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DEPARTMENT OF CULTURE, COMMUNICATION AND MEDIA STUDIES

An Evaluation of Communication Strategies used in the Voluntary Counselling and Testing (VCT) Campaign at the University of Durban-Westville.

Submitted in Partial Fulfilment of the Requirements of the Masters of Culture Communication and Media Studies.

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Declaration

I declare that this research article, which is being submitted in partial fulfilment of the degree of Master of Arts in Culture, Communication and Media Studies, is my own work. I have never submitted this work for examination at any other University or academic institution and I have fully acknowledged all the materials that have been extracted from other sources.

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All work for this thesis was completed at the former University of Natal.

Acknowledgement

Abstract

The present project evaluates and examines a communication campaign carried out at the University of Durban-Westville (UDW) in 2003, which publicized the introduction of a HIV/AIDS Voluntary Counselling and Testing (VCT) facility on campus. Drawing on theories of entertainment education (EE) and behaviour change, the campaign's effectiveness is analysed in relation to (1) audience reception; (2) take-up of the service promoted; and (3) visibility and penetration of the media employed. The thesis is that the message in campaigns of this nature benefits from avoiding claims of bringing about behaviour change by the mere fact of communication or information transfer. Instead, it is proposed that anti-HIV behaviour-change messages focus on urging audiences to act in presenting for VCT, because the ongoing counselling of VCT is a proper communicative forum for such changes. In conclusion, the present campaign's shortcomings are noted, and considered in the context of how to address these in relation to the opportunities offered by the merger of UDW with the University of Natal from 2004.

Chapter One

1.1 Introduction

South Africa is one of the countries most affected by the global HIV/AIDS pandemic, which has "claimed more than 3 million lives in 2002, and an estimated 5 million people acquired the human immunodeficiency virus (HIV) in 2002- bringing to 42 million the number of people globally living with the virus"(UNAIDS and WHO, 2002). According to an official release of the South African Health Ministry, 1500 people get infected with the virus every day, yet some two million people still do not know that they carry the virus. (http://www.hivdent.org/publicp/ppsas1i0298.htm).

Motivating people to go for voluntary counselling and testing (VCT) by using an effective communication strategy is one way of fighting HIV, and will be the focus of the present research. The world health organization (WHO) defines voluntary counselling and testing as "a confidential dialogue between a client and a care provider aimed at enabling the client to cope with stress and take personal decisions related to HIV"(SAFAIDS, 1993: 1). The major advantage of VCT is that it enables clients to know their HIV status and to lead their life accordingly. It encourages those who are found to be HIV negative, among other things, to practice safer sex. Yet it also assures those who are infected with the virus that it is possible to be HIV positive and "live positively". Although HIV/AIDS activists stress the importance of such programs for dealing with the HIV/AIDS epidemic, few facilities available in South Africa provide this service to date. In one instance, research suggests that VCT contributed significantly to a decline in the "proportion of individuals reporting unprotected intercourse with non – primary partners" (Voluntary HIV 1 Counselling and Testing Efficacy Group, 2000:13)

The present project will evaluate the VCT campaign mounted at the University of Durban-Westville (UDW), establishing the effectiveness of its communication strategies at informing the student community of the benefits of VCT. In the words of one of the UDW counsellors, the campaign's success is attributed, among other things, to the use of Entertainment Education (EE) strategies including music, drama and posters. In evaluating the elements of the communication strategy, therefore, the research includes an examination of whether the

university is applying Entertainment Education techniques effectively as a tool in promoting the VCT campaign. "If implemented in a systematic manner, with theory based message design, formative research and other necessary elements..., the entertainment-education strategy can be a powerful influence in changing audience knowledge, attitudes and behaviour regarding an educational issue" (Singhal and Rogers, 1999:221).

The University's school of psychology, personal counselling unit, and campus clinic collaborated, in implementing the campaign, which was officially launched on March 31, 2003. The objectives of the campaign include: enhancing students' awareness of HIV/AIDS in general; making them more specifically aware of VCT; and encouraging them submit to VCT so that they can know their HIV status and respond accordingly. On the basis of subsequent student-attendance figures, the campaign has been declared a success.

1.2 Motivation for the choice of this topic

Along with two fellow students who are studying for their honours degree, I previously performed an Entertainment Education research assignment on the topic of *VCT and Behaviour change through video drama – a case study in Chesterville High School* (Tesfu, Mhagama and Metso: 2003). Thus further research on the same topic will enable me to acquire additional research exposure to the use of EE in the promotion of effective VCT campaigns.

It was decided to conduct this research at UDW because, although most of the students in such an institution are equally as vulnerable as those in other settings, UDW has integrated its VCT services into pre-existing student counselling arrangements. My previous research had examined school pupils' response to services offered by institutions separate from the school in which the bulk of their peer-group interaction took place (VCT services were available in community centres). Because the UDW service was also publicised by means of a campaign conceived and managed by the university staff, it provides the opportunity for analysing the effect of their use (or neglect) of EE-based communication strategies in a context not dominated by mass-media campaigns like *Soul City* and loveLife. By investigating the appropriateness of the EE techniques claimed to have been used in the campaign, I will determine the campaign's strengths and possible weakness.

1.3 Statement of the problem

Public awareness of a condition like HIV/AIDS has not, in South Africa, translated into public adoption of safer sex practices (Epstein, 2003; Tomaselli and Shepperson, 1997; Parker et al, 2000). As Helen Epstein (2003) has remarked, "nearly everyone in South Africa knows how HIV is transmitted, and how to avoid it. The enduring mystery is why so many people do not." Researchers have also pointed out that media reporting on HIV/AIDS has often relied too much on the pronouncements of official and corporate sources, at the expense of those who are engaged in actual interventions in the communities most at risk (Shepperson, 2000; see also Treurnicht, 2000). Finally, the ongoing stigmatisation of people with AIDS, as the extreme example of the murder of activist Gugu Dlamini demonstrated, continues to feed a cycle of denial. Far too many people do not 'know anybody' with AIDS; they only know of people with tuberculosis, a bad cough, weight loss, and other single symptoms (Epstein, 2003).

The present project, therefore, seeks to examine whether the claims made for the success of the UDW campaign for VCT have had some effect in breaking this disjunction between public awareness and personal practice, eliciting information that will indicate the extent to which institutionally based health communication strategies contribute to encouraging positive individual responses through VCT. It is hoped that analysis of the data will reveal whether this approach can help to lay the foundations for a community-based response to AIDS in South Africa, such that these responses can proceed on the basis of experience instead of denial (Epstein, 2003).

1.4 Research Questions

- What kind of communication strategies does UDW use in their campaign?
- Does this campaign effectively inform students about the benefits of VCT?
- Were students involved in the design of messages at all levels and stages of the campaign?
- What are the students' views of the campaign?
- What are the outcomes of the campaign?
- What are the advantages and disadvantages of the campaign's use of EE techniques?

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1.5 Theoretical Framework

It is possible to consider mass-communication theories in the light of how research based on these theories inquires into the effects brought about in those who receive messages broadcast over media like newspapers, radio, and television (McQuail 2000). The form of communication strategy known as entertainment-education (EE) builds on this class of theory to posit a multi-media research-based approach to communication designed to encourage audiences to adopt new or different forms of behaviour (Bandura, 1969). The present project will investigate whether it has been effective to incorporate elements of EE communication strategies in local campaigns using smaller media like posters and performance.

Bandura's (1969) social learning or social-cognitive theory provides an important focus in EE theory. The two domains of Bandura's theory are role modelling and self-efficacy, where the latter refers to an individual's or community's perceived ability to adopt a recommended behaviour (Airhihenbuwa, and Obregon (2000: 7). However, the theory is silent on why it is important to adopt recommended behaviour. Atkins and Rise (2001: 11) observe that "in addition to awareness and education the campaign needs to present messages featuring reasons why the audience should adopt the advocated action or avoid the proscribed behaviour".

The main principles in terms of which the present research will be conducted are those underpinning the *diffusion of innovation theory*. The initial proponent of this theory, Everett Rogers (1995), built on the process of awareness rising by "using opinion leaders to influence attitudes and behaviours" (Airhihenbuwa et al, 2000: 7-8). Diffusion of innovation supports the idea that interpersonal communication plays a prominent role in the adoption of new ideas (Rogers, 1995). Not only opinion leaders, therefore, but also peer groups are the best ways of encouraging the adoption of a new idea. Either way, Rogers's conception overlaps with the role that Bandura assigns to the process of *role modelling*, in that the consequence of communication is the intended adoption of a changed form of behaviour at the community level, that is, a form of communal efficacy is desired.

In the present context, however, the research will examine not only the use of individuals and communities (for example, beneficiaries of VCT services) as opinion leaders, but also the effects of locating VCT as an innovative service within the institutional opinion-formation

environment of the University campus. As opinion leaders recruited from within the community of potential VCT beneficiaries, students participating in the formation of messages provide an added element of participatory communication (Freire, 1972; Freire and Shor, 1987) to the overall strategy. Findings in the present project will be compared with school-goers' reception of VCT services offered in off-campus facilities (Tesfu et al, 2003), in which context students sometimes appeared to identify attendance at VCT with becoming HIV-infected.

