

The EPIDASA project: Informing, instructing and persuading people in a culture of denial

Overview

- **The Epidasa –project**
 - www.epidasa.org
 - **Participants**
 - **Historical background**
 - **Goals: Improving the efficacy of documents to support HIV/AIDS communication interventions in SA**
 - **Outcomes: Heuristics for the design and evaluation of intervention documents**
 - **Disciplinary approach: Document Design**

Background and motivation

The HIV/AIDS-epidemic in SA

- **Prevalence:**
 - 4.5 - 5 million South Africans (11.4% nationally, all ages) are currently infected with HIV, making South Africa the country with the most people living with HIV in the world.
 - 15.2% of South Africans in the age-group 15-49 years are HIV-positive
 - 9.3% of South Africans in the age group 15-24 are HIV-positive
- **SA is experiencing a generalized epidemic:**
 - Heterosexual transmission main route of HIV-infection
 - it is not limited to specific high-risk groups (e.g. MSM, sex workers, truck drivers, IDUs)
 - but effects all people of all races, age groups , SES , across educational level, across the gender divide, and in all geographical areas, although some groups are affected more than others

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- **Incidence:**
 - Estimated 2000 new infections every day
- **Morbidity and mortality**
 - Currently PLWA with HIV/AIDS-related infections comprise 46% of patients in state hospitals (overburdening health care system; 15% of health care providers are HIV+; lack of sterilization facilities - hospitals as sites for HIV transmission
 - An estimated 600 people die every day of AIDS-related illnesses
 - AIDS accounted for 25% of all deaths in the year 2000, making it the single biggest cause of death in South Africa
 - Without effective interventions to prevent AIDS , the cumulative AIDS death rate will raise to 5 to 7 million in South Africa by 2010
- (Cf. Dorrington et al 2001:7; Shisana 2002.)

Background and motivation: The HIV/AIDS-epidemic in SA

- **Social and economic impact**
- Thousands of children in South Africa have been orphaned by AIDS-related deaths, many families have lost one or both parents to the illness, and thousands of children have already contracted the disease as a result of mother-to-child transmission (*cf. Beeld*, 2001-10-19, p. 19; Aids Foundation of South Africa 2001; loveLife 1999, 2000; and Parker et al 2000 for an overview of literature.)
- The negative economic and social impact of the epidemic on South Africa is extensively discussed in studies such as Whiteside & Sunter (2000).

The Epidasa-project: Overview

- **Current response to the epidemic in SA**
 - Prevention,
 - Care and support (home-based care)
 - VCT interventions
 - Intervention types (policies infrastructure and provisions (including biotechnological interventions) communication,)
- **Health education and information interventions: Life skills training, IEC, BCC**
- **Resources: Provisions and facilities, Economic intervention**
- **Legislation: international, national, regional local**
- **Biotechnology: pharmaceuticals, vaccines, pharmacogenetics**
- **Role of communication interventions to inform/educate about other interventions on different levels: provisions and facilities, legislation, special interventions (economic grants) and available biotechnology**

The SA response

- **Focus on prevention:**
- **Mass media-based campaigns** (Beyond Awareness 1/11; Khomanani; loveLife; Soul City; campaigns of provincial and local health departments)
 - **Messages:** safer sex; social marketing of condom use; and promotion of VCT

The SA response

- **Care and support programmes:**
 - **IEC Campaigns:** brochures on treatment and support of PLWA, how to care for PLWA, anti-stigma and pro-social involvement messages
 - **Treatment of STD's, TB and HIV/AIDS-related opportunistic infections**
 - **Grants:** disability, orphans
 - **Social mobilization:**
 - Home-care of PLWA.
 - Community psychological and physical support

The SA response

- HIV/AIDS VCT
 - HIV-testing available in a variety of public and private health sites. However: focus primarily on diagnostic testing (affirming clinical diagnosis) ; inadequate facilities and resources: very little pre- and post-test counselling; very little institutional and social support for follow-up care and support
- **Reasons :**
 - **Lack of political will; AIDS-debate (HIV→AIDS?) and impact on policy formulation and implementation**
 - **the lack of proper infrastructure in the public health sector (i.e. of testing sites, trained health care providers, referral support) to meet high demand for VCT (cf. Masuko 2002)**
 - **the cost of providing high-quality VCT services**

The SA response: Overview of Communication interventions for prevention, VCT, care and support

