

HIV/AIDS Prevention Campaigns: a Critical Analysis

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ABSTRACT

In the absence of pharmacological, immunological, and medical interventions, the change in behavior and attitude of the public may only be considered a possible way for the prevention and cure for HIV/AIDS. The basic purpose of this study is to analyze the various communication models and steps that play a pivotal role in making successful communication campaigns for shaping public attitudes related to social stigmas and issues about HIV/AIDS. It further sheds light on the importance of combination of interpersonal and mass communication strategies for the development of these campaigns. In addition, this paper describes the significance of various components of effective message.

Introduction

In the absence of pharmacological, immunological, and medical interventions, the change in behavior and attitude of the public may only be considered a possible way for the prevention and cure for HIV/AIDS (UNAIDS-WHO 1998, para, 10). Although the human immunodeficiency virus (HIV) has been identified as the etiological agent causing AIDS, transmissions of this virus depends largely on human behavior related to sexuality and drug use. Communication plays an important role in this process because it disseminates information that may prevent risk behavior and spread awareness leading to

the reduction of a social stigma. AIDS prevention programs disseminated through media or community awareness campaigns, are directed towards changing sexual practices and the use of intravenous needles. Most theories and models applied in HIV/AIDS awareness campaign are derived from social psychology, communications family planning and population. Many theories and models of health behavior change, including reasoned action, social learning, cognitive theory, and the hierarchy of effects, are based on individual psychology. In fact the assumption (such as individualism as opposed to collectivism) on which these theories and models are based are foreign to many non-Western cultures. In majority of non-Western contexts, the family, group, and community play a greater role in decision-making: theories and models based on individualism continue to dominate communications strategies for HIV/AIDS prevention and care in such settings. Therefore, both strategies including use of mass media and interpersonal communication are effective ways of behavior change.

The basic purpose of this study is to analyze the various communication models and steps that play a pivotal role in making successful communication campaigns for shaping public attitudes related to social stigmas and issues about HIV/AIDS. It further sheds light on the importance of combination of inter-personal and mass communication strategies for the development of these campaigns. In addition, this paper describes the significance of various components of effective message.

Theories and Models Used in HIV/AIDS Prevention

1. The health belief model

The health belief model was developed in the 1950s to predict individual response to screening and other preventive health services and their use. The HBM grew out of

research by social scientists in the U.S. public health services to explain the reluctance of people to participate in disease reduction program. The HBM is based on value expectancy theory (Melkote & Steeves, 2001, p. 132), that assumes that individuals will take preventive actions (risk-reduction behaviors) when they are susceptible to a disease (self-perception of risk) and acknowledge the consequences as severe; they believe that taking preventive actions will be beneficial in reducing the threat of contracting the disease (e.g., condoms are effective against HIV infection, and that its perceived benefits will be sufficient to overcome perceived barriers such as cost or inconvenience of undertaking the actions (Melkote & Steeves 2001, p. 132). Rosenstock (1974) discusses four constructs of Health Belief Model including (1) Perceived Susceptibility (an individual's assessment of his/her risk of getting the conditions), (2) Perceived Severity (individual's assessment of the seriousness of the condition, and its potential consequences), (3) Perceived Barriers (an individual's assessment of the influences that facilitate or discourage adoption of the promoted behavior), and (4) Perceived Benefits (an individual's assessment of the positive consequences of adopting the behavior). Two constructs were added later including (5) Perceived Efficacy (an individual's self-assessment of ability to successfully adopt the desired behavior, and (6) Cues to Action (external influences promoting the desired behavior). Majority of health communication campaigns are based on this model and it is equally useful in HIV/AIDS prevention programs (also in Glanz et al, 2002, pp. 51-53).

2. Theory of Reasoned Action

The theory of Reasoned Action (Ajzen & Fishbein, 1975) is an extension of HBM. This theory explains individual behavior by examining attitudes, beliefs and

behavioral intentions as well as observed and expressed acts. It is based on the idea that the most immediate determinant of a person's behavior is his/her behavioral intention. One's actions can only be influenced by influencing one's intentions. Intention in turn is a joint function on one's positive or negative feeling leading to 'perform or not to perform' that particular action. This theory highlights intentions by focusing on attitudes towards risk reduction, response to social norms, and behavioral intentions vis-à-vis risky behavior (UNAIDS, 1999).