Although health communication sometimes draws on *health belief models* or *social cognitive theories* (see Airhihenbuwa et al, 2000: 7-9), these approaches may be effective at creating awareness of a condition like HIV/AIDS but (as already noted) such awareness does not readily translate into the adoption of new forms of behaviour (Epstein, 2003; Parker et al, 2000; Tomaselli and Shepperson, 1997). Therefore, the present research examines UDW's campaign from the point of view of the diffusion of innovation model, employing it as a criterion for evaluating the specific effectiveness of EE-based communication in effecting behaviour change in the context of higher-education institutions.

An unanticipated development during the carrying out of this research was the realisation that formal psychological descriptions of the stages of behaviour change in athletics training (Vinci 2003) may offer the health communication researcher additional analytical tools for the design and assessment of communication strategies and programmes. A comparison of Linda Vinci's six-stage model with the four stages of the VCT pre-test counselling phase, indicate that communication strategies may be more consistently effective if their goal is to motivate individuals in the target audience first to *contemplate* their condition, and then to make the move from contemplation to *action* in deciding to present for (in the present case) voluntary counselling and testing for HIV.

A further feature of EE practice is its reliance on structured research as an integral element of the process. There are three specific roles that research plays in any EE campaign: *formative* research is carried out prior to the actual production of the campaign materials; *monitoring* research, usually based on market-research techniques, tracks the audience reception of the campaign; and *summative* research inquires into the consequences of the campaign among the audience. Research also helps to predict whether a campaign or program is cost effective. In the case of VCT, where the service is commonly provided free of charge, formative research

should include an advance assessment of the cost effectiveness of the campaign so that funding agencies can ensure accountability throughout the implementation phase.

EE theories also stress the importance of partnerships between the various stakeholders involved with the issues at hand (Parker *et al* 2000; Singhal and Rogers, 1999). The involvement of different business, civil society, and community organizations in the formative process of a campaign draws on elements of Paulo Freire's (1972) *participatory* methodology, and Augusto Boals' (2000) concept of *critical conscientization*. Although an EE campaign like *Soul City* can hardly be seen as an example of mobilization for popular resistance against an oppressive regime, the principle of participatory communication never the less does carry over into the health communication sector, especially where factors like poverty, culture, and custom may have an effect on audience segmentation (Parker *et al.*, 2000; Yun, Govender, and Mody, 2001).

Finally, the focus on behaviour change in EE theory places considerable emphasis on the need for *repetition*, whether by rebroadcasts of episodes of mass-media products like *Soul City*, or of particular slogans or refrains as part of an individual popular or industrial theatre performance. In the present research, however, it was found that the actual availability of VCT in a readily accessible venue reinforced the need for health communication for behaviour change to be related to the necessary infrastructures for provision (Tomaselli and Shepperson, 1997).

1.6 Methodology

The role of research in EE and other behaviour-change communication strategies provides an initial basis for developing further research into the subject. This is because it is possible for the researcher initially to structure his or her inquiry around the data record of the different phases of research in any campaign. Relating these data to other data gathered in the process thus, one could proceed to further inquiry into the process or outcome of EE interventions with an independent source against which to evaluate the matter under investigation.

In this research both qualitative and quantitative methods have been used to analyse the data. Qualitative methods are used to analyse the open-ended questionnaires that were administered among the students in the University of Durban Westville. Quantitative methods are used to analyse the closed questions. Further data was gathered from observation of the media used in the campaign, like posters, T-shirts, and other marketing devices.

Questionnaires: These data were the first to be collected. Stratified sampling was used in administering the questionnaire, so that each of the faculties in the University was represented. The six Faculties at UDW are: Humanities; Commerce and management; Science; Engineering; Law, Economics and Management; and Health Science. Sixty students were selected to complete the questionnaire, ten from each faculty. Gender representivity was taken for granted, and therefore five male and five female students were recruited from each faculty.

Interviews: these were conducted after the questionnaires had been administered. Six interviewees were recruited; three from among the program officials who organized EE related events for the VCT campaign, and three of the VCT counsellors. The program officials were interviewed on issues like: what kinds of communication strategies were used in the campaign; and the extent to which students were involved in the campaign. Counsellors, in turn, were interviewed about issues relating to the number of students visiting to the VCT services after the launch; their views on the effectiveness of the communication strategies used in the campaign; and related issues of implementation.

Respondents are identified below by the following acronyms:

P: Program officials (P1 – P3)

R: Respondents (students) who filled the questionnaire

      R 1 – R 30 = Female respondents

      R 31 – R 60 = Male respondents

C: Counsellors (C 1 – C 3)

Chapter Two

2.1 Health Communication and Behaviour Change [1]

In a study about the theory and principles of media health campaigns, Atkins (2001:10) observes that "most campaigns present messages that attempt to increase awareness, informing people what to do, specifying who should do it, and cueing them when and where it should be done." This study attempts to evaluate whether the campaign on VCT at the University of Durban- Westville fulfils these requirements.

An evaluation of the *loveLife* AIDS prevention campaigns and advocacy activities in South Africa, found out that 50% of people are sexually active by the age of 16 years and that between 50 and 60% of sexually active youth report never using a condom (Stadler and Hlongwa 1999-2001: 366). Because youth are at a higher risk of contracting the virus, therefore, campaigns that succeed in changing behaviour among youth who are over 16 years old will be effective in reducing the long-term rate of infection among the population as a whole. Stadler and Hlongwa (1999-2000: 371) also found out that amongst the youth who are sexually active and had been exposed to *loveLife*, significant percentages had used condoms, reduced the number of their sexual partners, and had been more assertive in insisting on condom usage.

In the same study, it was reported that a wide range of prevention programs are currently being implemented in South Africa, including mass media campaigns to raise awareness; distribution of condoms; voluntary counselling and testing; primary and secondary school life skills programs; STD treatment; and care and support (Stadler and Hlongwe, 1999-2001). However, other studies have shown that demand for VCT is low in South Africa (Stein 2000:1). People are consequently unaware of their status, and this situation is perceived as grossly exacerbating the prevalence of HIV. It is argued, therefore, that if the youth can be sensitised about the benefits of VCT, many lives will be saved and posterity

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[1] The researcher has used some material from an earlier project (Tesfu, Mhagama, Metso, 2003) in composing this chapter.

preserved since the youth are the future leaders. The youth thus render themselves an important target group for health interventions, particularly interventions that bring about changes in attitudes and behaviour relating to sexuality (Sendrowitz, 1999; Health Sgopfa, 1995).

The HI virus, like all such organisms, is fragile and can be beaten (Van Dyk, 2001). To slow the advance of the epidemic successfully in the present absence of a cure, however, "it is necessary to create a sense that the epidemic is real and that it is important to mobilize around the disease" (Parker, Dalrymple, and Durden: 2000: 24).

2.2 What do we mean by a Communication Strategy?

Communication is commonly referred as the transmission of a message from a source into a receiver with the intention of producing some effect (Rogers, 1973). It occurs in a situation where an information gap exists and communication implies that the receiver has become familiar with new information. One can assure the effectiveness of communication in the form of feedback, whereby the source, can gauge, whether the receiver has clearly grasped the message.

Scholars of communication, however, argue that in this "traditional" definition of the concept, "neither the social process of communication nor the influence of communication on behaviour received enough consideration" (Piotrow, et al. 1997:17). In their opinion, issues like the participation of the audience, the recognition of behaviour change, the use of mass media and development for educational purposes only began to gain their current prominence in the 1990s.

Communication campaign strategies involve, among other things, thorough formative research, effective participation of the target group, establishing strong partnerships among the stakeholders, and using the most appropriate media to convey the message. Thus in the 1970s communication was redefined as "a process in which the participants create and share information with one another in order to reach a mutual understanding" (Kinkaid, 1979; Rogers and Kinkaid, 1881). Conceived this way, communication is no longer seen as a one-way process, and that interaction helps the participants to gain the utmost benefit by engaging themselves in an effective process with practical goals.

In case of VCT campaigns, if program officials who are in charge of designing the message for the campaign create and share information with the target groups, be it pregnant women, students, miners and so on, they can narrow the gap between themselves and the audience. This can ultimately lead to a situation where all members of the target group can take action in deciding to go for VCT and change their behaviour. This entails messages that make sense to recipients because programme officials' preferences may differ from those of their audience. For example, if the message designers are considerably older than the target group, the message may not appeal to the latter. But if a sample of the recipient group shares their ideas during the process of message design, there is a greater probability that the campaign will appeal to a larger section of the target group as a whole. "One of the major things entertainment education scholars learnt in the last 25 years is that effective communication begins with the audience, the client or the consumer and continues over time as a process of mutual adjustment and convergence" (Piotrow, 1997: 18)

Differences between individuals is a complicated issue, which must be strictly dealt with in case of communication programs because it does have a great impact on the outcome of a campaign. The fact that the "rainbow nation", South Africa, is comprised of people from different races also makes it particularly important to investigate the effect of social, cultural, and racial differences, amongst others, on the preferences and dislikes of the different target groups.

Behavioural investigations reveal that audiences "have different ways of thinking, even different ways of interpreting drawings and photographs from those of the experts and officials who initiate communication programs (Piotrow *et al*, 1997:18). Internationally, VCT program officials use posters, drawings and so on, designed to have an impact on their target audience. In any event, it is important that the designers of health communication campaigns should at least pre-test the posters and drawings before they are released. Generally, practitioners should collect as much information as they can from the audience in order to neutralise their own bias and/or prejudices.

