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EDITORIAL

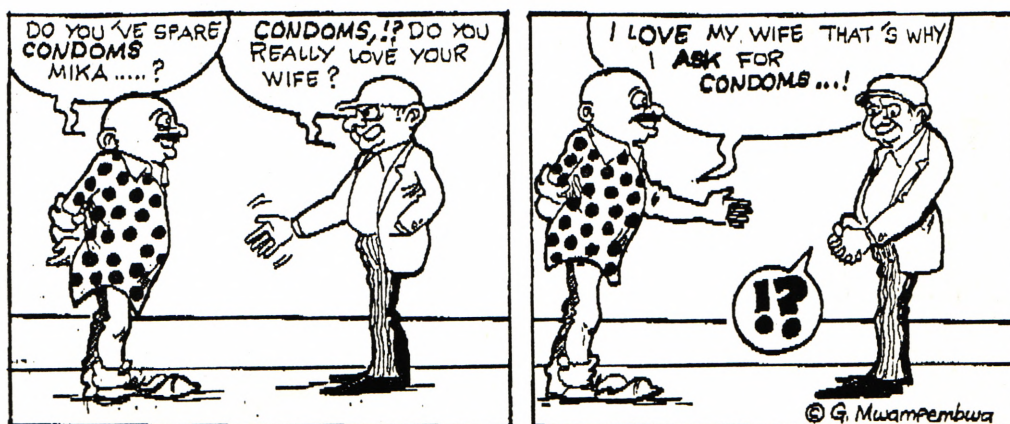
Deborah Johnson, June A. Flora and Hye-ryeon Lee

Incorporating social influences into HIV/STD campaigns

Many HIV/STD prevention efforts focus on individual people. Yet decisions on whether to practise safer behaviour usually are carried out in social settings. For example, sex is agreed upon by two people and injecting drug use may take place in groups. Researchers and intervention professionals are therefore beginning to recognize the need to consider the role of social influences when designing HIV/STD prevention activities.

Social influences become significant in health behaviour when personal and social norms interact. "Personal norms" are individuals' own expectations and personal evaluations of their conduct. "Social norms" are perceived societal expectations and evaluations of conduct. In more vernacular language, we might call social norms "discourses", "standards" or "customs".

People learn social norms from "reference groups", that is, groups of people whose acceptance they wish to gain or maintain. Reference groups may develop around families, schools, religious affiliations, peers, opinion leaders and the media. The social norms which different reference groups propagate may agree or conflict. For example, parents and teachers may advise chastity before marriage while advertising, films and other media emphasize the pleasures and desirability of romantic relationships involving sex. Knowing which reference groups are important to members of a target audience is crucial because their norms may strongly affect individuals' personal norms.





In Uganda, musician Philly Bongoley Lutaaya used his popularity to raise AIDS awareness and encourage support to people living with HIV/AIDS. (Photo by E.S.B. Kalema, Media Consultants Ltd, reprinted with permission of the International Federation of Red Cross/Red Crescent Societies)

The influence of social norms is usually mediated by the type of situation in which people find themselves. High-risk situations develop when an occasion to perform unsafe behaviour arises, social pressure favours it and the outcomes are uncertain. The risk increases when the individual involved wants to make a positive impression on others, is susceptible to social pressures and does not have a strong personal norm. For example, an adolescent may believe that his or her peers approve of having sex before marriage (social norm) and he or she does not have a strong inner desire to delay sex (personal norm). Alternatively, a teenager could believe that friends consider sex with condoms "unnatural" and he/she also doubts the desirability of condom use. In these cases, the young person will more likely practise behaviour conforming to the perceived social norm, especially in high-risk situations, e.g., when drinking alcohol or facing pressure from a partner.

Taking social influences into account

Accounting for social influences in HIV/STD intervention design requires four steps. The first involves targeting an audience and carrying out baseline research to define its normative environment. By examining mass-media content, determining significant reference groups and studying laws, policies and services relevant to AIDS/STDs, planners can establish a culturally and situationally appropriate framework for message design and implementation.

Media content analysis, for example, can yield critical data on the amount and nature of safer sex information transmitted through news stories, public service announcements, television and radio programmes. It may reveal that certain sexual behaviours are rarely discussed or that most people believe unsafe sex is generally practised.

Reference groups can be studied through methods such as interviews, surveys, focus groups and participatory action research. Planners can thus gain more detailed insight into sexually-related attitudes, actual sexual practices, knowledge about AIDS/STDs, how such information is communicated within the group, which sources of information group members find most credible and group members' perceptions of their personal risk [1].

Armed with this information, planners can take the second step and decide upon desired outcomes. These might involve: 1) increasing knowledge about HIV/STDs, 2) correcting misperceptions about the number and type of people who perform desired behaviours (e.g., practise safer sex, talk to partners about AIDS, buy condoms), 3) promoting realistic expectations about behaviour outcomes or 4) increasing perceived self-efficacy to resist social pressure and practise safer behaviour.

The third step in incorporating social influences into HIV/STD prevention campaigns is to divide the audience insofar as possible into homogeneous sub-groups as defined by the study of their normative environments. Segmentation could begin by determining the actual distribution of unsafe behaviours within a group and then sub-dividing it according to prevalent norms. Based on this, groups with the following behavioural and normative characteristics could emerge:

1. *Perceived social norms encourage safe behaviour but actual behaviours are unsafe.*

This situation developed in France in 1988, when a national survey found a relationship between adolescents' sexual practices and knowing someone with AIDS or relying on a friend for HIV information. Researchers suggested that the teenagers may have been engaging in risky behaviours before

discussing HIV/STDs with others around them [2]. Inaccurate perceptions of the prevalence of unsafe behaviour could be specifically confronted; more information was presented about the benefits of safer behaviour.

