“Let’s get active”: A participatory approach to analyzing and designing billboard adverts.

Declaration

We declare that this project represents our own original effort and that we have not plagiarized the work of anyone in completing it. We further declare that all group members have made a fair and significant contribution to this project.

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Abstract

This study explores the role of participatory communication in promoting safe sex amongst first year UKZN students. This study begins by questioning the communication model used in loveLife's billboard campaigns, and in so doing, explores how participatory involvement can decrease ‘miscommunication’ and allow for peer led learning to occur within workshops. The study found that loveLife’s billboards were not well received by many students and that participatory method in conceptualising and producing billboards allowed for dialogue and learning to occur.

Keywords: loveLife, participatory development, health communication, HIV/AIDS, safe sex
INTRODUCTION

South Africa is arguably in the throes of the worst AIDS epidemic in the world (Pisani, Schwartlander, Cherney, & Winter, 2000). In South Africa the current prevalence rate of people living with HIV/AIDS is 5.6 million (Treatment Action Campaign, 2008). According to recent research teenagers in South Africa have a 50% chance of contracting HIV/AIDS (loveLife, 2009). Despite the recent plans to make antiretroviral treatment more widely available, coverage is still limited. Given this situation, prevention through behaviour change remains a key option in the control of this disease and other negative consequences of risky sexual behaviour.

Extensive resources and information is available on HIV/AIDS, but there still remains a gap in research conducted with young people, particularly students at tertiary institutions (Moodley, 2007). Comprehensive health communication campaigns aimed at the youth are vital in promoting safe sex and reducing the risks associated with sexual behaviours. These campaigns need to be holistic as well as applicable to their related target audiences, as research conducted demonstrates that health communication messages can be misunderstood (cf Delate: 2001; 2007). This study aims at exploring first year, UKZN students’ understand of loveLife billboard adverts as well as exploring the benefits of using a participatory approach (cf Freire 1972/1990) to conceptualising and creating billboard adverts.

This study will explore how students’ perceive and interpret the safe sex messages encoded in the loveLife billboard adverts. These perceptions and interpretations will be analysed in relation to the participants’ responses relating to their previous perceptions and exposure to loveLife safe sex messages. This study also seeks to determine the effectiveness of using a participatory approach in aiding the conceptualisation and creation of billboard adverts. This was done through a workshop that deploys approaches to participatory communication (cf Kincaid & Figueroa, 2009) through which participants designed their own billboards, with the workshop process facilitated by the researchers.

There are three main research questions that form the foundation of the study. 1) How do the participants perceive and interpret the messages in the loveLife billboard adverts? 2) What issues do the participants highlight in the creation of their own billboards? 3) What were the advantages and disadvantages of using a participatory approach in creating billboard adverts?

Structure of Paper
Firstly this paper will begin by providing a theoretical framework to outline the concepts and approaches that influences the study. Secondly, the theoretical framework will be followed by a
review of literature that deals with health communications and previous research, incorporating critiques of *loveLife*. Thirdly, the methodology and research design used will outline the steps conducted in approaching and gathering results. Finally, the research results and findings will be analysed to determine the perceptions of *loveLife* and the potential in a participatory approach in combating HIV/AIDS, followed by a summary of the paper and recommendations for further research.

What is *loveLife*?

In order to fully understand the context of this research it is important to explore the founding features of *loveLife* as a whole. The *loveLife* brand was introduced to South Africa in 1999 by the US-based Henry J Kaiser Family Foundation which consists of a number of non-governmental organisations such as Advocacy Initiatives, Health Systems Trust, Planned Parenthood Association of South Africa and the Reproductive Health Research Unit (RHRU) (*loveLife* n/d).

*loveLife*’s primary objective is to reduce the rate of new HIV and sexually transmitted infections, and teenage pregnancies through promoting a healthy lifestyle using traditional marketing techniques (Delate, 2007). At the core of the *loveLife* campaign is its ability to combine marketing techniques, through the media, with quality service delivery, institutional support and outreach programmes (Delate, 2007). Its primary target audience consists of South Africans between the ages of 12 and 17, although this target audience has recently been expanded to include people up until the age of 24 (Delate, 2007).

*loveLife*’s media programmes consist of a range of campaigns that use a variety of different mediums including television, radio and the print media to reach their target audience (Altman 2002; Harrison & Steinberg 2002). These mediums are supported through *loveLife*’s service delivery and institutional support structures which include a toll free helpline, multipurpose youth centers and clinics aimed at the youth (Altman 2002; Harrison & Steinberg 2002). In conjunction with these mass mediums and services, *loveLife* has developed a number of mobile outreach programmes which aim to increase the overall effectiveness of its campaigns. These programmes consist of the *loveLife* games as well as *loveLife* tours, which ultimately aim to provide information and encourage discussions among young people.
CONCEPTUAL FRAMEWORK

This section will explore and question theories that have been used in both past and present research in this field, whilst outlining the theoretical approach that will guide the research process and inform the methodology that will be incorporated. The choice of theory used to guide the research will be justified by comparing dominant communication theories, which play a role in the construction of health promotion, to current health communication theories allowing for a ‘new’ paradigm to emerge. The paradigms shall be discussed from a development communication (ComDev) approach which is situated within the discipline of Cultural Studies.

Each development paradigm will be explored in conjunction to the dominant communication approach. The focus will be placed on 1) the approach to development 2) the communication model 3) the role of the audience.

Development’s Differing Definitions

To frame this research project, we have chosen to accept the Rockefeller Foundations integrated model of communication for social change as well as Linje Patrick Manyozo’s (2008) own definition of ComDev. We consider these definitions appropriate due to their participatory nature. The definitions, respectively, are: “an interactive process where community dialogue and collective action work together to produce social change in a community” (Manyozo, 2008:35) and “a group of method-driven and theory-based community engagement strategies which are built on participatory generation, sharing and utilisation of knowledge towards building sustainable communities, livelihoods and environment...(with) the emphasis (...being) on empowerment, social change, local and indigenous knowledge” (Manyozo, 2008:35). These definitions were chosen in opposition to previous ComDev models which were predominantly Western based and focused on economic factors. Thus theory outlined by the country which is proposing to develop itself is preferred, a factor which is explored in the following section.

Deciphering the Dominant Paradigm

Dominant Development

The United Nations (UN) named the 1960’s as the first development decade and focused specifically on Western conceptions to development within third world countries. Development was conceptualised through economic growth, gross national product (GNP)
and income per capita (Rogers, 2006: 110), and influenced by the technological transfer of innovations from the developed north to the underdeveloped south (Melkote & Steeves, 2001: 54). These western indicators and perceptions to development stemmed from US foreign aid policies, implemented post World War II Europe under the Marshall plan. The development strategies that were implemented were largely based on “pre-existing European expertise” (Arkes, 1972 in Melkote & Steeves, 2001:54).

Within the paradigm of modernisation, development was viewed as a “unilinear, evolutionary perspective” (Servaes, 2006: 284). Underdeveloped nations were to ‘progress’ to the position of developed nations through the implementation of economic strategies and technology transfer, abandoning their ‘inferior’ and ‘primitive’ ways which were perceived as obstacles (Melkote & Steeves 2001, 54). This ‘abandonment’ was encouraged through mass communication processes, where “masses of people had to have their lifestyles changed drastically” (Melkote & Steeves, 2001: 54). Development was thus not only perceived through western indicators of economic growth, GNP and income per capita, but included “communication of ideas, knowledge, and skills to make possible the successful adoption of innovations” (Melkote & Steeves, 2001: 54). This dominant view relied on communication and mass media to motivate and change ‘primitive’ ways and to promote the adoption of Western ways of life, fundamentally altering cultures to accommodate a Western implementation of development, “linked to capitalism and to Western European ideals of progress coming straight from the enlightenment (period)” (Francis, 2003: 19). Under this paradigm, it was the internal factors of a country that were seen to be the cause of underdevelopment, not the external factors. The application of development under this dominant paradigm was perceived to work in all contexts at all times. Any inconsistency was due to the “direct consequences of self-afflicted and traditional practices by the developing world” (Manyozo, 2008:31).