Chapter Three

3.1 The Relationship Between VCT and Behaviour Change [1]

A client's attendance at a Voluntary Counselling and Testing (VCT) service is in itself a form of behaviour that departs from an individual's everyday forms of conduct. Thus, given the foregoing discussion about health communication, one reason for someone presenting for VCT could be that she or he has responded to the representations of such a campaign. However, the first occasion on which one presents for counselling is an *act* and not in itself a *form of everyday conduct*. In this section I will therefore view VCT as a communication process designed *explicitly* to lead to a change in behaviour that depends largely on the individual act of presentation *as the desired outcome* of a separate health communication campaign.

The counsellor's principal communicative role is "to facilitate the client's quality of life by helping him or her to manage problems, to effect life enhancing changes and to cope with the kinds of problems that will arise in the future" (Van Dyk, A, 2001: 201). However, the effectiveness of this process is dependent on the completion of a series of steps, which, according to Linda Vinci's (2003) model are:

(1) *pre-contemplation*, during which an individual does not intend to change behaviour and may be unaware of any need to do so;

(2) *contemplation*, when one is aware of a problem and weighs the pros and cons of the behaviour change required to overcome it;

(3) *preparation*, leading to a clear intention to make a change in behaviour;

(4) *action*, during which the individual is actively engaged in the process of behaviour change; and

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[1] I attended an intensive eight day interactive Course on Pre and Post Counselling, which is organized by the Department of Psychology and HIVAN in the University of Natal. I have drawn the relevant course material in preparing this section of the thesis.

> (5) *maintenance*, when an individual has adopted the behaviour change, incorporated it into his or her life, and tries to prevent a relapse to previous behaviour.

The *pre-test* counselling process itself takes place over four phases (Van Dyk, 2001).

(1) A relationship is established between the counsellor and the client, in which the counsellor is expected to welcome the client with a smiling face and even to congratulate her/him for coming for testing.

(2) The counsellor gathers data about the client: for example, about the client's reasons for testing, and about her or his sexual behaviour.

(3) In this phase the client will describe his or her problem to the counsellor.

(4) On the basis of the first three phases, the counsellor makes an intervention.

This process enables both client and counsellor to prepare for the post-test counselling, whatever the result is: "clients often tend to be too relieved or shocked to take in much information during post counselling, the health care professional should make use of the educational opportunities offered by pre test counselling" (Van Dyk, 2001: 238)

Waiting for the results of an HIV antibody test is commonly believed to be the most stressful period (Van Dyk, 2001: 246), and the counsellor should devote time and effort to relieve the client from this stress. Depending on where the sample is actually analysed in relation to where the counselling takes place, the waiting period for the ELISA test can range between two to fourteen days. However, if the client opts for rapid testing where this is available, the result can be available within 30 minutes.

It is worth emphasising that post-test counselling is necessary after both positive and negative results have been obtained. In the latter case, it must be stressed to the client testing HIV negative does not guarantee that she or he will remain negative in the long run. On the other hand, a person who tests HIV positive may be too shocked to listen to the counsellor in the first post-counselling period. As a result, it usually becomes necessary to ask a person who has tested positive to come back for follow up (or *ongoing*) counselling. In this process, the client is encouraged to bring along any person who is close to her/him, if she/he is comfortable with it. The objective, either way, is to enable the client to get

information in a supportive environment. These steps are calculated to encourage behaviour change in the client.

VCT counselling, whether carried out on an individual or group basis, is always kept confidential in order to minimize the clients' susceptibility to stigmatisation. Although it is possible that some people are still not aware about the fact that HIV/AIDS has no cure, it is never the less possible for HIV positive people to extend their life spans by using antiretroviral drugs and following a healthy diet and lifestyle. The stigma attached to AIDS remains a problem, reinforced by the memory of incidents like the case of Gugu Dlamini's stoning to death in one of South Africa's townships. The fact that the virus is mainly sexually transmitted complicates the stigma around the virus, because people tend to associate HIV infection with promiscuity (as opposed to the same possibility in traditionally polygamous societies).

The VCT process is a special case of communication practice, in that it is carried out "with the intention of producing some effect" (Rogers, 1973). The five steps of modelling behaviour change are essentially psychological, and thus much that is covered there falls outside the scope of this project. However, if we view VCT and behaviour change jointly, then it is clear that communication promoting the former should ideally aim to target the behaviour-change progression at the preparation stage, where an individual intends to make the change. Where the psychological aspects of the pre-contemplation and contemplation stages may have some or no effect on the form of action taken, we may be justified in assuming that in the case of an individual who is part of a university community exposed to ongoing health communication campaigns, he or she will have been exposed to (and probably aware of) the messages these campaigns propagated.

If such individuals do present for VCT, therefore, it is likely that they have already contemplated, or are in the process of contemplating, some action. VCT publicity campaigns would therefore seem, on the basis of the behaviour-change model, to be best designed around messages that produce the effect of setting a process of contemplation in train. The VCT process itself, on the other hand, begins at the stage of action, and as a communication practice operates during the remaining stages of behaviour change. In evaluating the UDW publicity campaign for the campus VCT facility, then, it is useful to deploy this account to establish a more effective touchstone for assessing the campaign's effectiveness. Where much health communication theory, including EE theory, tries to

establish a link between media messages and *behaviour*, the present account seeks merely to test the relationship between a campaign and a specifiable *act*: whether the individual who presents for VCT at an institutionally-based facility has done so more or less directly as a result of the institutional campaign's messages.

Chapter Four

4.1 The Campaign and its Outcomes

The University of Durban Westville VCT communication campaign was organized around the slogan "Face your fear", which formed the basis for the various strategies employed to attract the students to the service. During the launch festivities on March 31 2003, therefore, the campaigners targeted the students through entertainment based on drama and music:

> There was a function with speakers, there was a person living with HIV speaking about the importance of VCT, then there was a local traditional healer, who was giving input and then there was messages of support by the vice chancellor and there was entertainment for students and there was arts and crafts ... there was a drama group who presented a sketch on HIV and AIDS, and it was quite powerful and from my observation students really enjoyed the sketch and it did give them very strong message. It was about somebody in a particular group that was infected. The drama was organized by an outside drama company. Then there was dance, there was a lot of music ... (P1; Appendix 2).

During the function, various small merchandising gifts were distributed to brand the campaign. These below-the-line items comprised T-shirts, booklets, caps, leaflets, photographs, stickers, and rulers. Above-the-line media took the form of posters. It was not possible to establish reasons for the campaign's neglect of other campus-based media (such as the campus radio station) as vehicles for above-the-line communication. The campaign's emphasis appeared to be on posters, and no mention was made of the campus radio station, or student-produced print media. Indeed, students' responses to the questionnaire showed that 73% had seen the campaign posters, but that very few had noticed any of the other media (Table 4.6; see also Appendix 1). When this response was brought to the attention of one of the campaign's Programme Officials, I was told that

> ... one of the easiest ways to get a message across is to actually put up the posters with a very vivid message. And the T-shirts the students wear and walk around with them and they have that with them all the time so they are effective because a picture speaks a thousand word[s].

An element of repetition is introduced, however, with the twice-weekly setting up of an information table in the university's main quadrangle. Student volunteers operate the tables, and are expected to provide feedback to the programme based on their interactions with other students who visit the tables (Interview with P2; Appendix 2). As an on-campus communication project, the campaign's target audience will also have attended a compulsory first-level life-skills module provided by UDW (UDW 130: Changing Society: Culture, Values and Ideas). Campaign planners could therefore pitch their message at an audience that could be expected to have engaged readings provided in the course's HIV Risk Reduction module.

4.2 Students' Involvement in the Campaign

The success of Entertainment Education strategies is in many cases a function of how producers have involved members of the target group in the construction of a given campaign. In the present case, the student body was involved in several ways. For instance, the campaign as a whole was launched only after formative research had been completed. Staff and students from the University's psychology department performed most of this research:

> The posters, pamphlets, and so on were based on the research done to find out what the students wanted. So it was definitely coming from the students, which is obviously an important thing when you do any intervention you want to make sure that it is aimed at what they want and what they understand. Those faces in the posters were researched to see what the students identify with. Out of that research had come as such that the students wanted to hear motivational speaking. Someone HIV positive, they wanted information, they wanted it to be marketed. ... They didn't know about VCT, they said it should be better marketed, they needed to have an awareness day, they wanted tables with information, they wanted dances and drama (Interview with P2; Appendix 2).

Unlike a campaign designed specifically as an EE communication strategy, the UDW approach did not involve members of the target audience at every stage of its implementation. The drama performance staged during the launch was presented by a professional group based off-campus. Although the play may well have conveyed the message about VCT, and therefore be classed as a form of EE, programme officials were of the opinion that "it would be nice if the students were more involved in doing the drama, and that is something that is also developing. A lot of students were interested in doing that. I think the more it can come from the students the better" (Interview, P2; Appendix 2).

The interviews revealed that student involvement clearly did have an effect, in that there were indications that students had begun to talk among themselves about VCT. As a variation on the theme of the diffusion of innovation (Rogers, 1995), therefore, the campaign might be worth evaluating on the basis of how effective it was in getting students to encourage their peers to act by presenting for VCT. This would seem to be the case, because "the students are advertising among themselves. I have had students who come with their friends in groups and go for pre counselling together, they are advertising for us" (Interview with P2; Appendix 2).