3. Social Cognitive Theory

This theory is based on the assumption that individual behavior is the result of interaction among cognition, behavior, environment and psychology. Bandura (1994) pointed out that in order to achieve "self-directed change, people need to be given not only reason to alter risky habit but also behavioral means, resources and social supports to do so. It will require certain skills in self-motivation and self-guidance. (Bandura 1994 & Piotrow et al. 1997, p. 22). Bandura's theory is based on following two elements:

- a. Self-efficacy
- b. Social modeling

Self-efficacy refers to a person's belief in his/ her personal ability to affect a change, which determines what course of action that person will choose, how long it will be sustained in the face of resistance, and his/her resiliency to bounce back following the setbacks.

Social Modeling is based on the principle that people learn vicariously by observing the actions of others. Moreover, people are likely to judge their own capabilities, in part, by comparing themselves with those who are in the similar situation

as them. People look up to the models similar to them solving problems successfully which help them develop a stronger belief in their own abilities. The virtue of self-efficiency may be effective only if the actors are confident of their ability to act. Social modeling has been used extensively in television campaigns in order to provide knowledge about HIV/AIDS, as well as strategies to cope with successful situations in sexual encounters. In a nutshell, the dual variables: self-efficiency and modeling have been used widely in campaigns on HIV/AIDS because of their holistic approach that provides knowledge, skill, and confidence to undertake preventive measures against AIDS (Melkote & Steeves, 2001, p. 133).

4. Theories of Emotional Response

These theories propose that emotional response precedes and conditions cognitive and attitudinal effects. This implies that highly emotional messages in entertainment would be more likely to influence behavior than messages in low emotional contents (Piotrow et al. 1997, p. 22).

5. Cultivation theory of Mass Media

Gerbner proposed this theory in 1973. It specifies that repeated intense exposure and deviant definitions of 'reality' in the mass media lead to a perception of that 'reality' as normal. The result is a social legitimization of the 'reality' depicted in the mass media, which can influence behavior (cited in Piotrow et al. 1997, p. 22).

6. Diffusion of Innovations theory

Ryan and Gross propose this theory in 1943, which traces the process by which a new idea or practice is communicated through certain channels over time among members of a social system. This theory also explains the factors that influence people's

thoughts, actions and the process of adopting a new technology or idea (Piotrow et al., 1997, p. 22). Rogers (1962) proposes a detailed model of diffusion of innovation and argues that it occurs in four stages: invention, diffusion (or communication) through the social system, time and consequences. The information flows through networks. The nature of networks and the roles opinion leaders play in them determine the likelihood that the innovation will be adopted. Innovation diffusion research has attempted to explain the variables that influence how and why users adopt a new information medium, such as the internet. Opinion leaders exert influence on audience behavior via their personal contact, but additional intermediaries called change agents and gatekeepers are also included in the process of diffusion. Five adopter categories are: (1) innovators, (2) early adopters, (3) early majority, (4) late majority, and (5) laggards. This theory is also significant in health communication especially in HIV/AIDS prevention because it highlights the process of adoption of new ideas despite inconvenience, for instance, the use of condom for prevention of sexually transmitted diseases.

7. Hierarchy of Effects

This model focuses on individual behavior change in a linear fashion, which begins with exposure to information and assumes that knowledge, attitudes, trial, and adoption of the desired behavior will necessarily follow (USAIDS, 1999). Baran & Davis (2003) summarizes the model and maintains that

It is important to differentiate a large number of persuasion effect-some that are easily induced and other that take more time and effort. This model permits development of a step-by-step persuasion strategy in which the effort begins with easy induced effects, such as awareness, and monitors these effects using survey research. Feedback from that research is used to decide when to transmit messages design to produce more difficult effect such as decision making or activation. Thus, the effort begins by creating audience awareness, then cultivates images or induces interest and information seeking, reinforces learning of information or images, aids people in

making the “right” decisions, and then activates these people. At each step, the effectiveness of the campaign to that point is monitored, and the messages are changed when the proper results aren’t obtained. (p. 305)

To sum up, this model provides a basic framework for public health campaigns by focusing on step-by step persuasion strategies for creating awareness for behavior change.

8. Social Marketing

The concept of social marketing was introduced in 1971 and was defined as “the design, implementation and control of programs calculated to influence the acceptability of social ideas and involving considerations of product, planning, pricing, communication, distribution, and marketing research (Melkote & Steeves, 2001, p. 137).

Baran & Davis (2003) highlights the following features of social marketing theory including (1) inducing audience awareness regarding campaign topics, (2) Targeting messages at specific audience, (3) reinforcing messages, (4) cultivating images and impressions of people, product or services, (5) stimulating interests, (6) inducing desired decision making or positioning, (7) activating audience segments (pp. 303-305).