■ General public

- Purposive mass media (television, radio, print (newspapers, magazines), outdoor (bill boards, mobile media, eg. buses, taxis, trains)
- Purposive small media (Leaflets, posters, booklets, brochures, manuals, videos, exhibitions, murals, utility items)
- Events: Community gatherings, sports and entertainment events; World Aids Day
- Examples: National campaigns: Beyond Awareness 1,2, Khomanani, loveLife, Soul City; local campaigns: health departments of provinces and municipalities

Communication interventions in SA: prevention, detection, care and support

- Purposive educational interventions: Life skills training programmes at school-level aimed at young people
- Dialogue: structured- help lines, counselling sessions and interaction with health service providers; discussion groups on HIV/AIDS (health issues, cultural, legal, economic and political issues); informal communication networks (parents, peers)
- Non-purposive mass media (television, radio and print): HIV/AIDS content in news programmes, talk-shows, soaps, documentaries, columns, editorials and letters
- Participation in community social support programmes and interacting with PLWA

Overview

- Document Design as problem in HIV/AIDS /health campaigns: The American experience
- The South African experience

Document Design as problem: The American experience

- “...the majority of health messages are produced in such a haphazard fashion as to ensure that they have little or no positive impact. By creating clutter in the health information environment, they may actually have a negative impact to the extent that they interfere with the relatively fewer well-designed and well-communicated health messages.”
- Maibach and Parrott (1985:x)

Document design

- “Not realizing theories are available to guide them, campaigners often rely on trendy ideas or gut instincts. Typically fuzzy entities, gut instincts usually aren’t written down. They lack clarity and explanatory power. Gut instincts are rarely tested empirically, so one doesn’t know if they work or are just a lucky rabbit’s foot to be massaged before a decision. “
- Perloff (2001)

- “We have suffered long enough from the effects of advertising copy that relies solely on creative intuition. Although communications created in blissful ignorance of well-established relationships tempered by laboratory and field research may be charming, they are just as likely to harm as to help... to use public monies on ill-informed communication tactics seems an intolerable waste, a betrayal of the public trust.”
- Crano (2002)

SA responses to the epidemic

- **Communication interventions**
 - **Problems with IEC/BBC interventions in SA (IM as model)**
 - Process problems: creative leap approach to document design; Input of document designers , following existing (rational) models
 - Little theory and data-based interventions; paucity of social research on HIV/AIDS-related behaviours
 - Problems with audience segmentation (language and culture, gender issues, high-risk groups)
 - No formative testing and summative evaluation
 - that positive effect (in promoting a positive lifestyle) vs. fear appeals) was chosen as persuasive strategy

- **.Critique of document design features: loveLife billboards:**

- that the focus on positive sexuality and condom use induces early sexual debut and encourages casual sex
- .that the use (and promotion) of American youth and lifestyle culture in the visual codes of the billboards does not accord with the economic, social and cultural realities of the target group
- .that there is a discrepancies between the visual and verbal content of the billboards
- .that the bill board messages are too difficult to be grasped by the target group
- .that the focus is more on branding loveLife than on choosing appropriate campaign messages

- (Cf. Coulson 2002, De Lange 2003, Delate 2001, Kelly 2001, Khumalo 2002, Mbatha 2002, Naidoo 2003, Pienaar 2002, Smith 2002, Van der Linden 2002)

Effective or not ? Informal evaluation:
effects on prevention, care and support
and VCT behaviours; critique of text
designs; dose effect studies (effects of
messaging on antecedents of
behaviours)

Little by way of best practices with
regard to design processes and design
of documents for SA audiences

Best practices

- Designing effective campaigns is not easy – high percentage of failure even with high input of resources (wrong messages, unintended effects) (This is your brain); despite goal of behavior change, only awareness and impact on attitudes and intentions
- Media-based communication interventions must be supported by other intervention types (biomedical, legislation, resource provision) on different levels: individual, community, institutional level
- Top- down communication interventions must be supported by a media and channel mix on different levels: horizontal informal communication networks

Epidasa: focus areas

- Communicating with low-literates (audience segmentation)
- Prevention communication interventions:
 - The use of fear appeals (debate on positive appeals)
 - The use of slang
- Communication interventions to persuade high-risk persons to present for VCT
- General design and evaluation heuristics (theory-based empirical testing of effects of a variety of text design variables on informing, instructing and persuading target groups across intervention levels)