The norm of safer behaviour can be made more attractive by presenting it as stable, consistent and unanimous. This could involve interventions at different levels, such as producing music cassettes with songs promoting safer behaviours and encouraging peer educators to talk about their own ways of avoiding risk. Messages could also be designed to promote greater participation in groups that already practise safer behaviour.

2. Perceived social norms promote unsafe behaviour but actual behaviour is safe.

Campaign strategies for this type of group should attempt to weaken social norm influences. The norms could be portrayed as being in the process of change or as controversial rather than unanimous. In Norway, for example, outreach workers use newspaper headlines to stimulate discussions about AIDS with target audiences, while in the Philippines the Department of Health has used controversy surrounding its promotion of condom use as a way to encourage changes in social norms (see Country Watch).

Message designers could also try to diminish the status or attractiveness of groups endorsing unsafe behaviours while promoting groups practising safer behaviours. Interventions could specifically alert audiences to the unhealthy aspects of the social norms and attempt to equip them with personal skills which can help them resist pressures to conform.

3. Perceived social norms endorse unsafe behaviour and actual behaviour is unsafe.

These groups are the most difficult to reach. One possible strategy is to include celebrities or well-known leaders in interventions to lend credibility to messages. They can present norms of safer behaviour as fashionable, smart and sensible or emphasize the normal everyday aspects of the desired behaviours.

When popular musician Philly Bongoley Lutaaya, who himself was living with AIDS, began to participate publicly in AIDS campaigns in Uganda, his influence was enormous in raising awareness. In Tanzania, the German development assistance agency GTZ provides newspapers with cartoons which challenge unfavourable norms (page 1). Such strategies have also worked well in France, where HIV/AIDS prevention campaigns within a few years changed both the poor image of condoms and the idea that only a few among the population used them [3].

4. Perceived social norms encourage safer behaviour and actual behaviour is safe.

Instead of ignoring groups who practise safer behaviour, intervention planners should acknowledge and reward them. Maintaining safer behaviour over time requires internalizing behaviours as personal norms; reinforcement is crucial. For these groups, messages could emphasize the more subtle benefits of safer behaviour. In the case of safer sex, these would involve reduced stress, enhanced communication with partners, improved skills in negotiating personal needs and a foundation for increased trust in relationships.

This approach is reflected in Switzerland's decision to move its STOP AIDS campaign at a steady pace, with new materials appearing at regular and evenly-spaced intervals to avoid hard-to-sustain bursts of publicity. It also explains why Switzerland introduces messages cumulatively, with each new one adding to and reinforcing earlier ones. From the message "condoms protect" in 1987, they progressed to "use a condom" in 1988 and "we use condoms" in 1989 [2].

It should be noted that these four situations are only examples. The circumstances in which target audiences find themselves are complex. As mentioned above, individuals are exposed to different reference groups and different social norms, which may conflict. Interpersonal strategies are therefore essential in assisting intervention staff to determine which social norms seem to carry the most weight and should receive priority attention in specific cases.

The fourth and final step in incorporating social influences in campaigns is monitoring. Both social and personal norms operate dynamically, with an ebb and flow that responds to shifts in circumstances, policies and a host of other influences. As a result, intervention planners should adopt a process perspective and steer changes in the right direction by creating appropriate incentives. This means establishing long-term goals for a group as well as short-term goals for individual behaviour.

Effectiveness of norm-related campaigns

In New York City, researchers have found that social influences are a strong and consistent predictor of HIV/AIDS-related behavioural intentions among high school students [4]. This finding supports other action research in the USA, in which opinion leaders have been recruited and trained to disseminate prevention information to bar patrons in small cities (Programme Feature). Similar results have also been seen in community demonstration projects funded by the US Centers for Disease Control, leading their Project Director to conclude that the "perception of the community's attitude and a belief that men in your community can and are making changes were the strongest factors in individual men's changing" [5]. Norm-based programmes have also proved effective in Australia, Malaysia, the United Kingdom and Zaire.

While interventions focusing on social influences have generally produced positive outcomes, the number of prevention activities which actually use such an approach is limited. One reason may be that theories about social influences have not been tested widely and are still somewhat unknown. Another is that social influence is often equated only with face-to-face, interpersonal contacts and mediated social influences are neglected. A third factor is that many interventions are not based explicitly on theory at all. Given the social nature of HIV/STD transmission, paying attention to the social influences which govern individual health decision-making is nevertheless an absolute necessity and programmes must begin to do so. ■

Invitation to readers

Themes being considered for upcoming issues of the Exchange include: programmes targeting out-of-school youth, sensitizing and training health promoters, health promotion and people living with HIV/AIDS, prevention programmes in institutional settings, adapting health promotion materials and NGO networking. Readers familiar with programmes in these areas are invited to submit articles or information on them for possible inclusion. Submissions should be sent as soon as possible.

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PROGRAMME FEATURE

Popular opinion leaders endorse behavioural change

Jeffrey A. Kelly

In large cities of the USA, homosexual (gay) men have made substantial behavioural changes to lessen their risk for HIV infection. In smaller cities, however, high levels of risky behavioural practices appear to remain common. There the threat of AIDS is still perceived as distant, fewer gay men have lost large numbers of friends to the disease, intensive and sustained behavioural change programmes are less common, and there are rarely identifiable and concentrated "gay neighbourhoods" on which to focus prevention campaigns.