**Dominant Communication: SMCRE Model**

Mass media played the role of change agent as well as an indicator of development and was perceived to increase the rate of modernisation, exposing underdeveloped nations to developed cultures, facilitating the transition from traditional to a modern society (Melkote & Steeves, 2001: 114). Schramm (1964) reiterates the role of mass media as a way to “speed and ease the long, slow social transformation required for economic development” (Melkote & Steeves, 2001:118).

To understand the role of mass media and communication within the paradigm of modernisation, several models have been provided in various literature. We have selected
the Sender, Message, Channel, Receiver, Elicited response model (SMCRE) (Rogers and Shoemaker, 1971) due to its strict paternalistic approach and inclusion of stimulus-response.

The SMCRE model provides a structure that was authoritarian through a one way/ top-down flow of communication. The model was adapted from Berlo’s model of sender-message-receiver by Rogers and Shoemaker (Ascroft & Agunga 2006: 418). Linear models such as this commonly reflected the authoritarian influence within modernisation. The SMCRE model is composed of *Sender (S)*: the funder, NGO, initiator or donor of a development initiative, *M (Model)*: representing the knowledge, ideas, techniques and technology to be transferred; *C (Channel)*, the mass media, visual media and word of mouth; *R (response)*, the intended audience; and *E (Elicited response)*, the new behaviour change elicited (Ascroft & Agunga 2006: 418).

A structure such as this allows for easy control over development projects, resulting in goal based vision and strategy beneficial when dealing with time constraints and emergencies, whilst neglecting dialogue (Ascroft & Agunga 2006: 418). This results in the beneficiaries of development being placed into subordinate roles with no chance to direct and channel their opinions of development.

The reliance and application of mass media presumed that the audiences of the message were representatives of a mass society, where the individual made sense of the world through the self, with a limited influence from social and physical influence and relationships (Melkote & Steeves, 2001: 106). The mass media’s role as a powerful agent of change, usually in the form of radio, cinema and television, positioned the individual as a passive member of society who was ‘injected’ with information.

The practice of believing mass media to be directed at a mass audience composed of passive individuals presumes that messages are understood regardless of con-text in the understanding of messages. Context is the ‘environment’ in which the message is created or understood, and is effected by “conflicting historical, social, economic, political, and psychological discourses” (Tomaselli, 1999: 34). Under the modernisation paradigm, which focused on the use of mass media as an agent of change, these elements of culture were not considered when creating meaning, but viewed the audience as passive in the practice of development, often promoting the dominant world view and ideology of the ‘oppressors’ to the ‘oppressed’ (cf. Freire, 1972/1990).


**Participatory Development**

The theory of participatory development, according to Manyozo (2008), was created in response to the failures of previous development theories such as those falling under the modernization and dependency paradigms. Manyozo (2008:32) explains that the main reason for the failure of the modernisation theorists was their marginalisation of developing countries by accentuating and perpetuating their classification as an economic periphery. Whereas Jan Servaes (1991:60-61) views the main failures of the dependency theories as being their static nature and their emphasis on the external, i.e. International, relationship between ‘center’ and ‘periphery’ \(^1\) states, whilst not conducting enough research into the internal class struggle of the inhabitants of the periphery states.

Servaes and Patichnee Malikhoa (2005) criticise the banking method of learning, as well as the traditional sender-receiver models of communication (e.g. SMCRE model), emphasising that, although it is easier for the learned to give lectures than to encourage dialogical learning, the former has proved problematic in development strategies of the past. The banking method of learning was coined by forerunner of the participatory development communication paradigm Paulo Freire in the 1970’s. It refers to the traditional system of education whereby the focus is to domesticate the masses. Freire (1972/1990) goes on to put forward a problem posing concept of education as the way forward, whereby the masses may be liberated through education instead of subjugated to the hegemonic ideals.

Servaes’ (1996) puts forth that the participatory development paradigm arose in response to there being a desperate need for a development communication model which emphasised human dignity, respect for others cultural diversity, open communication channels and media to all people, not just those in power, and giving the people a voice and mode of action so that they can produce and implement their own methods of development. According to Julius Nyerere, former President of Tanzania, and advocate of the African Socialist movement of the 1970’s, participatory development is the only true way in which people will accept and assimilate development changes for themselves. People’s behaviour may thus be changed through their own understanding, and not merely because they were instructed to. Nyerere (1973:60) eloquently demonstrates this point:

> People cannot be developed; they can only develop themselves. For while it is possible for an outsider to build a man’s home, an outsider cannot give the man pride and self-confidence in himself as a human being. Those things a man has to create in himself by his own actions. He develops himself by what he does; he develops himself by making his own decisions by increasing his understanding of what he is doing, and why; by increasing his own knowledge and ability, and by his own full participation – as an equal – in the life of the community he lives in.
According to Servaes and Malikhoa (2005) participatory communication is partly based on the dialogical pedagogy of Freire. Freire is said to draw on the theology of “respect for otherness” and existentialism, and “insists on a dialogical communication approach whereby subjugated peoples must be treated as fully human subjects in any ... process” (Servaes & Malikhoa, 2005:96). Hence, participatory theory is one which insists on a communication process which values dialogue, listening and trust above all else. According to Servaes (1996:75) mutual trust is intrinsically important to the smooth running of any participatory programme as “(t)his model stresses reciprocal collaboration throughout all levels of participation. Listening to what the others say, respecting the counterpart’s attitude, and having mutual trust are needed.” Servaes’ (2005:91) interpretation of participatory communication illustrates these points further:

Communication between people thrives not on the ability to talk fast, but the ability to listen well. People are ‘voiceless’ not because they have nothing to say, but because nobody cares to listen to them. Authentic listening fosters trust much more than incessant talking. Participation, which necessitates listening, and moreover, trust, will help reduce the social distance between communicators and receivers, between teachers and learners, between leaders and followers as well as facilitate a more equitable exchange of ideas, knowledge and experiences.

**Conscientization**

The pedagogy of the oppressed is then transformed into the notion of conscientization, a process intrinsically linked to participatory development whereby “it is not merely awareness (...) that is important, but its relationship to a project of social transformation, whereby consciousness and action on consciousness are dialectically linked” (Servaes, 1996:78). Freire goes on to expand on the importance of the concept of conscientization by emphasizing a dialogical relationship: “(t)he correct method lies in dialogue. The conviction of the oppressed that they must fight for their liberation is not a gift bestowed by the revolutionary leadership, but the result of their own conscientization” (1972/1990:42).

Remaining with the concept of conscientization, Srinivas Melkote and Leslie Steeves (2001:338-339) stress the importance of open communication channels which are used to generate a dialogue, so as to let people understand each other, each others problems, and a communities collective problems. The authors also emphasise the necessity of these subjugated people to reflect and identify their real needs and problems and to use these communication channels to express and solve them. In this sense, “communication is ... a vehicle for liberation from mental and psychological shackles that bind people to structures and processes of oppression” (2001:339).
Empowerment

The focus for this research project is to test whether the inclusion of individual’s stories and their opinions generated from their own experiences and beliefs, in the creation of a health promotion message aimed at individuals whom they see as their peers to create a sense of empowerment, in the way that a sense of power is handed back to marginalised people when a form of respect is given to their voice. Melkote and Steeves (2001:355) discuss how these local stories are usually only heard through the form of public media, “the power to create, select, and tell stories about one’s self, one’s group, or other people is controlled by elites through organisations, networks, agents, or genres”. Thus minorities are robbed of an important cultural resource – the right to tell their own stories, “Peoples right to communicate their stories should be at the heart of the participatory strategies leading to empowerment” (Melkote & Steeves, 2001:355).

Ownership

Ownership is seen as a tool of creating a sense of pride in a community (or individual) through their respected, regular involvement in problem recognition, problem solving, decision making, decision planning and active resolution in the case of their own development (Cohen, 1996:226).

