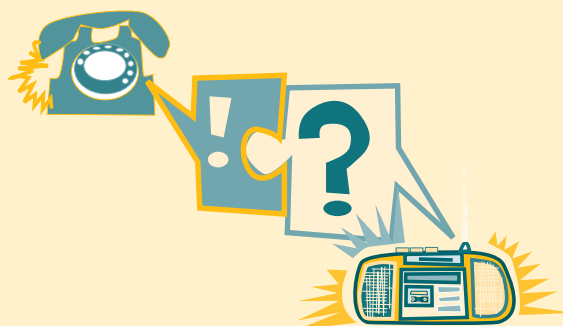
case study

A community radio talk show

The Society for Family Health (SFH) has been working with Soweto Community Radio over a number of years in the broadcast of a weekly one-hour reproductive health talk show. The show combines a half-hour discussion based on pre-selected thematic topics, for example, condoms, STDs, abortion – with a half hour telephone call-in by listeners. Music is also played during the show.

Discussion is usually supported by invited guests drawn from the community and/or health field. Some shows are also based on current news within the community – for example, claims of an AIDS cure, or harassment of women who refuse to have sex without condoms.

Presentations are multilingual, often incorporating Gauteng-specific 'Tsotsi-taal' slang, and callers have the opportunity to respond in their language of choice. Callers can also receive information about specific



resources in their area – for example, local clinics that provide specific services, counselling services and local helplines.

The weekly show allows knowledge to be built up over time, and helps to popularise information about local resources. The dialogue-oriented approach deals effectively with the issue of language by allowing for use of the home language of callers.

SFH also use the show to popularise *Lovers Plus* condoms through conventional 30-second advertisements, and use the forum of the show to link the community to condom social marketing activities.

Community Theatre promotes available resources such as counselling services, the helpline, clinics and other outlets where condoms are available. Theatre advertises ideas at the same time as entertaining and educating.

Receivers of messages are not passive recipients. We can't pour meanings into people's heads. Instead, meaning is individually constructed, depending on the interpretation of words and images that are being communicated.

In the case of HIV/AIDS issues, community theatre provides for a number of opportunities:

- ▼ **Promoting information in locally appropriate languages.**
- ▼ **Breaking down barriers around sex and sexuality, HIV/AIDS and death.** Theatre as a form combines entertainment with education and allows for an emotional and intellectual response from the audience around different topics.
- ▼ **Challenging myths and stereotypes.** Various characters in a play can adopt different points of view that are then juxtaposed against each other. This is a more subtle approach than health workers putting across the 'right' message. Plays arouse emotions and challenge people to think and ask questions.
- ▼ **Challenging attitudes.** Attitudes can be directly challenged, and viewpoints from the audience can be integrated into the drama. As we see in the case study of the CHAT show, players can directly and publicly confront an audience's attitudes by drawing them into the action. A character that the audience identifies with is in a strong position to challenge attitudes and ways of behaving that are inappropriate or detrimental to good health. In some cases there may be spontaneous response from the audience that can change people's attitudes.
- ▼ **Demonstrating other ways of responding and behaving.** The characters in plays can provide a future vision. They can demonstrate new and more positive ways of thinking and behaving that an audience can relate to.

There are literally hundreds of HIV/AIDS community theatre projects in South Africa. The main thrust of these projects is a focus on providing information and suggestions about ways in which to prevent the spread of infection. They often also deal with creating positive attitudes towards PWAs.

Live theatre, especially when performed in the street, in market places or at cultural events is able to attract the attention of large audiences whilst still allowing for some interaction between players and audience. Plays are also a very useful way of reaching large audiences in schools.

The messages in theatre can be complex and allow for a multi-faceted response from the audience. Theatre can help break down resistance to new ideas. When people's feelings are aroused through identifying with characters in a play (as in the CHAT

Various characters in a play can adopt different points of view that are then juxtaposed against each other. This is a more subtle approach than health workers putting across the 'right' message.

show) or in puppet theatre they are also more challenged and more likely to reconsider entrenched ways of thinking.

These shows capture attention and provide a focal point around which the many issues relating to HIV/AIDS might be debated or discussed. The term 'edutainment' has been coined to capture the powerful combination of education and entertainment that can be offered by TV, radio and live theatre.

There are however some limitations. The combination of fact and fiction that is inherent in these media can work against their educational potential by allowing people to shrug their shoulders and say to themselves 'well that was a good story – nothing to do with my real life'.

Like radio talk shows, these community shows also often provide a one-off experience with little follow-up. Their long-term effectiveness depends on them being part of an integrated approach.



case study

The CHAT show

The CHAT (City Health Acting Troupe) show was developed by the Johannesburg City Health Department and presented to employees and people at clinics throughout the greater Johannesburg area in various languages. The play integrated African and western performance styles and was reminiscent of popular township theatre.

Although it was devised outside the communities where it was presented, it raised a common problem – that of the appalling state of women's rights related to HIV/AIDS.

The show has resulted in varying audience responses. During one performance, when an episode showed a man beating up his wife after she demanded that he wear a condom, the entire audience of over 1 000 migrant labourers stood up and cheered.

The improvisational nature of the play however, allowed for a response to this

metaphorical gang-rape by the audience. In the play, after the man beats up his wife and throws her out he turned to his friend for consolation. The friend chastised the man and said that he had been using a condom for months.

At a performance on a mine the players were so shocked and outraged by the audience response that the actor playing the friend challenged the miners by launching into an angry verbal assault on his wife-beating friend. "People think it is a sign of manliness to beat a woman up," he said, "but all that it proves is that you are conceited and arrogant yourself."

An AIDS educator who was present at the performance recalled that the response to the scene was astonishing. A deathly silence fell over the audience and when, in the final scene, the man apologised to his wife, they all broke out in applause.

This response seemed to demonstrate a change of attitude among the audience through the experience of watching the play.

The play was thus able to promote dialogue between AIDS educators and a large audience and the play was able to challenge the audience to reconsider established attitudes about women's rights.

Evaluating the impact of Community Theatre

There are a number of indicators that are useful when evaluating the effectiveness of Community Theatre. These evaluations are made against objectives such as increased awareness, grasp of information, attitude change, taboos and myths challenged, and empowerment through new ways of seeing.

- ▼ Quantitative evaluation can include measuring attendance at events, number of performances held. Audience responses can be evaluated using a questionnaire.
- ▼ Qualitative research can include observation of the event and a descriptive report by a trained researcher, informal interviews with members of the audience immediately after the play, focus-group discussions with members of the audience to find out responses to the experience, and analysis of written reports – for example, reports written by school children.

Evaluations are made against objectives such as increased awareness, grasp of information, attitude change, taboos and myths challenged, and empowerment through new ways of seeing.

case study

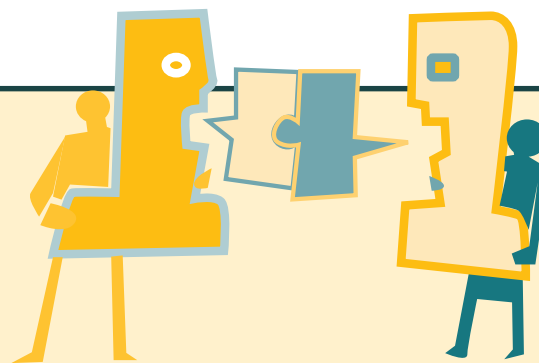
Puppet Theatre

Puppet theatre is a form of Community Theatre that is well established in South Africa.

The African Research and Educational Puppetry Programme (AREPP) was founded in 1987 as a community-based educational trust with the aim of using theatre and puppetry to provide social education to primarily disadvantaged communities. AREPP argues that the use of theatre, drama, entertainment and puppets specifically, helps to break down racial, cultural, language and educational taboos and barriers.

It is interesting to note the ways in which live theatre interacts with radio and TV shows. For example, AREPP'S show, *Check your Mate*, used the direct interactive format of a TV Game Show, mixing it with elements of a Talk Show. The aim of the show was to increase adult awareness and knowledge about all the issues that surround HIV/AIDS, using participation and hands-on action to drive home the points.

The host introduced the audience to the two lead characters, Joe and Mary, and the audience was taken through several scenes from their life which led to their present



situation – they are both HIV-positive, and Joe has AIDS.

After each scene the choices that faced Joe and Mary were represented to the audience by means of interactive games, quizzes and races, and the audience was encouraged to see what should be done to prevent similar circumstances from affecting them.

Check Your Mate is an interesting example of the way live theatre draws on hi-tech media formats in order to attract an audience's attention. The audience participates with the players in the process of making messages in order to emphasise information about HIV/AIDS.

AREPP has also developed programmes to deal with issues of abuse of women and children. These programmes – 'Our Street' and 'No Monkey Business' use the familiar TV formats of Soap Opera and Children's Cartoons respectively, putting sensitive issues in familiar and non-threatening forms.

Events

Events involve the coming together of people within a community or society around a specific point of focus. These can include traditional events, community days, marches, parades, and launches.

In rural societies communication activities are not differentiated from other social activities.

Traditional events

In rural societies communication activities are not differentiated from other social activities. Traditional events include gatherings such as weddings, funerals, market days, religious and political meetings and so on, where people exchange news and views. These gatherings may be held for social, economic, religious or political reasons. At these events communication takes place through personal interactions and through folk media.

Traditional events remain part of everyone's lives and include rites of passage such as initiation ceremonies, weddings, and funerals, political rallies, national celebrations such as Heritage Day, religious gatherings such as those of the Zionists, parades and marches.

Community Days

Community Days that focus on developmental issues are an important communication strategy in South Africa. Although they are rooted in the ritual performances or gatherings that are part of a local heritage they are held in both urban and rural areas. They are characterised by the presentation of speeches, folk songs and dances and other forms of entertainment. These events provide an important opportunity to reach the broader community with new information that is presented in a familiar form.

There is a discernible pattern to Community Days, conferring a ritual sense of dignity and occasion. These days often begin with prayers, include speeches from local dignitaries, choirs, plays and dances. Dances are drawn from the indigenous heritage, from folk forms such as the gumboot dance and *isicathimiya* (after the style of Ladysmith Black Mambazo), and from modern forms such as pantusla jive, rap and drum majorettes. Modelling and beauty contests are popular in urban townships.