A research programme at the Medical College of Wisconsin has found that substantial reductions in risk behaviour levels among communities of small-city gay men can be produced when opinion leaders in those communities are identified and enlisted to disseminate personal risk reduction endorsement messages to their friends and acquaintances.

Diffusion of innovation theory

Theory on the diffusion of innovations postulates that new behavioural trends and practices are often first adopted by a relatively small group within a population. When these people are natural opinion leaders, their

example may be followed, resulting in diffusion of the behaviour throughout the population. For example, when key popular and well-liked members of a population exhibit and visibly endorse safer sex, it is perceived by others as desirable and gradually spreads from the initial trendsetters or opinion leaders to "early adopters" and finally other population members.

In essence, repeated change endorsements made by several people who are well-liked and personally trusted in one's social network can produce a shift in social norms which support individual efforts to change behaviour. A key question is how to quickly and efficiently instigate this process in populations vulnerable to HIV infection.

Baseline research

To answer the above question, a project was conducted in 16 small cities. In each town, anonymous baseline surveys were made of all men entering gay bars to establish initial risk behaviour levels. Approximately 2000 men (85% of the men entering the bars) completed the on-site surveys.

The project then divided the towns into control and intervention groups. In the control towns, AIDS posters and brochures were kept available at the bars, while in the intervention towns, opinion leaders were recruited to participate in the programme. Three and six months following the intervention, all men ente-

In the traffic light logo, the top circle is red, the middle one yellow and the bottom one green. They represent unsafe practices, a need for caution and safer practices. (Photo: Irene de Groot, Photo Bureau, Royal Tropical Institute)



ring each city's gay bars were again anonymously surveyed and asked to report on their sexual behaviour during the preceding two months.

Recruitment and training of opinion leaders

In cities where the intervention was undertaken, club bartenders were asked to observe customers over a one-week period. They were chosen for this task because they have first-hand knowledge of which clients are most popular. We asked them to identify which patrons talked most with others, were sought out for conversation by others and appeared well-liked. Different bartenders made independent lists of people they each considered most popular. Their lists were then cross-referenced to identify the individuals who were reliably considered popular by multiple judges.

Because diffusion of innovation requires a "critical mass" of opinion leaders to begin the process, about 15% of a bar's typical weekend crowd were recruited to participate. The identified popular opinion leaders were contacted personally in the clubs and told that several people had nominated them as the most popular, liked and trusted individuals in their city's gay community. They were also told that because of their popularity, they were in the unique position of being able to credibly educate others about AIDS and perhaps save the lives of some friends.

This proved to be a compelling message. Over 90% of the men contacted agreed to attend a programme called "The Health Project" to learn ways to influence friends to remain safe. Most indicated their reason for participating was a desire to personally help fight AIDS in their community.

Opinion leaders in each city attended a series of four 90-minute group sessions over a one-month period with one later follow-up session. The training programme updated them about the threat of AIDS to gay men in their community and taught them ways to correct friends' misconceptions about AIDS (e.g., it is only a "big city" problem or the "problem" has declined among gay men).

The heart of the programme consisted of teaching the opinion leaders how to initiate conversations with friends or acquaintances, during which the leader:

- identified AIDS as a concern in the city
- personally endorsed the value of risk reduction behavioural change
- identified benefits of safer sex
- offered practical recommendations on how to implement change ("These days, I always talk in advance with a sexual partner to make sure he practices safer sex") and
- stressed that safer sex was now the norm in the community.

The opinion leaders were taught to avoid adopting a preaching tone and to use "I" statements rather than "you should..." when endorsing change.

Over successive weeks of the programme, the leaders agreed to initiate conversations, initially with close friends and gradually with acquaintances. Each leader had between four and ten such conversations a week. They were not paid for holding conversations, although they received nominal payments for training session attendance to offset their costs for transportation and similar expenses.

Because it is not always easy – even for socially-skilled people – to simply initiate health promotion conversations about AIDS, each opinion leader was given a small button with a traffic light logo but no text for explanation. The logo was intended to visually connote the themes of unsafe practices (red light), a need for caution (yellow light) and safe practices (green light). It was repeated on large posters placed in each city's bars.

Because the logo was ambiguous, the opinion leaders were often asked what the button meant. This provided them with numerous opportunities for more conversations and helped visually identify the popular people as endorsers of safer behaviour.

Intervention results

Preliminary research findings from four control and four intervention sites confirmed that the opinion leader strategy "worked". Surveys of bar patrons before the intervention revealed that 34% of the men had had unprotected anal intercourse in the previous two months. In the intervention cities, by the time of the six-month post-intervention survey, about one-third of the men who had been prac-

tising unsafe behaviours completely refrained from having unprotected anal intercourse. The proportion of men having unsafe sex declined from 34 to 23%. In the control cities, there was no evidence of behavioural change over the same period.

The follow-up surveys also showed that perceptions of the social acceptability of insisting on safer sex had shifted as a result of the intervention. When asked how often a friend had spoken with them about AIDS prevention, respondents in the intervention communities reported safer sex conversations over twice as often as those in the control communities. We also found that respondents who received multiple conversational risk reduction messages from friends had lower rates of unsafe sex than those who received fewer peer messages. This indicated a type of "dose-response" effect for the intervention.

The opinion leaders completed evaluation forms to assess their perception of the intervention. They were universally enthusiastic. Using a 1-5 rating scale, with 5 defined as "extremely valuable", their mean evaluation was 4.9. Many of them expressed the view that their participation had provided an opportunity to personally contribute to AIDS prevention efforts in their own community. The buttons with ambiguous logos also proved to be a big hit with both them and the bar patrons.