In general, the students were involved in the campaign to some extent. Unlike the case with formal mass-media based EE like *Soul City*, their contribution came not only as participants in the message-formation process, but as researchers in their own right. Clearly, as members of the broader university community they will belong to a more uniform cultural body than those making up the broader audience of a national television-based campaign. Given the parallels noted above between the processes of health communication and the stages of behaviour change, many of the programme officials' and counsellors' responses suggest that the campaign successfully encouraged students to shift their approach to VCT from that of the pre-contemplation and contemplative stages, to that of *action* (Vinci, 2003).

4.3 Data Findings

The questionnaires were not composed in any particular order based on the different kinds of information sought. Instead, they were developed more or less in anticipation of the kinds of interactions possible when students are asked for their opinions and assessments of issues. In the present analysis, however, the responses are presented and analysed in three groups defined as 1) *knowledge* issues; 2) *information* issues; and 3) questions on issues of *action*. Initially, this classification was not factored into the research method, or anticipated on the basis of health communication theories. However, when the most commonly used of the latter theories had been analysed alongside practical behaviour change models (Vinci, 2003), the distinction noted previously between action and behaviour change encouraged the clustering of students' responses in this manner.

It should be noted that in Question 10 students were asked if they had undergone an HIV test, and that 9 males and 9 females responded positively. I did not construct the questionnaire in a

way that excluded these respondents, since they would in any event have been prompted to present for the test in response to some or other kind of incentive. Question 11 was open-ended, and asked the students to specify the institution at which they had been tested (Appendix 1). The breakdown of responses is reflected in Table 4.1.

Table 4.1: Students who had undergone HIV tests, and institutions where they tested.

Institution	Male	Female	Total
UDW	3	3	6
Hospital	3	4	7
Clinic	1	1	2
Private practice	1	0	1
Other	1	1	2
Total	9	9	18

Knowledge questions. Students were asked to indicate their knowledge of VCT-related issues in Questions 7, 13, 21, and 27 (See Appendix 1). In general, the responses indicated a relatively high level of awareness about VCT, and of the UDW campaign publicising the on-campus service (Table 4.1).

Table 4.2: Students' Knowledge of VCT.

QUESTION	YES		NO		TOTAL	
	MALE	FEMALE	MALE	FEMALE	YES NO	
Have you ever heard of VCT?	24/30 (80%)	26/30 (87%)	6/30 (20%)	4/30 (13%)	50/60(83%)	10/60(17%)
Did you hear VCT campaign officially launched in UDW?	23/30 (77%)	23/30 (77%)	7/30 (23%)	7/30 (23%)	46/60(77%)	14/60(77%)
Do you have campus Radio?	23/30 (77%)	24/30(80%)	7/30(23%)	6/30(20%)	47/60(78%)	13/60(22%)
Do you think people are scared to go for VCT?	29/30(97%)	29/30(97%)	1/30(3%)	1/30(3%)	58/60(97%)	2/60(3%)

The multiple-choice element of question 9 (Appendix 1) elicited students' awareness of the various possible venues at which VCT services might be available. Most respondents said services are offered in clinics, but several also mentioned that VCT is available from other venues.

Table 4.3: Students' awareness of where VCT services are provided.

QUESTION	Hospitals		Schools		Clinics	
	M (/30)	F (/30)	M (/30)	F (/30)	M (/30)	F (/30)
Where are VCT services offered?	9	10	2	11	28	24

Table 4.4: Students' opinions as to why people might be scared to undergo HIV testing.

Reason	Male (/30)	Female (/30)
Inability to cope if HIV positive	19 (64%)	24 (80%)
Stigma	10 (33%)	6 (20%)
No Response	1 (3%)	0
Total	30 (100%)	30 (100%)

Information questions. Questions 4, 16 and 24 (Appendix 1) addressed the information sources from which students had obtained their knowledge about the university VCT service. They were also asked whether their exposure to the campaign had improved access to information about VCT.

Table 4.5: Students' sources of Information on VCT.

Question	Yes		No		Total (/60)	
	Male (/30)	Female (/30)	Male (/30)	Female (/30)	Yes	No
Have you ever seen posters on VCT?	23 (77%)	21 (70%)	7 (23%)	9 (30%)	44 (73%)	16 (27%)
Have you ever seen drama and music on VCT?	2 (7%)	5 (16%)	28 (93%)	25 (83%)	7 (12%)	53 (88%)
Do you get any new information as a result of the campaign?	8 (27%)	10 (33%)	22 (73%)	20 (67%)	18 (30%)	42 (70%)

The multiple-choice element of question 8 (Appendix 1) asked students to indicate where they had heard of VCT. Most indicated that they had heard most about VCT from the on-campus campaign, but some confirmed that they had heard about the service in general from more than one source (Table 4.6). On the students' response to the campaign media, they indicated that of the below-the-line media employed to publicise VCT, the T-shirts were by far the most

visible (based on a visibility factor reflected as the ratio between responses to Question 31 and the total sample. See Table 4.7).

Table 4.6: Students' sources of information about VCT.

Question	Friends		Media		Campaign		Clinic	
How did you hear about VCT?	M	F	M	F	M	F	M	F
	10	6	8	12	20	13	5	12

Table 4.7: Visibility of campaign below-the-line media.

Item	T-shirt	Cap	Pamphlet	Photo	Leaflet	Ruler	Sticker
Males	23	7	13	3	7	3	8
Females	25	9	17	7	11	7	13
Visibility	0,80	0,27	0,50	0,17	0,30	0,17	0,35

Action-related questions. Questions 3, 5 and 17 addressed students' conceptions of how they might act, or what would prompt them to act, in presenting to the campus counselling service for the specific purpose of VCT (Appendix 1).

Table 4.8: Action taken, avoided, or proposed in relation to presenting for VCT.

Question	Yes		No		Not Applicable	
	Male/30	Female/30	Male/30	Female/30	Male/30	Female/30
If someone asked you to go for VCT now, would you attend?	15 (50%)	20 (67%)	15 (50%)	10 (33%)	0	0
If you have already gone for VCT, did it change your behaviour?	9 (30%)	7 (23%)	0	2 (7%)	21 (70%)	21 (70%)
TOTAL	35 (58%)		25 (41%)		42 (70%)	

Not all of the 18 students who had undergone HIV tests offered reasons for having decided to respond to this (Question 14; Appendix 1). Table 4.9 indicates the broad categories of reasons offered by those who did respond.

Table 4.9 General reasons for taking HIV test.

Reason or motivation	Male	Female	Total
UDW campaign	1	2	3
Medical	0	2	2
Lifestyle	0	1	1
Commercial	1	0	1
Total	**2**	**5**	**7**

In the absence of any corroborated figures from the Personal Counselling Unit, whose officials were concerned about breaching the unit's policy of client confidentiality, none of the above suggests that students themselves saw the university's VCT campaign as a primary motivation for deciding to present for VCT. Although three out of the eighteen students who admitted to undergoing HIV tests cited the UDW campaign as their reason for testing, this is too small a sample to warrant any firm conclusions about the success of the communication strategy employed.

When counsellors' opinions about the effect of the communication strategy were elicited, their very qualitative responses have to be considered against the lack of attendance statistics. However, counsellors did ascribe an upsurge in attendance to the effects of the campaign (Appendix 3), and one of the programme officials was perfectly explicit that this was indeed the case because:

> ...on the First of April, we were inundated with 100s of students. I was employed as a program manager, I ended up in counselling with everybody. So for the first four weeks I did counselling everyday because we were overwhelmed with the number of the students (P 1; Appendix 2).

There are only two general counsellors employed in the Personal Counselling Unit, assisted by a student intern, who perform the pre- and post-test VCT counselling alongside other counselling duties. Thus the need for the programme manager to assist with counselling in the immediate aftermath of the campaign launch does suggest that the upsurge in attendance may well have been the result of students' raised awareness of the service, and the campaign's success in motivating them to act. It should be repeated, however, that without any statistical confirmation from the unit's records there is little warrant in treating these responses as firm evidence of the communication strategy's effectiveness; they are an indication, and not a confirmation.

Chapter Five

Conclusion

The University of Durban-Westville evolved from the apartheid-era higher learning institution planned for South Africans of Indian descent. Originally designated as "The University College for Indians" and situated on Salisbury Island in Durban harbour, the institution moved to its present premises in Westville and adopted its new name in 1972, having been granted academic autonomy in 1971. As an institution restricted to people from a community that was largely marginalized in the apartheid scheme, the university soon became a focus of intellectual resistance to that system. After 1979, the university became known as a centre of Black Consciousness thought, and the site of much violent oppression from the state authorities and their surrogates. This history may well continue to define the identity of many faculty and staff, and a significant but possibly dwindling proportion of students:

> ... UDW is a very unique place in terms of the history of the institution. So we have a history of struggle. And we have used that particular ethos not only in the anti apartheid struggle where we were so involved but the struggle against HIV/AIDS is a major struggle right now and UDW has proven that though this is the last year because it is going to merge with [the University of] Natal ... (Interview with P3; Appendix 2).