Young people take great delight in cleverly rendering these forms in an appropriate way for the occasion – if the theme is the fight against HIV/AIDS or drugs then all the items will focus on this theme. Community days often end with singing the national anthem and the organisers can provide funds for refreshments, adding to the sense of a ritual celebration.

The power of these days lies in the ritual celebration of life in the face of a social problem. The concept of ritual gatherings is



deeply rooted in the different cultural heritages of South Africa, and these days carry with them a sense of significance that adds to the meaning of the messages conveyed. Speeches made by local dignitaries and/or celebrities lend weight to the occasion. The dances, the poems, the interest in modelling and beauty parades speak of life and of the way young people take pride in their youthful beauty. The overall theme of these days is to preserve life and find solutions to threats and problems by working together as a community.

case study

World AIDS Day

December 1 has become the day on which people all over the world commemorate those who have died of AIDS and refocus their efforts to combat the disease.

An established campaign day with a history of AIDS awareness activities, World AIDS Day provides ample opportunities for AIDS publicity. Traditionally the day is characterised by high profile media events geared towards raising AIDS awareness, street campaigns, events and sometimes mass events as well.

Some innovative ideas which have come from previous World AIDS Day activities include marches, processions, memorials and candle-lighting, festivals and drama, quilts, murals, sticker and post card campaigns.

World AIDS Day theme

The day is meant to mobilize action by governments, organisations and individuals in response to HIV/AIDS. The theme is chosen by the Joint United Nations Programme on AIDS (UNAIDS) and is designed to be applied over a year, and sometimes over a number of years.

The theme for 1999, for example, was *'Listen! Learn! Live!'* the focus being communication with children and young people. It built on the momentum of advocacy through the 1997 campaign, which focused on *Children Living in a World with AIDS*, and the 1998 campaign which highlighted young people as a *Force for Change*.



Days of commemoration such as World AIDS Day in which nations internationally observe the plight of people living with AIDS and the impact of this disease on communities are designed to maintain and build awareness. If the mass media record the event then its impact spreads far more widely than amongst those who are directly involved.

Publicity can generate commitment to AIDS action and help build a social movement. It can also increase morale amongst those working in the various fields of care and prevention.

The preparations for a World AIDS Day event can be very important. When they are truly participatory, and include the different sectors of a community, then this process in itself can deepen community awareness of issues associated with HIV/AIDS.

While it is important to attract the mass media if a range of media activities are planned, then the making of participatory media can in itself become a significant educational tool.



Marches

The last five decades in South Africa were characterised by political marches and this form of street protest can be adapted to put across messages about HIV/AIDS. The aim of marches is to attract the attention of local residents and the mass media.

Clearly, appropriate media coverage considerably increases the impact of the event. The objectives for holding a march should be clearly stated and a variety of small media used to add to their attraction. They provide opportunities for the involvement of a number of groups to make and present banners, T-shirts and buttons (or other appropriate attire) and hand out leaflets, pamphlets, comic books and so on.

Parades are a similar form of celebration. Annually in London and Sydney, gays, lesbians and supporters take to the streets to celebrate their sexuality. This tradition has been adopted in South Africa, and the annual Johannesburg Gay Pride March has been an event for a number of years. This march through the streets of Johannesburg proclaims to the world that gay and lesbian South Africans are proud of their sexuality and will not be ignored, marginalised or abused. The march has a carnival atmosphere, and an element of the spectacular. It draws crowds and receives a great deal of media attention. Due to the controversial nature of the parade, much of this attention was negative in the early years, but this has changed as what began as a fringe movement has gathered mainstream support.

case study

Quilts: an international project

The AIDS Memorial Quilt is an important resource for mobilising around the epidemic, and especially for prioritising care and support of those infected.

In the ordinary sense, a quilt is a type of blanket made up of scraps of fabric, but by using the idea of memorial panels for people who have died from AIDS, the quilt has become a valuable medium for raising awareness.

Panels for the quilt are made by family members, friends, lovers, partners, co-workers and others. The panels are then delivered to the Quilt Project, where the panels are documented and sewn into larger panels, for display in various communities.

The South African Memorial Quilt Project includes hundreds of panels commemorating the lives of those who have died of AIDS. For



for further information contact the Quilt Project at (0351) 929-131 or e-mail lynndal@iafrica.com.

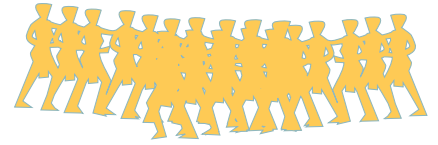
FOLK MEDIA

In African societies, folk media is used at ceremonies and rituals, and in all forms of entertainment and festivals. It is used to pass on information and the wisdom of the older generation down to young people. This approach can be used to motivate the community, mobilise support and participation in programmes, and for entertainment.

Folk media is often used to supplement the mass media. Outsiders (the government or development agencies) can make use of these popular and familiar cultural forms to put across a message. It is a very useful way of transmitting information in an accessible way, for changing attitudes and encouraging participation in a programme. In rural communities, folk media is often more convincing than the mass media because it is accessible and touches people in a more immediate and real way. Performances are valued because they bring people together and build a sense of identity, thus developing the confidence of a community to address problems. They provide opportunities for stimulating discussion about new information and about values and include:

- ▼ **Songs:** Traditional songs, isicathamiya, ingoma, political protest songs and other familiar forms which can be used both as a method of drawing people together, expressing solidarity, and as vehicles for important messages.
- ▼ **Drama Skits:** Story telling is an important part of the African oral tradition and skits have emerged as a popular way of dramatising stories.
- ▼ **Riddles:** Brain teasers were devised not only for amusement, but also as a method of assessing the quickness and development of a child's powers of understanding. This tradition has continued, and condom riddles are popular amongst the youth.
- ▼ **Poems:** The tradition of the "imbongi" (praise poet) is well known. Poems are used to describe people and events, and can serve to inform and educate. This style has been adapted to modern circumstance, and praise poems to 'Mr Condom' as a life-saver and hero have been seen at Youth Festivals in KwaZulu-Natal.
- ▼ **Dances:** Traditional dances accompanied by songs have an important role in society, entertaining as well as teaching such appropriate conduct in love and war. These dances are still performed at many occasions.

Custom and tradition govern the communication events in rural societies. There are dances that are traditionally danced by men only and different dances for women. However, it has been interesting to note that recently some young women have danced traditionally male dances wearing male attire on ceremonial



In rural communities, folk media is often more convincing than the mass media because it is accessible and touches people in a more immediate and real way.



occasions in KwaZulu-Natal. Troupes of girls perform the usually male gumboot dance and girls have joined the all-male Ngoma dance troupes. The women who dance these very masculine dances adopt male movements and gestures and can only be recognised as women because of their body shape. However, differences in physicality do bring about subtle shifts in the dance form. This is an interesting phenomenon, which could be a sign that the strict roles allocated to men and women are beginning to dissolve. This change in its turn is reflected in the breaking and changing of the deep structures of the dance form.



Strengths of folk media:

Folk media is useful because it:

- ▼ uses the spoken word, and overcomes any problems of illiteracy
- ▼ does not use expensive technology, but relies on the enthusiasm and resources of people
- ▼ is a familiar medium, easily understood by people
- ▼ focuses on local issues, needs and problems
- ▼ entertains, holds and stimulates interest
- ▼ is easy to repeat, to reach more people
- ▼ is acceptable and appealing to the community

case study

Community Printmaking

The **Artist Proof Studio**, a community printmaking and etching centre, has embarked on an annual AIDS Awareness Campaign called 'Paper Prayers'. In 1995 the Johannesburg Art Gallery invited artists and students to participate in the exhibition 'Positive Lives: Responses to HIV' by making paper prayers. These small works on paper were inspired by the Japanese tradition of offering painted strips of paper as prayers to sustain good health and heal the sick.

In 1996 workshops were held for youth groups, health workers, art educators, school children, PWAs and various other support groups. Thousands of paper prayers were produced and were exhibited in galleries, shopping malls, and theatres and were part of World AIDS Day activities.



Through the exciting process of learning new skills (new printmaking techniques) and creating beautiful 'art work' the participants were inspired and were able to participate in a meaningful way to challenge the HIV/AIDS epidemic.

Making a paper prayer is life affirming and healing – it reinforces the notion that we must all be part of the struggle and the solution – a path that encourages and reinforces a collaborative spirit.

- ▼ provides equal educational opportunities for all regardless of their age, experience and social differences
- ▼ avoids finger pointing and the arousal of suspicion
- ▼ makes learning more interesting, and increases perception and understanding
- ▼ encourages community participation
- ▼ gives the audience a chance to view things from their own perspective, encouraging quicker understanding, innovation and change
- ▼ provides immediate feedback. The audience response and reactions can be used as a basis for assessment.

Limitations of folk media

The development of folk media needs specialised facilitators or teams of facilitators who have a modern or scientific understanding of issues relating to HIV/AIDS as well as a deep

In a participatory approach, the target audience themselves are drawn into the message-making process and into subsequent activities.

case study

Working with youth

Participatory approaches to media development allow representatives of the target audience to shape messages in a way that is relevant to the way that they conceptualise ideas, and applicable to the context within which they live.

AIDS Media Research Project (AMREP) has undertaken a number of projects that have resulted in the development of a range of unique media products that have been used within communities for HIV/AIDS prevention activities.

During one project, a series of workshops were held with a multi-lingual multicultural group of students at a printing college in Johannesburg. Students volunteered to participate in the workshops on the basis that they would learn about HIV/AIDS and would develop media products.

The workshops took place over several weeks and used focus group sessions, role plays and other activities to develop participants' understanding of HIV/AIDS and media. Participants worked in unsupervised

focus groups to develop a series of posters. Icons that emerged included the integration of the new flag into a condom with the slogan 'Viva Condoms',

and a condom holding a steering wheel with the slogan 'Ride Safely' – essentially products that were “by youth, for youth”. The posters were subsequently used on campus to promote condom awareness, and were combined with activities by group members that included condom distribution to both male and female students, and other activities that included dialogue.

Similar approaches were used in Soweto to support condom promotion through participatory development of radio advertisements, T-shirts and posters which supported HIV/AIDS activities in the Soweto community.