Therefore, social marketing is an approach to promoting the acceptability of social ideas through mass media. Social marketing’s well-known four “Ps” (product, place, pricing and promotion) have been applied to HIV/AIDS prevention in condom promotion (USAIDS, 1999). Furthermore, commercial advertising and packaging of condoms, appropriate price and convenient locations (tuck shops, bars & hotels) for sale distribution have resulted in dramatic increase in condoms sales in countries such as Ivory Coast, India, Malaysia and Pakistan.

9. Entertainment –Education for Behavior Change

It is a well known saying that “education is the vaccine against AIDS” (Singh, 2006, para, 6). Singh further maintains that the message about AIDS awareness must have informative educative and entertaining appeal. To corroborate her point of view she has cites Richard Gere as saying that the public announcements are not successful as they lack entertainment element. The education of HIV/AIDS must be done in a holistic manner without isolating or compromising educative or entertaining aspect. To spread the message of AIDS one must sell the message as selling of a product (Singh, 2006, para, 17). Similarly, Hollywood movies like *Longtime companion* (Wlodkowski, Stanely, & Rene, 1990), *Philadelphia* (Gary, Utt, Bozman, & Cox, Demme, Zea, 1993), *A Mother’s Prayer* (Young & Elikann, 1995), *Breaking the Surface: The Greg Louganis Story* (Bacino, Epstein, Green & Stern, 1996) and *Gia* (Brubaker, James & Cristofer, 1998) were an attempt in educating people regarding issues related HIV/AIDS through entertainment.

In the 1970s, the idea of using television as an instructional/development medium appealed to both administrators and development experts because of its immense potential in propagating useful ideas and practices. Moreover, the mass communication theory the *Minimal Effects Hypothesis* was also losing its appeal in 1970s. According to this theory mass media were not particularly changing opinions and attitudes of audience. While the research in the area of *agenda -setting* showed that the mass media were very effective in increasing the cognition levels of audiences of salient events and thus serving as important agents of surveillance (Shaw & McCombs, 1974 & Baran & Davis, 2003, pp. 311-314). Similarly, *Uses and Gratifications* theory focuses on an active audience

member as opposed to the passive stereotype depicted in the minimal effect theories. In uses and gratification model, audience member actively select media products to satisfy a range of needs: new information, entertainment, news, relaxation and more. This research shows that audiences were actively selecting radio and television programs to gratify their perceived needs. Furthermore, between 1965-1995 the number of radio and television sets in developing countries grew more than tenfold from 82 million to 997 millions (Piotrow et al. 1997, p. 22, Baran & Davis, 2003, pp. 261-263). This development has increased the importance of entertainment-education through mass media in development perspective.

10. AIDS Risk Reduction and Management

The AIDS risk reduction and management model is proposed by Catania 1990. This model combines elements from health belief model and social cognitive theory to describe the process through which individuals change their behavior and it also explains why individuals fail to change their behavior regarding AIDS prevention. The ARRM identifies three stages in behavior change and management.

Stage one is labeling high-risk behavior as problematic, which incorporates the notion of susceptibility from health belief model. This involves knowing which sexual activities are associated with HIV transmission, believing that one is personally susceptible to contracting HIV, and believing that AIDS is undesirable.

Stage two is making a commitment to changing high-risk behavior. This notion came from cognitive learning theory.

Stage three is seeking and enacting solutions that are taking steps to actually adopt the new behavior than adhering to the previous one. This enactment is influenced

by social norm and problem solving options, and it may include seeking help (Melkote & Steeves, 2001. p. 134).

These stages provide useful diagnostic tool to determine at which stage a target group is situated, and, therefore, the most appropriate intervention. For instance gay men in U.S. as a group are highly aware of the risk of unprotected sex as compared` to Hispanic/Latino women as a group which does not recognize the risk. Therefore, this model identifies target audience that needs information as well as points out that behavior change may not be achieved in a one-shot campaign.

To sum up, these theories and models are extensively used in health communication campaigns. While the effectiveness of these theories and models is sometimes questioned in the light of the growth of the HIV/AIDS epidemic in Africa, Asia and Latin America; their value as important theories and models remains unchanged. For instance, “Diffusion of Innovation” continues to be a leading theory widely used in programs for social change. Its use by opinion leaders for information dissemination and behavior change is critical in most development communication programs. Similarly, the interaction between the individual and environment in social cognitive theory is critical, even though behavior modeling and self-efficiency seem to be the common focus of this theory. Almost all health related behavioral change communication theories focus on individual as well as collective behavior change and social environment.