CFPD Model

To bring development strategies closer to the notion of participatory development, theorists have put forth the communication for participatory development model (CFPD), which seeks to alter the way in which communication for development has taken place, in order to help ensure the inclusion of participation in the majority of the strategies. Larry Kincaid & María Figueroa (2009:1313) describes CFPD as a “planned activity, using local media and dialogue among various stakeholders about a common problem or shared goal to develop and implement activities that contribute to its solution or accomplishment”. The focuses of this approach are based around an emphasis on dialogue, horizontal information sharing and communication, social change, participation, and community ownership and empowerment as opposed to the focuses of modernisation being on a one way, vertical information sharing and communication, and individual change (Kincaid & Figueroa, 2009:1313).

The CFPD model contains six phases, those of: scene setting, build-up, resolution, climax, conflict and implementation. Scene setting is described as the phase where the issues to be addressed and the goals to be met are set by the stakeholders; the build-up phase is when through dialogue between the stakeholders, convergence occurs and a mutual
understanding is developed; once all of the parties involved trust each to fulfil what each has promised (known as the resolution phase), then the process moves into the implementation phase whereby co-operation by the stakeholders leads to a collective action in actually executing the goals initially decided upon (Kincaid and Figueroa, 2009:1314).

However, this process doesn’t always run as smoothly as this, for example if in the resolution phase mistrust occurs due to one or more party not trusting the other to fulfil their task, then the process stops and has to begin again from the build up phase so relations may be re-evaluated. Unfortunately the more “hiccups” there are like this, the higher the possibility of their being divergence and/or conflict in the process (Kincaid and Figueroa, 2009:1314). In the case of divergence, the resolution phase is substituted with the climax phase, whereby threats, confrontation and power struggles come into play (Kincaid and Figueroa, 2009:1314). The outcome of this phase may either be open conflict (when one or more divergent parties do not back down and threats are acted upon) or a new build-up phase is initiated (when parties sort out their issues outside of conflict). In the case of open conflict, emotions such as pride and fear come into play. If fear of the negative effects of open conflict is strong enough, then dialogical discussions may once again resume and the build up phase may be initiated once again (Kincaid and Figueroa, 2009:1314-1315).

Kincaid and Figueroa (2009:1315) put forth that open dialogue and horizontal communication channels involving everyone affected by the development strategy are necessary to avoid and/or manage conflict within the community. Participatory notions such as empathy, effective and true listening, and mutual agreement are also seen as extremely important and beneficial in this process (Kincaid and Figueroa, 2009:1315). Important aspects, when utilising the CFPD model in a development strategy are: effective and fair leadership (if leadership does not support the voice of the community then new leadership needs to be invoked); obtainable goal setting; quantitative and qualitative assessment of the situation before development and then again after, so as to motivate the community involved to achieve their goals, and so as to evaluate whether their approach was successful or not; and true dialogue, as it helps produce important individual and community change in terms of “knowledge, emotional involvement, aspirations...shared ownership, collective efficacy, emergence of new leaders... and emotional bonds” (Kincaid and Figueroa, 2009:1316).

**SEM Model**

Due to the criticisms of the modernisation paradigms use of the sender-receiver model of mass media, and the importance of an individual’s participation not only in the process of development communication but as a subject immersed in a community, it was highlighted
that a model summarising these happenstances needed to be put forth. The social ecology model facilitates this function.

Social ecology refers to the focusing of “attention on the social and physical settings contextualising behaviour as well as the interplay between human actors and external factors shaping their agency” (Panter-Brick and Clark, 2006:2811-2812). It is a perspective which examines people in a community and their interactions with their social and physical settings such as personal, familial, cultural and institutional, so that DevCom professionals may assist the community in implementing culturally aware, compelling and effective behaviour change methods so as development strategies do not conflict with the “social and ecological landscape of local communities” (Panter-Brick, Clark et al, 2006:2812).

Delate (2007) highlights that the need for the inclusion of the social ecology model and its principles are closely interlinked with the engagement of the community with the mass media (if the mass media is used) so that participatory values are incorporated.

The Active Audience & Location of Making Meaning

Coding: Encoding/Decoding
In his paper entitled Encoding/Decoding (Hall, 1973/1980) Hall acknowledges the importance, and relevance, of both the encoder and the decoder in this process, whilst keeping in mind that “decodings do not follow inevitably from encodings” (Hall, 1973/1980: 136).

Tomaselli (1996: 36) defines the act of encoding as the way in which one manufactures a meaning or a message. Chandler (2002: 179) explains that even though the 'encoder' may intend for their text to mean something in particular, he acknowledges Umberto Eco’s (1965) position on ‘aberrant reading’ whereby when “those involved in communicating do not share common codes and social positions, decodings are likely to be different from the encoder’s intended meaning.” Hall (1973/1980: 136-138) includes this position in his theory of preferred reading whereby he divides the possible readings of media into three broad categories, namely dominant reading, negotiated reading and oppositional reading.

Chandler summarises these categories by stating:

*dominant reading*: the reader fully shares the text’s code and accepts and reproduces the preferred reading (a reading which may not have been the result of any conscious intention on the part of the author(s)) - in such a stance the code seems ‘natural’ and ‘transparent’;
**negotiated reading:** the reader partly shares the text's code and broadly accepts the preferred reading, but sometimes resists and modifies it in a way which reflects their own position, experiences and interests (local and personal conditions may be seen as exceptions to the general rule) - this position involves contradictions;

**oppositional reading:** the reader, whose social situation places them in a directly oppositional relation to the dominant code, understands the preferred reading but does not share the text's code and rejects this reading, bringing to bear an alternative frame of reference (radical, feminist etc.) (E.g. when watching a television broadcast produced on behalf of a political party they normally vote against).

(Chandler, 2002: 192)

**Summary**

Although the dominant paradigm has been heavily criticised, its main principles are still utilised in development strategies today allowing it to remain a dominant paradigm “adapting to the shifting political, economic and technological status of the nations” (Dyll, 2009:9). This is especially apparent in initiatives emphasising privatisation of development strategies and entrepreneurship, and technological advancement (Melkote & Steeves, 2001:78). However, the use of participatory development methods and the inclusion of the fundamentals put forth by the CFPD and SEM models have been proven to be more sustainable, equal and long term in their strategies. This may be attributed to their inclusion of qualitative as well as quantitative methods of assessment and evaluation; their dialogical, horizontal approach to communication as opposed to the modernisation’s top-down, vertical flow and mass media oriented approach; as well as their inclusion of the individuals of a community in the decision making processes, implementation, and feedback so as to ensure that the community feels a strong sense of ownership, empowerment and pride towards the development process.

**LITERATURE REVIEW**

Literature was selected to explore health communication through the media, in particular the promotion of safe sex through the medium of billboards. The increasing spread of HIV/AIDS, STD’s and unwanted pregnancies has pushed communication about safe sex to the forefront of government and social agenda’s. An effective communication strategy is a critical component of the global efforts in HIV/AIDS prevention and education. Although the precise impact of mass media on reducing HIV/AIDS risk behaviours is continually debated, general knowledge about HIV/AIDS is obtained most often from mass media rather than from interpersonal sources (Ross & Carson, 1988).

The implementation and evaluation of health communication messages to different populations and the public at large has become vital in promoting safe sex. This literature review seeks to explore health communication in general as well as health communication
through the mass media. *loveLife* is one of the non-governmental organisations that are attempting to address public health issues relating to a healthy lifestyles and safe sex. The literature examined explores research conducted on the *loveLife* billboard adverts in particular. Although the literature explored does highlight important issues surrounding the communication of safe sex it does not relate it specifically to participants conceptualising and creating their own billboard adverts.

**Health Communication**

In order to gain a more thorough understanding of the *loveLife* campaign, health communication itself will be explored in more detail. During the last 30 years health communication has become one of the most rapidly expanding areas in the field of communication (Torkkola, 2009).