Talking Hands

Talking Hands Puppet Company combines drama, movement, music and puppet theatre. Puppetry has the ability to transcend language, cultural and age barriers, proving to be an extremely powerful educational tool. Driven by the high level of disease in the disadvantaged communities, this innovative company reaches out to the community through school and teacher training programmes.

The *Talking Hands* puppetry education programme which has been introduced to schools and communities in Grahamstown, grew out of an 'Art from Waste' schools project. This was run in 1994, where over 100 pupils from eight local schools made room divider screens using waste materials.

Their visions of the environment woven into the screens ranged from images of a donkey cart and its owner to a map of Africa celebrating the reintegration of South Africa after the country's first democratic elections.

Blending art forms

Talking Hands took the concept of the screens one step further. Puppetry has the unique ability to blend a variety of art forms, using a minimum of resources, into a vehicle for exploring issues. Workshops targeting rural schools were tailored to the needs of specific groups.

A variety of puppets, including stick, finger, hand, mask puppets were made using recycled and waste materials. Emphasis was placed on identifying reusable waste resources in the local environment.

A particular programme was developed

around nutrition awareness for primary school children. This programme combined puppets, body masks, percussion and song. These workshops showed teachers how to translate facts into experiential learning using exciting materials.

Teachers were shown how to create and use puppets in lessons for all age groups and on a range of themes. They and their pupils then created their own theatre using the puppets.



This participatory theatre approach is based on real-life concerns. The pupils get the opportunity to enact real-life situations within the safe environment of the puppet show, and gain the confidence to deal with these issues in their daily lives.

The children 'borrow' confidence from the puppets as they rehearse lifeskills for everyday living. This process helps with the development of their self-confidence.

It allows for young people to develop a sense of self worth and health awareness in order to deal with the subtler aspects of HIV infection.

Through the sharing of creative processes with young people and the broader community, the *Talking Hands Puppet Company* seeks to empower individuals with their own basic human rights.

knowledge and understanding of the community that they are working with. In other words, the facilitators need to be highly literate in at least two cultures.

Workshops

Workshops are another example of a dialogue-oriented approach. Unlike traditional teaching, a workshop encourages the free flow of ideas and opinions and participants are allowed the opportunity to share information based on their own personal experiences. This encourages problem-solving by the whole group, with recognition that each individual has valuable input to offer. Workshops require a minimum of resources, but a skilled facilitator is vital.



PARTICIPATORY STRATEGIES

Dialogue-oriented strategies encourage the target group to interact with health communicators. Participatory strategies for health education build on the basic process of making messages and understanding how they are received. In a participatory approach, the target audience themselves are drawn into the message-making process and into subsequent activities.

The communication process itself, can also be understood as a media form – for example, activities such as songs, dances, plays, posters, murals and other art forms include messages, no matter how subtle or complex, and can be conceived as media.

When referring to participatory media it is the process of making messages that is significant because it is during this process that meaning and learning takes place. As noted, we are constantly creating or developing a world in our heads from information that we receive and the process of making messages using cultural forms mirrors this process. The one experience reinforces the other and gives physical expression to thoughts and feelings allowing ideas to change and grow.

Participatory approaches such as games, collective problem-posing techniques, drama and making media together have the potential to achieve far more than conventional ‘chalk and talk’ methodologies. Participatory approaches are holistic and challenging – they stimulate creative and critical thinking through activating the mind, body and emotions. The target group are required to work collectively and participate actively, to identify their beliefs and attitudes and to express them.

Participatory strategies can be used:

- ❑ **To convey messages effectively:** When media are made by and for the target group there is direct feedback into the making of meaning. Messages can immediately be re-worked and adapted until they are clear to the group and their target audience.

When referring to participatory media it is the process of making messages that is significant because it is during this process that meaning and learning takes place.

The process of working in groups provides an excellent opportunity for learning communication skills. In effective group work, each individual has the experience of finding a voice and enjoying the experience of both listening and speaking.

It is important to be aware of objectives when playmaking is chosen as a strategy. The outcomes of the process of playmaking are different to the outcomes of watching a play.

Messages are conveyed through channels that the target group will be drawn to, in a language that they speak and in images that they understand. This results in high-impact, personalised media that catches the attention of the community, and is effective in motivating change.

- ❑ **To empower groups and individuals:** Making participatory media involves the full participation of a representative group in the creation of the chosen medium. Community-based and action-oriented, this type of media involves people on a physical, emotional and intellectual level. The process of working together and creating a product is very empowering for the group and the individuals that make the media. There are examples of successful courses that have been constructed for empowering women through developing media awareness. In one of these courses offered by the Community Arts Project (CAP) in Cape Town, the experience of making media products collectively was central to learning by the participants. A theme of violence against women was selected as a focus for producing media such as a billboard, a banner and T-shirts for National Women's Day.
- ❑ **To develop technical and life skills:** There are basic skills attached to every art form. For young people, and indeed for people of any age, making media provides opportunities to learn or improve basic technical skills. The process of working in groups provides an excellent opportunity for learning communication skills. In effective group work, each individual has the experience of finding a voice and enjoying the experience of both listening and speaking. Young people learn to assert themselves, to negotiate ideas, and understand that it is possible to agree to differ amicably.
- ❑ **To use available resources efficiently:** Another advantage of developing participatory media is that local resources can be used very effectively. For example, some projects make use of available waste materials. Because the participants are using their own resources, personal investment is encouraged and usually results in a high level of accountability and motivation.
- ❑ **To distribute the media effectively:** Once media have been developed the group also takes responsibility for distribution. The process of choosing where to present plays, music and other performing arts requires thought and discussion. This process is also empowering for the group and builds commitment to the development of a social movement. Plays are usually presented in places where people meet such as churches, clinics, schools, taxi ranks and market places because these places provide a ready-made audience. Posters and banners may be put up in the streets, in school grounds, in hospitals and clinics and other appropriate places.

PARTICIPATORY THEATRE

Theatre engages an individual on a personal and emotional level, as well as an intellectual one. When individuals are involved in the creation of theatre, the engagement becomes physical as well. Creating plays, songs and dance demands a certain amount of investment and commitment from participants, and they leave the experience with a wealth of new skills.

Making plays, songs and dances

Plays, songs and dances are important forms of participatory media. The making and presentation of plays is an approach that has been extensively used in South Africa. The creative process is

case study

AIDS Murals

AIDS murals have been used as part of a number of provincial and national campaigns in South Africa.

Murals are a powerful public medium, using artistic representations to convey meaning. Murals also add colour to often drab urban environments and bring art to street level and opens artworks to many different interpretations and responses by the public.

Mural painting in South Africa has involved collaboration between AIDS organisations, local government representatives and artists. Artists workshop AIDS issues and develop artistic interpretations during the mural painting process.

Busy areas close to taxi ranks, train stations, educational institutions and health centres are ideal sites. Permission to use the sites however, often has to be negotiated with the relevant authorities or commercial owners.

Areas as large as 300m² can be painted, allowing for high visibility to passing pedestrians and traffic. Each mural can be strikingly original and different, reflecting the individual interpretations of the artists and the communities in which they live. Where words and slogans are used, it is possible to use relevant local languages and slang terms.



Murals typically feature a red-ribbon AIDS logo and the national tollfree helpline number as part of the design.

During mural painting – usually a process of a week to ten days – members of the public can be encouraged to interact with the artists. Leaflets, condoms and other materials can also be distributed.

Murals are an effective and generally low cost medium that can stay in place and/or be modified over several years.

Using local artists allows for the incorporation of local aesthetics and language and the murals themselves can be used as centre-points for other activities such as street theatre, leaflet distribution, condom distribution and as backdrops for media briefings.

Making a play allows the participants to explore problems and develop problem-solving skills by role-playing.

a very useful way of working with different sectors such as young people, labour unions, women's groups and in rural communities.

It is important to be aware of objectives when playmaking is chosen as a strategy. The outcomes of the process of playmaking are different to the outcomes of watching a play.

Making a play allows the participants to explore problems and develop problem-solving skills by role-playing. The process actively teaches life skills such as communication and negotiation. The fictional dimensions of playmaking provide a safe haven to practise and learn life skills through simulation. In this sense plays are rehearsals for life. When making a play, values are explored by the group – they are not imposed by outsiders.

MURALS

Mural painting provides opportunities for people to make and present a message together. Murals are usually painted collectively.

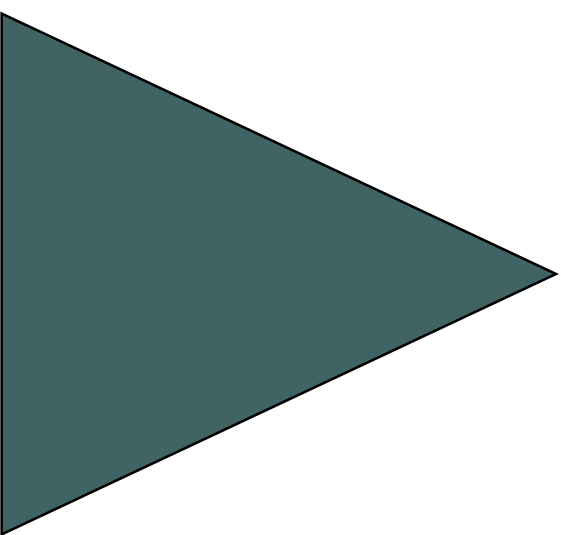
The creation of a mural goes through a number of stages that are an important part of the process of developing and communicating ideas. Firstly, the murals are discussed in terms of their message and how that message can best be conveyed in a satisfactory and aesthetic way. A group may get together and propose various symbols and images that are then agreed on. The main ideas in the mural are then sketched out leaving spaces for people to add their own ideas and images. One or two people may control the overall aesthetic design in order to achieve a sense of unity in the final design. After the outlines have been drawn the artists (which may include passers-by) follow with colour and detail.

Certain types of participatory media take on symbolism, and a number of campaigns have harnessed the energy and creativity of participants in innovative ways as is demonstrated in the case studies.