On the basis of the above mentioned theories and models the following steps can play an important role in behavior change for HIV/AIDS prevention. (1) *Knowledge*: understanding about disease or issue and ability to recall the messages. (2) *Approval*:

respond favorably to campaign message and discuss issue/ campaign or disease spread or effects with personal networks for instance, family, friends, spouse and with co-workers and to get approval or to organize public opinion on campaign contents. (3) *Intention*: recognizes the effects or usefulness of the campaign and intends to consult a service provider to learn new techniques and willingness to practice it despite cost or inconvenience (for instance, use of condoms). (4) *Practice*: goes to provider of information/supplies /services and selection of method or technique to prevent from spread of disease and consistency in practices. (5) *Advocacy*: advocate practices to others on the basis of personal experiences, practices and support programs in community (“U.S. Department of Health”, 2000, p. 3). To sum up, a fair understanding and treatment of these five factors is crucial and pivotal in designing an effective awareness campaign for the prevention of HIV/AIDS spread.

Communication Strategy and HIV/AIDS Prevention

The two- prong communication strategy can play a significant role in behavior change for effective communication campaign for HIV/AIDS prevention.

- Interpersonal communication
- Use of Mass media

Interpersonal communication is the most effective means in influencing the behavior of an individual or a small group of people because of following reasons. (a) Message is delivered by a person who belongs to that particular group to whom message is constructed (opinion leader influence). (b) Content of message is more harmonized with local culture, tradition, norms and values. (c) Interpersonal communication has been considered a successful way in addressing the sensitive issues of sexual behavior. (d) The

mass media campaigns are typically of limited duration. Therefore, for sustained promotions among individuals and groups it requires an interpersonal communication component for behavior change especially in HIV/AIDS prevention campaign.

Despite the effectiveness of interpersonal communication, there are some weaknesses in this approach. (1) Interpersonal communication reaches fewer people than mass media. (2) Interpersonal communication results in behavior change that cannot be evaluated as easily as creating and maintaining awareness through the mass media.

Therefore, to overcome the weaknesses in interpersonal communication, mass media communication plays a vital role in behavior change. Firstly, media campaigns can play an effective role in reinforcing interpersonal communication by, for example, focusing on gender roles in the family and community. This has encouraged men to engage in dialogue on HIV/AIDS prevention, rather than placing all the burden of decision making on women. The importance of families for men and their protective roles in their families and community can be reinforced by mass media especially in rural and uneducated communities of Asia and Africa. Secondly, mass media plays a vital role in dissemination of information to large public with diverse demographic profile.

To sum up, media campaigns and interpersonal communication complement each other in the development of communication interventions for HIV/AIDS prevention and care. The mass media can convey information effectively and thereby provides effective support for face-to-face communication. The combination of mass media with interpersonal communication allows for addressing diverse individual and group concern while honoring the delicate, private nature of human sexuality. In addition, Simons-Morton, Donohew, & Crump (1997) point out that a one-dimensional approach to health

promotion, such as reliance on mass media campaigns or other single-component communication activities, has been shown to be insufficient to achieve program goals. Successful health promotion efforts increasingly rely on multidimensional interventions to reach diverse audiences about complex health concerns, and communication is integrated from the beginning with other components, such as community-based programs, policy changes, and improvements in services and the health delivery system (pp. 544-554). Therefore, the five interrelated domains of context that should be focus for comprehensive communication strategy for HIV/AIDS prevention, care and support include

(1) government policy: the role of policy and law in supporting or hindering intervention efforts, (2) Socioeconomic status: collective and individual income that may allow or prevent adequate intervention, (3) Culture positive: unique or negative characteristic that may promote or hinder prevention and care practices, (4) Gender relation: status of women in relation to men in society and community and the influence on sexual negotiation and decision making, (5) Spirituality: role of spiritual/religious values in promotion or hindering the translation of prevention messages in to positive health actions. (UNAIDS-PennState Project, 1999)

An Analysis of Steps involve in Communication Campaign Design

1) Identification of Objectives

The significant part of communication campaign design is the identification of communication objectives. Generally, communication objectives seek to (a) creating awareness (b) intensifying or reinforcing existing attitudes or behavior (c) converting one set of behavior /attitudes to another or (d) building relationship. Note that each communication objective suggests only one outcome. The ordering of the objectives reflects their priority (Ferguson, 1999, p. 76) For instance, Hanan (2003) presents a list of communication campaign objectives for HIV/AIDS prevention that aims:

(1) To inform and educate the high risk and general population about the spread mechanisms of HIV/AIDS epidemic, the availability of free and secure testing facilities in both public and private sector and PWAs (People with HIV/AIDS) about necessary treatment and life style changes. (2) To educate media personnel for accurate media reporting. (3) To eliminate AIDS related social stigmas to prevent PWAs from isolation and depression. (4) To reduce segregation on the basis of HIV/AIDS status. (5) To educate PHAs to refrain from donating blood, plasma and organs. (6) To spread awareness for safe sex practices (p. 2). (7) To increase media coverage regarding HIV/AIDS related issues throughout the year. (8) To create media peaks in the spring and fall (in addition to AIDS awareness week and world AIDS Day) (Public Health Agency Canada, 2003).