Health communication is a broad area of study which consists of multiple levels and channels of communication including the interpersonal, group, organizational and societal communication (Torkkola, 2009). Of particular importance to this research project is the media and mass communication, or what Kreps, Bonaguro and Query (1998) refer to as ‘societal communication’. Societal health communication examines “the generation, dissemination, and utilization of relevant health information communicated through diverse media to a broad range of professional and lay audiences to promote health education, health promotion, and enlightened health care practices”. Although the focus of this research project is mainly safe sex promotion through one level (billboards) we aimed to also incorporate communication at the interpersonal level through dialogue.

Communication is one of the most frequently used resources in health campaigns. Despite this, evidence is limited regarding whether it is possible for communication campaigns to have an impact on people’s attitudes and behaviour relating to health. (e.g. Peetz-Schou 1999; Caldwell and Miaskowski 2002; Noar 2006; Torkkola 2009, 44–66.) In spite of this, there are numerous studies that show that health campaigns as having positive outcomes (Torkkola, 2009). There are several methods that are often used to evaluate the effectiveness of health campaigns. Three of these methods are highlighted by Torkkola (2009), the first examines changes in mortality and incidence, the second examines changes in health behaviour and the third involves researching using randomised controlled trials. These methods are met with criticism, largely due to the contradictory outcomes resulting from numerous variables.
Despite these many criticisms, health communication is fundamental to promoting and improving the overall health of a population. This is emphasized in a study conducted by Evans, Uhrig, Davis and McCormack’s (2009) which sought to develop a comprehensive framework within which to evaluate the effectiveness of health campaigns. They suggest that one of the major ways to evaluate the effectiveness of a health campaign is to evaluate attitude and behaviour change. In conjunction with this they also suggest that behaviour change need not be the only variable considered when evaluating effectiveness. Rather the actual process involved in creating health campaigns should also be considered especially when more participatory approaches are adopted. This finding is significant to our study as the process involved in analysing, conceptualising and creating billboards was just as important as the final outcome of the study.

The focus of our study was not purely on the billboard that the participants created but rather the process the participants underwent in the conceptualisation and creation of their billboards. The critical thinking, arguments and discussions the participants engaged in was fundamental to their overall understanding of safe sex. Thus the process of health communication itself is vital and has the potential to contribute either directly or indirectly to individual attitude and behaviour change (Evans et al, 2009).

Although there are many different arguments relating to the effectiveness of health communication they are all based on a pivotal element which revolves around the idea that the failure of communication means that the “effect of the communication process is different than what was intended by the sender” (Torkkola, 2009). This element is of particular importance in this research project as the loveLife campaigns have largely been criticised for the discrepancy that exists between the intended meaning of their adverts (designed by the sender) and the actual reading (received by its audience) (Delate, 2001; 2007). It is this criticism which we hoped to address in our research project by analysing our participants decoding of several loveLife billboard adverts as well as facilitating them in conceptualizing and creating their own billboard adverts using a participatory approach.

**The Mass Media and Health Communication**

The mass media is a major means of health communication. Mass media interventions are any programs or other planned efforts that disseminate messages to produce awareness or behaviour change among an intended population through channels that reach a broad audience (Bertrand, O’Reilly, Denison, Anhang & Sweat, 2006).
Although its effectiveness has left much room for debate and in many cases is perceived as ineffective, there is evidence that communication and marketing campaigns have a direct impact in changing health behaviour (Evans, 2006; Snyder & Hamilton, 2002). Considering this, it is vital that research be done concerning the different mediums used for health communication especially the areas that have not been thoroughly researched like billboard adverts.

Several studies have been conducted in the past which aimed to investigate the effectiveness of mass media campaigns in relation to changing individual’s knowledge, attitudes and behaviours relating to HIV/AIDS. One of these studies conducted by Bertrand et al (2006) on developing countries yielded mixed results. The majority of the outcomes examined across their different studies resulted in no statistically significant impact regarding the effectiveness of the mass media in changing individual’s knowledge, attitudes and behaviours relating to HIV/AIDS. However they did find that some of the studies indicated that the mass media did have a positive impact on both knowledge surrounding the transmission of HIV/AIDS and the reduction of high-risk sexual behaviour (Bertrand et al, 2006). In light of these mixed results it is still important that communication campaigns directed at improving the health of populations at large are analysed in terms of their effectiveness. This is especially important if these campaigns are to be improved in the future to ultimately be more effective.

Despite these findings Bertrand et al (2006) draw attention to the fact that research surrounding the effectiveness of mass media campaigns in health communication is incomplete. This is reflected in the limited research that has been conducted on loveLife in general. Thus this research project seeks to explore the effectiveness of the loveLife billboards while at the same proposing a more participatory approach to the conceptualisation and creation of billboards as a whole.

Another study conducted by Sonja Myhre and June Flora (2000) aimed to investigate the mass media as a tool for disseminating HIV/AIDS prevention messages worldwide. The results from their study found that to a large degree the mass media is a very effective tool in raising awareness about health issues like HIV/AIDS. They also found that the overall effectiveness of media campaigns in invoking attitude and behaviour change is greatly enhanced if the mass media campaigns are initiated in conjunction with more interactive community based projects. With this in mind they concluded that recent developments in health communication research, such as emphasizing community involvement, institutionalization and policy advocacy, have yet to be fully incorporated into HIV/AIDS
prevention, treatment, and policy. This is particularly important for this study as we not only aim to analyse the effectiveness of billboards but propose an approach based on Kincaid's and Figueroa's (2009) *Communication for Participatory Development* model which emphasizes community involvement throughout the process of communication and development.

A participatory approach is vital in developing effective health communication campaigns. This is supported by research conducted by both Venna Rawjee (2002) and Eliza Moodley (2007). In her article Rawjee highlights the “need for theories and models commonly used in HIV/AIDS communication campaigns to be re-articulated so that they are less linear and individualistic and more flexible so that they may be adapted for application within various contexts” (2002: 7). Rawjee’s dissertation stresses the inclusion of participatory methodologies. She suggests Freire’s underlying principals of participation in including the acknowledgement of cultural contexts when creating mass media campaigns. Similarly, Moodley (2007) found in her study at the University of KwaZulu-Natal in Durban that students were not supportive of programmes with a top-down flow of communication. Rather they preferred a more participatory approach to the development of HIV/AIDS related messages. In support of this, 91% of students at both campuses motivated in favour of students as active participants in HIV/AIDS communication processes. Thus participation is a key element in our study as it is through adopting a participatory approach that we hope to facilitate our participants in conceptualizing and developing their own billboard campaign aimed at promoting safe sex. By adopting a participatory approach to designing a billboard we hope to create a medium that people who are at high risk can relate to and identify with.

**The Writing is on the Board**

Of particular relevance to this current study were two studies conducted by Richard Delate (2001; 2007). The first study explored *loveLife*’s use of billboards as one of the tools in their health communication campaign. It aimed in determining the effectiveness of billboards in promoting safe sex. The second study focuses on the fact that the intended meanings encoding into *loveLife* adverts does not match the messages decoded by the audience.

Delate (2001) focuses on the ‘His and Hers’ billboard campaign and proves that there appears to be ongoing confusion on the meaning of these billboards. For example the idea behind the puzzle piece concept is that it is meant to represent the fact that the male and female are working together, or shared responsibility. Some participants within Delate’s study have described it as representing the female and male sex organs, and others believe that it represents a condom or sexual act. This therefore reveals the existing confusion over
the meanings of the *loveLife* messages. This is relevant to our study as we aimed to determine how the participants within our own focus group decoded these as well as other *loveLife*’s billboard adverts. We also aimed to determine whether these same discrepancies exist within our own findings.

Delate suggests that future *loveLife* campaigns should involve young people in testing the messages to determine whether or not they are appropriate. He has neglected to suggest including the youth in the whole development process of the adverts including the conceptualisation of the adverts. This is important to our study as we propose the use of participatory methods and wish to prove the successfulness of this approach by incorporating a participatory workshop within our focus group.