KEY POINTS IN THIS CHAPTER

- ▼ Interpersonal communication is at the foreground of our daily lives.
- ▼ Interactive and participatory media make use of familiar communication systems.
- ▼ These approaches involve participants on a variety of levels, encouraging understanding of, and commitment to, key concepts.
- ▼ Ongoing evaluation is vital to ensure the success of participatory and dialogue-oriented approaches.
- ▼ A number of successful South African projects have made good use of these methods.



CHAPTER FIVE



The challenge for HIV/AIDS is to develop a similar social movement – a movement that incorporates both ideas and action, and that moves far more swiftly in dealing with the epidemic.

South Africa has undergone tremendous social change in the last decade. This is attributable to political changes that have initiated the development, promotion and integration of new social values – including, for example, human rights, and social and economic empowerment.

At the level of ideas, change has moved swiftly, and these ideas are becoming embedded in the more gradual process of change – changes in legislation, general health, education and wealth distribution. This is happening because greater numbers of people are understanding and internalising ideas, applying them to their own situation, and leading the way forward, and because there is a supportive environment.

The challenge for HIV/AIDS is to develop a similar social movement – a movement that incorporates both ideas and action, and that moves far more swiftly in dealing with the epidemic. We can no longer rely only on the health sector to control the disease. A social movement needs to involve whole communities and as many sectors of society as possible. All South Africans need to recognise that they will be affected by the disease.

Social movements that have evolved around AIDS issues in other countries have grown along different lines, drawing in specific groups of people at different levels. Many of these movements are organic, rooted in a generalised sense of urgency around a particular issue, and growing over time.

In America, the AIDS movement was spearheaded predominantly by Gay Rights groups. The gay community was seriously affected by AIDS, and was both maligned and marginalised by the rest of the country. These groups had to organise themselves to ensure the provision of effective care and prevention strategies to cope with AIDS in their communities, and give public voice to their experiences.

In the Philippines and Thailand, it was commercial sex workers who were first affected by AIDS, and they were the first to organise around AIDS issues, inspiring a spontaneous social movement.

In Sub-Saharan Africa, it is predominantly women who bear the brunt of the disease. Women are the group most susceptible to the disease, their infected babies need special care, and they are often expected to provide care and support for others who are infected with HIV or ill with AIDS. It is women who are organising themselves and generating a movement to ensure that real change is able to avert disaster. Globally there has been increased involvement and action by women in AIDS movements, including the linking of issues to their own sexual health and sexual rights. This trend is also visible in South Africa, particularly with regard to women living with AIDS.

When considering the gay movement in the USA, it becomes apparent that communities affected by AIDS (particularly PWAs)



and driven by a social consciousness, tend to organise themselves first. Many of the most effective AIDS groups are self-help groups of people living with HIV/AIDS. These groups are often the most convincing advocates and campaigners, encouraging others to engage in AIDS work more effectively.

As the AIDS issue grew in the USA, it became related to other social issues and other organisations, including government, business and religious communities joined as partners in the movement. The involvement of sectors in a South African social movement is discussed later in this chapter.

BUILDING A SOCIAL MOVEMENT

Social movements emerge as a response to social conditions, in order to initiate and sustain a change in some major area of social concern. In this case, change is needed around attitudes to sexuality, to choosing healthy sexual practices, shifts in attitudes to people who are HIV-positive, and to people who are sick with AIDS. These are key issues that lie within a much broader context of the rights of women and children and the alleviation of poverty and disease in our society.

Change can only happen when a cause has the support of significant numbers of people, and when people feel that they have a vested interest in change. People must believe that their lives will improve through the process, and as a result of the process.

The elements necessary for change are:

- ▼ **awareness:** people need to be aware that there is an alternative to the situation in which they find themselves
- ▼ **motivation:** people need to be inspired, they need an impetus to change things in their lives that are unsatisfactory. They need to feel that there are personal benefits to their involvement in the change process
- ▼ **ability:** realistic goals should be set, and people equipped with the necessary knowledge and skills to bring about change
- ▼ **environment:** for realistic change to happen a climate for change should be created. This means that resources for understanding and support need to be readily available.

Social movements emerge as a response to social conditions, in order to initiate and sustain a change in some major area of social concern.

Environment: for realistic change to happen a climate for change should be created. This means that resources for understanding and support need to be readily available.

What makes change happen?

Very few people change their ways after being talked at. Social change is achieved as a result of a flow of messages between people. Face-to-face communication is an essential part of this process and is complementary to the shallower levels of awareness initiated by the mass media.



Trend-setters

When new ideas are circulated in a society, some individuals have influence and may become trendsetters. They take on the roles of informing, persuading, confirming and endorsing new information or changes of attitude. They have the power to sway the feelings of other people and influence their decisions. For example, using a high media profile, the late Princess Diana influenced attitudes about land mines, as well as attitudes towards the sick and suffering, including PWAs. Sports personalities, pop stars and other popular personalities also have this power to influence.

Change agents

Change agents, such as political leaders, teachers, health workers and other activists, may make less immediate impact than trend-setters – but they are able to provide the resources, information and skills needed to bring about and sustain attitudinal changes.

While it seems that media systems do play a role in shaping people's perceptions and ideas they cannot bring about social change on their own. The contribution of the mass media is to provide information and develop a climate and context for change. Actual changes of behaviour are most likely to be the result of the interaction of a range of communication and education systems. The state needs to provide adequate information and resources in order to lay the foundations for change. Interpersonal communication is a key component in

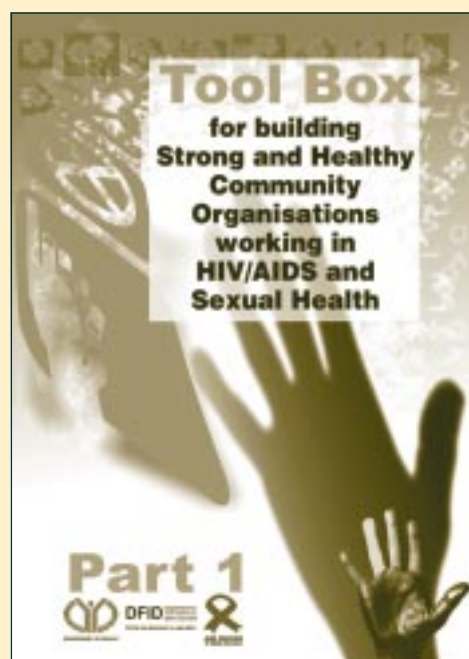
case study

Toolkit for NGOs and CBOs

Non-governmental Organisations (NGOs) and Community-based Organisations (CBOs) are often at the forefront of a country's response to HIV/AIDS.

This toolkit builds on the many lessons learned in South Africa and internationally in developing a sound and co-ordinated response to the epidemic.

The manual focuses on organisational issues including approaches to dealing with and supporting clients, fundraising, building partnerships, planning outreach programmes, and staff management. It is available from the AIDS Action Office (see page 39).



bringing about behaviour change and in the case of HIV/AIDS it is important to develop a climate in which young people personalise risk.

Government involvement

A social movement is affected by the political system. The movement emerges as a response to both social conditions and the political situation – and creates opportunities for itself within a system. As seen in the USA, the government responded to growing public pressure and began working with the AIDS movement to HIV/AIDS issues greater prominence on the national political agenda.

The AIDS issue obviously carries with it both political baggage and potential political value. Failing to address AIDS issues is obviously politically costly, as are poorly conceived strategies – however well intentioned. Government involvement is a product of political will and practical capacity, but also has to take into account various interest groups including the media, opposition political parties, lobbying groups and donors.

The AIDS issue obviously carries with it, both political baggage and potential political value.

Involvement of Non-Governmental Organisations (NGOs)

Community-based empowerment is an important way to inspire the collective action that is necessary to ensure change. Community problem solving helps to identify and meet needs of people as they themselves define them. Community-based organisations and NGOs are vital in this regard.

There are NGOs involved in AIDS work in almost every sector in every country, addressing the needs of people that cannot be met exclusively by government programmes. NGOs that have worked in the AIDS field for a long time have become increasingly professional in planning and evaluating their services. In their wake, volunteer organisations often emerge, with highly specialised or localised goals. This has meant a growth of complementary agencies that are providing essential services, education and care where the government cannot. This can, however, lead to a struggle for legitimacy and funding and contribute to unnecessary tension and/or lack of co-operation between organisations.

Education and change

The media are only part of a total system of communication in every society. There is a close link between learning and communication and therefore between systems of education and systems of communication. The aim of media education in modern societies is to reveal how the media may influence ways

*New insights,
knowledge and attitudes
are the forerunners of
behaviour change.*

of thinking and understanding the world. These ways of thinking and understanding have a direct bearing on behaviour. New insights, knowledge and attitudes are the forerunners of behaviour change.

case study

Lifeskills education in South Africa

Since 1997 the National Departments of Health and Education, in collaboration with Provincial Administrations and NGOs, have trained teachers to implement lifeskills and HIV/AIDS education courses in schools.

In some provinces, the emphasis was on training master trainers who then embarked on widespread teacher training programmes, whilst in other provinces, teachers were offered in-service training.

The aim of the lifeskills teacher training programme is to train teachers to handle the difficult and sensitive content of lifeskills and HIV/AIDS education. The emphasis is on skills that need to be learned, tried and practiced and includes an interactive, action-oriented approach to learning and particularly activities that encourage self-directed learning. Brainstorming, role-plays and small group discussions are some of the frequently used methods.

Cultural sensitivity is crucial to the programme as there are many cultural practices connected with sex. Some are helpful, such as traditional patterns of courtship and discouraging early sex.

Customs make it easier for young people to learn about their sexuality and to get to know their sexual partners. However, some traditions and religious practices are not helpful in the prevention of HIV infection, such as those that are oppressive of women.

Lifeskills courses are age-specific: for example, whilst pre-teens need to know about puberty, adolescents need to know about sexual encounters and sexual relationships. The courses are outcomes



based and are embedded in the broader curriculum. The aims of lifeskills training for teachers are to:

- empower trained teachers to present programmes that are participatory, learner centred and age-appropriate
- reinforce knowledge of human sexuality, reproduction, STDs and HIV/AIDS
- teach basic skills like assertiveness, negotiation, problem solving and decision making
- identify and develop core values like honesty, respect, caring, tolerance, loyalty and commitment
- promote attitudes and behaviour changes that will prevent infection
- promote responsible sexual behaviour including condom use for the sexually active
- develop caring attitudes towards people who are HIV-positive and PWAs
- address not only HIV/AIDS but other problems in the community like alcohol and drug abuse, relationship problems, violence and crime.