The clarity of objectives lay down foundations for successful communication campaign and its impact on target audience.

2) Target Audience/Beneficiaries Identification

Beneficiaries are the persons or group who are expected to benefit from the campaign, which is going to be launched (Found, 1999, p. 27). Communication strategies begin and end with a clear understanding of levels of awareness, knowledge, beliefs, attitudes, values, and behaviors of the target audiences. The audiences for communication can be local, regional, or national; public, private, or voluntary sectors; social, economic, or political in orientation; and external or internal to the organization (Ferguson, 1999, p. 75). For instance, target audience for HIV/AIDS prevention campaign are sex workers (Male & Female), transvestites, truck drivers, hospital and blood bank workers, drug users exchanging needles for injecting drugs, women, professional blood donors, journalists [for proper coverage of the campaign], intelligentsia [as opinion leaders] and youth (Hanan, 2003, p. 23). In addition, the proper identification of demographic profile including, age, sex, income, education, religion and culture, language and location of target population helps the communicators in the selection of means of communication and in preparation of an effective message for behavior change.

3) Resources Identification

The success of communication campaign depends upon proper identification and allocation of resources such as: material, financial and human. Mass communication campaigns are usually expensive because media's time/space is required for promoting the issue. Furthermore, skilled people are also required for message construction, training and education, implementation and execution of the campaign. The duration of the campaigns largely depend upon the availability of human and financial resources. In addition, selection of the medium of communication also depends upon financial resources.

4) Message Construction

Message construction is most important and critical part of the communication campaign design especially in health communication. The basic purpose of message is to gain attention and to convince audience to change their behavior according to communicator's point of view. Various studies point out that following elements are essential in gaining attention of the audiences including proximity or immediacy, concreteness, suspense, repetition, familiarity, simplicity, novelty, conflict, activity, visual and vivid contents, elite personalities, messages with effective contents and humor (Ferguson, 1999, p. 149). Lewis (1951) noted that to "unfreeze" behavior, one must increase the magnitude of the 'restraining force'" (Cited in Ferguson, 1999, p. 174). For instance, consumers who wish to stop drinking confront many forces that encourage them to continue their behavior: drinking by role models and celebrities, availability of alcohol at social and work gatherings, peers influence, positive portrayals of drinking in television shows and films, and alcohol advertisements. For this reason, knowledge of

persuasion theories can be important to the information campaign designers, who attempt to raise awareness and affects positive changes in attitude and behavior. In addition, Monroe (1945) presented a pattern of organization for persuasive messages: (a) attention, (b) need, (c) visualization and (d) action. To engage in successful persuasion, source must obtain audience attention, convince the audience that a need or problem does exist, suggest solutions that can satisfy the need, help the audience in visualizing the future with or without solutions, and outline specific steps of action (Monroe, 1945 & Ferguson, 1999, p. 168). This psychological ordering of information plays a vital role in behavior change.

Factors Making Effective Message Contents

- **Supporting Material**

The supporting material enhances the credibility and acceptability of the message. Some studies have determined that some kinds of supporting materials are more effective than others in affecting attitude change. For instance, illustrations and case histories have a greater impact than statistical or other data summaries. Moreover, saying that the use of computers may involve a danger would not be convincing as compared to stating that software virus in computer may pose a danger in terms of the failure of monitoring system in hospitals and the collapse of subway system (Koballa, 1986, pp. 437-449). In HIV/AIDS prevention campaigns supporting material can be supplied through leaflets, booklets, pamphlets, audio and video CDs and text messages to target audiences. Supporting material is useful because of the following reasons. (a) It makes the message highly understandable for target audience. (b) It provides details that are not focused in the message. (c) It helps both the services providers and the patients.

- Importance of two-sided arguments

To increase the reliability and effectiveness of the message and to present two-sided argument is more effective technique to gain the attention of the audiences instead of a one-sided argument. This technique increases the judgment of the audiences that is a more effective way of convincing the individuals or group to change their behavior according to the message contents.