This identification of the present institution with the resistance strategies of the past may be one of the reasons for the present VCT campaign being structured around a public event employing music, speeches, drama, and other predominantly non-verbal communication forms. Although HIV does figure as a source of oppression in the campaign media, the form of the launch does appear to continue the anti-apartheid tradition of the public rally that frames its message of resistance in terms of cultural activism: community theatre, speakers selected on the basis of their special relation to oppression, and so on.

Whether campaigns based on this kind of communication contributed materially to the final overthrow of apartheid is not part of the present research question. However, the parallels are highlighted in trying to account for the programme officials' *choice of format* for using the specific kind of public event for launching the campaign. Early HIV/AIDS media campaigns

by the post-1994 state also exploited the broader history of political mass-resistance strategies, employing "AIDS: the new struggle" as one of the slogans for an early campaign. (Tomaselli and Shepperson, 1997). Much South African communications research since the 1980s has sought to explain the success of resistance movements in organizing such mass campaigns, and this has prompted many to draw on the work of South American thinkers like Paulo Freire (1972; see also Freire and Shor, 1987). Similarly, the same sources have inspired many campaigns that use community-based methods for ongoing health communication strategies (Parker *et al*, 2000).

In general, then, the organizers of the UDW campaign seem to be very conscious of the need for such participatory communication methods *as a matter of principle*. In this conclusion, the object is not to judge whether these methods were successful or not, because programme officials needed little prompting to articulate their intention to widen student participation in future campaigns: "Well there have been some attempts ... for example to get the students to come up with plays and there is also an attempt to have a dance movement" (Interview with P3; Appendix 2). Instead, the research aims to assess the way in which the stages of health communication strategies combine with an analysis of the steps marking behaviour change are realized in the ways UDW students responded to the present campaign; the object is to find whether future campaigns will benefit from due consideration of this response. Thus the historical role of musical performance at anti-apartheid rallies has led to an appreciation that dance music should be included in the schedule of public events. However, the students of a decade after the political struggle have different priorities, reflected in different tastes: a program official told that organizers "ask a band or whatever to come a little bit earlier and start playing music and then vice chancellor comes and the program begins after we have attracted the attention of the students" (Interview with P1; Appendix 2).

In other words, the role of musical performance in public awareness or consciousness-raising activity has shifted from that of an integral part of the message, to that of an attention-grabber that attracts an audience so that an entirely different message can be communicated. This change in the role of music tends to marginalize EE as a strategic framework for health communication in the context of on-campus communication projects. Instead of being used merely to attract the students, it is possible for songs that celebrate the cause at hand to give audiences an opportunity to listen songs related to (in this case) VCT so that they can

memorize the lyric and internalise the message simultaneously (see Moodley and Jugbaran, 2003).

From the point of view of more traditional marketing methods, however, some students complained that organizers ought to "inform us that there will be such an activity in advance because sometimes you only find out that there are such activities only if you pass by the Quad" (Questionnaire respondent R2). After all, publicity for such launch events in a non-political context does not attract the attention of authorities the way anti-apartheid rallies might have done. At the same time, placing such campaigns into the context of health communication as opposed to the organization of mass-resistance events permits greater use of mass media in order to advertise events like the VCT campaign launch. Programme officials did in fact recognize this as an issue when prompted: "... we haven't used it [campus radio] as much as we could have. It was part of the launch but it hasn't been an ongoing one" (Interview with P3; Appendix 2). In their turn, students responding to the questionnaire also noted the low priority given to campus radio, despite its being broadcast for "students in the cafeteria, where every one goes for a snack" (Respondent R53, responding to question 35; Appendix 1).

On the other hand, the campaign posters were by far the most effective above-the-line medium, reaching some 77% of questionnaire respondents (Table 4.4). Both students and programme officials remarked on the strong reception given this medium, to the point that students "[liked] the posters so much and they steal them, they are in their bed rooms" (Interview with P1; Appendix 2). Although there is insufficient data to assign the success of the campaign mainly to the posters, two of the three counsellors interviewed for this research stressed that the sight of posters had reminded students to present for pre-counselling (Interviews with C1 and C3; Appendix 3). Indeed, the presence of purloined posters was noticeable in residence rooms while the student questionnaires were being administered.

In conclusion, the data indicate that elements of the present campaign can be carried forward into future programmes. However, these would, I suggest, benefit from greater integration of the various media components. It must be repeated that the present data do not provide sufficient evidence that the UDW campaign has succeeded in accomplishing all its objectives; they do show that students respond to campaign media in large measure, but it is not possible to conclude that other influences did not have an equal or greater influence on the decision to

act. From the point of view of the campaign's effectiveness as a health communication strategy, we feel confident in suggesting that future campaigns exploit the following factors.

1) The merger between UDW and the University of Natal (UN) offers enormous opportunities in the form of expanded resources, and these can contribute to the development of programmes of great sophistication. These resources include the UN departments of music and drama, both of which can serve as contexts for generating entertainment material for future health communication campaigns.

2) The greater size and expanded academic potential of the merged institutions opens opportunities for negotiating media opportunities, like a broadcast licence for the new university's campus radio station. This could, for example, be coupled with the inclusion of radio training facilities in the Programme for Culture, Communication and Media Studies, combining practical broadcast training with communications teaching and research.

3) Future campaigns should do more to draw on social marketing principles in relation to EE strategies. In effect, this means paying attention to integrating different media through formative, monitoring, and summative research, in order to exploit the different strengths of each. For example, above-the-line campaigns can combine the visibility of posters with popular music's capacity to emphasise issues in an engaging manner. This can be further reinforced by exploiting campus radio for event advertising, celebrity interviews, and short comic or dramatic `adumentary' inserts that maintain campaign continuity through repetition.

4) The campaign's below-the-line component can continue the present strategy of twice-weekly placement of the VCT Information kiosk or table, expanded to cover all the merged institution's campuses. The present research is not competent to recommend or suggest whether this activity should be directed at university-wide level, or by individual campus committees. Pamphlets and leaflets should be updated as below-the-line information media, while merchandising media like caps, T-shirts, bumper-stickers and other such objects can be distributed as the occasion demands.

Although the data suggest that the present campaign has shortcomings, it has the potential to integrate health communication theory with models of behaviour-change in ways that focus on getting potential beneficiaries to *act* in presenting for VCT. By avoiding the overly ambitious goal of aiming to change its audience's behaviour, and exploiting media to encourage people

to present for VCT, the somewhat exaggerated claims for media are avoided (Epstein, 2003), and the long-term business of behaviour change is left to the professionals who offer the service and other life-skills counselling.

Finally, it is worth repeating that the opportunities offered by the merger between UN and UDW make for the development of far more cost-effective and far-reaching campaigns. Aside from actual campaign design and implementation, there is great opportunity for exploiting the research dimension of health communication, especially in the field of EE, to develop further the general media and communication research capacity of the institution as a whole. Aside from having the chance to become involved in participatory social marketing and EE activities, linking campaigns to academic programmes can provide students with ample research opportunities at post-graduate level. In the long term, this academic dimension may contribute to national and continental professional media and communication capacity because of the practical research dimension that such campaigns require to be effective.

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Appendices

Appendix 1. Questionnaire

Appendix 2. Transcribed interviews with the program officials.

Appendix 3. Transcribed interviews with the counsellors.

Appendix 4. "Face Your Fear" campaign leaflet (same graphic as poster).

Appendix 1

UNIVERSITY OF NATAL-DURBAN

DEPARTMENT OF CULTURE, COMMUNICATION AND MEDIA STUDIES

Title of the research: <u>An Evaluation of the Strategic Communication used in the Voluntary Counselling and Testing (VCT) campaign at the University of Durban Westville.</u>

INTRODUCTION

The research aims at assessing the strategic communication used in the Voluntary Counselling and Testing (VCT) campaign at the University of Durban Westville. To clarify with, it will investigate what kind of methods do the University of Durban Westville use to motivate students to go for VCT. It will evaluate the strong and weak sides of the strategic communication used in the campaign all from the students, the counsellors, and the program officials' point of view.

The answers that you give will remain confidential, and please do not give your name. The results of the research will help in the fight against HIV/AIDS by giving an input on what kind of communication strategies must be used to motivate students in particular or people in general to go for VCT.

Instructions: Please give the appropriate answer on the space provided and give an explanation where you have been asked to do so. If you need more space for your explanation use the back of the page or provide a separate sheet.

Personal Details

1. Code Number: ....

2. Sex: (a) Male ☐   (b) Female ☐

3. Date of birth: (Date/Month/Year)

4. Level of study: a. Undergraduate (Specify)...
                       b. Postgraduate :

                                 Honours ☐

                                 Masters ☐

                                 Ph D ☐

5. Faculty: ....

6. Department: ....

General Information

7. Have you ever heard of Voluntary Counselling and Testing (VCT) ?

a. Yes ☐   No ☐

8. If yes,

a. what do you know about it?
....
....
....
....
....
................,..

b. how did you hear about VCT ?
        a.   friends ☐
        b.   media ☐
        c.   clinics ☐

        d.   the campaign in your university ☐
        e.   If other, specify..
9. Where are VCT services offered?
   (a) Hospitals ☐   (c) Schools ☐
   (b) Church ☐   (d) Clinics ☐
   (e) If other, Please specify.........................