Lifeskills

Changes in behaviour almost inevitably require new skills. The Department of Education in South Africa has embarked on a programme of Lifeskills Education to provide young people with the skills they need to successfully negotiate healthy personal relationships. It is especially important for young women to have the skills to assert themselves so that they are able to make healthy choices.

Community involvement and clubs

Participatory workshops at a grassroots level can serve to enthuse and inspire the community towards involvement in a social movement, as well as increasing their capacities through skills training. A successful youth movement has developed through the formation of youth clubs in Zambia, as well as in other African countries, and similar programmes are getting off the ground in South Africa.

case study

Act Alive

DramAidE is an AIDS education organisation with an emphasis on life skills training. The DramAidE lifeskills programme, *Act Alive*, is aimed at young people in senior schools. Scholars are encouraged to form clubs where they work together to tackle the problems that they face in their communities.

These *Act Alive* projects are varied, ranging from planting vegetable gardens and organising water for the school to hosting AIDS awareness festivals in their communities.

By organising themselves around local issues that everyone can understand and appreciate, young people develop a sense of pride and community identity. Through the successful completion of projects, they realise the potential for changing their circumstances and improving their own lives.

The sense of personal pride and respect for others that is engendered through the project spills over into all aspects of their lives: These are lifeskills that are essential in combatting AIDS and HIV infection. Valuing self and others



leads to a healthy approach to life and can be the key to a successful future.

The DramAidE *Act Alive* programme involves the use of participatory action-oriented media.

Vibrant programmes of song, dance and theatre are presented by the clubs at health festivals, where AIDS messages are produced by the community at whom the message is aimed. These messages are true to the experiences of the people of Kwazulu-Natal who are facing the reality of AIDS in their communities.

It must be understood that social change needs a generation or more before it is firmly entrenched.

Involving other sectors

Countrywide there are various alliances and coalitions working together for change. These alliances allow for the raising of the authentic voices of people, and are mechanisms through which people make decisions, shape action and create social movements. It must be understood that social change needs a generation or more before it is firmly entrenched. This generational change rests on multi-media, multi-faceted and ongoing long-term integrated campaigns that are connected to increased access to health care and resources on the ground. For real change to occur, there need to be shifts in the socio-economic and cultural contexts in which people live.

The voice of sectors

South Africa is a rapidly changing society and it is important that campaigns are flexible enough to respond to change. The key to

case study

Partnership Against AIDS

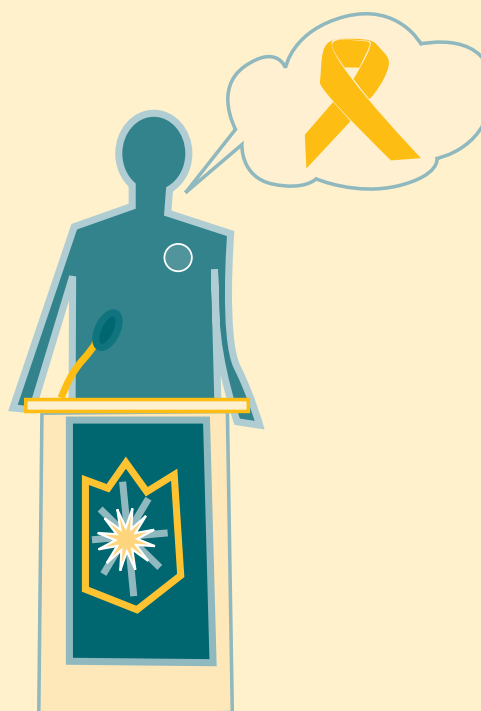
The Partnership Against AIDS was launched in October 1998 by President Thabo Mbeki as an historic Declaration on HIV/AIDS which was delivered as a call for all South Africans to 'join hands... in partnership against AIDS... to save our nation'.

This approach helps to emphasise that HIV/AIDS is a complex social problem and that responsibility for action extends far more widely than the Health Department and the national and provincial governments.

Sectors that need to be involved include the media, religious organisations, business and labour, youth, non-governmental organisations, community-based organisations, people living with HIV/AIDS, amongst others.

Initiatives can include:

- ☐ conducting research into sectoral HIV/AIDS issues and developing strategies for an appropriate response;
- ☐ developing policies which address HIV/AIDS issues;
- ☐ conducting HIV/AIDS awareness programmes within each sector;
- ☐ making condoms available and accessible to all;
- ☐ identifying local counselling and STD services and establishing referral mechanisms;
- ☐ promoting the red ribbon as a symbol of compassion and solidarity.



this flexibility lies in the extent to which the media component of the strategy links with the activities of non-health institutions. A multi-sectoral approach needs to be encouraged, where leaders and public figures in all spheres are endorsing health messages. The most effective social movements combine elements of a national, sectoral and community-base. Social movements are multi-tiered, and often include political, legislative and other social structures to advance their cause.

Social movements depend on leadership and effective communication to be sustained over time. Reinforcement of messages can come from many areas and political leaders and popular figures should be encouraged to give active support to the campaigns.

Religious and other civil groupings can offer their support, through parallel campaigns, and business can offer financial support or sponsorship for local participatory programmes.

All groups and sectors should be encouraged to formulate policy that supports the various programmes (for example, schools should consider condom distribution), and target audiences should be linked to resources.

One of the key reasons for the involvement of different sectors is the fact that these groups have the ability to reach specific target groups. A single campaign may reach a cross-section of people, but it may be too broad to impact on their daily lives. Reinforcement and support of this campaign by the structures in all sectors can serve to increase this impact.

An example of sectoral support can be seen within religious communities in South Africa. Religious organisations of different denominations have responded to the HIV/AIDS epidemic, using a range of strategies to reach their target groups. The emphasis in these programmes is on developing religious values. Important values in this context are abstinence from sex outside marriage, caring for others and especially for the sick and dying.

Two organisations, Youth for Christ and the Religious AIDS Programme (RAP), are examples of multi-denominational religious programmes running in South African schools. The programmes incorporate teenage sexuality and its relation to spirituality. Young people who participate in the programmes are encouraged to attend follow-up workshops and counselling, and to take messages to their own communities in an innovative and creative manner. There are also a number of projects run by religious organisations that focus on care of the sick, care of orphans and counselling.

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HOW THE MASS MEDIA SUPPORT OR ENDORSE SOCIAL CHANGE

The mass media give prominence to ideas, create an agenda of key issues for discussion and debate and influence people's

The mass media give prominence to ideas, create an agenda of key issues for discussion and debate and influence people's understanding of their reality. Media attention can support and endorse social change.



understanding of their reality. Media attention can support and endorse social change. The mass media have various emphases. This includes a focus on documenting reality – for example, through news or documentary programming, as well as an entertainment orientation – for example, television drama or music programmes on radio. Media theorists argue that the media have three main functions:

A gatekeeping function

Within a news orientation, the media give certain images and ideas prominence whilst filtering out others. The media tend to give prominence to certain aspects of the epidemic such as new statistics, unusual research findings, or potential cures. News values prescribe that information should be 'new', unusual or controversial.

The media also tend to follow political agendas, and tend to pursue information that has political implications or consequences and pursuing a 'watchdog' role over government. Information of an educational nature tends to be embedded in documentary programming or feature writing, and can sometimes be incorporated into dramatic programming.

An agenda setting function

The mass media are in a position to establish a national agenda of issues that tend to be initiated and framed by news events. The more attention the media give an issue, the more important most people believe it to be. In the case of HIV/AIDS, the media can create a general awareness of the ways that the disease is transmitted and the consequences for the society. Awareness may be created around particular issues such as the rights of women, particularly the right to refuse unsafe sex.

The media can create a climate where people see a need for change which can contribute to the attitudinal changes that are essential if behaviour change is to occur. Models may be provided, such as stories of people who go out of their way to choose a healthy life style, live positively or care for others. The media can also promote resources that people can use in order to bring about change in their own lives and behaviours.

A reality defining effect

The media provide us with information. We take hold of the bits and pieces of information that we receive and out of this we create our understandings of our reality. In westernised and comparatively homogenous societies the media reflect and interpret the beliefs and values of the society to its peoples.

The people who develop and control media content are in

their turn controlled by the norms of society and their professional norms and practices. In some countries politicians censor the media thus compromising free flow of information.

INTEGRATING MEDIA APPROACHES

A government campaign can initiate or give impetus to the development of a social movement. The mass media provide the backdrop to this, introducing new ideas and serving as a constant reminder of the relevant issues. Small media reinforce these initiatives, and provide more detailed information. Participatory media and dialogue-oriented approaches allow people to become practically involved in issues, and can relate issues more directly to their personal circumstances. Change agents may initiate the impetus for a social movement, but without grassroots support, change will not be sustained. This support is often highly visible. Utility media can be used to create a sense of belonging, as can marches and parades.

An effective social movement relies on the support of a number of different sectors. Sectors can tailor messages, ensuring that they are appropriate to the target group, and that they are not offensive. Different sectors should be consulted in all aspects of media production, from conceptualisation to distribution.

In a multi-cultural society, there are a number of issues to consider in relation to the sensitivity of messages.

Change agents may initiate the impetus for a social movement, but without grassroots support, change will not be sustained.

Gender issues

Because of our history of oppression, access to media tools has been denied not only to black South Africans, but also to women, regardless of race. It is the prerogative of those with political and economic power to set up and regulate social institutions. In patriarchal societies, the private and public institutions that regulate communication are both unconsciously and deliberately oppressive of women.

The roles that we are socialised into as children are perpetuated by the mass media. These roles are often linked to physical differences between the sexes, but many of the rules and customs that have evolved around our gender roles are socially constructed. They are not natural, but are ways of stereotyping to ensure limited experiences and growth, and therefore ongoing subservience. Communication campaigns need to change this status quo, and focus on developing media that include women at all levels.



Gay and lesbian issues

The media can also serve to marginalise those of whom the establishment does not approve of. Gay and lesbian South

Africans, although protected by the new constitution, are discriminated against in the media. This occurs through simple disregard, and through blatant antagonism.