Lessons learned

The findings suggest that it is possible to change social norms and sexual behaviour by enlisting popular opinion leaders

within a community subset to act as visible endorsers of behavioural change among their friends. The approach was inexpensive and well-accepted in the participating communities. A similar strategy could be attempted with other target audiences, although it might be necessary to provide the participants with more incentives, ranging from other types of promotional materials (e.g., bags, music cassettes, key-rings) to small payments.

After the research was completed, the intervention was offered a service in the former control cities as well, since we feel that researchers have an ethical obligation to offer successful interventions to all those who participate in studies. The intervention was a one-time activity, which is perhaps a drawback. If we were to repeat the research, we would attempt to build in mechanisms and supports to make it more self-sustaining, especially if the community wanted this. However, in some of our research cities, groups of people – usually starting with the opinion leaders – have formed spontaneously to sustain and expand the intervention, making it a part of their community in an on-going fashion. The same intervention approach is now being undertaken with communities of low-income women who live in inner-city housing projects. ■

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COUNTRY WATCH

This section focuses on AIDS health promotion materials and strategies. Brief notes from readers on evaluation results, rapid assessments or pre-testing are also included.

The Philippines

Attention for AIDS-related issues in the Filipino media has strongly increased since Dr Juan Flavio was appointed Secretary of the Department of Health (DOH) in July 1992. At the

same time, AIDS awareness among the population rose from 12 to about 86% in little more than a year. Flavio's role was essential in this process, says Dr Rene Francia of the Remedios AIDS Information Centre: "Secretary Flavio has created media hype and people are responding."

The DOH proclaimed December as National AIDS Awareness month in 1992. Special activities included AIDS education and condom distribution, with Flavier setting an example. After a Cabinet meeting on 15 December, he gave Cabinet members and newsmen who were to accompany President Ramos on a state visit to Thailand eight condoms each (two for each day of the trip).

Both Filipino and Thai newspapers covered Flavier's action, which triggered an enormous debate on condom promotion and use. Some senators demanded his resignation for "promoting a policy of promiscuity, lechery, adultery and sexual immorality." The President and Cabinet fully supported the Secretary, however, while the Thai ambassador said his government was not offended. A Thai official declared: "I admire him for what he is doing and history will prove him right". The Philippine Congress threw its weight behind him by setting aside a considerable sum for prevention programmes.

Flavier has since continued his crusade, maintaining a media-friendly policy; this has produced tangible results. General knowledge about AIDS has increased. Callers to a Manila hotline ask for more specific information on transmission modes, signs and symptoms and prevention; before the prevention campaign started, they had little or no idea about AIDS. The number of callers has increased significantly, including a growing number of women. Support has also come from a 23-year-old woman living with AIDS who decided to go public. Her story has given the DOH AIDS campaign an additional boost.

Content analysis of daily newspapers and magazines revealed that, between December 1992 and April 1993, 31% of their health articles were on AIDS. Moreover, inclusion of TV and radio programmes tripled coverage of the topic. Of the articles focusing on condoms, 77% favoured DOH policy, indicating that condoms have increasingly become a socially-accepted AIDS prevention device. Flavier's popularity among the media and the general public (he receives more than 200 speaking invitations monthly) may also be an indicator of their openness to his advocacy for safer sex.

Condoms are now openly advertised in the media. A condom distributor has even initiated an express door-to-door delivery service. In some areas, city ordi-

nances require hotels and motels to provide customers with condoms or make them accessible, while condoms have become part of the standard equipment of the Philippine Armed Forces.

Charges from religious leaders that Flavier is polluting the moral climate are denied by the Secretary, who is a Catholic. In his ABC of AIDS prevention, A stands for Abstinence, B for Be faithful and C for Condom. In this context, the condom is the last resort. In a graduation speech at the Philippine Military Academy, for example, Flavier told the cadets: "If you cannot be good, be faithful... If you cannot be faithful, then use a condom... And if you do not want condoms, then take a cold shower!" According to Flavier, the battle is not between him and the church, but between the Filipinos and the choices they must make: "Let the individual decide. We are Catholics but let us use our conscience."

Acknowledgement: part of the information in this article comes from a paper by Patrick S. Larraga.

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Brazil

Using a fictional story and publicity-type language, the Health in Prostitution Project in Rio de Janeiro produced an AIDS prevention video to support its work with sex workers. The Project staff, a psychologist, medical advisor and 12 sex workers who work as health agents among their peers, felt that talking about AIDS and its risks using cultural entertainment codes would be an effective way to raise awareness.

The cast of characters and technical crew included top professionals in the field, who donated their work to show support. The choice to involve famous soap opera and movie artists rather than less-known actors/actresses or members of the target group was influenced by the fact that Brazilians spend some 4-5 hours daily watching soap operas. Because of this, they are used to directing their attention to what these "familiar faces" have to say. Moreover, the professionals included both established and new actors, which helps evoke empathy on the part of the public.