10. Have you ever been tested to know your HIV status?
   (a) Yes ☐   (b)No ☐

11. If yes,
   a. where and when do you get tested ?
....
....

   b. what motivated you to do so?
....
....
....
....
....

   c. what processes did you go through?
....
....
....
....
....

12. If 'No', why? explain.
....
....
....
....
....

13. Do you think people are afraid to get tested?
   (a) Yes ☐   (b) No ☐

14. If 'Yes', why? explain.

....
....
....
....
....
....

15. If you have already gone for VCT, did it help to change your behaviour?
    (a) Yes ☐   (b)No ☐

16. Explain in either way?
....
....
....
....
....
....

17. If someone asked you to go for VCT just now, would you be willing to do so ?
    a. yes ☐   b. no ☐

18. Explain why in either way ?
....
....
....
....
....

19. What would you say are the benefits of going for VCT?
....
....
....
....
....

20. What would you advise someone who is refusing to go for testing?
....
....
....
....
....

About the Strategic Communication used in the Campaign

21. Do you know that VCT campaign has been officially launched in the UDW ?
a. yes ☐   b. no ☐

22. If yes,

a. What methods do the VCT campaigners in your university use to motivate the students to go for VCT ?
....
....
....

....
....

b. What is your view about the activities of the campaign so far ?
....
....
....
....
....

23. Mention the strengths and weakness of the methods the VCT campaigners at the University of UDW use to attract the students to go for VCT?
....
....
....
....
....
....

24. Is there any new information you know about issues of HIV/AIDS and VCT as the result of the campaign ?
a. yes ☐   b. no   ☐

25. If yes, explain ?
....
....
....
....
....

26. How do you evaluate your knowledge on VCT before and after the campaign ?
....
....
....
....
....

27. Do you have campus radio?
    a. yes ☐   b. no   ☐

28. If yes, what is its role in disseminating messages with regard to the VCT campaign?

....
....
....
....
....

29. Have you ever seen posters on VCT in your campus?
    a. yes ☐   b. no   ☐

30. If yes, what are your views on them? (Are they understandable? are they accessible? ...)
....
....

....
....
....

31. Please indicate which of the following small media components have you come across in the VCT campaign of your campus?

T shirts ☐   caps ☐   rulers ☐   photographs ☐

Posters ☐   booklets ☐   leaflets ☐   stickers ☐

If other, specify...

32. Which of the small media components do you think are more effective in the VCT campaign in your campus and why?
....
....
....
....
....

33) Have you ever watched drama/music performance or video screening on VCT after the campaign is launched?

a. yes ☐   b. no ☐

34. If yes, explain your feed back on each of them?
....
....
....
....
....

35. What kind of communication strategies do you think should be used to attract students to go for VCT?
....
....
....
....
....
....

36. Please discuss anything worth mentioning with regard to the methods the University of Durban Westville use to attract the students to go for VCT?

....
....
....
....
....

Thank you very much for your cooperation !

Appendix 2

Appendix 2 Interview with the Program Officials (P 1 – P 3)

An Interview with P 1

Question. Have you ever worked in any campaign before?

Answer. Yes

If yes, what is the difference between VCT campaign and any other campaign?

I think VCT campaign is specifically to encourage students to come forward and to be tested and to know their status and to understand exactly where they lie, what their position is, and to encourage students to know their status because knowing their status is their power and it informs them in terms of their decisions . Any other campaigns are more general focusing on the different aspects of HIV/AIDS, it could be on abstinence, it could be on condom education it could be a whole of other issues.

When was the campaign launched

March 31

Who formulate the campaign?

It was organized by this department here with the student intern who has been here as the VCT coordinator and I think the staff from this department based on the research from psychology.

What activities were there at the launch?

There was a function with speakers, there was a person living with HIV speaking about the importance of VCT, then there was a local traditional healer, who was giving input and then there was messages of support by the vice chancellor and there was entertainment for students and there was arts and crafts. There was a drama group who presented a sketch on HIV and AIDS, and it was quite powerful and from my observation students really enjoyed the sketch and it did give them very strong message. It was about somebody in a particular group that was infected. The drama was organized by an outside drama company. Then there was dance and a lot of music.

What kind of strategies do you use and was it successful?

I think particularly the launch was very successful because of the music, the music attracted the students, the drama and what ever campaigns we had after that, even though it may not have been VCT just general HIV/AIDS program, we always had music, we always had drama because we know that it is the way that we can attract students and in a very none threatening manner and students like nice laud music, we know that so even if it is just a way to get them to come to the spot where the action is happening, to attract them we use that a lot.

Where do you apply the message on HIV/AIDS?

What we normally do is we ask a band or what ever to come a little bit earlier and start playing music and then vice chancellor comes and the program begins after we have attracted the attention of the students.

Also we found our information table are a very good way of attracting the students . students start moving around looking at the table, collecting and that is the way we give the message as well.

Do you apply Entertainment Education as a weapon to attract the students to go for VCT?

Yes

How do you view its effectiveness?

I think it is extremely effective. It gets a message across and it attracts and keeps the students there simply because it is something they enjoy, it is something they can identify with. If we just had a little stage there with some body speaking with the microphone, students wouldn't stop, watch and see what is going on.

What difference did you see before and after the campaign?

Before April 1st VCT service was clinic based, and it was paying service, students were coming and paying for VCT and the nurses at the clinic were giving the VCT.
What happens from the first April was the VCT site was set up here, counselling was based here and testing was done in the clinic and obviously there was a very big difference, on the 1st April, we were inundated with 100s of students. I was employed as a program manager, I ended up in counseling with every body. So for the first four weeks I did counseling everyday because we were overwhelmed with the number of the students.....

It was because of that launch, the event, it was something that where the students start saying, listen it is here, it is for free, it is happening here. I also think the fact that it was based in counseling make a very big difference. Students didn't have felt safe coming to counseling and then going through for VCT. So it was not just the entertainment, yes the entertainment brought the attention. I think it was the combination of facts that left to the success.

What kind of small media do you use?

At the same time with the launch came our posters, which were research based posters. It was a research done by psychology department. The masters students found out from the students what kind of posters they would like to see and then the "face your fear   " campaign was launched and "know your status" and there was another one saying " your passport to the future." Coming with that were the posters, the T shirts, stickers all advertising VCT and all saying "face your fear"

According to you, which one do you think is effective from the small media?

I think posters have had really impacted on the students, the launch happened more than about nine months ago but we still getting students coming.

Some students say most of the posters are around the VCT premise? Is that right?

They were thousands of posters but they are all disappeared because the students like the posters so much and they steal them, they are in the bed rooms they are in their rooms. So what we need to do is we will start a new campaign soon. So we will again put posters all over again but posters are expensive, media is expensive.

… it is quite a good sign that the students have the posters…

What is the campaign " face your fear"?

"Face your fear" basically is I think is very simple to understand because if you look at it literally it has a picture of a girl looking and a guy looking in a mirror. Basically it is a fear every body has If you don't know your status.

If you use EE, to what extent are the students involved?

Two things that happened, and I think that have contributed to the success I said already is that the research involved the students. The masters students have gone out and asked the students: what kind of campaign do you want and where do you want your service based. And the students said we wanted it to be in the counseling and this is the kind of fear we have. So that is how the graduate alive, face your fear and all those campaigns came out. All student based opinions based on the research.

How do you distribute your T shirts?

We give them T shirts in a systematic way, there is another student doing a similar research to you. She is doing Ph D studies and she is part of our Aids committee she is our media coordinator. As part of her study she was giving a T shirt for every one who filled questionnaires on the day of the launch. She got thousands of students who were rushing for those forms.

Do you use campus Radio?

Most of the time we don't use it. It is definitely a weakness for us at this point of time because we don't use campus Radio.

What is the relation ship between the campaign the clients and the service?

I think the relationship would be hopefully that the campaign influence our clients to come for the service. We are hoping that but obviously there are twelve thousand students here and we have a lot of students still to reach.

What are your main constraints?

Our biggest constraint is we don't have a full time VCT counselor. Unless we don't get a full time dedicated counselor, it is gonna be difficult. And in terms of the clinic and the staff they are also short and that is a big set back for VCT but we still cope and deal with the number of students that we get.

How about the infrastructure?

I think some times if we could do the testing esp. the rapid testing by our selves, it would be nice but we can't do it in a staff like this.

Do you think you are doing the counseling in a confidential way while the client has first to go to the receptionist, then to the counselor and ultimately to the clinic?

We need a reception because there are twelve thousand students here? ….
But we don' t allow the students to sit in a queue for VCT, we make up special arrangements. ..(and that is how we keep confinentiality)

Do you think you are succeeding in relation to the communication strategies?

I think so, I attend a lot of meetings around VCT with AIDS program coordinators from all over and when I talk to them about their VCT service, I realize what we are doing here is really working well. I think we are the only institution that have integrated counseling with VCT counseling. I know other universities have copied our "face your face" slogan, and Zulu land has taken it on, the Graduate alive slogan is being copied and we are launching another very big campaign, but it will also going to be taken.

What are the indicators of success?

One of our biggest indicators is obviously the numbers, the fact that we were flooded that next day after the launch, with students coming in for counseling and it hasn't stopped. The students come even in the middle of the exam.

Now the students are advertising among themselves. I have had students who come with their friends in groups and go for pre counseling together, they are advertising for us.

What are your future plans?