Delate (2007) determines the effectiveness of the *loveLife* billboard campaigns by comparing the intended message, attained through interviews with senior managers, with the decoded messages, attained through focus groups and media articles from young people and religious groups or parents respectively. A male participant in this study confirms this, as people do not want to speak about the adverts or discuss what they mean in case they look ‘stupid’. He states that “it’s embarrassing to ask what it means” (2007: 18). Our study is therefore important in assessing the relevance and effectiveness of current campaigns in order to develop an approach to educate the youth about conducting safe sexual practices in a more comprehensive manner. This article is important to our study as we wish to propose the use of participatory methods in order to effectively relay messages.

**loveLife Website**

Although the *loveLife* website does provide comprehensive information about their campaigns it has been criticised for not answering the key question: ‘how effective are the *loveLife* campaigns?’ In 2007 a fact sheet was released on the loveLife website which dealt with facts about AIDS in South Africa, the history of loveLife, the programmes included within loveLife, how they are funded and whether or not their campaigns are successful. In this fact sheet it is stated that it is “too early for definitive evidence of *loveLife*’s effectiveness” (2007: 1).

As discussed in Delate’s thesis (2007) they have achieved 85% exposure rate to young people. However, *loveLife* have neglected to mention the confusion with the decoded meaning of ‘*loveLife*’ itself and the ineffective message reception discussed by Delate. It is true that the youth have been exposed to *loveLife* but this does not necessarily mean that their messaging is effective. As discussed earlier, many of the messages produced by
*loveLife* have been decoded by the youth as encouraging sexual activities and portraying sex as ‘cool’. Thus it is vital to explore how *loveLife*’s target audience perceives and interprets *loveLife*’s communication campaigns, particularly their billboard campaigns, as well as how they perceive and interpret the *loveLife* brand as a whole. At the same time it is important to be aware that the *loveLife* website, although comprehensive, needs to be examined in conjunction with other literature in order to conclude the reliability of the information on the website itself.

**Summary**

The effects of risky sexual behaviour are having a widespread effect worldwide. It is vital that campaigns which are specifically developed to promote safe sex are relevant to their specific target audience. Although *loveLife* has become a well-known brand its effectiveness in achieving its primary objectives is questionable. One of the major mediums which *loveLife* uses, are billboards. As was highlighted in Delate’s research, billboards are achieving their desired effect due a discrepancy between the encoded and decoded messages. This is largely because their target audience is misinterpreting the intended meaning. The ultimate objective of our study is to adopt a participatory approach to conceptualizing and creating billboards in order to ensure that the people who are targeted by the billboards are involved throughout the process and ultimately can relate to the images, messages and themes included in billboard adverts.

**METHODOLOGY**

Research differs from everyday observation because research observation is planned (Terre Blanche, Durrheim & Painter, 2004: 34).

The quotation above suggests the importance of systematic research which is guided by planned research questions and a research design (Terre Blanche *et al*, 2004). Most importantly the research methodology must suit the study’s requirements. In this section the current study’s methodology is explained under the following headings: research approach, research method, sampling technique and data collection. These contribute towards the overall research process and are applied specifically to this current study.

**Research Approach**

The research approach which informs this present research is based on the interpretive paradigm. The interpretive paradigm aims to study the “internal reality of subjective experience” (Terre Blanche *et al*, 2004: 6). Therefore the interpretive paradigm is most
appropriate for this research because it aims to study and explore the subjective experiences of first year students at UKZN in relation to billboards promoting safe sexual practices. The methodology, which is described in detail further on, is both qualitative and which allowed us to gather more holistic data as well as allowing a greater degree of interaction between the researchers and participants. The purpose of this current research is to explain subjective reasons and meanings that lie behind social action and therefore place this research within the framework of an interpretive paradigm.

Research Method

Both quantitative and qualitative research has their own associated advantages and disadvantages. Thus by including both research methods into our methodology we were able to gain greater insight into our participants' perceptions and interpretations of billboards promoting safe sex. “In contrast to quantitative research, qualitative research seeks to preserve the integrity of narrative data and attempts to use the data to exemplify unusual or core themes embedded in contexts” (Terre Blanche et al., 2004: 562). Therefore qualitative research allowed us to engage in open-ended, inductive exploration, which provided greater depth and understanding to the topic in focus (Terre Blanche et al., 2004). Quantitative research was used in conjunction with qualitative research and allowed us to explore sensitive topics in a confidential manner. Quantitative research allows numerical data to be collected which can then be used to make “broad and generalisable comparisons (Terre Blanche et al, 2004).

Sampling Technique

The sampling method sets out a framework to approach research and does influence the research results. The sample for this current research was chosen on a non-random basis meaning that the selection of the sample was not determined by the “statistical principle of randomness” (Terre Blanche et al, 2004: 139). Although probability (random) sampling allows findings to be generalized to populations, it is expensive and difficult to obtain (Terre Blanche et al, 2004). Therefore using a non-probability (non-random) sample is more cost-effective and also allows for a more in-depth study of the participants.

The participants were selected according to their accessibility and willingness to participate and therefore are considered to be a convenience sample. Our sample consisted of 18 first year students from the media department at the UKZN. Our decision to use first years in our research was based on the assumption that having just finished school they are highly ‘vulnerable’ when dealing with issues surrounding safe sex due to peer pressure and
increased exposure to situations involving sex. As we are part of the media department we have access to undergraduate media students as well as convenient venues to meet in. Media students are also assumed to be interested in the media in general and therefore are more likely to have been exposed to safe sex adverts, whether through television or print mediums.

**Data Collection**

The data was collected through both qualitative and quantitative means. A questionnaire was first handed out to the participants, where their anonymity was assured (see Appendix A and B). The questionnaire consisted of both quantitative and qualitative questions although the majority of the questions were quantitative. The purpose of the questionnaire was to gain insight into the participants’ knowledge and perceptions of safe sex as well as their exposure to safe sex advertisements and the *loveLife* campaign. The reason quantitative questions were preferred in the questionnaire was because it was not only less time consuming but allowed us to gain access into more personal information in a less invasive manner. Quantitative questions also allowed us to compare and generalize our findings based on numerical data.

Once the questionnaire had been completed by our participants we conducted our focus group. A focus group allowed us to access intersubjective experiences. Intersubjective experience is “experience shared by a community of people” (Terre Blanche *et al.*, 2004: 304). The “community of people” which made up the sample were first year students at UKZN. The focus group was two hours long and was semi-structured.

A semi-structured focus group was preferred over other more formal or informal structures because it provided a guideline for the discussion while at the same time allowing a certain degree of flexibility (Terre Blanche *et al.*, 2004). A guideline ensured that the information collected in the focus group was relevant and contributed towards answering our research questions. Flexibility on the other hand enabled a free flow of information which allowed both the researcher and participants the freedom to direct the conversation away from the set questions. This in turn provided more comprehensive data and introduced new information that the researcher had not thought of before hand. The focus group began with us showing ten different *loveLife* billboards. The participants were then asked their general perceptions and feelings towards each of the billboards. From these debates ensued in relation to what the different participants liked and disliked about each of the billboards as well as the effectiveness of each of the billboards in promoting safe sex. The viewing of the different billboards was then followed by dividing the eighteen participants into four groups. Each of
the groups was then asked to design a billboard that presented a problem or solution to any issue they felt was important with regards to safe sex. Once their billboards were completed the groups then explained their decisions behind their specific issue chosen as well as their reasoning behind choosing certain images, colours and slogans on their billboard. This was followed by a session where the participants were given the opportunity to express their opinions and suggestions pertaining to the participatory process.

Before the questionnaire and focus group were conducted the participants were provided with information about the purpose of the study. The data obtained was analysed by the researchers alone, through qualitative and quantitative means. Throughout the data collection process we were aware of our own subjective perceptions and interpretations and did take these into consideration when analysing the data.