- Use of Visuals

The use of visual makes message more attractive and impact oriented. According to an old Chinese saying, one picture has left more impact on audiences than one thousands words. For instance, the Christian Children Fund Canada always presents the images of children suffering from diseases and starvation in their media campaigns to draw the attention of the North-American audience for fund-raising.

The use of visuals enhances the message retentions because (a) it overcomes language barriers especially in societies where literacy rate is low, (b) the visual symbols are always eye catching and leave long term impact on the memories of individuals.

- Humorous Contents

Humor can be an attention-drawing factor, especially in interpersonal communication campaigns. Sometimes these types of messages are not effective because of the following reasons:

1. Repetition of humorous messages may offend the serious audience.
2. Such messages are not effective in health communication especially in HIV/AIDS prevention campaign because of a serious nature of the problem.

- Positive Emotion Appeal

The messages with a positive emotional appeal always draw the attention of the target audience that is the reason why communication campaign designers usually use an attractive spokesperson, visual images, beautiful art, popular songs, memorable words and slogans to draw the attention of target audience. For example, in HIV/AIDS communication campaigns celebrities play an important role in creating a positive emotional appeal for dispelling the ignorance of the public and removing social stigmas related to this disease. Once president Clinton said, “In 1987, when so many still believed that AIDS could be contracted through casual contact, Princess Diana sat on the sickbed of a man with AIDS and held his hand. She showed the world that people with AIDS deserve no isolation, but compassion and kindness. It helped change the world's opinion, and gave hope to people with AIDS” (Abrahams, 2007, para, 4). Therefore, public figures can play vital role in creating awareness and also raising funds for HIV/AIDS prevention programs. To sum up, the positive emotional appeal has a great motivational force that convinced the target audience for behavior change.

- Reference Group Consideration

The term ‘reference group’ refers to a group which a person aspires to associate himself with, therefore, it is a very effective technique to convey message by giving representation to that particular group or a person belonging to that group. Further, it has been observed that community based and community wide programs on HIV/AIDS initiated against traditional communication campaigns have proved more effective in long run as they involved active community participation (UNAIDS, 2005, paras, 8-16). It

has following advantages: first, it helps in overcoming the socio-cultural barriers; and secondly, it enhances the message understanding.

- Latitude Acceptability Consideration

For effective communication, the content of message should not exceed the recipient's latitude of acceptability. Moreover, initial audience attitudes towards the message have a significant impact on the potential to achieve attitudinal or behavior changes.

- Fear Appeal

Fear appeals are persuasive messages designed to scare people by describing terrible things that will happen to them if they do not comply with the message (Witte, 1992, pp. 329-349). Though it is a useful mechanism for the prevention of certain kinds of behaviors and actions yet its efficacy can be enhanced (a) by offering solution to fear, (b) its intensity must be regulated and, (c) it must be used according to the socio-culture and psychological positioning of the target audience.

- Cross-Cultural & Socio-Culture Context

Socio-Cultural and religious contexts must be considered for effective message construction. Similarly, the communicator must consider cross-cultural implications in the choice of certain symbols and colors for particular ethnic group. For instance, Chinese associate blue color with funereal. Furthermore, in some cultures (as in Pakistan) social taboos related to sexuality inhibit the open discussion of issues related to sex and reproductive health, opportunities to gain accurate information about such issues and to learn skills to protect oneself from infection are often quite limited for the vast majority of youth. Therefore, culture should not be considered as a static force. According to

UNAID report (2005) culture is wrongly considered as a pattern of never changing beliefs. Rather culture can be shaped with the passage of time. All one requires is the understanding of the language and the connotations to understand and communicate the message.

- Repetition of message

Repetition of message plays a vital role in enhancing the power of audience message retention that leads to attitude or behavior change. For example, some studies have found a positive association between degree of exposure to anti-smoking messages and stopping or reducing smoking (Ferguson, 1999, p. 173). Repetition of message has the following advantages. (1) Increasing the understanding of the audience about the contents of the message. (2) Enhancing the chances of availability of information. (3) Repetition of the message also works as a motivational force, and (4) enhancing the importance of the issue/problem.

- Demographic and Geographic Profile

Education, profession, age and geographic profiles of the target audience must be considered for an effective communication campaign. For instance, HIV/AIDS prevention campaign for Pakistan, Hanan (2003) lists these factors as:

(a) *Geographical Profile*: The population of Lahore-Pakistan is the target audience for this campaign, (b) *Professional Profile*: People from all professions in general, but sex workers (both male and female), youth, health professionals, drug users, truck drivers etc., in particular are the target audience, (c) *Educational profile*: In Punjab, more than 50% population is uneducated, therefore, the content of the message and medium of communication is selected on the basis of audience profile, and (d) *Age*: People of all age groups ranging from 12 to 80 years in general, but youth ranging from 16-40 in particular are the target audience of this program. (p. 14)

Similarly, the target audience for OGMHPSWG (Canada) is the general population across Ontario particularly gay, bisexual, transsexual and heterosexual etc., and men who use drug and alcohol (p. 19). The construction message and selection of media is highly depended upon the proper identification of the target audience.