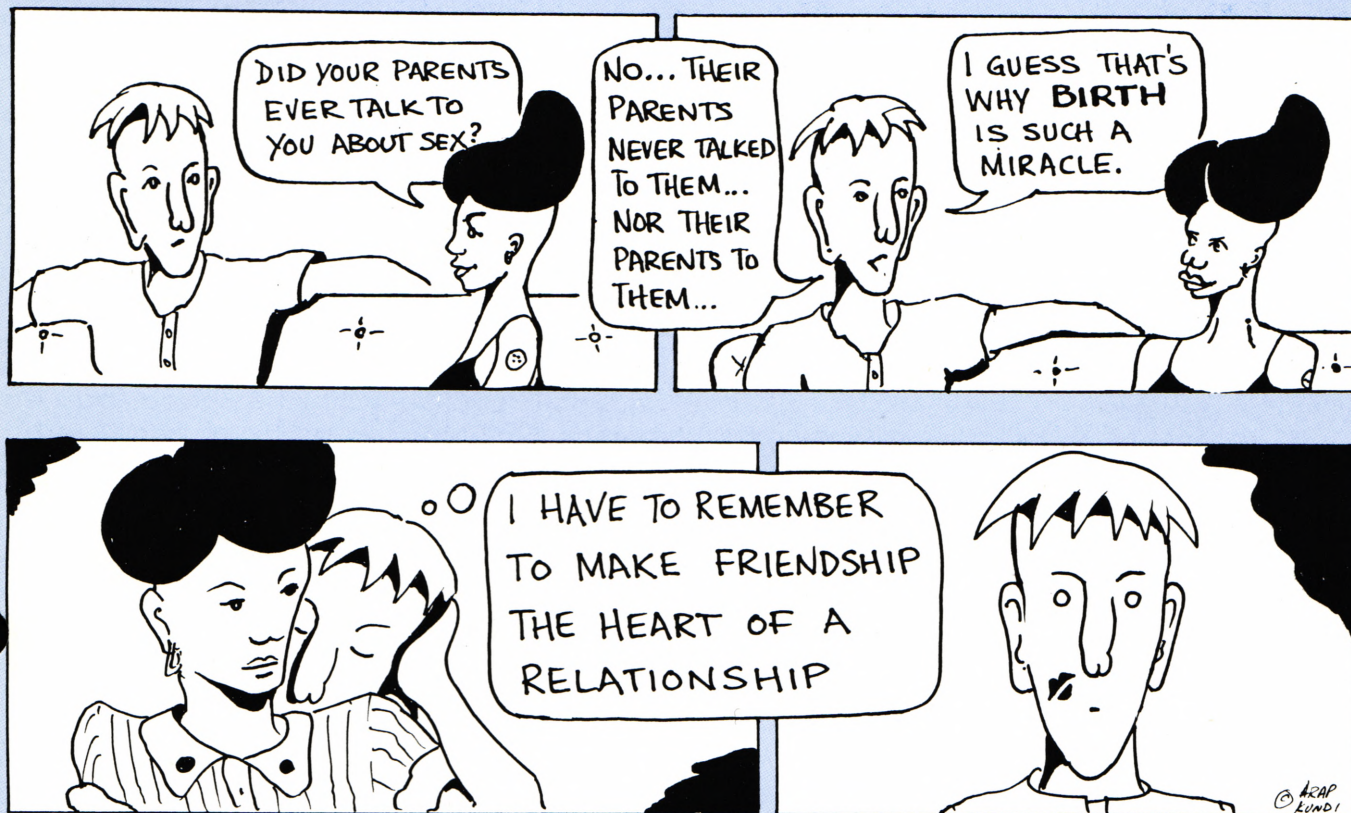
Secretary of Health in the Philippines,
Dr Juan Flavier



Cartoons for teenagers and parents

"The sex patch" is a humorous cartoon story developed by UNICEF to encourage more open discussion between teenagers and parents about sex. It centres around a young man and woman who receive a kind of bandage to put on their arm which is supposed to remove all sexual urges. European, Asian and African versions are available with blank bubbles for translation of texts. The series can be used copyright free. For information contact: George McBean, Communications and Information Officer, UNICEF Caribbean Area Office, Box 1232, Barbados; tel. 809-436-2119; fax: 809-436-2812. ■

The Sex Patch



The professionals' participation was guaranteed by the "timing" of the film shooting. It took place in the two weeks before the annual Carnival celebration, a time when most actors rest before Carnival engagements. Their participation provoked wide media coverage and attention from the public sector, which in its turn strongly influenced opinion leaders.

Sex workers participated in all stages of the production, from script-writing to casting to final editing procedures. This allowed fine-tuning of the plot so that it meets with the group's expectations. The story of *Venus Fire* revolves around a pleasure lottery, called the "Come-Athon", owned by sex worker Valeria Venus. The lottery prize is a lucky condom, which makes people all over the city want to enter the contest every night. It is supposed to encourage people to benefit from the pleasures of sex without exposing themselves to the disease. The danger of AIDS is represented by the

character of a violent man called Harry AIDS. As a "one-man virus dragnet", he symbolizes the disease, not people living with HIV/AIDS. He and Valeria fall in love, which leads to a surprise ending.

Following its official release on World AIDS Day 1992, *Venus Fire* was broadcast nationwide in January 1993. Thereafter, the video was aired in public squares and other street sex work sites with question-and-answer sessions and public debates among average audiences of 200-300 people. Similar health projects elsewhere in Brazil have also shown the film. Audience response has been very good: the sex workers feel that their profession is treated with respect while their clients are attracted by the sexy images.

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Zimbabwe

Even though most Zimbabweans know the basic facts about AIDS, it is still widely seen as a problem of "others". The National AIDS Coordination Programme (NACP) and UNICEF are therefore collaborating in the use of a special video, commissioned to respond to the need for audiovisual material not just for but also about Zimbabwean people.

They wanted a film which would go beyond simplistic messages, focusing more on themes of responsible behaviour, care, compassion and destigmatization of people living with HIV/AIDS. It was also hoped that the video would make viewers realize that AIDS is a problem for a growing number of people who are not very different from themselves.