**ANALYSIS**

**Questionnaire**

Our focus group consisted of 18 participants, ranging between the ages of 18 and 21, all of which were first year media students at UKZN. Of the 18 participants, 16 were African, 1 Asian, and 1 Caucasian. Of the group, 6 were male and 12 were female. The purpose of our questionnaire was to establish a baseline from which we could compare our participant’s actual perceptions of *loveLife* in conjunction with their or their peers’ actual sexual activities. Our questionnaire was divided into three sections: the first section included questions involving sexual activities and behaviour, the second section revolved around safe sex communication and the third section related to safe sex communication of *loveLife*.

**Sexual Activities and Behaviour**

76% of our participants stated that either they or people in their social group were sexually active. The reason we worded our question to include both the participants themselves or their peers was because we were attempting to establish results that could be generalised to an entire social group rather than to just a single sample. The Social Ecology Model highlights the importance of including both individual and social contexts as they are interdependent. 72% of our participants stated that age of sexual debut was more likely to be between the ages of 16 and 18. 83% said that condoms were the contraceptive of choice when engaging in sex. In retrospect 95% of our participants said that only 20% of their peers were practicing safe sex all of the time. But despite the fact that the majority of our participants or their peers were engaging in sexual activities and not using contraceptives *all* of the time only 23% felt that either themselves or their peers were at a very high or a
reasonably high risk of contracting HIV/AIDS. This finding is particularly interesting as it highlights the discrepancy between actual behaviour and perceived risk. In order to fully combat the spread of HIV/AIDS and other sexually transmitted diseases this discrepancy needs to be addressed. By adopting a participatory approach to the conceptualisation of billboards we hoped to close the gap between perceived risk and actual behaviour and thus promote a healthy lifestyle among our selected target group. If the Social Ecology Model is taken into account this target group could potentially catalyse a positive influence on their social group.

**Safe Sex Communication**

Considering that our participants are first year students it was important to establish how they had previously been educated about safe sex, specifically by whom and through which mediums. All our participants had been educated at school about safe sex although 17% felt that safe sex practices were not effectively discussed. Half of the participants felt that it was primarily their parents’ responsibility to educate them about safe sex, while only 17% felt that it was a combination of parents, school and the media’s responsibility. Despite the fact that all of the participants indicated that they had come into contact with different media channels promoting safe sex only 17% felt that it was the media’s responsibility to educate them about safe sex.

In order to establish through which channels our participants have encountered safe sex communication we gave them a choice of 6 different channels, namely television adverts, radio, billboards, magazines, the internet and word of mouth. Television adverts resulted in being the most encountered channels for safe sex communication followed by billboards. From these results it is important to recognise that the responsibility of promoting safe sex cannot fall on a single person, organisation or medium alone. For safe sex education to be effective it needs to be approached holistically. For the purpose of this research project we are not attempting to promote the use of the media alone but are rather attempting to use a participatory approach to increase the effectiveness of safe sex communication, through billboards and peer-education.

**Exposure and Perception of loveLife**

In order to establish our participants’ exposure to loveLife we included similar questions to the ones relating to safe sex communication in general. All of the participants indicated that they had heard of loveLife with 41% having been exposed to loveLife through television adverts and 24% having been exposed to loveLife through billboards. Overall the participants felt that loveLife’s messages had the capacity to change people’s attitudes and
behaviour towards safe sex and thus were effective in promoting safe sexual practices. It is important to be aware of the fact that our questionnaire was completed by our participants, prior to the analysis of the billboards and the conceptualisation of their billboards. This is because although the majority of our participants indicated that they understood the messages promoted by loveLife and thought they were effective our results gathered later on in the focus group proved contradictory. This point will be elaborated on in the next section of our data analysis.

Thematic Analysis of loveLife Billboard Adverts

This part of the analysis focuses on the responses of the participants when discussing the billboards produced by loveLife, dealing with the main issues raised. These will be covered under the following headings: marginalising people living with HIV/AIDS, language, contextualising billboards, ambiguity, and power relations.

Marginalising people living with HIV/AIDS

The most negative feedback we received concerning the loveLife adverts deals with discrimination against people with HIV/AIDS. In particular, billboard 1 (see Appendix C), reads: “the don’t want HIV generation, will U b part of it?” Participants brought up concerns revolving around how this advert could evoke negative connotations for people born with HIV/AIDS. They felt that if someone was born with HIV/AIDS they did not have agency over their status. They felt that this advert served to marginalise these people, due to the choice of words in the slogan, specifically the ‘don’t want HIV generation’. The negative decoding of this billboard is a concern as there is a clear discrepancy between the intended message and the actual reading of the message.

Despite the fact that the majority of the participants stated in the questionnaire that the messages in the loveLife campaigns were effective the message in this particular advert was clearly not effective in achieving its ultimate purpose. This is primarily due to the fact that the meaning of the advert was misinterpreted by the participants. Through adopting a participatory approach that involved the audience at whom these billboards are targeted we were able to develop adverts that were both applicable and understood by the participants.

Language

Another interesting outcome from the focus group discussion related to the use of language in the billboards. All of the participants felt that there needs to be an inclusion of languages other than English. They felt that this was particularly applicable in rural areas where the majority of the people do not speak English as their first language. Thus it is vital that
billboards be developed and adapted to suit the individual needs of specific contexts and are relevant to specific target audiences. This point was emphasised when the participants designed their own billboard campaigns. Two of the groups included multiple languages in their billboard adverts in order to make their adverts relevant in a South African context, which is demonstrated in the following section: *Thematic Analysis of their Billboards*.

**Contextualising Billboards**

Linking to the point raised in the above issue is the issue of contextualising billboards. A significant point raised by several participants was the fact that many of the billboards could not be fully understood because they were not put into context. Considering that billboards are encountered by their audience at a glance, they have to be simple and easy to understand. Three of the billboard adverts shown (Appendix D, E and F), directly relate to each other. In order to fully understand the entirety of their message they need to be viewed in conjunction with one another. This proved problematic for the participants as they could not understand the message of each of these billboards when they were viewed separately.

This is a factor that should have been considered by *loveLife* when producing the adverts as there is no guarantee that the audience is going to see all the adverts within a campaign, let alone consecutively. Each of the billboards created by the participants are comprehensive in that the message is not only simple but can be easily understood at a glance without the need for contextualisation. This is largely due to the participatory approach adopted throughout the conceptualisation and creation of these billboards which allowed the participants to create billboards that relate to them and their peer group.

**Ambiguity**

There were many issues raised on the intended meanings of many of the adverts. One advert that raised controversy was billboard 5 (Appendix G). This advert is an example of an oppositional reading as the audience did not necessarily agree with the intended meanings (Hall, 1973/1980). The participants did not feel that the advert was necessarily promoting condom use. They felt that the female partner appears to be either hiding the condom behind the male partners back, or taking it away from him. The participants also felt that they could not identify with either of the characters as they were not sure who they were supposed to represent. Some participants immediately associated the female character as being a prostitute due to the fact that it was a black woman with a white man. This reveals that the decoded messages of the adverts do not necessarily correlate with the overall aims and objectives of *loveLife*. In fact the participants decoding of the messages may have the opposite effect in that they discussed this billboard as discouraging the use of condoms.
Power Relations

Relatively strong feelings were expressed regarding the use of power relations within the loveLife adverts. In particular, billboard 6 (see Appendix H) reveals a young woman looking into the distance with the caption: “If it’s not just me, you’re not for me”. The participants reported this statement as having a powerful effect on them as they recognised a decent, upstanding woman in the female character who is strong-willed and determined. They stated that she has the courage to stand up for what she believed in and installs values and morals within woman viewing the advert. However, even though participants felt really touched by this advert, they felt that it would be more powerful if there was a male character instead of a female. This is because, in the participants’ opinion, it is usually men that have multiple partners. They felt that women would pay more attention to this ad due to the female character, and this, in their opinion is the wrong audience. This therefore suggests that with the use of participatory methods in the conceptualisation of adverts, there would be relevance to the target audience.

The analysis of these billboards reiterates the same point made in the analysis of the questionnaires. Thus despite the participants answering, in the questionnaires, that they fully understood the messages and meaning behind loveLife adverts, this was not reflected in their reception of the discussion of the billboards.