Any HIV/AIDS campaign should take this sector into account, ensuring a non-homophobic approach, and inclusivity (for example, that sexual transmission of HIV refers not only to heterosexual sex, but also to gay sex). Particular problems that young gay people experience in the face of a culture of non-acceptance also need to be addressed (issues of personal identity, self-confidence, disclosure and abuse).

When working with young people, especially in the area of sexuality and relationships, it is important to recognise that messages made and distributed by adults may be misinterpreted or resisted.

In-school and out-of-school youth

Young people should be considered as a special sector that require different communication strategies from adults. When working with young people, especially in the area of sexuality and relationships, it is important to recognise that messages made and distributed by adults may be misinterpreted or resisted. Peer pressure is another significant factor that has to be taken into account.

Prisoners

The fact that sex, consensual or otherwise, is an everyday occurrence in South African prisons cannot be ignored. AIDS messages for prisoners clearly need to focus on their specific conditions. Policies need to focus on condom distribution, as well as reducing risks of infection through contact with blood as a result of violence.

Migrant workers, truckers, and others who work away from home

Migrant workers, predominantly men, live in two worlds. They may embrace the culture and values of their homes and families, but are removed from their environment. Research has shown that these men may adopt different value systems when moved to a different environment. This move is often involuntary. A number of these men have casual sex, or commercial sex. The slant of a campaign should bear this in mind in a non-judgmental way. The objective is to ensure that these men, those they have sex with, and those at home, are aware of the options open to them to prevent HIV transmission.

Rural communities

The role of the mass media in rural and traditional societies is clearly very different from urbanised societies. However, a lack of

access to various forms of mass media does not mean that there are not well-developed communication systems in rural communities.

Rural communities are characterised by powerful social systems with extended families and traditional systems of leadership at the core of the system. In South Africa these social systems have been considerably destabilised by the migrant labour system and by apartheid. However, close-knit extended families remain characteristic of the rural way of life.

The role of traditional leaders in rural communities remains significant. Without the support of these leaders any prevention, support or media strategies are unlikely to make much impact. Traditional healers are also a powerful force and finding appropriate ways of working with these healers should be one of the objectives when planning a project in rural areas.

People living with HIV and AIDS

A media campaign is designed around certain assumptions made about the level of knowledge and experience of the target audience. Clearly, in an AIDS campaign, these will be altered for those who are personally infected and affected by HIV and AIDS. This audience has a personal understanding of the facts and emotional issues surrounding the epidemic.

Apart from their role as audience, PWAs also have a key role to play in any strategy designed for prevention or support. It is government policy that PWAs should be included whenever possible in policy making and the delivery of programmes.

There are a number of people working under the banner of National Association of People living with HIV and AIDS (NAPWA) who use their life stories as a powerful motivating force to make the general public aware of HIV and AIDS. This type of public disclosure can go a long way towards challenging attitudes, and encouraging acceptance of PWAs by the community. As well as being informative and emotional, it engages people on a personal level and gives a face to the disease. It can also serve to engender community spirit and 'ubuntu'.



Key points of this chapter:



- ▼ Social change can only come about through an active, community-based social movement.
- ▼ Social movements depend on leadership and effective communication to be sustainable, and to succeed in their (often long-term) objectives.
- ▼ Life skills training is an important part of this movement, empowering people to take control of their situation.
- ▼ The media can support and endorse the social change necessary to cope with the AIDS epidemic in South Africa.
- ▼ Campaigns should be well co-ordinated, involving a variety of different sectors. Media should be sensitive to the needs of these sectors, and manage to draw them in to fully support the campaign.
- ▼ Social movements can make use of media that imply concrete local support for the idea, for example, marches, parades and utility items.
- ▼ Social movements can be national, sectoral or community-based, and the most effective are able to bring together all three of these levels.



CHAPTER SIX

Every activity needs to have some way of evaluating its success or failure, and of exposing the lessons learned. Evaluation is the assessment, at one point in time, of the impact of a strategy and the extent to which stated objectives have been achieved.

EVALUATION AND RESEARCH

Every activity needs to have some way of evaluating its success or failure, and of revealing the lessons learned. Evaluation is the assessment, at one point in time, of the impact of a strategy and the extent to which stated objectives have been achieved.

The difference between evaluation and research is one of focus. 'Evaluation' means establishing the value of a strategy and 'research' means the process of finding things out.

The research that is needed to undertake evaluations is complex and needs experts who know how to define and apply it. Although research and evaluation are costly, they do provide very clear information about what has been achieved and assist in future planning.

What are methodologies?

Researchers have established a number of research tools that are used in the process of evaluation. These tools are referred to as methodologies. The word 'methodology' means the road to get there, and can be applied in a wide range of contexts. Different research methods provide answers to different kinds of questions.

Objectives and key Indicators

Evaluation is one of the key elements in an integrated approach to HIV/AIDS management that was introduced in Chapter One. It includes close analysis of objectives, indicators and outcomes.

Setting objectives

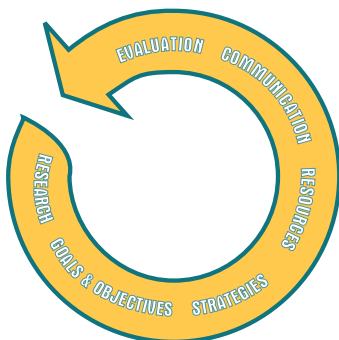
In order to undertake an effective evaluation, clear and measurable objectives must have been established at the outset of the campaign. However, as HIV/AIDS campaigns have developed it has become clear that if objectives are too broad then it is very difficult to achieve measurable results.

Effective evaluation depends on detailed objectives with indicators to measure progress. For example, in order to develop the general goal of increasing positive attitudes to HIV-positive people, more detailed communication objectives and indicators need to be defined. The table on the right provides an example of possible objectives and indicators in a school setting.

Developing key indicators

Key indicators show what progress has been made towards achieving the defined objectives and are used to see whether there has been any change as a result of the strategy.

In order to conduct an evaluation there should be information about the indicators. This could be from information collected in



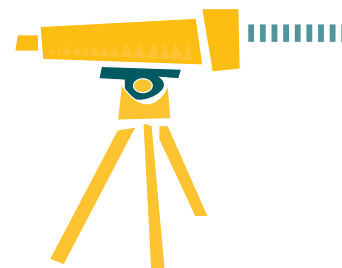
Indicators show what progress has been made towards achieving the objectives.

a baseline survey or gathered over time by a monitoring system or from previous research that has been undertaken.

Linking objectives and key indicators to strategies

Once objectives and key indicators have been identified, strategies for achieving these objectives are worked out. These could include, for example:

- ▼ a backdrop mass media campaign utilising radio
- ▼ the distribution of small media such as pamphlets and posters
- ▼ a series of interventions that directly interact with the target group such as drama or video programming in schools or the workplace, that include participatory and dialogue-oriented activities.



Evaluation

Evaluation is important at every level of the development of any campaign. In the example, outlined above, radio messages and information provided in small media would be pre-tested. This can include some form of participatory message development and

Key indicators and detailed objectives for developing positive attitudes towards co-workers and/or scholars who are HIV-positive

OBJECTIVES	KEY INDICATORS
▼ Reduce unnecessary fear and anxiety about HIV/AIDS or people with HIV/AIDS	▼ Willingness to address the problem of HIV positive co-workers and/or school children by the institution
▼ Reduce misinformation about HIV transmission	▼ Understanding that certain beliefs about HIV/AIDS are myths
▼ Increase accurate knowledge of modes of HIV transmission	▼ An increase in accurate knowledge about HIV/AIDS transmission amongst workers and/or scholars
▼ Generate the intention to be more accurately informed amongst colleagues.	▼ Requests for information from teachers, scholars, labour unions, and managers.
▼ Generate the intention to become more understanding amongst colleagues	▼ Initiation of programmes that deal with attitudes in the school and/or workplace
▼ Build on the realities of living with HIV/AIDS	▼ The development of policies and services for working with PWAs in schools and/or the workplace
▼ Impart information about the rights of people with HIV/AIDS	▼ Active participation from the whole group in supporting people with HIV/AIDS

also post-implementation evaluation which could be conducted through interviews or surveys. If one of the strategies is to develop participatory media, then participatory evaluation would be appropriate. These kinds of evaluation are outlined in more detail in the rest of this chapter.

METHODS FOR COLLECTING INFORMATION

There are a number of different ways of collecting information to find out the impact of different strategies and kinds of media. These are broadly defined as quantitative and qualitative approaches.

making media products

Evaluating media products

A crucial question when developing or using materials for HIV/AIDS activities is “Have the materials been evaluated?”

Chapter Two of this manual outlines the complexities of the communication process, and emphasises the notion that meaning is a subjective process – ie. the same communications message or product, will inevitably be understood differently by different people and/or different target audiences.

This poses problems in the evaluation of media products, particularly given that the overall objective is usually to communicate specific information effectively.

It must be stressed that communications products can only be evaluated and understood within the context of their objectives, and in relation to their target audiences. It is impossible to judge a product as inappropriate without information about its objectives or target audience, and this information can only be revealed if developmental and testing processes are carefully documented and shared.

This series of panels provides insight into the evaluation of media products.

An integrated strategy

HIV/AIDS materials are designed to be used in a context. It is therefore important to ask the question – Is the product part of an



integrated strategy or is it a once-off product? No matter how good a product is, and how well its meaning is understood, if it is not contextualised within an integrated strategy it is of little value. Issues to consider include:

- ▼ clarity about who is the communicator and facilitation of ‘two-way’ communication – for example use of logos, contact details and helpline numbers
- ▼ clear objectives and outcomes for its use
- ▼ well defined indicators to measure impact
- ▼ a clear distribution strategy
- ▼ guidelines for users
- ▼ a timeline for implementation.

“Once-off” products are common around days such as World AIDS Day or other activities, and it is important to ensure that these fit in with a longer-term plan.

Review of previous material and existing products should underpin the development of new or modified materials.

QUANTITATIVE RESEARCH

Quantitative Research is sometimes called 'number crunching'. In this kind of research the emphasis is on collecting data that provides results that can be measured.

This approach is rooted in the kind of research that is done in laboratories where the aim is to find out the exact results of an intervention. The results are often presented as graphs, and comparisons are shown between the data collected before and after the intervention.