In the 35-minute English-language video – *No need to blame* – five Zimbabweans, three women and two men, describe how they feel about their HIV status, family reactions and their hopes and fears. Family members are also seen sharing their experiences concerning support and care and future prospects.

A first version of the video was pre-tested during 10 sessions in June 1993. Students from the School of Social Work conducted focus-group discussions with schoolchildren and out-of-school youth. Other target audiences included religious leaders, Ministry of Health and Information officers and representatives of youth organizations.

Reactions were generally encouraging. The fact that people in the film were not acting but talking about their own lives was perceived as making it authentic and convincing. The inclusion of healthy-looking people also seemed to contribute to perceptions of risk and the idea that anyone can have HIV.

Notions of guilt and innocence played an important role when respondents decided with whom they sympathized most. A man who married a 16-year-old woman despite knowledge of his HIV-status was considered least sympathetic, while "innocent women and kids" appeared most sympathetic. Somewhat unexpectedly, however, many viewers sympathized most with a woman who is not absolutely sure whether she is infected. Her husband has AIDS and she has lost weight but she never tested HIV-positive. Apparently this puts her in a similar position to that of many viewers.

Students from the School of Social Work felt the video's title was inappropriate since wives in the film attribute their HIV infection to their husbands. After discussion, it was nevertheless decided to keep the title since it comes from one of the interviews and does not mean that no-one blames anyone else – there is no need to blame, however. Religious leaders felt the film was "suitable for screening among the church population".

Ultimately, the video underwent only minor alterations. A discussion guide was included which encourages people to examine their own feelings and preconceptions. Sample questions include: "How did the film make you feel? Which person did you sympathise with the most/the least? Why? Is AIDS a problem in your community? Why? Should people with AIDS be open about it?"

Part of the agreement made with the Ministry of Information's Rural Information Services is that feedback forms will be completed based on audience discussions after each screening. It is hoped that this simple assessment method will give some indication of the film's reception among the wide variety of groups already using it (e.g., prisons, trade unions, hospitals, churches, schools, teacher training colleges, the Armed Forces, youth organizations and the transport sector).

Initial feedback has shown an unexpected reaction concerning the appearance of the people in the film. It was thought that instead of showing a doctor who says that healthy-looking people can still carry the virus, the video would illustrate this by presenting such people. Especially in rural areas of the country, however, many viewers complain that the people in the video look too healthy. Some even go so far as to claim that they are just acting, while others have asked for another video showing people with all the symptoms, preferably just before they die. Verner Kristiansen, AIDS Communication Officer, UNICEF, P.O. Box 1250, Harare, Zimbabwe; tel. 263-4-703-941; fax: 263-4-731-849.

France

"AIDS must be put on display. We must take the disease out of the hospital and create awareness that the fight against the epidemic is not

only a matter for people in white coats or a single militant group." With these words, Nathalie Marvaldi, of the Youth Association against AIDS (AJCS), explained why they opened a bookstore, called Le Kiosque (The Kiosk), devoted to AIDS prevention and drug use in Paris. Their aim, to demystify the disease by facilitating communication and information provision, is supported by the municipal government through a subsidy for the shop.

Care has been taken to provide the public with optimal service. The bookstore's location between two shops selling comics and posters was chosen especially to help attract youthful clients. They can visit Le Kiosque Mondays through Saturdays. Once monthly, the store is open until 11 p.m. to take advantage of its location in an area where people go out for the evening. Instead of a traditional cash-window, staff use a desk and meeting table, which allows them to hold on-the-spot conversations with customers who have special questions about HIV testing, transmission and prevention methods. Queries are also answered by phone.

More than 150 books (both scientific and fictional), training and teaching materials, brochures, comics, video cassettes and magazines related to HIV/AIDS are on sale, as well as games, pins, T-shirts, posters and condoms. Materials can also be ordered by mail. Posters and brochures produced by AIDS programmes as well as condoms are given away without charge. Clients can further make photocopies for free and view any of 60 videos in the store's collection.

The grand opening in October 1992, attended by governmental and AIDS organizations representatives, attracted media coverage from 45 organizations, including daily newspapers, magazines (both for the health-care workers and the general public), radio and TV stations. Visits by famous clients, such as the United Kingdom's Lady Diana, have since been used to advantage to garner free publicity and maintain public interest.

Continued media coverage has been ensured by organizing additional cultural activities related to special events such as World AIDS Day, holidays (Labour Day, Valentine's Day), cinema and music festivals and sports matches. Mini-exhibits based on the store's materials are set up regularly in the shop window to attract passers-by. Themes have included: literature, love, work, cinema, music, youth,

students, Africa and Europe, all in relation to HIV/AIDS.

The promotional activities have led to increasing success. Customers increased from 144 persons in the first month to 720 monthly a year later. They include secondary-school students, nursing students and physicians who care for people living with HIV/AIDS. Le Kiosque is proving especially useful to students and teachers who have asked assistance in organizing educational sessions for their classes.

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USA

Native Americans (Indians) in the United States tend to mistrust information which comes from the dominant culture. Because of this, HIV/AIDS-related health promotion demands prevention materials produced by Native people. The National Indian AIDS Media Consortium (NIAMC) is playing a key role in the development and dissemination of these materials.

NIAMC consists of Native American media organizations and individuals who produce materials for others to share. Consortium members range from editors of two-page newsletters to programmers of large established radio stations. The staff writers and editors prepare varied materials, such as feature stories, poetry and news articles on different facets of the HIV/AIDS epidemic, model advertisements for public service announcements, an advice column, radio dramas, a bimonthly newsletter for HIV/AIDS educators and Quarterly Press Packets.

