

**Civic-Minded AIDS Awareness Campaigns :
Message Strategies For Effect**

By

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**CIVIC-MEDIA AIDS AWARENESS CAMPAIGNS: MESSAGE
STRATEGIES FOR EFFECT**

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A fundamental obstacle in AIDS prevention is captured in Metts & Fitzpatrick's (1992) statement that "The immediate consequences of sexual activity are reinforcing, whereas the negative consequences of unprotected sex are uncertain and removed in time from the sexual act" (p. 1). Of all health promotion efforts, it is precisely the character of and misunderstanding about AIDS and HIV infection that make education such a difficult task. Indeed, it is this cognitive distance from risk that must be bridged for messages to be effective.

My goal is to suggest characteristics of effective mass-media campaigns within the civic media. In order to provide some parameters for the analysis, I have focused on posters produced for 1991-1993 campaigns by the Singapore Ministry of Health's Training and Health Education Department and Action for AIDS, a private voluntary organization (PVO). My use of these campaign examples is to provide specific illustrations of the characteristics I'm about to discuss.

HIV and AIDS in Singapore

The first case of AIDS was reported in Singapore in 1985. HIV infection and AIDS have increased to 214 cases by October '93 (*Health Educator*; p. 1). A point I will return to later in the analysis is the fact that the years between 1985 and 1993 witnessed a dramatic shift in the mode of transmission. From 1985-1990, heterosexual transmission accounted for only 27% of AIDS virus infections. By 1993, heterosexual transmission accounted for 72% of infection (*Health Educator*; p. 1). The largest occupational groups with HIV infection are Service & Sales personnel, Professional & Managerial personnel, the unemployed, and clerical and technical personnel. These four groups comprise almost 70% of the known cases

of infection. Persons under the age of 20 account for a very small percentage of the infected. The highest age bracket of infection is the 30-39 year-old age group followed by the 20-29 year-olds and the age group 40 and above. About 70 % of the infected are single, and 20% are married. Sexual contact accounts for 94% of transmission. Consequently, many of the messages focus on preventing sexual contact conducive to transmission.

Characteristics of Effective Messages

AIDS campaign messages must be addressed in terms of both form (channel) and content. Each plays a role in designing and implementing effective messages.

Form Considerations

Combine Mass Communication with Interpersonal Channels

Effective campaigns will utilize other channels of communication in addition to broadcast media. There is a natural bias toward broadcast media in health promotion, especially in places where broadcast penetration is high. This is understandable given that broadcast media is high-profile, and provides an easily measured reporting index, i.e., number of messages aired. Other mass communication channels might include posters, pamphlets, brochures, billboards and print advertisements. Campaign planners should also take note of the success that interpersonal interventions have enjoyed in health communication.

Telephone hotlines, peer counselling and community awareness talks are powerful tools to help disseminate information about AIDS.

Utilize Strategies of Social Marketing

I will define social marketing as "The design, implementation, and control of programs seeking to increase the acceptability of a social idea or practice in a target group (Kotler, 1984, p. 24). Social marketing is based on the premise that principles of marketing

and communication can successfully be applied to beliefs, attitudes and behaviors. One of the more useful aspects of social marketing for campaign planners is the focus on patterns of media consumption. Private organizations such as advertising agencies have a wealth of information available about Who watches or reads What and Where and When they do so. Government agencies, NGO's and PVO's should make use of this information in planning their campaigns.

Content Considerations

Focus on a Specific Message

Focusing on a single message has several positive effects. First, it provides constant reinforcement of the desired message. Second, target groups are less likely to be confused or uncertain about the intended message if they encounter it consistently. Third, the message becomes one the audience can identify with because it functions as a unifying theme for the several different aspects of the campaign. During the 1992-1993 MoH campaigns for example, the primary message is "AIDS--Be Safe. Not Sorry." This appears as a "logo" on most of the posters.