Quantitative research shows overall trends by analysing information and numbers such as the number of people attending a clinic or using a helpline before and after a campaign. Typical ways of collecting data are through questionnaires such as the Knowledge, Attitude and Practice (KAP) surveys devised to evaluate changes in general awareness. These surveys can be conducted over the telephone or through face-to-face interviews.

Typical ways of collecting data are through questionnaires such as the Knowledge, Attitude and Practice (KAP) surveys devised to evaluate changes in general awareness.

Strengths and limitations of quantitative research

The findings of quantitative research are presented in a way that is clear and understandable, for example, more people are now using the helpline or attending clinics as a result of a campaign. However, the results obtained from surveys may be inaccurate because, unlike in a laboratory, all the variables in a social situation cannot be controlled. Also the information provided by surveys is limited by the design of the questionnaire.

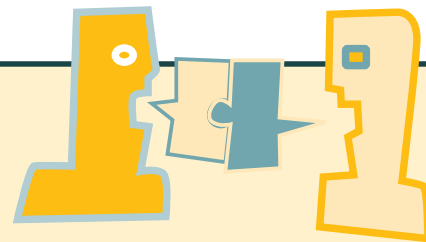
making media products

A professional product

The production of communications materials is a specialised process and there are various subtle rules of production and presentation that facilitate effective communication.

In the case of print materials, for example, there are basic rules for typography including legibility and readability of type, effective use of colour, balance of graphic elements and so on. Use of professional producers with proven track records goes some way towards ensuring that communications materials obey these basic rules.

Another important issue is that of translation, and again, use of professional translators is preferable. Translation needs to



take into account the specific audiences, and can also be tailored to work effectively with the production process.

Multilingual print materials, for example, typically utilise the same basic design for various languages. There are considerable differences in the length of text of material in English, when compared to other South African languages.

Professional translators are able to work within the constraints of the available space, to facilitate consistent design across various languages.

A KAP study may show an increase in some knowledge and a change of some attitudes but provides very little information about actual sexual behaviour. This is because most people are unlikely to give details of their sexual behaviour in a questionnaire. For this kind of information qualitative approaches are more likely to reveal detailed information.

QUALITATIVE RESEARCH

Qualitative research is concerned with trying to understand meaning and impact in a more complex way than in the generalised way that is the outcome of surveys.

Qualitative research is concerned with trying to understand meaning and impact in a more complex way than in the generalised way that is the outcome of surveys. This methodology is used to get information about how people think, feel and act and what they believe. It often provides critical insights and understandings about a particular issue. The information that has been collected may be presented as a case study or in a more narrative form that includes description and analysis of the data.

Qualitative methods

Qualitative methods include in-depth interviews, focus group discussions, observational studies, and participatory rural appraisal.

In-depth interviews

These interviews are often with key people in the community. They are different from quantitative interviews in that the



making media products

Developing media products

Most media products emerge from a context of perceived need. There are two main ways that this perceived need can be tested – consultative development and participatory development.

▼ **Consultative development** – This involves consultation with experts in the field who are able to provide insights into needs and perceptions of target audiences. This approach is used by Soul City in

determining key messages. Messages and media products are then developed by professional producers – for example, scriptwriters, directors, etc.

▼ **Participatory development** – This involves consultation and activities with representatives of the target audience who can provide insights into needs, but can also contribute specific ideas for content and meaning.

Both approaches ensure that subject matter and media are appropriate, and also provide insights into needs and relevance of products within an integrated strategy.

facilitator allows the interviewee to lead the interview. The interviewer needs to be trained in the appropriate skills for this research. The interviews should be transcribed and analysed in order to understand their full meaning.

Individual in-depth interviews provide good quality information, but are time consuming.

making media products

Testing media products

Most of the media we consume is developed using methods and models derived from past experience and through previous analysis of responses. These experiences allow professional communicators to work to established formats and guidelines, without having to resort to pre-testing with the target audience.

In a context of established formats and objectives, not all health media products need to be pre-tested with the target audience. Furthermore, it is somewhat impractical to devote time and expense to intensive pre-testing processes without devoting similar attention to language, distribution and other contextual issues.

In the case of new products, or products where there are no clear guidelines or experiences preceding development, testing is important. Such testing can include one or more of the following processes.

- ▼ **Expert review** – Health information is framed by a range of policies, protocols and technical information. It is essential therefore, to ensure that information is assessed by 'technical' experts before it is disseminated. This is particularly important for information where there are no clear guidelines – for example, key messages around the issue of breastfeeding for HIV-positive mothers .
- ▼ **Pre-testing** – This involves review of potential products by representatives of the target audience. This is usually carried



out using qualitative focus group methodology. This type of pre-testing is useful for assessing issues of conceptual understanding and comprehension. However, the approach is limited by the fact that media products are tested out of context, and also sometimes in draft form.

- ▼ **Field testing** – This is an extremely useful approach as it allows products to be reviewed in context, and provides insight not only into issues of content and meaning, but also the application of the product in the field. Field testing also allows for review of objectives and indicators. This can be both qualitative and quantitative.
- ▼ **Evaluation against objectives** – This is the formal evaluation of a product where objectives and indicators can be examined. Ideally, such evaluation should be preceded by a base-line study, to establish a point from which to measure. Quantitative evaluation can be used to assess, for example, increases in condom distribution, use of partner referral cards for STD referrals, etc.

Findings derived from the various evaluation processes should be carefully documented so that they can be used to form the basis for the development of subsequent media products.

Focus group discussions

Focus group discussions are a relatively inexpensive way of getting information about what people think and feel. The groups usually consist of between eight and twelve people and a trained moderator facilitates the discussion. The groups are generally made up of people with similar characteristics so, for example, one might hold a group discussion with pregnant teenagers or teachers in rural schools. The discussions are held in surroundings in which people feel comfortable and are able to talk freely. Most discussions last between one and two hours.

Observational studies

This method is one taken from anthropology, where people live in communities and participate in their lives in order to understand them (participant observation). The problem with these studies is that having the observer present immediately



case study

Message development through process evaluation

To evaluate the appropriateness of cartoon and condom prevention messages as a poster, six focus groups, homogeneous by gender were conducted.

Group members were systematically selected from Johannesburg Health Department STD, family planning and TB clinics, and City Council domestic workers, security officers, drivers, and clerks.

The poster was shown to group members for 60 seconds, and after this viewing group members were interviewed to determine their understanding of a poster and its prevention message. Time was also allotted to allow the group to discuss their reactions to the poster.

The poster was then shown to the group for a second time without a time limit, and the evaluator asked questions about

phrases, pictures, and the poster design. The discussion was tape-recorded and hand-written notes were taken.

At the end of the group session, the group was able to ask the facilitator questions about the poster's content.

Result

While group members understood the prevention messages ("stick to one partner", "Use a condom if you don't know your partner very well"), the captioned words of the woman in the poster were vague and ambiguous.

Group members did not understand the main message, and a strong anti-condom sentiment as well as barriers to condom use among the target audience were identified.

Barriers included the association of condoms with STDs, mistrust of sexual partners, and inaccessibility in the community. Feedback from the evaluation resulted in modification of the poster – more direct and literal messages, simpler typeface, and explicit information about where to get assistance.

causes people to change their behaviour in some way – for example a nurse or a clerk may behave differently to a patient if there is someone watching. However the usefulness in this method lies in bringing fresh insight to common occurrences. For example, carefully observing the patient flow in a clinic can lead to new ideas for the smooth running of the clinic.

What is observed must be carefully written down and dated and the analysis performed after a set period of time. The analysis may be repeated seeking to really understand what is going on in the particular setting.

Participatory Rural Appraisal (PRA)

This method was developed for rural communities which often operate in ways that are different from more sophisticated urban communities. The method involves working together with the community to answer questions. In this method drawings in the sand may be used, maps of the area, stories or even walks through the village may be conducted for the researcher and the community to come to a common understanding of the topic.

This method was developed for rural communities which often operate in ways that are different from more sophisticated urban communities. The method involves working together with the community to answer questions.

Ethics of research

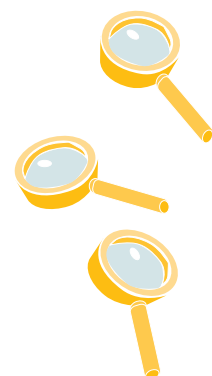
Research is often done without bearing in mind the welfare of the particular community being researched. People are not guinea pigs and need to be treated with respect at all times. Research results should be fed back into the community wherever possible, to enable them to benefit from the information that has been gathered about their lives.

Strengths and limitations of qualitative research

In qualitative research the data provides:

- ▼ insight into the way participants' understandings affect their behaviour
- ▼ an understanding of context and environment
- ▼ an understanding of process – how events influence each other.

Often unanticipated information can be identified through qualitative research because the discussion is not limited by pre-determined or narrow questions. The limitations of this research are that the findings are not always clear-cut, or easy to verify. As comparatively small groups of people are usually interviewed it is difficult to generalise from this research.



Evaluating mass media strategies

The development and evaluation of a mass media campaign may take place in various phases and include the use of both quantitative and qualitative research.

Phase One: Establishing context

- ▼ **Context evaluation** – analysis of the social, political and cultural environment in which the interaction with the audience takes place
- ▼ **Consultative review** – analysis of needs and objectives as perceived by planners and other experts in the field
- ▼ **Developing audience profiles** – ie. the categorisation by age, gender, social class (sometimes race) and occupation of the target audience
- ▼ **Needs assessment** – estimation of priorities requiring action
- ▼ **Baseline surveys** – benchmark surveys that establish existing attitudes, knowledge and stated behaviour among the target audience.

case study

Evaluating Ulwazi Radio Project

The Ulwazi Radio Project is a pilot educational project forming part of a mass-scale Adult Basic Education and Training initiative.

The Community Agency for Social Enquiry (C.A.S.E.) was commissioned to evaluate radio materials produced by Ulwazi in their first phase of broadcasting so as to provide feedback to inform the production of future programmes, as well as the potential of other projects of a similar nature.