- Language Consideration

Messages or slogans and information material must be developed in official/regional/local or in national languages depending upon the diversity of audience-spoken languages in the communication campaign's target area. Communicators must use simple language without medical terminology that may become barrier in effective communication. The language consideration serves the followings purposes: (a) it helps in eliminating the alienation of the message, and (b) makes the message culturally, geographically and educationally more understandable and acceptable.

- Campaign Duration

Longer campaigns are always successful because they leave impact on innovators, early adopters as well as laggards. Long campaigns have the following advantages. (1) They cover all segments of audiences that may be categorized on the basis of education, gender, socioeconomic status, religion and culture. (2) They mobilize media organizations to put HIV/AIDS related issues on media agenda and also encourage community and NGOs to participate in debate, while long campaigns are usually expensive in nature.

- Usefulness of the Contents

Message should be thought provoking and should enhance the knowledge of the target audience otherwise they would not be interested in information they already have.

The usefulness of the contents has the following advantages. (a) It motivates people to bring change in their existing behavior regarding the adoption of new ideas/practice or method. (b) It also boosts the knowledge and retention ability of the audience.

To sum up, the above mentioned factors have great importance in an effective message construction for communication campaigns in general and health related communication campaigns in particular.

5) Selection of Medium of Communication

The selection of the medium or channel of communication has played a very crucial role in disseminating messages to the target audience. The interpersonal communication and use of mass media are two ways of conveying messages to the target audience and to convince them for behavior change. For instance, HIV/AIDS prevention awareness campaigns for Africa and Asia revealed that people living in remote areas did not have access to television (range and cost factors) or newspapers and magazines (due to poor literacy rate). While radio (because of remote access) and interpersonal communication (due to direct contact with audience) are more effective techniques in spreading information that lead to behavior change.

Different communication mediums- electronic, print and still- have different requirements for message construction. All technical details must be considered in message construction for various mediums of communication.

6) Organizational Structure

The proper implementation and execution of communication campaign depends upon well-defined organizational structure. Organizational structure is a general term which refers to the manner in which the various project components (e.g., persons,

groups' and agencies are inter-connected in order to perform the required task or activities. Organizational structure includes projects administrative arrangements (Found, 1999, p. 25). Interpersonal and mass media campaigns usually organized under two organizational structures.

- Hierarchical, bureaucratic/centralized organizational structure
- Decentralized structure

Decentralized structure is more effective in interpersonal communication campaigns. On the other hand large media campaigns are usually launched under well-defined organizational bodies because huge target population, financial and human resources and geographical area are involved. Well-defined organizational structure improves the coordination among campaign planners and implementers that helps in proper execution of communication campaigns.

7) Identification of implementers and Implementation process plan

Implementers can be defined as the persons or organizations that put the policy, program, or project into place. For example, according to Ontario's Gay Men's HIV prevention strategy working group report, host organizations for the strategy implementation were included the AIDS Bureau, Community Health Units, Ontario Ministry of Health and Long-Term Care (OGMHPSWG, 2005, p. 5).

At another level, spiritual leaders can play an effective role in communication of ideas in the third world countries because they are seen as crucial links in the community support systems (UNAIDS 2005). For instance, in Muslim countries, religious scholars and Ulemas (clerics) are highly effective in convincing the public because of their authority and respect as opinion leaders. These *Ulemas* may promote the teachings of

Islam that impose the restriction on free sex and instruct followers to help the people suffering from these diseases. This concept reduces the social stigmas related to the people with HIV/AIDS. Moreover, planning and implementation time-line also have great importance in the success of an effective communication campaign.

8) Identify Financial Requirement

The determination of financial requirement is one of the important parts of communication campaign design. For instance, for print media campaign, financial resources are required for the production of print material such as pamphlets, leaflets, posters, brochures, booklets, etc. Similarly, for radio, newspapers and TV campaigns, financial resources are required to buy time from media organizations along with the production cost of message for these mediums of communication. The duration of the campaign depends upon the availability of the financial resources.