Thematic Analysis of their Billboards

The following thematic analysis summarises the lively discussion and scattered debates surrounding issues such as the way in which race, language and people living with HIV/AIDS should be represented. These will be looked at in terms of the following headings: Condo-wise, Language, ABC and Anti-Discriminatory.

Condo-wise

A trend that ran throughout the four billboards was the use of either the wording “condomise” or an image of a condom. The participants found that the promotion of condom usage was a vital issue which their peers need to be aware of. Groups 1 and 4 (Appendix I and L) included a more denotative use of the condom image, as both these groups chose to write the word “condomise” alongside an image of a unrolled condom (so that the viewer is not in any doubt as to what the picture refers). However, Groups 2 and 3 (Appendix J and K) both used an image of a condom to incorporate other issues which they felt where important.
This is illustrated in Group 2’s drawing of a large rainbow coloured (purple, orange, green and red) circle. The group explains the circle as representing a condom, as well as the ‘Rainbow Nation’ and the ‘circle of life’. Inside this circle they have placed images such as clouds, birds, a group of people saying: “My friend with AIDS is still my friend!” , “AIDS didn’t kill me irresponsibility did!” , “AIDS is not a death sentence!!!”, a heart with “love life” written in five different languages, as well as a boy and girl holding onto a ring. Through this circle they wish to demonstrate that all of the guidelines relating to safe sex and HIV/AIDS should be communicated with in a broader understanding of unity (the rainbow nation), understanding (sex is a part of the ‘circle of life’ and is natural), and condom usage (if abstinence is not the first choice of the majority of their peers they feel that the use of condoms should be their golden rule).

Group 2 add that the ring which they drew to bind the girl and boy together is there to symbolise both a ring and a condom. They say these denotations are meant to connote trust and loyalty (the symbolism of a wedding ring) simultaneously.

Group 3 used the image of a condom quite dramatically in their billboard. This group drew a large yellow ring (symbolising a condom) in the middle of the cardboard and placed the image of a boy and a girl inside. On the outside of the ring are images such as a head stone, two crying babies, the skull and cross bones and a red ribbon. These images are meant to symbolise death through STDs and HIV/AIDS; and unwanted pregnancies. Thus Group 3 have utilised the image of a condom to represent a protective barrier, in both the literal and figurative sense.

Although the inclusion of condoms in order to promote safe sex is an aspect which the participants have in common with the creators of the loveLife billboards (Appendix G) the representatives from each group noted important differences. Groups 1 and 4 emphasised the fact that their images were used in a particular context as what they had written linked directly to their image of a condom thus minimizing the chances of ambiguous interpretations. Groups 2 and 3 stated that their use of the condom, although potentially more ambiguous due to the images stylised nature, was placed within a context of images which assisted in understanding the message. Thus all four groups verbalised their conscious attempt at rectifying the ambiguous nature of loveLife’s billboards.

**Language**

Group 2 and 3 felt strongly for the inclusion of as many languages as possible in LoveLife’s communication strategies. They discussed this to some degree in the focus group session,
as well as in between themselves during the time allocated to creating the billboards, as summarized in the previous section: *Thematic Analysis of loveLife Billboard Adverts*.

Group 2 demonstrated this by writing “Thanda Impilo; Lief sy Lyf; Thada Ubomu; Rata Bophelo Bahawo; Love Life; whilst Group 3 wrote “Love Life” as well as “Thandi impilo”. The phrase “Whoeva U R, Wateva U speak” was included by Group 2 in order to grab the attention of their peers who, as the group puts forth, spend the majority of their time on social networking sites such as *Mxit* and *Facebook* where communication is done through a shortened, slang form of writing.

The participants of Group 2 and 3’s concern with language versus Group 1 and 4’s non-inclusion of this issue highlighted the need for a variety of opinions in the creation of health communication advertisements. Thus, through the interaction of participants form varying cultural backgrounds, a difference in language and the effect which it has on the interpretation of billboards was brought to light. This lead to the participants advocating the participatory nature of the focus group.

**ABC**

The ABC campaign (cf Moodley, 2007) was used as the focus for Group 1 and 4’s billboards. Both groups felt that the message portrayed by this campaign was one which they feel should permeate into all messages aimed at their peers regarding safe-sex. ABC is written as an acronym which stands in for the message abstain, be faithful and condomise. This was included in both of Group 1 and 4’s billboards, as well as pictures representing how each of these groups feel that these steps should be depicted.

Although the pictures where more or less similar on both billboards, an interesting difference arose out of comparison of the pictures for “abstain”. Group 1 drew a girl next to this word with a speech bubble saying “No!”, whilst Group 4 drew a boy and a girl holding hands, underneath two stylised hearts (representing love), with a speech bubble above them saying “Abstain”. This disparity in the representation of what it means to abstain is interesting as, although both groups know what it literally means to abstain (to not have sex), they disagree on where it’s implementation is most important – should a individual who is not in loving relationship be the one to advocate abstinence, or is it just as important for couples in a loving relationship to abstain as long as possible. This created an interesting debate, especially since Group 4 consisted of a couple in a long term relationship.
The participatory environment of the focus group allowed for the expression of differing opinions between participants, thus Kincaid and Figueroa’s (2009) notion of convergence and divergence was brought into play. Freire’s emphasis on dialogue was also expressed through this interaction.

**Anti-Discriminatory**

All four groups chose to use an assortment of colours when illustrating people as they said that this was so that they were as inclusive as possible of South Africa’s many different races. In the feedback session, the representatives from each of the groups highlighted the participants concern with not only how race is represented in loveLife billboards, but also how people with HIV/AIDS are represented. They were adamant that people who were living with the virus were not to be portrayed in a negative light as they feel that this would offend those who already have HIV/AIDS. Group 2 demonstrated these above sentiments in their billboard by including 6 people (one light pink, one brown, one light blue, one dark pink, one green and one dark blue) with speech bubbles saying: “My friend with AIDS is still my friend!” “AIDS didn’t kill me, irresponsibility did!”, “AIDS is not a death sentence!”.

The participants concern with the representation of race and gender, and their sensitivity towards discrimination plays an important role in highlighting the holistic nature of the implementation of the values of the CFPD model (Kincaid & Figueroa: 2009).

**Feedback & Observation of group billboards**

When the four groups presented their work they discussed the conceptualisation process that went into the creation of their billboards. From this session there are three important factors to point out namely: relationships, representation and professionalism vs participation).

**Relationships**

Group 4 was composed of a male and female that shared that they were in a relationship. The conceptualisation and creation of the billboards allowed them to discuss issues with each other. An intervention such as this could prove valuable in opening up the communication channels between couples as it promotes discussion of topics which they would not normally talk about due to factors such as power relations. This was proven by Group 4’s comment that they were now openly talking about who in the relationship should carry condoms as the female said that she always presumed it was her partners responsibility. The process behind participatory interventions is significant in the sense that is provides a platform for issues that are deemed as relevant and important by participants to be discussed and explored.
**Representation**

Two of the groups stated that there was a high level of discussion surrounding how to represent the HIV/AIDS virus and people with the disease. From their discussions it was established that HIV/AIDS should not be associated with death as it is important that people understood that HIV/AIDS does not necessarily lead to death and people with the disease may live a long and healthy life if treated properly. The participants felt that it was important to break away from the traditional mindset and stigma. It was through these discussions that students taught each other about safe sex and provided diversity in opinions, expanding the participant’s knowledge about safe sex and related topics. If participatory methods are deployed in health communications, issues may be more relevant to communities.

**Professionalism vs. Participation**

From observation, many of the students were worried about their drawing capabilities, and although this was notably not their strong point, through discussion about their reasons behind their drawings they affirmed that it was what was learnt during the process of creating a health promotion billboard that was important and not the designed product. Participatory interventions do not solely focus on the product that has been created, but the discussion and learning process behind creating a product. This process needs to be guided by a facilitator who ensures that the steps involved in the CFPD model (Kincaid & Figueroa, 2009) are included.