NIAMC's latest project, "WheelWorks", goes beyond the traditional media channels in an effort to reach people on a more personal basis. A touring HIV-focused art show, it includes painting, beadwork, quillwork, video/film productions, photography and performances. Educators can take advantage of the show by calling upon community artists, elders and spiritual leaders to develop locally relevant activities, including art contests, locally-produced performances and ceremonies.

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Le Kiosque – "a window against AIDS"



RESEARCH NOTES

Musical and clothing invitations to protection

François Denicaud

The Chaussez Capote Project for youth in the Ivory Coast has sought to reinforce their AIDS/STD prevention messages via the use of attractive auditory and visual materials. Both communication resources came about as the result of action research, which included interviews, survey questionnaires and role-play. The study results were used to provide guidelines on the best way to present information on condom use.

A painting by Idrissa Diana for the Chaussez Capote Project.



How can young Africans be persuaded to use condoms?

In the first part of the research, in-depth interviews were held with 48 young people, aged 14 to 25 years, in the cities Abidjan and Dabou. Among the questions they were asked was: "In your opinion, what should be done to get young Africans of your age to use condoms?" They responded that information on condoms should:

- be attractive and not associated with a dramatic image of AIDS
- advise that condom use should be according to circumstance and not necessarily life-long
- note other prevention methods besides condoms, such as temporary abstinence and fidelity
- be portrayed visually or orally by youth for youth and
- be regularly repeated.

A semi-quantitative study, using multiple-choice questions, was then done among 251 young people aged 15-25 years in Abidjan. More than 80% of those surveyed said they had already discussed AIDS, STDs and prevention, mostly with their peers (friends, siblings). However, nine out of ten still wanted advice on these themes, 50% from medical staff and 25% from the media. They felt that condom promotion should be associated with information on AIDS, STDs and contraception or information on general health.

The research also showed that 40% of the young people who had already used condoms did so incorrectly, while one-third had experienced condom breakage during use. This perhaps explains why 90% also thought emphasis should be given to the quality and efficacy of condoms in Africa.

The Chaussez Capote music cassette

Taking their suggestions into account, the Project commissioned the production of a music cassette with French and African songs. For purposes of appeal, different musical styles were incorporated such as rap, rock, Zairean rumba and zouk. The title song was sung by three Abidjan youth, two men and a woman.

The French and Dioula-language lyrics provided technical information on using condoms while also correcting misconceptions, such as the idea that regular condom use may cause sterility. A translation of sample lyrics (which rhyme in French) from one song: "Neither the rubber nor the lubricant cause harm to the penis or vagina, having put on the condom, the moment comes to unite yourselves, exquisite minutes of love and pleasure!"

Free distribution of the cassette began in August 1992; about 800 copies were given to the National AIDS Committee and other organizations with AIDS/STD programmes, young people's associations, popular and cheap restaurants, night clubs, stadiums and sports arenas in Abidjan, bus companies and firms catering to long-distance travellers. Other cassettes were used as awards for AIDS-related prevention contests.

Although the cassette was also played on the radio and Ivorian television, its effect was rather limited. This was due to the small number of copies duplicated and

inefficient distribution. A new version was therefore prepared for local duplication and sale at a subsidized price, beginning in December 1993.

Some of the songs have been replaced since they were only moderately appreciated (a rock-style song) or hard to understand for listeners (e.g., because the singers sang too quickly). The new songs also include love songs without any reference to illness or condoms. To take advantage of the influence which celebrities can have on social norms, short messages have been solicited from popular African singers (Papa Wemba, Youssou N'Dour, Angélique Kidjo). They will insist on their personal use of condoms – "Do just like me – use condoms!" and also point out other obstacles to condom use than cultural or physical ones: "My friends, one of the biggest obstacles to condoms is in your mind."

Clothing metaphors

The research done provided other relevant data for our interventions. Two-fifths of the youths already using condoms admitted that their sexual pleasure was not diminished when they used condoms. In addition, they often use clothing metaphors to refer to condoms in their daily language. For example, words used by some people in the Moré, Dioula and Bété languages can approximately be translated as hat, cap, shoe of the penis and be careful when you go out in the evening. Another popular term is socks. As a male high school student said: "I call it 'sock' because it has the shape of a sock and we use it as we use socks. If I could, I would call it 'sock of the penis'."

The study participants were also asked to imagine that they were the director of a condom company in Africa who was planning to put a new brand on the market especially for young people. They were then asked to think up a brand-name and some slogans to promote it. One woman proposed the slogan "Put on Life condoms and you will live long for sure", while a dress-maker suggested "Socks. It is the health of the man". Men chose brand-names such as *Love*, *Guarantee* and *Country hat*, while a primary school teacher proposed the name *Pagne* (which means loincloth) and added the following slogan: "Condomize with Pagne. With Pagne, I won't know STDs".

Design of the loincloth "Entre Nous" used by the Chaussez Capote Project in Abidjan.



In response to the quoted references to clothes, the Project specially designed a condom promotion loincloth in the Spring of 1993. It was pre-tested in Abidjan among various groups of young adults, including hair-dressers, men, students, small tradeswomen and loincloth sellers (male and female). Different drawings of couples were shown to them. One, showing a naked couple facing one another, was rejected since it was considered too shocking. Another showing a man who looked much older than the woman was also refused because it could be seen as supporting the idea of the "sugar daddy" (a man who seeks out young women for sex in return for gifts or money). The final design depicts two young couples – one under an umbrella and the other under a tree branch – a condom, a panther (the logo for a local

condom brand) and the words "Entre Nous" (Between you and me).