Adopt Linguistic Strategies for Particular Groups

Ambiguity is one such linguistic resource. Ambiguity can provide inclusiveness without alienation. Some posters are targeted specifically at women especially those housewives that are at risk, but many are non gender specific, making them relevant to audiences regardless of sexual orientation. Non gender-specific terms such as "lover" or "partner" are used with pronoun constructions such as "he or she" and "him or her." More traditional usages such as "husband" or "wife" risk distancing audiences by excluding them.

Metaphor is another linguistic resource that has great potential to reduce cognitive distance between audience and the risk behaviour. Metaphor reduces cognitive distance because it conscripts the audience in the creation of meaning much the same way an enthymeme does. The idea that metaphor operates enthymematically is implicit Swiggers (1984) argument that audience participation is a defining characteristic of enthymematic structure. Leff (1983) suggests several similarities between topical invention (another enthymematic structure) and metaphoric interaction. The important point here is that a metaphor negotiates cognitive distance between and audience and a subject whenever that subject is understood metaphorically. For example, In one bilingual poster, the English title above a picture of a butterfly reads "Moving From Flower to Flower." The caption says:

Having many sex partners puts you at risk of getting AIDS. In fact, unprotected sex with an infected partner, just once, is all it takes to get AIDS. The best protection is to have only one faithful sex partner. If you have sex with more than one person, use a condom. It will lower your risk of getting AIDS and sexually transmitted diseases.

The Chinese title below the picture warns people "Don't be a butterfly." Referring to someone as a "butterfly" is one way to metaphorically express promiscuity in Chinese. Although the poster was more successful with Chinese speaking audiences than English speaking audiences, the use of metaphor as a way to make the "medically strange familiar" (McAllister, 1992, p. 208) should not be overlooked.

Another type of metaphor is the visual metaphor. One MoH poster uses a superimposed bullseye to suggest visually that sexual partners present "targets."

Focus on Positive Consequences of Healthy Behavior

Let me first focus on the obverse of this strategy, that is, the use of fear appeals. Their use contains 2 inherent risks: (1) Temporal distancing (2) Numbing.

(1) Temporal distancing refers to the tendency to focus on what is temporally more proximate to us. One of the reasons health messages in general and AIDS messages in particular pose such challenges to campaign planners is this; as I noted in the beginning of this paper, negative consequences are distant while positive consequences (pleasure) are immediate. In other words, smoking, drug use and sexual contact provide immediate pleasure, while the negative consequences of such behaviors (lung cancer, chemical dependency, STD's) may not appear until years later. Therefore, it is difficult to make those consequences temporally "present" for target audiences.

(2) 'Numbing' refers to the ability of people to ignore or shut out images they find too distressing. Much of the research on fear appeals suggests that moderate fear appeals are more effective than strong fear appeals because audience members aren't "turned off" by the horror inherent in graphic appeals (Cronen & Conville, 1975; Guerrero & Hughes, 1972.) Graphic fear appeals affect audience members' ability to think critically. One way to compensate for this phenomenon is to focus on the positive effects of desired behaviour.

In the MOH's AIDS campaign for example, the primary message is intended to promote monogamy. Desired behavior is illustrated in the use of the following captions from campaign posters:

"The best protection is to have only one faithful sex partner"

"The most effective protection against AIDS is to have only one faithful sex partner. If you are single, you could eliminate the risk of infection by abstaining from sex until marriage."

"Have only one mutually faithful sexual partner"

"Avoid casual sex. And don't visit prostitutes. Just have one faithful sexual partner. And stay one hundred per cent loyal to him or her."

In discussing common attributes of successful health campaigns, Backer, Rogers and Sopory (1992) note: "Campaigns are more effective if they emphasize current rewards rather than the avoidance of distant negative consequences" (p. 30).

In the AIDS campaign posters, monogamy is rhetorically constructed as a concrete, identifiable action manifested in immediacy. Terms such as "loyal," "faithful," and "partner" suggest the positive consequences of monogamy. In comparison, a study of AIDS PSA's in the U.S. (Freimuth et al., 1990) found that in PSA's advocating some type of preventative behavior, only 4% urged avoiding multiple sexual partners (p. 781). Those who choose to ignore this positive course of action are then provided with the alternative of condom use:

"If you have sex with more than one person, use a condom."