**Feedback of intervention**

The participant’s were given a form to provide comments and suggestions. Out of the group of 19, 17 papers were returned providing insight into the intervention as a whole.

The responses were placed into the following themes: *Learning through group discussions*, *Opinion of participatory approached in industry*, *Expressing own opinions*, *Learning about each other*.

**Learning through group discussions**

All of the respondents stated that they learnt from speaking with each other and listening to each other’s opinions when analysing and designing billboards. None of the respondents said that they learnt from the facilitators, which was a positive indication that we did not influence their ideas, perspectives or dominate the discussion. By giving participants autonomy they selected topics that were important to them and that they could relate to.
Opinion of participatory approaches in health communication campaigns

12 participants shared their opinion that participatory approaches should be used in the creation of health promotion adverts. Of the participants that responded, only 1 stated that participatory approached should not be use in industry, stating “I think that advertising should be done or created by professionals and not by the community because advertisers have the knowledge and tools to grab the audience” (respondent ‘G’). In light of this response, many participants felt that they do not have the right knowledge with tools to create health campaigns, but as our project clearly states, participation in conjunction with facilitators can lead to better health campaigns.

Expressing own opinions

Of the 10 participants that commented on their participation in voicing their opinions, only 1 participant stated that they did not feel happy expressing their opinions, as “it was very interesting, but I did not speak about my feelings as we are not close, but next time I will”. It may thus be understood that continual interventions such as this would allow participants to open up to each other to express feelings and emotions; participatory development is a long term commitment.

Learning about each other

7 of the participants showed positive experiences to encountering and discussing perspectives of people from different backgrounds. As researchers we did not consider such a comment to feature in the feedback, but it became evident this was important part of the intervention. None of the participants had negative comments about working with people from different backgrounds. This participatory intervention drew together individuals from different backgrounds that were part of the university community. Allowing dialogue between individuals from different groups provides insight and understanding to the perceptions of the ‘other’.
CONCLUSION

In conclusion this study illustrated that the perceptions and interpretations of first year UKZN students’, of the loveLife adverts, were largely oppositional in nature. Their perceptions were not in line with health communications messages regarding safe sex. From the research findings it can be deduced that a participatory approach in the creation process is more conducive in the dissemination of health communication messages. This allows for an open forum where Freire’s (1972/1990) values such as dialogue, peer education, ownership and conscientization are apparent.

All four groups dealt primarily with the issue of safe sex and contextualised this issue in a way that they could identify with. Issues of representation and language were common themes portrayed through the use of different images and texts within their billboards. Many elements of the billboards were localized by the participants to be relevant within a South African context.

The participatory nature of the workshop enabled greater discussion and understanding of the issues at hand through the concepts of conscientization, empowerment and ownership. Although the billboards produced were not of a professional standard and could not be used ‘as is’, the process involved in the conceptualisation and creation of the billboards was invaluable. It was through dialogue and communication that the participants attained a greater understanding of issues surrounding safe sex. Therefore the process involved in the focus group was of greater significance than the actual product of the focus group itself.

From our results we propose that loveLife should incorporate professionalism, through the means of a facilitator, at a grassroots level in order to develop health communication campaigns that are relevant to their specific target audiences. By employing participatory methods we propose that health communication campaigns directed at promoting safe sex will have more of an impact on an individual’s knowledge and attitudes and therefore behaviour. This is largely due to the fact that an individual is more likely to engage and internalise the issues at hand.

Although our study clearly shows the benefits of incorporating a participatory approach in the analysis, conceptualisation and creation of billboard adverts it does have certain limitations. Further research needs to be conducted which aims to apply similar methods to other
 mediums used in health communication campaigns. At the same time this approach needs to be implemented on a larger scale in order to validate our findings.

Ultimately in order to combat the many negative outcomes associated with risky sexual behaviours, a participatory approach to health communication campaign needs to be adopted. Considering the wide spread, devastating effects of HIV/AIDS, health communication campaigns need to be relevant to their target audience. One of the ways of achieving this may be by adopting a participatory approach.
References

Primary Sources

Focus Group (9th October, 2009) University of Kwa-Zulu Natal, Howard College Campus

Secondary Sources


**Internet Sources**


Appendix A

Questionnaire Questions:

1. Demographics
   a) age
   b) race
   c) gender

2. Are you or people in your social group sexually active?
   a) yes
   b) no

3. At what age do you think it is most common for people to lose their virginity?
   a) 10 or younger
   b) 10-15
   c) 16-18
   d) 19-21
   e) 21-25
   f) 26 or older

4. Do you think that your peers are using contraceptives? If yes, which ones do you think are the most popular?
   a) condoms
   b) the pill
   c) the injection

5. What is ‘safe sex’? (Select the ones you think are right)
   a) Having sex with one partner
   b) Using a condom while having sex
   c) Using the pill as a contraceptive
   d) Not using any contraceptive
   e) Using both the pill and a condom
   f) Not falling pregnant

6. What percentage of your peers do you feel are practising ‘safe sex’?

   0
   10

7. How prevalent do you think it is?
   a) Not Prevalent
b) Prevalent
c) Very Prevalent
d) Not sure

8. What do you feel your chances are of being at risk to HIV/AIDS?

__________________________________________________________

0 10

9. Who do you think is at the highest risk of contracting HIV/AIDS? (Rank them with 1 being the lowest risk and 4 being the highest risk)
   a) School Children
   b) University Students
   c) People who are married
   d) Pensioners

10. In school, were you educated about ‘safe sex’, HIV/AIDS, pregnancy and the use of contraceptives?
    a) Yes
    b) No
    c) Not effectively

11. Whose responsibility do you feel it is to educate them and why? (Select the ones you think are right)
    a) Schools
    b) Universities
    c) Parents
    d) Media

12. What communication channel do you feel is best suited for ‘safe sex’ education?
    a) television adverts
    b) Radio
    c) Billboards
    d) Magazines
    e) Internet

13. Have you encountered any ‘safe sex’ messages through any of these channels before? And if so, which channels?
    a) Television Adverts
    b) Radio
    c) Billboards
    d) Magazines
    e) Internet
14. Which one do you feel was the most effective?
   a) Television Adverts
   b) Radio
   c) Billboards
   d) Magazines
   e) Internet

15. Which one do you feel was the least effective?
   a) Television Adverts
   b) Radio
   c) Billboards
   d) Magazines
   e) Internet
Appendix B
Informed Consent Document

Dear [participant]

Thank you for agreeing to participate in our study! It is part of the module Communication for Participatory Development for the CCMS Department at UKZN. The title of the research is “Lets Get Active”: A participatory approach to analysing and conceptualising billboard adverts for promoting safe sex.

All you will be required to do is join other participants for a short focus group where we will all discuss current safe sex adverts. All information gathered will remain strictly confidential, and we will use a pseudonym when referring to you if you would prefer. When the research is complete, all questionnaires and answers will be disposed of.

If you choose to refuse to participate, then you will not be at any disadvantage. Similarly, choosing to withdraw at any point during the research will not leave you disadvantaged in any way. You will not be expected to justify or explain your reasons for withdrawal.

Please sign next to which option you choose:
Assure my confidentiality, I wish to remain anonymous

My name may be acknowledged for the purposes of the project

Also note that by signing the declaration below you acknowledge that have understood and agreed upon the following:
(a) Your participation is entirely voluntary.
(b) You are free to refuse to answer any question.
(c) You are free to withdraw at any time.

I.............................................................................................................. (full name) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time should I so desire.

Signature of participant.................................................................
Date..............................................................................................

Thank you. Please do not hesitate to contact us or our supervisors should you have any concerns or queries about the project.

If you have any questions please feel free to contact us:

Group Representative: Katherine Wood kickiwood@gmail.com
Group Supervisor: John Kunda lengwe.kunda@gmail.com
Appendix K

Appendix L

Be Safe!
It’s as easy as:
ABC

Abstain
Be Faithful
Condomise
Love Life