Members of the Anti-AIDS/STD School Cell, who inform and advise both in- and out-of-school youth as well as adults on AIDS, STDs and prevention, began testing the loincloth in autumn 1992. It has already been ordered for use by the National AIDS Committee, a condom social marketing project and the French agency for development cooperation (who will give it to members of Scouting organizations). Project staff hope that the peer educators can help promote wearing of the cloth as an invitation to protection. ■

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Promoting HIV/STD prevention via the media: a worthwhile proposition?

Some people argue that it is better to concentrate on interpersonal interventions to promote HIV/STD prevention rather than on mass-media approaches. Their rationale is that the media offer generalized messages which are not relevant to everyone, usually do not permit two-way communication and can do no more than inform.

On the other hand, sole reliance on small-scale and specifically targeted interventions is impossible in most countries, since these have high costs in terms of manpower and time. Strategies involving the media potentially reach large numbers of people, even in areas where no HIV/STD programmes yet exist. They not only can help raise awareness of important issues and promote norms supportive of safer behaviours but also possibly spur on community initiatives. It is therefore best if both interpersonal and media approaches are used so that they can reinforce one another.

A single (mass-media) intervention using only one communication channel with no backup or follow-up has a very short "shelf-life" because it will soon be forgotten. A campaign, on the contrary, is a coherent package of successive interventions using several media channels – a media mix – which reinforce one another over time. Individuals will ideally be exposed several times to different campaign components.

It is useful in this regard to think of the "media" as including a wide variety of materials and communication channels which can reach a large public. A media mix can include any of the following components:

- newspaper and/or magazine ads
- television and/or radio spots
- press conferences and interviews
- billboard advertising
- advertisements on public transport vehicles
- parades and processions
- touring vehicles which broadcast messages via loudspeakers
- art exhibitions, concerts and other types of performances
- audio- and video-cassettes which can be played at sites visited by large numbers of people (shops, eating places, health centres, post offices)
- referrals to telephone hotlines
- promotional materials such as T-shirts, posters, key-rings, bookmarks, calendars, printed cloths, stickers, caps
- brochures and folders.

Expanding media coverage: the use of free publicity

Both small-scale interventions and media campaigns can expand their coverage if a publicity plan is prepared which envisages garnering and generating free publicity.

It is useful to ask well-known officials and/or celebrities to participate in the launch of an intervention or campaign, for example during a press conference or other meeting, since their presence often attracts extra media attention. If backup materials have been prepared, they should be distributed just before the launch so that they are immediately available. It is a good idea to inform all actors in the field at that time – if they have not already been involved – about the intervention/campaign objectives and strategies and suggest ways in which they could connect their own activities to the campaign in order to enhance its impact.

Press interviews can be expected after the launch but an organization can also generate free publicity by actively seeking contacts with the press. Establishing good personal contacts with key reporters can be a useful pre-campaign strategy. Other possibilities for expanding media coverage are:

- Negotiating editorial attention in the form of a background article in the same issue of a newspaper or magazine in which a paid campaign ad will appear.
- Writing letters to the editor, in which misinformation is corrected or reactions to critical campaign reviews can be written. Plans should be made to systematically collect clippings of campaign coverage for this purpose.
- Distributing ready-to-print copy to publishers and free cassettes with programmes and spots to radio stations.
- Offering to help produce information or discussion programmes together with broadcasting companies at low or no costs on the campaign budget. Phone-in radio shows are an example.



Billboards have been used in Burkina Faso to promote condom use.

GLOBAL BULLETIN BOARD

Health education & mass media: how to communicate effectively is the title of the proceedings of the 3rd European Conference of the International Union for Health Education, which was held 24-26 May 1993. The 319-page volume includes the keynote addresses as well as summaries of presentations and abstracts. In addition to AIDS campaigns, information is included on use of the media to address other health problems and issues. The price is Dfl. 50 (about \$25). Order from: Dutch Centre for Health Promotion and Health Education, Da Costakade 45, P.O. Box 5104, 3502 JC Utrecht, The Netherlands. ■

It won't happen to me is the name of board game designed by two 17-year-old Brazilian women who wanted to make something different and enjoyable which would catch teenagers' attention and educate them at the same time. Doubts, responsibilities, frustrations and the pleasures of sex can be discussed by using the game's "challenge" cards, which force players to defend their viewpoints on sensitive issues such as fidelity, abortion, surrogate motherhood and teenage pregnancy. "Information" cards quiz teenagers on contraceptive methods, STDs, sexual anatomy and sexual problems. Order from: Inter-

national Center on Adolescent Fertility, Center for Population Options, 1025 Vermont Avenue, NW Suite 210, Washington, D.C. 20005, USA. Available in Portuguese only from Editora Le, Av. Pedro II 4550, Belo Horizonte, MG, CEP 30730, Brazil. ■

HIV/AIDS Trainers' Resource can be used by professionals, social workers, teachers and HIV/AIDS trainers. The various chapters cover biological, social and psychological aspects of HIV/AIDS. They include background reading, training activities, quizzes, experiential group exercises and simple diagrams which can be photocop-

ied for handouts or overhead transparencies. The book may be freely photocopied and is useful for train-the-trainers courses. Price: GBP 32 in the United Kingdom and GBP 37 elsewhere. Order from: Jackie Dobbyne, Editorial Manager, Daniels Publishing, 38 Cambridge Place, Cambridge CB2 1NS, United Kingdom. ■

No need to blame, the video described in this issue's Country Watch section, can be ordered from the Women and AIDS Support Network, P.O. Box 1554, Harare, Zimbabwe. It is available in English, Shona and Ndebele and costs US\$ 30. ■

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