"If you must, at least use a condom."

"If not [loyal], at least use a condom every time you have sexual intercourse."

"Use a condom with spermicide if you still choose to have sex with different partners. . .

The "if" applies to those who choose not to be faithful, loyal or monogamous. Condom use is rhetorically constructed to be the second choice. Even after introducing the topic of condom use, most posters warn that "Condoms cannot guarantee protection." This is a markedly different approach to many AIDS education and prevention campaigns where the focus has been to promote the use of condoms (Kashima, Gallois, & McCamish, 1992). Condom use in Singapore's AIDS campaign messages is clearly a peripheral goal. Still, such an approach may bridge the distance between audience and risk behaviour more effectively by emphasizing the immediacy of monogamy.

In one of the the Action for Aids series, the emphasis is on popularizing condom use and reducing the stigma associated with it. A series of "hip" people are depicted in rubber clothes with the the suggestion that they are "into rubber." If condom use is made more acceptable, condom use is likely to increase.

Address Existing Beliefs that Impede Desired Behavior

In other words, one of the keys to effective messaging is to correct misunderstanding and misperception. Let me focus on three particular "myths" to illustrate this strategy.

Myth #1--I am not at risk.

As Freimuth et al. (1990) note: "Individuals intellectually understand that they are participating in behaviors that are potentially risky, but they have the ability to divorce themselves from the problem" (p. 778). In a series of posters, we see the many faces of aids victims. Inherent in these messages is an attempt to personalize risk by making the audience members identify with the poster subjects. Still, personalizing risk is difficult in a community where the target audience is unlikely to know anyone who is infected.

Myth #2--Infected individuals carry some outward signs of the infection

One of the consistent images in the campaign is a picture of a healthy looking prostitute with the with the caption: "How can you tell if someone has the AIDS virus"? Opening the two side panels reveals "I've got the AIDS virus" branded across her bare chest. The accompanying panel reads:

It's not this easy to tell. There are not tell-tale signs if someone has the AIDS virus. The person can look normal, healthy and attractive. He or she may have a negative AIDS antibody test. This is because it may take many months for the antibody to develop in the infected person.

I might note that this particular poster was also one of the most controversial of the recent campaign. There are now posters with the same message on a male.

Myth #3--Herbal remedies can prevent aids.

This particular poster directly attacks the misinformation about spread and prevention of the disease by ridiculing the erroneous information.

Conclusions

AIDS education is one of the most difficult types of health promotion for several reasons--among them is ignorance about the cause and spread of the disease, stigma associated with the disease and misinformation about "cures." The effectiveness of campaign messages depends on both the form and content of the message. Planners should consider the wide variety of communication channels open to them outside the broadcast media and the role of interpersonal interventions in disseminating information and changing behaviors.

Planners of message content should consider the following questions: (1) Can the campaign develop a single, primary message that serves as an organizing scheme and that audience members can easily identify with? (2) What particular linguistic resources are available in the region/country that will promote understanding, inclusion and participation by the target groups? Even if specific metaphors are not archetypal in their interpretation across cultures (Osborn, 1967), metaphors provide a structure of understanding common to all symbol users. In its ability to make the medically strange familiar (McAllister, 1992) metaphor, especially visual ones, could prove to be a valuable tool for health education in developing countries with traditionally low literacy rates. (3) If fear appeals are used, will they promote thought about the issue, or are they so graphic they may alienate the audience? (4) How can audiences be persuaded of the desirability of acting in a manner conducive to

their health? How can the positive consequences of healthy behavior be communicated to target audiences? (5) What beliefs need to be modified before behavioral change is likely? Is there misinformation about the spread, consequences or characteristics of AIDS that need to be addressed? Consideration of these questions may lead to more effective campaigns.

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