I think VCT will be always an ongoing program, we have VCT tables out in the Quad ,with all the posters around, all the time, there are students who set up the table, and hand out pamphlets and answer questions and send students through. And we do an influx of students when the tables are out. It attracts students attention students stop there…

I think VCT will continue but what we want to do now is to address the issue of stigma. We say it will be the next step of stigma, which …from fear. Now you faced your fear
You have gone, you have got your test, now what? May be you are HIV positive, may be your best friend is HIV positive, may be your partner is HIV positive how do you deal with it? So they gonna talk about the stigma and our campaign is called unmask AIDS, the same face symbolism, where the first poster had your face looking in a mirror, now we are saying take the mask off.

How about the partnership within and outside campus?

We had a joint university counter committee on AIDS, our committee is chaired by the deputy vice chancellor. We have representation from every department in this university. (The representatives all give their input at our AIDS meetings in terms of what they think of the campaigns They basically approve or disprove what ever program around aids. They share their ideas they participate and then we have the changing society department which teaches HIV/AIDS in the core curriculum. So we work with all these departments very very close.) Every department knows at any given time what is going on about AIDS. So I think our closeness with the psychology has made a big difference because it has informed our research and we have a wellness centre which is a place where the students with a problem go for any counseling like carrier counseling, personal counseling and I think that concept has also helped for the success.

What is the legacy you get from other institutions?

I think at this stage other universities are copying what we do. I learn that the big screen TV rent for VCT and they did it at DIT. That is something I would like to do at some stage.

Q. What do you advice to the VCT counsellors who are giving the same services both inside and outside of South Africa with regard to the communication strategy they should use to attract students to go for VCT?

I think consult with the students, consult with the students and give students a message that is relevant to them and I think that is very important. Students won't participate if they are not consulted. You have to ask the students what they want.

Any other thing you would like to add

No

Ok because of the time

Laugh…

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Interview with P 2

Q.Have you worked in any campaign before?

A. Ya but not a lot.

Q. What is the difference between VCT campaign and any other campaign?

A. VCT is so important… I am not sure.

Q Where were the students going for VCT before the launch?

A. Before that students were going to the clinic and I suppose the sisters and doctors were giving them the counselling?

Q. Who actually formulate the campaign?

A. There is no one person, but the posters and fliers and that whole media campaign was part of a research that was done by Masters Psychology students at UDW. They tried to organize it on the day of the campaign, we all put our ideas and I coordinated it.

Q. What activities were there during the launch?

A. We had guest speakers from the university, there was some body from SRC, there was HIV motivational speaker, we had a sangoma who come and give his perspective. We had music, dance and drama, we also had tables set up in the Quad, with different organizations were invited like Sinekithemba, we had tables set up from the counseling department with pamphlets and information so every body had the information...

Q. By whom was the music organized?

A.I organized it. They were from out side and the drama was from out side but I organized them.

Q. What kind of communication strategy do you use to attract the students to go for VCT?

A. Well before we had the launch the posters were put up everywhere, the fliers were handed out; the launch was advertised, so that was based on the research done by the masters. On the day we were using Dance Drama about HIV/AIDS and they were aimed at students. It was about some young people and the way they interact to each other. So every thing was aimed to try and get the students to think about VCT and HIV/AIDS.
The tables had all the information and people were there to answer questions.

Q. To What extent do the students involve?

A. The posters pamphlets and so on were based on the research done to find out what the students wanted. So it was definitely coming from the students which is obviously an important thing when you do any intervention you want to make sure that it is aimed at that they want and what they understand. Those faces in the posters were researched to see what the students identify with. Out of that research had come as such that the students wanted to

hear motivational speaking. Some one HIV positive, they wanted information, they wanted it to be marketed. So all that come from the research that the psychology students. They didn't know about VCT, they said it should be better marketed, they needed to have awareness days, they wanted tables with information, and they wanted dances and drama. I think it would be nice if the students were more involved in doing the drama, and that is some thing that is also developing. A lot of students were interested in doing that. I think the more it can come from the students the better.

* There are groups on campus and I have had students who approached me and told me that they are interested in doing performance. All of these take time to organize and show people to do it but it is a good idea.

Q. What is your view on the effectiveness of small media?

A. Students say they like them. Students identify themselves with them.

Q. Do you use campus radio ?

A. Ya we did

Q. How often do you use it.

A. The campaign was at the beginning of this year, so…(the Radio was part of the launch)

Q. What is the relationship between the campaign, the clients and the service you offer?

A. I have a group of student VCT volunteers, most of them have gone through the process. they help me with so many things. One of the things is that we put the information table out side at the Quad twice a week. I train them so that other students can come and talk to students because they like tom their peers. We also get a feed back on what are the students concerns and that is the way they are involved and Eureka does the whole peer educational course t gets pupil involved. The round table is very effective. On the table we put, hats, ribbon, posters, and leaflets.

Q. What are your challenges?

A. Finding the time to counsel and to do things like that and that is why we are getting student volunteers quite a lot of things.

Q. Do you think you are succeeding?
A. We need to have more campaign on a regular bases, more events more often.

Q. What are your future plans?

A. There are planning another campaign " unmask aids"

Q. What is the legacy you get from other VCT services being given both inside and outside South Africa?

A. This one was based on the research, the slogans, the pictures..

Q. What do you advice to the VCT counsellors who are giving the same services both inside and outside of South Africa with regard to the communication strategy they should use to attract students to go for VCT?

A. I think they must do a similar research; it should also come from students, to find out what is effective to their target group?

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An Interview with Program Official 3 (P 3)

Question. Have you worked in any campaign before?

Answer. Basically in the area of Aids, I have been involved in Education in terms of what HIV/AIDS is all about and I have also been involved in communities that have been affected by AIDS who in these communities have other problems like poverty and unemployment and so on. So apart from VCT I have been involved with Education and with political campaign as well. I am an active part of the TAC for example. So we had marches, rallies and so on and we have done a lot of political campaigning as part of the awareness around treatment issues.

Q. What is your comment on the difference between VCT campaigns and other kinds of campaigns?

A. VCT campaign is very specific because its aim is to make people more conscious of their HIV status.

Q. Who actually formulate the campaign?

A. Well, I would say that it was a group of people but really the initiative came from the wellness center at UDW, which is a unit especially set up to take care of the wellness of students.

Q. What activities were there during the launch?

A. Basically, the launch comprised of a number of things; we had printed T shirt, Printed Caps, we had done a survey, for example, the result of which are still being tabulated. So the media materials we produce became very popular because the T-shirt was seen as a very popular thing for the students. We had officials from UDW come and talk at the launch. In other words, the Vice chancellor and other management officials. We had people from the health sector. So the activities were around encouraging people to go and test, to be counseled, to be tested and get treatment if necessary.

There were also some artistic kind of activities like drama and music.

Q. What kind of communication strategies do you use to motivate the students to go for VCT?

A. Basically the posters were very effective. They were actually two components of the AIDS committee that worked hand in hand to produce the media material. One was the psychology department and members of the psychology department also sit on the curriculum sub-committee of the HIV/AIDS committee and their students do a research around posters. So what kind of posters would students at UDW like to see and then those designs for those posters were done according to the research that was done looking at images and so on.
So basically the most popular things really that attracts the students are I think the T- shirt and posters because of the message, the picture, the vision you know that appears on the posters.

Q. Do you apply EE as a weapon to motivate the students to go for VCT?

A. Well I think that is probably one of the main things because apart from offering the VCT service, the way to actually attract students to go for VCT is to actually have all these media materials. The posters were put up all in our campus and the T- shirts were distributed and students filling the survey were given T shirt free. So in a sense, we found ways in which to actually involve the students in the process.

Q. How do you view its effectiveness?

A. I think it will be effective; the number of students going to get counseling has really been significantly high. Perhaps more students could go but I think the success of the media materials is quite evident because sometimes the counselors could not cope with the number of students they were so many.

Q. Have you organized drama and music performance in the campaign?

A. Well there have been some attempts to for example get the students to come up with plays and there is also an attempt to have a dance movement. We have approached people; some of these things are still being finalized.

N.B The drama and music department used to exist but they were closed some times ago.

Q. Do you use campus Radio?

A. To some degree yes but we haven't used it as much as we could have. It was part of the launch but it hasn't been an ongoing one.

Q. Have you ever used sport?

A. Not within VCT campaign but I could assume the sport departments have their own kind of HIV awareness in which they encourage the students to be safe and so on.

Q. Do you go from residence to residence when you do the campaign?

A. The campaign has been largely focused so far on the main campus area on the Quad and through out the campus posters were put up. But on the launch it self we use the
Main Quad area to utilize the activities and so on. But the residence students have also been brought in subsequent to that because posters were also put up in the residences, condom

dispenser were also put up in the residences. There is now an attempt to have a very comprehensive program with some one living in the residences who is HIV positive and this person will be part of the program to continuously keep the students aware and this will be implemented soon.

Q. How do you see the accessibility and understandability of the posters?

A. Well I think it is very clear picture with either a female student or a male student looking into a mirror. Obviously it is a sort of graphic cartoon. Type of picture but I think the message "Face your fear" is very clear. The students are looking themselves into mirror and they are looking at themselves. BUT the message that goes beyond that is they are not just looking at their face but actually trying to deal with the internal fear that when they look at themselves, they need to deal with. If they are afraid of HIV/AIDS, then they need to be able to face up to it and that is a very clear message in that way.