9) Time/Space Consideration

Time/space consideration is also an important part of the communication program implementation and design. In this stage, appropriate time and duration for campaign, message display sites [for still media such as hoardings, sign boards and billboards etc.], frequency of the messages [both in print and electronic media], space [length of advertisement, size and page allocation-in print media context] and time [broadcasting of messages on prime time or on regular time etc.,] is defined to reach target audience for their behavior change.

10) Monitoring of the Campaign

Monitoring is a continuous process that starts from planning and end up at evaluation stage. Monitoring refers to the periodic examination of the status or value of

project/campaign indicators. Depending upon campaign monitoring may occur every few days, weeks and months. Good monitoring can be extremely helpful in identifying particularly good or ineffective features of a campaign in an early stage, and in identifying initiatives, which may need to be put in place or cancelled (Found, 1999, p. 66). Hanan (2003) pointed out the five major areas for monitoring plan for HIV/AIDS prevention awareness program including: schedule, resources, inter-department efficiency, intra- department efficiency and finances and time allocation (Hanan, 2003, p. 20).

11) Campaign Success Evaluation

The campaign success evaluation plays a vital role in determining the penetration and persuasion level of the message. This stage provides level of communication campaign success along with any shortcoming in the message design or program implementation process. Hanan (2003) presents following criteria to evaluate the success level of communication campaign:

- (a) **Program Objectives/Goals:** In first step, it is evaluated whether the program has achieved its objectives or not.
- (b) **Message Exposure Level:** Magnitude of the population exposed to the message is estimated and analyzed on the basis of number of participants of workshops, attendance in seminars, public participation in awareness walks and number of subscribers of radio, television, magazines and newspapers in the target area,
- (c) **Comprehension/ Acceptance Level:** Investigation is carried out to estimate the number of people who understood the exact meaning of the message. This information is collected through public surveys regarding contents and language diversity of the message,
- (d) **Media coverage level:** is accessed on the basis of time/space allocation. How many advertisements, soap operas and/or talk time shows were telecast/ broadcast during campaign in prime and regular time. Similarly, in print media, frequency of the advertisements, size and page-display is also considered,
- (e) **Retention Level:** Retention level for the people exposed to the campaign is estimated through the popularity of slogans and socio-cultural affinity of the message, and
- (f) **Attitude Change Level:** It is explored that how many people changed their attitude and took HIV prevention measures. The feedback about attitude change is measured from the data collected from public inquiries, change in blood banks

policies e.g. blood & strict donor testing and high- risk people's interest in HIV test. Data of needle exchange routine among drug users is also collected from drug user's rehabilitation centers. On the basis of above mentioned factors a comprehensive questionnaire is developed for data collection to check the success of the program. The data is usually collected through telephone survey, questionnaire, personal interviews from youth, hospital and blood bank staff and high-risk population such as: sex workers, truck and cab drivers, drug user, students, men and women having multiple sex partners. At the end of this data collection process, an evaluation report is drafted to determine the success of the program. (Hanan, 2003, p. 22)

12) Environment/Impact Analysis

Socially Neutral/ Sensitive Subject: It is analyzed whether the message contents are socially neutral or sensitive to general population or some particular group or not. This "impact assessment" information is collected through the reaction of religious, social and community leaders from various media outlets and any article and/or column from the intelligentsia in the major newspapers. Moreover, letters to editors and public calls to various media organizations are considered during impact assessment of the campaign. **Political Impact:** It is analyzed through statements of government officials and members of the opposition that indicates political impact of the campaign. On the basis of this information, an impact assessment report is prepared to analyze the support or opposition of the program/campaign.

Conclusion

The steps involved in communication design are highly interrelated. The success of the campaign depends upon the extent to which the communicators are able to address the needs of the audience for behavior change towards the prevention of HIV/AIDS spread in the target area. Communicators must properly plan, implement and evaluate the mandate of each step to get the desired results. In addition, the success of the

communication campaigns also depends upon the regional, national, and local strategies and the government, community and opinion leaders' participation.

In the absence of a vaccine for therapeutic cure, education through effective communication strategies is a 'Social Vaccine' against HIV/AIDS prevention (Population Report, 1989, p. 1). To sum up, the effective communication campaigns can play significant roles in preventing HIV/AIDS by providing (1) a forum of discussion and communication, (2) creating supportive environment for positive behavior change, (3) creating knowledge about the services available in target population area, (4) mainstreaming and putting HIV/AIDS on the news agenda, (5) social mobilization with the help of opinion leaders, and (6) sharing resources and capacity building especially partnerships with the government departments, NGOs and media outlets etc. (UNAIDS-Global Media AIDS Initiative, 2004).

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