The evaluation, using a combination of qualitative and quantitative research methods, was conducted in three phases:

- ▼ Pre-testing through nine focus groups held in Gauteng, KwaZulu-Natal and the Eastern Cape prior to broadcast. The materials were tested on the primary target audience (literacy learners) and the results compared to those from participants with higher education levels.
- ▼ Post-testing through six focus groups held in Gauteng, KwaZulu-Natal and the Eastern Cape. Participants were listeners to Ulwazi programmes.
- ▼ Conducting a survey of listeners to the programmes broadcast in Alexandra township, Gauteng.

The Ulwazi Radio Project utilised three approaches to language. Programmes broadcast in Alexandra township used



English with small amounts of African languages; in KwaZulu-Natal there was a varied mixture of English and Zulu; and the Eastern Cape programmes were broadcast exclusively in Xhosa.

The research highlighted the problems of combining English and the vernacular in radio programmes, and the complexities of language preference and balance in the media.

Language choices were influenced by the genre and content of programmes, comprehension of English, attitudes towards using English to discuss ostensibly 'African' issues and aspirations to learn English.

Although participants with some knowledge of English said the mix of languages enabled them to learn, more participants from literacy classes and rural areas struggled to comprehend the programmes.

Phase Two: Pre-campaign message development

- ▼ Input evaluation through pre-testing prototype programmes.

Phase Three: Evaluation during the campaign

- ▼ Analysis of feedback through phone-ins, letters to the press etc.
- ▼ In-depth studies of specific programmes
- ▼ In-depth interviews with opinion formers.

Phase Four: Post campaign evaluation

- ▼ Audience rating figures
- ▼ Correlation of sample surveys: for example, recall of advertisements, claimed frequency of seeing or hearing an advert etc.
- ▼ Focus group interviews: for example, to research main message take-out, empathy with the campaign
- ▼ Content analysis of data that has been collected through interviews
- ▼ Distribution of print media.

The key to success is to ensure that messages and strategies are pre-tested before they are implemented on a large scale, and that thought is given to post-campaign evaluation.

The primary communications task during the message development stage is to build up a team who clearly understand the issues at hand. This is not always the case when professionals from other fields are hired for a marketing campaign.

The key to success is to ensure that messages and strategies are pre-tested before they are implemented on a large scale, and that thought is given to post-campaign evaluation.

EVALUATING THE EFFECTIVENESS OF SMALL MEDIA

Qualitative research methods are appropriate for assessing the effectiveness of flyers, posters, pamphlets and other small media. Focus-group interviews are especially recommended, as they are cost effective and provide reliable data about the comprehension of messages.

One of the main difficulties with small media is ensuring that they are effectively distributed and evaluation should incorporate review of this aspect.

Evaluation can highlight the importance of developing plans that have been fully thought through, and assessing objectives within particular contexts.

EVALUATING THE EFFECTIVENESS OF DIALOGUE-ORIENTED AND PARTICIPATORY MEDIA

Qualitative research methods are also used for evaluating the effectiveness of interactive media. Dialogue-oriented strategies

Conducting focus group interviews*

The most important issue for any research, and for health promotion research in particular, is to be very clear about the questions being asked. Questions should be carefully thought out and linked to stated objectives and key indicators.

The facilitator should be a skilled listener and should clearly understand the difference between a focus group discussion and a teaching group discussion. In a focus group the facilitator is not there to impart information but to listen to what others have to say.

He or she should not agree or disagree with any of the opinions expressed as it may inhibit others from expressing their real views and encourage people to give the answers they believe the moderator wants.

The facilitator should use the qualitative research skills of reflection, clarification and summarising. The focus group interview is clearly not a group interview in which a series of questions are asked and each member of the group answers the question. Rather it involves one or more questions which generate discussion related to the topic – thus the moderator doesn't lead the group towards his or her preconceived ideas.

The analysis of the group is very important and it is not just a summarising of the answers, but an attempt to get to the essence of the meaning of the discussion.

Setting up the group

Setting up groups often takes quite a lot of time. People attending the group are giving up their precious time and many organisations pay the participants a small gratuity and a contribution for transport.

A comfortable, quiet place where the group will not be interrupted should be organised and, if possible, child care arranged for people with children.

Refreshments are often supplied to add



to the comfort of the group.

After an initial introduction and allowing the group to become comfortable the question is asked and the discussion is allowed to go on until there is no further information to be gained.

The facilitator usually has a discussion guide on which a number of related issues are written, and if those are not covered in the discussion the facilitator may bring them up, but if no one has anything to say then the facilitator should not pursue those issues.

The discussions are usually tape-recorded after first gaining permission from the group. If it is clearly explained that the facilitator finds everything that is said to be important and does not want to lose any of this information, then most groups usually agree to have discussions recorded.

The tape recording is then transcribed word-for-word so that analysis can take place. If the transcriber writes down what he or she thinks the discussion means and not each word then we may miss the meaning of the group altogether. This is especially important for health workers who often have a very specific world-view and find it rather difficult to understand other views.

Information analysis

Information is reviewed by analysing the qualitative material. This involves transcribing recorded information. This step can be problematic as the analysis is often performed in English and the group takes place in another language.

* Extracted from: *Promoting Health in South Africa – An Action Manual*, by Nancy Coulson, Antoinette Ntuli and Susan Goldstein (Heinemann, 1998)

can be evaluated by assessing numbers of callers to helplines or talkshows, access to counselling services or qualitative approaches such as interviews with users. Participatory approaches are especially useful for building capacity and as part of the learning process for groups that are engaged in making participatory media. Participatory approaches may operate on several different levels:

- ▼ **Self evaluation** – The process of collective workshopping allows for immediate feedback from within the group about the effectiveness of the products that have been made. This process of self-evaluation can be formalised and the group can set up their criteria for evaluation and then decide whether or not the product meets the criteria.
- ▼ **Peer evaluation** – Discussion groups can be held with peers to share ideas about criteria for making effective messages and in order to discuss the impact of the play, posters, mural etc that have been made.
- ▼ **External evaluation** – Professional evaluators can be invited to observe events, evaluate content and conduct focus-group interviews with target audiences to evaluate impact.

Focus group interviews can provide information about the impact of messages. This can be very useful to quickly determine the impact of media at grassroots level. Facilitators need to acquire a set of skills in order to conduct these interviews successfully. These skills can be learned relatively easily by trained teachers, nurses and social workers.

Evaluating national and provincial campaigns

Post-implementation evaluation of major campaigns is important. The aims of the evaluation might be:

- ▼ to clarify objectives, and assess their relevance
- ▼ to assess the appropriateness of the strategies selected
- ▼ to assess the effectiveness of the integration of the various media
- ▼ to assess the effectiveness of distribution systems
- ▼ to look at the long-term implications – is the impact that was made sustainable?

An evaluation should be 'critical' in that it looks carefully at the performance of a campaign to see how it can be improved. But it should not be seen as a judgement in a negative sense, and it should not be a threatening exercise for the people who devised the campaign, since this will make it unlikely that the results of the evaluation will be accepted and used.

Participatory approaches to evaluation

At one level, constant and ongoing evaluation is part of the process of thinking and creating when making mass, small or

Participatory approaches are especially useful for building capacity and as part of the learning process for groups that are engaged in making participatory media.



At one level, constant and ongoing evaluation is part of the process of thinking and creating when making mass, small or participatory media

participatory media. We are all evaluating our work and ideas as they develop. Thereafter, as we have noted, formal evaluation methods have been developed and expert researchers may be called in to prove or disprove the anticipated responses to the media products.

Participatory message development

Some of these methods of evaluation can be used when working with small or participatory media. Listening skills and feedback skills can be actively introduced as part of the process of developing small media. The principle is that evaluation should be a learning experience for all concerned, and should be developmental rather than judgmental. The emphasis of participatory evaluation is on the people who are involved in developing a campaign or a media product. It aims to provide an opportunity for people to investigate and analyse their own work and their objectives.

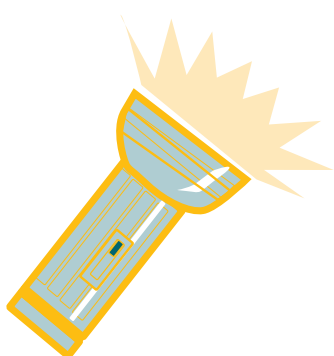
Evaluating community-based campaigns

When campaigns have been initiated in communities or institutions the aim of evaluation is for people to understand what is happening so that they can make wise decisions about the future. This is particularly important in any programme which aims to build up the organisational base of an agency, institution, group or community in order to give them more control.

The development of institutions and groups that take independent initiatives is essential for building a social movement. It is very important in this kind of evaluation to encourage the participation of all those involved in devising and implementing the campaign. The reasons for encouraging participation in evaluation can be summarised as follows:

- ▼ **Relevance** – To make sure the campaign is relevant to the real needs of the people who are affected and continues to be relevant under changing circumstances. Participatory evaluation makes sure the different objectives are taken into account when measuring the ‘progress’ of a campaign. It also makes sure that different perspectives about the progress of the work are considered, so the evaluation provides a more complete and accurate view of what has happened.
- ▼ **Access** – To make sure different groups of the target community have access to benefits of the campaign.

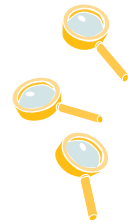
Participatory evaluation can ensure that the impact of the campaign on different groups is considered.
- ▼ **Ownership** – The commitment of community leaders, teachers, youth groups and so on depends on the extent of their involvement in decision-making.



Participatory evaluation provides an opportunity for all those involved in a campaign to analyse its progress and make decisions for the future. Having been involved in the evaluation, they are more likely to feel committed.

KEY POINTS IN THIS CHAPTER

- ▼ Evaluation is one of the key elements in an integrated approach to HIV/AIDS management. Every strategy needs to have some way of evaluating its success or failure, and of exposing the lessons learned.
- ▼ In order to undertake an effective evaluation, clear, measurable objectives and key indicators must be established for a campaign and in message development.
- ▼ Evaluation is important at every level of the development of any campaign. Over and above pre-testing or participatory message development there should be post-implementation evaluation.
- ▼ Focus group interviews provide an inexpensive way of evaluating the impact of messages. Facilitators must be trained but the skills can be learned by professionals such as nurses, social workers and teachers.
- ▼ Participatory evaluation is the most appropriate method when working with communities.



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