Q. Do you invite celebrities?

A. Well, in previous events, we have had prominent members from within the National HIV/AIDS movement like Zackie Achmat and so on. We have had some local musicians who came to an event some time ago. But in 2003, we have had mostly people who work in the area of AIDS like perhaps educators, nurses, doctors health professionals perhaps people living with HIV/AIDS who do motivational talks and other people like activists and so on to come and talk to the students…

Q. Why do you emphasize on posters and T-shirts?

A. I think one of the easiest ways to get a message across is to actually put up the posters with a very vivid message. And the T-shirts the students wear and walk around with them
And they have that with them all the time so they are effective because a picture speaks a thousand words.

Q. What is the relationship between the campaign, the clients and the service you offer?

A. The campaign it self basically motivates the students to go for VCT and in a sense it is supposed to be a cycle where by the people who go for testing encourage other students to go for VCT?

Q. What do you think are your main constraints in terms of the communication strategies you use?

A. We had one major launch under VCT and subsequently the service it self continues. But you know the posters had to come up at some point so they are not on the walls all the times and I think students also because they found the posters quite attractive, they probably took them and put them up in their rooms. The posters area also in office and they will still remain there.

It is a very encouraging environment in that, If we want to have an activity, there are no restrictions. But I think that students basically have to want to produce these themselves and we can encourage students to write the plays to produce and act them out. And staff do that a lot, we really do encourage students to be as creative as possible....

Q. What are your future plans with regard to the communication strategy you want to use?

A. I think that posters, T- shirts and stickers are very popular and thus we will continue to do so and we might want to perhaps do other kinds of activities, in which the students will be involved more like perhaps putting up a wall mirror, in other words get students to come and paint on a wall with messages on HIV/AIDS on some parts of the campus..

Q. What is the legacy you get from VCT services being given both inside and outside of South Africa in relation to using Entertainment Education?

A. Well, the VCT idea is national and international campaign but the way in which the VCT messages put across is I think for us somewhat unique in the country. Our face your fear messages are being used by other universities and other institutions because UDW university is the first university to come up with this particular message in this particular campaign. Other universities are doing different kinds of things but I think for this particular logo face your fear is original.

Q. What do you advice to the VCT counsellors who are giving the same services both inside and outside of South Africa with regard to the communication strategy they should use to attract students to go for VCT?

A. I think the media materials like T -shirts posters and so on have worked very well for us. I think that other universities also realize this. But I think that they could talk more to their students to know what kind of things students like over and above this media materials. Perhaps they could get students involved in a range of activities but the advice could really be to get them involved (in this case) because really it is about their health and their well being that we concern about.

Q. Is there anything more you would like to say on the issues under discussion?

A. I think that UDW is a very unique place in terms of the history of the institution. So we have a history of struggle. And we have used that particular ethos because not only in the anti apartheid struggle where we were so involved but the struggle against HIV/AIDS is a major struggle right now and UDW has proven that though this is the last year because it is going to merge with Natal, ...

Feed back is always given on whether the students understood the message in case of booklet

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Appendix 3

Interview with the counsellors (C 1 – C 3)

An Interview with Counsellor 1 (C 1)

Question. What is the difference between VCT campaign and other types of campaign?

Answer. While there are a lot of similarities in the counseling process, because you are dealing with VCT with a lot of educational stuff that goes on, because you are telling them about the virus the whole process of a pre and post test counseling....it is also perhaps in many ways more directive, it can be a bit more like crisis counseling because you are pointing them in a direction and you are also helping them and you often see people in an intense space of time. Where as in other types of counseling it is more long-term kind of thing although you do often follow up counseling.

Q. Why do you decide to do HIV/AIDS counseling?

A. I have done a diploma in HIV/AIDS counseling here at UDW, where you choose your specialist area. I chose that because I am very interested and passionately involved in it.

Q. Have you done any other counseling?

A. I have done crisis counseling and child line.

T. What is your view on the number of students going for VCT before and after the campaign?

A. After the campaign, we were actually swamped with students that wanted to have the test... the whole week we had a lot of students.

Q. Do you think the form of the campaign in this university encourage students to go for VCT?

A. Ya, the launch is the biggest thing.

Q. Did you involve in the campaigns publicity?

A. I put the whole launch together. When we do something here we tend to all get involved... We have tables out there but I am standing it.

Q. Anything you would like to add?

A. While we can put all these campaigns and everything in place but we don't have enough counselors and that is our problem for the moment, we are battling with human resources... We actually need more counselors.

An interview with Counsellor 2 (C 2)

Question: How many of you are doing the VCT counselling?

A. We are not solely VCT counselors.

Q.What is the difference between VCT counseling and any other counseling?

A.VCT counseling is only doing about HIV/AIDS other types of counseling encompasses all other areas.

Q.Why do you decide to do HIV/AIDS counseling?

A. It is part of my job.

Q.Have you done any other counseling before?

A. Yes,

Q.What is your view on the number of students going for VCT before and after the campaign is officially launched?

A. Drastic improvement.

Q.Explain the reason.

A.I think it was all geared to encouraging the students to test and to know their status. And I think the way it was launched was done in a very friendly manner. It was something they could interact with. Therefore the students felt they are welcomed, they felt like they could come here and see us.

Q.Can you comment on the entertainment aspect?

A. Entertainment was geared for the students as well. They were plays depicting situations regarding HIV/AIDS to bring to the fore. They were also issues around religion, because they had Sangoma come and talk. The Sangoma was speaking on how they approach HIV/AIDS in the culture.

Q.Do you think the campaign encourage students to go for VCT?

A. Yes it has. When we do counseling we ask students how they come to the VCT and they say that they did see posters and it reminds them. We also have round tables put out regularly in the Quad to encourage the students to come in and that has helped a lot as well.

Q.Did you involve in the campaign?

A.Yes we are part of the media committee and we participate in the meetings.

Q.What kind of input did you have in the campaign?

A. Posters were predominantly designed by the psychology students based on a research. Where our input will come sometimes is ... we were involved in the launch, any posters put up in the launch and we were asked to give our posters before they were out.

Q.Anything you would like to say...?

VCT with regard to the media campaign was very well structured. It was researched and it involved students. So therefore it is very wide received as well. You may know that other universities are using our posters as well. The students dictate every thing we do as well. It was always researched.

At the moment we do have a bit of problem, as VCT counselors are not available.

How many of you are doing the VCT counselling?

We are two counselors, not VCT counselor, general counselors. And one student intern. We have lack of staff.

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An interview with Counsellor 3 (C 3)

Q.What is the difference between VCT counseling and other types of counseling?

A. The principles are the same but VCT is specifically for preparing people to get tested and get the result. VCT is more like information sharing. You have to find out whether the person knows what testing [is like.]

Q.Why do you decide to do HIV/AIDS counseling?

A. It is part of the service we offer, it is not that I choose to offer. It is the program that is here in personal counseling and we are doing in order to make it easy for the students to know their status.

Q.Where were you working?

A.I was working in a clinic but then we were dealing on something completely different from this.

Q.Have you done any other counseling before?

A. Trauma counseling, crisis intervention, counseling to people with marital problems.

Q. Do you think the form of the campaign in this university encourage students to go for VCT?
A. Yes it does. Some times when you ask the students why they come for VCT, they tell you they saw it in a poster.

Q. How many counselors are there?

A. We are three counsellors. But remember that we are not specifically VCT counselors. We are personal counselors. So VCT is part of what we do. C 1 does VCT only.

Q. Is there any thing you would like to add on the issue under discussion?

VCT anyway is a good thing, whether it is at UDW or anywhere? Sometimes a student may come for VCT but may end up making the appointment for other personal problems.
If you don't offer it, it means the students won't know their status and when they know their status, they will continue to protect themselves.

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Appendix 4

Front and back of programme advertising leaflet (see following pages).

WHAT IS VCT?

- V stands for VOLUNTARY and means that it is your choice to get tested.
- C stands for COUNSELLING and provides you with an opportunity to have your questions answered and support you through the testing process confidentially
- T stands for TESTING and gives you the opportunity of knowing your HIV status within an hour

WHY GO FOR VCT? |||▶

IF YOU ARE POSITIVE IT IS IMPORTANT TO KNOW SO THAT YOU CAN MAKE SURE YOU STAY HEALTHY. BEING POSITIVE DOES NOT MEAN THE END.

1. You can stay healthy by making sure you:

- Take immune boosters
- Eat healthy food
- Exercise
- Monitor your stress levels
- Increase your social support
- Get early treatment for opportunistic infections
- Ask your counsellor about accessing anti-retroviral medication. These are drugs which slow down the rate at which the HIV multiplies in your body

2. You can stay healthy by preventing yourself from becoming re-infected through ensuring you do not have unprotected sex. You can become re-infected through unprotected sex with another HIV positive person. This is because every time your body is exposed to the HIV virus from another person your viral load will increase which will cause your immunity to decrease.

IF YOU ARE NEGATIVE IT IS IMPORTANT TO KNOW SO THAT YOU CAN MAKE SURE THAT YOU STAY NEGATIVE.

KNOWLEDGE IS POWER

• TAKE CONTROL •

YOU CAN DO IT! VCT